

CHCS MEPRS USER DESKTOP GUIDE

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MEPRS

Using This Guide

1. General Overview

This guide briefly describes the relationship of the Medical Expense and Performance Reporting System (MEPRS) to the Composite Health Care System (CHCS). It also describes how MEPRS codes are used to track and report workload at military treatment facilities (MTFs).

2. Target Audience

This guide serves as a desktop reference for workload supervisors.

3. Objectives

This guide will enable you to complete the activities listed under each chapter heading.

3.1 Chapter 1 - Tracking Health Care Services

- Describe the purpose and structure of CHCS.
- Describe the purpose and significance of MEPRS and its relationship to CHCS.
- Identify the four levels of a MEPRS code.
- Describe "Special" codes and their functions.
- Differentiate between Requesting MEPRS and Performing MEPRS codes.
- Describe Workload Accounting in CHCS, including sources of workload and the associated units of measurement.
- Describe workload data collection and reporting functions in CHCS.

3.2 Chapter 2 - MEPRS: Relationship to CHCS Files and Tables

- Describe the coordination of CHCS file and table build.
- Describe six phases of building the CHCS database.
- Identify CHCS "Common" files and describe the relationship between MEPRS and CHCS files and tables.
- Describe the Business Rules regarding DMIS IDs, GROUP IDs and Divisions.
- Describe the relationship between the MEPRS Codes File and the Workload Accounting Module (WAM), the Expense Assignment System (EAS), and the Standard Accounting and Reporting System/Field Level (STARS/FL).
- Summarize a workload activity as it relates to MEPRS and specified CHCS files.

3.3 Chapter 3 - MEPRS: Relationship to CHCS Subsystems

For specified subsystems:

- Identify events that generate workload tracked by MEPRS codes.
- Describe guidelines that support reliable workload reporting.
- Describe associated CHCS MEPRS reports for CHCS Subsystems.
- Describe troubleshooting techniques that relate to workload reporting.

3.4 Chapter 4 - Workload Data Collection and Reporting in WAM

- Describe the purpose and operational aspects of WAM and its relationship to the EAS and STARS/FL.
- Identify security keys needed to access and perform WAM-related tasks.
- Describe Business Rules related to WAM workload reporting functions.
- Describe the roles of users who are involved with WAM workload reporting.
- Identify WAM MEPRS reports and describe the purpose of each report.

- Describe how MEPRS reports for Laboratory, Radiology, and Pharmacy are reconciled with WAM data.
- Describe troubleshooting techniques that relate to WAM workload reporting.

4. CHCS V4.6 Software Changes Affecting MEPRS

- **Outpatient Cost Pools**

System-generated Outpatient Cost Pools (OCPs) information is now collected and reported for the WAM functionality for Air Force OCPs. The system populates WAM templates with OCP data for SASs 241-299, using clinic visit data stored for SAS 003 (Total Patient Visits). All OCP data is generated similarly to WAM SAS 003 for requesting MEPRS codes existing in SAS 241-299.

You can edit the templates using the OCP SAS enter/edit functionality in accordance with the business rules established for the WAM Core Table, similar to the editable template function of SAS 002 (Outpatient Visits) and SAS 003 (Total Outpatient and Inpatient Visits). If you make changes to workload data, a warning message is created in the NASDI Exceptions file reminding you that edits must also be made to the 002/003 OCP SASs. (SIR 26351)

Ambulatory Care Administrators and MEPRS/Comptroller Resource Managers with the DGNAS WAM USERS security key can extract OCP data from CHCS based on MTF-defined groups of OCP codes.

Previously, WAM did not collect OCP code-related workload data and OCPs could not be edited.

- **DJ MEPRS**

The master MEPRS code (3 characters) of "ADE" Pediatric ICU has been added to the MEPRS Codes file. As a result, sites may create a site-defined MEPRS code (4 characters) and utilize this ICU MEPRS code.

The Dept/Service field on the DOD Edit Master MEPRS Codes screen must be populated by site personnel and linked to the newly added MEPRS code. Only an authorized user holding the DOD MEPRS SYSTEM and DOD MEPRS MASTER security keys is able to make changes to the master MEPRS table.

ICU MEPRS codes must be identified to support tracking Referring MEPRS codes for ADT transactions to ICU ward locations. ICU MEPRS codes which are set to the code type of ICU include:

<u>MEPRS Code</u>	<u>MEPRS Code Description</u>
AAC*	Coronary Care
AAH*	Intensive Care (Med)
ABC*	Intensive Care (Surgery)
ADC*	Neonatal Intensive Care Unit
ADE*	Pediatric ICU

The following master MEPRS codes "ADB" and "AGH" descriptions have been changed as follows:

<u>Master Code</u>	<u>Old Description</u>	<u>New Description</u>
ADB	Nursery	Newborn Nursery
AGH	Family Practice Nursery	Family Practice Newborn Nursery

A new field (Referring MEPRS) has been added to the file and to the PAD Ward Definition input template to allow a site to enter the associated ICU Referring MEPRS code for the ward location. A Referring MEPRS code is required for any ward identified as an ICU ward. This field accepts MEPRS codes which have a Standardization flag of SIDR (I/P MEPRS codes). The Referring MEPRS entry acts as a default value within PAD software for admission to ICU wards.

All ICU wards are identified as having one of the following ICU MEPRS codes assigned in the MEPRS Codes file of the Ward Location file: AAC*, AAH*, ABC*, ADC*, and ADE*. Note that a ward location can only have one associated ICU MEPRS code linked to that location. The ICU MEPRS code is used to identify ICU activity for the PAD "Hours and Minutes of Service in ICU Report by MEPRS Clinic Service."

- **DMIS ID Codes File**

The following DMIS ID Business Rules have been updated:

- For each DMIS ID code, the corresponding MEPRS (EAS) PARENT value, when populated, will be identical to the DMIS ID code's corresponding GROUP ID value and will be eligible for WAM MEPRS Workload reporting.

Note: The terms “MEPRS” and “EAS” are used together here because this is the actual name of the field.
- If a MEPRS (EAS) PARENT field is not populated (null entry), the associated DMIS ID is ineligible for WAM MEPRS Workload reporting.
- If a MEPRS (EAS) PARENT field is populated and its value does not match the associated GROUP ID, the associated DMIS ID is ineligible for WAM MEPRS Workload reporting.
- The Department of Defense, Health Affairs (OPR: HA/HSAM) is responsible for coordinating DMIS ID data requests from the services and submitting those requests to Vector to include in the source data file.
- Government supplied Source Data is mapped accordingly to the DMIS ID Codes file.

MEPRS PARENT Field

CHCS has added a new MEPRS (EAS) PARENT field in the DMIS ID Codes file (#8103). This field determines whether the DMIS ID is eligible for WAM MEPRS Workload reporting.

A division is associated with a MEPRS (EAS) PARENT as follows:

- A division has a DMIS ID defined within the Medical Center Division file.
- That DMIS ID has a corresponding entry in the DMIS ID Codes file.
- The system checks the GROUP ID and MEPRS (EAS) PARENT fields for the division within the DMIS ID Codes file when performing validation checks.

- **E-Level MEPRS Edit**

CHCS now prevents users from entering an E- level MEPRS code in the User Order-Entry Preferences option, and at the 'Select Clinical Service/MEPRS Code' prompt when the user enters an inappropriate Requesting Location in the Default Location field.

Through the Order Entry pathway for Clinical, Laboratory, Dietetics, Radiology, and Pharmacy functionalities, once the user selects an outpatient, the system displays the Requesting Location prompt. This prompt displays with a default only if the Default Location field is populated within the User Order-Entry Preferences option. The Requesting Location indicates the location where the orders originated, as well as the location where the orders are printed. The system allows the user to accept the Requesting Location default or enter a new Requesting Location. If the location is an Inappropriate Requesting Location (IRL), the system displays a message instructing the user to enter a non E-level MEPRS code.

- **WAM Core Table Edit (NASDI Core File)**

The NASDI Core file has been updated by the DA team using the Special Release process with the source data provided by the CHCS PO. The NASDI Core file is a Class 1 file; its entries cannot be added, modified, inactivated, or deleted by site personnel.

The NASDI Core file is updated upon government request (usually annually) using the four ASCII source files provided by CHCS PO. The NASDI Core file is updated together with the NASDI Business Rules file.

- **MEPRS Group Report**

If a provider is an outside provider type (e.g., CHAMPUS), the MEPRS code for the Requesting Location will always be an FCC (CHAMPUS beneficiary support) MEPRS, regardless of the Performing Location.

If a provider is not an outside provider and the Group DMIS ID of the Requesting Location is not equal to the Group DMIS ID of the Performing Location, the workload data will display under the FCD* (support to other military activities) grouping as a performing division. The actual MEPRS code associated with the performing division will continue to display in the detail of the report. (SIR 25617)

- **WAM Radiology MEPRS Report**

A WAM Radiology MEPRS Report option is now available on the WAM Menu and includes information which allows you to validate and reconcile Radiology workload data against the workload data reported through the WAM functionality. This report lists Radiology workload data by Performing and Requesting MEPRS, and includes an exception report which identifies Performing and Requesting MEPRS that are not consistent with the SAS Detail file criteria. (SIR 25843)

- **Worldwide Workload Report in ASCII Format**

When you create the Worldwide Workload Report in ASCII format, you can log onto or switch to a lead division to create and send an ASCII file by Division or Group ID. If you select an ASCII file for group, a file for the main division, along with all of its roll-up divisions is created and sent. If you log onto or switch to a roll-up division, you can only create and send the ASCII file for a single division. (SIR 25929)

- **Procedure Workload Facility Totals Report**

Procedure Workload by Radiology Location Report (Detail and Summary)
Location Procedure Totals by Requesting Account Report (Detail and Summary)
Ancillary CPT Report

For the above Radiology Workload/MEPRS reports, the system now prints a cover page that includes the approved AMA licensing text for all reports that display CPT codes. (SIR 25951)

The Monthly MEPRS Report has added a Subtotal column to the Monthly MEPRS Report. The Carded for Record Only (CRO) and Absent Status (ABS) admissions and dispositions are not included in the Subtotal column; however, they are included in the Total column. (SIR 25991)

The Remain Over Night (RON) admissions are no longer counted on the Monthly MEPRS Report. (SIR 25223)

- **Create Monthly Workload ASCII File to EAS**

CHCS now transmits all DOD (Navy) SASs as cumulative totals for the group rather than as individual workload performed by the division.

Previously workload was transmitted to EAS by division for each of the service-specific SASs. (SIR 26373)

- **ICU MEPRS**

To accommodate individual site needs and accurately calculate the appropriate hours and minutes for each DJ ICU MEPRS code, MTFs can be set up to support within a single ward location in various ways. During File and Table build, users can define ward locations as:

- Single ICUs
- Multiple ICUs
- Combined ICU/Non-ICUs.

Chapter

1

Tracking Health Care Services

1. Tracking Health Care Services

Chapter Overview

This chapter describes the Composite Health Care System (CHCS), the Medical Expense and Performance Reporting System (MEPRS) and the relationship between them.

Discussion topics include:

- Introduction to CHCS
- Introduction to MEPRS
- MEPRS Codes
- Special MEPRS Codes
- Requesting and Performing MEPRS Codes
- Workload Assignment
- MEPRS/Workload Data Collection and Reporting
- Chapter Summary.

1.1 Introduction to CHCS

1.1.1 Background

The medical component of the United States military currently cares for more than 10 million patients each year. To prepare for this huge case load, the Department of Defense (DOD) began in 1976 to automate health care functions by acquiring stand-alone workcenter systems such as TRIPHARM, TRIPAD, and TRILAB. These systems were termed "initial operating capabilities (IOCs)." Although IOCs

enhanced information flow and the ability of health care professionals to provide increased quality care, costly and time-consuming deficiencies still existed.

For example:

- Military health care information systems still relied on a combination of manual and automated procedures to process information. Such procedures differed among the military services and within the automated systems themselves.
- Patient data was frequently redundant from department to department.
- Because data was dispersed among several automated systems, tracking facility-wide trends was difficult for administrators.

CHCS is a health care management information system designed to remedy these deficiencies.

CHCS was developed by a designated contractor based on requirements set forth by the DOD/Defense Medical Systems Support Center (DMSSC) which is now the Composite Health Care System Program Office (CHCS PO).

1.1.2 Overview of CHCS

The quality of care at a medical treatment facility (MTF) depends on how well all patient health care and administrative functions work together. CHCS assists in enhancing the quality of care by:

- Supporting key administrative processes within the MTF and health care delivery for both inpatients and outpatients.
- Providing a fast, easy way to enter, store, and retrieve data. This frees MTF staff from having to perform many time-consuming tasks, such as: physicians writing patient care orders in long hand; nurses completing multiple forms to document care given; ambulatory care clerks entering updates to registration information that the patient previously had to write directly on specified forms.
- Facilitating the coordination of health care activities within the MTF and its medically integrated outlying clinics.

CHCS functions are completely integrated; therefore, personnel in the diverse workcenters within the MTF can access a single patient database. This is a key benefit to both patients and staff since this type of integration greatly facilitates the inter-departmental flow of information. It also supports the coordination of health care services between groups of MTFs sharing the same hardware platform and patient database.

1.1.3 The CHCS Design Structure

Refer to Figure 1-1. CHCS Design Structure.

- **The Operating System**

The operating system consists of the software that runs CHCS and performs functions necessary to control or make the system work. The operating system enables the programming language to interface with the computer. In other words, the instructions and memory for the computer are within the operating system.

- **The MUMPS Programming System**

"Software" refers to a set of programs (instructions) that run the computer. The standard application software for CHCS is written in the Digital Standard MUMPS (DSM) language, which runs under the virtual address extended/virtual memory system (VAX/VMS) operating system. DSM utility software routines (known as TOOLS) provide common user and file interface for the individual subsystems of CHCS.

- **TOOLS Support Software**

The TOOLS support software is used to modify the generic software (software common to all subsystems) that develops the files, menus, screens, etc., related to CHCS. Once these components are entered, an authorized user can access CHCS, select a menu option, and employ the desired functionality. Users are assigned access only to menus appropriate for their job title and responsibilities.

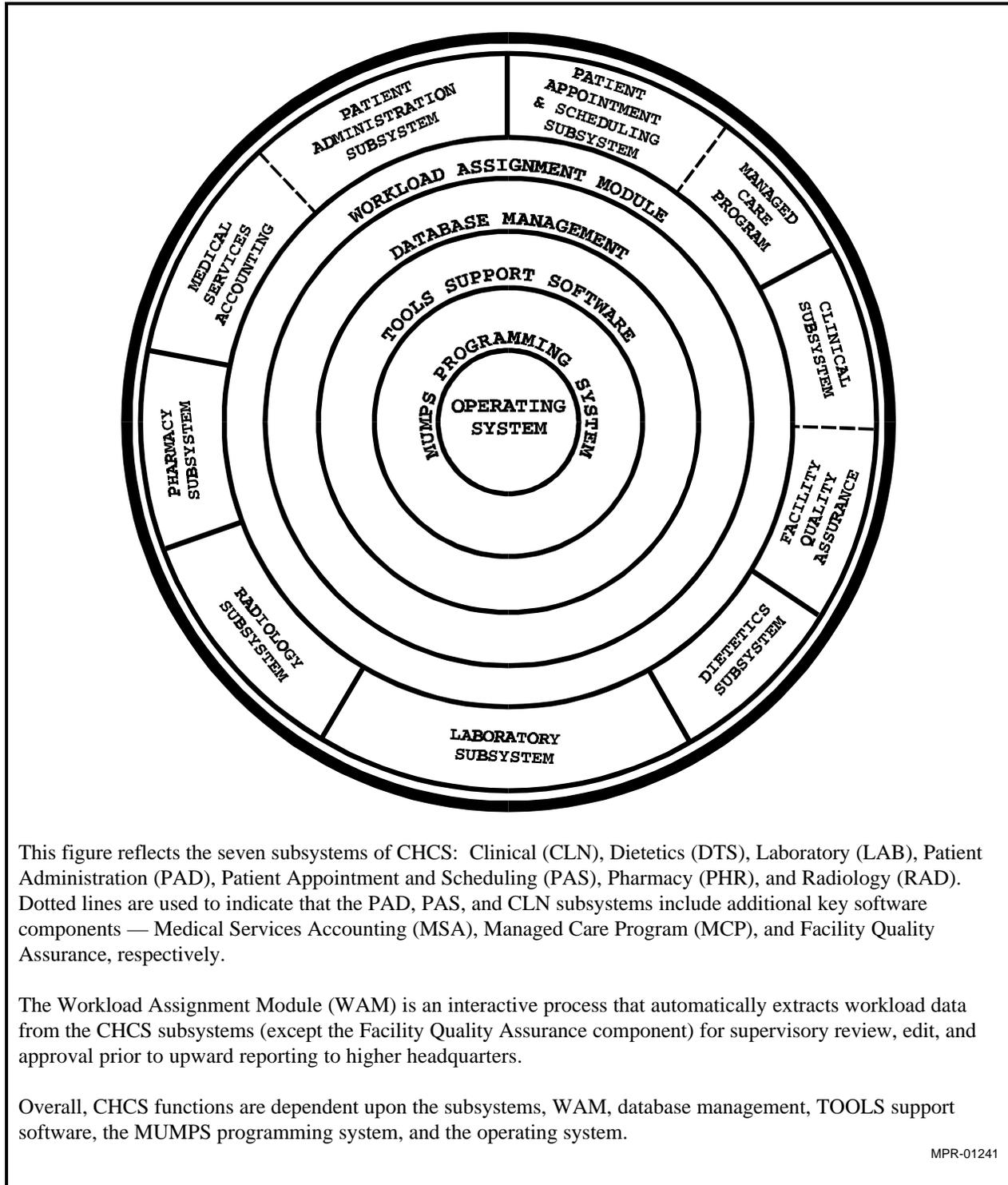


Figure 1-1. CHCS Design Structure

- **The Database Management System**

The Database Management System is the body of the computer software that is used to acquire information, organize it into structured data, and produce the required products (outputs), such as online displays (i.e., Help text), reports (i.e., MEPRS reports), and analytical studies.

- **CHCS Subsystems**

The subsystems of CHCS, also referred to as "functionalities" or functional areas, include the following:

- Clinical (CLN)/Facility Quality Assurance (FQA)
- Dietetics (DTS)
- Laboratory (LAB)
- Patient Administration (PAD)/Medical Services Accounting (MSA)
- Patient Appointment & Scheduling (PAS)/ Managed Care Program (MCP)
- Pharmacy (PHR)
- Radiology (RAD).

Each subsystem has its unique capabilities. For example, LAB personnel can access the functionality which allows them to log-in a specimen. Non-LAB personnel do not have access to this function.

Note: An overview of each subsystem and its relationship to MEPRS is provided in Chapter 3.

1.2 Introduction to MEPRS

1.2.1 Background

The Uniform Charts of Accounts (UCA) and the Uniform Staffing Methodologies (USM) systems were developed and implemented separately within the Health Care System. The UCA system grew out of a need to track expenses within military MTFs. Its development and implementation was under the direction of the Office

of the Assistant Secretary of Defense for Health Affairs (OASD HA) in conjunction with the Military Service's medical comptrollers. The USM system was concerned with manpower personnel. OASD HA, in conjunction with Military Service Medical manpower personnel, developed and implemented this system.

At the MTF level, it became evident that the most effective and efficient utilization of personnel recording data for these systems was to merge the data capture function and ultimately the two systems. Under the direction of OASD HA, and in conjunction with Tri-Service manpower and comptroller personnel, these two systems merged to become MEPRS.

1.2.2 Overview of MEPRS

MEPRS is a cost accounting system used by the DOD for fixed MTFs. It is used to determine the "full" cost of medical care, including:

- Amount of workload
- Direct patient care expenditures (i.e., medications, procedures, tests, etc.)
- Indirect expenditures (i.e., housekeeping, laundry, etc.)
- Manpower (time/salary) expenses of all hospital personnel.

Workload performance data is collected from CHCS, from expenditures that are determined by the accounting and finance office, and from personnel data generated by service-specific systems.

The goal of DOD facilities is to consistently provide high levels of health care delivery. With this goal in mind, facility personnel are concerned with cost, efficient staffing, economic utilization of resources, establishment of measurable and achievable objectives, as well as planning for the accomplishment of these objectives. Thus, there is a need for an effective mechanism to track manpower and associated workload, and to report it.

MTFs, Dental Treatment Facilities (DTFs), Service Headquarters, and DOD use MEPRS data for evaluating medical costs and making Defense Healthcare Program (DHP) decisions. MEPRS provides detailed and uniform financial and performance data to DOD components and the United States Congress. Further, MTFs use MEPRS data for budget formulation, review and analysis, business planning,

productivity comparisons, and development of Department of Veteran's Affairs (DVA)/DOD sharing agreements.

MEPRS provides consistent principles, standards, policies, definitions, and requirements for the accounting and reporting of expense, manpower, and performance data by DOD health care facilities.

At the facility level, MEPRS data provides current and complete expense data for:

- Workcenter (responsibility center) management
- Manpower utilization.

At higher levels, MEPRS data is used to perform:

- Cost-effectiveness evaluations
- Military medical facility comparisons
- Provider compensation studies
- Base realignments or closures (BRAC)
- Bid price adjustments
- Internal versus external decision support analysis.

With the goal of capturing the full cost of medical care at the MTF, MEPRS is used to identify, collect, and distribute reports of ALL expenses associated with MEPRS-defined activities. To this end, MEPRS requires that indirect expenses also must be captured, in addition to the expenses that can be directly assigned to a MEPRS workcenter. Examples of indirect expenses are: administrative costs, laundry and housekeeping services, and base support, such as lighting and heating services.

Note: For more specific details about the MEPRS, refer to the following:

- *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities* (DOD 6010.13-M), (current version).
- Military (service-specific) MEPRS procedure manuals and financial management guidance.

1.2.3 Relationship Between CHCS and MEPRS

Each CHCS subsystem generates and/or tracks workload related to services for patients who receive health care at the MTF--both ambulatory and inpatients. As previously stated, under the guidelines of DOD, MEPRS is used to track the full cost of the workload that is reported in CHCS.

A hospital location defined in CHCS is related to a MEPRS code in order to capture workload of a service and/or functional activity designated by the MTF. For cost accounting purposes, the location is referred to as a "MEPRS workcenter account" to track MTF operating expenses.

Each workcenter account is assigned a performance factor which is the unit of measure used to identify, quantify, and report its workload. A service and/or functional activity provided to, or for, a patient is considered "workload." The cost of services and/or functional activities under each MEPRS account is based on the cost related to the amount of workload performed and all their associated expenses, including personnel expenses. Personnel must follow guidelines defined by DOD to account for their workload. The assignment of operating expenses follows the process of step-down in which all intermediary MEPRS accounts (support service workcenters and ancillary service workcenters) are distributed to final MEPRS accounts.

CHCS can be used both to request a service (i.e., enter an order for a patient such as an admission, a diet, a radiology procedure, a laboratory test, etc.) and to document that the requested work has been done. In order to enter one of these in CHCS, the user is prompted to enter a "Requesting Location" or a MEPRS workcenter. The Requesting Location must have a valid MEPRS code which has been defined in the CHCS files and tables for the designated location/workcenter. This is the starting point for MEPRS/workload data collection, tracking, and reporting.

Workload Assignment Module (WAM), function within CHCS, facilitates the collection and processing of workload data that is reported and/or displayed through a variety of MEPRS/workload reports. Some reports are workcenter-specific (i.e., the End-of-Day Report for each clinic, the Pharmacy Medical Expense and Performance Report, etc.). Workcenter supervisors are ultimately responsible for the validity of these reports. Key factors in the step-down process include reconciling any data discrepancies and aggregating the data into a modular format prior to the transmission of workload data to Higher Headquarters.

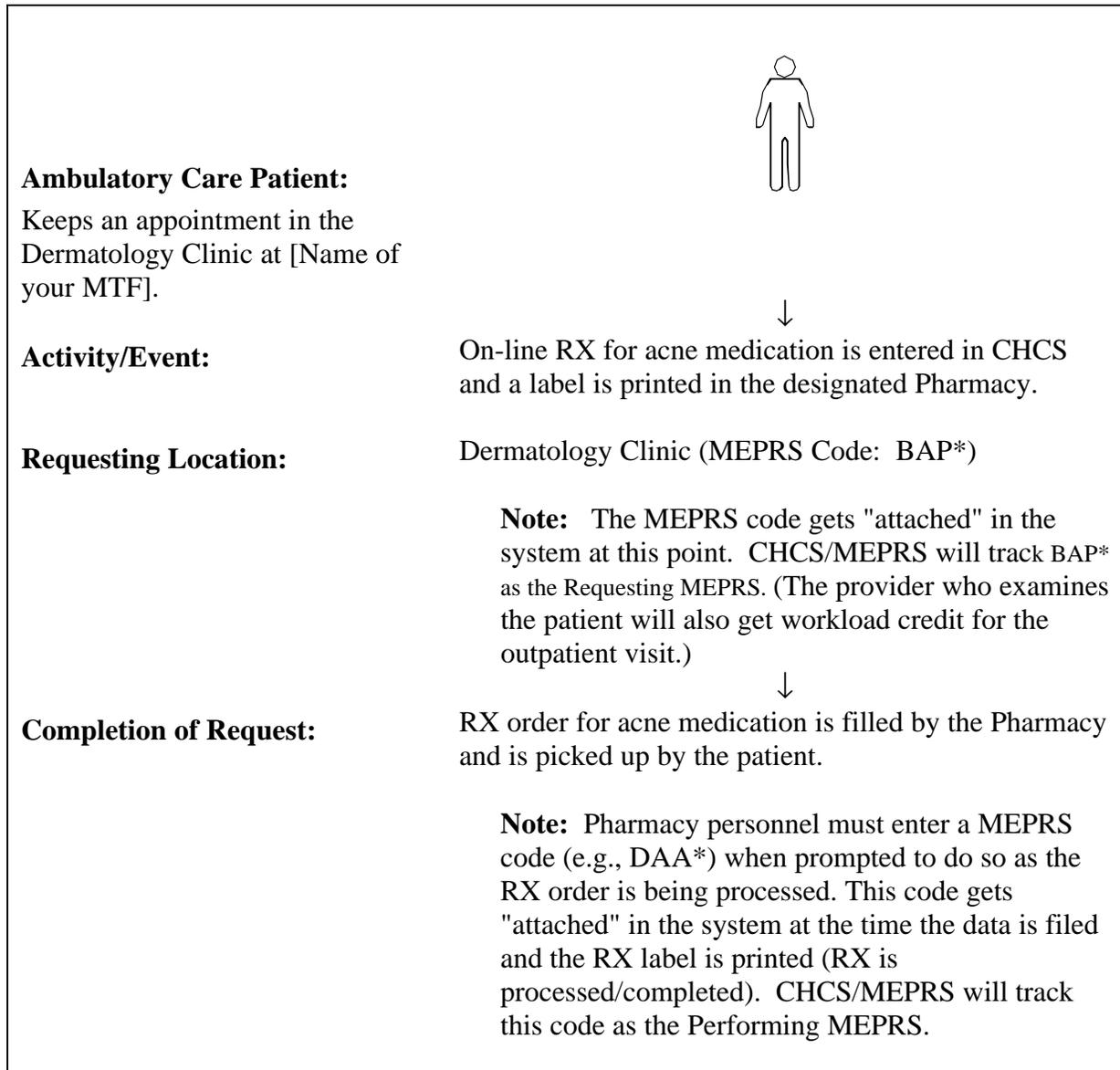
For example, Joseph Atkins, a patient in the Dermatology Clinic, received medication for acne. His physician entered an order for the prescription using a requesting location code of BAP*.

Note: The asterisk represents a "wild-card," so to speak, indicating that an additional level of the code is applicable.

The BAP* code in the above example identifies the following MTF areas responsible for the expense:

	<u>First Level</u>	<u>Second Level</u>	<u>Third Level</u>	<u>Fourth Level</u>
• Ambulatory Care	B			
• Medical Care		A		
• Dermatology			P	
• Group				* (site-definable)

Using this example, Figure 1-3 depicts the activity (request for service) that triggers entry of a MEPRS code, and when the code actually gets "attached" to the activity in CHCS.



MPR-01056

Figure 1-3. MEPRS Codes Triggering Events in CHCS

1.3.1 Hierarchical Levels of a MEPRS Code

As previously stated, a MEPRS code consists of four levels of alpha or alpha-numeric characters.

- **First Level of a MEPRS Code: Functional Category**

Within MEPRS, a hierarchy of accounts has been constructed wherein all expenses and corresponding workload data can be grouped into seven DOD-standardized Functional Categories.

The first level in a MEPRS code identifies one of the Functional Categories. Refer to Table 1-1 for a list of the Functional Categories.

Table 1-1. Functional Categories

MEPRS Functional Category	MEPRS Code
Inpatient Care	A
Ambulatory Care	B
Dental Care	C
Ancillary Services	D
Support Services	E
Special Programs	F
Medical Readiness	G

Inpatient Care (Category A), Ambulatory Care (Category B), Dental Care (Category C), Special Programs (Category F), and Medical Readiness (Category G) accounts are considered to be final operating expense accounts. Ancillary Services (Category D) and Support Services (Category E) accounts represent intermediate operating expense accounts whose expenses are reassigned to the final operating expense accounts.

- **Second Level of a MEPRS Code: Summary Account**

Each of the Functional Categories is divided into a DOD-standardized Summary Account, the second level of a MEPRS code. Summary Accounts include general areas of costs within each Functional Category. For example, the Inpatient Category has seven Summary Accounts. Refer to Table 1-2 for a list of Summary Accounts.

Table 1-2. Summary Accounts

MEPRS Functional Category	MEPRS Summary Accounts	MEPRS Code
Inpatient Care	Medical Care Surgical Care OB/GYN Pediatric Care Orthopedic Care Psychiatric Care Family Practice	A AA AB AC AD AE AF AG

- **Third Level of a MEPRS Code: Subaccount Workcenter**

Summary Accounts are further broken down into DOD-standardized Subaccount Workcenters. In accordance with the hierarchical structure of all MEPRS codes, subaccounts represent the third position of a MEPRS code. Subaccounts are accumulated into their corresponding summary account and reflect workcenters that incur costs. Refer to Table 1-3 for examples of Subaccount Workcenters.

Table 1-3. Subaccount Workcenters

MEPRS Functional Category	MEPRS Summary Accounts	MEPRS Subaccount Workcenters	MEPRS Code
Inpatient Care	Medical Care	Internal Medicine Cardiology Coronary Care Dermatology etc.	A AA AAA AAB AAC AAD

Note: For a full description of all subaccounts, refer to *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities* (DOD 6010.13-M), (current version).

- **Fourth Level of a MEPRS Code: (Site-Definable)**

The fourth alpha or alpha-numeric character of a MEPRS code is determined by the MEPRS department/comptroller at the MTF. Recall that this level of a MEPRS code is site-definable. Fourth-level codes are available for use in situations where the local command determines they would be of benefit for site-specific workload assignment, enhancing the utility and flexibility of MEPRS output on a local level.

Fourth level codes may be used to differentiate workload generated at a remote Internal Medicine clinic from that generated at an Internal Medicine clinic located in the primary, or "parent," facility.

Note: Certain fourth-level codes are restricted and have pre-determined DOD/service-specific meanings. For example, a "5" is used to represent Ambulatory Procedure Visits (APVs).

Refer to Table 1-4.

Table 1-4. Fourth-Level MEPRS Codes

MEPRS Functional Category	MEPRS Summary Accounts	MEPRS Subaccount Workcenters	MEPRS Fourth Level Account-Core Facility	MEPRS Code
Inpatient Care A	Medical Care A	Internal Medicine A Cardiology Dermatology Endocrinology	* * * *	AAA* AAB* AAD* AAE*

Note: For a list of MEPRS codes, refer to the MEPRS Charts of Accounts in Appendix B.

1.4 Special Codes

1.4.1 Cost Pool Codes

There are situations in which expenses cannot be accurately assigned to specific MEPRS accounts, but are known to be jointly incurred by two or more workcenters. Such situations warrant assigning a Cost Pool.

For example, a ward contains several medical specialties. (Refer to Table 1-5.) The specialties may share a common supply closet. Because actual use of the supplies by specialty cannot always be determined, a Cost Pool is established for the ward. Costs that cannot be directly identified with a MEPRS workcenter are assigned to the Cost Pool.

Table 1-5. Sample Cost Pool for Incurred Costs

Ward 4S	
Medical Specialties	MEPRS Code
General Medicine	AAAA
Endocrinology	AAEA
Dermatology	AADA
Ward 4S Cost Pool	AAXA

Costs are distributed among the specialties on a reasonable basis. For example, distribution may be based on the ratio of occupied bed days (OBDs) of each specialty to the total OBDs of the ward.

By convention, a Cost Pool code is designated by the alpha character "X" at the third level, followed by another alpha character (e.g., **X*).

In the example above, Ward 4S is a medical ward with a Cost Pool assigned. The Cost Pool has four levels: AAXA. The designation of each level is as follows:

- A - Inpatient Care
- A - Medical Care
- X - Signifies a Cost Pool
- * - MTF specified. In the above example, A is used, which represents an inpatient Cost Pool at the core facility.

Important:

- The designation of a Cost Pool is at the discretion of the MTF Comptroller Office.
- No direct patient care services are associated with a Cost Pool code.

Note: Only bulk issues in Pharmacy can be issued to a Cost Pool.

- The *only* official use of an X at the third level of a MEPRS code is to designate a Cost Pool. However, an X cannot be used at the third level of a

DJ* MEPRS code. (Refer to Section 1.4.3 for a discussion DJ* MEPRS codes.)

- All Cost Pools must have a Stepdown Assignment Statistic (SAS) established within MEPRS to distribute expenses among the MEPRS workcenters that share the Cost Pool.

1.4.2 Interim Codes

On occasion, an MTF will have a clinic or an activity that does not have an existing standard subaccount. In such cases, "interim," or "Z" codes may be used at the third level. Providing an interim status of "Not Elsewhere Classified" or NEC, these codes allow MEPRS to accommodate new specialties until new, permanent MEPRS codes are established.

Prior Service Headquarters approval is required for use of "Z" codes. These interim codes have a life expectancy of approximately one year or so--until the DOD assigns a standard Subaccount to the activity.

1.4.3 DJ* MEPRS/Intensive Care Unit (ICU) Codes

- **Overview**

Most MTFs do not have the workload or resources to create separate ICUs (i.e., Coronary Care ICU, Medical ICU, Surgical ICU) to support a single Clinical Service. Instead, they have one ICU which is used to treat a mix of coronary, medical, and surgical ICU patients.

To accommodate individual site needs and to accurately calculate the appropriate hours and minutes for each DJ ICU MEPRS code, setup of the CHCS software in the following way is important:

- Single ICUs
- Multiple ICUs
- Combined ICU/Non-ICUs.

In the event of patients being admitted and/or transferred to ICU areas, CHCS reports two workload performance factors. These are Occupied Bed Days (OBDs) and Hours of Service. OBDs include the costs incurred from operating an inpatient ward. These costs are tracked under a referring A-level MEPRS code. The costs incurred in the ICU are based on hours of service, which are

posted under the respective DJ* code and are also reported under the Referring A-level MEPRS code. Refer to Table 1-6 for an outline of how ICU services should be set up.

Table 1-6. A-Level ICU Codes and DJ* Codes

DJ** MEPRS Codes	ICU Service	A-Level ICU Code
DJAA	Medical Intensive Care	AAHA
DJBA	Surgical Intensive Care	ABCA
DJCA	Coronary Care Unit	AACA
DJDA	Neonatal Intensive Care	ADCA
DJEA	Pediatric Intensive Care	ADEA

Refer to Chapter 2, Section 2.3.1, Defining ICU Ward Locations, for an explanation of setting up ICU ward locations during File and Table build.

Caution: To accurately capture DJ* MEPRS workload, correct File and Table build by the MTF providing ICU services is critical.

The Standard Inpatient Data Record (SIDR) tape/file tracks inpatient episodes according to the patient’s currently assigned MEPRS code. OBDs are accumulated based on the patient’s MEPRS code at midnight. Effective with CHCS V4.41 MU1, DJ*/ICU MEPRS functionality changed the accounting of time spent in ICUs from an A-level ICU code tracking system to a tracking system based on the patient’s physical ICU ward location which is logically linked to a DJ* MEPRS ICU and its associated A-level ICU code. ICU bed days in WAM and EAS are now accumulated based on the total number of days that a patient is assigned a corresponding A-level MEPRS code.

Note: The five “A-level ICU codes” (AAHA, ABCA, AACA, and ADEA) are not DOD MEPRS codes but are used for the file and table description of WAM and EAS to meet system edits in processing inpatient workload. These codes are assigned respective DJ** MEPRS codes are shown in Table 1-6. Even though these codes are not MEPRS codes, “A” used in this example at the fourth level follows the same concept of MEPRS codes, “site definable.” Workload is reported under these A-level ICU codes, not DJ** MEPRS codes in the Worldwide Workload Report (WWR).

An A-level "Referring:" MEPRS code is automatically defaulted when a 'MEPRS/Clinical Service' is required at a prompt. For example, if the service referring a patient to the Coronary Care Unit is AAAA (Internal Medicine), tracking is done between AAAA and AAC (Coronary Care Unit's MEPRS code), and then mapped to the appropriate DJ* code. In this example, the DJ** code is DJC*.

DJ** MEPRS codes are internally mapped to the corresponding A-level ICU code to track the hours/minutes of service provided in the ICU.

The DJ** codes are used strictly by the MEPRS staff and are only reported on the Hrs of Svc in ICUs by Ref MEPRS/Cln Service Report. They are reported as "Performing" MEPRS codes in WAM.

- **Admission to an ICU**

When a patient is admitted to an ICU, the ICU ward location is entered at the 'Adm Ward' prompt. The 'MEPRS/Service' field in admissions automatically displays the default Referring MEPRS code that was assigned to the ward when it was defined (or updated after V4.41 MU1). For example, if the Medical ICU ward (3N) is entered, then AAAA (Referring MEPRS code for the Medical ICU) will display as the patient's default MEPRS/Service. This default MEPRS code can be edited if the patient's Clinical Service is different from the default code.

After the A-level ICU code is entered, CHCS maps the ICU code to the corresponding DJ* code. This data is stored in CHCS for later use to generate the Hrs of Svc in ICUs by Ref MEPRS/Cln Service Report. This report displays DJ* MEPRS codes with their Referring MEPRS codes. The A-level ICU and Referring MEPRS data is also displayed on the monthly Worldwide Workload Report (WWR) and the WAM Monthly MEPRS Report.

Note: These reports are discussed in Chapter 3 and Appendix C, along with sample outputs.

- **Transfer to an ICU**

Assignment of a MEPRS code is required during the admission process; however, a new MEPRS code may be optionally assigned during an interward transfer. Further, a MEPRS code may be changed, if necessary, at any point during the inpatient episode. As a result, the current MEPRS code assigned to a patient may not necessarily reflect the patient's physical location. For example, a

patient admitted to a general medicine ward may be assigned a MEPRS code of AAAA. If the patient is transferred to the Coronary Care Unit, the MEPRS service field automatically defaults to the admission MEPRS code, AAAA, which is the patient's previous code. The default code can be edited as needed to reflect the accurate/current MEPRS code (in this example AAB*). This is particularly important for correct accounting of workload/resource utilization related to ICU hours of service.

Note: For either an admission or a transfer to an ICU, the MEPRS/Service field can be edited to any valid A-level MEPRS code, *except* the A-level ICU codes: AAC*, AAH*, ABC*, ADC*, or ADE*.

Note: Since DJ* MEPRS codes report workload in fractional hours, the MTF earns workload for all time spent in an ICU, not just the OBD where the patient resided at midnight.

1.4.4 Special Codes in CHCS to Support Biometrics

All MEPRS codes contain one of the Functional Category alpha designations as the first level designator (e.g., A, B, C, D, E, F, or G). However, CHCS uses two non-standard codes (i.e., not MEPRS codes) to meet certain system edits that require a transaction to have a fourth-level MEPRS code:

XXX - Carded for Record Only (CRO)

Example: This code may be used for tracking a patient who was dead-on-arrival (DOA) when s/he was brought to the Emergency Room. When a user enters CRO in the 'Source of Admission' field, CHCS automatically enters XXX* in the 'MEPRS/Service' field.

YYY - Absent Sick (ABS)

Example: An active duty soldier is admitted to a civilian hospital. Once the base hospital is aware of this situation, an admission is processed for the soldier. When a user enters ABS in the 'Source of Admission' field, CHCS automatically enters YYY* in the 'MEPRS/Service' field.

1.4.5 FCD* MEPRS Codes

FCD* codes are used to designate "Support to Other Military Activities," as defined in DOD 6010.13-M.

For workload reporting within WAM, the FCD* MEPRS code is used to count workload for requesting locations when the GROUP DMIS ID differs from the performing location's GROUP DMIS ID. There are some exceptions to this rule in which a location has an FCD* MEPRS code and is in the same division or group as the Performing MEPRS; e.g., the FCD* MEPRS code is the mechanism for issuing prescriptions/providing services to a ship.

Note: A triggering point for the High Cost Ancillary Reports is use of FCD* MEPRS codes, as these codes are used to support high-cost ancillary billing.

1.5 Requesting and Performing MEPRS Codes

MEPRS workload tracking has MEPRS codes specified for the following:

- | | | |
|-----------------------|---|---|
| Requesting MEPRS Code | - | The workcenter that provides care and requests services for a patient. The costs are allocated to the Requesting MEPRS when the final, full extended cost of care is computed. |
| Performing MEPRS Code | - | The workcenter that performs the service (e.g., test, procedures, etc.) or issues supplies or products, ordered by the Requesting MEPRS location providing direct care to the patient (e.g., RAD, LAB, etc.). |

Note: Most administrative SASs (i.e., 001 Occupied Bed Days, 002 Outpatient Visits, 003 Total Visits) do not have a Performing MEPRS Code. The one exception is Third Party Collections (TPC), which has EBH as the Performing MEPRS in the respective specific SASs.

1.6 Workload Assignment

The use of uniform codes, definitions, and workload reporting methods provides a common standard of measurement for cost assignment. It makes performance comparisons more meaningful, and provides a basis for more equitable resource decisions to operate the overall Military Health Service System (MHSS). An overview of MEPRS workload assignment in CHCS is provided below.

1.6.1 Sources of Workload and the Units of Measurement

Following is a list of the CHCS subsystems that count workload and the associated units of measurement.

Note: CHCS only counts a subset of the workload units that are required for MEPRS reporting. It does, however, provide screen templates to enter and report workload not captured directly by CHCS.

- **PAD: Occupied Bed Days (OBDs)/Bassinets Days**

OBDs/Bassinets Days are counted under the appropriate MEPRS code for the type of care rendered via the Admitting Service MEPRS code which is entered at the time of admission. This is true regardless of any ward transfers done, unless the MTF staff enters a Change of Clinical Service. If a Change of Clinical Service occurs, from that day forward, the OBDs are counted under the new MEPRS code.

Note: A change of Clinical Service (hospital location and/or MEPRS code) is not the same as PAD personnel correcting an incorrectly entered Admitting Service.

The count of OBDs ends on the patient's Disposition/Discharge from the MTF. The day of Admission is the first OBD and the day of Discharge is *not* an OBD (unless the patient is admitted and discharged on the same day).

Note: CHCS converts Bassinets Days to OBDs for MEPRS Reporting.

- **PAS: Inpatient/Outpatient Visits**

A provider gets his/her visit count solely from workload entered through the PAS Subsystem, except when the clinic is not in CHCS. In this situation, the workload must be manually entered.

Outpatient Visits: Visits are counted under the clinic in which the patient was seen and are sorted by MEPRS codes for the type of outpatient care rendered. For most clinics, this is only one code; however, Pediatrics and OB/GYN clinics may have several codes. A MEPRS code is attached to the outpatient visit at the time an appointment is booked, when a walk-in is entered into the system, or at End-of-Day (EOD) processing. Users may modify the MEPRS code during check-in on the day of the appointment, or through EOD processing.

Inpatient Visits: Clinic visits of inpatients to outpatient clinics should only be "countable" visits when the provider seeing the patient is from a different specialty service than the patient's current Clinical Service and the visit is not related to the inpatient episode. If the provider is from the same specialty service, but not the attending physician, the visit should be a "non-count" patient visit.

The appointment clerk who books the appointment determines whether the visit is a count or non-count visit by the clerk's response to the prompt: 'Is this RELATED to the Inpatient Episode of Care? //NO.' Accepting the NO default indicates a countable inpatient visit which the software will automatically count under the clinic's MEPRS code. Overriding the default with a YES response indicates that this is a non-countable visit and CHCS stores the A-level MEPRS code with the appointment.

- **Requesting Locations for Ancillary Service (LAB, RAD, PHR) Orders**

Outpatient: The Requesting Location for Outpatient care is the MEPRS code of the provider's specialty.

When placing an order, the provider should enter his/her clinic name, or the clinic's associated MEPRS code, as the Requesting Location. If the clinic's entry in the Hospital Location file has a MEPRS code assigned to it, that is the MEPRS code to which the workload will be assigned. If the clinic has a Cost Pool code (e.g., BAXA), CHCS prompts the provider to 'Select Clinical Service/MEPRS Code.'

Inpatient: The Requesting Location for inpatient care is the patient's ward, for the purpose of obtaining results of the requested service(s). For example, LAB results will be queued to print at the specified location. The service that the workload MEPRS code comes from is the Clinical Service to which the patient is assigned when the order is written/activated.

This is the only place in CHCS where the Requesting Location and the Requesting MEPRS code are independent of each other.

1.7 Workload: Data Collection and Reporting

CHCS includes functions and processes that support the collection and reporting of workload data. An overview of these capabilities follows.

1.7.1 EOD Processing

- **Overview**

For Ambulatory services, the EOD Processing function provides patient appointment history data for each clinic and provider.

- **Reporting the Data**

EOD processing should be completed at the close of the clinic's day when all scheduled and unscheduled patient appointments have been completed.

Workload is not attributed to the clinic until the following have been resolved:

- Appointments with an appointment status of Pending
- Appointments that do not have a provider assigned.

To collect APU workload, users must access the following menu option to carry out EOD processing:

PAS System Menu → Clerk Scheduling Menu → VAP → MAPV

Note: When processing WAM workload data at the end of the month, the system generates a warning message on the Delinquent Appointment Category Report if there are any delinquent appointments.

Although the EOD function should be completed daily, the system allows a seven-day window in which to complete this process. After seven days, only supervisory personnel with the SDCL1 or HCPL1 security keys are able to complete this function.

Users can edit an appointment status, MEPRS data (or other data elements) by using the following sample menu path:

PAS System Menu → Clerk Scheduling Menu → BOK → C → Select [search criteria (place of care and data elements)] → Select [place of care] → Select [data elements] → S → Select [appointment(s)] → Access and edit data elements

Note: The menu path may change based on the criteria selected.

- **Value of the Data**

EOD processing is important as it reconciles all appointments with the actual workload of the clinic.

This function provides a definitive measure of the actual (i.e., kept appointments and "walk-ins") versus the projected workload that may have included appointments eventually cancelled or not kept. The data includes, but is not limited to, the MEPRS code, the clinics, the appointments, type/duration of the appointments, the providers who examined the patient or completed a telephone consult.

1.7.2 Ambulatory Data System (ADS)

- **Overview**

The purpose of this system is to electronically capture all ambulatory health care data (excluding derived data) as it is created at the point of service during an ambulatory (outpatient) health care encounter, and to integrate this data with currently existing data. Specifically, ADS prints out an encounter form for the appointment type scheduled for each patient in which patient demographic, insurance, and appointment information is downloaded from CHCS. Providers indicate Current Procedural Terminology (CPT) codes, Health Care Financing Administration Common Procedure Coding System (HCPCS) codes, and disposition for encounters by filling bubbles in the form.

Note: All facilities must focus on the accuracy of the patient demographics and visit data, in addition to the completion of Outpatient Record processing by the data transfer date for both CHCS and ADS.

- **Reporting the Data**

Monthly, weekly, daily, and ad hoc reports can be generated. Such reports may be sorted by: encounters by clinic, by provider, most frequent diagnoses and procedures, provider by procedures performed, patients who received treatment, etc.

- **Value of the Data**

ADS as an encounter collection system, not a workload system, provides a historical picture of the MTF clinical practice patterns by diagnoses, procedures, providers, and patients. This is important not only for evaluation and planning purposes, but also provides support to other MHSS programs such as the Third Party Outpatient Collection System (TPOCS) and the Standard Ambulatory Data Record (SADR).

1.7.3 Worldwide Workload Report (WWR)

- **Overview**

The WWR is a Tri-Service workload report. First available in CHCS V4.4, the WWR consolidated and replaced the Army Medical Summary Report (MED 302), Navy Workload Report, and the Air Force Report of Patients (AF 235).

Consisting of six sections, the WWR is a statistical summary of various workload reporting elements. Each workload element is contained in a specific section of the report and has a designated Item Code. Certain Item Codes require unique Workload Codes in addition to being reported by MEPRS codes and Patient Categories.

If any problem patients occur, the month's initial calculation or subsequent recalculation will create a file of problem patients. For clarification, a "problem patient" is one without a MEPRS code, PATCAT, registration number, or an invalid MEPRS (third character is "X" or "Z"). A problem patient may have more than one problem which will display on the report. Only Section I of the Worldwide Report is impacted by this data.

All workload data must be reviewed, updated, and/or corrected by the appropriate staff before generating an ASCII file of the WWR at the end of the month and forwarding it to Higher Headquarters. EOD processing also must be completed. Further, any pending Admission, Disposition, and Transfer (ADT)

actions must be reviewed and processed prior to generating the report. This ensures that workload count information is correct when the WWR is generated.

The WWR differs from the MEPRS Workload Report in that it allows reporting of OBDs for the five A-level ICU codes: AAH*, AAC*, ABC*, ADC*, and ADE*.

When analyzing the one-to-one relationship of the individual MEPRS codes in these reports, the data will not match. Variances in OBDs at the Clinical Service level occur due to different Business Rules associated with the calculation of each report. However, the total OBDs on the WWR and the monthly MEPRS Report will match.

Note: A more detailed discussion of this report is provided in Chapter 3.

- **Reporting the Data**

The WWR can be generated at user-specified intervals during the month, but is designed to be generated as a comprehensive, monthly workload report. The report can be generated by individual Division or Group Roll-up. Header information displayed on the report indicates whether data is reported from a single MTF, or grouped to a parent MTF. A single section, or all sections, of the report can be generated. The report can be sorted by:

- Patient Category within the fourth-level MEPRS
- Patient Category only
- Fourth level MEPRS within the Patient Category.

- **Value of the Data**

The WWR includes both inpatient and outpatient workload data:

- Inpatient: Admissions, Bed Days, etc.
- Outpatient: Outpatient visit data.

It also calculates other statistical data based on information entered into CHCS. Individual audit detail data, such as inpatient episodes of care and visit data, is retained for two months, then deleted. Summary detail data is retained for 18 months. Audit data can be recalculated up to eight months.

1.7.4 Standard Inpatient Data Record (SIDR)

- **Overview**

The SIDR provides data related to all aspects of inpatient episodes. Once transferred to the appropriate reporting agency, it is used in a variety of systems for purposes of Quality Assurance, budgeting, and other reports.

Only final account codes for inpatient care ("A" codes) are SIDR-standard. Codes are determined by CHCS to be "standard" (SIDR data) or "non-standard" (non-inpatient related data) when a MEPRS code is defined by the DOD.

- **Reporting the Data**

SIDR data is generated and reported at service-specified intervals. Using the File Transfer Protocol (FTP), MTFs can transfer their SIDR and WWR data from the MTF to the appropriate MILDEP reporting agency and/or Lead Agents, and the Corporate Executive Information System (CEIS). See your site specialists or site manager for information on ensuring that these files are sent to the recipient agency.

- **Value of the Data**

The SIDR provides a standard means of collecting and upward reporting of information related to inpatient episodes of care (e.g., Clinical Service data, total occupied bed days, ICU bed days). This data is used in studies of diseases, types of care rendered, utilization, and workload.

1.7.5 Personnel Utilization Data

- **Overview**

Personnel labor hours and other labor expense data is captured for MEPRS upward reporting. This data includes assigned, available, and borrowed staff. Service-specific systems are used to support this function.

- **Reporting the Data**

The MEPRS labor data is submitted monthly.

- **Value of the Data**

Personnel time is matched with appropriate pay data to derive labor expenses, by workcenter.

1.7.6 Workload Assignment Module (WAM)

- **Overview**

WAM, a data collection and reporting function within CHCS, collects information using the MEPRS codes associated with each patient-related procedure or process as a by-product of day-to-day operations, or from data that is either system-generated or manually entered by users. This tri-service (Navy, Army, Air Force) function facilitates the transfer of workload from an MTF to the off-board workload reporting systems, the Expense Assignment System (Expense Assignment System (EAS), and for Navy, the Standard Accounting and Reporting System/Field Level (STARS/FL).

Prior to WAM, MEPRS personnel had to manually enter information from CHCS workload reports into EAS and STARS/FL. WAM eliminates the need for this duplication of effort by automating the workload reporting process. This reduces the potential for inaccuracies due to human error.

WAM streamlines MTF workload reporting and standardizes the collection and processing of clinical data. DOD and service-specific processes have been automated to provide consistent data collection and reporting among all MTFs. This requires cooperation and accuracy at all levels to ensure that data sent to the off-board systems is timely and reliable.

Refer to Figure 1-4. The WAM Data Flow Diagram. This diagram illustrates the relationship between CHCS, MEPRS, and WAM. As you can see, WAM is supported by most CHCS functionalities in that MEPRS data is generated directly from hospital locations within the functionalities.

DTS, MCP, and several ancillary activities are the exceptions. Workload data is not captured from these areas.

The flow of workload data that supports WAM is depicted by arrows that point away from the functionalities and toward the ring that represents the MEPRS and MEPRS Business Rules. Additional arrows then depict a continual flow of data into WAM screen templates.

Since system-generated MEPRS data is automatically rolled into the WAM templates, the template information and reports will not be accurate if any incorrect MEPRS codes have been entered in a functionality for a workload count.

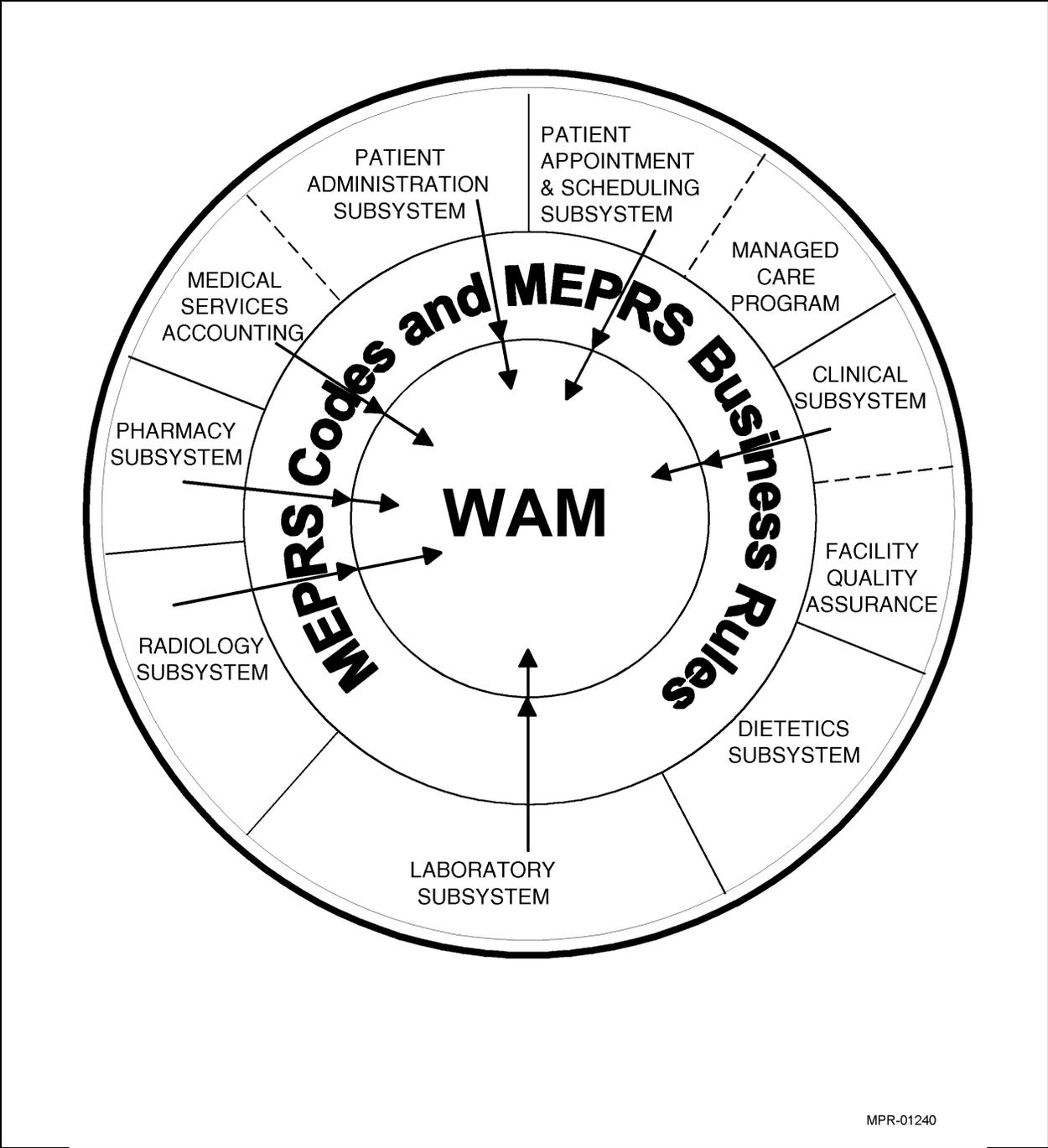


Figure 1-4. WAM Data Flow Diagram

- **Reporting the Data**

WAM workload templates are initialized by the user at the first of the month so that MEPRS/workload data can be captured and worked on in the WAM templates. Authorized users analyze the data, edit/reconcile discrepancies (if necessary), and at the end of the month, approve the data for transmission of ASCII files to EAS and STARS/FL.

- **Value of the Data**

As mentioned previously, MTFs are required to provide performance reports to the DOD. Through WAM, users can validate, integrate, and transfer the final data for upward reporting.

1.7.7 CHCS MEPRS/Workload Reports

- **Subsystem MEPRS/Workload Reports**

Several of the subsystems in CHCS can generate area-specific MEPRS/workload reports. These reports can be divided into the following three categories:

- | | |
|---|---|
| Monthly Reports Used Data Reconciliation in WAM | – Cumulative data reports that are generated at the end of the month and are used for data reconciliation in WAM. |
| Operational Reports | – Reports that are used to determine day-to-day operations/workload within the facility or division. The reports can be generated at user-specified times throughout the month. |
| Other | – Reports that provide valuable statistical data but are not used for data reconciliation in WAM. The reports can be generated at user-specified times throughout the month. |

Refer to Table 1-7 for a list of Monthly MEPRS reports.

Table 1-7. Monthly Reports by Subsystem

Monthly Reports Used for Data Reconciliation in WAM	Subsystem
Worldwide Workload Report	PAD
Hrs of Svc in ICUs by Ref MEPRS Cln SVC Report	PAD
Monthly MEPRS Detail Report	PAD
Monthly MEPRS Report	PAD
Monthly Statistical Report	PAS
Division MEPRS Report	LAB
Group MEPRS Report	LAB
Medical Expense and Performance Report	PHR
MEPRS Group Report	PHR
TPC Ancillary CPT Report	LAB
Disposition MEPRS Report	PAD
Inpatients by MEPRS Report	PAD
MEPRS/Provider Days	PAD
Patient Inactive MEPRS Summary	PAD
Command Facility Workload Recap Report	PAS
Clinic Workload Report	PAS
Initial and Follow-up Clinic Visit Report	PAS
MEPRS Group Report	RAD
Procedure Workload Facility Totals Report	RAD
Procedure Workload - Radiology Location Totals	RAD
Procedure Workload by Radiology Location	RAD
Facility Totals by Req. Acct. and Func. Category	RAD
Radiology Location Totals by Requesting Account	RAD
Location Procedure Totals by Requesting Account Report	RAD
WAM Radiology MEPRS Report	RAD
Other	
Death Report	PAD

- **Reporting the Data**

Although several of the reports can be generated at user-selected intervals throughout the month, they are of most value when printed after all workload has been completed at the end of the month.

Data from the individual reports is also collected in, or by, other more comprehensive data collection tools/processes such as WAM.

Workcenter supervisors are responsible for the accuracy of the above listed reports and may be asked to assist workload processing staff in validating or reconciling any discrepancies in the reported workload.

- **Value of the Data**

These reports provide raw data and counts of the workload that is attributed to the specified workcenters.

Note: Refer to Chapter 3 and Appendix C for a detailed overview of CHCS MEPRS/workload reports by subsystem.

1.7.8 Upward Reporting of MEPRS Data

WAM serves a dual role of MEPRS data collection and reporting. It has particular significance in that it supports the upward reporting of MEPRS data to Expense Assignment System (EAS and STARS/FL).

Note: For a review of WAM, refer to 1.7.6 above.

A brief overview of EAS and STARS/FL is provided below. These systems are discussed in greater detail in Chapter 4.

- **EAS**

EAS was designed to provide uniform record-keeping and expense allocation data to the DOD. It is a computer system to which all CHCS MEPRS data is transmitted (from WAM) for processing, report generation, and upward reporting, or roll up, of workload data. This system performs four basic functions related to expense assignment and the preparation of the MEPRS. They are:

- Input editing
- Maintaining/updating EAS input and computation files
- Computations (including reclassification and adjustment of direct expense, stepdown, and final purification)
- Report production (including those needed for audit trails).

Under the guidance of the DOD, MTFs are grouped to facilitate upward reporting. EAS is the reporting tool used for this process. Within a group, each facility is assigned both a Defense Medical Information System Identification (DMIS ID) and a GROUP ID code. EAS uses the parent field, which is the same as the CHCS GROUP ID code, to define which MTFs combine their workloads. Some small medical facilities have their processing/reporting carried out by a larger facility, the "parent" facility. This is also the facility where EAS is located.

EAS III Version 9.2 (or greater) must be installed prior to activating the WAM module.

- **STARS/FL**

STARS/FL is used only by the Navy.

In addition to EAS, MEPRS codes are used to report data to STARS/FL by Cost Account Code (CAC) and Workload Job Order Number (WJON).

STARS/FL workload file creation, via the 'Create Monthly Workload ASCII File to STARS/FL' option, must be performed prior to transmitting workload to EAS.

1.8 Chapter Summary

MEPRS is a cost assignment system. This system is used by fixed DOD medical facilities to track the cost of manpower and health care services. This is accomplished to a great extent by collecting and reporting workload in CHCS.

MEPRS uses an alpha or alpha-numeric coding process which captures services and/or functional activities from all workcenters (locations as designated by CHCS) within the MTF. The workcenters are assigned unique MEPRS codes in order to track the associated workload in performing their services and/or functional activities.

The ability to capture workload by various functions within CHCS, including WAM, facilitates the reporting and display of related system outputs such as MEPRS reports, subsystem-specific workload reports, and WWR.

WAM functions are essential to both workload data collection and reporting. These functions have helped to standardize the data collection process and significantly streamline workload reporting at the MTF. After monthly workload data is collected in WAM, it is reviewed and reconciled (if needed), then approved for upward reporting to EAS and STARS/FL.

Chapter

2

**MEPRS: Relationship to CHCS
Files and Tables**

2. MEPRS: Relationship to CHCS Files and Tables

Chapter Overview

This chapter describes the relationship between MEPRS and the CHCS common files and tables. Discussion topics include:

- Coordinating the File and Table Build
- Phased Approach to Building the Database
- The Common Files
- Summary of the Relationship of MEPRS to the CHCS Common Files Structure
- Relationship of the MEPRS Codes File to WAM, EAS, and STARS/FL
- Summary of a Workload Activity, MEPRS, and Specified CHCS Files
- Chapter Summary.

2.1 Coordinating the File and Table Build

During initial installation of CHCS or during file/table maintenance, the MEPRS Coordinator(s), personnel from each of the functional areas (i.e., CLN/FQA, LAB, PAD, PAS, PHR, and RAD), and CHCS Database Administration should be contacted to help support the file and table build process, particularly the common files. These users must be extremely knowledgeable in their functionality and understand current workflow procedures, as the accuracy of MEPRS reporting heavily depends on a sound file and table structure.

Note: For specific information regarding file and table build, refer to *Implementation Guide for CHCS S/W Version 4. 6 for Common Files*, SAIC/CHCS Document.

2.2 Phased Approach to Building the Database

Users must implement the database in a phased approach. The six phases are Planning, Data Collection, Data Review and Analysis, File and Table Build, Subsystem Activation and Problem Resolution, and File and Table Maintenance.

2.2.1 Planning

During the planning phase, site personnel determine who will be responsible for which files and how to coordinate the building of the files.

2.2.2 Data Collection

This phase entails the collection of data which represents the organizational structure of the MTF, including any approval organizational changes under implementation (for example, the number and types of departments, Clinical Services, designated workcenters or hospital locations). Such data allow CHCS to be tailored so that files/tables reflect the facility operational services and/or functional activities.

2.2.3 Data Review and Analysis

Data is reviewed and analyzed to ensure that it is:

- Accurate - Data is spelled correctly.
- Complete - All required data has been collected.
- Standardized - Standard naming conventions have been used. Definitions of services, functional activities, and workload performance factors must be consistent with MEPRS.
- Unique - There are no duplicate entries.

- Legible - Personnel completing file/table build are able to read any handwritten data that has been provided.
- Appropriate - Data is valid and necessary for the specific site.

2.2.4 File and Table Build

During this phase, the file and table information is entered into CHCS.

Some files in CHCS come pre-populated with data that must be reviewed prior to adding new entries. Other files are blank and are built entirely on-site.

2.2.5 Subsystem Activation and Problem Resolution

During this phase, CHCS functionalities become operational. Any errors or oversights, are identified and resolved.

2.2.6 File and Table Maintenance

CHCS is a dynamic system requiring continual file and table maintenance. Therefore, this phase is essentially on-going in order to assure a current/accurate database.

2.3 The Common Files

“Common files” by definition, are files that affect more than one functionality. When CHCS is installed at a site, three common files have to be built in the correct order. These are the Medical Center Division (MCD) file, Department/Service (DEP) file, and MEPRS Codes (MPR) file as represented in Figure 2-1.

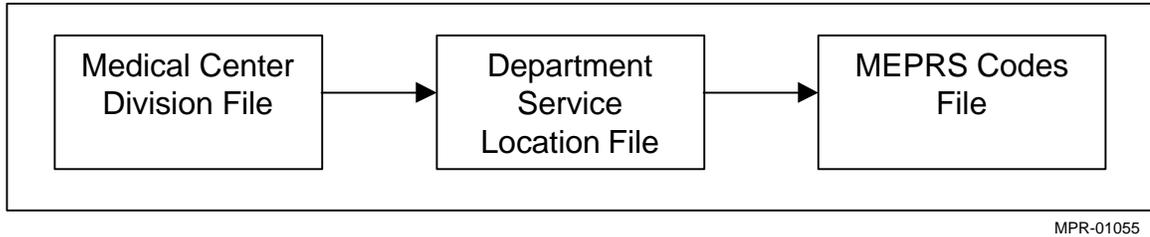


Figure 2-1. Common Files

No other files/tables can be established in CHCS until these files have been built. Although data can be added to these files at a later date, the files should be as complete as possible before users build additional files and tables such as the Hospital Location file, Provider file, User file, etc.

2.3.1 Medical Center Division File (File #40.8)

The Medical Center Division file forms the structural basis for all of CHCS at a given site. All hospital locations and users are affected by the definition of divisions--the separate business and administrative entities on the local CHCS. A division is also the entity to which the workload data rolls up; therefore, definition of the medical center divisions also affects workload reporting.

Workload reports reflect when a unit of work is requested or performed by a hospital location or workcenter. Users may be limited by the definition of their "allowable" (i.e., granted access to) divisions within the CHCS User file. When limited to a subset of the divisions available on a local CHCS, the user may not access those workcenters within nonallowable divisions. In the event of accessing CHCS, users are considered to be reporting workload "within" a division or MTF.

A medical center division must be created in CHCS with a unique facility DMIS ID code. A division cannot be created/activated unless it has a valid DMIS ID code. Refer to the following section for DMIS ID and GROUP ID codes.

- **DMIS ID and GROUP ID Codes: Concept of Operations**

The DOD determines how facilities are grouped. Within a group, each facility is assigned both a DMIS ID code and a GROUP ID code.

The DMIS ID Code file is a DOD standard file; therefore, any changes needed in the file must be authorized by the MILDEPs. A list of DMIS ID codes can be found in the Defense Medical Information System ID Catalog, VRI-DMIS-2 WP89-3.

The DMIS ID is a unique four-digit numerical code that is used to designate a medical entity, such as a hospital or clinic. For example, the DMIS ID code for each of three DOD MTFs are shown in Table 2-1.

Table 2-1. DMIS ID Codes for DOD MTFs

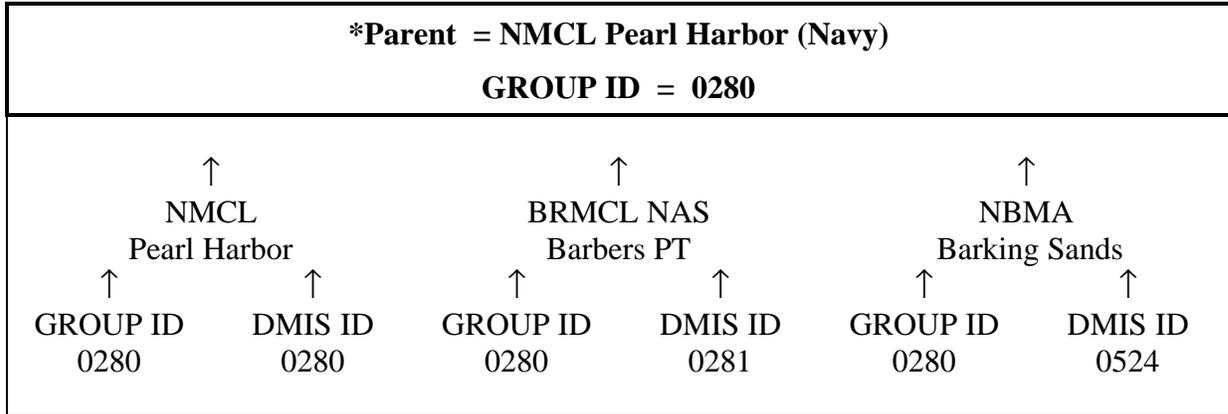
DOD MTF	Service	DMIS ID
NMCL Pearl Harbor	Navy	0280
Tripler AMC	Army	0052
15th Medical Group (Hickam AFB)	Air Force	0287

DMIS ID codes are assigned to a medical center division via the Medical Center Division Enter/Edit option on the Common Files and Table Maintenance Menu. Each DMIS ID code and its associated GROUP ID are used to categorize the workload performed at a CHCS facility. The DMIS ID is also used to indicate the division which enrolls patients in TRICARE.

The GROUP ID code is the same as the DMIS ID code assigned to a group of reporting activities. This approach provides the ability to aggregate and roll-up workload of reporting activities within the group. Each reporting activity will also have a unique DMIS ID.

The GROUP ID code indicates the DOD facility that is designated as the parent MTF (also known as the “DMIS Parent”), or, as explained in Chapter 1, the MTF at which the local EAS resides.

Using the Pearl Harbor MTF as an example, Figure 2-2 illustrates the relationship of GROUP ID, DMIS ID, and parent MTF. Multiple GROUP IDs can be created within the same database.



MPR-01057

Figure 2-2. Relationship of Group ID, DMIS-ID, and Parent MTF

Notice that of the three MTFs shown above, Pearl Harbor has the same GROUP ID and DMIS ID code. Therefore, Pearl Harbor is the parent facility and the facility where EAS resides. Also notice that the GROUP ID code for Pearl Harbor has been assigned to the other two sites. In this example, all MEPRS report data rolls up to the Parent GROUP ID of 0280.

- **DMIS ID Realignment**

Overview

The CHCS WAM interface is the primary source for MEPRS and STARS/FL workload reporting. Therefore, it is essential that each reporting activity validate the CHCS database to ensure workload reporting compliance--specifically, the proper use of DMIS and GROUP IDs to define Medical Center Divisions. The CHCS database must have the correct MTF Division DMIS IDs and MTF GROUP IDs, fourth-level MEPRS codes, and MTF Unit Identification Codes (UICs). At the Division level, DMIS ID realignment may need to be implemented to assure that this criteria for the database is met. This is a critical aspect in the effectiveness of WAM.

Note: MEPRS codes are determined based on GROUP ID and must be unique at the fourth level within the Group. Recall that EAS uses the GROUP ID to determine which divisions will combine their workload.

Table 2-2 gives three problem areas/scenarios that have been identified at a number of CHCS sites, along with the corrective DMIS ID realignment activity.

Table 2-2. Problem Area Scenario and Corrective Activity

Problem Area/Scenario	Corrective DMIS ID Realignment Activity
A site has not correctly identified all of the divisions that should be defined for the site.	Break out the division structure so that all necessary divisions have been identified.
A site has a Division defined with a DMIS ID/GROUP ID combination that doesn't match the DMIS ID/GROUP ID combination in FileMan.	Determine what the correct DMIS ID and/or GROUP ID should be and make the necessary corrections in the DMIS ID Codes file.

WAM functions are designed to identify erroneous data and will not allow activities to process or interface into the MEPRS EAS and STARS/FL if DMIS ID and MEPRS codes in CHCS do not match what is in EAS. Database problems such as those listed above must be corrected prior to installation/activation of the WAM software. Refer to the Business Rules for DMIS IDs, GROUP IDs, and Divisions for specific requirements.

Realignment Responsibilities

The group that is responsible for the file and table build for common files should be the lead for the DMIS ID Realignment effort and should coordinate the required activities among the following individuals:

- Resource Management/MEPRS Coordinator
- These individuals will not be making the actual changes on CHCS, but are an excellent resource for determining the correct DMIS IDs to be used.

- A Super-User for each Subsystem affected (PAD, PAS, LAB, RAD and PHR)
- Besides the common files coordinator, an experienced "Super-User" from each sub-system should be involved to provide area-specific information.
- Software Specialist/Site Manager

These staff members, with programmer access, use a DMIS ID Realignment Utility to make the needed corrections to the DMIS ID/GROUP ID file structure.

For additional information regarding DMIS ID Realignment, refer to the following reference material: *Defense Medical Information System Identification (DMIS ID) Manual Realignment and the File and Table Guide, CHCS S/W Version 4.6, SAIC/CHCS Document.*

- **Business Rules for DMIS IDs, GROUP IDs, and Divisions**

The following Business Rules apply for DMIS IDs, GROUP IDs, and Divisions:

Note: Any deviation from these rules must be corrected before implementation of WAM.

General

1. The CHCS Database must have the correct MTF Division DMIS IDs and MTF DMIS GROUP IDs, fourth-level MEPRS Codes, and MTF Unit Identification Codes (UICs).

The CHCS WAM interface is designed to identify erroneous data and will not allow activities to progress or interface with EAS and STARS/FL if errors are found. The WAM interface is the primary source for MEPRS and STARS/FL workload reporting. It is essential that each reporting activity validate the CHCS database to ensure workload reporting compliance.

DMIS ID/GROUP ID Codes

2. Each MTF has a unique DMIS ID.
3. Each DMIS ID must have an associated GROUP ID.
4. GROUP ID defines the roll-up level for workload reporting.
5. Each DMIS ID/GROUP ID combination must be Branch of Service specific; i.e., Army DMIS IDs roll-up only to Army GROUP IDs.
6. A GROUP ID will only roll up to itself (i.e., no “tertiary roll-up” relationship).

This rule applies only to the Navy DMIS IDs. Each GROUP ID in the Workload Assignment Module (WAM) has a unique Operating Budget Unit Identification Code (OB-UIC). The OB-UIC maps to the DMIS ID file via the Direct Care Workload Identification (DCWID) field, and the OB-UIC and DCWID are one-and-the-same (i.e., OB-UIC = DCWID).

7. For each DMIS IC code, the corresponding MEPRS (EAS) PARENT value, when populated, will be identical to the DMIS ID code's corresponding GROUP ID value and will be eligible for WAM MEPRS Workload reporting.

Note: Although MEPRS and EAS are different entities, they are used together in this case, to denote the actual name of the file in the DMIS ID codes file, to explain workload reporting.

8. If a MEPRS (EAS) PARENT field is not populated (null entry), the associated DMIS ID is ineligible for WAM MEPRS Workload reporting.
9. If a MEPRS (EAS) PARENT field is populated and its value does not match the associated GROUP ID, the associated DMIS ID is ineligible for WAM MEPRS Workload reporting.

DMIS ID/GROUP ID Codes

10. (Navy only) Each GROUP ID has a unique Operating Budget Unit Identification Code (OB-UIC). The OB-UIC maps the DMIS ID file via the Direct Care Workload Identification (DCWID) field, and the OB-UIC and DCWID are one-and-the-same (e.g., OB-UIC = DCWID).
11. Each division must have a unique combination of DMIS ID/GROUP ID (for active divisions).
12. Each division must have a unique DMIS ID
13. Once a DMIS ID is entered for a Division, CHCS will automatically “stuff” (enter) the associated GROUP ID in the GROUP ID field.
14. Once entered for a division and the entry has been filed, the DMIS and GROUP ID for the division can only be modified via a call to the Tri-Service Medical Systems Support Center (TMSSC) and programmer access.
15. When a division has the DMIS ID = GROUP ID, then that division is considered to be the Parent Division within that GROUP ID. For MEPRS purposes, it is the MTF that reports to the DOD.
16. In the MCD file, only one active division may be flagged as the Managed Care Program (MCP) Division (i.e., have the field: MCP DIVISION set to YES).
17. When a Group ID is changed for a division, all associated MEPRS codes must be rebuilt under the new GROUP ID.
18. Divisions may only be inactivated, not deleted.
19. Divisions may not be inactivated until all associated locations have been inactivated.
20. Divisions may not be inactivated until all active providers and users have been re-pointed to other divisions.
21. When inactivating a division, the associated DMIS ID can be assigned to another division.

MEPRS Codes (File #8119)

22. Each fourth-level MEPRS code must be unique within a GROUP ID.
23. MEPRS codes, Hospital Locations, and Service/Department entries are related through pointers to the division and/or GROUP ID. These relationships should be consistent, i.e., the Service defined for a MEPRS code should be the same as the Service defined in the Hospital Location which uses that MEPRS code. Correspondingly, both the Service and its Hospital Location should point to the same division.

Note: Related to A-level MEPRS codes in the Account Subset Definition (ASD) file: If an Inpatient facility is not defined for the Lead Division Group (Group ID) or any of its lower divisions, do not add an A-level MEPRS code (AAAA, AAAB, etc.) to the MEPRS file (*#8119) via the EAS ASD file. In this case, it is recommended that you contact the Database Administrator to verify that there is no correct Inpatient facility for the Group or any of its lower divisions.

Hospital Location (File #44)

24. PHR: Hospital Location and the IV Location or Ward Groups to which they are assigned, must be linked to the same division.
25. PHR: Ward or IV Location Groups must be associated with an inpatient site (Unit Dose or IV Room) that is linked to the same division.

Pharmacy/Common File Changes/Considerations for WAM

Note: While some references to "NASDI" remain in the CHCS file structure, the correct title of this data collection and reporting function is Workload Assignment Module (WAM).

26. Leave ALL existing Pharmacy hospital locations as they are.
27. A Department called PHARMACY must be defined in the Department and Service file. This department must have the following Services defined and attached to it:

NASDI INPATIENT UNIT DOSE
NASDI OUTPATIENT RX
NASDI NARCOTIC
NASDI IV ROOM

28. After the above department and services are defined, a Pharmacy Performing MEPRS code must be defined for each of the associated divisions within the Group on the CHCS platform. Check the MEPRS Codes File for the correct code using the menu path DAA ‘ MPR ‘ INQ ‘ DGP. The fourth character of each MEPRS code is site-specific; therefore, users need to consult with the EAS POC for each division that reports pharmacy workload up to the Group.

When the MEPRS code is defined, it must contain the department, PHARMACY. The GROUP ID of the MEPRS code must match the GROUP ID of the reporting division. For example, DAAA for Madigan must contain the GROUP ID of Madigan.

The entry in the Facility field must also have the same DMIS ID as the Division.

29. If the Medical Center Division is an outpatient division, e.g., Madigan Army Hospital, four pharmacy locations must be defined in the Hospital Location file for that division, using each of the four pharmacy services (described in #24) and the associated Pharmacy Performing MEPRS code.
30. For Outpatient divisions in that group, only one hospital location needs to be defined and a site-specific pharmacy Performing MEPRS code needs to be attached to that location.

Refer to Chapter 1, Section 1.4.3 for Defining ICU Ward Locations.

- **Defining ICU Ward Locations**

Correct data for ICU workload is critical for MTF resources and accountability. To accommodate individual site needs and accurately calculate the appropriate hours and minutes for each DJ ICU MEPRS code, MTFs can be set up to support services within a single ward location in various ways. During File and Table build, users can define ward locations as:

- Single ICUs
- Multiple ICUs
- Combined ICU/Non-ICUs.

Single ICU

When users initially set up a single ICU service, they access the PAD Ward Definition option (CA → PAD → SDM → WDF) and define each operational ICU service (Medical Surgical, Coronary Care, Neonatal, and Pediatrics) in CHCS as a separate ward (hospital location), with a specific MEPRS code.

In order for the SIDR to accurately reflect ICU bed days (or hours of care) in ICUs the user must:

- Define each ICU location as a separate hospital/ward.
- Set the ICU flag to YES.
- Assign an A-level ICU code (as opposed to the associated DJ** MEPRS CODE).

A-level ICU codes are:

AAC*	(Coronary Care)
AAH*	(Medical Intensive Care)
ABC*	(Surgical Intensive Care)
ADC*	(Neonatal Intensive Care)
ADE*	(Pediatric Intensive Care)

Note: Recall that for MEPRS reporting, the A-level ICU codes are not treated as MEPRS codes and should not appear/display on any MEPRS reports.

- Assign an appropriate A-level Referring MEPRS code (e.g., AAAA, Internal Medicine).

In calculating ICU hours, the system looks at each inpatient episode (e.g., a change of ward or Clinical Service) and checks to determine if the care was provided on a ward defined as an ICU. If so, the system assigns those hours, including partial-day credit, to the appropriate DJ** MEPRS code that corresponds to the A-level ICU codes, as follows:

AACA = DJCA
AAHA = DJAA
ABCA = DJBA
ADCA = DJDA
ADEA = DJEA

The Referring MEPRS field in the PAD Ward Definition template allows the user to enter the site's default Referring MEPRS code for the ward location. A Referring MEPRS code is required for any ward identified as an ICU ward. The system accepts codes which have a standardized flag of SIDR (MEPRS codes), and the code becomes a default value within PAD and CLN subsystem software for admissions to ICU wards.

All ICU wards must be identified as having one of the following ICU A-level codes assigned in the MEPRS Codes file of the Ward Location file:

AAC*
AAH*
ABC*
ADC*
ADE*

Note: A ward location can only have one A-level code linked to that location. This code is used to identify ICU activity for the PAD Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report.

The system assumes that each ICU provides care to a single Clinical Service unless multiple Clinical Services are provided on the same ward and either multiple or mirror wards have been defined during File and Table build.

Multiple ICUs

When users create multiple ICUs for a single physical ward location, they should use a name-space/prefix for each ward, so that the wards print out consecutively on reports. For example, if ward 2C houses three ICUs (e.g., Medical Intensive Care, Coronary Care Unit, and Surgical Intensive Care), the following may be used:

2C C = Cardiac Care Unit
2C M = Medical Intensive Care Unit
2C S = Surgical Care Unit

When PAD clerks admit a patient and enter 2C in the Adm Ward field, they are given a picklist of the ICU service codes for that MTF, as follows:

2C C = CARDIAC INTENSIVE CARE UNIT WARD AACAA
2C M = MEDICAL INTENSIVE CARE UNIT WARD AAHA
2C S = SURGICAL CARE UNIT ABCA

When Clinical users admit or transfer patients to Ward 2C, they see the same picklist, as follows:

2C C CARDIAC INTENSIVE CARE UNIT WARD ARMY INPATIENT
DIVISION AACAA
2C M MEDICAL INTENSIVE CARE UNIT WARD ARMY INPATIENT
DIVISION AAHA
2C S SURGICAL CARE UNIT ABCA

The default Referring MEPRS displays in the MEPRS/Service field, but can be changed.

Combined ICUs/Non-ICUs

Similarly, when a PAD or CLN user transfers a patient from a non-ICU to an ICU within the same ward location, if the ward has more than one ICU service, at the Transfer To field, the user is given a picklist of available ICU services from which to make a selection. The Referring MEPRS code displays as the default in the MEPRS/Service field, but can be changed.

2.3.2 Department and Service File (File #45.7)

Prerequisite File: Medical Center Division (MCD) file.

The Department and Service file defines the departments and services of the MTF. In particular, this file is important for FQA and PAS reporting, in addition to WAM.

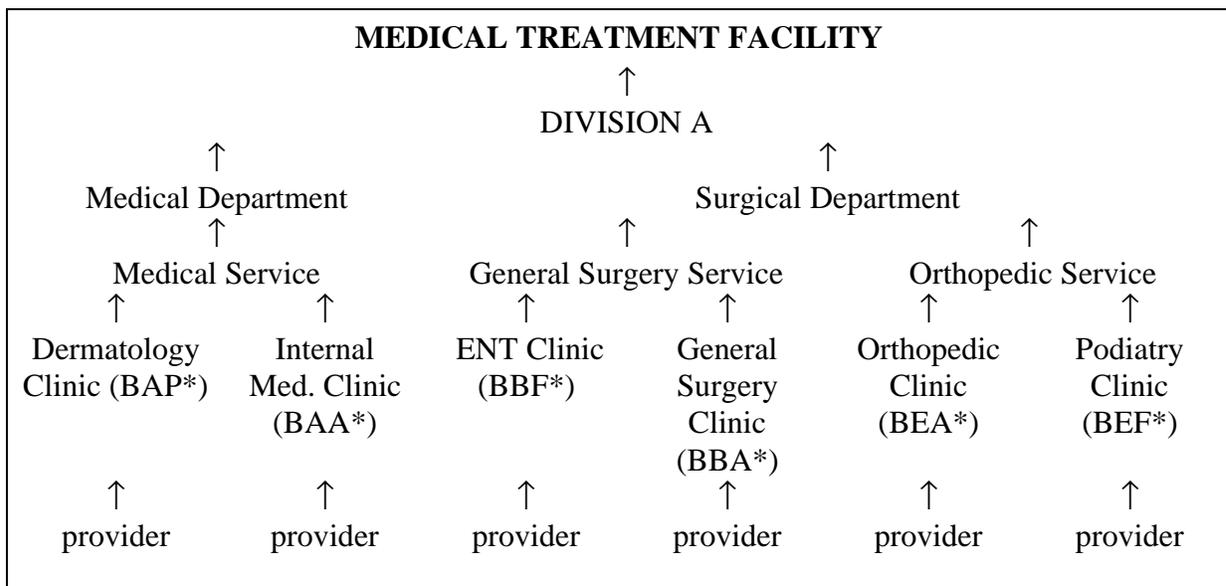
The Dept/Service field must be populated by site personnel and linked to the DJ/ICU MEPRS codes by an authorized user.

Existing ICU MEPRS codes and the ADE code are flagged to support the tracking of referring MEPRS code for ADT transactions to ICU ward locations. ICU MEPRS codes set with the Code Type of ICU are:

<u>MEPRS Code</u>	<u>MEPRS Code Description</u>
AAC*	Coronary Care
AAH*	Intensive Care (Med)
ABC*	Intensive Care (Surgery)
ADC*	Neonatal Intensive Care Unit
ADE*	Pediatric ICU

Departments, or Directorates for Navy MTFs, are the top level of Clinical Services. For example, the Department of Medicine is a department under which the clinical services Internal Medicine and the Allergy clinic are grouped.

The clinical services are generic “pointers,” (i.e., mapping points) to a specific department. Grouping clinics, or other workcenters that provide similar services (e.g., medical, surgical, etc.) into subordinate organizational elements of a department facilitates MEPRS/workload reporting. Refer to Figure 2-3 for an example of this grouping.



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Figure 2-3. Example: Grouping of Selected MTF

As described in Chapter 1, in order for the proper workload to roll up, each hospital location/workcenter defined in CHCS must be assigned a clinical service and each clinical service must be linked to a department. Each department is attached to one or more divisions. Therefore, there is no need to create a separate department for each division.

Figure 2-3 depicts workload generated by providers at the clinic level that would roll up under the MEPRS code of a particular clinic to the department, then to the division, and finally to the MTF.

Workload statistics can be broken out by provider, clinic, department, division, and GROUP ID. The clinical service is used as a routing mechanism to link the workload from the clinic to the department.

Personnel who build CHCS files must take care not to assign a department to a location. Only services should be assigned to a location, otherwise MEPRS/workload reports will not calculate workload statistics for the location/workcenter.

2.3.3 MEPRS Codes File (File #8119)

Prerequisite files: Medical Center Division (MCD) file and Department and Service (DEP) file.

The MEPRS Codes file is a common file that is shared by each of the CHCS subsystems of CLN, LAB, PAD, PAS, PHR, and RAD. There is only one MEPRS Codes file per GROUP ID maintained in CHCS and all workload entered into CHCS rolls up to the appropriate group. When the MEPRS Codes file is built, CHCS attaches the code to the GROUP ID of the MTF (division) onto which the user is logged. Having multiple GROUP IDs on the same system requires that unique MEPRS codes be built for each group, under the applicable GROUP ID.

Although MEPRS codes can be created with retroactive activation dates, retroactive inactivations are not allowed within WAM. Once a MEPRS code is activated, any changes to the activation status or date must be coordinated with the EAS Point of Contact (POC). Sites are strongly urged to make MEPRS code corrections in EAS, rather than using CHCS options, and then import the ASD File to CHCS. If only CHCS options are used to make corrections, WAM

workload processing will not function properly because EAS and CHCS information will not be synchronized.

Note: The incoming ASD file updates, the MEPRS file; it can add and/or inactivate MEPRS codes. However, the ASD file will not inactivate a code if it has been assigned to a hospital location. A workcenter's MEPRS code cannot be inactivated if the code has been used by a provider attached to that hospital location.

- **Guidelines for Building the MEPRS Codes File**

When the MEPRS Codes file is built, the following guidelines apply:

1. MEPRS Codes are organized by GROUP ID.
2. Each four-digit code must be unique within the GROUP ID.
3. More than one division may have the same GROUP ID.
4. A" (Inpatient) MEPRS codes can only be created for a GROUP ID which contains a CHCS division that is flagged as an Inpatient division. This is accomplished by entering YES at the 'INPATIENT FACILITY?' FIELD for the division.
5. DOD standard Master MEPRS codes (three-character) are contained in the MEPRS Codes file (#8119). The three-character codes cannot be edited in CHCS.
6. DOD standard Master MEPRS codes are updated via the CHCS Special Release process when directed by the government. These updates may add, modify, or inactivate the three-character code.
7. When a Master MEPRS code is inactivated at government direction (via a special release of CHCS software), an exception report is provided to list all of the corresponding fourth-character codes that may need to be inactivated. The site is responsible for any inactivation of the fourth-level codes.

Note: Inactivated MEPRS codes are reported on the Conversion Exception report. The site software specialist can print the report using the BDMON utility.

8. A corresponding three-character code must exist in the MEPRS Codes file in order to create a corresponding four-character MEPRS code.
9. When a four-character MEPRS code is created, the system defaults the following values from the corresponding Master MEPRS Code:
 - Description
 - Category (Inpatient, Outpatient, etc.)
 - Standardization Flag (indicates whether the code is approved for use on the SIDR tape)
 - GROUP ID
 - ICU Flag.

The user may not edit the Standardization or ICU Flags.

10. Each MEPRS code must have an Active status and effective date in order to be used on CHCS.
11. Retroactive inactivation dates are not permitted for MEPRS codes in CHCS because of the potential impact on workload reporting.

Effective with CHCS Version 4.6, CHCS will prevent entry of inappropriate MEPRS codes for order entry. For example, users will be prevented from entering the code EKAA (Outpatient Administration) as the Requesting MEPRS for an order. For more information on this change, please refer to CHCS Version 4.6 Release Notes as they become available.

2.4 Summary of the Relationship of MEPRS to the CHCS Common File Structure

Refer to Table 2-3.

Table 2-3. Summary: Relationship Between MEPRS and CHCS Common Files

C H C S	
Medical Center Division File	<p>This file establishes the structural basis for all of CHCS at a given site: the MTF entity itself (a division) which is assigned a DMIS ID code.</p> <p>The DOD determines the group structure of the divisions. This is then defined in the Medical Center Division file. This definition affects MEPRS/workload reporting.</p>
Department and Service File	<p>This file defines the departments and services of the MTF. Each department is assigned to at least one medical center division. Examples are:</p> <ul style="list-style-type: none"> • Departments: Department of Medicine, Department of Surgery, etc. • Services within the departments: <ul style="list-style-type: none"> – Department of Medicine <ul style="list-style-type: none"> Internal Medicine Endocrinology Gastroenterology, etc. – Department of Surgery <ul style="list-style-type: none"> General Surgery Orthopedics, etc.
MEPRS Codes File	<p>The MEPRS Codes file is a common file shared by the CHCS subsystems of CLN, LAB, PAD, PAS, PHR, and RAD. MEPRS codes must be unique within each GROUP ID. All workload entered into CHCS rolls up to the appropriate group.</p> <p>Each code points to a Service in the Department and Service file.</p> <p>Each code points to a GROUP ID in use in the Medical Center Division file.</p>

2.5 Relationship of the MEPRS Codes File to WAM, EAS, and STARS/FL

2.5.1 Overview

The MEPRS Codes file includes all MEPRS codes used to identify workcenters within the MTF. WAM collects workload data by MEPRS code: both CHCS-generated data and data entered directly by users. A set of Performing and Requesting MEPRS codes and their workload are then grouped under a Stepdown Assignment Statistic (SAS), and for STARS/FL (Navy only), a Cost Account Code (CAC). The system then populates the appropriate SAS or CAC templates with workload data.

Refer to Chapter 4 for a detailed description of SAS and CAC codes.

WAM users analyze data in the workload templates for accuracy. The data is then compared to workcenter-specific MEPRS reports to assure that the data matches (to the expected percentage of match designated by DOD), approved, and transmitted for upward reporting through EAS and STARS/FL.

Note: In order for these processes to function properly, components of DMIS ID Realignment must have been implemented. Refer to DMIS ID Realignment within Section 2.3.1.

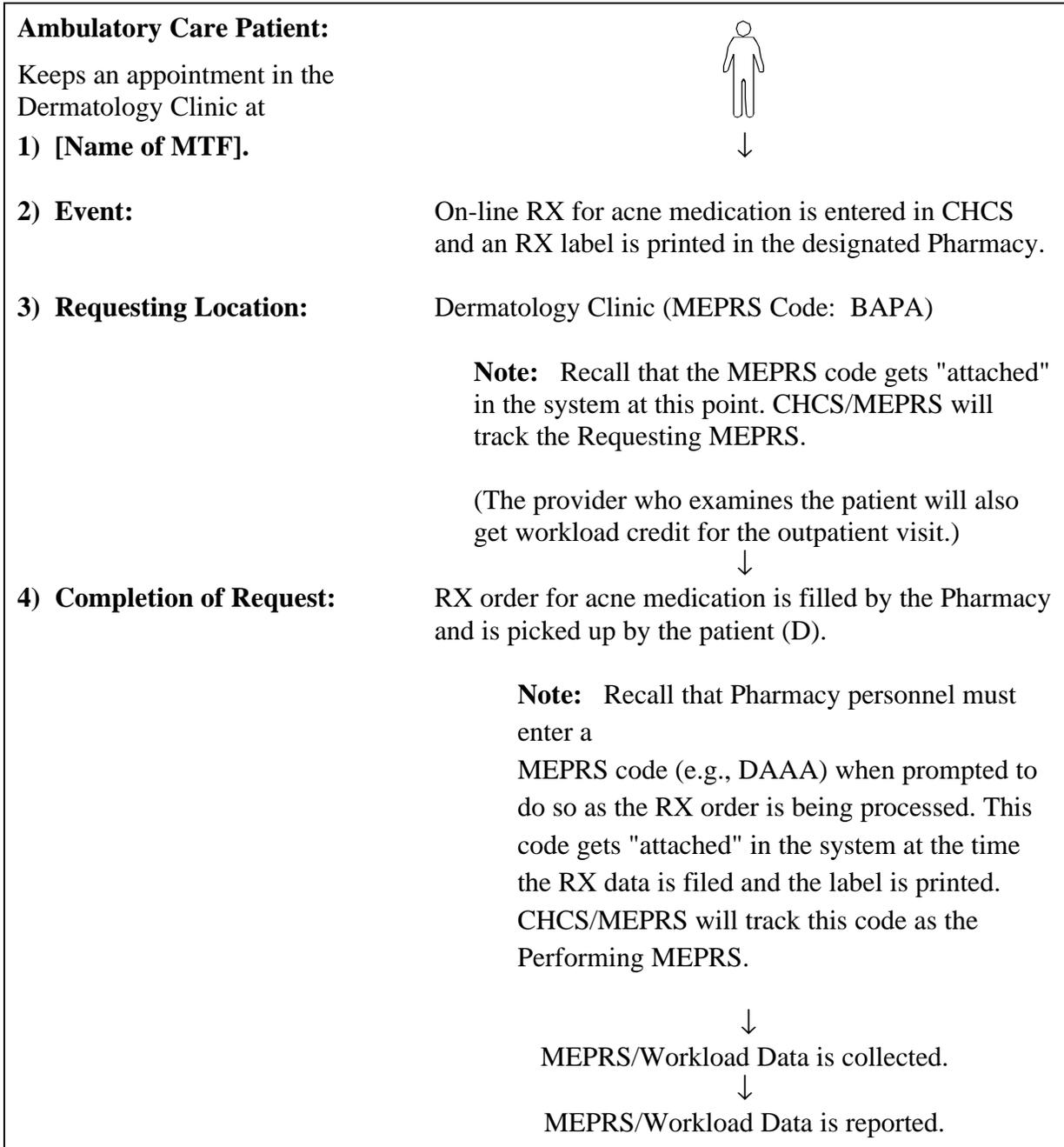
2.5.2 NASDI Core File (#8185)

The NASDI Core file is a standard DOD file that contains SAS data and related Performing MEPRS codes, Requesting MEPRS codes, and CAC information for each service. The data is used to validate requests for workload information that is to be collected through the WAM function. Additional Business Rules that are to be applied when generating data for WAM are also stored in the file.

The NASDI Core file is updated upon government request on an annual or as needed basis, with source data provided by the MILDEPs. The file is updated together with the NASDI Business Rules file (#8185.3). Users cannot modify this file. The file is updated (as needed) via the CHCS special release process just prior to the beginning of each fiscal year.

2.6 Summary: A Workload Activity, MEPRS, and Specified CHCS Files

Refer to Figure 2-4 for the summary of a workload activity that is mapped to MEPRS and the CHCS File Structure. Table 2-4. defines the key terms used in Figure 2-4.



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Figure 2-4. Summary of a Workload Activity That is Mapped to MEPRS and the CHCS File Structure

Table 2-4. Definition of Key Terms

1. Name of MTF	A unique entity defined in the Medical Center Division file with a unique DMIS ID and GROUP ID.
2. The activity/event that triggered entry of a MEPRS code.	The Requesting MEPRS. The MEPRS code must be defined in the MEPRS Codes file. Multiple hospital locations can utilize the MEPRS code, if desired.
3. The Dermatology Clinic	<p>A hospital location defined in the Hospital Location file with the associated MEPRS code.</p> <p>Other related files/tables that must have been defined in CHCS:</p> <ul style="list-style-type: none"> - Provider file - Appointment Type Table - Medication Formulary, etc.
4. The Pharmacy	<p>A hospital location for this MTF defined in the Hospital Location file with the associated MEPRS code.</p> <p>The Performing MEPRS. The DAA* code must be defined in the MEPRS Codes file.</p>
5. MEPRS/Workload data is collected.	<p>This data is collected by different functions in CHCS. Examples are:</p> <p>PAS EOD - Clinic Visit, Processing Appointment duration, Provider, etc.</p> <p>PHR MEPRS Reports - Number of RXs filled, etc.</p> <p>WAM and WWR - Visit data, etc.</p>
6. MEPRS/Workload	WAM and WWR monthly totals data is reported, generated and transmitted for upward reporting.

2.7 Chapter Summary

Beginning with the common files, the CHCS structure provides the foundation for reliable workload reporting. Optimal upward reporting can be attained if the following conditions are met:

- Files are accurately populated.
- Correct MEPRS codes are entered by the users.
- Common files are reviewed periodically for accuracy/currency.

Compliance with these three criteria support the relationship of MEPRS to CHCS and ensure that the appropriate workload is attributed to the designated hospital locations/workcenters.

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Chapter

3

**MEPRS: Relationship to
CHCS Subsystems**

3. MEPRS: Relationship to CHCS Subsystems

Chapter Overview

This chapter describes the CHCS subsystems as they relate to MEPRS.

The subsystem names and acronyms are:

- Clinical (CLN)
Facility Quality Assurance (FQA)¹
- Dietetics (DTS)¹
- Laboratory (LAB)
- Patient Administration (PAD) /
Medical Services Accounting (MSA)
- Patient Appointment and Scheduling (PAS)/
Managed Care Program (MCP)¹
- Pharmacy (PHR)
- Radiology (RAD).

The chapter gives an overview of the functions of each subsystem, identifies events that generate workload, describes considerations for accurate MEPRS data, and tracks MEPRS codes related to the workload. It also discusses MEPRS reports, provides a checklist for accurate reporting, and provides general troubleshooting guidelines.

¹ FQA, DTS, and MCP enrollment are listed here because they are, or are associated with, a CHCS Subsystem. However, no MEPRS reporting information is collected from FQA, DTS, or MCP enrollment.

3.1 Clinical (CLN)

3.1.1 Subsystem Overview

The CLN Subsystem allows physicians, nurses, and allied health professionals to enter and modify clinical orders and related data, and to document direct and indirect aspects of patient care.

The data provided by all other CHCS functionalities is accessible through this subsystem. Therefore, the CLN Subsystem functions as the hub of CHCS integration.

3.1.2 Events that Generate Workload

The following events generate workload as tracked by MEPRS codes in CHCS:

- Enter an order for a medication, LAB, or RAD procedure for an inpatient and/or outpatient.
- Print/Verify a Telephone Consult.

The above activities result in data being entered and collected for MEPRS reports in other subsystems as the workload gets counted. The accuracy of these reports depends on the Clinical user entering the correct MEPRS information.

For an inpatient, the Clinical user enters the MEPRS code under which the patient was admitted, unless the code has been updated. For an outpatient, the user validates and then enters the requesting location to which the patient is currently assigned.

3.1.3 Considerations for MEPRS Accuracy

- **Enter a Medication Order for an Inpatient/Outpatient**

Orders may be entered to request LAB, PAD, PAS, PHR, and RAD services through the Enter and Maintain Orders (ORE) option on the CLN menu or via the Clinical Desktop.

Setting the default for the clinic's requesting location in either the User Order Entry Preference (UOP) parameter, or the User Specific Customization (USR) option reduces error for users who always request orders from the same requesting location.

However, physicians who work in multiple clinics or facilities, may not want to default the requesting location. They should be cautioned to overwrite it with the correct location in order to accurately report their ordering location.

CHCS prevents users from entering an E-level MEPRS code in the User Order-Entry Preferences option, and at the 'Select Clinical Service/MEPRS Code:' prompt, when the user enters an inappropriate Requesting Location in the Default Location field.

The definition of "Inappropriate Requesting Location" (IRL) is a hospital location which has the combination of a Location Type file area and an associated E-level MEPRS code (i.e., EKA* code).

The definition of "File Area" is a hospital location which has the combination of a File Area Location Type and any MEPRS code.

Through the Order Entry pathway for CLN, LAB, DTS, RAD, and PHR functionalities, once the user selects an outpatient, the system displays the Requesting Location prompt. This prompt displays with a default only if the Default Location field is populated within the User Order-Entry Preference option. The Requesting Location indicates the location where the orders originated, as well as the location where the orders are printed. The system allows the user to accept the Requesting Location default or enter a new Requesting Location. If the location is an IRL, the system displays the message:

Please enter a non E-level MEPRS code.

After the message displays and the user populates the Clinical Service/MEPRS Code prompt, the order entry session proceeds to the Patient Order List (POL).

Also, within the UOP via Desktop or the USR options, Order Entry software screens out an IRL as a Default Location entry.

The system screens for the following default locations in the Provider file:

<u>Location Type</u>	<u>MEPRS Code</u>	<u>Screen Action</u>
File Area	E***	screens out MEPRS
File Area	other than E***	accepts
any other location type	any code (including E***)	accepts

Additionally, the system prevents the user from populating the Default MEPRS code field with an E-level MEPRS code, if the Default Location (previously entered) is a File Area.

The ability to enter or edit the Provider file via the Provider File Enter/Edit option will be limited to Database Administrators holding the DOD DATABASE ADMIN and DOD F-T MANAGEMENT security keys.

- **Print/Verify a Completed Telephone Consult**

Workload is only collected for completed Telephone Consults (T-Cons) that have been classified as count workload by the provider and have an appointment status of T-Con. The clinic that normally receives workload may be defaulted on the T-Con setup. Setting the default is accessible through the last action bar of the Telephone Consults (TEL) option and the 'Default Workload Clinic' field. It is also accessed through the USR Menu → PRF Menu option.

Physicians or nurses who receive T-Cons should be encouraged to comply with policy and complete these as soon as they have spoken with a patient.

Note: When forwarding a T-Con, users should be warned not to cross divisions, that is, not to forward a message to a provider in another division.

Users can print an Unanswered Telephone Consults Report by following the menu path:

PAS System Menu → Scheduling Supervisor Menu → MGRM → PMGR → 4

3.1.4 Tracking a MEPRS Code

Table 3-1 tracks a MEPRS code from the point a workload-related event is initiated in CHCS and a MEPRS code is attached, to the resulting workload displaying in ancillary subsystem reports. The workload reported is incorporated in combined workload totals for higher-level reporting purposes via WAM.

Table 3-1. Tracking a CLN MEPRS Code

Event Generating Workload	User Entering the Event	Prompt/field Attaching Event to a MEPRS Code	MEPRS Codes Used for Requesting Location ¹	Performance Factor Used	Work Unit Used	Workload Calculated	Reports Displaying the Workload
Enter an order for: PAD	CLN Clerk/ Nurse/Physician	'Select Requesting Location:' prompt	A***	OBD/Bassinets Day	Weighted Value	Weighted Procedure	Reports are based on type of order. ² ↓
LAB	CLN Clerk/ Nurse/Physician	'Select Requesting Location:' prompt	B***	Weighted Procedures	Raw Weighted Procedures	Raw	
PHR	CLN Clerk/ Nurse/Physician	'Select Requesting Location:' prompt	CAA* DB** DCA*	Weighted Procedures	Weighted Value	Weighted Procedure	
RAD	CLN Clerk/ Nurse/Physician	'Select Requesting Location:' prompt	CAA* DB** DCA*	Weighted Procedures	Weighted Value	Weighted Procedure	
Print/Verify a T-Con	CLN Clerk/ Nurse/Physician	'Clinic:' field	B***	Visits	Raw	Raw	

¹ A = Inpatient CAA = Dental DCA = RAD
 B = Outpatient DB = LAB

² When CLN personnel enter an order, the reports in which the workload is displayed depend on the subsystem and type of order.

3.1.5 MEPRS Reports

Since Clinical personnel only request orders through other subsystems, the CLN Subsystem itself does not generate MEPRS reports. However, workload reports are available from LAB, RAD, and PHR that result the order with completed tests, exams, and prescriptions (RXs).

For example, Pharmacy MEPRS reports for outpatient prescriptions detail the requesting location of the prescription order. This information is based on the Clinical or Pharmacy user's input when ordering an RXs) through the CLN Enter and Maintain Orders (ORE) option, or through the PHR RX pathway. MEPRS workload originating from the Clinical user is the result of Orders, T-Cons, and OBDs, if order entry is activated.

- **Orders**

The menu path is:

CA	Core Application Drivers Menu
CLN	Clinical System Menu
	Nursing Menu or Physician Menu
	ORE Enter and Maintain Orders

Orders are entered through the ORE option which exists on both the Nurse's and Physician's menus. The user accesses the ORE option directly or via the Clinical Desktop, and then enters a patient name.

The user is required to enter a requesting location for the ordering session. If the requesting location's MEPRS code is valid, the system briefly displays the MEPRS code and brings the user directly to the Patient Order List (POL). The system matches the requesting location with MEPRS codes internally and the MEPRS code prompt does not display. If the requesting location is not valid, the system then displays the 'Select Clinical Service/MEPRS code' prompt.

Here the user must enter a MEPRS code or the name of a clinic, which in turn has a corresponding MEPRS code in the files. The accuracy of this entry impacts the resulting data on other subsystem reports.

For outpatient orders, the requesting location may be defaulted through the Clinical Desktop option at the 'Select Requesting Location' prompt. This default is designated through the UOP parameter, in the 'Default Location' field. This same entry may be made by accessing the menu path: USR Menu → PRF Menu, and selecting 'Desktop User Order Entry Preferences.'

For inpatient orders at sites where allowed for Clinical users, the requesting location always defaults automatically to the Clinical service to which the patient is currently assigned.

- **T-Cons**

The menu path is:

<p>CA Core Application Drivers Menu</p> <p>CLN Clinical System Menu</p> <p>Nursing Menu or Physician Menu</p> <p>TEL Telephone Consults</p>

T-Cons are online messages that allow clerks and other personnel to document patient care rendered via a telephone call.

T-Cons are initiated by a clerk through the Clinical Telephone Consults (TEL) option or the PAS Unscheduled Visit (USV) option for walk-ins, Tel-Cons, and sick-call patients, and are completed by a Health Care Provider (HCP), physician or nurse. The workload is attributed to the provider who completes the T-Con and to the assigned clinic.

The clinic and MEPRS code associated with the T-Con is determined by where the clerk sends the original T-Con, or to whatever clinic location is designated by the completing provider.

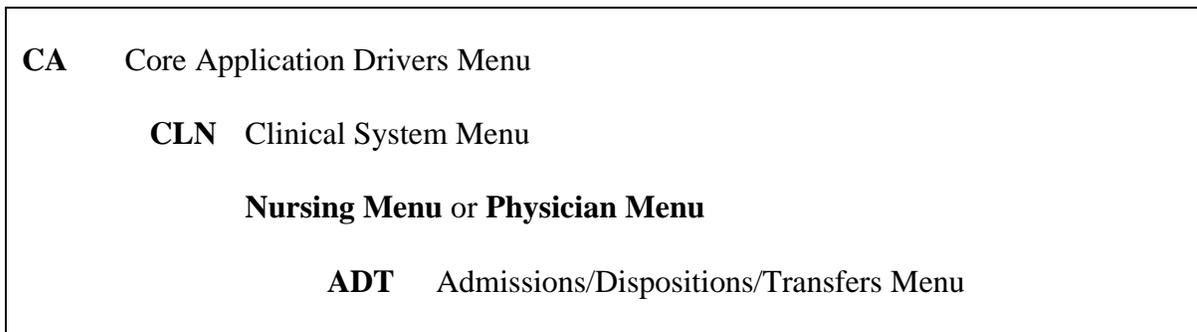
The Physician Menu includes the TEL option. However, the Nursing Menu will only include this option if the NS TEL security key has been assigned. The MTF may assign the option to nurses who normally do consults or are responsible for forwarding T-Cons to a physician in their clinic.

The final workload report of T-Cons is collected in the PAS module through various reports. Until a T-Con is completed by the Clinical user (physician/nurse) and the count workload flag is set to "Yes," no workload is attributed.

To complete the T-Con, the Health Care Provider (HCP) must enter a note regarding what was discussed with the patient, and then verify or enter the clinic name to receive the workload.

- **Admissions/Dispositions/Transfers**

The menu path is:



The system collects information on MEPRS codes associated with ADT orders. If wards at the site are "clinically inactive," all ADT orders are entered solely through the PAD Subsystem. Whether entered through the CLN or PAD menu option, the system collects the admitting service/MEPRS codes for admissions.

The admitting service MEPRS code should be the one associated with the clinical service of the admitting physician. This code may be changed anytime during the length of stay, and can also be added/modified through PAD's Corrections and ADT View (COR) option after discharge. The names of both the admitting and attending physicians are also entered on admission.

The PAD MEPRS/Provider Days Report records the admitting provider and number of days of care for each MEPRS code.

Special consideration should be given to ICU admissions. For an admission to an ICU, the user who enters the admission must know the Referring MEPRS or service code to which the patient is to be admitted in order to complete the admission accurately. The Referring MEPRS is the code associated with the admitting physician's Clinical service and is the Requesting MEPRS code for all inpatient orders.

For example, if the admitting doctor is from Internal Medicine, the user must enter the AAAA MEPRS code when admitting a patient directly to an ICU ward location.

To verify workload in PAD, it is recommended that the user compare the Worldwide Workload Report with the Monthly MEPRS Report and/or Monthly MEPRS Detail Report. Due to differences in how occupied bed days are counted for ICUs between the Worldwide Workload Report and the Monthly MEPRS Reports, bed days by individual Clinical service are different, but the totals of these reports will be identical. Audit reports are available for both reports. Users should access the Corrections and ADT View (COR) option to investigate and reconcile any problems.

3.1.6 Checklist for Verifying Accuracy of MEPRS Reports

- _____ Requesting Locations for outpatient orders are correct.
- _____ T-Cons have been completed in a timely manner.
- _____ The total Occupied Bed Days is accurate, based on the Clinical service and authorizing HCP.

3.1.7 Troubleshooting

Refer to Table 3-2.

Table 3-2. Clinical MEPRS Troubleshooting

Possible Problem	Resolution
<p>Inaccurate Requesting locations appear on MEPRS reports.</p>	<p>Verify that Physicians and any other Clinical users entering orders:</p> <ul style="list-style-type: none"> • Are entering the correct requesting location. Note: To avoid entering the wrong requesting location, never use spacebar <Return> to repeat the last requesting location after registering a new patient. • Have their defaults properly set up in the Clinical Desktop.
<p>The Referring MEPRS code is inaccurate for patients being admitted to a non ICU ward. (Refer to Figure 3-1.)</p> <p>The Referring MEPRS code is inaccurate for patients being admitted to an ICU ward. (Refer to Figure 3-2.)</p>	<p>Verify that the Referring MEPRS code for the admission is correct.</p>
<p>PAD MEPRS reports are inaccurate for Admitting Service MEPRS or Provider work days.</p>	<p>Verify that PAD users entering admissions are checking accuracy of:</p> <ul style="list-style-type: none"> • Admitting service MEPRS code • Referring service MEPRS code • Name of admitting physician Note: Never use spacebar <Return> to repeat the last physician's name if it is not the same for the next admission. • Timing of admissions, transfers, and dispositions for the day on which they actually occur.

```
Patient: Jones,Linda L                               Admissions
FMP/SSN: 20/700-70-7605          DOB: 07 May 64          PATCAT: Nil          Sex: F
Reg. No:          Adm D/T: 21 Jun 01 1025          Source: DIR          Ward: 10A

                Personal Data - Privacy Act of 1974 (PL 93-579)

                Adm Date: 21 Jun 2001@1025
                Source of Adm: DIR
                Adm Ward: 10A                                Room-Bed:
MEPRS/Service: AAAA                                       Meal Card Req:
                Admitting Phy:                               Attending Phy:
                Diagnosis Text:
                Sched Proced (1):
                Sched Proced (2):
                Adm Comment:
                Type Case:
                Inquire D/T:
                Register Number: New

-----
Help = HELP          Exit = F10          File/Exit = DO

Note: AAAA has been bolded for purposes of this document to illustrate that the MEPRS code is incorrect here. AAAA is the default for Ward 10A ( Med/Surg.). The patient, however, is being admitted to Ward 10A - ABAA (General Surgery). In this example, the user has automatically accepted the default MEPRS code AAAA,instead of overriding it and entering ABAA.
```

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Figure 3-1. Example of User Accepting a Default MEPRS Code Incorrectly for a Non ICU Ward

```

Patient: Mounds,Allan A
FMP/SSN: 20/100-10-6519      DOB: 12 Jan 75      PATCAT: All
Reg. No:      Adm D/T: 21 Jun 01 1423      Source: DIR
                                     Personal Data - Privacy Act of 1974 (PL 93-579)

                                     Admissions
                                     Sex: M
                                     Ward: 7A

      Adm Date: 12 Jun 2001@1423
      Source of Adm: DIR
      Adm Ward: 7A - MICU
      MEPRS/Service: AAAA
      Admitting Phy:
      Diagnosis Text:
      Sched Proced (1):
      Sched Proced (2):
      Adm Comment:
      Type Case:
      Inquire D/T:
      Register Number: New

      Room-Bed:
      Meal Card Req:
      Attending Phy:

```

```

-----
Help = HELP      Exit = F10      File/Exit = DO

```

Note: AAAA has been bolded for purposes of this document to illustrate that the MEPRS code is incorrect here. AAAA is the default for Ward 10A (Med/Surg.). The patient, however, is being admitted to Ward 7A - AABA (Cardiology). In this example, the user has automatically accepted the default MEPRS code AAAA, instead of overriding it and entering AABA.

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Figure 3-2. Example of User Accepting a Default MEPRS Code Incorrectly for an ICU Ward

3.2 Dietetics (DTS)

3.2.1 Subsystem Overview

The DTS Subsystem enables dietitians and support staff to manage diets for inpatients and schedule diet consults for both inpatients and outpatients. The DTS menu includes options from the PAS functionality and also accesses patient information from PHR and LAB.

3.2.2 Events that Generate Workload

All Dietetic events are entered directly by the user in the WAM templates, based on data maintained separately from sites.

3.2.3 MEPRS Reports

The DTS Subsystem does not contain any MEPRS reports. Diet orders are normally entered at sites allowing inpatient ordering through the CLN ORE option.

For MTFs not using inpatient order entry, it is possible for the Dietetics Department personnel to use their Enter/Maintain Orders (DO) option to enter and maintain all inpatient Diet orders. However, this would be an unusual case.

The DTS options include scheduling ability identical to the PAS Clerk options. If Dietetics appointments for T-Cons are made and scheduled through these options, the workload is attributed to the Dietetics Department for the appointments made.

See the PAS section of this guide for more information about MEPRS reports associated with clinic appointments.

3.3 Laboratory (LAB)

3.3.1 Subsystem Overview

The LAB Subsystem provides tools for personnel to integrate Lab data into CHCS for use by HCPs, accounting, and administration. Lab personnel perform support tasks for government medical facilities. Tasks include collection management, order entry, management of samples sent out to other labs, result entry certification, quality control, and administrative support.

3.3.2 Events that Generate Workload

The following events generate workload as tracked by a MEPRS code in CHCS:

- Enter a Lab order.
- Accession and result the order.
- Enter a Lab order via Lab Mail-In Registration.
- Accession and result the order.

The accuracy of MEPRS reports depends on the user's special attention to entering the correct information.

3.3.3 Considerations for MEPRS Accuracy

- **Enter a Lab Order**

When a Lab order is entered through the provider's Clinical ORE option, the ordering HCP defines the default hospital location and/or the default Requesting MEPRS location.

The Lab clerk/tech may enter Lab orders on behalf of HCPs. At sites using CLN software, Lab orders can be entered through CLN and LAB pathways.

When the user accesses a Lab order for outpatients, the Requesting MEPRS code is associated with the order.

- **Accession and Result the Order**

When the Lab user accessions the above order, the user is prompted for a Requesting MEPRS code. This is a required field. At this point the MEPRS code is associated with the above order.

If the MEPRS code is not specified on the hard copy of the physician's Lab request form, the clerk/tech may enter a "best guess" MEPRS code which may be incorrect.

Note: The workload is attributed when the user results the workload.

Incomplete workload data may also occur when Lab tests are performed but the orders are not entered in CHCS. Some sites prefer to leave certain tests off-line (e.g., HIVs), and maintain these Lab results either on a manual log system or in a separate computer database. It is the responsibility of Lab personnel to include this workload as a part of their monthly report.

- **Enter a Lab Order via Lab Mail-In Registration**

If a Lab clerk accessions a Lab order from a site which is currently not defined in CHCS, the user can "LAYGO" (Learn As You Go) a new entry in the Additional Medical Treatment Facility file (#8101.1) as part of the Additional Medical Treatment Facility Enter/Edit (AMT) option.

At the 'Select Clinical Service/MEPRS Code' prompt, the user should enter either FCDA (support to other Military Activities) if the site is a DOD medical treatment facility, or FCCA (support to Non Federal Agencies) if the remote site is a civilian facility or other federal (Non-Department of Defense) facility.

At least once each month, local Database Administration personnel using the AMT option should review this file of remote sites to be sure that each entry has an applicable F-level MEPRS code.

- **Accession and Result the Order**

When the user accessions/results the above order, workload is counted in the system.

3.3.4 Tracking a LAB MEPRS Code

Table 3-3 tracks a LAB MEPRS code from the point a workload-related event is initiated in CHCS and a MEPRS code is attached to the resulting workload displayed in subsystem reports. The workload reported is incorporated in combined workload totals for higher-level reporting purposes via WAM.

Table 3-3. Tracking a LAB MEPRS Code

Event Generating Workload	User Entering the Event	Prompt/Field Attaching Event to a MEPRS Code	MEPRS Code Used	Performance Factor Used	Work Unit Used	Workload Calculated	Reports Displaying the Workload
Enter a Lab order. ¹ ----- Accession/ Result the Lab order.	LAB Clerk/Tech CLN Clerk/ Nurse/Physician ----- LAB Tech/Physician	'Select Requesting Location:' prompt- ----- 'Select Requesting Location:' prompt	N/A ----- A** B** C** D**	N/A ----- Workload Procedures	N/A ----- Weighted Value	N/A ----- N x Weighted Value ²	N/A ----- DMR Report GMR Report TCP Reprt
Enter a Lab order via Mail-In Registration. ¹ ----- Accession/ Result the Lab order.	LAB Clerk/Tech- ----- LAB Tech/Physician	'Select Requesting Location:' prompt ----- 'Select Requesting Location:' prompt	N/A ----- A** B** C** D**	N/A ----- Workload Procedures	N/A ----- Weighted Value	N/A ----- N x Weighted Value ²	N/A ----- DMR Report GMR Report TCP Report

¹ The dotted line indicates that the two events are paired. In each case, workload is not counted in the system until the order has been resulted.

² This formula refers to number of tests times the CPT weighted value of the test.
For example: 10 glucose x assigned weighted value of 0.5 = a total weighted value of 5.

3.3.5 MEPRS Reports

MEPRS workload reports provide statistical totals or raw procedure totals and/or Current Procedural Terminology (CPT) weighted values.

These reports are subdivided to provide the most meaningful representation of workload based on procedures performed. Workload is associated with the CPT code related to the Lab tests ordered and resulted.

Standard Lab MEPRS workload reports provide summary and/or detailed statistics.

- **Division MEPRS Report**

The menu path for this report is:

CA	Core Application Drivers Menu
LAB	Laboratory System Menu
LAS	Administrative Support Menu
LMM	Laboratory MEPRS Report Menu
DMR	Division MEPRS Report

The Division MEPRS Report can be generated by entering one of two sort criteria: Division or Lab Work Element. The system then prompts the user to select multiple divisions of Lab Work Elements, report type (summary or detail), date range, Lab section, and output device.

The Division MEPRS Report (DMR) option allows you to display and/or print the report with detail or summary data of the workload generated for the specified tests, whether within or outside the MTF.

The security keys required are: **LRLAB, LRSUPER**

Refer to the sample Division MEPRS Report in Appendix C.

- **Group MEPRS Report**

The menu path for this report is:

CA Core Application Drivers Menu
LAB Laboratory System Menu
LAS Administrative Support Menu
LMM Laboratory MEPRS Report Menu
GMR Group MEPRS Report

The authorized user is allowed to print the Group MEPRS Report for all DMIS ID Groups or for a specified group. The system then prompts the user to select the date range and output device.

The security keys required are: **LRLAB, LRSUPER**

Refer to the sample Group MEPRS Report in Appendix C.

- **TPC Ancillary CPT Report**

The menu path for this report is:

CA Core Application Drivers Menu
LAB Laboratory System Menu
LAS Administrative Support Menu
TPC TPC Ancillary CPT Report

CPT reports are used by the Business Office to support third-party collection billing and personnel billing for high cost ancillary services.

The TPC Ancillary CPT Report provides a detailed listing of patients by CPT codes according to their status of insured, uninsured, or both.

The report is organized within MEPRS codes by the user choosing either an alpha sort on the patient name, or by the CPT codes; and then by choosing insured or uninsured patients (or both), and for a specified date range.

Security Keys required are: **LRLAB** and **LRSUPER**

Refer to the sample TCP Ancillary CPT Report in Appendix C.

3.3.6 Checklist for Verifying Accuracy of LAB MEPRS Reports

- _____ Requesting MEPRS codes for Lab orders are correct.
- _____ All Lab workload has been entered in CHCS.
- _____ Lab orders via Lab Mail-In Registration have the correct MEPRS code.
- _____ Hospital locations are correctly defined.

3.3.7 Troubleshooting

Refer to Table 3-4.

Table 3-4. LAB MEPRS Troubleshooting

Possible Problem	Resolution
<p>Screens display <NULL> fields that would affect MEPRS workload accuracy.</p>	<ul style="list-style-type: none">• Review the Lab Method file for assignment of MEPRS code in the Secondary Test Multiple. Note: This is the same field as is in the Lab Test file. It would not need to be re-checked there.• Review the Control Add/Edit option where the assignment of a MEPRS code is given to each Lab Quality Control.• Ensure that all Lab locations in the Hospital Location file have been assigned the correct MEPRS code (e.g., DB**). Note: Non-Lab locations should be verified by the Database Administrator for which the location was defined (e.g., RAD, PHR).• Ensure that all entries in the additional MTF for the Mail-Ins have a MEPRS code assigned.

3.4 Patient Administration (PAD)

3.4.1 Subsystem Overview

The PAD Subsystem tracks administrative tasks within CHCS, including admissions, dispositions, and transfers (ADT) of patients, as well as inpatient record coding, peer review, and medical record tracking. PAD users collect and monitor patient and bed status, including length of stay, pending transfers, and previous inpatient history within the facility.

3.4.2 Events that Generate Workload

The following events generate workload as tracked by MEPRS codes in CHCS:

- Admit a patient.
- Transfer a patient to another ward.
- Enter a Clinical Service change.
- Disposition a patient.

3.4.3 Considerations for MEPRS Accuracy

In addition to recording all administrative details pertaining to each inpatient episode, PAD also plays an important part in the administration of the site as a whole. Thus, there are areas pertaining to the accuracy of PAD-specific MEPRS information, and there are areas where PAD simply records information and generates reports based on MEPRS information entered by other functionalities.

The areas of responsibility include Inpatient Care, Admissions, Ward Transfers, Clinical Service Changes, and Dispositioning MEPRS.

- **Admit a Patient**

When a patient is admitted to an MTF, PAD is responsible for tracking and recording the OBDs or Bassinet Days each patient spends in the care of the various clinical services within the hospital.

This is accomplished through the assignment of MEPRS codes throughout each stage of a patient's inpatient episode. The user must take special care to enter the correct MEPRS code related to each episode of care.

On a patient's admission, the user within the Admission & Disposition (A&D) Office assigns the MEPRS code associated with the Clinical Service providing treatment to the patient.

For example, for patients who are to be admitted to an ICU, the A&D clerk will assign the MEPRS code of the Clinical Service referring the patient to the ICU.

- **Transfer a Patient to Another Ward**

When a patient is transferred from a bed located in one ward to a bed in another ward, there may or may not be a need to assign a different MEPRS code to the patient's episode. In this case, the original Admission is not edited. Instead, a Ward Transfer is entered. This allows the PAD Office to change the location of the patient which will now receive workload credit (i.e., OBD) for treating the patient.

- **Enter a Clinical Service Change**

In some instances, it is necessary to change the MEPRS code associated with an inpatient episode without updating the patient's location.

For example, a patient admitted for an elective hernia operation has a heart attack. In this instance the A&D Office enters a Change of Clinical Service from General Surgery (ABAA) to Cardiology (AABA).

- **Disposition a Patient**

This term is a bit of a misnomer. Although no field exists on the Disposition screens of the CHCS system which allows users to change a patient's MEPRS code at the time of disposition, this term is sometimes used to describe the *last* MEPRS code associated with an inpatient episode when the patient is discharged.

Note: The accurate recording of MEPRS codes and the associated workload depends on timely and effective communication between the ward nurses and clerks, and A&D PAD personnel.

3.4.4 Tracking a PAD MEPRS Code

Table 3-5 tracks a PAD MEPRS code from the point a workload-related event is initiated in CHCS and a MEPRS code is attached to the resulting workload displayed in subsystem reports. Workload reported is incorporated in combined workload totals for higher-level reporting purposes via WAM.

Table 3-5. Tracking a PAD MEPRS Code

Event Generating Workload ¹	User Entering the Event ²	Prompt/field Attaching Event to a MEPRS Code	MEPRS Code Used	Performance Factor Used	Work Unit Used	Workload Calculated	Reports Displaying the Workload
Admit a patient.	PAD Clerk CLN Nurse/ Physician	'MEPRS/ Service:' field	A*** (except: AAC* ABC* AAH* ADC* ADE*)	OBD or Bassinet Day	Raw Value	Raw	All reports are listed below in footnote ³ . ↓
Transfer a patient to another ward w/a Clinical Service change.	PAD Clerk CLN Nurse/ Physician	'MEPRS/ Service:' field	A*** (except: AAC* ABC* AAH* ADC* ADE*)	OBD or Bassinet Day	Raw Value	Raw	
Enter a Clinical Service Change w/no ward transfer.	PAD Clerk CLN Nurse/ Physician	'MEPRS:' field	A*** (except: AAC* ABC* AAH* ADC* ADE*)	OBD or Bassinet Day	Raw Value	Raw	
Disposition a patient.	PAD Clerk	'MEPRS/ Service:' field	A*** (except: AAC* ABC* AAH* ADC* ADE*)	OBD or Bassinet Day	Raw Value	Raw	

¹ The event can be an order or a stand-alone PAD action.

² The user entering an event is determined by who performs ADT actions at the MTF.

³ Workload resulting from PAD events is displayed in the following MEPRS reports:

- Disposition MEPRS Report
- Worldwide Workload Report - Print/Reprint
- Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report
- Inpatient by MEPRS Report
- MEPRS/Provider Days
- Monthly MEPRS Detail Report
- Monthly MEPRS Report
- Patient Inactive MEPRS Summary
- Death Report

3.4.5 MEPRS Reports

- **Worldwide Workload Report-Print/Reprint**

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
WLR	Worldwide Workload Report-Print/Reprint

The Worldwide Workload Report, a standardized report which consolidated and replaced the Navy's Workload Report, the Army's Medical Summary Report (Med 302), and the Air Force's Report of Patients, was introduced in CHCS Version 4.4. This report serves as the main vehicle MTFs use to report their Biometrics workload.

The report is divided into the following six sections, each recording workload data from different areas of the MTF:

- Section I Admissions and Bed Days
- Section II Ancillary MEPRS Codes, Absent Sick, Bed Capacity, and Bassinet Capacity
- Section III Newly Diagnosed Cases of Venereal Disease
- Section IV Personnel Excused from Duty, Absence Types, Transient Admission, and Bed Days
- Section V Dispositions and Cumulative Days
- Section VI Vasectomies

Sections I and V have been expanded to allow the site to break down information to either third- or fourth-level MEPRS codes.

Significant report prompts are:

- If the user selects Section I or V individually, s/he is prompted for sort order. Specifically, the user can choose to sort data by:
 - 1) Patient Category within third-level MEPRS
 - 2) Patient Category within fourth-level MEPRS
 - 3) Patient Category only
 - 4) Patient Category within fourth-level MEPRS.
- If the user responds “Yes” to the prompt ‘Do you wish to append Hrs of Svc in ICUs by Ref MEPRS Cln Svc?,’ this report will be added to the Worldwide Workload Report displaying DJ* MEPRS codes with their Referring MEPRS codes.
- If the user selects Sections I through V (All), s/he is prompted for the sort order for Sections I and V. In this case, the user will not be able to choose a different sort sequence for Sections I and V respectively.
- If the report is run by third- or fourth-level MEPRS codes, regardless of which sort sequence is selected, the grand totals on both reports will be equal, and sub-totals for all patient category breakdowns will be displayed.
- On selecting the Worldwide Workload Report-Print/Reprint option, the system asks the user to 'Select Worldwide Workload Report Month/Year.' The system displays a message with a snapshot of where the data was last calculated. At this point, the user can either generate a new report or reprint a previous month's report.
- If the user selects a month for which any days contain delinquent EOD processing for outpatient appointments, a message displays, "Delinquent End-of-Day Outpatient Processing Exists for this month. Continue?". This provides a notification of potential conflict in the outpatient data to be reported, helping to ensure accurate information.
- Only those appointments for which EOD processing has been completed are eligible for inclusion on the Worldwide Workload Report.

- The system then continues with the reporting process, if so indicated by the user.

Note: If a user selects a month which contains Exception Patients (e.g., those without a MEPRS code or problem patients), a message displays. It is important to reconcile all Exception Patients in order to ensure accurate workload reporting.

Refer to the sample Worldwide Workload Report in Appendix C.

- **Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report**

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
ICU	Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report

This option enables the user to print DJ MEPRS data. As explained earlier, a DJ* MEPRS code is a system-generated MEPRS code that is mapped to an ICU. The report can also be obtained when requesting the Worldwide Workload Report.

The option recalculates and prints all of the hours to two decimal digit accuracy.

The ICU report system-generates and assigns the ICU hours of service to the correct DJ* MEPRS code (e.g., DJA*, DJB*, DJC*, DJD*, DJE*) by identifying all patients who received care in an ICU and used the A-level code (e.g., AAH*, ABC*, AAC, ADC*, ADE*) associated with that ward. It is therefore important to build the ICU ward files correctly and transfer patients correctly.

If the MTF operates combined ICUs (i.e., Medical Service and Cardiac), patients can all be treated at the same physical location. multiple wards have to be created in CHCS to obtain the correct workload.

(For a description of multiple wards, refer to Defining ICU Ward Locations in Chapter 2 of this document.)

Refer to a sample Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report in Appendix C.

- **Monthly MEPRS Detail Report/Monthly MEPRS Report**

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ORM	Outpatient Record Menu
MOUT	MEPRS Reports Menu
	8 Monthly MEPRS Detail Report
	9 Monthly MEPRS Report

The Monthly MEPRS Report provides totals, by MEPRS codes, of the bed days, Referring MEPRS, number of admissions, number of dispositions, and number of live births.

This report is available in two formats, the Monthly MEPRS Detail Report and the Monthly MEPRS Activity Report. Both reports sort by MEPRS code and ward, and list the number of admissions and OBDs.

The Monthly MEPRS Detail Report also breaks out the information into specific patient episodes. It displays the patient register number, number of bed days, ward in and out dates, and clinical service in and out dates. Users can request a single MEPRS code or ward location, or a combination of both. This report is by division and can only be printed for a particular month.

Refer to a sample Monthly MEPRS Detail Report and Monthly MEPRS Report in Appendix C.

- **Non Workload-Related MEPRS Reports**

Because MEPRS codes are so important in identifying the Clinical Service providing care to a patient during an inpatient episode, the PAD functionality has numerous reports that list the MEPRS codes associated with the various stages of each episode.

Some reports list the MEPRS codes assigned on admission, regardless of future transfers. Other reports list only the Dispositioning MEPRS codes or list each MEPRS code which may have been assigned to a patient during hospitalization.

PAD collects information from other subsystems (e.g., LAB) that list workload performed for patients with third-party insurance. An example is the TPC Ancillary CPT Report.

PAD reports which have this type of MEPRS are sorted to reflect the type of MEPRS code displayed. They are grouped under the categories of reports that list:

- The Admitting MEPRS Code
- The Dispositioning MEPRS Code
- The MEPRS Code Currently Assigned to the Patient on the Report
- All of the MEPRS Codes that a Patient had During the Inpatient Stay.

Refer to Appendix C for a sample of each of the Non-MEPRS reports.

3.4.6 Checklist for Verifying the Accuracy of PAD MEPRS Reports

- _____ Patient Admissions reflect the correct MEPRS code for the Clinical service providing the treatment.
- _____ Ward Transfers indicate correct MEPRS codes for both the original patients' admissions and the updated locations.
- _____ MEPRS codes are correct for patients with changes in Clinical services.

3.4.7 Troubleshooting

Refer to Table 3-6.

Table 3-6. PAD MEPRS Troubleshooting

Possible Problem	Resolution
Incorrect counts display on a workload report.	<ul style="list-style-type: none"> • Correct the count for a noncurrent episode: <ul style="list-style-type: none"> – Select the PAD System Menu. – Select the ADT Processing Menu. – Select the Corrections and ADT View Menu. – Enter the patient name. • Note: There is no manual editing of inpatient data through the individual workload reports. • Ensure timely processing of Admissions and Transfers.
Data on the Worldwide Workload Report appears to be inaccurate.	<ul style="list-style-type: none"> • Run the "Audit" version of the report. • Review the report for discrepancies. • Note: This version breaks out all inpatient information by individual Register Number. The user can research the data to find possible discrepancies.
Outpatient data on the Worldwide Workload is incorrect.	<ul style="list-style-type: none"> • Manually edit the data associated with the affected clinics. • Verify that each clinic completes its EOD processing.
Sections of the Worldwide Workload Report are not displaying the corresponding information (i.e., they display blank fields).	<ul style="list-style-type: none"> • Recalculate the report. • Verify that date/time of data generation is correct. • Reprint the report.
The site is experiencing chronic problems with the timely and accurate recording of MEPRS data for Admissions, Transfers, and Clinical Service Changes.	<ul style="list-style-type: none"> • Interview appropriate staff to identify problem areas. • Develop a policy which lists ways to improve communication between the Clinical Wards and the A&D Office.

3.5 Patient Appointment and Scheduling (PAS)/ Managed Care Program (MCP)

3.5.1 Subsystem Overview

The PAS Subsystem provides a variety of functions related to booking and scheduling appointments for patients. It allows various personnel to perform the following tasks: search for single or multiple appointments in one or more clinics; cancel and reschedule appointments, and enter Wait List requests; check in patients, process Wait List requests, and perform EOD processing; enter and update Emergency Room encounters; and add and maintain clinic, provider, and appointment profile information.

The MCP software is an automated program that allows Health Care Finders (HCFs), health benefits advisors, MTF booking clerks, and MTF supervisors to search for the most cost-effective source of specialty care, regardless of whether the patient is enrolled in the MCP.

When searching for specialty care, the MCP simultaneously searches for both MTF and civilian providers in the network. MCP then displays a list of providers, grouped by discount rate, from which a selection can be made.

3.5.2 Events that Generate Workload

The following events generate workload as tracked by MEPRS codes in CHCS:

- Check in a patient using selected inpatient/outpatient options on the PAS Scheduling Menu.
- Check in an APV patient to an APU.
- Print/Mail a T-Con.
- Change the appointment status from Pending to Kept for EOD processing.
- Disposition a patient and attach a provider via selected options on the Emergency Room (ER) Menu.

3.5.3 Considerations for MEPRS Accuracy

- **Check in a Patient Using Selected Inpatient/Outpatient Options on the PAS Clerk Scheduling Menu**

This event relates to the following options on the PAS Clerk Scheduling Menu:

- (USV) Unscheduled Visit (Walk-In, Tel-Con, S-Call)
- (IPC) Individual Patient Check-in
- (MCD) Multiple Check-In by Default.

If an inpatient has a scheduled appointment in an outpatient clinic, the PAS clerk should verify whether the visit is related to the inpatient episode of care.

For example, a patient just had heart surgery and the scheduled appointment is with the patient's cardiac surgeon.

If the appointment is related to the inpatient stay at the facility, the PAS clerk responds Yes to the 'Is this related to the Inpatient Episode of Care No//' prompt and accepts the A-level MEPRS code defaulted in the 'MEPRS code' field. This results in non-count workload.

If the appointment is not related to the inpatient's stay, (e.g. the patient had eye surgery and the scheduled appointment is with an allergist), the PAS clerk should accept the default to the 'Is this related to the Inpatient Episode of Care? No//' prompt and accept the B-level MEPRS code defaulted in the 'MEPRS code' field.

- **Check in an APV Patient to an APU**

This event relates to the following option on the PAS Clerk Scheduling Menu:

- MAPV APV Minutes of Service Enter/Edit

When checking in APV patients, based on the Minutes of Service data collected under the fourth-level MEPRS code DGA*, WAM generates and reports APV Minutes of Service and number of patients for APUs

requesting services through the WAM Edit Workload option. As a result, the workload is reported in the EAS SAS Workload Report.

- **Print/Mail a T-Con**

Prior to selecting the Print/Mail action on the action bar, the user must enter a clinic name for the T-Con. When the clinic name is entered, the MEPRS code is automatically assigned for the workload credit.

- **Perform EOD Processing**

EOD processing must be completed for all appointments in a specified clinic. If pending appointments and/or missing providers exist, CHCS prints the Delinquent End-of-Day Processing Report instead of the Monthly Statistical Report.

Review the Delinquent End-of-Day Processing Report for completeness and accuracy. As appropriate, change Pending appointments to a status of one of the following:

- ADMIN
- CANCEL
- KEPT
- LWOBS (Left Without Being Seen)
- NO-SHOW
- OCC-SVC (Occasion of Service Visits)
- PENDING
- S-CALL (Sick Call)
- TEL-CON
- WALK-IN

Workload in CHCS is generated only when an appointment displays one of the following statuses:

- KEPT
- WALK-IN
- S-CALL
- TEL-CON
- USV

- **Disposition a Patient and Attach a Provider**

MEPRS codes can be entered/edited from the following options on the ER Menu:

- (NER) New ER Patient Enter
- (CER) Check-Out & Patient Instructions
- (DER) Disposition Processing
- (FER) Full ER Encounter.

A good practice which facilitates accurate workload count is for the user to perform periodic EOD processing during the day, while the patient charts are still available.

3.5.4 Tracking a PAS MEPRS Code

Table 3-7 tracks a PAS MEPRS code from the point a workload-related event is initiated in CHCS and a MEPRS code is attached, to the resulting workload displayed in subsystem reports. Workload reported is incorporated in combined workload totals for higher-level reporting purposes via WAM.

Table 3-7. Tracking a PAS MEPRS Code

Event Generating Workload	User Entering the Event	Prompt/Field Attaching Event to a MEPRS Code	MEPRS Code Used	Performance Factor Used	Work Unit Used	Workload Calculated	Reports Displaying the Workload
Check in a patient via selected options on the PAS Clerk Scheduling Menu.	PAS Clerk/Provider	'Select Clinic:' prompt	B*** C***	Visits	Count/ Non-Count ¹	Raw	Clinic Workload Report Monthly Statistical Report
Print/Mail a T-Con via the CLN option.	PAS Clerk/Provider	'Clinic:' field	B*** C***	Visits	Count/ Non-Count ¹	Raw	
Change an appointment from Pending to Kept for End-of-Day Processing.	PAS Clerk/Provider	'Place of Care:' prompt	B*** C***	Visits	Count/ Non-Count ¹	Raw	Command Facility Workload Recap Report
Check in an APV patient	PAS Clerk	'Select APU'	B**5	Visits	Count/ Non-Count ¹	Raw	Roster of Kept APV Appointments

¹ Count visit is based on appointment type/appointment status (i.e., non Occ-Svr).
Non-Count visit is based on appointment type (i.e., Occ-Svr), regardless of whether it's related to inpatient episode of care.

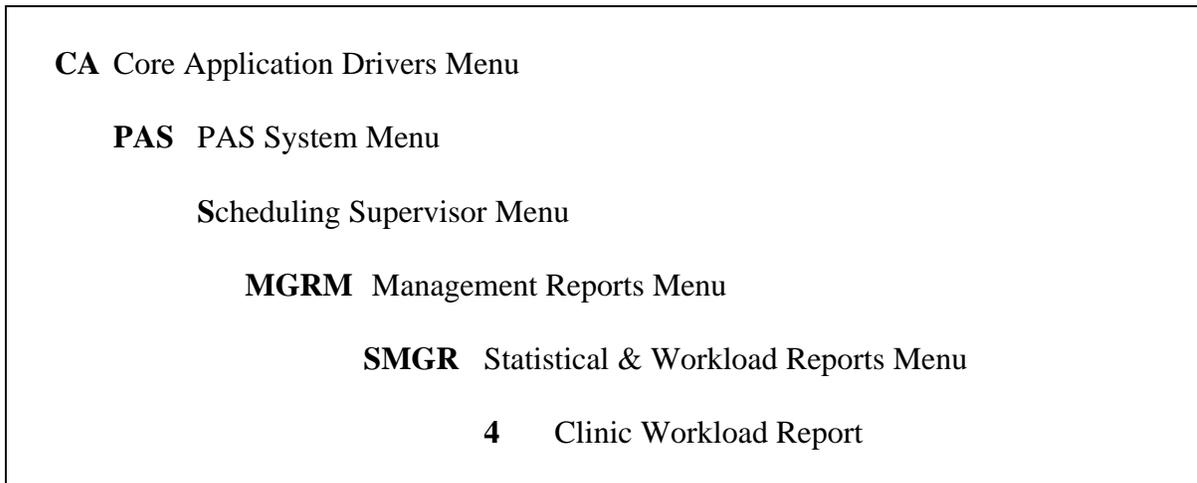
3.5.5 MEPRS Reports

PAS MEPRS reporting in CHCS includes inpatient and outpatient visits at all MTF outpatient clinics. The reporting mechanism is the same regardless of whether the PAS or MCP Menu is used to book patients. However, EOD processing MEPRS reports are accessed in the PAS module only.

PAS MEPRS reports include the Monthly Statistical Report, the Clinic Workload Report, the Command Facility Workload Recap Report, and the Initial and Follow-Up Clinic Visit Report.

- **Clinic Workload Report**

The menu path for this report is:



The Clinic Workload Report allows you to display clinic workload data and visit summaries. The report is an on-demand, single clinic, single or multi-provider statistical monthly report. If pending appointments and/or appointments with missing providers exist for a clinic, the Delinquent End-of-Month Processing Report is produced instead.

Refer to the sample Clinic Workload Report in Appendix C.

- **Command Facility Workload Recap Report**

The menu path for this report is:

CA Core Application Drivers Menu
PAS PAS System Menu
Scheduling Supervisor Menu
MGRM Management Reports Menu
SMGR Statistical & Workload Reports Menu
5 Command Facility Workload Recap Report

The Command Facility Workload Recap Report provides a three to four-page clinic level summary of the following monthly statistical reports:

- Monthly Statistical Report
- No-Show Statistical Report
- Facility Cancellation Report
- Patient Cancellation Report.
- Next Available Appointment Report.

Only part four of the Monthly Statistical Report displays workload data which can be compared with output to WAM. This report will not print if pending appointments or missing providers exist. If any of these discrepancies exist, the Delinquent End-of-Day Processing Report prints.

Refer to the sample Command Facility Workload Recap Report in Appendix C.

- **Initial and Follow-up Clinic Visit Report**

The menu path for this report is:

CA Core Application Drivers Menu

PAS PAS System Menu

Scheduling Supervisor Menu

MGRM Management Reports Menu

SMGR Statistical & Workload Reports Menu

7 Initial and Follow-up Clinic Visit Report

The Initial and Follow-up Clinic Visit Report provides an overview of workload data broken down by initial and follow-up clinic visits for inpatients and outpatients. The report may be run by division or group.

Refer to the Initial and Follow-up Clinic Visit Report in Appendix C.

Note: MCP workload associated with patient visits to an MTF outpatient clinic is captured in CHCS via the PAS module as described in the reports above.

Ambulatory Care in MCP Administration (i.e., administration, enrollments, and provider network maintenance) is not captured in CHCS, but is entered manually into EAS by users of the E-level MEPRS code templates.

- **Monthly Statistical Report**

The menu path for this report is:

CA Core Application Drivers Menu

PAS PAS System Menu

Scheduling Supervisor Menu

MGRM Management Reports Menu

SMGR Statistical & Workload Reports Menu

8 Monthly Statistical Report

The Monthly Statistical Report provides monthly statistics for clinics, divisions, and groups, and may be sorted by any or all of these three categories.

The report lists count and non-count clinic visits for inpatient and outpatient visits. This is a four-part report displaying the data by clinic and provider, by clinic and patient category, and by MEPRS code and clinic. It provides a summary by MEPRS code.

The Monthly Statistical Report is the primary PAS/MCP report for MEPRS workload reports.

Refer to the sample Monthly Statistical Report in Appendix C.

3.5.6 Checklist for Verifying Accuracy of PAS MEPRS Reports

- _____ MEPRS codes are correct for IPC, MCD, and USV patient check-in
- _____ EOD processing data is complete for Hospital Location (i.e., there are no missing providers or Pending appointments for any outpatient encounters for the date range specified)
- _____ Verify that all MEPRS codes have been attributed to the correct provider.

3.6 Pharmacy (PHR)

3.6.1 Subsystem Overview

The PHR Subsystem allows authorized users to enter and process unit dose orders, IV orders, and outpatient medication orders (RX). It also allows users to record and maintain formulary files, bulk and clinic issues, and to produce a variety of Pharmacy-related reports.

3.6.2 Events that Generate Workload

The following events generate workload as tracked by MEPRS codes in CHCS:

- Enter an inpatient/outpatient medication order (RX).
- Enter a Unit Dose Order.
- Enter an IV Order.
- Enter a Bulk Issue.
- Enter a Clinic Issue.

The effect of missing or inaccurate data on the Medical Expense and Performance Report gives the appearance of under-utilization of the pharmacy services. As a result, fewer manpower resources may be allocated. Specific considerations for how data for these events should be entered are outlined in the Calculating Pharmacy Workload section below.

3.6.3 Calculating Pharmacy Workload in CHCS

Pharmacy workload is counted and reported according to the calculation workload rules set up in CHCS. (Also refer to the Business Rules in Chapter 2 of this document.)

Based on these rules, the Pharmacy MEPRS reports will report workload from Requesting MEPRS locations for unit dose orders, IV orders, inpatient/outpatient medication orders (RX), bulk issues, clinic issues, and narcotics.

- **Prescription (Weighted Factor =1.0)**

1. A prescription receives a MEPRS count for each fill, i.e., original fill, refill (RX, RAP, BPL).
2. In order for a prescription to be counted in the MEPRS report, a prescription label must print. However, when a prescription label prints after an edit (EAP) or partial (PQD) action, the MEPRS report will not count the prescription again.

A canceled prescription (CAP) is not counted if the cancellation occurs before the label is generated.

3. If a refill is removed via the Remove a Refill (RRE) option, the fill is not counted.
4. If a prescription is forwarded via the Forward a Prescription (FAP) option, the original site loses the count and the site receiving the prescription receives a count when the label prints.
5. Prescriptions that are discontinued by the pharmacy via the Discontinue a Prescription (DAP) option or by the HCP via Order Entry are still counted in the MEPRS report if a label has been printed.
6. Prescriptions that are logged in as noncompliant are still counted in the MEPRS report.
7. For Manual Prescription Entry (MPE), a prescription is counted on entry, as label printing is optional.

8. Prescriptions that are partialled and completed count as one prescription on the MEPRS report. The system assigns the count when the first label is printed.
9. FCD (support to other military activities) workload can be generated in CHCS from the following options:
 - a. If an HCP changes the dispensing pharmacy to a pharmacy whose division is outside of the HCP logon Group.
 - b. Refill prescriptions processed outside of the parent group to which the prescription was originally assigned.
 - c. Forwarded prescriptions to a pharmacy outside of the parent group to which the prescription was originally assigned.
10. For FCC* (CHAMPUS Beneficiary Support) workload, when a request for an RX is received from an outside provider with a MEPRS code of FCC*, the workload is reported as FCC* workload, regardless of the Performing or Requesting division's GROUP ID.

If the Group DMIS ID assigned to the division of the Requesting Location is *not* the same as the Group DMIS ID associated with the division of the Performing Location, workload will be reported under the grouping of FCD*, except if the workload qualifies for FCC* reporting (MEPRS code of the requesting location).

- **Unit Dose Order (Weighted Factor = 0.15)**

1. A unit dose order receives a MEPRS count for each dose needed.

In order for a unit dose order to be counted in the MEPRS report, one of the following must occur:

- a. A label prints for the order in the Print New UD Orders (NOR UDL) option.
- b. The order prints on the Cart List (CAR).
- c. The order prints on the Update Cart List (UPL).

2. If the Extra Units Dispensed (EUD) option is used, the MEPRS report will count the extra doses for the order by calculating doses from the units needed.
3. A unit dose order is not counted for a ward if the drug is a "Ward Stock" item.

This is controlled by the "Suppress from Cart List" parameter in the Bulk/Clinic Issue (BIM) Menu and by the 'Legal Schedules to Suppress from Cart List' parameter in the Ward Group (WAG) option. (This follows the logic explained above, i.e., if an order does not print on an output, it is not counted.)

4. PRN unit dose orders are counted based on the maximum doses possible (i.e., an order to be given 'qid prn' would receive four counts per day).
5. Drugs that are defined as "Replenish on Request" in the Formulary Menu (FRM) receive one count when the label prints.
6. When a unit dose order is discontinued, the doses needed after the time of discontinuation will not be counted. However, all doses that have already printed on a label, the CAR option, or the UPL option prior to the discontinuation will still be counted on the MEPRS Report.
7. When the Reprint a Label (LAR) option is used, the order is not counted.
8. When the Adjust Cart Units Dispensed (ACU) option is used, the MEPRS counts for that order is debited/credited accordingly.
9. When a unit dose order is forwarded via the Forward Unit Dose Order (FUD) option, the MEPRS count at the original site is debited (for the doses the site did not dispense) and the site the order is being forwarded to receives the MEPRS count.
10. Printing labels for future admissions and transfers increments the workload for the future location.

- **IV Order (Weighted Factor = 2.0)**

1. An IV order receives a MEPRS count for each dose needed.

For an IV order to be counted in the MEPRS report, one of the following must occur:

- a. Labels for the order print via the Print New IV Orders (PNO/IVL) option.
 - b. Labels for the order print via the Batch Print Labels (BAT) option.
2. The MEPRS report counts orders for plain solutions only if the pharmacy prints labels for plain solutions as defined in the Location Group Edit (LGE) option.
 3. When an IV order is discontinued, the doses needed after the time of discontinuation will not be counted. However, all doses that have already printed on a label prior to the discontinuation will still be counted on the MEPRS report.
 4. When an IV label is reprinted via the Individual Label Reprint (IND) option, the MEPRS report counts one count for each dose that is reprinted.

Label reprints are frequently used to replace missing and/or contaminated IV bags.

5. When an IV order is forwarded via the Forward IV Order (FIV) option, the MEPRS count at the original site is debited (for the doses the site did not dispense) and the site to which the order is being forwarded receives the MEPRS count accordingly.
6. Using the Print Future IV Labels (PFI) option for admissions and transfers increments the workload for the future location.

- **Bulk Issue (Weighted Factor = 2.0)**
 1. For bulk issues, the MEPRS report counts the following:
 - a. All narcotic issues entered through the New Issue Entry (NEW) option in the Narcotic System.
 - b. All bulk issues entered through the Enter Stock Issue (ESI) option in the Bulk/Clinic system.
 2. A narcotic issue is not counted if it is canceled or not verified.
 3. A bulk issue is not counted if it has been cancelled.
 4. Bulk and narcotic issues receive a MEPRS count for each item issued regardless of the quantity issued.

For example, a quantity of 10 for a single item would be a single count on the MEPRS report.
 5. Issues to locations defined as a "PHARMACY" location type in the Hospital Location file are not counted in the MEPRS report.
 6. Bulk issues to ICU locations are counted under the Referring MEPRS.

- **Clinic Issue (Weighted Factor = 0.6)**
 1. The MEPRS report counts all clinic issues entered through the Enter Stock Issue (ESI) option in the Bulk/Clinic system.
 2. A clinic issue is not counted if it has been canceled.
 3. Clinic issues receive counts based on the quantity of the item issued.

For example, a quantity of 10 for a single item would be 10 counts on the MEPRS report.
 4. Issues to locations defined as a "PHARMACY" location type in the Hospital Location file are not counted in the MEPRS report.

3.6.4 Tracking a PHR MEPRS Code

Table 3-8 tracks a PHR MEPRS code from the point a workload-related event is initiated in CHCS and a MEPRS code is attached, to the resulting workload displayed in subsystem reports. The workload reported is incorporated in combined workload totals for higher-level reporting purposes via WAM.

Table 3-8. Tracking a PHR MEPRS Code

Event Generating Workload	User Entering the Event	Prompt/field Attaching Event to a MEPRS Code	MEPRS Code Used	Performance Factor Used	Work Unit Used	Workload Calculated	Reports Displaying the Workload
Enter an inpatient/outpatient medication order (RX). ¹	PHR Clerk/Tech/ Pharmacist CLN Clerk/Nurse/ Physician	(Inpatient 'MEPRS/ Service:' field (Outpatient) 'Select Requesting Location:'	Inpatient A** Outpatient B** FC* C**	Weighted Value	Weighted Value	PHR: 1.0 Weighted Value	Medical Expense and Performance Report and MEPRS Group Report ↓
Enter a Unit Dose order. ¹	PHR Clerk/Tech/ Physician CLN Clerk/Nurse/ Physician	'MEPRS/ Service:' field	A**	Weighted Value	Weighted Value	PHR: 0.15	
Enter an IV order. ¹	PHR Clerk/Tech/ Pharmacist CLN Clerk/Nurse/ Physician	'Select Requesting Location:' field	A** B** C** D** F**	Weighted Value	Weighted Value	PHR: 2.0	
Enter a Bulk Issue. ²	PHR Clerk/Tech/ Pharmacist	'Select Requesting Location:' field	A**	Weighted Value	Weighted Value	PHR: 2.0	
Enter a Clinic Issue. ¹	PHR Clerk/Tech/ Pharmacist	'Select Requesting Location:' field	B** C** D**	Weighted Value	Weighted Value	PHR: 2.0	

¹ Cost Pools prohibited.² Cost Pools allowed.

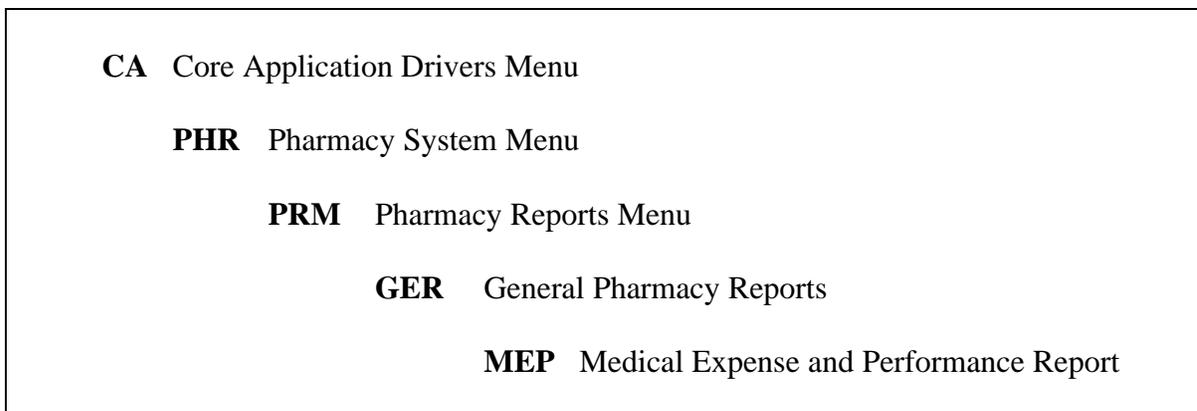
3.6.5 MEPRS Reports

Pharmacy MEPRS reports document raw values as well as weighted values.

Pharmacy personnel have two reports available to account for their workload generated. These are the Medical Expense and Performance Report and the MEPRS Group Report.

- **Medical Expense and Performance Report**

The menu path for this report is:



The Medical Expense and Performance Report prints the MEPRS workload for any division and date range the user specifies. The user may select the report in either the detailed or summary format.

– Detailed

A detailed report displays each work center on a separate page, with the last page being a cumulative summary. The user may also request a breakdown FCD* workload within the division.

– Summary

A summary report includes FCD* workload performed, which is displayed as a one-time total for each division.

The FCD* workload is workload identified as being performed by the user's division for groups outside their own. FCD workload will appear on Pharmacy MEPRS reports under the FCD* header.

The security key required is: PS REPORTS. The FileMan access code is:
Pp.

Refer to the sample Medical Expense and Performance Report in
Appendix C.

- **MEPRS Group Report**

The menu path for this report is:

CA Core Application Drivers Menu

PHR Pharmacy System Menu

PRM Pharmacy Reports Menu

GER General Pharmacy Reports

MGR MEPRS Group Report

The MEPRS Group Report allows Pharmacy users to display the workload performed at the divisional level that has been rolled up into the appropriate GROUP ID. The report prints data for a specific group or groups for a specified date range.

The user must have access to all divisions within a group to select that group for reporting. This report is on the WAM Menu and can be accessed by the MEPRS personnel.

The security key required is: PS REPORTS. The FileMan access code is:
Pp.

Refer to a sample MEPRS Group Report in Appendix C.

3.6.6 Checklist for Verifying Accuracy of PHR MEPRS Reports

_____ Verify the accuracy of the file and table build in the MEPRS code file, the Provider file, and the Hospital Location file.

Note: Refer to the Hospital Location business rules in Chapter 2 of this document.

_____ Verify the accuracy of the workflow and procedures.

_____ Verify the accuracy of the events that generate MEPRS data and compare them with workflow and procedures.

3.7 Radiology (RAD)

3.7.1 Subsystem Overview

The RAD Subsystem allows radiologists, physicians, nurses, and allied health care professionals to enter and modify radiology orders and related data, as well as verify and process requests for various radiologic procedures or therapeutic treatments. By providing integrated data management, the RAD Subsystem quickly identifies patients and generates radiology test results.

Radiology is an ancillary service and is divided into three groups: Diagnostic, Therapeutic, and Nuclear Medicine.

Diagnostic Radiology includes: Radiology, Computerized Tomography (CT), Ultrasound, and Magnetic Resonance Imaging (MRI); processing, examining, interpreting, storing, and retrieving medical imaging; directing a radiological safety program; and consulting with physicians and patients.

Therapeutic Radiology includes external beam therapy (primarily teletherapy) and brachytherapy (intercavity, interstitial, and surface applications).

The Nuclear Medicine service provides and interprets nuclear medicine studies. It performs treatment in conformance with appropriate licensure regulations.

3.7.2 Events that Generate Workload

The following events generate workload weight as tracked by MEPRS codes in CHCS:

- Enter a Radiology exam order into the system for a Requesting location/MEPRS.
- Arrive a patient for a Radiology exam order.
- Depart a patient.
- Report exam results.

3.7.3 Considerations for MEPRS Accuracy

The effect of assigning an incorrect MEPRS code for services performed results in inaccurate workload count in the RAD Subsystem workload/MEPRS reports.

A primary area of concern is that the user enter the correct MEPRS code for the appropriate requesting and performing locations.

- **Enter a Radiology Order for a Requesting Location/MEPRS**

Radiology MEPRS reports track both requesting and performing locations for an order.

The requesting location is set when the order is entered into the system. If set incorrectly, the Radiology staff may modify it before the exam is arrived. The user may change the requesting location or modify the order via the menu path:

Radiology System Menu → Order Processing Menu (OP) → Enter and Maintain Orders (EM).

Note: If Radiology locations are entered as requesting locations, work counted will not be counted for the requesting location. If additional exams are required for a patient, the user should use the original requesting location for the additional orders.

- **Arrive a Patient for a Radiology Order for a Performing Location/MEPRS**

The performing location to which the exam is credited is set by the 'Radiology Location' field when arriving the patient. It may also be changed when departing the patient by modifying the Radiology location.

- **Depart a Patient**

Radiology workload credit is divided into two parts: raw procedure weight and reporting weight.

Procedure weight is the raw workload given for performing the procedure. It is credited to the Radiology Department when the exam is departed and the exam status is set to either 'Examined' or 'Incomplete.' If an exam status is not set to 'Examined' or 'Incomplete,' no raw weight will be credited when the film interpretation is entered. Aborted exams receive no workload.

Performing locations may be edited when departing a patient. The menu path is: Radiology System Menu → Exam Processing Menu (EP) → Enter/Edit Departure/QA data (DQ).

- **Report Exam Results**

Reporting weight is credited when a report is read and verified.

Reporting weight is the workload given when the exam reaches the 'Completed' or 'Amended' status.

The radiologist signs the report electronically. Workload is credited to the reporting location in the radiologist's Radiology Personnel Enter/Edit (RPE) file.

In many facilities, procedure weight and reporting weight may be credited on different days for the same exam.

For example, a chest x-ray was performed as the last appointment on Thursday, and was reported on the following Friday.

If an exam is performed in a facility without a radiologist and thus is read elsewhere, the reporting weight and procedure weight will be credited to different Radiology locations.

If an exam or procedure is performed by one military service, and is read/interpreted by a radiologist from another military service, Support to Other MTFs (MEPRS code FCD*) will become the requesting location only for the reporting workload. The weighted workload will be unaffected.

For example, Cardiology sends a patient to an Army facility in Group A for a chest x-ray. Since Group A does not have a radiologist, the films are sent to a Navy hospital in Group B to be read.

When the Army facility runs a workload report, the requesting location for the chest x-ray will be Cardiology. When the Navy hospital runs its workload report, the requesting location will fall under an FCD* designator, "Support to Another MTF," and workload will only be reported after the exam is verified/interpreted.

3.7.4 Calculating RAD Workload in CHCS

In building Radiology procedure files, CHCS provides a complete list of CPT codes obtained from the American Medical Association (AMA), which are updated once a year. Each CPT code is associated with a given weighted value, which cannot be changed.

The weighted value within the files is divided into five categories. These are:

1. CPT procedure weight - the credit given for performing the procedure.
2. Reporting weight - the credit given for interpreting the images.
3. Total weight - the CPT procedure weight, plus the reporting weight.
4. Portable weight - The weight given for a portable procedure is always twice the procedure weight.
5. Bilateral weight - The weight given for bilateral procedures. Some procedures may be performed bilaterally, such as most extremity films. Others, for example chest x-rays, will have no associated bilateral weight.

Note: Some exams, like bilateral mammograms, have their own CPT codes assigned. In this case, you would use the CPT code rather than the bilateral indicator field to indicate bilaterally.

If a procedure does not have a CPT code listed, no weight will be given for performing it. Avoid CPT codes that do not have a weighted value. Often, these weightless codes have the word "other" in their names. This denotes that they are intended to get unweighted codes.

Every procedure must be attached to a specific room. These rooms determine the location and MEPRS code to which the procedure weight will be counted.

If the user is a radiologist, s/he should have the reporting division entered correctly.

The menu path for entering the reporting division is:

Radiology System Menu → System Maintenance Menu (SM) → Radiology Personnel Enter/Edit (RPE)

This ensures that reporting workload is credited to the correct division. Even if the radiologist switches divisions, all reporting workload will be credited to the reporting division set here.

3.7.5 Tracking a RAD MEPRS Code

Table 3-9 tracks a RAD MEPRS code from the point a workload-related event is initiated in CHCS and a MEPRS code is attached, to the resulting workload displayed in subsystem reports. The workload reported is incorporated in combined workload totals for higher-level reporting purposes via WAM.

Table 3-9. Tracking a RAD MEPRS Code

Event Generating Workload	User Entering the Event	Prompt/Field Attaching Event to a MEPRS Code	MEPRS Code Used	Performance Factor Used	Work Unit Used	Workload Calculated	Reports Displaying the Workload
Enter a Radiology exam order for a Requesting MEPRS. ¹	RAD Clerk CLN Clerk/Nurse/ Physician	'Select by Requesting Location:' prompt	DCA DCB DIA	Weighted Procedures	Raw and Weighted Procedures	Weights are based on the procedure. ²	N/A
Arrive a patient for a Performing MEPRS. ²	RAD Clerk/Tech	Radiology 'Location:' prompt	DCA DCB DIA	Weighted Procedures	Raw and Weighted Procedures	Weights are based on the procedure.	N/A
Depart a patient. ¹	RAD Clerk/Tech	Radiology 'Location:' prompt	DCA DCB DIA	Weighted Procedures	Raw and Weighted Procedures	Weights are based on the procedure.	All Radiology MEPRS reports
Report exam results. ²	RAD Transcriptionist/ Tech/Radiologist	Radiologist 'Reporting Divisions:' field	DCA DCB DIA	Weighted Procedures	Raw and Weighted Procedures	Weights are based on the procedure.	All Radiology MEPRS reports

¹ Cost Pools not allowed.² Refer to Figure 3-3 for an example of this workload calculation.

Workload Calculation:

Weights are based on individual procedures, where

(R) = Report weights

(E) = Exam weights.

An example of the calculations from the Procedure file is:

7360026	ANKLE AP & LAT (R)	24
7360032	ANKLE AP & LAT (E)	51

Data from the Procedure file follows:

CPT Code	Procedure Name	Algorithm	Weighted Value	
CHCS will create total (T), portable (P), and bilateral (B) weighted values based on the following algorithm:				
7360000	ANKLE AP & LAT (T)	E	R	.75
7360022	ANKLE AP & LAT (P)	Ex2	R	1.26
7360050	ANKLE AP & LAT (B-T)	Ex2	Rx2	1.50
7360051	ANKLE AP & LAT (B-E)	Ex2		1.02
7360099	ANKLE AP & LAT (B&P)	Ex4	Rx2	2.52
7360021	ANKLE AP & LAT (B-R)		Rx2	.48

MPR-01062

Figure 3-3. Example of Workload Calculation

3.7.6 MEPRS Reports

Using the Workload/MEPRS Reports (WR) Menu is restricted by the RAD WORK security key. Users may only display reports for the divisions to which they have access.

The user has the following reports available to account for Radiology workload:

- **Procedure Workload Facility Totals**

The menu path for this report is:

<p>CA Core Application Drivers Menu</p> <p>RAD Radiology System Menu</p> <p>WR Workload/MEPRS Reports Menu</p> <p>PFT Procedure Workload Facility Totals</p>
--

This report provides a count of the types of exams performed, along with the associated workload values, films, and exposures used. It includes the number of studies done, and inpatient versus outpatient workload for all of the divisions within a given MTF.

If users do not have access to all divisions in an MTF, they will only be able to access reports for their divisions. A user with access to all divisions will be prompted to choose the division for which s/he wants the reports, with the default being ALL for all divisions and the default division being undefined.

– Type of Report prompt:

There are two types of reports available - detailed and summary. The detailed report provides information sorted by CPT code, but displays by the procedure name from the Procedure file.

The summary report sorts by CPT code and displays CPT code names. A site may have the same CPT code attached to different procedures.

For example, there may be two separate studies labeled ANKLE,RT and ANKLE,LT attached to the same CPT code 73610.

In the detailed report, these two exams are listed separately as ANKLE,RT and ANKLE,LT. In the summary report, they are combined as one.

- Division prompt:

This prompt only appears if the user has access to all divisions in the MTF.

- Radiology Location prompt:

Radiology locations can be modalities (e.g., ultrasound, computed tomography), or they can be locations where Radiology work is performed (e.g., Main Radiology, Orthopedic Radiology). The user can access a report for one Radiology location, or for all locations within the division set by the first prompt.

- Weight values prompt:

The user may access procedure weight when s/he needs only an exam count. Note that the exam count is always a whole number in the report by procedure weights.

The user may access reporting weight when s/he is interested only in reporting weight. Reporting weight is always a whole number.

The most commonly selected report is workload by total weight. This represents a combination of performing procedures and reporting weights. Note that the exam counts can be half values. Half a count is given for the procedure and half a count for the report.

- Start/End Date prompts:

This is the date range for which the user wants the report. Most facilities run this report once a month.

The user can display the report on the screen or queue it to a printer. The exams are listed numerically by CPT code.

Film is tallied the same as exposures. This information is useful in calculating repeat film statistics. Film usage is tallied from the exam on departures. If figures do not reflect actual usage, the user should check the procedure file for film usage setup. Only films that are actually used should be set there.

For example, the Procedure file shows: Chest = 2 films, 11X14. The system uses this setting as the default when the exam is departed.

Inpatient exams are counted separately from outpatient exams. Half a credit is given when the patient is departed. The other half is given for verifying the report, on the day it is verified.

If the user doesn't have access to all divisions in the MTF, the system calculates the totals for the division to which the user is signed.

Refer to a sample Procedure Workload Facility Totals Report in Appendix C.

- **Procedure Workload - Radiology Location Totals**

The menu path for this report is:

CA	Core Application Drivers Menu
RAD	Radiology System Menu
WR	Workload/MEPRS Reports Menu
PLT	Procedure Workload - Radiology Location Totals

This report provides only the totals for film, exposures, portable studies, and exams for a given Radiology location. This information is based on performing locations.

Refer to a sample Procedure Workload - Radiology Location Totals Report in Appendix C.

- **Procedure Workload by Radiology Location**

The menu path for this report is:

CA	Core Application Drivers Menu
RAD	Radiology System Menu
WR	Workload/MEPRS Reports Menu
PWL	Procedure Workload by Radiology Location

This report is the same as Procedure Workload Facility Totals, with the exceptions that this report shows workload broken out by Radiology performing location, and prints a cover page that includes the AMA licensing text for all reports that display CPT codes.

- **Facility Totals by Req Acc & Func Category**

The menu path for this report is:

CA Core Application Drivers Menu

RAD Radiology System Menu

WR Workload/MEPRS Reports Menu

FTR Facility Totals by Req Acc & Func Category

This report determines requesting locations and their impact on a given division. The report also groups requesting locations by their functional category (i.e., inpatient, outpatient, special programs, for providers outside the MTF). This report is available for all divisions in a given MTF.

– Requesting Location prompt:

If the user chooses requesting location, the report lists each requesting location by MEPRS code in alphabetical order, along with the common name in the Hospital Location file. If the user chooses requesting HCP, the report lists each HCP in alphabetical order, but no information concerning that physician's location displays.

The report also lists a count of exams requested by each location. Half counts are given for exams performed but not reported, or for exams reported but not performed in a given time. (This can occur if an exam is performed on the last day of the month, and the report is generated the next month.)

The system separates and totals the procedure weight and reporting weight.

On the second page of the report, the above counts are totaled by functional category. They are:

- A - Inpatient Care
- B - Ambulatory Services (Outpatient clinics)
- C - Dental Care
- D - Ancillary Services (Pharmacy, Lab, Radiology)
- E - Support Services (Administration)
- F - Special Programs (CHAMPUS, etc.)
- G - Readiness (EAS sites only).

Refer to a sample Facility Totals by Req Acc & Func Category report in Appendix C.

- **Radiology Location Totals by Requesting Account**

The menu path for this report is:

CA Core Application Drivers Menu
RAD Radiology System Menu
WR Workload/MEPRS Reports Menu
LTR Radiology Location Totals by Requesting Account

This report is the same as that on the FTR option, with the exception that it displays by division and then by Radiology location within the division.

Refer to the sample Radiology Location Totals by Requesting Account report in Appendix C.

- **Location Procedure Totals by Requesting Account**

The menu path for this report is:

CA	Core Application Drivers Menu
RAD	Radiology System Menu
WR	Workload/MEPRS Reports Menu
PTR	Location Procedure Totals by Requesting Account

This report determines which requesting locations are requesting which kinds of exams.

– Type of Report prompt:

A detailed report provides information concerning the requesting locations and the specific kinds of exams being requested. It displays the exam sorted by CPT code and displays the procedure name. A summary report gives the user information concerning the general types of exams being requested and displays CPT names.

– Requesting Location prompt:

If the user selects requesting location, the report lists each requesting location by MEPRS code in alphabetical order, along with the common name in the Hospital Location file. If the user selects HCP, the report lists each HCP in alphabetical order, omitting information about the physician's location.

This report provides a list of requesting locations/providers, the number and kind of procedures requested, and the total number of exams requested.

Refer to the sample Location Procedure Totals by Requesting Account report in Appendix C.

- **MEPRS Group Report**

The menu path for this report is:

CA	Core Application Drivers Menu
RAD	Radiology System Menu
WR	Workload/MEPRS Reports Menu
MGR	MEPRS Group Report

This report lists of requesting locations and the number of exams requested, along with the associated workload. It is generally used by the MEPRS Office to report to SAS and STARS/FL systems.

If a provider is a CHAMPUS provider type (outside provider), the MEPRS code for the requesting location will always be an FCC MEPRS code, regardless of the performing location.

If a provider is not an outside provider and the GROUP DMIS ID of the requesting location is not equal to the GROUP DMIS ID of the performing location, the workload data will be displayed under the FCD* grouping as a performing division. The actual MEPRS code associated with the performing division will continue to display in the detail of the report.

Refer to a sample MEPRS Group Report in Appendix C.

- **Ancillary CPT Report**

The menu path for this report is:

CA	Core Application Drivers Menu
RAD	Radiology System Menu
WR	Workload/MEPRS Reports Menu
CPT	Ancillary CPT Report

CPT reports are used by the Business Office to support third-party collection billing and personnel billing for high cost ancillary services.

This report lists the patient name, the exam CPT code, and the type of insurance the patient has. The information may be entered during patient registration. The MSA Department uses this report to facilitate third-party billing.

The purpose of the report is to support the identification of high cost Radiology procedures, by CPT code, for those who may be eligible for third-party insurance coverage. Patients are only included on this report if they meet the criteria of entry of an FC* MEPRS code (e.g., FCC*, FCD*) as requesting location by an ancillary user.

The FC* MEPRS code will identify Radiology procedures as care provided by the MTF, in support of health care delivered from an external source.

Refer to the sample Ancillary CPT Report in Appendix C.

3.7.7 Checklist for Verifying Accuracy of RAD MEPRS Reports

_____ Ensure that the requesting locations on all Radiology MEPRS reports are valid.

Note: A file room is not a valid requesting location.

_____ Ensure that the performing locations on all Radiology MEPRS reports are valid.

_____ Verify the accuracy of the events that generate MEPRS data and compare them with workflow and procedures.

3.8 Troubleshooting

Refer to Table 3-10.

Table 3-10. RAD MEPRS Troubleshooting

Possible Problem	Resolution
<p>Workload counts are less than those in the daily log. The user should be aware that workload counts generally will not agree with the daily log. This is because daily logs are listed by arrival times and workload reports are listed by departure times.</p> <p>However, the bulleted steps listed in the Resolution column identify checks that can be made to validate workload count shown in the report.</p>	<ul style="list-style-type: none"> • Verify that a duplicate procedure does not exist in the procedure file: <ul style="list-style-type: none"> – Review files in the menu path, – Radiology System Menu → System Maintenance Menu (SM) → Procedure File Edit (PFE). – Where a duplicate procedure is listed, either inactivate the duplicate exam or change its name. <p>Note: If a procedure is listed more than once with the same name but with different internal codes or different CPT codes, none of these exams will be found in the workload reports, even if the exam is listed on the daily log.</p> <ul style="list-style-type: none"> • Verify that the exam was departed on a different day from the day it was arrived.
<ul style="list-style-type: none"> • An exam is listed on the workload reports, but there is no weighted value attached. 	<ul style="list-style-type: none"> • Verify that the exam does not have a weightless CPT code attached: <ul style="list-style-type: none"> – Review files in the menu path. <p>Radiology System Menu → System Maintenance Menu (SM) → Procedure File Edit (PFE)</p> <p>Note: Each exam must have a weighted CPT code attached in order to show weighted value.</p> • Review each procedure title for the word “other.” <p>Note: Some procedures, usually those that have “other” in the title, have no weighted value attached and should be avoided.</p>

Table 3-10. RAD MEPRS Troubleshooting (continued)

Possible Problem	Resolution
<p>Exam weight has been credited, but reporting weight has not.</p>	<ul style="list-style-type: none"> • Verify the report's date with the generation date: <ul style="list-style-type: none"> – Determine the verification date and by whom it was generated by reviewing the files in the menu path: Radiology System Menu → Exam Processing Menu (EP) → Exam Inquiry (EI) <p>Note: A report must be verified before reporting weight will be recorded. Workload will be recorded for the day and the location for which the report has been verified.</p> • Match the division in which the report has been verified with the division in which the exam was performed: <ul style="list-style-type: none"> – Determine the radiologist's reporting division by reviewing the files in the menu path: Radiology System Menu → System Maintenance Menu (SM) → Radiology Personnel Enter/Edit (PFE)
<p>Procedures display at the bottom of the report with their weighted values in parentheses.</p>	<p>Note: This is not an actual problem, but it tends to cause concern. These are known as Procedure Groups. Procedure Groups are groups of one or more Radiology procedures and charges. Their workload will be counted by the individual procedure and not the group. The system will automatically account for the missing data elsewhere.</p>

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Chapter

4

**Workload Data Collecting
and Reporting in WAM**

4. Workload Data Collecting and Reporting in WAM

Chapter Overview

This chapter gives an overview of the CHCS Workload Assignment Module (WAM) and describes how it collects and reports workload data.

Related to WAM, the chapter also describes:

- Security keys
- Business Rules
- Users and their roles
- MEPRS reports
- MEPRS and WAM reports
- Troubleshooting.

4.1. WAM

4.1.1. How WAM Collects and Reports MEPRS Data

MTFs are required to provide workload reports from their facility's various workcenters to DOD for analyses. Introduced in Chapter 1, WAM is a tri-service system which standardizes and streamlines MTF workload reporting. WAM interfaces with two non-CHCS systems, the Expense Assignment System (EAS) and the Standard Accounting and Reporting System/Field Level (STARS/FL). WAM receives reporting guidelines from EAS and STARS/FL

for processing, and sends the monthly workload counts back to EAS and STARS/FL.

WAM utilizes monthly CHCS subsystem-generated workload information. The subsystems in CHCS are CLN, LAB, PAD, PAS, PHR, and RAD. Additionally, WAM provides screen templates for the user to manually enter nonsystem-generated data. After monthly workload data is collected, the user creates ASCII files and transmits the approved data to the offboard EAS and Navy STARS/FL systems.

As MTF procedures and processes are completed, workload is collected from all workcenters. Some workload information is CHCS subsystem-generated, while other workload is collected from non-CHCS systems or from manual calculations by workcenters not using automated systems. WAM collects the workload by MEPRS codes and Navy Cost Account Codes (Cost Account Codes (CACs) from the workcenters that perform the workload (Performing MEPRS), as well as the workcenters that request it (Requesting MEPRS).

Before information can be pulled into WAM templates, the templates must be set up in CHCS using the guidelines programmed in the CHCS SAS Detail file and the STARS/FL Master Data Elements file. These files are updated via the guidelines in the EAS SAS file and the STARS/FL file, respectively.

The elements of WAM are workload templates, SAS codes, CACs Cost Account Codes (and WJONs. These are described below.

- **Workload Templates**

Templates are essentially boilerplate or framework areas which hold data that can be viewed, verified, or edited.

These templates can be manually initialized and automatically regenerated at site-defined intervals and according to division parameters. The data is then automatically populated into template format.

WAM uses two types of templates: ancillary and non-ancillary.

Ancillary

Ancillary templates report both raw and weighted workload and support the following services:

- a(N)cillary
- (D)ietetics
- (P)harmacy
- (L)aboratory
- (R)adiology.

Refer to Figure 4-1 for an example of a Navy ancillary workload template.

```

NH PORTSMOUTH VA
DMIS ID/UIC: 0124/N00183          Date: 10 Jan 1997@1339
Fiscal Month/Year: Dec 1996
CAC: 4DAA   WJON: 001834DAAA      Template Status: W
                                      DOD SAS: 030
SAS: 420   Description: PHARMACY: RAW & WEIGHTED PROCEDURES
          Performing MEPRS Code: DAAA
          Performance Factor/Raw Workload Total: 15199
          Performance Factor/Weighted Workload Total: 10421.25

```

MEPRS Code	Weighted Workload	Raw Workload	MEPRS Code	Weighted Workload	Raw Workload
AAAA	2060.95	4468	AABA	1167.00	2047
ABAA	1217.80	1421	ABEA	1.00	1
ACAA	899.90	2285	ACXA	0.00	0
BAAA	495.00	438	BABA	165.00	157
BBAA	41.00	40	BBEA	66.00	66
CAAA	53.60	56	DAAA	13.00	18
FBIA	76.00	38	FCCA	3762.00	3762
FCDA	403.00	402			

```

Next Screen Prev Screen Edit/View sStatus SAS Quit
Allows editing or viewing of Requesting MEPRS workload Press F10 to quit

```

MPR-01063

Figure 4-1. Example of a Navy Ancillary Workload Template

Note: In CHCS, often the "+" sign appears in front of the last item of a screen list. When it does, this indicates that additional items follow.

Non-ancillary

Non-ancillary templates are used for final operating accounts such as inpatient care (e.g., ABAA, CAC 4ABA), or outpatient care (e.g., BBAA, CAC 4BBA). Non-ancillary templates report only statistical workload and support the following services:

- (I)npatient
- (O)utpatient
- (S)upport Services.

Figure 4-2 is an example of a Navy non-ancillary workload template.

NH PORTSMOUTH VA					
DMIS ID/UIC: 0124/N00183			Date: 08 May 1996@0729		
Fiscal Month/Year: Dec 1996			Template Status: W		
CAC: WJON: DOD SAS: 003					
SAS: 003 Description: TOTAL VISITS					
Performing MEPRS Code: N/A					
Performance Factor/Workload Total: 866					
MEPRS Code	Statistic Amount	MEPRS Code	Statistic Amount	MEPRS Code	Statistic Amount
-----	-----	-----	-----	-----	-----
BAAA(4BAA)	71	BABA(4BAB)	61	BABG(4BAB)	20
BBAA(4BBA)	65	BCBA(4BCB)	70	BDAA(4BDA)	30
BEAA(4BEA)	90	BFBA(4BFB)	60	BFBA(4BFB)	62
BGAA(4BGA)	52	BGAA(4BGA)	73	BIAA(4BIA)	212
Next Screen Prev Screen Edit/View sStatus SAS Quit					
Allows editing or viewing of Requesting MEPRS workload Press F10 to quit					

MPR-01064

Figure 4-2. Example of a Navy Non-Ancillary Workload Template

WAM templates undergo various status changes throughout the month.
Template statuses include:

– (I)nitialized

This status is set by the system when the user selects the Manage Workload Templates (4) option.

– (V)erified

This status is manually set by the user.

– (W)aiting Facility Coordinator Approval

This status is manually set by the user.

– (A)pproved for Transmission

This status is manually set by MTF designated personnel.

– (T)ransmitted

This status is set by the system when the user selects the Create Monthly Workload ASCII File to EAS (6) option.

Note: Navy sites must *first* select option 7 (Create Monthly Workload ASCII File to STARS/FL) and generate the STARS/FL ASCII file before selecting option 6 (Create Monthly Workload ASCII File to EAS) and transmitting the EAS-bound ASCII file. This sequence is extremely important. Creating the EAS ASCII file first changes the template status from "A" to "T."

– (X)Rejected to Workcenter.

This status is manually set by MTF designated personnel.

• **SAS Codes**

A SAS code is a DOD defined, three-digit number assigned to report workload. SAS codes include DOD SASs which range from 001 through 087, and service-specific SASs which range from 150 through 889. The DOD has standard SASs used by all services to report statistical/workload

data to EAS. Since the services do not utilize the same SASs to record this data, DOD/HA has DOD standard SASs which provide aggregated data from the service-specific SASs. All core reporting facilities utilize these SASs. Services have special reporting needs so they use service-specific SASs. Therefore, the definition for each SAS is service-dependent.

For example, the definition for Navy SAS 331 is Inpatient Cost Pool, whereas the definition for Army SAS 331 is Clinical Pathology's Raw and Weighted Procedures.

SAS codes collect data for specific Requesting MEPRS code, or for a Performing and Requesting MEPRS combined. Both Performing and Requesting MEPRS codes are associated with each SAS code for all ancillary workcenters by DMIS ID. For non-ancillary SASs, only some have combined Requesting and Performing SASs.

For example, when a user selects the workcenter area, a SAS grid similar to the one shown in Figure 4-3 displays.

SAS 001	SAS 002	SAS 003	SAS 004	SAS 005	SAS 007
SAS 008	SAS 009	SAS 010	SAS 011	SAS 012	SAS 013
SAS 014	SAS 018	SAS 019	SAS 020	SAS 151	SAS 260
SAS 270	SAS 280	SAS 291	SAS 292	SAS 295	SAS 296
SAS 297	SAS 298	SAS 299	SAS 400	SAS 410	SAS 420

Use SELECT key to select SAS's, F9 for SAS Descriptions,
HELP for more info.

MPR-01065

Figure 4-3. Example of a SAS Grid for a Navy Site

With the exception of most Inpatient templates (which can be edited by the user modifying source data), a SAS template can be edited directly. While some subsystem templates are editable, it is recommended that the user resolve any download data discrepancies for CHCS-generated workload within the respective functionality. This is because the data is automatically pulled into the templates from the CHCS subsystem. Manually collected workload appropriate for the workcenter can be entered directly by the user into the SAS template.

Outpatient Cost Pool data (collected for Air Force only) is generated similarly to WAM SAS 003 for Requesting MEPRS codes existing in SASs 241-299. SAS 003 is defined as Total Visits (including Primos), and SASs 241-299 are defined as MTF unique Outpatient Cost Pools data. Manually editing Outpatient Cost Pool codes capability is provided by the WAM SAS Enter/Edit functionality. The WAM Core Table specifies that the Outpatient Cost Pool template is editable, similar to the editable template function of SAS 002, Outpatient Visits (including Primus), and SAS 003, Total Visits (including Primos). When users edit the workload data of an Outpatient Cost Pool code SAS, a warning message displays in the Exceptions Report (Workload Delinquency category), which identifies each Requesting MEPRS that needs to be manually edited to keep SAS 002/003 and the Outpatient Cost Pool SAS 241 in agreement.

- **CACs**

A Cost Account Codes (CAC is a four-character code used only by the Navy for clinical workload reporting. It is the MEPRS equivalent used in the Navy's accounting system (e.g., MEPRS AAAA = CAC 4AAA) that is transmitted to STARS/FL. The workload data transmitted to STARS/FL will be reflected on the Uniform Management Report (UMR). The CAC consists of the number "4" followed by the first three levels of the MEPRS code.

An example of a CAC is 4ADB (4 plus the third-level MEPRS code ADB).

A Navy user can also select to enter the edit function through the CAC screen. Figure 4-4 provides a sample CAC grid.

CAC 4AAA	CAC 4AAB	CAC 4ABA	CAC 4ABE	CAC 4ABA	CAC 4ABG
CAC 4ABK	CAC 4ACA	CAC 4ACB	CAC 4ADA	CAC 4ADB	CAC 4AEA
CAC 4AFA	CAC 4AFB	CAC 4AGA	CAC 4AGC	CAC 4AGD	CAC 4AGE

Use SELECT key to select CAC's, F9 for CAC Descriptions, HELP for more info.

Figure 4-4. Example of a CAC Grid for a Navy Site

As with the SAS template, manually collected workload appropriate for the workcenter can be entered directly by the user into the CAC template.

- **Workload Job Order Numbers (WJONs)**

WJONs are the vehicle by which workload data is automatically recorded in STARS/FL. It is an eleven-character code consisting of the following elements:

Position 1-5	=	OB-UIC
Position 6	=	FY
Position 7-10	=	CAC
Position 11	=	fourth-level MEPRS code

There are a few coding exceptions. For information on these, please refer to the *Annual Supplemental Financial Guidance for Instructions*.

4.1.2. EAS

External to CHCS, EAS works in conjunction with WAM to provide workload reports to the DOD. EAS reports contain workload and expense assignment data.

The primary report is the Medical Expense and Performance Report (MEPR). This report summarizes statistical and expense data on both a period-specific and cumulative year-to-date basis. EAS analyzes and reports the following types of information by workcenter code:

- Total Expenses
- Clinician Salaries
- Performance Factor (e.g., OBDs, visits)
- Statistical Accounting Cost Per Performance Factor.

As explained in Chapter 2, MTFs are grouped to allow EAS to combine data for upward reporting purposes. Within a group, each facility is assigned both a DMIS ID and a GROUP ID number.

The CHCS and EAS interface functionalities can be summarized as follows:

- EAS provides two files which the Electronic Transfer Utility (ETU) pulls into CHCS to activate the routine WAM processing. These are the ASD file and the SAS Detail file. The ETU is the interface, or "go between," which facilitates the information exchange.

The EAS ASD file contains all the approved fourth-level MEPRS codes for a GROUP ID (i.e., MEPRS reporting facility). If a platform has three different GROUP IDs, then there will be three ASD files (assuming all three groups intend to turn on the WAM functionality). In the ASD file, a MEPRS code can be associated with a GROUP ID as well as with its lower level divisions. This file updates the MEPRS Codes file at the GROUP ID level. This means that the MEPRS codes for a lower level division in the ASD file is associated with its GROUP ID in the MEPRS file.

The SAS Detail file contains all SAS data specific to each MEPRS reporting facility. This data includes appropriate Performing MEPRS codes (the code for the workcenter performing the service) if applicable, and the corresponding Requesting MEPRS code (the code for the workcenter requesting the service).

- While processing the ASD file, WAM generates error and exception messages. These are noted in the WAM Exceptions Report. All exceptions must be analyzed and corrected in the EAS file, as applicable.

For detailed information on resolving exception messages, refer to *Implementation Guide for CHCS S/W Version 4.6 for WAM*, SAIC/CHCS Document.

- Like the ASD file, processing the SAS Detail file also generates exception messages which are listed in the WAM Exceptions Report. These must be analyzed and corrected.

The following checks are included in the system's validation checks of the incoming WAM files:

1. The system determines if the GROUP ID contained in the incoming EAS file matches its MEPRS (EAS) PARENT value populated in the DMIS ID file (#8103).

If a match is found, the data is processed. If no match is found, the system rejects the file and logs an exception message.

2. Next, the system determines if the requesting DMIS ID contained in each data record in the EAS file matches the MEPRS (EAS) PARENT value populated in the DMIS ID file.

Note: The terms “MEPRS” and “EAS” are used together here because this is the actual name of the field.

If a match is found, the data is processed. If no match is found the system rejects the file and logs an exception message.

Table 4-1 gives example of checks 1 and 2.

Table 4-1. System Validation Checks

	DMIS ID	File #8103 GROUP	MEPRS (EAS) PARENT
1.	0124	0124	= 0124
2.	0380	0124	= 0124

- The ASD and SAS Detail files are downloaded from EAS via the ETU.

Non CHCS-generated MEPRS information can be manually keyed into the appropriate WAM templates.

- All template data should be verified at the workcenter level and approved for transmission to EAS by MTF designated personnel.

Caution: Before transmitting the EAS-bound ASCII file, Navy sites must first generate the STARS/FL ASCII file. This sequence is extremely important. Creating the EAS ASCII file first will change the template status from “A” to “T.”

Only templates with "A" (approval) status will be in the ASCII file creation. An exception to this is if the ASCII file is retransmitted and the user selects the "All" option.

Retransmitting the ASCII file occurs when updates are necessary or the first file was not transmitted successfully. In these cases, the user can create the file again and retransmit the ASCII file to EAS or STARS/FL. At that time, if the user selects "All," the system changes the "A" status to "T" in order to retransmit all templates.

- The site MEPRS/Resource Office creates the ASCII file for transmitting the files to EAS.
- CHCS uploads the ASCII file into the Export Directory for transmittal to EAS via the ETU.

4.1.3. STARS/FL

STARS/FL is the official accounting system for Navy MTFs which documents financial and accounting transactions.

The WJON is an accounting data element which CHCS transmits to STARS/FL. WJONs are needed to record the transactions in STARS/FL. MTFs should follow the methodology outlined by the Bureau of Medicine and Surgery (BUMED) (MED 14D) for establishing WJONs. WJONs and CACs are linked with the respective Performing MEPRS codes.

The MTF will create the STARS/FL Master Data Elements file using the Query Management Function (QMF) resident in STARS/FL. This file must be manually loaded into the CHCS Import Directory in order to create the STARS/FL Master Data Elements file in CHCS WAM.

The CHCS and STARS/FL functionalities can be summarized as follows:

- The STARS/FL Master Elements Table is supplied on diskette to CHCS initially to activate the routine WAM processing.

This process is normally done at the beginning of each fiscal year.

- When processing the STARS/FL Master Data Elements Table, WAM generates processing or exception messages. These are noted in the WAM Exceptions Report. These exceptions must be analyzed and, if needed, corrected in DWAM and STARS/FL.

Caution: The STARS/FL ASCII files must be created and transmitted prior to creating and transmitting the EAS ASCII file. Creating the EAS ASCII file first will change the template status from "A" to "T."

When files are transmitted to STARS/FL, the template status remains as Approved for Transmission (A). However, when files are transmitted to EAS, the template status is automatically changed to Transmitted (T).

- CHCS uploads the ASCII file for transmittal to STARS/FL via the ETU.

4.1.4. **DOD Workload Assignment Module (DWAM) Menu**

The DWAM menu allows authorized users to enter valid MEPRS, SAS, and CAC/WJON data (the reporting guidelines), when the normal electronic processing of the ASD, SAS, and STARS/FL Master Data Elements files from EAS and STARS/FL is not possible. (The EAS and STARS/FL files will be referred to as WAM files henceforth.)

The preferred method of adding, modifying, or inactivating SAS and/or CAC/WJON data (reporting guidelines), is by importing the EAS ASD and SAS files, and the STARS/FL Master Data Elements file. However, if this is not possible, the DWAM menu allows authorized users to enter, edit, inquire, and print SAS and CAC/WJON information in WAM. This menu also allows the user to add site-definable MEPRS codes that are required prior to entering related ASD, SAS, and/or CAC/WJON data.

Communication between CHCS, EAS, and STARS/FL POCs is the key to DWAM and WAM working smoothly.

- **Capabilities of the DWAM Menu**

SAS Data: If an authorized user is logged into a Group division (i.e., DMIS= Group ID), the user can enter/edit, inquire, or print SAS data for the Group ID and its lower divisions. Authorized users logged into a lower

division can only enter/edit, inquire, or print SAS data for the lower division.

CAC/WJON Data: Authorized users logged into a Group division can enter/edit, inquire, or print CAC/WJON data for the Group division. Authorized users logged into a lower division can only inquire or print data which is for the Group division. CAC/WJON information is the responsibility of the MTF-defined STARS/FL POC. Any questions regarding this area should be directed to the STARS/FL POC.

The authorized user can perform the following DWAM tasks:

1. Enter/edit data (reporting guidelines) in the CHCS SAS Detail file.
2. Display/print SAS/DMIS combinations one at a time in the CHCS SAS Detail file.
3. Print out the entire SAS history in the CHCS SAS Detail file for the division in which the user is logged.
4. Enter/edit CAC/WJON data (reporting guidelines) in the CHCS STARS/FL Master Data Elements file. The user can enter or edit data for the current fiscal year only.
5. Inquire about one CAC/WJON code in the CHCS STARS/FL Master Data Elements file. The user may display/print for the current and previous fiscal year.
6. Print the entire CAC/WJON data in the CHCS STARS/FL Master Data Elements file for the Group division. The user may print data for the current and previous fiscal year.
7. Add a new site-definable MEPRS code to the MEPRS Codes file (#8119).
8. Review the data in the SAS Detail file. This file contains a history of the SAS codes and their associated data. It will show when the codes were activated and inactivated, reactivated, and reactivated. (Unlike the STARS/FL Master Data Elements file, this file is not purged.)
9. Review the data stored in the STARS/FL Master Data Elements file. This file stores data for 12 months after its expiration date so that historical reports can be generated. After this date, the system will purge the data.

- **DWAM System Checks**

When a user attempts to use the DWAM menu or its options, the system validates the user's currently logged division to verify that its populated MEPRS (EAS) PARENT value is identical to the division GROUP ID. This validation check occurs when the user:

- Attempts to access the DWAM menu
- Switches the user's currently logged division while in the DWAM menu
- Jumps to the DWAM menu or its options (e.g., ^SED or ^DWAM).

If the user enters a valid SAS requesting DMIS pair via the SEDT (SAS Detail Enter/Edit) or SING (SAS Detail Inquiry) option, the system checks the SAS CODE and REQUESTING DMIS ID pair(s) to validate their MEPRS (EAS) PARENT values. The system displays only those values (pairs) which have a populated MEPRS (EAS) PARENT identical to their GROUP ID.

If the user accesses the SPRN (SAS Detail Print) option, the system prints only those SAS CODE and REQUESTING DMIS ID pair(s) which have a populated MEPRS (EAS) PARENT identical to their GROUP ID. (Previously existing data not matching the validation check will not display.) The system will get the user's GROUP ID (for the division logged into, in order to verify that the GROUP equals the MEPRS (EAS) PARENT. If it does, the system allows the user access to the data.

If the user attempts to access the CING (CAC/JON Inquiry) or CPRN (CAC/JON Print) option from a lower level division, the system also checks the user's Group Division's MEPRS (EAS) PARENT value and displays or prints only those values which match the GROUP ID in the user's group division.

If the user passes the above option checks, then the data will be valid. For CAC, all data is at the GROUP level.

- **Using DWAM**

When an authorized user enters or edits data via the DWAM menu, exception messages are logged in the Exception file under Categories 5, 6, or 7. It is important that the user reviews these exceptions and provides the new (added or modified) data to the EAS and STARS/FL POC.

SAS: When new data is added via the SAS Enter/Edit Detail (SEDT) option, the data is only valid (active) for 30 days from the date entered (T+30). Adding data via this option is not the permanent way to enter data into CHCS and should only be used in an emergency (e.g., when EAS is down and data needs to be collected in CHCS under the new MEPRS codes). As previously mentioned, the permanent way to enter data is via the EAS ASD and SAS files.

- Updating the files during the year generally includes the following events: The site receives an updated ASD and SAS file from Higher Headquarters which are loaded into EAS.
- The user applies any local changes into the EAS system.
- EAS then generates the ASD and SAS files and transmits them to CHCS.

It is important that adding or inactivating data be coordinated with the EAS POC for future inclusion in the EAS ASD and SAS files.

See the Troubleshooting section for examples that illustrate the importance of communication between CHCS, EAS, and STARS/FL POCs.

Miscellaneous: The WAM software evaluates the data (reporting guidelines) received from EAS and STARS/FL and provides error information on records in the input data stream that did not pass validation tests. When necessary, WAM users can edit (resolve) the data in CHCS.

- **Business Rules**

1. Data entered via the SAS Enter/Edit option is valid only from Today until T+30 days. On T+30, the data becomes inactive.

Any data entered via this option must be coordinated with the EAS POC for entry into EAS. Once data is entered in the EAS system, the data (reporting guidelines) will be sent to CHCS via the EAS ASD and SAS files for permanent entry into CHCS.

2. Data entered via the CAC/WJON Enter/Edit (CEDT) option is valid from the date data is entered (Today) until the end of the fiscal year (September 30). An inactivation date cannot be extended beyond 30 September of the current fiscal year.

Any authorized data entered via this option must be coordinated with the STARS/FL POC. Since this data is active until the end of the fiscal year, it does not need to be reimported via the incoming STARS/FL file.

3. If fourth-level MEPRS codes must be added directly to CHCS, authorized users can accomplish this via the Site Definable MEPRS Table Maintenance (SDMT) option.

4. In order for WAM to be successful, coordination between CHCS, EAS, and STARS/FL POCs is imperative. There must be continual communication between these POCs.

For example, if an EAS POC adds or deletes a MEPRS code in the EAS system, this in turn, is reflected in the ASD file. The changes made by the EAS POC impacts the SAS Detail file, but also impacts STARS/FL POC activities. The EAS POC should be informing the STARS/FL POC that a MEPRS code has been added or inactivated. This communication allows the STARS/FL POC to make the appropriate changes to the STARS/FL file.

- **Exception Messages: Scenarios and Consequences/ Resolutions**

1. **Scenario:** The MTF-designated person enters data in CHCS via the DWAM menu and does not coordinate data with the EAS POC for inclusion in the next ASD and SAS Detail files.

Consequence: The data will be inactive in T+30 days, and CHCS will not provide workload on inactive codes to EAS. In addition, the site will not be credited with the work.

Also, the user cannot reactivate a code on the same day that it was inactivated. The reactivation date would be T+1. If this is accidentally inactivated at the end of the month, CHCS will not report workload for the code for this reporting month or for however long it takes to discover the error. In this scenario, the code could not be reactivated until the first of the month, or T+1, after discovery.

2. **Scenario:** EAS and STARS/FL POCs are not communicating on a regular basis.

Consequence: CAC/WJON codes may not be built for a new MEPRS code and workload will not be collected in STARS/FL. If a MEPRS code is inactivated and STARS/FL is not aware of this, the STARS/FL may be expecting to receive data for the CAC/WJON codes that maps to that MEPRS code.

3. **Scenario:** When entering a new site-definable MEPRS code via the Site Definable MEPRS Table Maintenance (SDMT) option on the DWAM menu, the user is not prepared to enter data for the following required fields: DEPT/SERVICE and ACTIVATION/INACTIVATION DATE.

Consequence: If the user does enter data for these fields, s/he cannot enter the new site-definable MEPRS code. When this happens, the user will not be able to add the new MEPRS code as either the Performing or Requesting MEPRS code for a SAS/DMIS combination. Also, the user will not be able to enter the appropriate CAC/WJON code, if applicable.

4. **Scenario:** Exception messages are not read and resolved.

The EAS ASD file indicates that a MEPRS code will no longer be used for Group ID; **therefore the code is to be inactivated on CHCS.** However, if this MEPRS code is assigned to a Hospital Location, the code will not be inactivated. This problem occurs when the exception message is not read and resolved.

Consequence: CHCS sends data back to EAS and the system is not expecting to receive data on that code.

Resolution: The user needs to assign a new MEPRS code to the Hospital Location. Inform the EAS POC why the code was not inactivated and that the situation has been resolved. The EAS POC can then send this data back in the next ASD and SAS Detail file, so it can be inactivated in CHCS.

5. **Scenario:** The authorized user enters data for a new Performing or Requesting MEPRS code for a SAS/DMIS combination via the SAS Detail Enter/Edit (SEDTE) option, but receives an invalid MEPRS message.

Resolution: The user (authorized MEPRS officer) must first add the new MEPRS code to the MEPRS Codes file (#8119) via the Site Definable MEPRS Table Maintenance (SDMT) option on the DWAM menu.

Note: The following required fields must be populated when entering a new MEPRS code: DEPT/SERVICE and ACTIVATION/INACTIVATION DATE.

Once the MEPRS code is entered, the user can add the Performing or Requesting MEPRS code for the SAS/DMIS combination.

6. **Scenario:** The user selects the Enter/Edit option on the DWAM menu to view data.

Consequence: The user accidentally modifies, adds, or inactivates data.

Resolution: Note which codes were being viewed. Check the Exception Report for the message to determine what changed. Correct the data.

7. **Scenario:** The user makes a typo/mistake when entering data.

For the SAS Detail Enter/Edit (SEDT) option, there is minimal screening on the Performing and Requesting MEPRS codes fields. Since this is not the primary means of updating CHCS, the assumption is that only authorized, valid data will be added via this option. The primary means of updating CHCS is via the EAS ASD and SAS files and the STARS/FL Master Data Elements file, which pass through many data validation checks. Users should be careful to enter the correct data.

Consequence: Incorrect data is entered into CHCS. Workload will either not be reported or will be reported incorrectly.

Resolution: To verify what is an allowable Performing and Requesting MEPRS pattern for a SAS code, the user could inquire into the NASDI Core Table file (#8185). This file contains the reporting guidance related to the allowable Performing and Requesting patterns for SAS codes for each branch of Service. It also indicates the CAC codes associated with a SAS code and the MEPRS pattern allowable for the CAC/WJON codes.

8. **Scenario:** The MTF-designated person adds an authorized Performing or Requesting MEPRS code to a SAS/DMIS combination in the SAS Detail file so that workload is collected for this month and reported to EAS. The user does not coordinate this activity with the EAS POC.

Consequence: The EAS POC is unaware of this addition and does not include it in the next EAS ASD and SAS files. Therefore for the next month, the WAM functionality does not report workload on this data.

Resolution: When the user realizes the mistake, the user can again access the SAS Detail Enter/Edit (SEDT) option and reactivate the data so that workload will be reported back to EAS. This process of manually adding the code is repeated until the EAS POC is notified about the codes to include in the EAS ASD and SAS files.

9. **Scenario:** The MTF-designated person inactivates a SAS code for a DMIS ID and CHCS does not report on it. The user does not coordinate with the EAS POC.

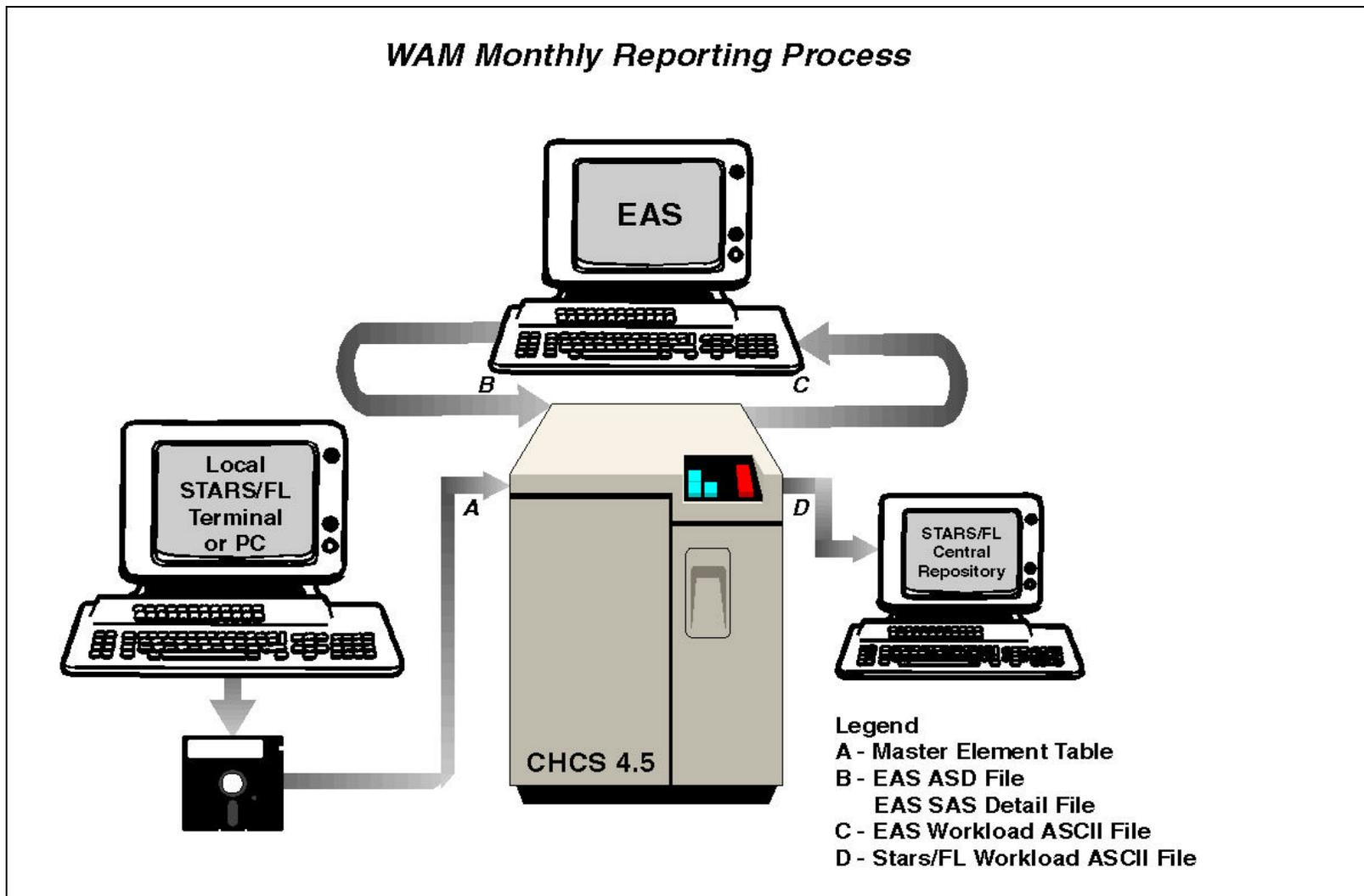
Consequence: If the EAS POC is not aware of this change and sends over a new Performing and Requesting MEPRS code for this SAS/DMIS combination as an ADD transaction, the SAS/DMIS combination will be reactivated and workload will be reported.

10. **Scenario:** The user is directed to add a new fourth-level MEPRS code and related SAS/DMIS/PMEPRS/RMEPRS data via the DWAM menu. The user does not coordinate this activity with the EAS POC or STARS/FL POC.

Consequence: For EAS, see 1. above. If the STARS/FL POC is not informed that a new MEPRS code was added, the STARS/FL POC will not be able to investigate whether a corresponding CAC and WJON code should be sent for this MEPRS code in order for workload to be reported to STARS/FL. As a result, workload may not be reported to STARS/FL.

4.2. WAM, EAS, STARS/FL Data Flow

Figure 4-5 illustrates the data flow of these systems.



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Figure 4-5. WAM, EAS, STARS/FL Data Flow

4.3. Security Keys

This section identifies the security keys required by users. Users include Supervisory, Non-Supervisory Personnel, System Specialists, and a Database Administrator.

4.3.1. Supervisory Personnel

The WAM Supervisor is the responsible POC for setting WAM parameters, initializing templates, changing the template status to Approved, and creating approved workload data files for transmission to EAS and STARS/FL. This supervisor is also the responsible POC for using the DWAM menu.

The WAM Supervisor should be assigned the following security keys/access code:

- DGNAS MANAGER
- DGNAS NAVY MANAGER (Navy only)
- DGNAS USER
- DGNAS NAVY USER (Navy only)
- d (FileMan access).

The above keys allow access to all WAM options, including the Navy options.

Note: The DWAM menu, which allows supervisory personnel to make emergency changes to CHCS, is locked by the DOD DATABASE ADMIN and the DOD F-T MANAGEMENT security keys. This key locks the entire Data Administration Menu. The Site Definable MEPRS Table Maintenance (SDMT) option, which allows the supervisor to create fourth-level MEPRS codes, is locked by the DOD MEPRS SD security key on the DWAM menu.

4.3.2. Non-Supervisory Personnel

"Non-supervisory" refers to support personnel in the workload reporting process. They verify/review and correct/enter workload data in each CHCS functionality. Resource Management personnel responsible for quality assurance effort in reporting workload to EAS and STARS/FL will be issued the security keys.

Non-Supervisory personnel should be assigned the following security keys:

- DGNAS NAVY USER (Navy only)
- DGNAS USER.

4.3.3. System Specialists/Database Administrator

These personnel should already have the access necessary to set TaskMan and System Administration parameters.

Since the Database Administrator is an authorized user of the Data Administrator Menu (the access to DWAM), this user should already have access to the DWAM menu.

4.4. Business Rules

The following sections refer to the business rules related to WAM.

4.4.1. DMIS and GROUP IDs

Refer to Chapter 2 for a listing of CHCS workload counting business rules related to DMIS IDs and GROUP IDs.

4.4.2. Valid SAS/MEPRS Code Combinations

The SAS Detail file from EAS automatically indicates a SAS code for a Performing or a Requesting MEPRS code.

This file provides the SAS reporting requirement. Performing MEPRS and Requesting MEPRS are associated with a specific SAS code, which in turn, is associated with a DMIS ID.

The valid SAS and the allowable Performing MEPRS and Requesting MEPRS combinations are contained in and dictated by the NASDI Core Table file and the EAS MEPRS Coordinator.

4.4.3. SAS Code Calculations

Following is a list of inpatient, outpatient, ancillary, and miscellaneous CHCS business rules for calculating MEPRS workload data within a SAS code.

These rules are contained in the NASDI Business Rules residing in CHCS. The NASDI Core Table file references this file. Business rules for SAS Data Calculations, 1 through 29 are actual business rules specified in the table for individual SASs.

Others are general rules observed during the workload data calculation and processing algorithm.

- **Inpatient**

1. "A" - valid first position MEPRS code for Inpatient Bed Days.
2. Includes Bed Days.
3. Includes Bassinet Days (ADB, AGH).
4. Excludes Bassinet Days.
5. Includes Remain Overnight (RON) Admissions.
6. Excludes RON Admissions.

7. Dispositions as of End-of-Month (EOM).
 8. Source of Admission = "L" Livebirth.
 9. Source of Admission = Transfer in.
 10. Disposition Type = "Died."
 11. Disposition Type = Transfer Out.
 12. Excludes Bassinet Days for ADB and AGH.
 13. ICU Admissions (AAH, AAC, ABC, ADC and ADE) calculated against Referring (Requesting) Admitting "A" MEPRS code.
 14. ICU Dispositions (AAH, AAC, ABC, ADC and ADE) calculated against referring (Requesting) Dispositioning "A" MEPRS code.
 15. ICU Bed Days (AAH, AAC, ABC, ADC and ADE) calculated against Referring (Requesting) "A" MEPRS code.
- **Outpatient**
 16. "B" - valid first position MEPRS code for Outpatient Visits.
 17. Includes Consults, Kept and Walk-in Visits.
 18. Includes Inpatient Visits.
 - **Ancillary**
 19. Raw and Weighted have same value.
 20. SAS 005 is the accumulation of all ancillary service workload by fourth-level Performing MEPRS code.
 21. Raw = # Cases Weighted = Minutes of Service.
 22. Radiology: Exam Only = 1 Read Only = 1 Read/Exam = 1* *Credit of 1 is not attributed until exam is read.
 23. Ancillary workload for an ICU Ward Location is attributed to the Referring "A" Level (Non-ICU) MEPRS code.

24. ICU Hours of Service are attributed to the Referring "A" Level (Non-ICU) MEPRS code.

- **Miscellaneous**

25. Sq Ft Data "copied" from month to month (once initialized).¹

26. Calculated per Reservist Provider Flag and parameters.¹

27. Total units per MEPRS code.

28. Cost Pool codes allowed.

29. Raw = # of Patients, Weighted = Minutes of Service.

¹These rules apply only to Navy.

4.4.4. Initialization and Data Generation

Following are business rules related to initialization and data generation:

- **Current Month**

When the month is incomplete and data is still being generated, the authorized user must initialize templates (WAM → 4). (This is a CPU intensive and lengthy process and should be performed during non-peak hours.) This process creates templates. Therefore, if the user views the templates option while the first initialization process is running, the list of SASs grows as the templates are being created and data generation occurs as data is being extracted from the CHCS subsystem files.

The system will generate data every X days based on the Workload Data Generation Frequency (days) parameter in the System Definition Parameters option (WAM → 5).

Templates have a status of (I) nitialized or (V)erified. During the current month, a Delinquency Bulletin will be generated if the template is not changed from (I) to (V), when the Delinquency E-Mail Bulletin parameters are set to Yes after the number of days specified by the Delinquency Status Allowance (days).

- **Reporting and Previous Month (Completed Months)**

If the Workload Data Generation Frequency (days) parameter is set between 7 and 15 days, the system will automatically regenerate *all* templates for the reporting month at 0200 on the first day of each period of the current month. This ensures that all system-generated data for the month has been calculated.

If the Workload Data Generation Frequency (days) parameter is set to Null, the system will also automatically generate the templates and perform data generation at 0200 on the first day of the current month.

Only templates with a status of (I)nitialized, (V)erified, or (X) Rejected will have data regenerated.

If new SASs, Performing or Requesting MEPRS codes have been received from EAS through the ETU interface or have temporarily activated through the DWAM option, the manage templates will add, delete, or modify the template accordingly, *regardless* of the template status.

ASCII files will only be generated for templates that have a template status of (A)pproved.

The Create Monthly Workload ASCII file to STARS/FL does not change the template status to (T)ransmitted (Navy only).

The Create Monthly Workload ASCII file to EAS changes the template status to (T)ransmitted. It is therefore imperative that you generate the STARS/FL ASCII file before generating the EAS ASCII file. If you process the EAS file first, the status of the templates will be (T)ransmitted, and no data will be generated. If this occurs, you will need to reject and reapprove all SASs by changing the status from (T) to (X) and then to (W) and (A).

When you transmit the ASCII file the first time for that month, the system automatically generates the file for all templates with a status of (A)pproved. If you want to process the file again, the system prompts 'Is this a re-transmission? No/'. If you accept the default, the system generates another version of the templates with a template status of (A)pproved, without performing another data regeneration. If you respond Yes to the retransmission prompt, the system displays another prompt to process (U)pdate only, (A)ll, or (Q)uit. If you select (U)pdate only, then only templates with a status of (A)pproved will be transmitted. If you select (A)ll, the system does a complete regeneration of all templates, regardless of template status.

4.5. Users and Their Roles

Sites can use WAM in a centralized or decentralized data collection environment. This section identifies typical to the MTF's Facility Coordinator or other MEPRS/Resource Office personnel.

Although specific duties must be determined by the site, the roles described here can serve as a resource in a site's decision-making process.

4.5.1. Users

WAM users include the following personnel:

- Ancillary and Non-Ancillary Workcenter POCs/Workload Coordinator
- MEPRS/Resource Office Personnel (Facility Coordinator, Supervisors and Non-Supervisors)
- System Specialists/Database Administrator
- Resource Management Personnel
- Comptroller

- WAM Personnel
- EAS and STARS/FL Personnel.

4.5.2. Roles

WAM user responsibilities are summarized as follows:

- **Ancillary and Non-Ancillary Workcenter POCs/Workload Coordinator**

These users verify the data on the WAM templates by checking the subsystem MEPRS workload reports against the templates. They need to be familiar with the MEPRS reports and the WAM menu options.

If users review the templates and find that all Performing and Requesting MEPRS codes are listed, they change the template status to Verified (V) during the current month, and to Waiting Facility Coordinator Approval (W) after the end of the month. If possible, the POCs make all changes in their module. This includes entering workload for the areas that do not collect this data via CHCS.

Note: In a centralized data collection environment, the POC and Workload Coordinator may be the same person.

- **MEPRS/Resource Office Personnel**

These are various users on the WAM system. Depending on their jobs in the MTF, they need access to some or all of the WAM and DWAM menu options. MEPRS personnel are responsible for data input or review of the data.

- **System Specialists/Database Administrator**

These users are usually involved in accessing common files or system administration and functions necessary for running CHCS subsystems. They have access to options that support WAM, but do not normally use them.

The System Specialists/Database Administrator, in consultation with the WAM Supervisor, enter initial data when WAM is first activated. If

necessary, they interact with Implementation Specialists (ISs) who are familiar with WAM, in order to set up the ETU functions and make common file changes. Their role in WAM maintenance functions is in monitoring file transfers and tasks that support the WAM interface.

These users are also instrumental in performing the creation and realignment of any divisions in CHCS to support the processing of reporting data in accordance with the DOD-defined DMIS ID/parent GROUP ID structure.

- **Resource Management Personnel**

These personnel include the Budget Accounting personnel. Users in this area should be active participants in the WAM functions and reports and be available as a resource for reviewing and monitoring workload statistics during the month.

They may require only an overview of the WAM system and may not need access to the menu options, since they do not enter workload data or set up parameters. Their access is determined by the site.

- **Comptroller**

The Comptroller coordinates the infrastructure supporting WAM. The Comptroller also has a major role in planning, project management, and providing organizational relationships. WAM system parameters should be approved by the Comptroller.

The Comptroller does not enter data or set up parameters and requires only an overview of the WAM system. System access is determined by the site.

- **WAM Personnel**

WAM personnel perform maintenance tasks including those required to ensure, on an ongoing basis, that WAM workload data is accurate and the system is functioning as designed. Their tasks include reviewing workload data, monitoring file transfers, troubleshooting problems, and researching or delegating resolutions to the appropriate MTF- designated personnel.

- **EAS and STARS/FL Personnel**

These users enter data in EAS and STARS/FL. (Refer to the Resource Management Personnel.) They primarily hold supervisory security keys. This access enables them to provide information to the System Specialists regarding data from EAS and STARS/FL files to the CHCS Import Directory, and data from the CHCS Export Directory to EAS and STARS/FL.

4.5.3. Service MEPRS POCs

In addition to the users listed above, there are service POCs available to provide further assistance relative to EAS processing. You will need to contact the appropriate POC if you have questions or need assistance with EAS issues.

You may want to use the template provided in Table 4-2, or a similar one, to enter a current list of service-specific POCs and the site MEPRS Office Supervisor.

Table 4-2. Service MEPRS POC Template

Service/Title	Rank	Name	E-Mail	Mailing Address	Phone Number
STARS/FL-EAS ISSUES: ----- - USAF					
USA					
NMIC DETACHMENT NMIMC, BETHESDA, DNAS, SAN DIEGO					
LOCAL MEPRS ISSUES: ----- -NAVY APPROPRIATE HEALTH CARE SUPPORT OFFICE					
Other Local POCs					

4.6. WAM MEPRS Reports

WAM MEPRS reports include the EAS SAS Workload Report, SAS Status Report, Delinquency Report, Exceptions Report, and STARS/FL Subsystem Workload Report. The menu path and a description of each report follow.

4.6.1. EAS SAS Workload Report

The menu path for this report is:

<p>WAM Workload Assignment Module Menu</p> <p>2 Report Workload Menu</p> <p>1 EAS SAS Workload Report</p>
--

The EAS SAS Workload Report option allows you to print data that was sent, or will be sent, to EAS. You can generate the report for a group or division, and the report will display the MEPRS workload totals, plus the amount the system-generated data was edited. For ancillary templates, the report provides raw weighted workload. For non-ancillary templates, it provides raw workload only.

This is a monthly report that can only be printed for the current month, the reporting month, and the previous month. The current month displays/prints data collected and is reported to the date of the last initialization/data generation.

The EAS SAS Workload Report is sorted by SAS in ascending order, with each SAS code beginning on a new page. A secondary sort, by Requesting MEPRS code, is sorted alphabetically.

When you are a user for a Lead Division, the system prompts you to select data for the Lead Division only, or for data for the Lead Division and all of its rollup Divisions.

Refer to Appendix C for an example of the EAS SAS Workload Report.

4.6.2. SAS Status Report

The menu path for this report is:

WAM	Workload Assignment Module Menu
2	Report Workload Menu
2	SAS Status Report

The SAS Status Report contains the SASs, their descriptions, the POC phone numbers, the Performing MEPRS codes, the SAS statuses, and status dates.

The report is available for the reporting, current, and previous months.

Refer to Appendix C for an example of the SAS Status Report.

4.6.3. Delinquency Report

The menu path for this report is:

WAM	Workload Assignment Module Menu
2	Report Workload Menu
3	Delinquency Report

The Delinquency Report provides a report of SASs that have delinquent data inputs. During the current month, delinquency is based on days to change status from (I)nitialized to (V)erified. During the reporting month, delinquency is

based on days to change status from I or V to W. The Delinquency Report functionality is available when the Delinquency Status Allowance (Days) field is set to “Yes” in the WAM Parameter file.

The format of the report is the same as for the SAS Status Report, except that this report shows only SASs with a template status of (I)nitialized or (X) Rejected.

Refer to Appendix C for an example of the Delinquency Report.

4.6.4. Exceptions Report

The menu path for this report is:

WAM	Workload Assignment Module Menu
2	Report Workload Menu
4	Display Exceptions Report

The Exceptions Report is a powerful free-form report that lists the exceptions. Exception messages aid in understanding and resolving errors that may have occurred during the daily workload collection processing, as well as during the input (i.e., the ASD file, SAS Detail file, STARS/FL Master Elements Table), the output (i.e., the EAS ASCII file, STARS/FL ASCII file) processing, and the DWAM processing.

Exceptions are defined as errors (E), warnings (W), and notifications (N).

A thorough understanding of data reported in the Exceptions Report greatly facilitates the routine workload reporting and WAM system management.

For a detailed description of the Exceptions messages, refer to *Implementation Guide for CHCS S/W Version 4.6 for the WAM, SAIC/CHCS Document*.

Refer to Appendix C for an example of the Exceptions Report.

4.6.5. STARS/FL Subsystem Workload Report (Navy only)

The menu path for this report is:

WAM	Workload Assignment Module Menu
2	Report Workload Menu
7	STARS/FL Subsystem Workload Report

The STARS/FL Subsystem Workload Report provides a printout of workload data for STARS/FL. The report can be printed for individual subsystems (i.e., Pharmacy, Laboratory, Radiology, Inpatient, Outpatient, Support Services, Dietetics, and Ancillary), or for all subsystems.

The report includes the workload amount totals for each CAC and WJON. This is a monthly report that can be printed for the current month, the reporting month, and the previous month.

This report requires the security key DGNAS NAVY USER.

Refer to Appendix C for an example of the STARS/FL Subsystem Workload Report.

4.6.6. WAM Radiology MEPRS Report

The menu path for this report is:

WAM	Workload Assignment Module Menu
2	Report Workload Menu
5	Ancillary CHCS MEPRS Report Menu

6 WAM Radiology MEPRS Report

The WAM Radiology MEPRS Report allows you to reconcile Radiology workload data with WAM workload data for correctness and completeness.

This report displays Performing MEPRS, Requesting MEPRS, Weighted Workload, and Raw Workload for the division and month selected. An exception report displays at the end of the report which identifies any workload not reported through WAM.

You are able to balance this report against the Radiology-reported workload totals by adding the totals in the exception section of the report of the WAM totals in the body of the report.

Refer to Appendix C for an example of the WAM Radiology MEPRS Report.

4.7. Comparing CHCS Subsystems and WAM MEPRS Reports

During the validation phase of the WAM process, when the user compares workload data for some CHCS ancillary subsystems against the workload data reported through the WAM functionality, the data may appear to be unequal. The differences are due to no data displaying and to report generation timing issues.

4.7.1. Different Methodologies

- **Current Subsystem Reports = WY-D-IWG (What You *Do* is Workload You Get.)**

The current subsystem reports are “free form” reports that loop through the respective subsystem workload files(s) and generate the workload reports based on *all* the data that is present. If the workload is there, it gets counted.

- **WAM SAS Workload Reports = WY-A-IWYG (What You Ask For is Workload You Get.)**

The NEW WAM workload reports are not “free form” reports based on the data in the respective subsystem workload file(s). Rather, these reports, based on input received from the EAS system, ask *what* workload was performed by a MEPRS code and what MEPRS code requested it. If EAS does not ask for the workload, then CHCS does not send it and the workload is not automatically reported. CHCS only reports data (reporting guidelines) that were processed in the CHCS SAS Detail file.

The user has two options to correct this situation. These are: (1) Correct EAS so that it requests the workload from CHCS. (2) Enter SAS data via the DWAM menu. The SAS data will only be active for 30 days.

The first option is the primary means of correcting or adding data into CHCS. If the site determines that there is not enough time or the lines are down, the site can choose to enter data via the DWAM menu. If this is the case, refer to the DWAM section, 4.1.4, in this chapter.

4.7.2. Different Business Rules

- **Radiology**

Current Subsystem

Split Counting of Workload. In the current reports, half of the raw workload is assigned when the exam/procedure is arrived. This includes the expenses covered for the equipment, supplies, and personnel. The remaining half of the raw workload is assigned when the exam/procedure is interpreted and verified.

Interpret/Verify Queue. Since it takes time to interpret and verify the exam/procedures, the second half of the split workload counting is delayed. In order to allow reports to come out of the queue, workload reports should not be reconciled immediately after the end of the month.

WAM Workload Reports

Split Counting of Workload. WAM assigns the full workload when the exam/procedure is arrived. There is no delay in the exam/procedure being interpreted/verified.

Note: In instances where the exam/procedure was arrived in Group A and then the films were forwarded to Group B to be interpreted/verified, the raw workload will not balance because half of the workload will be created in Group A and the other half will be assigned to Group B.

In situations where the exam/procedure is arrived in Division 1 of Group A and interpreted in Division 2 of Group A, the workload will *only* balance at the Group level. Division A and Division B workload will both be higher in WAM because WAM reports the full workload when the exam/procedure is performed.

Interpret/Verify Queue. Since full workload is assigned when the exam/procedure is arrived, WAM assigns the full workload so that it can be reported to Higher Headquarters. The system does *not* wait for the exam/procedure to be read.

- **PAS**

Current Subsystem

Workload Reported by Hospital Location/Clinic. PAS reports count and non-count workload by Department/Service and by Hospital Location/Clinic.

For example, if an MTF has two separate Family Practice Clinics (i.e., panel 1 and panel 2), these would appear as two clinics and have separate workload totals on the Monthly Statistical Report and Command Facility Workload Recap reports. These clinics could have the same MEPRS code BGAA, or one could be BGAA and the other, BGAB. In either case, the workload would be reported for each separate clinic except for the last section of the Monthly Statistical Report. This report sorts by MEPRS code rather than hospital location/clinic.

Edit Historical Workload. PAS users are able to edit historical workload through the End-of-Day Processing Enter/Edit option. Only users who hold the security key SDHCP1 or SDCL1 can modify appointments more than seven days old. In addition to changing the MEPRS code as explained above, they can also change the appointment status.

Changing the appointment status affects WAM, because clinic visit workload can be changed *after* the ASCII files have been transmitted to EAS and STARS/FL. Careful coordination between PAS supervisors minimizes these late changes.

WAM Subsystem

WAM Workload Reported by MEPRS Code. In WAM, workload is reported by MEPRS code. Therefore, only the last section of the Monthly Statistical Report which sorts by MEPRS code should be used to reconcile with WAM.

PAS also allows the user to edit the MEPRS code using the Check-In, End-of-Day, Walk-In, and Emergency Room processing options. If the MEPRS code is edited, the workload in PAS is still counted in the same clinic, but the workload in WAM will be under the different MEPRS code.

For example, a woman who is not pregnant is seen in the OB Clinic and during the EOD processing the clerk changes the MEPRS code from BCCA (OB) to BCBA (GYN). If the user does not change the clinic, then the visit in the PAS Monthly Statistical Report will still be reported under OB, while the visit in WAM will be reported under GYN. Only the last section of the Monthly Statistical Report will report the clinic visit under BCBA. This example illustrates the importance of users only using the last section of the Monthly Statistical Report when reconciling PAS clinic visit workload with that in WAM.

Workload Reported by MEPRS Code. PAS calculates workload based on clinic visits and WAM calculates workload based on MEPRS code. Ninety-nine percent of the time the workload is equal.

4.7.3. Analyzing Workload Differences

Following are recommendations and examples to help users in investigating apparent differences between WAM and subsystem reports to determine if a problem exists and if they need to call the Support Center.

- **Recommendations**

When analyzing workload reports, refer to specific data. For example, keep track of register numbers for inpatients and appointment date/times for outpatients. Since many of the WAM and subsystem reports have similar names, when reporting a problem give the *exact* report name, the synonym code that precedes the menu option, and the menu path.

Table 4-3 gives a list of reports recommended for comparing workload in WAM with the various subsystem reports, along with the menu path to access the report.

Table 4-3. Reports for Comparing WAM Workload to Subsystem Reports

SAS Name	Equivalent Subsystem Report	Menu Path
001 Occupied Bed Days	Monthly MEPRS Report	WAM ¹ → 2 → 6 → 7
002 Outpatient Visits	Monthly Statistical Report (last section of report only)	PAS ² → Sch Sup Menu → MGRM → SMGR → 8
003 Total Visits	Monthly Statistical Report (last section of report only)	PAS → Sch Sup Menu → MGRM → SMGR → 8

¹ The Worldwide Workload Report (PAD → IRM → WLR) can also be used to compare the total OBDs. Because the Monthly MEPRS Reports and Worldwide Workload Reports report ICU OBDs differently, only the total OBDs can be compared. All Exception Patients as identified on the Worldwide Workload Report need to be resolved before reporting final ASCII files.

² PAS breaks workload down by Division, Department/Service, and then by Clinic (not MEPRS code). Since PAS allows the user to change the MEPRS code through EOD processing, use only the last section of the Monthly Statistical Report to compare it with WAM workload. Similar to WAM, the last section of the Monthly Statistical Report sorts by Division, then by MEPRS code.

Because the sort by MEPRS code comes at the very end of a lengthy report, it is recommended that you queue the report to a spool file. This file can then be exported to a word processor to edit out all but the last data. If you only want to view the last section of the report, enter ";;999" at the 'DEVICE' prompt, which tells the system that each page is 999 lines. This compresses the display of data by only printing the header once every 999 lines.

- **Examples of Comparisons**

Example 1

Following is a snapshot comparison of a Worldwide Workload Report and WAM templates.

When the Worldwide Workload Report for the XXXX division was analyzed, the data was last recalculated on 6 Jan 97 and resulted in a Delinquent EOD Processing flag message. No delinquencies were generated in WAM when data generation occurred on 16 Jan 97@1014-1532. (The Worldwide Workload Report is 6 Jan 97 and has delinquent appointments, whereas, WAM is 16 Jan 97 and has no delinquent appointments.) Thus, *two different* snapshots were being compared.

Since PAS allows users to edit workload in the past and unresolved Tel-Consults can be changed from an appointment status of Occasion of Service to a Tel-Con at any time, there is also a possibility that clinic visit workload could have increased due to the Tel-Consults.

Example 2

The WAM Exceptions Report (WAM → 3) also provides a useful example. When looking at the (T)emplate Status (A)SCII file and (W)orkload Delinquencies Categories for all Severities, the following information comes to light:

– ASCII File

An example of an ASCII file is:

W0000703.02A Initial
X0000703.02A Retransmission

The Dec 96 EAS ASCII file was first generated on 17 Jan 97@1044-1044.
The user has to decode the file-naming convention. The syntax is:

1	W = Initial, X	= Retransmission
2-5	DMIS ID 0000	= EXAMPLE
6	Fiscal Yr	= Fiscal 97
8,9	Fiscal Mo	= 3 is Dec the third month of the FY
10		= Delineater
11,12	Date of Transmission 02 is 2 Jan	
13	Version "A"	= A is the first, B is the second. . .

Note: Since this file only took one minute to generate and ASCII file generation normally takes a long time, you should question the completeness of the data transmission.

– Template Status

Data Generation for Dec 96 took place on 16 Jan96@1014-1532.
Notice that this was before the initial ASCII file generation on 17 Jan96@1044, and therefore is correct.

In running the SAS Status Report, (WAM → 2 → 2), SASs 001, 002, 003 show a status of (T)ransmitted on 17 Jan 97, which is consistent. Several SASs, however, still show a status of (I)nitialized, and thus have not had workload reported to EAS. These are the ICUs, Anatomical Path, Blood Bank, and seven of the ancillary SASs which require manual entry.

In this example, it is recommended that you:

1. Recalculate the Worldwide Workload Report for Dec 96 and resolve any Delinquent Appointments.
2. Resolve all WAM templates with a status of (I) by changing the status to (W) and then to (A).

Note: Refer to Section 4.4.4 in this chapter for a list of template status business rules related to reporting for current and previous months.

3. Retransmit the EAS ASCII file for Dec 96.

Note: It is important to select the (A)ll action. This will create a *complete* data generation of all templates. If you select the (U)pdate only action, the status of all templates will have to be rejected and then reapproved.

4. Compare SAS 001, 002, 003 with the reports identified above.

Note: If *manual* edits were made to WAM in order to add workload not on CHCS, care must be taken to adjust the WAM Total when comparing it to the equivalent subsystem report. The EAS SAS Workload Report (WAM → 2 → 2) reports both the system data and the edits. In the header of the report it also reports the Last Data Generation MM/DD/YY as a means of identifying when the snapshot of data was taken.

5. If any workload differences occur, validate all of the Requesting MEPRS in WAM. If a Requesting MEPRS is being reported on the subsystem report, but not in WAM, then the Total either needs to be added to WAM or subtracted from the subsystem report.

Note: If Requesting MEPRS are not being reported in WAM and should be, communicate with the MEPRS Coordinator to have these MEPRS codes added to EAS. EAS will then transmit the new codes to CHCS. Do not use the CHCS DWAM option to add new MEPRS codes except in an emergency, when EAS is unavailable.

4.8. Troubleshooting

Refer to Table 4-4.

Table 4-4. WAM Troubleshooting

Possible Problem	Resolution
<p>The template status is X (Rejected to Workcenter) and needs to be changed to A (Approved).</p>	<p>A template status displays X for two reasons:</p> <ul style="list-style-type: none"> • The workload for that workcenter has a discrepancy. The Workload Coordinator changed the template status to X. This means it is rejected to the workcenter for correction. • During the transmission of the ASCII files, a discrepancy occurred in the Requesting MEPRS for that SAS and the system marked the template X and rejected the SAS. <p>The Workcenter POC :</p> <ol style="list-style-type: none"> 1. Corrects the discrepancy. 2. Changes the status to W. <p>The Workload Coordinator:</p> <ol style="list-style-type: none"> 1. Verifies the correction and changes the status to A. 2. Readies the files for retransmission. 3. Retransmits the updated files to STARS/FL and/or EAS.

Table 4-4. WAM Troubleshooting (continued)

Possible Problem	Resolution
<p>The Reservist workload does not collect correctly on a MEPRS report</p>	<p>'Reservist' must be entered in the Military Status field in order for the workload to populate the MEPRS reports correctly for Reservist providers.</p> <p>The Credentialing Coordinator:</p> <ol style="list-style-type: none"> 1. Accesses the Provider Personnel Profile (page 2) screen. 2. Enters the correct data in the Military Status field.
<p>For sites (Navy) having both EAS and STARS/FL reporting requirements, all templates are in T (Transmitted) status. The user forgot to create the STARS/FL ASCII file first.</p>	<p>The Workload Coordinator:</p> <ol style="list-style-type: none"> 1. Changes the status of each template individually from T to A. 2. Completes the transmission to STARS/FL. <p>Note: A valuable time-saving lesson is to carry out these steps in the following order:</p> <ol style="list-style-type: none"> 1. Create the STARS/FL ASCII file and check exceptions report for completion time. 2. Create the EAS ASCII file and check exceptions report for completion time. 3. Transmit the STARS/FL ASCII file. 4. Transmit the EAS ASCII file. <p>When transmitting to EAS, the template status is automatically changed to T; the STARS/FL transmission does not edit the template status.</p>

Table 4-4. WAM Troubleshooting (continued)

Possible Problem	Resolution
<p>The POC wants to prevent the delinquency bulletin from being generated.</p>	<p>To prevent delinquency bulletins from being generated, the user:</p> <ol style="list-style-type: none"> 1. Deletes the POC name in that field in the DWAM menu, using the SAS Enter/Edit option. 2. Sets the delinquency bulletin parameter to "No" in WAM. <p>After templates are initialized for the current month, the POC has approximately seven days to review a template and change the status to V.</p> <p>If this is not done within 24 hours of this period, delinquency bulletins will be generated daily for each delinquent SAS until the status has been changed to V.</p> <p>The POC can run an EAS Status Report to verify that all templates are in the correct status.</p> <p>Also, at the end of the month plus 1 day when all that month's data is collected, the POC has 24 hours from that time to change the V status to W.</p> <p>If the status is not changed to W within this time frame, the delinquency bulletins will begin and continue daily until the status has been changed for each delinquent SAS.</p>

Table 4-4. WAM Troubleshooting (continued)

Possible Problem	Resolution
<p>The Pharmacy workload is not being collected.</p>	<p>The user verifies that all Pharmacy file/table build is complete for each division.</p> <p>If it is not completed by division, the workload for that division will not be collected in WAM.</p>
<p>The WAM templates were not set up with the guidelines contained in the CHCS SAS Detail and the STARS/FL Master Data Elements files.</p>	<p>The user:</p> <ol style="list-style-type: none"> 1. Runs the WAM Exceptions Report and verifies that the EAS ASD and SAS files, and the STARS/FL file were processed into CHCS. 2. If they were not processed, refers to the WAM Implementation Guide for explanations of the messages. 3. Corrects the problem. 4. Runs the files. 5. Initializes the templates which set up the guidelines from the CHCS SAS Detail file and the NASDI STARS/FL Master Data Elements file.
<p>The EAS and STARS/FL files are not exported correctly.</p>	<p>The user:</p> <ol style="list-style-type: none"> 1. Recreates the files using all data. or 1. Updates only for EAS and STARS/FL. 2. Retransmits the files in the following order to: <ul style="list-style-type: none"> – STARS/FL – EAS.

Table 4-4. WAM Troubleshooting (continued)

Possible Problem	Resolution
<p>The wrong requesting location was entered during order entry and the wrong workcenter gets credit for the workload.</p>	<p>The user:</p> <ol style="list-style-type: none"> 1. In the workcenter receiving the workload corrects the error in their functionality pathway. 2. In the workcenter not receiving the workload also corrects the error in their pathway. 3. Initializes the files.
<p>The user is not sure when to initialize the templates.</p>	<p>The user should always initialize the templates at the beginning of the month.</p> <p>Note: Initialization must be done manually, per division, at the beginning of each month for the data to properly be input to the templates.</p> <p>The user checks exceptions report for errors.</p> <p>Note: Until data is in the templates, no workload is collected and the POCs cannot verify the templates. The data will be automatically regenerated into the templates at the end of month plus 1 day, or on the date set for the data regeneration based on the parameter set in the division parameters file.</p>

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CHCS MEPRS USER DESKTOP GUIDE

Appendix A

Quick Reference Guides

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MEPRS OVERVIEW

IMPORTANCE OF ENTERING CORRECT MEPRS DATA

Medical treatment facilities account for workload generated within the hospital using Medical Expense and Performance Reporting System (MEPRS) codes.

When you enter and update inpatient, outpatient, and/or ancillary data in CHCS, you contribute to the database used to generate workload reports. The accuracy of workload data is dependent upon the correct use of MEPRS codes. Entering accurate information reduces the amount of effort required to prepare, generate, and/or validate workload reports.

DESCRIPTION OF CODES

MEPRS is a hierarchical alpha or alpha-numeric coding system. The four levels designate the Functional Category, Summary Account, Subaccount Workcenters, and a facility-specific workload.

Functional Category

The first level in the MEPRS code identifies the cost within one of the following areas:

- | | |
|------------------------|--------------------------------|
| A - Inpatient Care | E - Support Services |
| B - Ambulatory Care | F - Special Readiness |
| C - Dental Care | G - Readiness (EAS Sites only) |
| D - Ancillary Services | |

For example: All ambulatory care MEPRS codes are entered as B***.

There are two exceptions to the codes listed above. Two "special" CHCS codes are:

- XXX - Carded for Record Only (CRO)
- YYY - Absent Sick (ABS)

Summary Account

The second level of the code defines the general workload area. The following are Summary Account codes:

- A - Medical Care
- B - Surgical Care
- C - OB/GYN
- D - Pediatric
- E - Orthopedic Care
- F - Psychiatric Care
- G - Family Practice

For example: Inpatient OB/GYN MEPRS codes are entered as AC**.

Subaccount Workcenters

The third level is used to further define the Summary Account into Subaccount Workcenters.

For example: An Internal Medicine Subaccount Workcenter for inpatient medical care is AAA*.

Facility-Specific Workload

The fourth level in the MEPRS code is site definable and must be approved by the MEPRS office.

CHCS: MEPRS OVERVIEW

<p style="text-align: center;">MEPRS OVERVIEW (continued)</p> <p>NEED TO KNOW INFORMATION:</p> <ul style="list-style-type: none"> • An asterisk included in a MEPRS code, represents a "wild-card", indicating that an additional level of the four-character code is applicable (i.e., AAA*). • Special Codes Include: <p>Cost Pool Codes - Cost Pool codes are identified by an X at the third level of a MEPRS code. Cost Pools are used to identify expenses not directly assigned to a specific medical service or Summary Account (i.e., a ward that has two or more specialties that share a supply closet).</p> <p>DJ* MEPRS ICU Codes</p> <p>Specific MEPRS codes exist for the ICU areas of the hospital. Each ICU (medical, surgical, etc.) is set up as a separate ward (hospital location) and is assigned an A-level ICU code (i.e., AAH*, ABC*, AAC*, ADC*, or ADE*), as well as a Referring MEPRS code, which identifies the Clinical Service referring the patient.</p> <p>For example: The service referring the patient to the Medical ICU is AAAA (Internal Medicine). Tracking is done between AAAA and AAHA (A-level ICU's code), then internally mapped by CHCS to the DJ* MEPRS code (which is DJA* for the Medical ICU). The DJ** MEPRS code tracks the hours/minutes of service in the ICU and allocates that time back to the referring service.</p> <p>Note: The system enters DJ** MEPRS codes, which are only used for MEPRS reporting.</p>	<p>When admitting a patient to an ICU ward, the Referring MEPRS code associated with the ICU ward automatically defaults in the MEPRS/Service field. This field can be edited, if needed.</p> <p>Interim Codes</p> <p>These codes are used when a clinic or an activity does not have an existing standard Subaccount. A "Z" is used at the third level and Service Headquarters approval is required for use. The codes are short-term.</p> <p>FCD* MEPRS Codes</p> <p>Used for workload reporting in WAM, these codes are used to designate "Support to Other Military Activities" (i.e., when the requesting location's GROUP ID differs from the Performing Location's GROUP ID. FCD* data is reported on the High Cost Ancillary Reports.</p> <ul style="list-style-type: none"> • MEPRS workload data is collected and reported through various CHCS data collection and reporting functions such as: Workload Assignment Module (WAM), End-of-Day Processing, the Ambulatory Data System (ADS), Worldwide Workload Report (WWR), the Standard Inpatient Data Record (SIDR), Personnel Utilization Data, and subsystem-specific MEPRS/Workload Reports. • WAM functions are essential to both data collection and reporting. After monthly workload data is collected in WAM, reviewed and reconciled (if needed), it is approved for upward reporting to EAS and STARS/FL. • DMIS ID realignment activities must have been implemented prior to activation of WAM.
<p>CHCS: MEPRS OVERVIEW</p>	

CHCS MEPRS USER DESKTOP GUIDE

Appendix B

Charts of Accounts

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Functional Category	Summary Account	Subaccount	Code
Inpatient Care			A
	Medical Care		AA
		Internal Medicine	AAA
		Cardiology	AAB
		Coronary Care Unit	AAC
		Dermatology	AAD
		Endocrinology	AAE
		Gastroenterology	AAF
		Hematology	AAG
		Intensive Care (Med)	AAH
		Nephrology	AAI
		Neurology	AAJ
		Oncology	AAK
		Pulmonary/Upper Respiratory Disease	AAL
		Rheumatology	AAM
		Physical Medicine	AAN
		Clinical Immunology	AAO
		HIV III (AIDS)	AAP
		Bone Marrow Transplant	AAQ
		Infectious Disease	AAR
		Allergy	AAS
Cost Pools	AAX		
Medical Care Not Elsewhere Classified	AAZ		

Inpatient Care (cont.)		A
	Surgical Care	AB
	General Surgery	ABA
	Cardiovascular and Thoracic Surgery	ABB
	Intensive Care (Surgical)	ABC
	Neurosurgery	ABD
	Ophthalmology	ABE
	Oral Surgery	ABF
	Otolaryngology	ABG
	Pediatric Surgery	ABH
	Plastic Surgery	ABI
	Proctology	ABJ
	Urology	ABK
	Organ Transplant	ABL
	Burn Unit	ABM
	Peripheral Vascular Surgery	ABN
	Inactive	ABO
	Inactive	ABP
	Cost Pools	ABX
	Surgical Clinics Not Elsewhere Classified	ABZ
	Obstetrical and Gynecological (OB-GYN) Care	AC
	Gynecology	ACA
	Obstetrics	ACB
	Cost Pools	ACX
	OB-GYN Care Not Elsewhere Classified	ACZ

Inpatient Care (cont.)		A
	Pediatric Care	AD
	Pediatrics	ADA
	Newborn Nursery	ADB
	Inactive	ADC
	Adolescent Pediatrics	ADD
	Pediatric Intensive Care Unit	ADE
	Cost Pools	ADX
	Pediatric Care Not Elsewhere Classified	ADZ
	Orthopedic Care	AE
	Orthopedics	AEA
	Podiatry	AEB
	Hand Surgery	AEC
	Cost Pools	AEX
	Orthopedic Care Not Elsewhere Classified	AEZ
	Psychiatric Care	AF
	Psychiatrics	AFA
	Substance Abuse Rehabilitation	AFB
	Cost Pools	AFX
	Psychiatric Care Not Elsewhere Classified	AFZ

Inpatient Care (cont.)		A
	Family Practice Care	AG
	Family Practice Medicine	AGA
	Family Practice Surgery	AGB
	Family Practice Obstetrics	AGC
	Family Practice Pediatrics	AGD
	Family Practice Gynecology	AGE
	Family Practice Psychiatry	AGF
	Family Practice Orthopaedics	AGG
	Family Practice Newborn Nursery	AGH
	Cost Pools	AGX
	Family Practice Care Not Elsewhere Classified	AGZ

Functional Category	Summary Account	Subaccount	Code
Ambulatory Care			B
	Medical Care		BA
		Internal Medicine Clinic	BAA
		Allergy Clinic	BAB
		Cardiology Clinic	BAC
		Inactive	BAD
		Diabetic Clinic	BAE
		Endocrinology (Metabolism) Clinic	BAF
		Gastroenterology Clinic	BAG
		Hematology Clinic	BAH
		Hypertension Clinic	BAI
		Nephrology Clinic	BAJ
		Neurology Clinic	BAK
		Outpatient Nutrition Clinic	BAL
		Oncology Clinic	BAM
		Pulmonary Disease Clinic	BAN
		Rheumatology Clinic	BAO
		Dermatology Clinic	BAP
		Infectious Disease Clinic	BAQ
		Physical Medicine Clinic	BAR
		Radiation Therapy Clinic	BAS
		Bone Marrow Transplant Clinic	BAT
	Genetic Clinic	BU	
	Cost Pools	BAX	
	Medical Care Not Elsewhere Classified	BAZ	

Ambulatory Care (cont.)		B
	Surgical Care	BB
	General Surgery Clinic	BBA
	Cardiovascular and Thoracic Surgery Clinic	BBB
	Neurosurgery Clinic	BBC
	Ophthalmology Clinic	BBD
	Organ Transplant Clinic	BBE
	Otolaryngology Clinic	BBF
	Plastic Surgery Clinic	BBG
	Proctology Clinic	BBH
	Urology Clinic	BBI
	Pediatric Surgery Clinic	BBJ
	Cost Pools	BBX
	Surgical Clinics Not Elsewhere Classified	BBZ
	Obstetrical and Gynecological (OB-GYN) Care	BC
	Family Planning Clinic	BCA
	Gynecology Clinic	BCB
	Obstetrics Clinic	BCC
	Breast Care Clinic	BCD
	Peripheral Vascular Surgery Clinic	BBK
	Pain Management Clinic	BBL
	Cost Pools	BCX
	OB-GYN Not Elsewhere Classified	BCZ

Ambulatory Care (cont.)		B
	Pediatric Care	BD
	Pediatric Clinic	BDA
	Adolescent Clinic	BDB
	Well-Baby Clinic	BDC
	Cost Pools	BDX
	Pediatric Care Not Elsewhere Classified	BDZ
	Pediatric Clinic	BDA
	Orthopedic Care	BE
	Orthopaedic Clinic	BEA
	Cast Clinic	BEB
	Hand Surgery Clinic	BEC
	Inactive	BED
	Orthotic Laboratory	BEE
	Podiatry Clinic	BEF
	Cost Pools	BEX
	Orthopedic Care Not Elsewhere Classified	BEZ

Ambulatory Care (cont.)		B
	Psychiatric/Mental Health Care	BF
	Psychiatry Clinic	BFA
	Psychology Clinic	BFB
	Child Guidance Clinic	BFC
	Mental Health Clinic	BFD
	Social Work Clinic	BFE
	Substance Abuse Clinic	BFF
	Cost Pools	BFX
	Psychiatry/Mental Health Care Not Elsewhere Classified	BFZ
	Family Practice Care	BG
	Family Practice Clinic	BGA
	Cost Pools	BGX
	Family Practice Care Not Elsewhere Classified	BGZ
	Primary Medical Care	BH
	Primary Care Clinics	BHA
	Medical Examination Clinic	BHB
	Optometry Clinic	BHC
	Audiology Clinic	BHD
	Speech Pathology Clinic	BHE
	Community Health Clinic	BHF
	Occupational Health Clinic	BHG
	PRIMUS/NAVCARE Clinics	BHH
	Immediate Care Clinic	BHI
	Cost Pools	BHX
	Primary Medical Care Not Elsewhere Classified	BHZ

Ambulatory Care (cont.)		B
	Emergency Medical Care	BI
	Emergency Medical Care	BIA
	Cost Pools	BIX
	Emergency Medical Care Not Elsewhere Classified	BIZ
	Flight Medicine Care	BJ
	Flight Medicine Clinic	BJA
	Cost Pools	BJX
	Flight medicine Care Not Elsewhere Classified	BKZ
	Underseas Medicine Care	BK
	Underseas Medicine Clinic	BKA
	Cost Pools	BKX
	Underseas Medical Care Not Elsewhere Classified	BKZ
	Rehabilitative Ambulatory Services	BL
	Physical Therapy Clinic	BLA
	Occupational Therapy Clinic	BLB
	Cost Pools	BLX
	Rehabilitative Ambulatory Services Not Elsewhere Classified	BLZ

Functional Category	Summary Account	Subaccount	Code
Dental Care			C
	Dental Services		CA
		Dental Care	CAA
		Cost Pools	CAX
		Dental Care Not Elsewhere Classified	CAZ
	Dental Prosthetics		CB
		Dental Prosthetics Laboratory	CBA
		Cost Pools	CBX
		Dental Prosthetics Laboratory Not Elsewhere Classified	CBZ

Functional Category	Summary Account	Subaccount	Code
Ancillary Services			D
	Pharmacy Service		DA
		Pharmacy	DAA
		Cost Pools	DAX
		Pharmacy Not Elsewhere Classified	DAZ
	Pathology		DB
		Clinical Pathology	DBA
		Anatomical Pathology	DBB
		Blood Bank	DBC
		Cytogenetic Lab	DBD
		Molecular Genetic Lab	DBE
		Biochemical Genetic Lab	DBF
		Cost Pools	DBX
		Pathology Not Elsewhere Classified	DBZ
	Radiology		DC
		Diagnostic Radiology	DCA
		Cost Pools	DCX
		Radiology Not Elsewhere Classified	DCZ
	Special Procedures Services		DD
		Electrocardiography	DDA
		Electroencephalography	DDB
		Electroneuromyography	DDC
		Pulmonary Function	DDD
		Cardiac Catheterization	DDE
		Cost Pools	DDX

Ancillary Services (cont.)		D
	Special Procedures Services Not Elsewhere Classified	DDZ
Central Sterile Supply/Material Service		DE
	Central Sterile Supply	DEA
	Central Material Services	DEB
	Cost Pools	DEX
	Central Sterile Supply/ Material Services Not Elsewhere Classified	DEZ
Surgical Services		DF
	Anesthesiology	DFA
	Surgical Suite	DFB
	Post Anesthesia Care Unit	DFC
	Cost Pools	DFX
	Surgical Services Not Elsewhere Classified	DFZ
Same Day Services		DG
	Same Day Surgery or Ambulatory Procedure Visit (SDS/APV)	DGA
	Hemodialysis	DGB
	Hyperbaric Medicine	DGC
	Peritoneal Dialysis	DGD
	Ambulatory Nursing Services	DGE
	Cost Pools	DGX
	Same Day Services Not Elsewhere Classified	DGZ
Rehabilitative Services		DH
	Inhalation/Respiratory Therapy	DHA
	Cost Pools	DHX
	Rehabilitative Services Not Elsewhere Classified	DHZ

Ancillary Services (cont.)		D
	Nuclear Medicine	DI
	Nuclear Medicine Clinic	DIA
	Cost Pools	DIX
	Nuclear Medicine Not Elsewhere Classified	DIZ
	Intensive Care	DJ
	Medical Intensive Care Unit	DJA
	Surgical Intensive Care Unit	DJB
	Coronary Care Unit	DJC
	Neonatal Intensive Care	DJD
	Pediatric Intensive Care Unit	DJE
	Cost Pools	DJX
	Intensive Care Not Elsewhere Classified	DJZ

Functional Category	Summary Account	Subaccounts	Code
Support Services			E
	Depreciation		EA
		Inpatient Depreciation	EAA
		Ambulatory Depreciation	EAB
		Dental Depreciation	EAC
		Special Programs Depreciation	EAD
		Medical Readiness Depreciation	EAE
		Cost Pools	EAX
		Depreciation Not Elsewhere Classified	EAZ
	Command, Management, and Administration		EB
		Command	EBA
		Special Staff	EBB
		Administration	EBC
		Clinical Management	EBD
		Graduate Medical Education (GME) Support	EBE
		Education and Training Program Support	EBF
		Peacetime Disaster Preparedness/Response	EBG
		Third-Party Collection Administration	EBH
		Cost Pools	EBX
		Command, Management, and Administration Not Elsewhere Classified	EBZ

Support Services (cont.)		E
	Support Services - Nonreimbursable	EC
	Plant Management	ECA
	Operation of Utilities - Nonreimbursable	ECB
	Maintenance of Real Property - Nonreimbursable	ECC
	Minor Construction - Nonreimbursable	ECD
	Other Engineering Support - Nonreimbursable	ECE
	Leases of Real Property - Nonreimbursable	ECF
	Transportation - Nonreimbursable	ECG
	Fire Protection - Nonreimbursable	ECH
	Police Protection - Nonreimbursable	ECI
	Communications - Nonreimbursable	ECJ
	Other Base Support Services - Nonreimbursable	ECK
	Cost Pools	ECX
	Support Services Not Elsewhere Classified	ECZ

Support Services (cont.)		E
	Support Services - Funded/Reimbursable	ED
	Plant Management-Funded	EDA
	Operation of Utilities - Funded/Reimbursable	EDB
	Maintenance of Real Property -Funded/Reimbursable	EDC
	Minor Construction - Funded/Reimbursable	EDD
	Other Engineering Support - Funded/Reimbursable	EDE
	Leases of Real Property - Funded/Reimbursable	EDF
	Transportation - Funded/Reimbursable	EDG
	Fire Protection - Funded/Reimbursable	EDH
	Police Protection - Funded/Reimbursable	EDI
	Communications - Funded/Reimbursable	EDJ
	Other Base Support Services - Funded/Reimbursable	EDK
	Cost Pools	EDX
	Support Services - Funded/Reimbursable Not Elsewhere Classified	EDZ
	Material Services	EE
	Material Management Services	EEA
	Cost Pools	EEX
	Material Services Not Elsewhere Classified	EEZ

Support Services (cont.)		E
	Housekeeping	EF
	Housekeeping - In House	EFA
	Housekeeping - Contract	EFB
	Cost Pools	EFX
	Housekeeping Not Elsewhere Classified	EFZ
	Biomedical Equipment Repair	EG
	Biomedical Equipment Repair - In House	EGA
	Biomedical Equipment Repair - Contract	EGB
	Cost Pools	EGX
	Biomedical Equipment Repair Not Elsewhere Classified	EGZ
	Laundry Service	EH
	Laundry Service - In House	EHA
	Laundry Service - Contract	EHB
	Cost Pools	EHX
	Laundry Service Not Elsewhere Classified	EHZ
	Nutrition Management	EI
	Patient Food Operations	EIA
	Combined Food Operations	EIB
	Inpatient Clinical Nutrition Management	EIC
	Cost Pools	EIX
	Nutrition Management Not Elsewhere Classified	EIZ

Support Services (cont.)		E
	Inpatient Care Administration	EJ
	Inpatient Care Administration	EJA
	Cost Pools	EJX
	Inpatient Care Administration Not Elsewhere Classified	EJZ
	Ambulatory Care Administration	EK
	Ambulatory Care Administration	EKA
	Cost Pools	EKX
	Ambulatory Care Administration Not Elsewhere Classified	EKZ
	TRICARE/Managed Care Administration	EL
	TRICARE/ Managed Care Administration	ELA
	Cost Pools	ELX
	TRICARE/ Managed Care Administration Not Elsewhere Classified	ELZ

Functional Category	Summary Account	Subaccounts	Code
Special Programs			F
		Specified Health-Related Programs	FA
		Area Reference Laboratories	FAA
		Area Dental Prosthetic Laboratory (Type 1)	FAB
		Ophthalmic Fabrication and Repair	FAC
		DOD Military Blood Program	FAD
		Inactive	FAE
		Screening and Testing Program	FAF
		Inactive	FAG
		Clinical Investigation Program	FAH
		Physiological Training/Support Program	FAI
		Inactive	FAJ
		Student Expenses/Man Hours	FAK
		Continuing Health Education	FAL
		Cost Pools	FAX
		Specified Health-Related Programs Not Elsewhere Classified	FAZ

Special Programs (cont.)		F
	Public Health Services	FB
	Inactive	FBA
	Preventive Medicine	FBB
	Industrial Hygiene Program	FBC
	Radiation Health Program	FBD
	Environmental Health Program	FBE
	Epidemiology Program	FBF
	Inactive	FBG
	Inactive	FBH
	Immunizations	FBI
	Early Intervention Services (EIS)	FBJ
	Medically Related Services	FBK
	Developmental Evaluation Serv.	FBL
	Cost Pools	FBX
	Public Health Services Not Elsewhere Classified	FBZ
	Healthcare Services Support	FC
	Medical Care in Non-Uniformed Facilities	FCA
	Guest Lecturer/Consultant Prog.	FCB
	CHAMPUS Beneficiary Support	FCC
	Support to Other Military Medical Activities	FCD
	Support to Other Federal Agen.	FCE
	Support to Non-Federal Activities	FCF
	Support to Non-MEPRS Reporting Medical Activities	FCG
	A/D Emergency/Remote Area Care	FCH

Special Programs (cont.)		F
	Healthcare Services Support (cont.)	FC
	Cost Pools	FCX
	Healthcare Services Support Not Elsewhere Classified	FCZ
	Military-Unique Medical Activities	FD
	Inactive	FDA
	Base Operations - Medical Installations	FDB
	Nonpatient Food Operations	FDC
	Decedent Affairs	FDD
	Initial Outfitting	FDE
	Urgent Minor Construction	PDF
	TDY/TAD En Route to PCS	FDG
	Military Funded Emergency Leave	FDH
	In-Place Consecutive Overseas Tour Leave	FDI
	Cost Pools	FDX
	Military-Unique Medical Activities Not Elsewhere Classified	FDZ
	Patient Movement and Military Patient Administration	FE
	Patient Transportation	FEA
	Patient Movement Expenses	FEB
	Transient Patient Care	FEC
	Military Patient Personnel Administration	FED
	Military Patients (Salaries)	FEE
	Aeromedical Staging Facilities	FEF
	Cost Pools	FEX

Special Programs (cont.)		F
	Patient Movement and Military Patient Administration (cont.)	FE
	Patient Movement and Military Patient Administration Not Elsewhere Classified	FEZ
	Veterinary Services	FF
	Deputy Commander for Veterinary Services	FFA
	Commissary Food Inspection	FFB
	Troop-Issue Supply Food Inspection	FFC
	Supply Point Food Inspection	FFD
	Depot Food Inspection	FFE
	Origin Food Inspection	FFF
	Veterinary laboratory	FFG
	Animal Disease Prevention and Control Facility	FFH
	Cost Pools	FFX
	Veterinary Services Not Elsewhere Classified	FFZ

Functional Category	Summary Account	Subaccounts	Code
Readiness			G
Readiness Planning and Administration			GA
			Deployment Planning and Administration
			GAA
			Other Readiness Planning and Administration
			GAB
			Cost Pools
			GAX
			Deployment Planning and Administration Not Elsewhere Classified
			GAZ
Readiness Exercises			GB
			Field or Fleet Readiness Exercises
			GBA
			Other Readiness Exercises
			GBB
			Cost Pools
			GBX
			Readiness Exercises Not Elsewhere Classified
			GBZ
Readiness Training			GC
			Readiness Training Conducted Locally
			GCA
			Other Readiness Training
			GCB
			Cost Pools
			GCX
			Readiness Training Not Elsewhere Classified
			GCZ
Unit or Personnel Deployments			GD
			Unit or Personnel Deployment
			GDA
			Cost Pools
			GDX
			Unit or Personnel Deployment Not Elsewhere Classified
			GDZ

Readiness (cont.)		G
	Readiness Logistics Management	GE
	Prepositioned War Reserve	GEA
	Contingency Patient Care Areas	GEB
	Contingency Blocks	GEC
	Cost Pools	GEX
	Readiness Logistics Management Not Elsewhere Classified	GEZ
	Readiness Physical Training	GF
	Readiness Physical Training	GFA
	Cost Pools	GFX
	Readiness Physical Training Not Elsewhere Classified	GFZ
	National Disaster Medical System (NDMS)	GG
	National Disaster Medical System Planning and Administration	GGA
	NDMS Exercises	GGB
	Cost Pools	GGX
	National Disaster Medical System Not Elsewhere Classified	GGZ

CHCS MEPRS USER DESKTOP GUIDE

Appendix C

Sample Reports

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CHCS MEPRS USER DESKTOP GUIDE

Appendix C. Sample Reports

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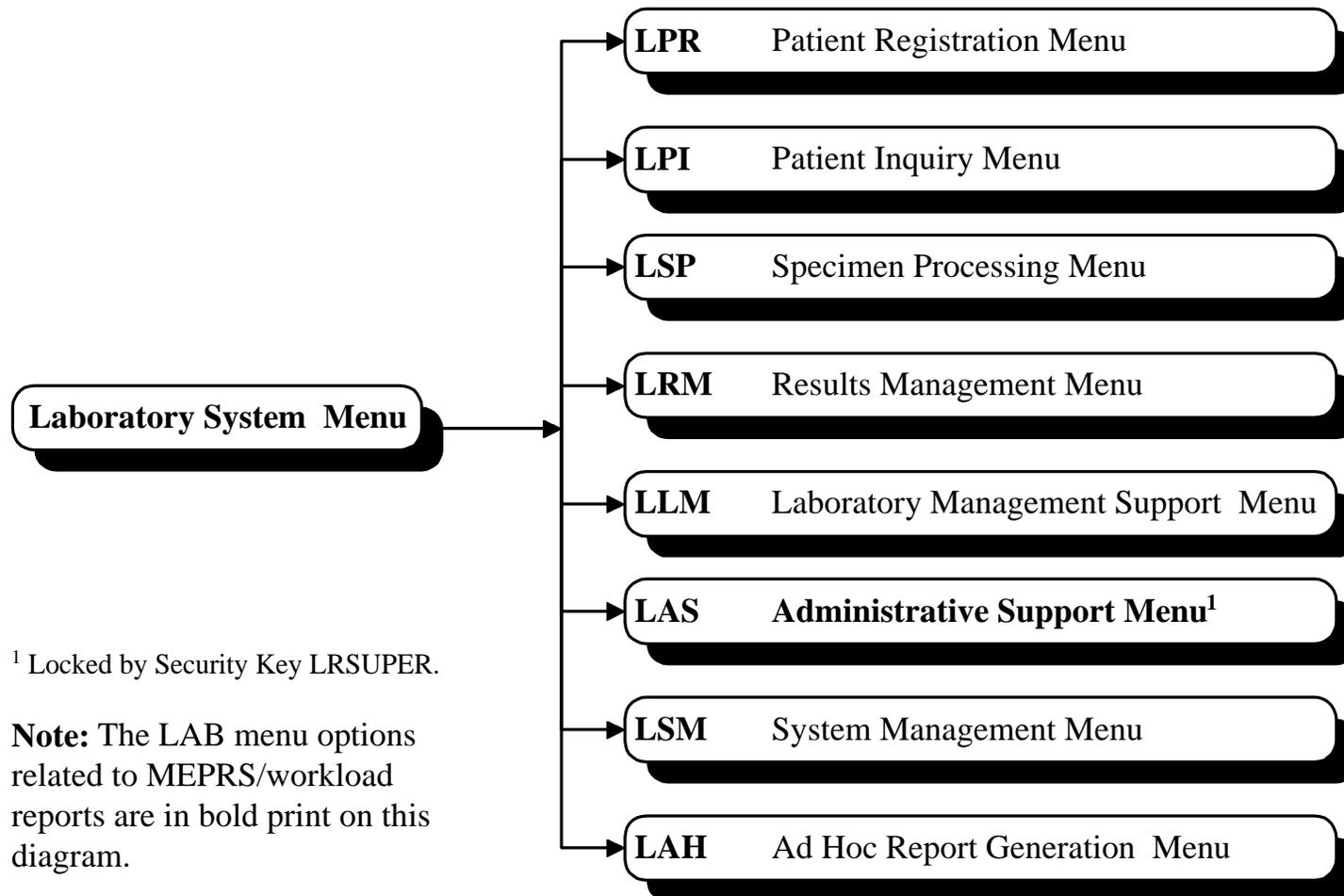
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MEPRS/Workload Reports

MEPRS/Workload Reports: LAB

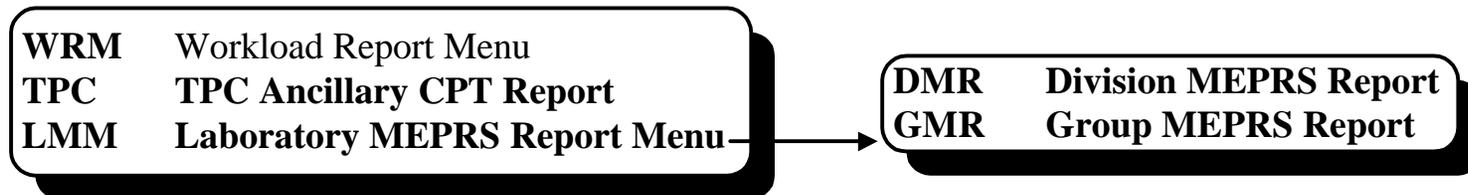
LAB SYSTEM MENU DIAGRAMS



LAB-01254

LAB SYSTEM MENU DIAGRAMS

Administrative Support Menu (LAS)¹



¹ Locked by Security Key LRSUPER.

Note: The LAB menu options related to MEPRS/workload reports are in bold print on this diagram.

LAB-01255

LAB SYSTEM MENU DEFINITIONS

LAB Subsystem of CHCS

The LAB Subsystem provides practical tools for lab personnel. It integrates lab data into CHCS for use by HCPs, accounting, and administration. Lab personnel perform support tasks for government medical facilities, which includes collection management, order entry, management of samples sent out to other lab, result entry certification, quality control, and administrative support.

- **Administrative Support Menu (LAS)**

The Administrative Report Menu options allow you to enter workload, and to print statistical reports of raw procedure totals and weighted values.

- **TPC Ancillary CPT Report (TPC)**

The TPC report provides a detailed listing of patients by CPT codes according to their status of being insured, uninsured, or both.

The report is organized within MEPRS codes by the user choosing either an alpha sort on the patient name or by the CPT codes; and then by choosing Insured or Uninsured Patients (or both), and for a specified date range.

The security keys required are: **LRLAB** and **LRSUPER**

- **Laboratory MEPRS Report Menu (LMM)**

The Laboratory MEPRS Report Menu options allow you to print reports of MEPRS workload accumulated for a division or a group.

- **Division MEPRS Report (DMR)**

The Division MEPRS Report can be generated by entering the two sort criteria: Division or Work Element. The system then prompts you to select Multiple Divisions, report type (summary or detail), date range, lab section, and output device.

The DMR option allows you to display/print the report with detail or summary data of workload generated for the specified tests, whether within the MTF or outside the MTF.

The security keys required are: **LRLAB, LRSUPER**

••• **Group MEPRS Report (GMR)**

This option allows you to print the GROUP MEPRS report for all Groups (DMIS ID Groups) or a specified Group. The system then prompts you to select the date.

The security keys required are: **LRLAB, LRSUPER**

Division MEPRS Report (Summary)

MAIN LABORATORY (A)		11 Nov 2001@1043	Page 1
MEPRS SUMMARY REPORT FOR: ANATOMICAL PATHOLOGY			
For: 10 Nov 2001 - 11 Nov 2001			
Report requested by: SAWYER,AMY			

-			
Division: A DIVISION			

-			
Lab Work Element: MAIN LABORATORY (A)			

-			
		PROCEDURE	
WEIGHTED			
MEPRS CODE	MEPRS LOCATION	COUNT	UNITS

-			
AAAA	INTERNAL MEDICINE	6	28.1
AAAA	INTERNAL MEDICINE	13	29.1
AAFA	GASTROENTEROLOGY	5	17.6
BAAA	INTERNAL MEDICINE CLINIC	10	36.3
BAAA	INTERNAL MEDICINE CLINIC	3	4.8
BAAA	INTERNAL MEDICINE CLINIC	23	34.4
BGAA	FAMILY PRACTICE CLINIC	2	4.8
FCDA	SPT OTHER MIL ACTIVITIES	10	9.0
FCDA	C DIVISION	5	14.4

-			
TOTAL		77	178.5
MAIN LABORATORY (A)		11 Nov 2001@1043	Page 2
MEPRS SUMMARY REPORT FOR: CLINICAL PATHOLOGY			
For: 10 Nov 2001 - 11 Nov 2001			
Report requested by: SAWYER,AMY			

-			
Division: A DIVISION			

-			
Lab Work Element: MAIN LABORATORY (A)			

-			
		PROCEDURE	
WEIGHTED			
MEPRS CODE	MEPRS LOCATION	COUNT	UNITS

-			
AAAA	INTERNAL MEDICINE	3	3.9
AABA	CARDIOLOGY	3	3.3
AAEA	ENDOCRINOLOGY	16	14.1
BAAA	INTERNAL MEDICINE CLINIC	8	13.3
BABR	ALLERGY CLINIC	1	2.9
BGAA	FAMILY PRACTICE CLINIC	1	0.8

26 May 1998

DBAC	CLINICAL PATHOLOGY UROLO	8	11.8
DCAB	DIAGNOSTIC RADIOLOGY	2	2.2
FCDA	SPT OTHER MIL ACTIVITIES	1	2.6
FCDA	B DIVISION	5	4.6

-			
	TOTAL	48	59.5
Note: This sample report has been significantly reduced in size and content.			

Division MEPRS Report (Detailed)

MAIN LABORATORY (A)		11 Nov 2001@1516	Page 1
MEPRS DETAILED REPORT FOR: CLINICAL PATHOLOGY			
For: 10 Nov 2001 - 11 Nov 2001			
Report requested by: SAWYER,AMY			

- Division: A DIVISION -----			
- Lab Work Element: MAIN LABORATORY (A) -----			

MEPRS CODE	MEPRS LOCATION	PROCEDURE	
WEIGHTED			
CAP/CPT CODE	PROCEDURE	COUNT	UNITS

-			
A AAA	INTERNAL MEDICINE	00259	
8225000	BILI, T/D	1	0.8
8231000	CA, T, QN	1	0.8
8506000		1	2.3
	TOTAL	3	3.9

-			
A ABA	CARDIOLOGY	00259	
8000400	4 CHEM	1	1.1
8225000	BILI, T/D	1	0.8
8670100	HIV-1 AB	1	1.4
	TOTAL	3	3.3

-			
A AEA	ENDOCRINOLOGY	00259	
8000700	7 CHEM	1	1.3
8225000	BILI, T/D	5	4.0
8500700	BLD, MDIF	2	1.0
8501400	HCT, OTH	1	0.4
8501800	HGB	1	0.4
8706000	THROAT	1	1.2
8708600	URINE	1	1.2
8711700	TB, CONC	1	1.8
8718600	MIC	1	1.3
8719000	SENS, TB	1	0.8
8720500	STAIN, SM	1	0.7
	TOTAL	16	14.1

-			

Division MEPRS Report (Detailed) (continued)

MAIN LABORATORY (A)		11 Nov 2001@1516		Page 2
MEPRS DETAILED REPORT FOR: CLINICAL PATHOLOGY				
For: 10 Nov 2001 - 11 Nov 2001\				
Report requested by: SAWYER,AMY				

- Division: A DIVISION -----				
- Lab Work Element: MAIN LABORATORY (A) -----				
MEPRS CODE	MEPRS LOCATION	PROCEDURE		
WEIGHTED				
CAP/CPT CODE	PROCEDURE	COUNT		UNITS

-				
BAAA	INTERNAL MEDICINE CLINIC			
8000400	4 CHEM	3		3.3
8000700	7 CHEM	1		1.3
8452000	BUN,QN	1		0.6
8707500	ANAEROB	1		1.5
8717800	NUCPROBE	1		2.6
8725200	VIRUS ID	1		4.0
	TOTAL	8		13.3

-				
BABR	ALLERGY CLINIC			
8668900	HIV,WB	1		2.9
	TOTAL	1		2.9

-				
BGAA	FAMILY PRACTICE CLINIC			
8243600	CL,U,QN	1		0.8
	TOTAL	1		0.8

-				
DBAC	CLINICAL PATHOLOGY UROLOGY	00259		
8628700	HBsAg	4		6.4
8670100	HIV-1 AB	3		4.2
8706000	THROAT	1		1.2
	TOTAL	8		11.8

-				
DCAB	DIAGNOSTIC RADIOLOGY			
8446000	ALT	1		0.8
8670100	HIV-1 AB	1		1.4
	TOTAL	2		2.2

Division MEPRS Report (Detailed) (continued)

MAIN LABORATORY (A)		11 Nov 2001@1516	Page 3
MEPRS DETAILED REPORT FOR: CLINICAL PATHOLOGY			
For: 10 Nov 2001 - 11 Nov 2001			
Report requested by: SAWYER,AMY			

-			
Division: A DIVISION			

-			
Lab Work Element: MAIN LABORATORY (A)			

-			
MEPRS CODE	MEPRS LOCATION	PROCEDURE	
WEIGHTED			
CAP/CPT CODE	PROCEDURE	COUNT	UNITS

-			
FCDA	SPT OTHER MIL ACTIVITIES 0120 00259		
8717832	NUCPROBE	1	2.6
	TOTAL	1	2.6

-			
FCDA	B DIVISION		
8000800	8 CHEM	1	1.3
8001100	11 CHEM	1	1.4
8452000	BUN,QN	1	0.6
8500700	BLD,MDIF	0	0.0
8501800	HGB	1	0.4
8503100	HEMO VII	1	0.9
	TOTAL	5	4.6

-			
TOTALS FOR LAB CATEGORY CLINICAL PATHOLOGY:		48	59.5
=====			
=			
Note: This sample report has been significantly reduced in size and content.			

Group MEPRS Report

MAIN LABORATORY (A)		24 Oct 2001@1128		Page 1
LABORATORY - MEPRS GROUP REPORT				
From: 23 Oct 2001 To: 24 Oct 2001				
Performing Group: [MEDICAL TREATMENT FACILITY]				
=====				
MEPRS Procedure	Weighted			
MEPRS Code		Location	Count	Units
=====				
A DIVISION				
AAAA		INTERNAL MEDICINE	7	17.5
AAEA		ENDOCRINOLOGY	11	10.1
BAAA		INTERNAL MEDICINE CLINI	10	35.6
BAAA		INTERNAL MEDICINE CLINI	3	6.0
BABR		ALLERGY CLINIC	1	2.9
DBAC		CLINICAL PATHOLOGY UROL	1	1.2
FCDA		SPT OTHER MIL ACTIVITIES	1	2.6
NAVAL HOSPITAL				
FCD* NAVAL HOSPITAL				
AAAP		INTERNAL MEDICINE	2	2.2
Subtotal for FCD* NAVAL HOSPITAL:			2	2.2
B DIVISION				
FCD* B DIVISION				
AAMA		RHEUMATOLOGY	2	1.4
DBA		CLINICAL PATHOLOGY	2	0.9
Subtotal for FCD* B DIVISION:			4	2.3

TOTAL:			40	80.3
Note: This sample report has been significantly reduced in size and content.				

**TPC Ancillary CPT Report
LAB Patients With Insurance - Printed by Patient**

DIV A - TRAINING HOSPITAL		Printed: 21 Jun 2001@1349		Page 1	
OUTPATIENT CPT REPORT					
Patients Covered by Insurance with LAB Test - Printed by Patient					
Personal Data - Privacy Act of 1974 (PL 93-579)					
21 Jun 2001 - 21 Jun 2001					

Patient Name	FMP/SSN	PAT CAT	Home Phone	Work Phone	
Bill/Primary Insurance Co.			Policy		
	Policy Effective Date	Expiration Date			
CPT Code	Test Name	DDD Billing Cost	Date Of Service		
Requesting HCP					

FCD* DIV A - TRAINING HOSPITAL					

BHGO	HART,JESSICA L	30/100-10-7605	N41	210-535-3745	210-585-2819
B Y	GENERIC MSA	F111111		01 Jan 2000	01 Jan 2002
80007	7 CLINICAL CHEMISTRY TESTS		0.00	21 Jun 2001	HARTMAN,CHRIS
84478	ASSAY TRIGLYCERIDES		0.00	21 Jun 2001	HARTMAN,CHRIS
FCD Patient Subtotal:	1				

FC* Patient Total:	1				
End of Report					

**TPC Ancillary CPT Report
 LAB Patients With Insurance - Printed by CPT**

DIV A - TRAINING HOSPITAL
 Page 1

Printed: 21 Jun 2001@1209

OUTPATIENT CPT REPORT
 Patients Covered by Insurance with LAB Test - Printed by CPT
 Personal Data - Privacy Act of 1974 (PL 93-579)
 21 Jun 2001 - 21 Jun 2001

CPT Code	Procedure				DOD Cost	
	Patient Name	FMP/SSN	PAT CAT	Requesting HCP		Home Phone
Work Phone	Bill/Primary Insurance Co.			Policy		
Policy Effective Date	Expiration Date		Service Date			

FCD* DIV A - TRAINING HOSPITAL

80007	7 CLINICAL CHEMISTRY TESTS				0.00	
	HART,MARY L	30/100-10-7507	N41	HARTMAN,CHRIS	410-555-3445	202-555-2319
B	Y GENERIC MSA	F111111		01 Jan 2000	01 Jan 2002	21 Jun 2001
	HART,MATTHEW M	01/300-40-7707	N41	HARTMAN,CHRIS	410-555-3546	N/A
B	Y GENERIC MSA	F111111		01 Jan 2000	01 Jan 2002	21 Jun 2001
80007	7 CLINICAL CHEMISTRY TESTS			Subtotal: 2		
84478	ASSAY TRIGLYCERIDES				0.00	
	LANE,JOELLEN L	30/150-10-6307	N41	GRABBER,MARK	410-643-6487	N/A
B	Y GENERIC MSA	Y785676		10 Jan 2000	15 Jan 2002	21 Jun 2001
84478	ASSAY TRIGLYCERIDES			Subtotal: 1		

Total: 3

End of Report

**TPC Ancillary CPT Report
LAB Patients Without Insurance - Printed by Patient**

Patient Name		FMP/SSN	PAT CAT	Home Phone	Work Phone
CPT Code	Test Name		DOD Billing Cost	Date Of Service	Requesting HCP

FCD* DIV A - TRAINING HOSPITAL					
BAAA 80007	HATWELL, GLADYS L 7 CLINICAL CHEMISTRY TESTS	20/200-20-7607	N11 0.00	410-555-3445 21 Jun 2001	202-555-2319 HARTMAN, CHRIS
BAAA 80007	HATWELL, NATHAN M 7 CLINICAL CHEMISTRY TESTS	20/200-20-7707	A11 0.00	410-555-3546 21 Jun 2001	202-555-8533 HARTMAN, CHRIS
BAAA 80007	HAWKINS, BERT N 7 CLINICAL CHEMISTRY TESTS	20/200-20-7807	F11 0.00	410-555-5739 21 Jun 2001	202-555-0082 HARTMAN, CHRIS
BAAA 80007	HAWKINS, ERNIE D 7 CLINICAL CHEMISTRY TESTS	20/200-20-7907	A11 0.00	410-555-4321 21 Jun 2001	202-555-9823 HARTMAN, CHRIS
BAAA 80007	HAWKINS, STAN 7 CLINICAL CHEMISTRY TESTS	20/200-20-6508	A11 0.00	410-555-2255 21 Jun 2001	202-555-9334 HARTMAN, CHRIS
BAAA 80007	HAWN, GLORIA 7 CLINICAL CHEMISTRY TESTS	20/200-20-6608	F11 0.00	410-555-3888 21 Jun 2001	202-555-9441 HARTMAN, CHRIS
BAAA 80007	HAWORTH, DAVID 7 CLINICAL CHEMISTRY TESTS	20/200-20-6708	A11 0.00	410-555-9999 21 Jun 2001	202-555-7145 HARTMAN, CHRIS
BAAA 80007	HAWORTH, RHONDA D 7 CLINICAL CHEMISTRY TESTS	20/200-20-6808	N11 0.00	410-555-8956 21 Jun 2001	202-555-0521 HARTMAN, CHRIS
BAAA 80007	HAZARD, STEVE 7 CLINICAL CHEMISTRY TESTS	20/200-20-7008	F11 0.00	918-555-4451 21 Jun 2001	202-555-2999 HARTMAN, CHRIS
BAAA 80007	HAZARD, TOM E 7 CLINICAL CHEMISTRY TESTS	20/200-20-6908	A11 0.00	918-555-3811 21 Jun 2001	202-555-6639 HARTMAN, CHRIS

FCD Patient Subtotal:		10			

FC* Patient Total:		10			

End of Report

**TPC Ancillary CPT Report
LAB Patients Without Insurance - Printed by CPT**

DIV A - TRAINING HOSPITAL		OUTPATIENT CPT REPORT					Printed: 21 Jun 2001@1209 Page 1	
Patients Not Covered by Insurance with LAB Test - Printed by CPT								
Personal Data - Privacy Act of 1974 (PL 93-579)								
21 Jun 2001 - 21 Jun 2001								
CPT Code	Procedure	FMP/SSN	PAT CAT	Requesting HCP	DOD Cost	Home Phone	Work Phone	

FCD* DIV A - TRAINING HOSPITAL								

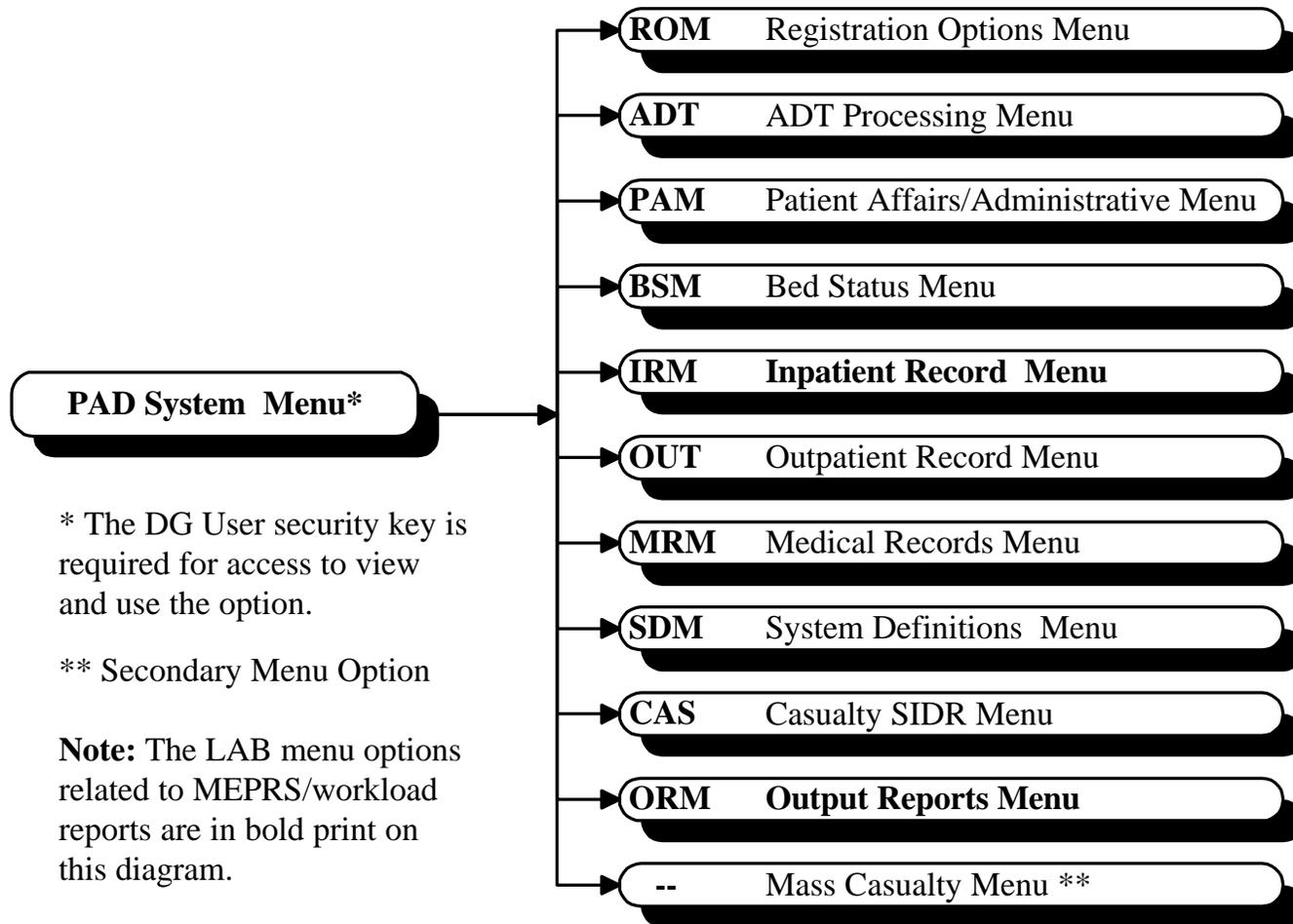
80007	7 CLINICAL CHEMISTRY TESTS				0.00			
	HATWELL, GLADYS L	20/200-20-7607	N11	HARTMAN, CHRIS		410-555-3445	202-555-2319	
	HATWELL, NATHAN M	20/200-20-7707	A11	HARTMAN, CHRIS		410-555-3546	202-555-8533	
	HAWKINS, BERT N	20/200-20-7807	F11	HARTMAN, CHRIS		410-555-5739	202-555-0082	
80007	7 CLINICAL CHEMISTRY TESTS				0.00			
	HAWKINS, ERNIE D	20/200-20-7907	A11	HARTMAN, CHRIS		410-555-4321	202-555-9823	
	HAWKINS, STAN	20/200-20-6508	A11	HARTMAN, CHRIS		410-555-2255	202-555-9334	
	HAWN, GLORIA	20/200-20-6608	F11	HARTMAN, CHRIS		410-555-3888	202-555-9441	
80007	7 CLINICAL CHEMISTRY TESTS				0.00			
	HAWORTH, DAVID	20/200-20-6708	A11	HARTMAN, CHRIS		410-555-9999	202-555-7145	
	HAWORTH, RHONDA D	20/200-20-6808	N11	HARTMAN, CHRIS		410-555-8956	202-555-0521	
	HAZARD, STEVE	20/200-20-7008	F11	HARTMAN, CHRIS		918-555-4451	202-555-2999	
80007	7 CLINICAL CHEMISTRY TESTS				0.00			
	HAZARD, TOM E	20/200-20-6908	A11	HARTMAN, CHRIS		918-555-3811	202-555-6639	
80007	7 CLINICAL CHEMISTRY TESTS				Subtotal:	10		
					Total:	10		
End of Report								

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MEPRS/Workload Reports: PAD

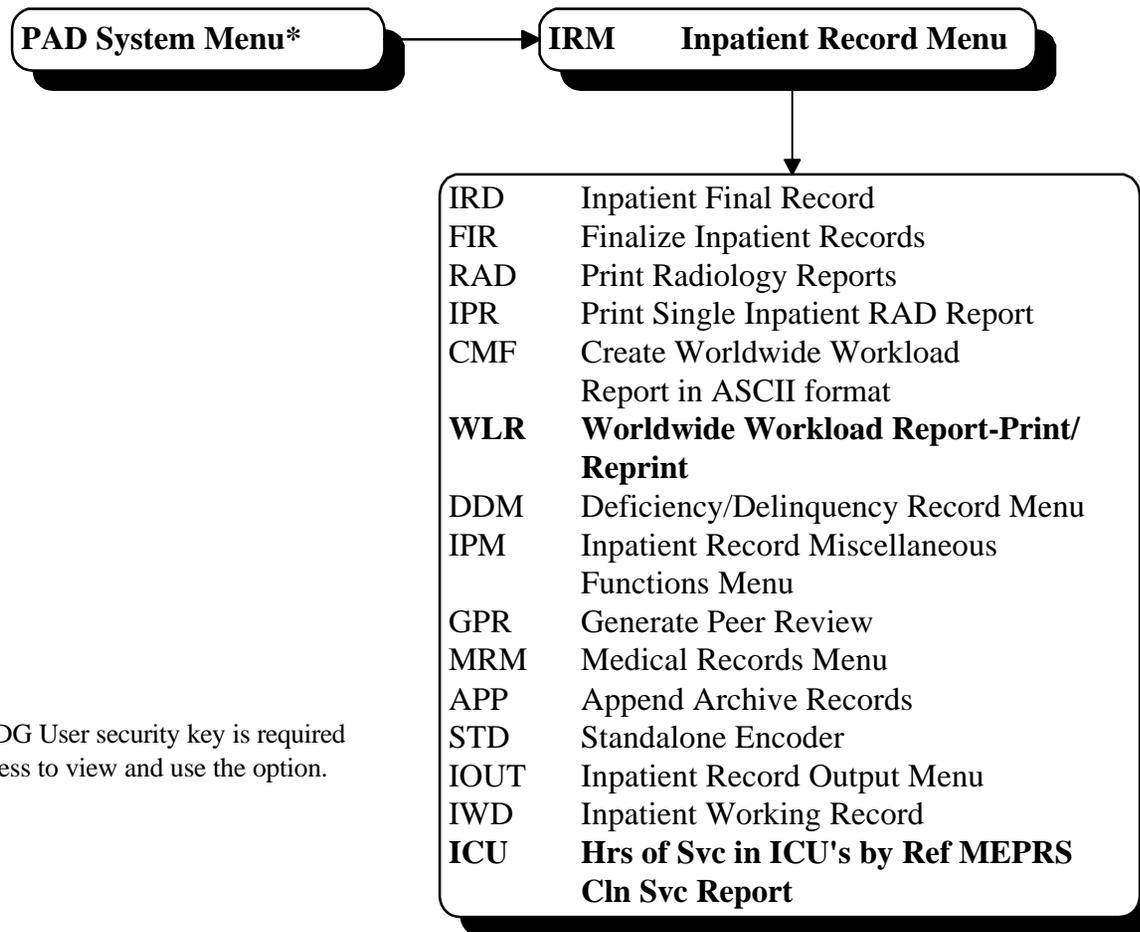
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PAD SYSTEM MENU DIAGRAMS



PAD-01256

PAD SYSTEM MENU DIAGRAMS

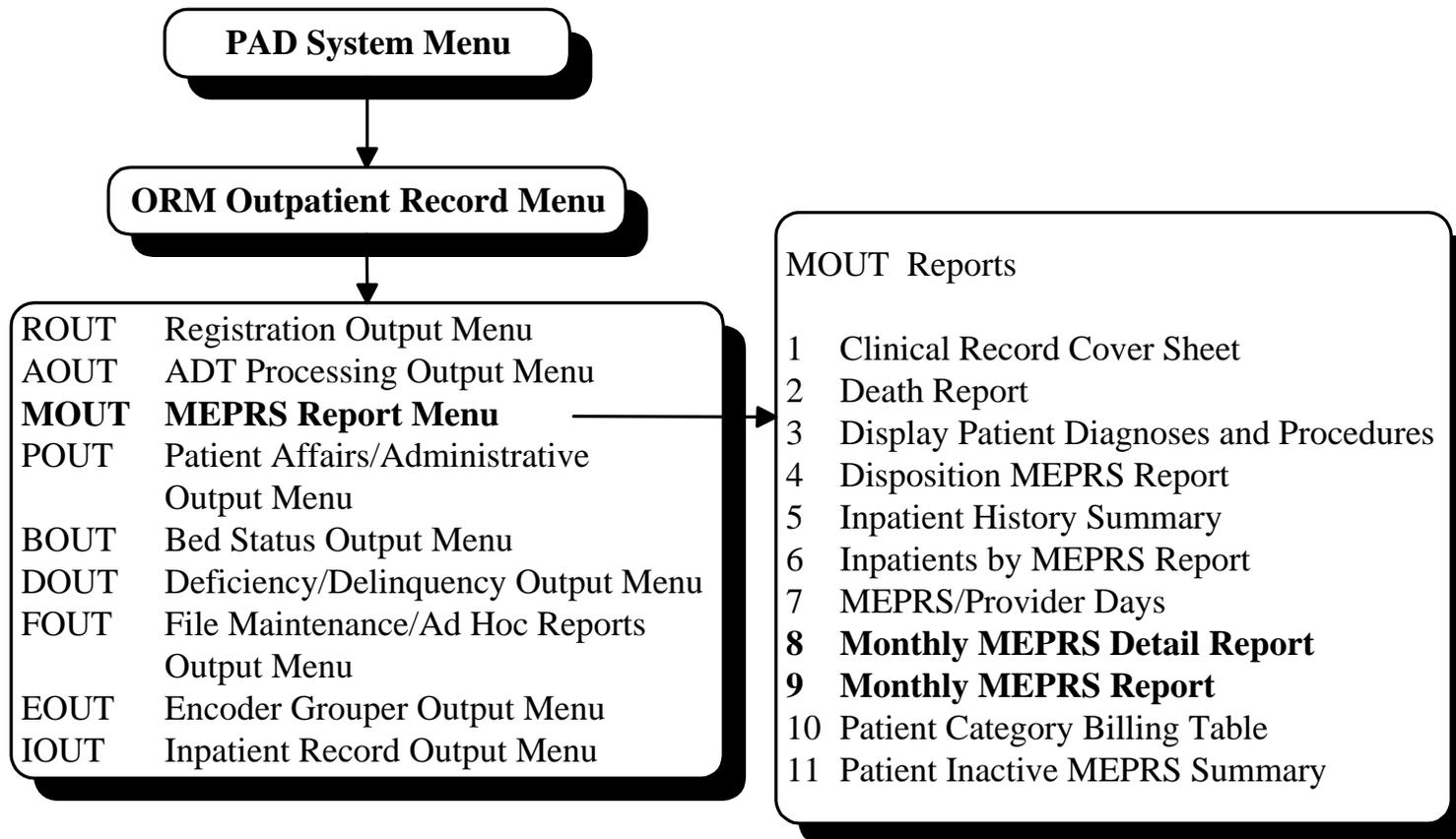


* The DG User security key is required for access to view and use the option.

Note: The PAD menu options related to MEPRS/workload reports are in bold print on this diagram.

PAD-01257

PAD SYSTEM MENU DIAGRAMS



PAD-01258

Note: The PAD menu options related to MEPRS/workload reports are in bold print on this diagram.

PAD MENU DEFINITIONS

PAD Subsystem of CHCS

The PAD Subsystem tracks administrative tasks within the MTF, including registration and administration, disposition, and transfer (ADT) of patients, as well as inpatient record coding, peer review, and medical record tracking. PAD users can collect and monitor patient and bed status including length of stay, pending transfers, and previous inpatient history within the facility.

- **Inpatient Record Menu (IRM)**

The Inpatient Record Menu options allow you to update an inpatient's episode record, enter or modify historical data pertaining to a patient's previous episode, and generate coded transcript reports.

- **Worldwide Workload Report-Print/Reprint (WLR)**

The PAD Subsystem tracks administrative tasks within the MTF, including registration and admission, disposition, and transfer (ADT) of patients, as well as inpatient record coding, peer review, and medical record tracking. This option allows you to collect and monitor patient and bed status, including length of stay, pending transfers, and previous inpatient history within the facility.

When you create this report in ASCII format, you can log onto or switch to a lead division to create and send an ASCII file by Division or Group ID. If you select an ASCII file for Group, a file for the main division along with all of its roll-up divisions is created and sent. If you log onto or switch to a roll-up division, you can only create and send the ASCII file for a single division.

- **Hrs of Svc in ICU's by Ref MEPRS Clin Svc Report (ICU)**

This option enables you to print DJMEPRS data. This is the only place DJ*MEPRS codes ever appear. This option recalculates and prints all the hours (to a decimal digit accuracy) that non-DJMEPRS code referred to DJ*MEPRS codes. A DJ* MEPRS code is simply a MEPRS code that is an ICU.

- **Outpatient Record Menu (ORM)**

The Output Reports Menu options are used to consolidate all output menus within the PAD Subsystem.

- **MEPRS Report Menu (MOUT)**

The MEPRS Report Menu options allow you to choose among a list of MEPRS reports.

- **Monthly MEPRS Detail Report (8)**

The Monthly MEPRS Detail Report breaks out the Admission and Occupied Bed Day information into specific patient episodes, complete with register numbers. It displays the patient register number, number of bed days, ward in and out date, and clinical service in and out date. Users can request a single MEPRS code or Ward Location, or a combination of both. This report is by division and can only be printed for a particular month.

- **Monthly MEPRS Report (9)**

The Monthly MEPRS Report sorts by MEPRS code and ward, and lists the total number of Admissions (excluding RON Admissions) and Occupied Bed Days. This report is by division and can only be printed for a particular month.

Worldwide Workload Report - Print/Reprint

[NAVY MEDICAL TREATMENT FACILITY] WORLDWIDE WORKLOAD REPORT - SECTION I.A.1 18 Jun 2001 1543 Page 1									
DMIS ID: 0067 (Single Facility)		Reporting Period: May 2001							
Calculated: 11 Apr 2001 0744									
TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS									
Item 00 = Basic									
TYPE OF REPORT (CHECK BOX): ()Initial (X)Monthly ()Final ()Corrected Item 01 = Live Birth									
Item	MEPRS Code	Clinic Service	Admissions	Bed	Sick	Inpatient	Outpatient	Ambulatory**	
PATCAT			Days	Days	Visits	Visits	Proc	Visits	
MEDICAL CARE									
00	AAAA	INTERNAL MEDICINE	[61]		[139]		[139]	-	-
	A31	USA RET LOS	1		2		2	-	-
	A43	USA FAM MBR RET	2		5		5	-	-
	F31	USAF RET LOS	6		18		18	-	-
	F43	USAF FAM MBR RET	1		1		1	-	-
	M43	USMC FAM MBR RET	1		-		--	-	-
	N11	USN ACTIVE DUTY	11		2		20	-	-
	N31	USN RET LOS	21		36		36	-	-
	N32	USN RET PDRL	1		1		1	-	-
	N41	USN FAM MBR AD	6		15		15	-	-
	N43	USN FAM MBR RET	8		28		28	-	-
	N47	USN FAM MBR DECEASED RETIRED	2		9		9	-	-
	P31	USPHS RET LOS	1		4		4	-	-
00	BGAA	FAMILY PRACTICE CLINIC	-		[30]		[30]	-	-
	A43	USA FAM MBR RET	-		1		1	-	-
	F31	USAF RET LOS	-		2		2	-	-
	M43	USMC FAM MBR RET	-		1		1	-	-
	N11	USN ACTIVE DUTY	-		8		-	-	-
	N31	USN RET LOS	-		18		18	-	-
-									
-									
-									
TOTAL - SECTION I.A.2:			322		713		713	167	20700 150
*Fourth level MEPRS Codes are not standardized above the MTF level. Comparisons of fourth level data between MTFs are not valid.									
**Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Columns by B Level MEPRS Code, as of CHCS Version 4.5.									

Worldwide Workload Report (Summary Report)

[NAVY MEDICAL TREATMENT FACILITY] WORLDWIDE WORKLOAD REPORT 18 Jun 2001 1308		
Page 38		
DMIS ID: 0067 (Single Facility)	Reporting Period: Apr 2001	
	Calculated: 11 Jun 2001 1623	
TYPE OF REPORT (CHECK BOX): <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Final <input type="checkbox"/> Corrected		

* * * WORKLOAD SUMMARY REPORT * * *		

SECTIONS I & V	Admissions:	253
	Bed Days:	595
	Sick Days:	595
	Dispositions:	317
	Cumulative Bed Days:	692
	Live Births:	69
	Bassinets Days:	118
SECTION II:	ANCILLARY WORKLOAD:	
	Inpatient Raw:	160
	Inpatient Weighted:	223
	Outpatient Raw:	876
	Outpatient Weighted:	1197
	ABSENT SICK:	
	Absent Sick Admissions:	-
	Absent Sick Days:	62
	Absent Sick Dispositions:	-
	Absent Sick Remaining:	2
	Operating Bed Capacity:	80
	Operating Bassinet Capacity:	60
SECTION III:	VENEREAL DISEASE:	
	New Cases:	26
SECTION IV:	PERSONNEL EXCUSED FROM DUTY:	16
	ABSENCES (ZQRA):	
	Quarters:	25
	Obstetrics Quarters:	47
	Other:	51
	TRANSIENTS: -	

*** Please note that this summary does not include workload for 5 patients which appear on the Exceptions Report. ***		
*** End of Report ***		

Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report

B DIVISION		02 May 2001 1445 Page 1				
Personal Data - Privacy Act of 1974 (PL 93-579)						
HOURS OF SERVICE IN INTENSIVE CARE UNITS BY REFERRING MEPRS CLINICAL SERVICE						
From: 01 Dec 2000 To: 31 Dec 2000						

REF MEPRS						
CLINICAL		DJA	DJB	DJC	ADB	DJE
SERVICE	TOTAL	(MICU)	(SICU)	(CCU)	(NICU)	(PICU)

AAAA	643.00	643.00				
AABA	1124.43		1124.43			
ABAA	1059.00		1059.00			
ADAA	1268.78				1268.78	
AGAA	744.00	744.00				
TOTAL	4839.21					
*** End of Report ***						

Monthly MEPRS Detail Report

[NAVY MEDICAL TREATMENT FACILITY]

18 Jun 2001 1546 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

*** MONTHLY MEPRS DETAIL REPORT by DIVISION
From: May 2001

FOR MEPRS CODES: AAAA,AABA		FOR WARD(s): A,B,C			
REG NO.	BED DAYS	WARD IN DATE/TIME	WARD OUT DATE/TIME	CLIN SVC DATE IN	CLIN SVC DATE OUT
MEPRS CODE: AAAA		INTERNAL MEDICINE INPT			
WARD: A					
9301104	1	29 May 01@1749	30 May 01@1201	29 May 01	
9300675	3	01 May 01@1420	04 May 01@1136	01 May 01	
WARD TOTAL:		4			
WARD: B					
9300870	2	15 May 01@0024	17 May 01@1537	15 May 01	
9300917	3	18 May 01@0734	21 May 01@1039	18 May 01	
9301066	1	26 May 01@1849	27 May 01@2355	26 May 01	
9300906	1	17 May 01@1356	18 May 01@1159	17 May 01	
WARD TOTAL:		7			
AAAA TOTAL:		11			
MEPRS CODE: AABA		CARDIOLOGY			
WARD: C					
9301062	2	26 May 01@1459	27 May 01@1354	26 May 01	
9300877	1	15 May 01@1337	16 May 01@1417	15 May 01	
WARD TOTAL:		3			
AABA TOTAL:		3			

Monthly MEPRS Report

AIR FORCE INPATIENT DIV, TEST

08 Aug 1997 1308 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

*** MONTHLY MEPRS ACTIVITY REPORT ***

From: 01 Jun 1997 To: 30 Jun 1997

CODE MEPRS DESCRIPTION

Wards: ARQA BARCODE DMIS F-CCU F-INAC F-MEDA F-MICU F-MSXA F-MSXI F-NICU F-OBI F-PEDI

AAAA INTERNAL MEDICINE-ARM 30 30 30
AAEA ENDOCRINOLOGY 30
ABAA GENERAL SURGERY ARMY

TOTALS 0 0 0 0 30 0 30 30 0 0 0 30

Monthly MEPRS Report (continued)

AIR FORCE INPATIENT DIV, TEST

08 Aug 1997 1308 Page 2

Personal Data - Privacy Act of 1974 (PL 93-579)

*** MONTHLY MEPRS ACTIVITY REPORT ***

From: 01 Jun 1997 To: 30 Jun 1997

 CODE MEPRS DESCRIPTION

Wards: F-PICU F-SURA F-SURI FI 2A F1 2B FIW1 FIW2 JMM PN PW SHEIN2 TW3

AAAA	INTERNAL MEDICINE-ARM												60							30
AAEA	ENDOCRINOLOGY												30							
ABAA	GENERAL SURGERY ARMY																			
TOTALS		0	0	30	60	0	0	30	0	0	0	0	0	0	0	0	0	0	0	0

Monthly MEPRS Report (continued)

AIR FORCE INPATIENT DIV, TEST

08 Aug 1997 1308 Page 4

Personal Data - Privacy Act of 1974 (PL 93-579)

*** MONTHLY MEPRS ACTIVITY REPORT ***

From: 01 Jun 1997 To: 30 Jun 1997

	BED DAY TOTALS	NO.	NO.	NO.		
CODE	MEPRS DESCRIPTION	MEPRS	RMEPRS	ADM	DISP.	LIVEBIRTHS

AAAA	INTERNAL MEDICINE-ARM	270	(90)	2	0	0
AAEA	ENDOCRINOLOGY	30	0	0	0	0
ABAA	GENERAL SURGERY ARMY	30		0	0	0
	SUB TOTAL	330	2	0	0	

	GRAND TOTAL	330	2	0	0	

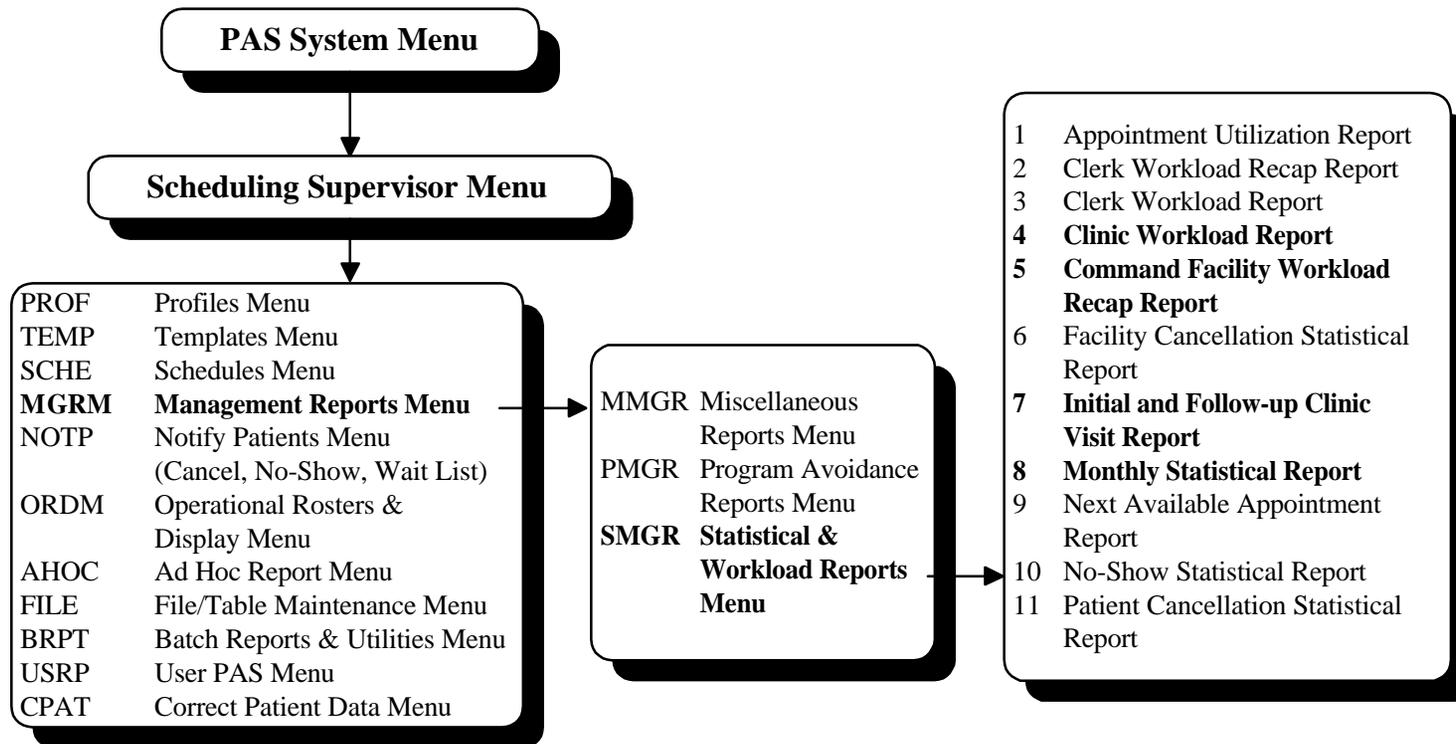
*** End of Report ***

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MEPRS/Workload Reports: PAS

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PAS SYSTEM MENU DIAGRAMS



Note: The PAS menu options related to MEPRS/workload reports are in bold print on this diagram.

PAS-01259

PAS SYSTEM MENU DEFINITIONS

PAS Subsystem of CHCS

The PAS Subsystem provides a variety of functions related to booking and scheduling of patients. It allows various personnel to search for single or multiple appointments in one or more clinics, cancel and reschedule appointments, and enter Wait List request; to check in patients, process Wait List request, and maintain the End of Day Processing Report; to enter and update Emergency Room encounters; and to add and maintain clinic, provider, and appointment types profile information.

- **Scheduling Supervisor Menu (S)**

The Scheduling Supervisor Menu is the primary menu for setting patient appointments and schedules, managing the facility profiles, creating master schedule templates, creating provider schedules, processing Wait Lists, and managing reports and utilities.

- **Management Reports Menu (MGRM)**

The Management Reports Menu option allows you to generate reports for the efficient management of provider schedules and patient appointments. These management reports are categorized as either Miscellaneous, Problem Avoidance, or Statistical & Workload.

- **Statistical & Workload Reports Menu (SMGR)**

The Statistical & Workload Reports Menu option allows you to generate 11 reports. These MEPRS reports include:

- **Clinic Workload Report (4)**

This report allows you to display clinic workload data and visit summaries. The report is an on-demand, single clinic, single or multi-provider statistical monthly report. If pending appointments and/or appointments with missing providers exist for the clinic, the Delinquent End of Month Processing Report is produced instead.

••• **Command Facility Workload Recap Report (5)**

This report provides a three to four-page clinic level summary of the following monthly statistical reports:

- Monthly Statistical Report
- No-Show Statistical Report
- Facility Cancellation Report
- Patient Cancellation Report.

Only the Monthly Statistical Report displays workload data. This report will not print if pending appointments or missing providers exist. If any of the above discrepancies exist, the Delinquent End-of-Day processing Report prints.

••• **Initial and Follow-up Clinic Visit Report (7)**

This report provides an overview of workload data broken down by initial and follow-up clinic visits for patients and outpatients. The report may be sorted by Division or Group.

••• **Monthly Statistical Report (8)**

This report provides monthly statistics for clinics, divisions, and Groups and may be sorted by any or all of these three categories. The report lists count and non-count workloads for inpatient and outpatient visits based on the clinic's MEPRS code. This is a four-part report displaying the data by clinic and provider, by patient category, and by MEPRS code and clinic. It also provides a summary.

This is the primary PAS/MCP report for MEPRS workload reports.

Clinic Workload Report

TRAINING MEDICAL TREATMENT FACILITY					21 Jun 2001@1457	Page
1						
CLINIC WORKLOAD REPORT						
From: Jun 2001 To: Jun 2001						
Division: DIV A - TRAINING HOSPITAL						
=====						
Appt	MEPRS	COUNT WORKLOAD			NON-COUNT WORKLOAD	
Type	Code	# In	# Out	Total	# In	# Out Total
=====						
ER5 *** Clinic Totals ***						

EROOM	BIAA	0	6	6	0	0 0
Clinic Total:		0	6	6	0	0 0
TRAINING MEDICAL TREATMENT FACILITY					21 Jun 2001@1457	Page
2						
CLINIC WORKLOAD REPORT						
From: Jun 2001 To: Jun 2001						
Division: DIV A - TRAINING HOSPITAL						
=====						
Appt	MEPRS	COUNT WORKLOAD			NON-COUNT WORKLOAD	
Type	Code	# In	# Out	Total	# In	# Out Total
=====						
ER5						

Provider: CANNON,GERALD P						
EROOM	BIAA	0	6	6	0	0 0
Clinic Total:		0	6	6	0	0 0

Clinic Workload Report (continued)

TRAINING MEDICAL TREATMENT FACILITY			21 Jun 2001@1457			Page		
3								
CLINIC WORKLOAD REPORT								
From: Jun 2001			To: Jun 2001					
Division: DIV A - TRAINING HOSPITAL								
=====								
Appt	Cat		COUNT WORKLOAD			NON-COUNT WORKLOAD		
Type	Code	Description	# In	# Out	Total	# In	# Out	Total
=====								
ER5								

EROOM	A11	USA ACTIVE DUTY OFFICER	0	1	1	0	0	0
	F11	USAF ACTIVE DUTY	0	5	5	0	0	0
Subtotal:			0	6	6	0	0	0
Clinic Total:			0	6	6	0	0	0
TRAINING MEDICAL TREATMENT FACILITY			21 Jun 2001@1457			Page		
4								
CLINIC WORKLOAD REPORT								
From: Jun 2001			To: Jun 2001					
Division: DIV A - TRAINING HOSPITAL								
=====								
Cat			COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code		Description	# In	# Out	Total	# In	# Out	Total
=====								
ER5								

A11		USA ACTIVE DUTY OFFICER	0	1	1	0	0	0
F11		USAF ACTIVE DUTY	0	5	5	0	0	0
Clinic Total:			0	6	6	0	0	0

Clinic Workload Report (continued)

TRAINING MEDICAL TREATMENT FACILITY				21 Jun 2001@1457			Page		
5									
CLINIC WORKLOAD REPORT									
From: Jun 2001				To: Jun 2001					
Division: DIV A - TRAINING HOSPITAL									
=====									
Appt	Cat			COUNT WORKLOAD			NON-COUNT WORKLOAD		
Type	Code	Description		# In	# Out	Total	# In	# Out	Total
=====									
ER5									

Provider: CANNON,GERALD P									
EROOM	A11	USA ACTIVE DUTY OFFI		0	1	1	0	0	0
	F11	USAF ACTIVE DUTY		0	5	5	0	0	0
Subtotal:				0	6	6	0	0	0
Clinic Total:				0	6	6	0	0	0
TRAINING MEDICAL TREATMENT FACILITY				21 Jun 2001@1457			Page		
6									
CLINIC WORKLOAD REPORT									
From: Jun 2001				To: Jun 2001					
Division: DIV A - TRAINING HOSPITAL									
=====									
MEPRS				COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code		Description		# In	# Out	Total	# In	# Out	Total
=====									
ER5									

BIAA		EMERGENCY MEDICAL CLINIC		0	6	6	0	0	0
Clinic Total:				0	6	6	0	0	0

Clinic Workload Report (continued)

TRAINING MEDICAL TREATMENT FACILITY				21 Jun 2001@1457			Page	
7								
CLINIC WORKLOAD REPORT								
From: Jun 2001				To: Jun 2001				
Division: DIV A - TRAINING HOSPITAL								
=====								
MEPRS Appt		COUNT WORKLOAD			NON-COUNT WORKLOAD			
Code	Type	# In	# Out	Total	# In	# Out	Total	
=====								
ER5								

Provider: CANNON,GERALD P								
BIAA EROOM		0	6	6	0	0	0	
0								
Clinic Total:		0	6	6	0	0	0	
0								
TRAINING MEDICAL TREATMENT FACILITY				21 Jun 2001@1457			Page	
8								
CLINIC WORKLOAD REPORT								
From: Jun 2001				To: Jun 2001				
Division: DIV A - TRAINING HOSPITAL								
=====								
Requesting		COUNT WORKLOAD			NON-COUNT WORKLOAD			
Service	Description	# In	# Out	Total	# In	# Out	Total	
=====								
ER5								

????	*No Requesting Service*	0	2	2	0	0	0	
BACA(DIVA)	CARDIOLOGY CLINIC	0	1	1	0	0	0	
BAPA(DIVA)	DERMATOLOGY CLINIC	0	1	1	0	0	0	
BCAA(NAV)	FAMILY PLANNING CLINIC	0	1	1	0	0	0	
BGAA(DIVA)	FAMILY PRACTICE CLINIC	0	1	1	0	0	0	
Clinic Total:		0	6	6	0	0	0	

Command Facility Workload Recap Report

TRAINING HOSPITAL		COMMAND FACILITY WORKLOAD RECAP REPORT by GROUP												25 Jul 2001@1619	Page 1
From: Jun 2001 To: Jun 2001															
Appointment Statistics Summary															
Division: TRIPLER ARMY MEDICAL CENTER															
=====															
Department/ Clinic	COUNT WORKLOAD			#No	%No	#Fac	%Fac	#Pat	%Pat	Non-Count Appt Statuses			Total		
	#In	#Out	Total	Show	Show	Canc	Canc	Canc	Canc	ADMIN	LWOBS	OCC-SVC	Interactions		
=====															
MEDICINE DEPARTMENT															

Allergy Clinic	6	77	83	10	10.7	10	10.7	13	13.5	3	2	2	123		
Dermatology Clinic	6	77	83	7	7.7	10	10.7	13	13.5	2	0	0	115		
Department Total:	12	154	166	17	9.2	20	10.7	26	13.5	5	2	2	238		
SURGERY															

General Surgery	6	77	83	10	10.7	10	10.7	13	13.5	3	2	2	123		
Urology Clinic	6	77	83	7	7.7	10	10.7	13	13.5	2	0	0	115		
Department Total:	12	154	166	17	9.2	20	10.7	26	13.5	5	2	2	238		
Division Total:	24	308	332	34	9.2	40	10.7	52	13.5	10	4	4	476		
=====															
NOTE: The %NoShow = the number of no-shows divided by the number of count clinic visits (Kept Appts and Unscheduled Visits) plus the number of no-shows. The %Fac Canc = the number of facility cancellations divided by the number of count clinic visits (Kept Appts and Unscheduled Visits) plus the number of facility cancellations. The %Pat Canc = the number of patient cancellations divided by the number of count clinic visits (Kept Appts and Unscheduled Visits) plus the number of patient cancellations.															



Command Facility Workload Recap Report (continued)

TRAINING HOSPITAL											25 Jul 2001@1619		
Page 2													
COMMAND FACILITY WORKLOAD RECAP REPORT by GROUP													
From: Jun 2001 To: Jun 2001													
Appointment Statistics Summary													
Division: TRIPLER ARMY MEDICAL CENTER													
=====													
===													
Division/	COUNT WORKLOAD			#No %No	#Fac %Fac	#Pat %Pat	Non-Count Appt		Statuses		Total		
Department	#In	#Out	Total	ShowShow	Canc Canc	Canc Canc	ADMIN	LWOBS	OCC-SVC	Interactions			
=====													
===													
Group Summary													
TRIPLER													

Medicine	12	154	166	17 9.2	20 10.7	26 13.5	5	2	2	238			
Surgery	12	154	166	17 9.2	20 10.7	26 13.5	5	2	2	238			
Division Total:	24	308	332	34 9.2	40 10.7	52 13.5	10	4	4	476			
SCHOFIELD													

Medicine	12	154	166	17 9.2	20 10.7	26 13.5	5	2	2	238			
Surgery	12	154	166	17 9.2	20 10.7	26 13.5	5	2	2	238			
Division Total:	24	308	332	34 9.2	40 10.7	52 13.5	10	4	4	476			
Group Total:	48	616	664	68 9.2	80 10.7	104 13.5	20	8	8	52			
=====													
===													
NOTE: The %NoShow = the number of no-shows divided by the number of count clinic visits (Kept Appts and Unscheduled Visits) plus the number of no-shows. The %Fac Canc = the number of facility cancellations divided by the number of count clinic visits (Kept Appts and Unscheduled Visits) plus the number of facility cancellations. The %Pat Canc = the number of patient cancellations divided by the number of count clinic visits (Kept Appts and Unscheduled Visits) plus the number of patient cancellations.													

Command Facility Workload Recap Report (continued)

TRAINING HOSPITAL		25 Jul 2001@1619	Page 3
COMMAND FACILITY WORKLOAD RECAP REPORT by GROUP From: Jun 2001 To: Jun 2001 ***Next Available Appointment Summary***			
Division: TRIPLER ARMY MEDICAL CENTER			
=====			
Clinic	Appt Type	Next Available Date	
=====			
ALLERGY CLINIC	F/UP	23 Jul 2001@1400	
	GT	26 Jul 2001@1500	
	IN	30 Jul 2001@1000	
	MSE	29 Jul 2001@0800	
DERMATOLOGY CLINIC	SC	29 Jul 2001@1300	
	WARTS	29 Jul 2001@0700	
GENERAL SURGERY CLINIC	F/UP	05 Aug 2001@1100	
	MSUR	28 Jul 2001@0900	
	NEW	28 Jul 2001@0700	
	ROUT	23 Jul 2001@1400	
	VASC	03 Aug 2001@0900	
~ ~	~ ~	~ ~ ~	
~ ~	~ ~	~ ~ ~	
UROLOGY CLINIC	F/UP	28 Jul 2001@1000	
	NEW	27 Jul 2001@1300	

Command Facility Workload Recap Report (continued)

TRAINING HOSPITAL											25 Jul 2001@1619	Page 4
COMMAND FACILITY WORK2001 To: Jun 2001												
Clerk Workload Summary												
Division: TRIPLER ARMY MEDICAL CENTER												
=====												
Department/ Clinic	Appts Made	#Fac Canc	#Pat Canc	#No Show	Walk In	Sick Call	Tel Cons	Unsch Total		Non-Count ADMIN	Appt LWOBS	Statuses OCC-SVC
=====												
MEDICINE												

ALLERGY CLINIC	469	20	24	10	469	0	0	469		10	60	59
DERMATOLOGY CLINIC	469	20	24	10	469	0	0	469		10	60	59
Department Total:	938	40	48	20	938	0	0	938		20	120	118
SURGERY												

GENERAL SURGERY	469	20	24	10	469	0	0	469		10	60	59
UROLOGY CLINIC	469	20	24	10	469	0	0	469		10	60	59
Department Total:	938	40	48	20	938	0	0	938		20	120	118
Division Total:	1876	80	56	40	1876	0	0	1876		40	240	236

Command Facility Workload Recap Report (continued)

TRAINING HOSPITAL	25 Jul 2001@1619	Page
5		
COMMAND FACILITY WORKLOAD RECAP REPORT by GROUP From: Jun 2001 To: Jun 2001 ***Clerk Workload Summary***		
Division: TRIPLER ARMY MEDICAL CENTER		
=====		
Division/ Department	Appts #Fac #Pat #No Made Canc Canc Show	Walk Sick Tel Unsch Non-Count Appt Statuses In Call Cons Total ADMIN LWOBS OCC-SVC
=====		
Group Summary		
TRIPLER		

MEDICINE	938 40 48 20	938 0 0 938 20 120 118
SURGERY	938 40 48 20	938 0 0 938 20 120 118
Division Total:	1876 80 96 40	1876 0 0 1876 40 240 236
SCHOFIELD		

GENERAL SURGERY	938 0 48 20	938 0 0 938 20 120 118
UROLOGY	938 40 48 20	938 0 0 938 20 120 118
Division Total:	1876 80 96 40	1876 0 0 1876 40 240 236
Group Total:	3752 160 192 80	3752 0 0 3752 80 480 472

Initial and Follow-up Clinic Visit Report

TRAINING HOSPITAL			03 Jul 2001@1019			Page 1			
INITIAL & FOLLOW-UP CLINIC VISIT REPORT by GROUP									
From: Jun 2001			To: Jun 2001						
Division: SCHOFIELD BARRACKS									
=====									
Department/ Clinic	Inpatient			Outpatient			Total Clinic Visits		
	Init	F/U	Total	Init	F/U	Total	Init	F/U	Total
=====									
Division Summary									
MEDICINE DEPARTMENT									

ALLERGY	20	1	21	26	1	27	46	2	48
CARDIOLOGY	7	9	16	1	3	4	8	12	20
DERMATOLOGY	12	2	14	23	5	28	35	7	42
Department Total:	39	12	51	50	9	59	89	21	110
PRIMARY CARE & COMM MEDICINE									

CARDIOLOGY	0	0	0	2	2	4	2	2	4
FAMILY PRACTICE (A	0	0	0	2	0	2	2	0	2
Department Total:	0	0	0	4	2	6	4	2	6
SURGERY									

OBSTETRICS CLINIC	12	2	14	32	8	40	44	10	54
Department Total:	12	2	14	32	8	40	44	10	54
Division Total:	51	14	65	86	19	105	137	33	170
Group Total:	51	14	65	86	19	105	137	33	170

Initial and Follow-up Clinic Visit Report (continued)

TRAINING HOSPITAL 03 Jul 2001@1019 Page 2

INITIAL & FOLLOW-UP CLINIC VISIT REPORT by GROUP

From: Jun 2001 To: Jun 2001

Division: SCHOFIELD BARRACKS

```

=====
Division/          Inpatient   |   Outpatient   |   Total Clinic Visits
Department        Init   F/U Total | Init   F/U Total |   Init   F/U   Total
=====

```

Group Summary

Division: SCHOFIELD BARRACKS

```

-----
MEDICINE DEPARTMENT   39   12   51   50   9   59   89   21   110
PRIMARY CARE & COM    0    0    0    4    2    6    4    2    6
SURGERY               12    2   14   32    8   40   44   10   54
Division Total:      51   14   65   86   19  105  137   33  170

Group Total:         51   14   65   86   19  105  137   33  170

```

Monthly Statistical Report

TRAINING MEDICAL TREATMENT FACILITY					21 Jun 2001@1046		Page 1	
MONTHLY STATISTICAL REPORT by CLINIC								
From: Jun 2001				To: Jun 2001				
Division: DIV A - TRAINING HOSPITAL					Department: PRIMARY CARE DEPARTMENT			
=====								
Appt	MEPRS	COUNT WORKLOAD			NON-COUNT WORKLOAD			
Type	Code	# In	# Out	Total	# In	# Out	Total	
=====								
ER6								

EROOM	ABAA	0	0	0	13	0	13	
	BIAA	0	6	6	0	0	0	
Subtotal:		0	6	6	13	0	13	
Clinic Total:		0	6	6	13	0	13	
TRAINING MEDICAL TREATMENT FACILITY					21 Jun 2001@1046		Page 2	
MONTHLY STATISTICAL REPORT by CLINIC								
From: Jun 2001				To: Jun 2001				
Division: DIV A - TRAINING HOSPITAL					Department: PRIMARY CARE DEPARTMENT			
=====								
Appt	MEPRS	COUNT WORKLOAD			NON-COUNT WORKLOAD			
Type	Code	# In	# Out	Total	# In	# Out	Total	
=====								
ER6								

Provider: CARPENTER, CHARLES D								
EROOM	ABAA	0	0	0	13	0	13	
	BIAA	0	6	6	0	0	0	
Subtotal:		0	6	6	13	0	13	
Clinic Total:		0	6	6	13	0	13	

Monthly Statistical Report (continued)

TRAINING MEDICAL TREATMENT FACILITY		21 Jun 2001@1046			Page 3		
MONTHLY STATISTICAL REPORT by CLINIC							
From: Jun 2001				To: Jun 2001			
Division: DIV A - TRAINING HOSPITAL				Department: PRIMARY CARE DEPARTMENT			
=====							
Cat		COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code	Description	# In	# Out	Total	# In	# Out	Total
=====							
ER6							

A11	USA ACTIVE DUTY ENLISTED	0	5	5	0	0	0
F11	USAF ACTIVE DUTY	0	1	1	0	0	0
K99	MASS CASUALTY PATIENT	0	0	0	12	0	12
N11	USN ACTIVE DUTY	0	0	0	1	0	1
Clinic Total:		0	6	6	13	0	13

TRAINING MEDICAL TREATMENT FACILITY		21 Jun 2001@1046			Page 4		
MONTHLY STATISTICAL REPORT by CLINIC							
From: Jun 2001				To: Jun 2001			
Division: DIV A - TRAINING HOSPITAL				Department: PRIMARY CARE DEPARTMENT			
=====							
MEPRS		COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code	Description	# In	# Out	Total	# In	# Out	Total
=====							
ER6							

ABAA	GENERAL SURGERY	0	0	0	13	0	13
BIAA	EMERGENCY MEDICAL CLINIC	0	6	6	0	0	0
Clinic Total:		0	6	6	13	0	13

Roster of Kept APV Appointments

Group ID: 75TH MEDICAL GROUP
 Division: All

Personal Data - Privacy Act of 1974 (PL 93-579)
 ROSTER OF KEPT APV APPOINTMENTS
 by APV Tracking Number
 APV Date Range: Sep 1997 - Sep 1997

APV Tracking #	Patient Name	FMP/Sponsor SSN	Pat Cat	MEPRS	Hospital Location	Provider
1997-09020001	BOWEN,ROBERT	20/432-04-9837	N11	BAA5	GASTROENTEROLOGY APU	EVANS,RUSSELL
		Appt Dt/Tm: 02 Sep1997@1030 Arrival: 02 Sep 1997 @1004 Nursing Start: Depart to Pro:			Return fr Pro: Disposition: 24-Hour Flag: Admitted to:	
1997-09030002	WYLIE,JACKIE	30/221-80-2145	A41	BAG5	GASTROENTEROLOGY APU	EVANS,RUSSELL
		Appt Dt/Tm: 03 Sep 1997@1430 Arrival: 03 Sep 1997@1418 Nursing Start: Depart to Pro:			Return fr Pro: Disposition: 24-Hour Flag: Admitted to:	
1997-09030003	JANAREK,RONALD	20/800-48-0335	F22	BAA5	MAIN APU	LIVINGSTON,TOM
		Appt Dt/Tm: 03 Sep 1997@1500 Arrival: 03 Sep 1997@1448 Nursing Start: Depart to Pro:			Return fr Pro: Disposition: 24-Hour Flag: Admitted to:	
+						

+The plus sign indicates additional data.

26 May 1998

Roster of Kept APV Appointments (continued)

1997-09030004	HALBACH, MARY	30/221-70-2147	A41	BAC5	CARDIOLOGY APU	MCGAUGHEY, TINA
		Appt Dt/Tm: 03 Sep 1997@1700 Arrival: 03 Sep 1997@1643 Nursing Start: 03 Sep 1997@1643 Depart to Pro:			Return fr Pro: Disposition: 03 Sep 1997@1650 24-Hour Flag: NO Admitted to:	
1997-09050003	HOFFMAN, GREGORY	20/432-09-7786	N11	BAA5	MAIN APU	LIVINGSTON, TOM
		Appt Dt/Tm: 05 Sep 1997@1500 Arrival: 05 Sep 1997@1433 Nursing Start: 05 Sep 1997@1443 Depart to Pro:			Return fr Pro: Disposition: 05 Sep 1997@1750 24-Hour Flag: NO Admitted to:	
1997-09090002	MULLIN, JOSEPH	20/999-87-6566	N11	BAG5	GASTROENTEROLOGY APU	EVANS, RUSSELL
		Appt Dt/Tm: 09 Sep 1997@1300 Arrival: 09 Sep 1997@1253 Nursing Start: Depart to Pro:			Return fr Pro: Disposition: 09 Sep 1997@1350 24-Hour Flag: NO Admitted to:	

Roster of Kept APV Appointments (continued)

1997-09090003	COSNER, ROBERT	30/213-09-1234	N41	BAG5	MAIN APU	LIVINGSTON, TOM
		Appt Dt/Tm: 09 Sep 1997 @1500			Return fr Pro: 09 Sep 1997@1645	
		Arrival: 09 Sep 1997 @1427			Disposition: 10 Sep 1997@1712	
		Nursing Start: 09 Sep 1997@1500			24-Hour Flag: YES	
		Depart to Pro: 09 Sep 1997@1516			Admitted to: West 4C	

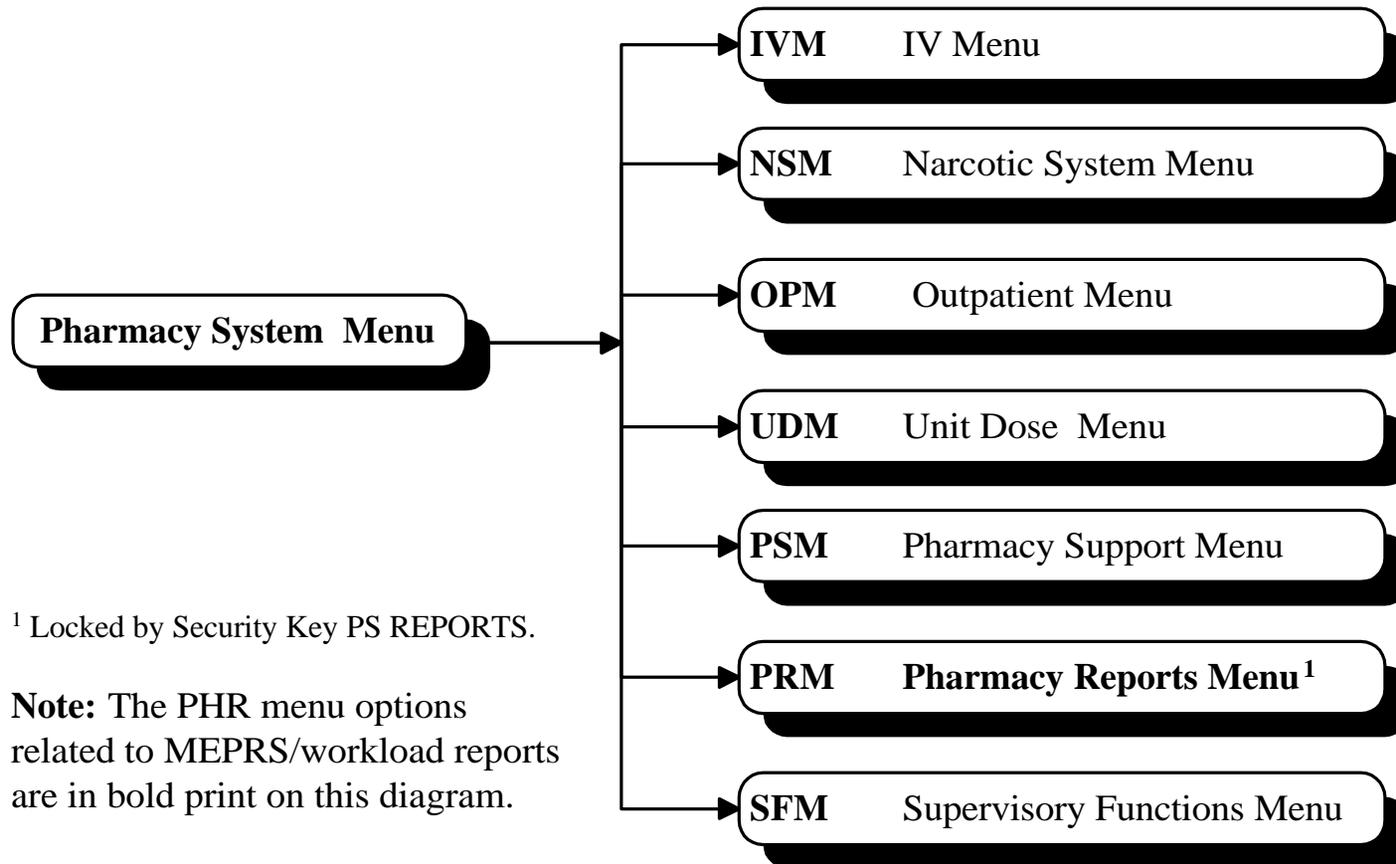
1997-09100001	ALVAREZ, TONY	20/415-89-0001	N11	BAA5	CARDIOLOGY APU	MCGAUGHEY, TINA
		Appt Dt/Tm: 10 Sep 1997@0900			Return fr Pro: 10 Sep 1997@1010	
		Arrival: 10 Sep 1997@0839			Disposition: 10 Sep 1997@1412	
		Nursing Start: 10 Sep 1997@1856			24-Hour Flag: NO	
		Depart to Pro: 10 Sep 1997@0912			Admitted to:	

						Total KEPT APV Appointments in AIR FORCE OUTPATIENT DIV: 8
						Grand Total KEPT APV Appointments in 75TH MEDICAL GROUP (All Divisions): 15

MEPRS/Workload Reports: PHR

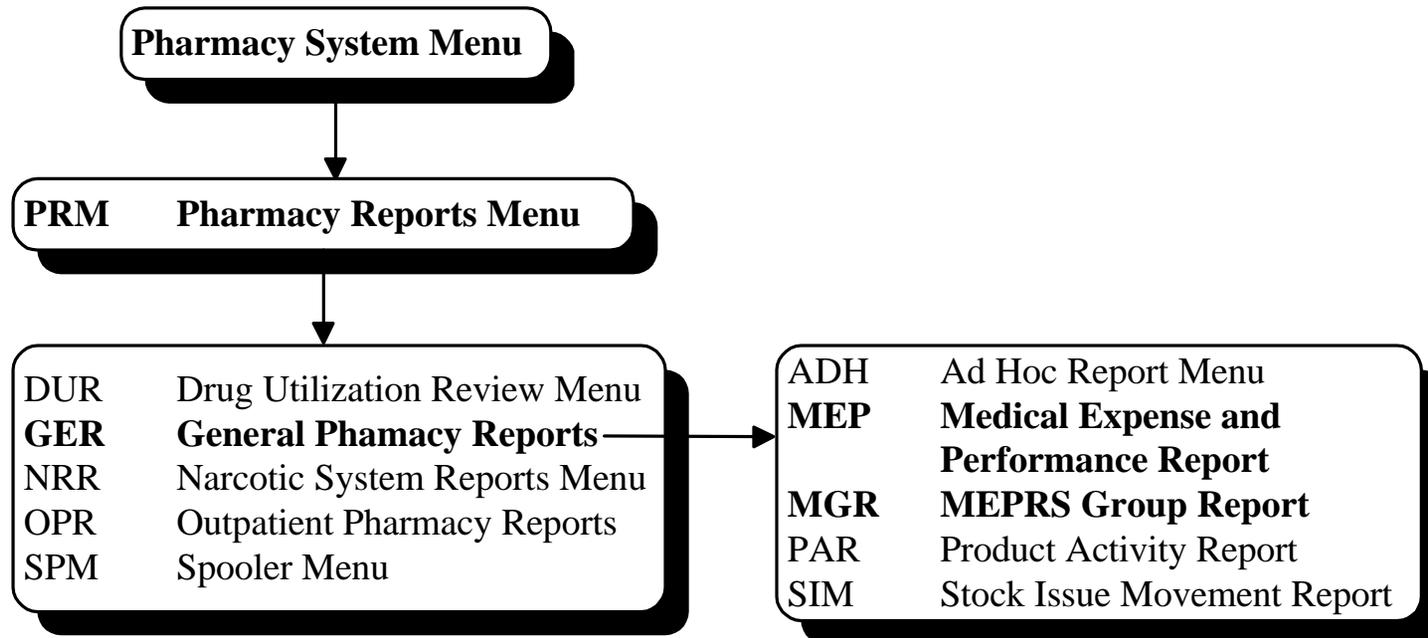
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PHR SYSTEM MENU DIAGRAMS



PHR-01260

PHR SYSTEM MENU DIAGRAMS



Note: The PHR menu options related to MEPRS/workload reports are in bold print on this diagram.

PHR-01261

PHR SYSTEM MENU DEFINITIONS

PHR Subsystem of CHCS

The PHR Subsystem allows authorized users to input and process inpatient and outpatient medication orders and prescriptions. It also allows users to record and maintain formulary files, bulk and clinic issues, and to produce a variety of pharmacy-related reports.

- **Pharmacy Reports Menu (PRM)**

The Pharmacy Reports Menu contains all pharmacy reports. There are submenus for Outpatient Pharmacy Reports, Drug Utilization Reviews, Narcotics Reports, General Pharmacy Reports, Inpatient Pharmacy Reports, and options for the spooling of any report.

This menu is locked by the PS REPORTS security key.

- **General Pharmacy Reports (GER)**

The General Pharmacy Reports Menu contains options that contain data from all pharmacy areas.

- **Medical Expense and Performance Report (MEP)**

This report prints the MEPRS workload for any division and date range the user specifies. S/he may select the report in either the Detailed or the Summary format.

- Detailed

This report displays each work center on a separate page, with the last page being a cumulative summary. The user may also request a breakdown FCD workload within the division.

- Summary

This report includes FCD* workload performed, which is displayed as one-time for each division.

The FCD* Workload is a workload identified as being performed by the user's division for other groups, and will appear on Pharmacy MEPRS reports under the FCD* header.

••• **MEPRS Group Report (MGR)**

This MEPRS Group Report option allows you to display the workload performed at the Divisional level that has been rolled up into the appropriate GROUP ID. The reports prints data for a specific Group or Groups for a specified date range.

The user must have access to all Divisions within a Group to select that Group for reporting. These reports are on the WAM Menu and can be accessed by the MEPRS personnel.

If a provider is a CHAMPUS provider type (outside provider), the MEPRS code for the requesting location will always be an FCC MEPRS code, regardless of the performing location.

If a provider is *not* an outside provider and the GROUP DMIS ID of the requesting location is not equal to the GROUP DMIS ID of the performing location, the workload data will be displayed under the FCD* grouping as a performing division. The actual MEPRS code associated with the performing division will continue to display in the detail of the report.

Medical Expense and Performance Report

TRAINING MEDICAL TREATMENT FACILITY													21 Jun 2001@1535 PAGE 1	
PHARMACY - SUMMARY MEPRS DIVISION REPORT														
From: 18 Jun 2001 To: 21 Jun 2001														
DIVISION: DIV A - TRAINING HOSPITAL														
=====														
REQUESTING DIVISION														
=====														
MEPRS	PRESCRIPTIONS		REFILLS		CLINIC ISSUES		BULK ISSUES		STERILE PRODUCTS		UNIT DOSE		TOTAL	
CODE	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD	WTD	
=====														
DIV A - TRAINING HOSPITAL														
AAAA	3	3	0	0	0	0	48	96	0	0	0	0	99	
AAKA	2	2	0	0	0	0	0	0	0	0	0	0	2	
AAXA	0	0	0	0	0	0	6	12	0	0	0	0	12	
ABAA	0	0	0	0	0	0	12	24	0	0	0	0	24	
ADAA	0	0	0	0	0	0	2	4	0	0	0	0	4	
AFAA	0	0	0	0	0	0	15	30	0	0	0	0	30	
INPATIENT SUBTOTAL:														
	5	5	0	0	0	0	83	166	0	0	0	0	171	

MEPRS Group Report

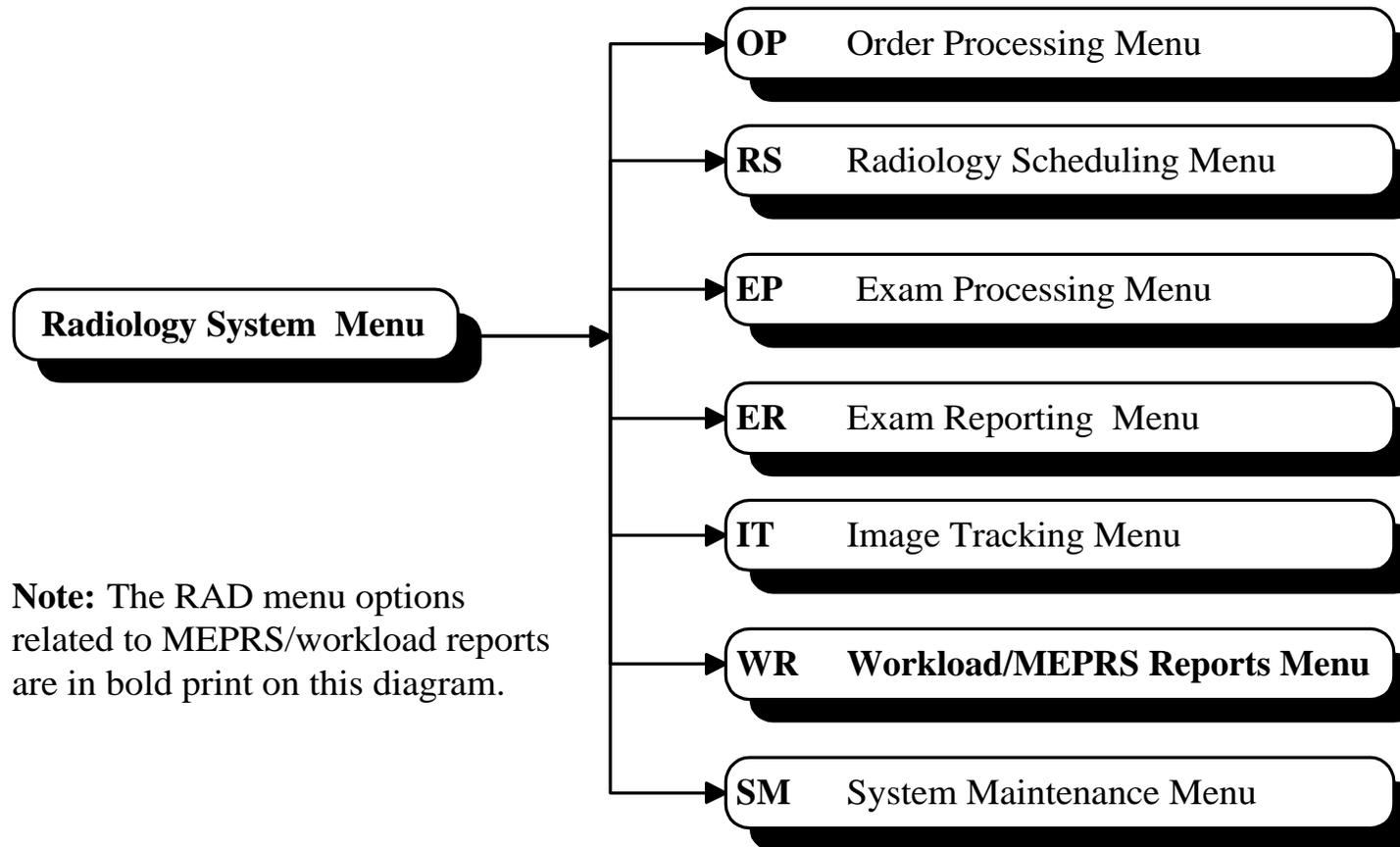
TRAINING MEDICAL TREATMENT FACILITY													21 Jun 2001@1541 PAGE 1	
PHARMACY - MEPRS GROUP REPORTS														
From: 16 Jun 2001 To: 21 Jun 2001														
Performing Group: WALTER REED AMC														
=====														
MEPRS	PRESCRIPTIONS		REFILLS		CLINIC ISSUES		BULK ISSUES		STERILE PRODUCTS		UNIT DOSE		TOTAL	TOTAL
CODE	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD	RAW	WTD
=====														
DIV A - TRAINING HOSPITAL														
AAAA	3	3	0	0	0	0	48	96	0	0	0	0	51	99
AAKA	2	2	0	0	0	0	0	0	0	0	0	0	2	2
AAXA	0	0	0	0	0	0	6	12	0	0	0	0	6	12
ABAA	0	0	0	0	0	0	12	24	0	0	0	0	12	24
ADAA	0	0	0	0	0	0	2	4	0	0	0	0	2	4
AFAA	0	0	0	0	0	0	15	30	0	0	0	0	15	30
BAAA	5	75	0	0	0	0	0	0	0	0	0	0	75	75
BAHA	2	2	0	0	0	0	0	0	0	0	0	0	2	2
BHAA	8	8	0	0	0	0	0	0	0	0	0	0	8	8
FCDA	1	1	0	0	0	0	0	0	0	0	0	0	1	1
<hr/>														
TOTAL:	91	91	0	0	0	0	83	166	0	0	0	0	174	257
<hr/>														
REPORT TOTAL:	91	91	0	0	0	0	83	166	0	0	0	0	174	257
***** END OF REPORT *****														

FM-00621

MEPRS/Workload Reports: RAD

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RAD SYSTEM MENU DIAGRAMS



Note: The RAD menu options related to MEPRS/workload reports are in bold print on this diagram.

RAD-01262

RAD SYSTEM MENU DIAGRAMS

WR **Workload/MEPRS Reports Menu**

PFT **Procedure Workload Facility Totals**
PLT **Procedure Workload - Radiology
Location Totals**
PWL **Procedure Workload by Radiology
Location**
FTR **Facility Totals by Req. Acct.
& Func. Category**
LTR **Radiology Location Totals by
Requesting Account**
PTR **Location Procedure Totals by
Requesting Account**
MGR **MEPRS Group Report**
CPT **Ancillary CPT Report**
RFD Repeat Film Detail/Summary
Report by Repeat Reason
RFS Repeat Film Summary Report
by Proc., Techn., or Room
RUW Workload for Unverified Reports
RVW Workload for Verified Reports
RTW Workload by Transcriptionist

Note: The RAD menu options
related to MEPRS/workload reports
are in bold print on this diagram.

RAD-01263

RAD SYSTEM MENU DEFINITIONS

RAD Subsystem of CHCS

The RAD Subsystem allows radiologists, physician, nurses, and allied health care professionals to enter and modify radiology orders and related data, as well as to verify and process requests for various radiologic procedures or therapeutic treatments. By providing integrated data management, the RAD Subsystem quickly identifies patients and generates radiology test results.

- **Workload/MEPRS Report Menu (WR)**

The Procedure Workload Facility Totals Report provides a count of the types of exams performed, along with the associated workload values, films and exposures used; number studies done; and inpatient versus outpatient workload for all of the divisions within a given MTF.

If users do not have access to all divisions in an MTF, they will only be able to access reports for their divisions. A user with access to all divisions, will be prompted to chose the division for which s/he wants to reports, with the default being ALL, for all divisions and the default division being undefined

- **Procedure Workload Facility Totals (PFT)**

This Procedure Workload Facility Totals Report provides a count of the types of exams performed, along with: the associated workload values, films, and exposures used: number of studies done; and inpatient versus outpatient workload for all of the divisions within a given MTF.

If users do not have access to all divisions in an MTF, they will only be able to access reports for their divisions. A user with access to all divisions, will be prompted to chose the division for which s/he wants the reports, with the default being ALL, for all divisions and the default division being undefined.

- **Procedure Workload - Radiology Location Totals (PLT)**

This report provides only the totals for film, exposures, portable studies, and exams for a given Radiology location. This is based on performing locations.

- **Procedure Workload - Radiology Location (PWL)**

This report is the same as Procedure Workload Facility Total (PFT), with the exception that this report shows workload broken out by performing Radiology location.

- **Facility Totals by Req Acct & Func Category (FTR)**

This report determines requesting locations and their impact on a given division. This report also groups requesting locations by their functional category, i.e., inpatient, outpatient, special programs (providers outside the MTF). This report is available for all divisions in a given MTF.

- **Radiology Location Totals by Requesting Account (LTR)**

This report is the same as that on FTR option (Facility Totals by Requesting Account and Functional Category), with the exception that it displays by division and then by Radiology location within the division.

- **Location Procedure Totals by Requesting Account (PTR)**

This report provides a listing of requesting locations and the kind of exams that are requested from the location.

- **MEPRS Group Report (MGR)**

This report is a list of requesting locations and the number of exams that they requested along with the associated workload. This report is generally used by the MEPRS department to report to SAS and STARS/FL.

- **Ancillary CPT Report (CPT)**

This report lists the patient name, the exam CPT code, and the type of insurance the patient has. This information may be entered during patient registration.

The Medical Service Accounting (MSA) department will use this report to facilitate third-party billing.

The purpose of this report is to provide a tool to support the identification of high cost RAD procedures, by CPT code, for those who may be eligible for third party insurance coverage. Patients are only included on this report if they meet the following criteria:

- Entry of an FC* MEPRS code (FCC*, FCD*, FCE*) as requesting location by an ancillary user. The FC* MEPRS code will identify RAD procedures as care provided by the MTF, in support of health care delivered from an external source.
- FCC MEPRS code inclusion criteria =
Patient = non-active duty
- FCD MEPRS code inclusion criteria =
Patient = non-active duty
- FCE MEPRS code inclusion criteria =
Patient = all

Procedure Workload Facility Totals - CPT Detailed (PFT)

MTF: TRAINING MEDICAL TREATMENT FACILITY
 DIVISION: DIV A - TRAINING HOSPITAL

Printed: 10 Jun 2001@1416 PAGE 1

Procedure Workload Facility Totals - CPT Detailed (PFT)
 TOTAL WEIGHTED VALUES
 From: 10 May 2001 To: 12 May 2001

DEPARTMENT OF RADIOLOGY

CPT Code	Code	Procedure Name	PORT	FILM	EXP	INPATIENT		OUTPATIENT		TOTAL	
						EXAM	WGT	EXAMS	WGT	EXAMS	WGT
75636	4020	US, NECK		2	12	0.0	0.00	1.0	2.30	1.0	2.30
76645	4101	US, BREAST LT		1	6	0.0	0.00	1.5	2.76	1.5	2.76
76645	4102	US, BREAST RT	1	1	6	0.0	0.00	1.5	3.84	1.5	3.84
76700	4200	US, ABDOMEN (3 STUDIES)		15	90	0.5	2.02	1.5	5.28	2.0	7.30
76700	4260	US, LIVER		6	40	0.0	0.00	2.0	6.52	2.0	6.52
76700	4320	US, KIDNEY		9	30	0.0	0.00	2.0	7.30	2.0	7.30
76770	4180	US, RENALS		3	18	0.0	0.00	1.0	3.16	1.0	3.16
76805	4360	US, OB			20	0.0	0.00	2.0	7.34	2.0	7.34
76856	4340	US, PELVIC		24	112	0.0	0.00	8.5	22.43	8.5	22.43
76870	4400	US, TESTICULAR		4	10	0.0	0.00	1.0	2.52	1.0	2.52
***** DIVISION TOTALS *****				65	344	0.5	2.02	22.0	63.45	22.5	65.47

Number of patients: 27
 Number of portable exams: 1

***** End of Report *****

Procedure Workload - Radiology Location Totals - CPT (PLT) and RVS (PLT)

MTF: TRAINING MEDICAL TREATMENT FACILITY

Printed: 21 Jun 2001@1639 Page 1

DIVISION: DIV A - TRAINING HOSPITAL

Procedure Workload Radiology Location Totals - CPT (PLT)

TOTAL WEIGHTED VALUES

From 22 May 2001 - 21 Jun 2001

***** RADIOLOGY LOCATION *****			INPATIENT		OUTPATIENT		TOTAL		
Name	PORT	FILM	EXP	EXAMS	WGT	EXAMS	WGT	EXAMS	WGT

COMPUTED TOMOGRAPHY		68	640	0.0	0.00	20.0	275.42	20.0	275.42
MAIN RADIOLOGY	6	403	613	57.5	68.33	59.5	120.08	117.0	188.41
ULTRASOUND		106	168	2.0	6.32	12.0	41.48	14.0	47.80
***** DIVISION TOTALS *****	6	577	1421	59.5	74.65	91.5	436.98	151.0	511.63

MTF: TRAINING MEDICAL TREATMENT FACILITY

Printed: 21 Jun 2001@1639 Page 2

DIVISION: NAVAL HOSPITAL

Procedure Workload Radiology Location Totals - CPT (PLT)

TOTAL WEIGHTED VALUES

From 22 May 2001 - 21 Jun 2001

***** RADIOLOGY LOCATION *****			INPATIENT		OUTPATIENT		TOTAL		
Name	PORT	FILM	EXP	EXAMS	WGT	EXAMS	WGT	EXAMS	WGT

REPT. FOR DIV A - TRAINING HOSPITAL				0.0	0.00	6.5	9.57	6.5	9.57
***** DIVISION TOTALS *****				0.0	0.00	6.5	9.57	6.5	9.57
***** MTF TOTALS *****	6	577	1421	59.5	74.65	98.0	446.55	157.5	521.20

*** End of Report ***

Procedure Workload - Radiology Location Totals - CPT (PLT) and RVS (PLT) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY						Printed: 21 Jun 2001@1639		Page 1	
DIVISION: DIV A - TRAINING HOSPITAL									
Procedure Workload Radiology Location Totals - RVS (PLT)									
TOTAL WEIGHTED VALUES									
From 22 May 2001 - 21 Jun 2001									
***** RADIOLOGY LOCATION *****									
Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT

COMPUTED TOMOGRAPHY		2	24	0.0	0.00	1.0	17.00	1.0	17.00
MAIN RADIOLOGY		362	500	0.0	0.00	72.0	983.60	72.0	983.60
ULTRASOUND		72	816	0.0	0.00	6.5	303.00	6.5	303.00
***** DIVISION TOTALS *****		436	1340	0.0	0.00	79.5	1303.60	79.5	1303.60
***** MTF TOTALS *****		436	1340	0.0	0.00	79.5	1303.60	79.5	1303.60
*** End of Report ***									

Procedure Workload by Radiology Location - CPT Detailed (PWL)

MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1239 Page 1								
DIVISION: DIV A - TRAINING HOSPITAL			Procedure Workload by Radiology Location - CPT Detailed (PWL)								
			TOTAL WEIGHTED VALUES								
			From 22 May 2001 - 21 Jun 2001								
COMPUTED TOMOGRAPHY											
CPT Code	Code	Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT
72130	5280	CT, L-SPINE		52	624	0.0	0.00	16.0	245.04	16.0	245.04
73200	5220	CT, CHEST, TOTAL		16	16	0.0	0.00	3.0	23.64	3.0	23.64
73700	5340	CT, PANCREAS				0.0	0.00	1.0	6.74	1.0	6.74
TOTALS - COMPUTED TOMOGRAPHY				68	640	0.0	0.00	20.0	275.42	20.0	275.42
Number of patients:		34									
Number of portable exams:											

Procedure Workload by Radiology Location - CPT Detailed (PWL) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY											Printed: 21 Jun 2001@1239		Page 2
DIVISION: DIV A - TRAINING HOSPITAL											Procedure Workload by Radiology Location - CPT Detailed (PWL)		
											TOTAL WEIGHTED VALUES		
											From 22 May 2001 - 21 Jun 2001		
MAIN RADIOLOGY													
CPT Code	Code	Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT		
70260	1733	SKULL (4) & FACIAL BONES		24	24	0.0	0.00	1.5	2.79	1.5	2.79		
71010	0012	CHEST, AP		6	3	0.0	0.00	1.5	1.47	1.5	1.47		
71020	0020	CHEST, PA/LAT	2	78	78	11.5	14.72	9.5	12.38	21.0	27.10		
71022	0091	CHEST, BOTH OBLIQUES (ONLY)	1	2	2	0.0	0.00	1.0	1.99	1.0	1.99		
71035	0080	CHEST, RT LAT DECUB (ONLY)		17	13	0.0	0.00	1.5	1.59	1.5	1.59		
73060	0600	HUMERUS, LT		2	48	12.0	13.83	1.0	0.85	13.0	14.68		
73060	0610	HUMERUS, RT			44	11.0	12.98	0.0	0.00	11.0	12.98		
73080	0560	ELBOW, RT	1	25	50	11.0	12.98	3.0	3.11	14.0	16.09		
73100	0450	WRIST, LT		13	13	0.0	0.00	8.0	7.25	8.0	7.25		
73100	0460	WRIST, RT		12	12	0.0	0.00	6.5	6.25	6.5	6.25		
73550	1300	FEMUR, LT			2	1.0	0.84	0.0	0.00	1.0	0.84		
73550	1320	FEMUR, RT	1	50	50	11.0	12.98	2.0	2.62	13.0	15.60		
MTF: TRAINING MEDICAL TREATMENT FACILITY											Printed: 21 Jun 2001@1239		Page 3
DIVISION: DIV A - TRAINING HOSPITAL											Procedure Workload by Radiology Location - CPT Detailed (PWL)		
											TOTAL WEIGHTED VALUES		
											From 22 May 2001 - 21 Jun 2001		
MAIN RADIOLOGY													
CPT Code	Code	Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT		
73610	1050	ANKLE, LT		8	12	0.0	0.00	2.0	2.20	2.0	2.20		
74241	11112	KUB		14	14	0.0	0.00	13.5	35.33	13.5	35.33		
74249	3004	UGI & SBFT		120	216	0.0	0.00	6.0	29.35	6.0	29.35		
75662	0025	ANGIO ADRENAL BILAT SELECT CP		30	30	0.0	0.00	0.5	12.90	0.5	12.90		
	0010	CHEST, PA	1	1	1	0.0	0.00	1.0	0.00	1.0	0.00		
	11112	KUB		1	1	0.0	0.00	1.0	0.00	1.0	0.00		
TOTALS - MAIN RADIOLOGY				403	613	57.5	68.33	59.5	120.08	117.0	188.41		
Number of patients:			70										
Number of portable exams:			6										

Procedure Workload by Radiology Location - CPT Detailed (PWL) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1239 Page 4								
DIVISION: DIV A - TRAINING HOSPITAL			Procedure Workload by Radiology Location - CPT Detailed (PWL)								
			TOTAL WEIGHTED VALUES								
			From 22 May 2001 - 21 Jun 2001								
ULTRASOUND											
Code	Code	CPT Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT
76778	4081	US, KIDNEY (LT)		4	4	0.0	0.00	1.0	3.16	1.0	3.16
76778	4082	US, KIDNEY (RT)		8	8	1.0	3.16	1.0	3.16	2.0	6.32
76778	4320	US, KIDNEY (BILAT)		84	84	1.0	3.16	8.0	29.68	9.0	32.84
76818	4360	US, OB		4	4	0.0	0.00	1.0	2.84	1.0	2.84
76856	4200	US, ABDOMEN (3 STUDIES)		6	68	0.0	0.00	1.0	2.64	1.0	2.64
TOTALS - ULTRASOUND				106	168	2.0	6.32	12.0	41.48	14.0	47.80
Number of patients:			18								
Number of portable exams:											
MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1239 Page 5								
DIVISION: DIV A - TRAINING HOSPITAL			Procedure Workload by Radiology Location - CPT Detailed (PWL)								
			TOTAL WEIGHTED VALUES								
			From 22 May 2001 - 21 Jun 2001								
Code	Code	CPT Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT
*****		DIVISION TOTALS *****		577	1421	59.5	74.65	91.5	436.98	151.0	511.63
Number of patients:			80								
Number of portable exams:			6								
*** End of Report ***											

Procedure Workload by Radiology Location RVS (PWL)

MTF: TRAINING MEDICAL TREATMENT FACILITY				Printed: 21 Jun 2001@1239				Page 1			
DIVISION: DIV A - TRAINING HOSPITAL				Procedure Workload by Radiology Location - RVS (PWL)							
				TOTAL WEIGHTED VALUES							
				From 22 May 2001 - 21 Jun 2001							
COMPUTED TOMOGRAPHY											
Code	Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT	
5280	CT, L-SPINE		2	24	0.0	0.00	1.0	17.00	1.0	17.00	
TOTALS - COMPUTED TOMOGRAPHY			2	24	0.0	0.00	1.0	17.00	1.0	17.00	
Number of patients:				2							
Number of portable exams:											
MTF: TRAINING MEDICAL TREATMENT FACILITY				Printed: 21 Jun 2001@1239				Page 2			
DIVISION: DIV A - TRAINING HOSPITAL				Procedure Workload by Radiology Location - RVS (PWL)							
				TOTAL WEIGHTED VALUES							
				From 22 May 2001 - 21 Jun 2001							
MAIN RADIOLOGY											
Code	Procedure Name	PORT	FILM	EXP	INPATIENT EXAMS	WGT	OUTPATIENT EXAMS	WGT	TOTAL EXAMS	WGT	
0010	CHEST, PA		1	1	0.0	0.00	1.0	3.00	1.0	3.00	
0020	CHEST, PA/LAT				0.0	0.00	13.0	93.60	13.0	93.60	
0025	ANGIO ADRENAL BILAT SELECT CP		330	330	0.0	0.00	11.0	275.00	11.0	275.00	
0026	CHOLANGIOGRAM ORAL CONT				0.0	0.00	5.5	66.00	5.5	66.00	
0091	CHEST, BOTH OBLIQUES (ONLY)				0.0	0.00	16.5	198.00	16.5	198.00	
0450	WRIST, LT				0.0	0.00	5.5	33.00	5.5	33.00	
0560	ELBOW, RT				0.0	0.00	1.0	6.00	1.0	6.00	
1733	SKULL (4) & FACIAL BONES		31	15	0.0	0.00	1.5	30.00	1.5	30.00	
3000	UGI SERIES			154	0.0	0.00	11.0	99.00	11.0	99.00	
3004	UGI & SBFT				0.0	0.00	6.0	180.00	6.0	180.00	
TOTALS - MAIN RADIOLOGY			362	500	0.0	0.00	72.0	983.60	72.0	983.60	
Number of patients:				41							
Number of portable exams:											

Procedure Workload by Radiology Location RVS (PWL) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY
4

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DIVISION: DIV A - TRAINING HOSPITAL

Procedure Workload by Radiology Location - RVS (PWL)

TOTAL WEIGHTED VALUES

From 22 May 2001 - 21 Jun 2001

ULTRASOUND

Code	Procedure Name	PORT	FILM	EXP	INPATIENT		OUTPATIENT		TOTAL	
					EXAMS	WGT	EXAMS	WGT	EXAMS	WGT
4200	US, ABDOMEN (3 STUDIES)		72	816	0.0	0.00	6.5	303.00	6.5	303.00
TOTALS - ULTRASOUND				72	816	0.0	0.00	6.5		303.00
	6.5	303.00								

Number of patients: 12

Number of portable exams:

MTF: TRAINING MEDICAL TREATMENT FACILITY
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DIVISION: DIV A - TRAINING HOSPITAL

Procedure Workload by Radiology Location - RVS (PWL)

TOTAL WEIGHTED VALUES

From 22 May 2001 - 21 Jun 2001

Code	Procedure Name	PORT	FILM	EXP	INPATIENT		OUTPATIENT		TOTAL	
					EXAMS	WGT	EXAMS	WGT	EXAMS	WGT
*****	DIVISION TOTALS *****		436	1340	0.0	0.00	79.5	1303.60	79.5	1303.60

Number of patients: 41

Number of portable exams:

*** End of Report ***

Facility Totals by Req Acct & Func Category - CPT (FTR)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640 Page 1			
Radiology Facility Totals by Requesting Account - CPT (FTR)					
From 22 May 2001 - 21 Jun 2001					
DIVISION: DIV A - TRAINING HOSPITAL					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
DCAA	MAIN RADIOLOGY	27.0	144.59	0.00	144.59
ANCILLARY Subtotal		27.0	144.59	0.00	144.59
AAAA	10A	1.0	13.54	0.00	13.54
AAAA	10D	0.5	0.64	0.00	0.64
AAAA	2A	2.0	4.04	2.28	6.32
AAAA	3D	2.0	1.17	0.52	1.69
AAAA	4G	27.5	33.00	0.00	33.00
AAAA	4J	27.5	33.00	0.00	33.00

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640 Page 2			
Radiology Facility Totals by Requesting Account - CPT (FTR)					
From 22 May 2001 - 21 Jun 2001					
DIVISION: DIV A - TRAINING HOSPITAL					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
INPATIENT Subtotal		60.5	85.39	2.80	88.19
BAAA	INTERNAL MEDICINE CLINIC	37.0	190.99	20.14	211.13
BHAA	GENERAL MEDICINE CLINIC	26.5	45.69	22.03	67.72
OUTPATIENT Subtotal		63.5	236.68	42.17	278.85
TOTAL:		151.0	466.66	44.97	511.63

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640 Page 3			
Radiology Facility Totals by Functional Category - CPT (FTR)					
From 22 May 2001 - 21 Jun 2001					
DIVISION: DIV A - TRAINING HOSPITAL					
Code	Functional Category	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
A	INPATIENT	60.5	85.39	2.80	88.19
B	OUTPATIENT	63.5	236.68	42.17	278.85
D	ANCILLARY	27.0	144.59	0.00	144.59
DIVISION TOTAL:		151.0	466.66	44.97	511.63

Facility Totals by Req Acct & Func Category - CPT (FTR) (continued)

MF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640				Page 4
Radiology Facility Totals by Functional Category - CPT (FTR)						
From 22 May 2001 - 21 Jun 2001						
DIVISION: NAVAL HOSPITAL						
Code	Functional Category	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
B	OUTPATIENT	6.5	0.00	9.57	9.57	
	DIVISION TOTAL:	6.5	0.00	9.57	9.57	
MF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640				Page 5
Radiology Facility Totals by Requesting Account - CPT (FTR)						
From 22 May 2001 - 21 Jun 2001						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
MF TOTAL:		157.5	466.66	54.54	521.20	
MF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640				Page 6
Radiology Facility Totals by Functional Category - CPT (FTR)						
From 22 May 2001 - 21 Jun 2001						
Code	Functional Category	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
A	INPATIENT	60.5	85.39	2.80	88.19	
B	OUTPATIENT	70.0	236.68	51.74	288.42	
D	ANCILLARY	27.0	144.59	0.00	144.59	
MF TOTAL:		157.5	466.66	54.54	521.20	
*** End of Report ***						

Facility Totals by Req Acct & Func Category - RVS (FTR)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640			Page 1
Radiology Facility Totals by Requesting Account - RVS (PTR)					
From 22 May 2001 - 21 Jun 2001					
DIVISION: DIV A - TRAINING HOSPITAL					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
DCAA	MAIN RADIOLOGY	71.0	521.00	680.60	1201.60
	ANCILLARY Subtotal	71.0	521.00	680.60	1201.60
BAAA	INTERNAL MEDICINE CLINIC	8.5	30.00	72.00	102.00
	OUTPATIENT Subtotal	8.5	30.00	72.00	102.00
TOTAL:		79.5	551.00	752.60	1303.60
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640			Page 2
Radiology Facility Totals by Functional Category - RVS (PTR)					
From 22 May 2001 - 21 Jun 2001					
DIVISION: DIV A - TRAINING HOSPITAL					
Code	Functional Category	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
B	OUTPATIENT	8.5	30.00	72.00	102.00
D	ANCILLARY	71.0	521.00	680.60	1201.60
	DIVISION TOTAL:	79.5	551.00	752.60	1303.60
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1640			Page 3
Radiology Facility Totals by Requesting Account - RVS (PTR)					
From 22 May 2001 - 21 Jun 2001					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
MTF TOTAL:		79.5	551.00	752.60	1303.60

Radiology Location Totals by Requesting Account - CPT (LTR)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641		Page 1	
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: COMPUTED TOMOGRAPHY					
=====					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
=====					
DCAA	MAIN RADIOLOGY	5.5	98.45	0.00	98.45
	ANCILLARY Subtotal	5.5	98.45	0.00	98.45
BAAA	INTERNAL MEDICINE CLINIC	12.5	146.18	13.02	159.20
BHAA	GENERAL MEDICINE CLINIC	2.0	14.17	3.60	17.77
	OUTPATIENT Subtotal	14.5	160.35	16.62	176.97
=====					
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641		Page 2	
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: COMPUTED TOMOGRAPHY					
=====					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
=====					
TOTAL - COMPUTED TOMOGRAPHY		20.0	258.80	16.62	275.42
=====					
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641		Page 3	
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: MAIN RADIOLOGY					
=====					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
=====					
DCAA	MAIN RADIOLOGY	21.5	46.14	0.00	46.14
	ANCILLARY Subtotal	21.5	46.14	0.00	46.14
AAAA	10A	1.0	13.54	0.00	13.54
AAAA	10D	0.5	0.64	0.00	0.64
AAAA	3D	2.0	1.17	0.52	1.69
AAAA	4G	27.5	33.00	0.00	33.00
AAAA	4J	27.5	33.00	0.00	33.00
=====					
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641		Page 4	
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: MAIN RADIOLOGY					
=====					
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
=====					
	INPATIENT Subtotal	58.5	81.35	0.52	81.87
BAAA	INTERNAL MEDICINE CLINIC	14.5	14.96	1.49	16.45
BHAA	GENERAL MEDICINE CLINIC	22.5	27.84	16.11	43.95
	OUTPATIENT Subtotal	37.0	42.80	17.60	60.40
TOTAL - MAIN RADIOLOGY		117.0	170.29	18.12	188.41
=====					

Radiology Location Totals by Requesting Account - CPT (LTR) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 1
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: COMPUTED TOMOGRAPHY						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
DCAA	MAIN RADIOLOGY	5.5	98.45	0.00	98.45	
	ANCILLARY Subtotal	5.5	98.45	0.00	98.45	
BAAA	INTERNAL MEDICINE CLINIC	12.5	146.18	13.02	159.20	
BHAA	GENERAL MEDICINE CLINIC	2.0	14.17	3.60	17.77	
	OUTPATIENT Subtotal	14.5	160.35	16.62	176.97	
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 2
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: COMPUTED TOMOGRAPHY						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
TOTAL - COMPUTED TOMOGRAPHY		20.0	258.80	16.62	275.42	
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 3
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: MAIN RADIOLOGY						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
DCAA	MAIN RADIOLOGY	21.5	46.14	0.00	46.14	
	ANCILLARY Subtotal	21.5	46.14	0.00	46.14	
AAAA	10A	1.0	13.54	0.00	13.54	
AAAA	10D	0.5	0.64	0.00	0.64	
AAAA	3D	2.0	1.17	0.52	1.69	
AAAA	4G	27.5	33.00	0.00	33.00	
AAAA	4J	27.5	33.00	0.00	33.00	
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 4
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: MAIN RADIOLOGY						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
	INPATIENT Subtotal	58.5	81.35	0.52	81.87	
BAAA	INTERNAL MEDICINE CLINIC	14.5	14.96	1.49	16.45	
BHAA	GENERAL MEDICINE CLINIC	22.5	27.84	16.11	43.95	
	OUTPATIENT Subtotal	37.0	42.80	17.60	60.40	
TOTAL - MAIN RADIOLOGY		117.0	170.29	18.12	188.41	
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
MTF TOTAL:		157.5	466.66	54.54	521.20	
*** End of Report ***						

Radiology Location Totals by Requesting Account - CPT (LTR) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 1
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - RVS (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: COMPUTED TOMOGRAPHY						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
DCAA	MAIN RADIOLOGY	0.5	0.00	17.00	17.00	
	ANCILLARY Subtotal	0.5	0.00	17.00	17.00	
BAAA	INTERNAL MEDICINE CLINIC	0.5	0.00	0.00	0.00	
	OUTPATIENT Subtotal	0.5	0.00	0.00	0.00	
TOTAL - COMPUTED TOMOGRAPHY		1.0	0.00	17.00	17.00	
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 2
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - RVS (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: MAIN RADIOLOGY						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
DCAA	MAIN RADIOLOGY		64.0	233.00	648.60	
	881.60					
	ANCILLARY Subtotal	64.0	233.00	648.60	881.60	
BAAA	INTERNAL MEDICINE CLINIC	8.0	30.00	72.00	102.00	
	OUTPATIENT Subtotal	8.0	30.00	72.00	102.00	
TOTAL - MAIN RADIOLOGY		72.0	263.00	720.60	983.60	
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 3
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - RVS (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: ULTRASOUND						
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
DCAA	MAIN RADIOLOGY	6.5	288.00	15.00	303.00	
	ANCILLARY Subtotal	6.5	288.00	15.00	303.00	
TOTAL - ULTRASOUND		6.5	288.00	15.00	303.00	
TOTAL:		79.5	551.00	752.60	1303.60	
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1641				Page 4
		Radiology Location Totals by Requesting Account - RVS (LTR)				
		From 22 May 2001 - 21 Jun 2001				
Code	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt	
MTF TOTAL:		79.5	551.00	752.60	1303.60	
*** End of Report ***						

Location Procedure Totals by Requesting Account - CPT Detailed (PTR)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1642		Page 1	
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: COMPUTED TOMOGRAPHY					
MEPRS	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code Name				
DCAA	MAIN RADIOLOGY				
72130	5280 CT, L-SPINE	5.5	98.45	0.00	98.45
		-----	-----	-----	-----
		5.5	98.45	0.00	98.45
	ANCILLARY Subtotal	5.5	98.45	0.00	98.45
BAAA	INTERNAL MEDICINE CLINIC				
72130	5280 CT, L-SPINE	9.5	125.86	9.70	135.56
MTF: TRAINING MEDICAL TREATMENT FACILITY					
DIVISION: DIV A - TRAINING HOSPITAL		Printed: 21 Jun 2001@1642		Page 2	
		Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: COMPUTED TOMOGRAPHY					
MEPRS	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code Name				
BAAA	INTERNAL MEDICINE CLINIC				
73200	5220 CT, CHEST, TOTAL	2.0	15.24	1.66	16.90
73700	5340 CT, PANCREAS	1.0	5.08	1.66	6.74
		-----	-----	-----	-----
		12.5	146.18	13.02	159.20
BHAA	GENERAL MEDICINE CLINIC				
72130	5280 CT, L-SPINE	1.0	9.09	1.94	11.03
73200	5220 CT, CHEST, TOTAL	1.0	5.08	1.66	6.74
		-----	-----	-----	-----
		2.0	14.17	3.60	17.77
	OUTPATIENT Subtotal	14.5	160.35	16.62	176.97
MTF: TRAINING MEDICAL TREATMENT FACILITY					
DIVISION: DIV A - TRAINING HOSPITAL		Printed: 21 Jun 2001@1642		Page 3	
		Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
		From 22 May 2001 - 21 Jun 2001			
Radiology Location: COMPUTED TOMOGRAPHY					
MEPRS	Requesting Location	Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code Name				
TOTALS - COMPUTED TOMOGRAPHY					
		20.0	258.80	16.62	275.42

Location Procedure Totals by Requesting Account - CPT Detailed (PTR) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1642		Page 4	
DIVISION: DIV A - TRAINING HOSPITAL			Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
			From 22 May 2001 - 21 Jun 2001			
Radiology Location: MAIN RADIOLOGY						
MEPRS	Requesting Location		Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code	Name				
=====						
DCAA	MAIN RADIOLOGY					
71020	0020	CHEST, PA/LAT	5.5	6.93	0.00	6.93
73100	0450	WRIST, LT	5.0	5.00	0.00	5.00
73100	0460	WRIST, RT	5.5	5.50	0.00	5.50
74249	3004	UGI & SBFT	5.5	28.71	0.00	28.71
			-----	-----	-----	-----
			21.5	46.14	0.00	46.14
ANCILLARY Subtotal			21.5	46.14	0.00	46.14
MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1642		Page 5	
DIVISION: DIV A - TRAINING HOSPITAL			Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
			From 22 May 2001 - 21 Jun 2001			
Radiology Location: MAIN RADIOLOGY						
MEPRS	Requesting Location		Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code	Name				
=====						
AAAA	10A					
74249	3004	UGI & SBFT	0.5	0.64	0.00	0.64
75662	0025	ANGIO ADRENAL BILAT SELECT CP	0.5	12.90	0.00	12.90
			-----	-----	-----	-----
			1.0	13.54	0.00	13.54
	10D					
71020	0020	CHEST, PA/LAT	0.5	0.64	0.00	0.64
			-----	-----	-----	-----
			0.5	0.64	0.00	0.64
MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1642		Page 6	
DIVISION: DIV A - TRAINING HOSPITAL			Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
			From 22 May 2001 - 21 Jun 2001			
Radiology Location: MAIN RADIOLOGY						
MEPRS	Requesting Location		Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code	Name				
=====						
AAAA	3D					
73060	0600	HUMERUS, LT	1.0	0.59	0.26	0.85
73550	1300	FEMUR, LT	1.0	0.58	0.26	0.84
			-----	-----	-----	-----
			2.0	1.17	0.52	1.69
	4G					
71020	0020	CHEST, PA/LAT	5.5	7.04	0.00	7.04
73060	0600	HUMERUS, LT	5.5	6.49	0.00	6.49
MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1642		Page 7	
DIVISION: DIV A - TRAINING HOSPITAL			Radiology Location Totals by Requesting Account - CPT Detailed (PTR)			
			From 22 May 2001 - 21 Jun 2001			
Radiology Location: MAIN RADIOLOGY						
MEPRS	Requesting Location		Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
CPT Code	Code	Name				
=====						
AAAA	4G					
73060	0610	HUMERUS, RT	5.5	6.49	0.00	6.49
73080	0560	ELBOW, RT	5.5	6.49	0.00	6.49
73550	1320	FEMUR, RT	5.5	6.49	0.00	6.49
			-----	-----	-----	-----
			27.5	33.00	0.00	33.00
	4J					
71020	0020	CHEST, PA/LAT	5.5	7.04	0.00	7.04

Location Procedure Totals by Requesting Account - CPT Detailed (PTR) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1642		Page 8		
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT Detailed (PTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: MAIN RADIOLOGY						
CPT Code	Code	Name	MEPRS Exam Count	Requesting Location Proc Wgt	Rep Wgt	Tot Wgt
			AAAA	4J		
73060	0600	HUMERUS, LT			5.5	6.49
73060	0610	HUMERUS, RT			5.5	6.49
73080	0560	ELBOW, RT			5.5	6.49
73550	1320	FEMUR, RT			5.5	6.49
					-----	-----
					27.5	33.00
					-----	-----
INPATIENT Subtotal					58.5	81.35
					-----	-----
					0.52	81.87
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1642		Page 9		
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT Detailed (PTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: MAIN RADIOLOGY						
CPT Code	Code	Name	MEPRS Exam Count	Requesting Location Proc Wgt	Rep Wgt	Tot Wgt
			BAAA	INTERNAL MEDICINE CLINIC		
70260	1733	SKULL (4) & FACIAL BONES	1.5		2.79	0.00
71010	0012	CHEST, AP	1.5		1.47	0.00
71020	0020	CHEST, PA/LAT	1.0		1.26	0.00
71022	0091	CHEST, BOTH OBLIQUES (ONLY)	1.0		1.52	0.47
71035	0080	CHEST, RT LAT DECUB (ONLY)	1.5		1.59	0.00
73060	0600	HUMERUS, LT	1.0		0.59	0.26
73080	0560	ELBOW, RT	2.0		1.18	0.50
73550	1320	FEMUR, RT	2.0		2.36	0.26
					-----	-----
					14.5	14.96
					-----	-----
					1.49	16.45
MTF: TRAINING MEDICAL TREATMENT FACILITY		Printed: 21 Jun 2001@1642		Page 10		
DIVISION: DIV A - TRAINING HOSPITAL		Radiology Location Totals by Requesting Account - CPT Detailed (PTR)				
		From 22 May 2001 - 21 Jun 2001				
Radiology Location: MAIN RADIOLOGY						
CPT Code	Code	Name	MEPRS Exam Count	Requesting Location Proc Wgt	Rep Wgt	Tot Wgt
			BAAA	INTERNAL MEDICINE CLINIC		
73610	1050	ANKLE, LT	2.0		2.20	0.00
	0010	CHEST, PA	1.0		0.00	0.00
					-----	-----
					14.5	14.96
					-----	-----
					1.49	16.45
			BHAA	GENERAL MEDICINE CLINIC		
71020	0020	CHEST, PA/LAT	3.0		3.20	0.99
73080	0560	ELBOW, RT	1.0		1.18	0.25
					-----	-----
					1.43	1.43

Location Procedure Totals by Requesting Account - CPT Detailed (PTR) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY
 DIVISION: DIV A - TRAINING HOSPITAL

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Radiology Location Totals by Requesting Account - CPT Detailed (PTR)
 From 22 May 2001 - 21 Jun 2001
 Radiology Location: MAIN RADIOLOGY

CPT Code	Code	Name	MEPRS Exam Count	Requesting Location Proc Wgt	Rep Wgt	Tot Wgt
				BHAA GENERAL MEDICINE CLINIC		
73100	0450	WRIST, LT	3.0	1.53	0.72	2.25
73100	0460	WRIST, RT	1.0	0.51	0.24	0.75
74241	11112	KUB	13.5	21.42	13.91	35.33
	11112	KUB	1.0	0.00	0.00	0.00
		OUTPATIENT Subtotal	22.5	27.84	16.11	43.95
		TOTALS - MAIN RADIOLOGY	37.0	42.80	17.60	60.40
		TOTALS - MAIN RADIOLOGY	117.0	170.29	18.12	188.41

MTF: TRAINING MEDICAL TREATMENT FACILITY
 DIVISION: DIV A - TRAINING HOSPITAL

Printed: 21 Jun 2001@1642 Page 12

Radiology Location Totals by Requesting Account - CPT Detailed (PTR)
 From 22 May 2001 - 21 Jun 2001
 Radiology Location: ULTRASOUND

CPT Code	Code	Name	MEPRS Exam Count	Requesting Location Proc Wgt	Rep Wgt	Tot Wgt
				AAAA 2A		
76778	4082	US, KIDNEY (RT)	1.0	2.02	1.14	3.16
76778	4320	US, KIDNEY (BILAT)	1.0	2.02	1.14	3.16
		INPATIENT Subtotal	2.0	4.04	2.28	6.32
		BAAA INTERNAL MEDICINE CLINIC				
76778	4081	US, KIDNEY (LT)	1.0	2.02	1.14	3.16

MTF: TRAINING MEDICAL TREATMENT FACILITY
 DIVISION: DIV A - TRAINING HOSPITAL

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Radiology Location Totals by Requesting Account - CPT Detailed (PTR)
 From 22 May 2001 - 21 Jun 2001
 Radiology Location: ULTRASOUND

CPT Code	Code	Name	MEPRS Exam Count	Requesting Location Proc Wgt	Rep Wgt	Tot Wgt
				BAAA INTERNAL MEDICINE CLINIC		
76778	4320	US, KIDNEY (BILAT)	8.0	26.26	3.42	29.68
76856	4200	US, ABDOMEN (3 STUDIES)	1.0	1.57	1.07	2.64
		INPATIENT Subtotal	10.0	29.85	5.63	35.48
		BHAA GENERAL MEDICINE CLINIC				
76778	4082	US, KIDNEY (RT)	1.0	2.02	1.14	3.16
76818	4360	US, OB	1.0	1.66	1.18	2.84
		OUTPATIENT Subtotal	2.0	3.68	2.32	6.00
		OUTPATIENT Subtotal	12.0	33.53	7.95	41.48

Location Procedure Totals by Requesting Account - CPT Detailed (PTR) (continued)

MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1642		Page 14
DIVISION: DIV A - TRAINING HOSPITAL			Radiology Location Totals by Requesting Account - CPT Detailed (PTR)		
			From 22 May 2001 - 21 Jun 2001		
Radiology Location: ULTRASOUND					
=====					
MEPRS	Requesting Location				
CPT Code	Code	Name	Exam Count	Proc Wgt	Rep Wgt
					Tot Wgt
=====					
TOTALS - ULTRASOUND			14.0	37.57	10.23
					47.80

TOTAL:			151.0	466.66	44.97
					511.63

MTF: TRAINING MEDICAL TREATMENT FACILITY			Printed: 21 Jun 2001@1642		Page 15
DIVISION: NAVAL HOSPITAL			Radiology Location Totals by Requesting Account - CPT Detailed (PTR)		
			From 22 May 2001 - 21 Jun 2001		
Radiology Location: COMPUTED TOMOGRAPHY					
=====					
MEPRS	Requesting Location				
CPT Code	Code	Name	Exam Count	Proc Wgt	Rep Wgt
					Tot Wgt
=====					
FCD*	DIV A - TRAINING HOSPITAL				
BAAA	INTERNAL MEDICINE CLINIC				
72130	5280	CT, L-SPINE	1.0	0.00	3.88
73200	5220	CT, CHEST, TOTAL	1.0	0.00	3.32
			-----	-----	-----
			2.0	0.00	7.20
OUTPATIENT Subtotal			2.0	0.00	7.20
TOTALS - COMPUTED TOMOGRAPHY			2.0	0.00	7.20
					7.20

Location Procedure Totals by Requesting Account - CPT Detailed (PTR) (continued)

Requesting Location			Exam Count	Proc Wgt	Rep Wgt	Tot Wgt
MTF: TRAINING MEDICAL TREATMENT FACILITY DIVISION: NAVAL HOSPITAL Radiology Location Totals by Requesting Account - CPT Detailed (PTR) From 22 May 2001 - 21 Jun 2001 Printed: 21 Jun 2001@1642 Page 16						
Radiology Location: MAIN RADIOLOGY						
MEPRS	Requesting Location					
CPT Code	Code	Name				
FCD*	DIV A	- TRAINING HOSPITAL				
BAAA	INTERNAL MEDICINE CLINIC					
71010	0012	CHEST, AP	1.5	0.00	0.81	0.81
73550	1320	FEMUR, RT	1.0	0.00	0.52	0.52
73610	1050	ANKLE, LT	2.0	0.00	1.04	1.04
OUTPATIENT Subtotal			4.5	0.00	2.37	2.37
TOTALS - MAIN RADIOLOGY			4.5	0.00	2.37	2.37
TOTAL:			6.5	0.00	9.57	9.57
MTF: TRAINING MEDICAL TREATMENT FACILITY Radiology Location Totals by Requesting Account - CPT Detailed (PTR) From 22 May 2001 - 21 Jun 2001 Printed: 21 Jun 2001@1642 Page 17						
MEPRS	Requesting Location					
CPT Code	Code	Name				
MTF TOTAL:			157.5	466.66	54.54	521.20
*** End of Report ***						

MEPRS Group Report

Performing Group: [MEDICAL TREATMENT FACILITY] Printed: 18 Jun 1996@1621 Page 1

Radiology MEPRS Group Report - CPT (MGR)
From 01 May 1996 - 10 May 1996

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=====
=
Workload
MEPRS Code   Requesting Location
Total
=====
=
DIV A - [MEDICAL TREATMENT FACILITY]
AAAA         M-INTERM-CARE           1.0
1.85
AAAA         M6NORTH                 3.0
6.17
AAAA         M6SOUTH                 3.0
5.25
ABAA         M4NORTH                 1.0
3.59
ABAA         M7NORTH                 1.0
2.54
ABAA         MDPMD                   1.0
1.90
ABDA         M-ICUS                  1.0
1.31
ADAA         MDPMD                   1.5
4.53
ADAA         MNICU                   2.0
7.23
BAAA         APCC                    7.5
13.36
BAFA         ENDOCRINOLOGY          1.0
1.90
BAGA         GI CLINIC               5.0
10.17
BAGA         GI TRANS CLINIC        3.0
8.54
BAPA         DERMATOLOGY CLN        0.5
0.58
BBCA         NEUROSURGERY           1.0
12.82
BBFA         ENT CLINIC              1.0
1.90
BCBA         GYNECOLOGY CLINIC     1.5
2.34
BDAA         MPEDS GI                5.0
12.07
BEAA         ORTHOPAEDIC CLN        2.0

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3.70			
BEAA	TOTAL JOINT CLINIC		0.5
0.83			
BGAA	FPC		4.5
7.54			
BGAB	FAMILY CARE SVC		2.0
3.53			
BIAA	EMERGENCY ROOM		2.0
5.59			
FCD* - [AIR FORCE CLINIC]			
BHAA	FAMILY PRACTICE MCCHORD		2.0
4.10			
BHIA	ACUTE CARE CLINIC		3.0
5.43			
BJAA	FLIGHT MEDICINE		1.0
2.20			
Subtotal:			6.0
11.73			
FCD* - [NAVY CLINIC]			
BHAE	TRAIN MED CLN		10.0
19.39			
BHBA	PHYSICAL EXAM CLINIC		0.5
0.80			
Subtotal:			10.5
20.19			

[MEDICAL TREATMENT FACILITY] Division Total:			67.5
151.16			

[MEDICAL TREATMENT FACILITY] Group Total:			67.5
151.16			
*** End of Report ***			

**Ancillary CPT Report
(RAD Patients With Insurance - Printed by Patient)**

Patient Name		FMP/SSN	PAT CAT	Home Phone	Work Phone
Bill/Primary	Insurance Co.	Policy	Policy	Effective Date	Expiration Date
CPT Code	Procedure Name	DoD Billing	Cost	Exam Date	Requesting HCP
A DIVISION					
OUTPATIENT CPT REPORT					
Printed: 22 Nov 2001@1345 Page 1					
Patients Covered by Insurance with RAD Procedures - Printed by Patient					
Personal Data - Privacy Act 1974 (PL-93-579)					
14 Aug 2001 - 22 Nov 2001					

FCC CHAMPUS BENEFICIARY SPT 0120 00259					

FCCA	GROW, FRANCIS	20/098-09-8098	A11	619654738392	987979797987
O	Y SAFELINE INS	12345678901234567		21 Feb 2000	22 Feb 2002
73525	HIP ARTHROGRAM		116.00	26 Sep 2001	SMITH, JAMES M
FCC Patient Subtotal: 1					

A DIVISION					
OUTPATIENT CPT REPORT					
Printed: 22 Nov 2001@1345 Page 2					
Patients Covered by Insurance with RAD Procedures - Printed by Patient					
Personal Data - Privacy Act 1974 (PL-93-579)					
14 Aug 2001 - 22 Nov 2001					

FCD* B DIVISION					

BAAA	FRENCH, LINDA	01/262-84-9967	A41	717-555-4544	N/A
B	Y CALIFORNIA CARE	UNKNOWN		21 Jul 2001	16 Jul 2002
25246	INJECTION PROCEDURE WRIST ARTHROGRAPHY		0.00	20 Aug 2001	BOOMER, ALFRED
25246	INJECTION PROCEDURE WRIST ARTHROGRAPHY		0.00	20 Aug 2001	BOOMER, ALFRED
71030	CHEST MINIMUM 4 VIEWS		72.00	20 Aug 2001	BOOMER, ALFRED
71030	CHEST MINIMUM 4 VIEWS		72.00	20 Aug 2001	BOOMER, ALFRED
BAAA	GIRALDO, RENE	30/645-84-9987	A41	717-587-6875	717-784-5678
B	Y AETNA	U678567		21 Aug 2001	16 Aug 2002
73560	KNEE AP OR PA & LAT		0.00	23 Sep 2001	JONES, DON
75756	ANGIOGRAM INTERNAL MAMMARY		0.00	23 Sep 2001	JONES, DON
75756	ANGIOGRAM INTERNAL MAMMARY		0.00	23 Sep 2001	JONES, DON
75774	ANGIOGRAM SEL EACH ADD VESSEL AFTER BASIC EXAM		200.00	23 Sep 2001	JONES, DON
FCD Patient Subtotal: 2					

FC* Patient Total: 3					
End of Report					

**Ancillary CPT Report
 (RAD Patients With Insurance - Printed by CPT)**

CPT Code	Procedure	Patient Name	FMP/SSN	PAT CAT	Requesting HCP	DOD Cost	Home Phone	Work Phone
Bill/Primary	Insurance Co.	Service Date	Policy			Policy Effective Date	Expiration Date	
A DIVISION Printed: 22 Nov 2001@1345 Page 1 OUTPATIENT CPT REPORT Patients Covered by Insurance with RAD Procedures - Printed by CPT Personal Data - Privacy Act 1974 (PL-93-579) 14 Aug 2001 - 22 Nov 2001								

FCC	CHAMPUS BENEFICIARY SPT 0120		00259					

73525	HIP ARTHROGRAM					116.00		
O	GROW, FRANCIS Y SAFELINE INS		20/098-09-8098 12345678901234567	A11	SMITH, JAMES M 21 Feb 2000		619654738392 22 Feb 2002	987979797987 26 Sep 2001
73525	HIP ARTHROGRAM					Subtotal: 1		

A DIVISION Printed: 22 Nov 2001@1345 Page 2 OUTPATIENT CPT REPORT Patients Covered by Insurance with RAD Procedures - Printed by CPT Personal Data - Privacy Act 1974 (PL-93-579) 14 Aug 2001 - 22 Nov 2001								

FCD* B DIVISION								

25246	INJECTION PROCEDURE WRIST ARTHROGRAPHY					0.00		
B	FRENCH, LINDA Y CALIFORNIA CA		01/262-84-9967 UNKNOWN	A41	BOOMER, ALFRED 21 Jul 2001		717-555-4544 16 Jul 2002	N/A 20 Aug 2001
B	GIRALDO, RENE Y AETNA		30/645-84-9987 U678567	A41	JONES, DON 21 Aug 2001		717-587-6875 16 Aug 2002	717-784-5678 20 Aug 2001
25246	INJECTION PROCEDURE WRIST ARTHROGRAPHY					Subtotal: 2		

71030	CHEST MINIMUM 4 VIEWS					72.00		
B	FRENCH, LINDA Y CALIFORNIA CARE		01/262-84-9967 UNKNOWN	A41	BOOMER, ALFRED 21 Jul 2001		717-555-4544 16 Jul 2002	N/A 20 Aug 2001
B	GIRALDO, RENE Y AETNA		30/645-84-9987 U678567	A41	JONES, DON 21 Aug 2001		717-587-6875 16 Aug 2002	717-784-5678 20 Aug 2001
71030	CHEST MINIMUM 4 VIEWS					Subtotal: 2		
						Total: 28		
End of Report								

**Ancillary CPT Report
(RAD Patients Without Insurance - Printed by Patient)**

Patient Name		FMP/SSN	PAT CAT	Home Phone	Work Phone
CPT Code	Procedure Name		DoD Billing Cost	Exam Date	Requesting HCP
<p>A DIVISION</p> <p style="text-align: right;">Printed: 22 Nov 2001@1347 Page 1</p> <p style="text-align: center;">OUTPATIENT CPT REPORT Patients Not Covered by Insurance with RAD Procedures - Printed by Patient Personal Data - Privacy Act 1974 (PL-93-579) 14 Aug 2001 - 22 Nov 2001</p>					
FCC	CHAMPUS BENEFICIARY SPT 0120 00259				
FCCA	CHEESEBROUGH,SUZANNE M	30/205-46-6656	N41	(619) 345-2395	
71021	CHEST PA OR AP & LAT WITH APICAL LORDOTIC		0.00	09 Oct 2001	SMITH,JAMES M
FCC Patient Subtotal: 1					
<p>A DIVISION</p> <p style="text-align: right;">Printed: 22 Nov 2001@1347 Page 2</p> <p style="text-align: center;">OUTPATIENT CPT REPORT Patients Not Covered by Insurance with RAD Procedures - Printed by Patient Personal Data - Privacy Act 1974 (PL-93-579) 14 Aug 2001 - 22 Nov 2001</p>					
Patient Name		FMP/SSN	PAT CAT	Home Phone	Work Phone
CPT Code	Procedure Name		DoD Billing Cost	Exam Date	Requesting HCP
<p>FCD* B DIVISION</p>					
BABZ	HAMMER,MAYANNE	20/546-76-9876	N11	717-555-4444	717-374-4783
74301	CHOLANGIOGRAM &/OR PANCREATOGRAM ADDIT FILMS		0.00	20 Aug 2001	ROSCH,KAREN
BAZA	THOMAS,STEFANI	20/261-84-9967	A11	717-765-0978	717-745-8364
73702	CT LOWER EXTREMITY W/VO CONT MATERIAL		0.00	03 Sep 2001	MARTIN,FRANK
74181	MRI ABDOMEN		267.00	03 Sep 2001	MARTIN,FRANK
FCD Patient Subtotal: 2					
FC* Patient Total: 3					
End of Report					

Ancillary CPT Report
(RAD Patients Without Insurance - Printed by CPT)

A DIVISION	OUTPATIENT CPT REPORT					Printed: 22 Nov 2001@1347 Page 1	
Patients Not Covered by Insurance with RAD Procedures - Printed by CPT							
Personal Data - Privacy Act 1974 (PL-93-579)							
14 Aug 2001 - 22 Nov 2001							

CPT Code	Procedure			DOD Cost			
	Patient Name	FMP/SSN	PAT CAT	Requesting HCP	Home Phone	Work Phone	

FCC CHAMPUS BENEFICIARY	SPT 0120	00259					

71021	CHEST PA OR AP & LAT WITH APICAL LORDOTIC			0.00			
	CHEESEBROUGH,SUZANNE M	30/205-46-6656	N41	SMITH,JAMES M	(619) 345-2395		
71021	CHEST PA OR AP & LAT WITH APICAL LORDOTIC			Subtotal:		1	

Ancillary CPT Report
(RAD Patients Without Insurance - Printed by CPT) (continued)

A DIVISION

Printed: 22 Nov 2001@1347 Page 2

OUTPATIENT CPT REPORT
 Patients Not Covered by Insurance with RAD Procedures - Printed by CPT
 Personal Data - Privacy Act 1974 (PL-93-579)
 14 Aug 2001 - 22 Nov 2001

CPT Code	Procedure	FMP/SSN	PAT CAT	Requesting HCP	Home Phone	Work Phone

FCD* B DIVISION						

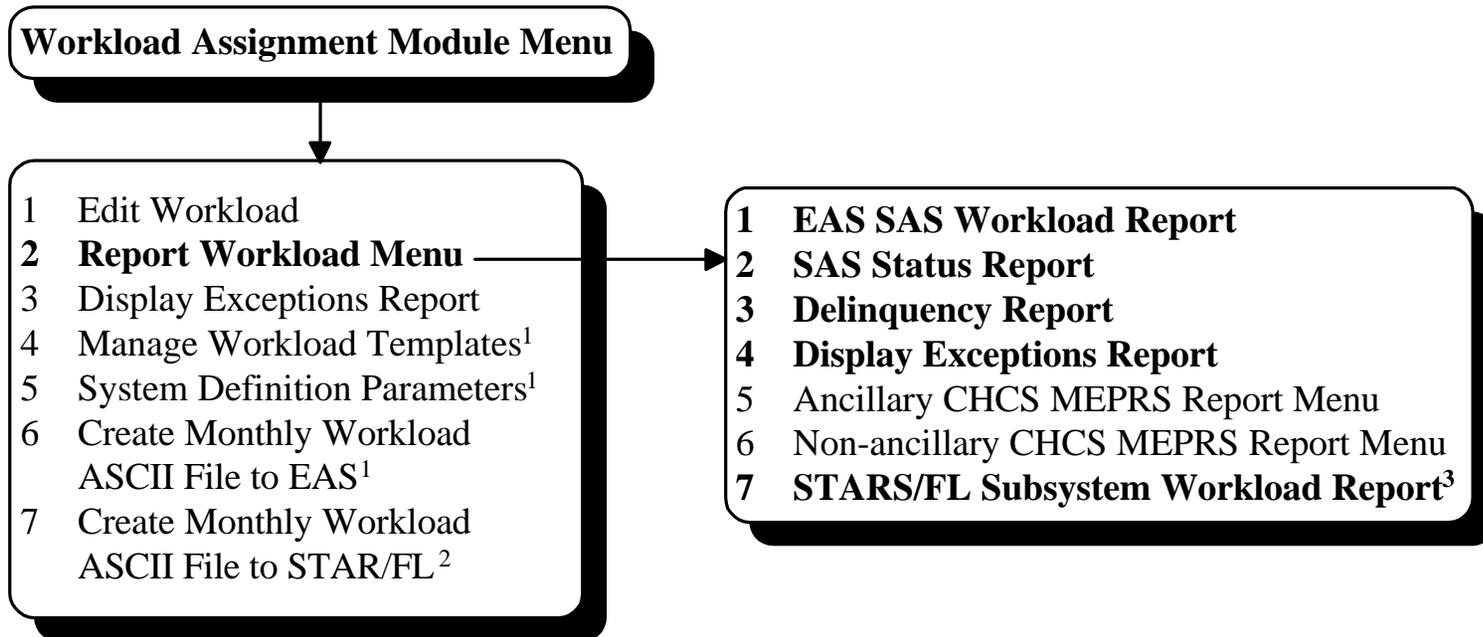
73702	CT LOWER EXTREMITY W/NO CONT MATERIAL					
				230.00		
	THOMAS, STEFANI	20/261-84-9967	A11	MARTIN, FRANK	717-765-0978	717-745-8364
73702	CT LOWER EXTREMITY W/NO CONT MATERIAL			Subtotal:		1
70200	ORBITS COMPLETE MINIMUM 4 VIEWS					
				20.00		
	BEALL, RONALD	20/577-77-5577	N11	JOHNSON, TASHA	702 885-8999	702 885-8998
	NEEDHAM, KENNETH	20/000-00-3004	F11	JOHNSON, TASHA	222-2222	222-2222
	VELESARIS, CHARLES M	20/199-50-2425	F11	HALL, MICHAEL	9104327524	
70200	ORBITS COMPLETE MINIMUM 4 VIEWS			Subtotal:		3
				Total:		5
End of Report						

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MEPRS/Workload Reports: WAM

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WAM MENU DIAGRAMS



Locked by Security Keys:

- 1 DGNAS MANAGER
- 2 DGNAS NAVY MANAGER
- 3 DGNAS NAVY USER

WAM-01264

Note: The WAM menu options related to MEPRS/workload reports are in bold print on this diagram.

WAM MENU DEFINITIONS

WAM

The WAM Menu is the primary menu for WAM-related functions using CHCS.

The WAM functions include editing EAS and STARS/FL workload data, generating workload reports, managing workload templates, creating EAS and STAR/FL monthly workload American Standard Code for Information Interchange (ASCII) files for transmission to EAS and STARS/FL, and providing a centralized menu of MEPRS-related reports.

Only users assigned the DGNAS USER or DGNAS NAVY USER security key can access the WAM Menu.

- **Report Workload Menu (2)**

The Report Workload Menu provides a menu of WAM-specific workload reports:

- EAS SAS Workload Report
- SAS Status Report
- SAS Delinquency Report
- Exceptions Report
- STARS/FL Subsystem Workload Report (Navy Only).

Two secondary menus can also be accessed from the Report Workload Menu:

- Ancillary CHCS MEPRS Reports
- Non-ancillary CHCS MEPRS Reports.

- **EAS SAS Workload Report (1)**

The EAS SAS Workload Report may be printed by group or division. It is a printout of workload that was transmitted or will be transmitted via ASCII text file to EAS. This is a monthly report and can only be printed for the current month, the reporting month, and the previous month. The report is sorted by

service-specific stepdown assignment statistic (SAS) (ascending order) with a page break with each new SAS. The page numbering begins at 1 and with each encounter of a new SAS. A secondary sort is by requesting MEPRS codes (alpha ascending order). For each SAS, the system prints the weighted and raw amounts and the weighted and raw amount edits. Zeros are used as placeholders in blank lines where data has not been edited. When a lead division is selected, a prompt asks if you want data for only that lead division (division) or for the lead division and all of its roll-up divisions (group).

•• **SAS Status Report (2)**

The SAS Status Report contains the SAS, the SAS description, point of contact (POC) phone number, the performing MEPRS, the template status (I, V, X, W, A, T) and the status data. This report is available for the current month, reporting month, and previous month.

•• **Delinquency Report (3)**

The (SAS) Delinquency Report contains the same information as the SAS Status Report. They differ in that the (SAS) Delinquency Report only contains information for those SASs that have delinquent input of their data (template status of I, W, X). If the delinquency status allowance (days) on the WAM System Definition Parameter screen is set to NO, then the (SAS) Delinquency Report cannot be created.

•• **Display Exceptions Report (4)**

The Exceptions Report is a free-form report containing the errors and warnings for the following categories:

- STARS/FL and EAS ASCII File Creation Exceptions
- Invalid MEPRS in DWAM
- Template Status Exceptions
- Workload Data Deviations
- SAS processing in DWAM
- CACAO/JON processing in DWAM

- Workload Reporting Delinquencies
- WAM file synchronizing errors
- STAR/FL CACAO/JON file exceptions
- EAS ASD and SAS file exceptions.

The categories above are grouped by errors (E), warnings (W), and notifications (N).

•• **STAR/FL Subsystem Workload Report (7)**

The Standard Accounting and Reporting System/Field Level (STARS/FL) Subsystem Workload Report may be printed by group or division. It is a printout of data that was or will be sent to STAR/FL. It may be printed by individual subsystem (Pharmacy, Laboratory, Radiology, Inpatient, Outpatient, Dietetics, Ancillary, and Support Services) or include all subsystems.

Note: Every SAS does not have a CACAO/job order number (JON). Hence, STARS/FL does not report exactly the same workload as the EAS/SAS workload report. This report prints workload amount totals for each CACAO and workload job order number (WJON) transmitted by ASCII file. This is a monthly report and can only be printed for the current month, reporting month, and previous month. When printing by group, a new page is printed when a new subsystem is encountered.

The report has two sections: detail and summary. You can choose either or both.

Note: You must have the Navy security keys in order to see this option on the Report Workload Menu.

EAS SAS Workload Report

```

*****
UIC: N00183  NH PORTSMOUTH                                03 Jun 2001@1533
DMIS ID:  0124                                           Page:  1

                SAS WORKLOAD REPORT
                Month: May  Year: 2001
-----
SAS   Performing  Requesting  Weighted   Raw   Weighted   Raw
      MEPRS       MEPRS      Amount    Amount  Amt Edit   Amt Edit
-----
420   PHARMACY: RAW & WEIGHTED PROCEDURES
      DAAB         BBAO        4000.00    1805    520.00    125
                        BGAA         22.00      89     -52.50     -5
                        BIAO        325.50      8       0.00      0
-----
                        TOTAL  4547.50    1962    467.50    120

***End of Report***
*****
    
```

SAS Status Report

```
*****
NH Portsmouth                                     21 Jun 2001@1701
                                                    Page: 1

                SAS STATUS REPORT
            Month: May   Year: 2001
-----
SAS Description                                POC      Perf   Status  Status
                                                Phone #  MEPRS   Date
-----
002  INTERNAL MEDICINE CLINIC                 555-1213      A    1 Jun 01
      GENERAL SURGERY CLINIC                  555-1214      X    2 Jun 01
      PEDIATRIC ACUTE CARE CLINIC             555-1215      I    1 Jun 01

420  PHARMACY: RAW&WEIGHTED PROCEDURES 534-8737 DAAA   A    1 Jun 01

470  BLOOD BANK                               434-8888 DBCA   X    2 Jun 01

880  THIRD PARTY COLLECTIONS                 434-8434 EBHA   W    1 Jun 01

BRMCL NAS OCEANA                                21 Jun 2001@1701
                                                    Page: 1

                SAS STATUS REPORT
            Month: May   Year: 2001
-----
SAS Description                                POC      Perf   Status  Status
                                                Phone #  MEPRS   Date
-----
421  PHARMACY: RAW&WEIGHTED                 434-1212 DAAE   W    2 Jun 01

881  THIRD PARTY COLLECTION                 434-8345 EBHB   W    1 Jun 01
      NUMBER OF CLAIMS BILLED
*****
```

Delinquency Report

[Navy Medical Treatment Facility]		05 Jun 2001@1453		Page 1		
SAS DELINQUENCY REPORT Month: May Year: 2001						
SAS	Description	POC	Phone #	Perf MEPRS	Status	Status Date
001	OCCUPIED BED DAYS	(NMC)	555-1212		I	01 May 01
002	OUTPATIENT VISITS	(NMC)	555-1221		I	01 May 01
003	TOTAL VISITS				X	02 May 01
019	SPECIAL PROGRAMS WORKLOAD		434-8888		I	01 May 01
151	AMBULATORY DEPRECIATION: VISITS		555-1236		I	01 May 01
190	SQUARE FOOTAGE		434-7621 x123	EDAA EDBA EDEA	I	01 May 01
200	HOUSEKEEPING SQUARE FOOTAGE CLEANED		434-7598	EFBA	I	01 May 01
460	ANATOMICAL PATHOLOGY: RAW & WEIGHTED PROCS			DBBA	X	02 May 01
Press <RETURN> to continue or '^' to quit						

Note: This sample report has been significantly reduced in size and content.

Display Exceptions Report

```
[Navy Medical Treatment Facility] 31 May 2001@1700 Page 1
* * * EXCEPTIONS REPORT * * *
From: 01 May 2001 To: 31 May 2001
-----
EAS ASD File Exceptions

(N) ASD Summary - A0067606.04 - 255 rec read, 255 rec expected
(W) ASD Summary - A0067606.04 - 255 rec processed, 0 rec rejected

EAS SAS File Exceptions
(E) SAS Record Rejected - S0067606.04 - 0067 - 016 - Bad SAS
(E) SAS Record Rejected - S0067606.05 - 0067 - 153 - **** - - Bad R MEPRS
(E) SAS Record Rejected - S0067606.05 - 0067 - 281 - **** - - Bad R MEPRS
(E) SAS Record Rejected - S0067606.05 - 0067 - 302 - BFXA - - Bad R MEPRS
(W) SAS Summary - S0067606.05 - 45 rec read, 45 rec expected
(W) SAS Summary - S0067606.05 - 37 rec processed, 8 rec rejected

STARS/FL CACAO/JON File Exceptions [Navy only]

(E) STARS/FL Rec Rejected - 00168.JON - 00168 - 6 - 4ADXA - Bad WJON-SN 4ADXA
(E) STARS/FL Rec Rejected - 00168.JON - 00168 - 6 - 4IGFA - Bad MEPRS AGFA

WAM File Synchronization Errors
(E) ** START OF ASD - STARS/FL CACAO/JON COMPARE ** A0067606.04 TO 00168.JON
(E) MEPRS code ABXB has no matching CACAO code
(E) ** END OF ASD - STAR/FL CACAO/JON COMPARE **

CACAO/JON Processing in DWAM [Navy only]
(W) CACAO/JON added - OB-UIC 00168 FY 6 WJON-SN 4BBAV
(W) CACAO/JON added - OB-UIC 00168 FY 6 WJON-SN 4BBDV

SAS Processing in DWAM
(W) SAS 001 related data has been modified
(W) New Code - Req. MEPRS AALA added - SAS 001 - DMIS 0067 - Perf. MEPRS ****
(W) SAS 007 related data has been modified
(W) New Code - Req. MEPRS AADA added - SAS 008 - DMIS 0067 - Perf. MEPRS ****

Invalid MEPRS in DWAM
(W) MEPRS code ADDA is invalid for this group.

Workload Delinquencies
(W) 129 EOD process incomplete - SAS 002 - Req BALA - Rpt Month 06/96
(05Jun96)
(W) 130 EOD process incomplete - SAS 003 - Req BAAA - Rpt Month 06/96
(05Jun96)

Template Status
(N) Data generation for division 0067 month 06/96 - started 06/05/96@1827
(N) Data generation for division 0067 month 06/96 - ended 06/05/96@1909
*** End of Report ***
```

Note: This sample report has been significantly reduced in size and content.

Note: Only nine of the twelve possible exceptions are displayed on this report.

STARS/FL Subsystem Workload Report (in the Detail Format)*

```

*****
UIC: 0321 NH PORTSMOUTH                                03 May 2001@1422
                Subsystem Monthly Workload Report
                  Month: Apr   Year: 2001
                  Subsystem: Laboratory
-----
CACAO   Workload   Perf   Workload Type           WJON           CACAO
        JON        MEPRS
-----
4DBA   032154 DBAA   DBAA           total weighted proc      20
                        DBAB           total weighted proc      30
                        DBAC           total weighted proc      10
                                                60
4DBB   032154 DBBA   DBBA           total weighted proc      30
                        DBBB           total weighted proc      25
                                                55
*****
  
```

*A Navy-only report.

WAM Radiology MEPRS Report

=====Report			
A DIVISION	#1a=====	Printed: 30 Mar 1997@1835	Page:
1			
WAM Radiology MEPRS Report Month: Mar Year: 1997			

Performing MEPRS	Requesting MEPRS	Weighted Amount	Raw Amount

DCAA	AAAA	4.22	3
	BAAA	1.96	2
DCAB	AAAA	0.43	1
	DCA TOTAL	6.61	6
DIAA	BAAA	2.71	2
	DIA TOTAL	2.71	2
*** End of Report 1a			

WAM Radiology MEPRS Report (continued)

=====Report			
#1b=====		Printed: 30 Mar 1997@1835	
A DIVISION			Page:
2			

WAM Radiology MEPRS Report			
Month: Mar Year: 1997			

Performing MEPRS	Requesting MEPRS	Weighted Amount	Raw Amount

DCAA	FCAA	1.16	1
DCAB	FCCA	1.66	1
	DCA TOTAL	2.82	2
DCBC	DCBO	0.43	0
	DIA TOTAL	0.43	0
*** End of Report 1b ***			

**Reports That List the
“Admitting” MEPRS Code**

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Admission by Diagnosis Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
3	Admission by Diagnosis Report

This report allows you to obtain a list of patient's diagnoses sorted by date and time of admission. The MEPRS Code listed on this report is the "Admitting" MEPRS Code.

```
TRAINING HOSPITAL                                21 Jun 2001 1135   Page
1
Personal Data - Privacy Act of 1974 (PL 93-579)
* * * ADMISSIION BY DIAGNOSIS REPORT * * *
From: 21 Jun 2001   To: 21 Jun 2001
-----
-
Name                               Rank  FMP/SSN          PATCAT  Cmd Int
Date of Adm   Reg No   Admitting Physician  MEPRS  Ward Room/Bed
Admitting Diagnosis                               Unit
-----
-
CLIFFORD,LINDA L                    --    10/100-10-6675   N41     --
21 Jun 2001   0010171  CALDWELL,LORRAINE   AABA   6C
CALCANEAL SPUR (726.73)              --
CLARK,ANNE                          LCDR  20/100-10-6761   N11     --
21 Jun 2001   0011378  HARTMAN,CHRIS      AAAA   9A
CARPAL TUNNEL SYNDROME (354.0)      NR NAV SPACE COMMAND 0266

*** End of Report ***
```

Admission Cover Worksheet

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
4	Admission Cover Worksheet

This option allows you to print an admission cover worksheet for any patient episode. It contains patient and sponsor identifying data, emergency contact and ADT information. The MEPRS Code listed on this report is the "Admitting" MEPRS Code.

TRAINING HOSPITAL

21 Jun 2001 1156 Page

1

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * ADMISSION COVER WORKSHEET * * *

-
Reg No: 0011378 Name: CLARK, ANNE

FMP/SSN: 20/100-106761

ADMISSION

Date/Time: 21 Jun 2001@0730

Source: DIR

MEPRS: AAAA

Sex: FEMALE

Age: 29

DOB: 12 Dec 1971 Ward: 9A

Patient Category: USN AD

Pay Grade: O4 Fly Status: N

Marital Status: MARRIED

Race: WHITE

Duty Zip: 20390

Ethnic: OTHER

MTF Trans from:

Religion: JESUS CHRIST OF LDS

MTF of Initial Adm:

Init Adm Date:

Sponsor Name: CLARK, ANNE

Adm Physician: HARTMAN, CHRIS

Adm Diagnosis: CARPAL TUNNEL SYNDROME (354.0)

Adm Proc1: CARPAL TUNNEL RELEASE (04.43) (S)

Adm Proc2:

Cause of Injury:

Administrative Remarks:

Prin Dx:

Oth Dx:

Prin Proc:

Oth Proc:

Provider Signature

*** End of Report ***

Future Dated Admissions Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
10	Future Dated Admissions Report

This report allows you to print a list of patients that have future dated admission orders for a single date or a range of dates. Patients who have outstanding admission orders will be displayed on this report. This report contains such information as the admitting and attending physician. This report may also include an admission comment and admitting diagnosis if they have been entered for the patient. The MEPRS Code listed on this report is the “Admitting” MEPRS Code.

TRAINING HOSPITAL

21 Jun 2001@1007

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * FUTURE DATED ADMISSIONS REPORT * * *

From: 20 Jun 2001 To: 21 Jun 2001

SCHEDULED ADMISSION DATE: 20 Jun 2001

Name: WARD,ALLAN A

FMP/SSN: 20/401-50-6001

Requested Ward: 3M

Duty Phone: 202-555-5915

Date/Time: 20 Jun 2001@1021

Home Phone: 410-555-4001

MEPRS Code: AAAA

Work Phone: 202-555-5915

Admitting Service: INTERNAL MEDICINE

Attending Physician: DOCTOR,LAKE

Admitting Physician: DOCTOR,LAKE

Admitting Diagnosis:

Admission Comment:

SCHEDULED ADMISSION DATE: 20 Jun 2001

Name: WEBB,CHARLES C

FMP/SSN: 20/300-30-6709

Requested Ward: 3M

Duty Phone: 202-555-0912

Date/Time: 20 Jun 2001@1058

Home Phone: 918-555-5340

MEPRS Code: ABAA

Work Phone: 202-555-0912

Admitting Service: GENERAL SURGERY

Attending Physician: HARTMAN,CHRIS

Admitting Physician: HARTMAN,CHRIS

Admitting Diagnosis:

Admission Comment:

Inpatient Index Card

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
11	Inpatient Index Card

This option allows you to obtain an inpatient index card for any patient who has had an inpatient episode. This card includes such information as patient and sponsor identifying data, FMP/SSN, emergency contact, admission and diagnosis information. The MEPRS Code listed on this report is the "Admitting" MEPRS Code.

Personal Data - Privacy Act of 1974 (PL 93-579)		
0010963	CROCKETT, ALLAN	LCDR
20/654-88-0020	123 FIRST STREET WASHINGTON	DC 20388
6B	DIS M NRP N	14 Feb 1963 DIR
CROCKETT, ANNA	SIS	609-555-8634
7218 MILLER DRIVE TRENTON	NJ 08648	
N11	20 Jun 2001@0800	CHRISTOPHER, CARL S ABAA

Medical Inpatient Treatment Recording Card

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
12	Medical Inpatient Treatment Recording Card

This card may be generated automatically at the time of admission/transfer, on demand or both, in accordance with MTF policy. Information displayed on this card includes: patient name, FMP/SSN, emergency contact data, patient category, admission date/time, admission type and Clinical Service.

The MEPRS Code listed on this output is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL	21 Jun 2001@1630
Personal Data - Privacy Act of 1974	
Medical Inpatient Treatment Recording Card	

10967	CROCKETT, GEORGE NO4
20	342-78-0026 NR NAV SPACE COMMAND 0266
	123 FIRST STREET
9B	DIS M NRP 08 Oct 1961 DIR
CROCKETT, GEMMA	SISTER 609-555-2966
7218 HIDDEN VALLEY LANE	
TRENTON, NJ 08648	
N11 20 Jun 2001@0800	CHRISTOPHER, CARL S ABAA

Print Patient ID Label

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
13	Print Patient ID Label

This option allows you to print patient identification labels, such as wrist bands and bed cards. The identification labels may include the patient's name, FMP/SSN, register number, patient sex, patient category, assigned ward and room/bed, and Clinical Service (MEPRS Code).

The MEPRS Code listed on this output is the "Admitting" MEPRS Code.

CROCKETT,GEORGE	20/342-78-0026	10967
20 Jun 2001	M	N11
ABAA	9B	
*** End of Report ***		

**Reports That List the “Dispositioning”
MEPRS Code**

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has been left blank/
intentionally.

Death Report

The menu path for this report is:

CA Core Application Drivers Menu PAD PAD System Menu ADT ADT Processing Menu MOUT MEPRS Report Menu 2 Death Report

This option allows you to generate a summary report of all deaths that have occurred since the date entered by the user. Patients with disposition types of "Carded for Record Only (CRO)" and "Died During Inpatient Stay" will be displayed on the Death Report. Patients will be sorted on this report by the date/time of disposition. The MEPRS Code listed on this report is the "Dispositioning" MEPRS Code.

TRAINING HOSPITAL	21 Jun 2001 1539	Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)		
* * * DEATH REPORT * * *		
From: 22 May 2001 To: 21 Jun 2001		

-		
Disp Date	Patient Name	Reg No FMP/SSN PATCAT
Adm Date	MEPRS Ward Attend Physician	Total Hosp Days
	Disp Code Disposition Text	
	Cause of Death	

-		
19 Jun 2001	JONES,EARL E	0010426 20/700-70-6905 A11
16 Jun 2001	AAAA 4A HARTMAN,CHRIS	3
	DIED	DIED DURING INPATIENT STAY
	--	
20 Jun 2001	FURLEY,CHARLES C	0010560 20/676-70-0627 N11
18 Jun 2001	AAKA 5C HARTMAN,CHRIS	2
	DIED	DIED DURING INPATIENT STAY
	--	
*** End of Report ***		

Disposition MEPRS Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
MOUT	MEPRS Report Menu
4	Disposition MEPRS Report

This option allows you to produce a report of patients admitted (Gains) and dispositioned (Losses) by MEPRS clinical services for a selected date. A total of all patients dispositioned for the entered data is displayed at the end of the report. The MEPRS Code listed on this report is the "Dispositioning" MEPRS Code.

TRAINING HOSPITAL		21 Jun 2001@1556		Page 1						
DISPOSITION REPORT BY MEPRS										
PERIOD ENDING 2400 HOURS 20 Jun 2001										
HOSPITAL CENSUS										
MEPRS CODE	PREV RPT	GAIN	LOSS	PRES RPT	SUB ELS	ABS SIC	OTH ABS	TOT ABS	ON PAS	BED TOT

AAAA	INTERNAL MEDICINE									
	140	821	38	923	0	0	0	0	0	923
ABAA	GENERAL SURGERY									
	21	152	34	139	0	0	0	0	0	139
ABAN	GENERAL SURGERY									
	0	1	0	1	0	0	0	0	0	1
ADAA	PEDIATRICS									
	-1	1	0	0	0	0	0	0	0	0
AEAA	ORTHOPEDICS									
	0	11	0	11	0	0	0	0	0	11
AFAA	PSYCHIATRICS									
	3	7	1	9	0	0	0	0	0	9

TOTAL	163	993	73	1083	0	0	0	0	0	1083

TRAINING HOSPITAL		21 Jun 2001@1556		Page 2	
DISPOSITION REPORT BY MEPRS					
PERIOD ENDING 2400 HOURS 20 Jun 2001					
* * * ADMISSION AND DISPOSITION RECAPITULATION BY MEPRS * * *					
MEPRS	Service	Adm	Disp	Census	

AAAA	INTERNAL MEDICINE	814	21	923	
ABAA	GENERAL SURGERY	134	25	139	
ABAN	GENERAL SURGERY	0	0	1	
ADAA	PEDIATRICS	0	0	0	
AEAA	ORTHOPEDICS	11	0	11	
AFAA	PSYCHIATRICS	7	0	9	
		-----		-----	
TOTAL		966	46	1083	

*** End of Report ***

Dispositions Not Received in Clinical Records

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
DDM	Deficiency/Delinquency Record Menu
DOUT	Deficiency/Delinquency Output Menu
2	Dispositions Not Received in Clinical Records

This option allows you to generate a report that displays all of the records that have a disposition date and have not been received in the Medical Records area. This report will sort the data by the patient's ward and will have a page break between each ward. Within a ward, patients will be sorted by disposition date. The MEPRS Code listed on this report is the "Dispositioning" MEPRS Code.

TRAINING HOSPITAL	21 Jun 2001@1613	Page:		
1				
Personal Data - Privacy Act of 1974 (PL 93-579)				
DISPOSITIONS NOT RECEIVED IN CLINICAL RECORDS				
WARD: 10D				

REG #	PATIENT	FMP/SSN	DISP PHYSICIAN	DISP DATE
MEPRS				

0010416	ZARATE, DAVID D	20/312-88-1435	DOCTOR, LAMP	16 Jun 2001 ABAA

WARD				
SUBCOUNT 1				
TRAINING HOSPITAL	21 Jun 2001@1613	Page:		
2				
Personal Data - Privacy Act of 1974 (PL 93-579)				
DISPOSITIONS NOT RECEIVED IN CLINICAL RECORDS				
WARD: 13E				

REG #	PATIENT	FMP/SSN	DISP PHYSICIAN	DISP DATE
MEPRS				

0010581	DODD, ALLAN A	20/500-50-6515	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010582	DODD, BARBARA B	20/500-50-6615	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010583	DODD, CHARLES C	20/500-50-6715	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010584	DODD, DONNA D	20/500-50-6815	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010585	DODD, EARL E	20/500-50-6915	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010586	DODD, FLORENCE F	20/500-50-7015	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010587	DODD, GEORGE G	20/500-50-7115	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010588	DODD, HOLLEY H	20/500-50-7215	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010589	DODD, IAN I	20/500-50-7315	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010806	DODD, JACKIE J	20/500-50-7415	HARTMAN, CHRIS	14 Jun 2001 AAAA
0010809	DODD, KENNETH K	20/500-50-7515	HARTMAN, CHRIS	14 Jun 2001 AAAA

WARD				
SUBACCOUNT 11				

DRG-Eligible Indicated Same Day Surgery Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
IOUT	Inpatient Record Output Menu
5	DRG-Eligible Indicated Same Day Surgery Report

This report helps Clinical Records personnel to prioritize patient coding. When a disposition date is entered equal to the admission date for a patient, the system queries, "Is this a same-day surgery?" Positive responses cause DRG-eligible patients to appear on this report. A patient is removed from the report upon arrival of the clinical record. The MEPRS Code listed on this report is the "Dispositioning" MEPRS Code.

```
TRAINING HOSPITAL                                21 Jun 2001 1408   Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)

* * * DRG-ELIGIBLE INDICATED SAME DAY SURGERY REPORT * * *
      From: 01 Jun 2001   To: 21 Jun 2001

-----
-
Reg No   Name                               Adm/Disp   Adm Time/   Dispositioning
          Date                               Disp Time   Ward  MEPRS
-----
-
0001042 DIAMICO,BETTY C                    05 Apr 2001  0934 1553   8C/OBG AAAA

TOTAL SAME DAY SURGERY PATIENT(S): 1

* TPC Account

*** End of Report ***
```

Final Diagnosis, Procedures, & DRG Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
IOUT	Inpatient Records Output Menu
6	Encoder Grouper Output Menu
9	Final Diagnosis, Procedure, & DRG Report

This report provides the data selection criteria of date of disposition, Clinical Service (MEPRS Code), and provider. The MEPRS Code listed on this report is the "Dispositioning" MEPRS Code.

```
TRAINING HOSPITAL                                21 Jun 2001@0951    Page 1
      Personal Data - Privacy Act of 1974 (PL 93-579)
* * * FINAL DIAGNOSES, PROCEDURES, & DRG REPORT * *
      By All Clinical Services
      From: 19 Jun 2001    To: 21 Jun 2001
-----
Provider: CALDWELL,LORRAINE C                    Pt Disp MEPRS: ABAA

REG # 0010799          Adm Dx:
30/260-11-5555        Prin Dx: 410.90 (MI,UNSPEC SITE,UNSPEC EPISODE)

  Proc: Scheduled 1:
          2:
    Performed 1:
          2:
  Admission DRG:
    Final DRG: 5    EXTRACRANIAL VASCULAR PROCEDURES

Total: 1

*** End of Report ***
```

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**Reports That List the MEPRS Code
Currently Assigned to the Patient**

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Absent Sick Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
PAM	Patient Affairs/Administrative Menu
POUT	Patient Affairs/Administrative Output Menu
1	Absent Sick Report

This option allows you to obtain a list of inpatients currently admitted to the MTF as Absent Sick (Admission type of AD DIRECT TO NON-US ARMED SRV HOSP). Only active duty patients should be admitted with this admission type. Patients listed on this report are displayed in alphabetical order by patient name. Data displayed on this report includes: MEPRS Code/Clinical Service, sponsor's grade/rank, FMP/SSN, patient category, absent sick facility, civilian physician, and diagnosis.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated. The MEPRS Code will always be YYYYA for absent sick patients.

TRAINING HOSPITAL

21 Jun 2001@1015 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * ABSENT SICK REPORT * * *

Name: CARTIER,ARNOLD
Grade/Rank: ME4
Command Interest:

FMP/SSN: 20/224-24-6104
Patient Category Code: M11

Absent Sick Start Date: 10 Jun 2001@0925 Days Absent: 11
MEPRS Code/Service: YYYY (ABSENT SICK)
Initial Absent Sick MTF: MERCY HOSPITAL
SAN DIEGO, CA 92119

Location: CALIFORNIA (CA)
Civilian Physician: GREENE,CARL
Diagnosis:733.81 (MALUNION OF FRACTURE)

Name: LONG,LAUREN
Grade/Rank: NO6
Command Interest:

FMP/SSN: 20/800-67-1120
Patient Category Code: N11

Absent Sick Start Date: 20 Jun 2001@1334 Days Absent: 1
MEPRS Code/Service: YYYY (ABSENT SICK)
Initial Absent Sick MTF: GROSSMONT HOSPITAL
SAN DIEGO, CA
619-998-8776

Location: CALIFORNIA (CA)
Civilian Physician: SAWYER,GEORGETTE
Diagnosis:112.4 (CANDIDIASIS OF LUNG)

*** End of Report ***

Alpha Roster

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Menu
6	Alpha Roster

This option allows you to print a list of all patients currently admitted to the MTF. The inpatients will be displayed in alphabetical order by patient name. Fields displayed on this report include: admission date/time, register number, grade/rank, MEPRS Code, FMP/SSN, current ward assignment, patient category, and absence status.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient at the time this report is generated.

TRAINING HOSPITAL				21 Jun 2001 1357	Page	
1						
Personal Data - Privacy Act of 1974 (PL 93-579)						
=====						
==						
* * * ALPHA ROSTER OF HOSPITAL INPATIENTS * * *						
FOR 21 Jun 2001						

--						
Patient Name	Rank	Sex	Type Case	PATCAT	DOB	FMP/SSN
Reg No	Ward	MEPRS	Abs Status	Religion	Adm Date	

--						
AARON, ALLAN				A41	29 Sep 1965	30/100-10-7126
--	M	INJ			BO	20 Jun
2001@1214						
0011395	2D			AAAA	JEWISH	
ALCOTT, EDGAR A				F12	21 Aug 1979	20/100-10-6737
AB	M	DIS			BO	18 Jun
2001@0800						
0080013	2C			ABAA	ROMAN CATHOLIC	
AMHOFF, BARBARA B				A11	17 Apr 1974	20/500-50-6634
1LT	F	DIS			BO	18 Jun
2001@1414						
0010823	14E			ACAA	JESUS CHRIST OF LDS	
ANDERSON, CHARLES C				A11	07 Mar 1973	20/500-50-6711
1LT	M	DIS			BO	20 Jun
2001@0800						
0010836	14A			AAKA	AGNOSTIC	
*** End of Report ***						

Casualty Status Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
PAM	Patient Affairs/Administrative Menu
POUT	Patient Affairs/Administrative Output Menu
2	Casualty Status Report

This option allows you to generate a summary report of all inpatients classified as casualty. The report will display the data in alphabetic order by patient name. Other data displayed on this report include: FMP/SSN, sponsor's grade/rank, MEPRS Code, admission date/time, register number, ward and room/bed assignment, casualty status, casualty prognosis, start date, health care providers, and diagnosis information. The Casualty Status for a selected patient may be entered or modified using the Casualty Status option by way of Patient Affairs/Administrative Menu.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

Ward	Room-Bed	MEPRS Rank	Patient Name	Reg No	Casualty Date
	PATCAT	Religion		Status	Prognosis
		Casualty	Diagnosis		
10A	1001-B	ABAA	KAGAN, CHARLES C	0000123	20 Jun 2001
	A11	PFC	LUTHERAN	VSI	--
	--				
10A	1002-B	AAAA	SMITH, DONNA D	0000245	20 Jun 2001
	N11	PO3	METHODIST	SI	--
	--				

*** End of Report ***

Command Interest Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
PAM	Patient Affairs/Administrative Menu
POUT	Patient Affairs/Administrative Output Menu
3	Command Interest Report

This option allows you to generate a summary report of all inpatients with a Command Interest category. Patients displayed on this report are listed in alphabetic order by command interest category. Only those Command Interest categories which have a patient assigned to that category will be displayed on this report. This report includes the following data: patient name, FMP/SSN, sponsor duty station unit, patient category, admission clinical service, register number, admission ward, admission room/bed, and admitting/attending/primary physicians.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL

21 Jun 2001 1514 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

=====

* * * COMMAND INTEREST REPORT * * *
COMMAND INTEREST: FLAG ADMISSION

Name	Ward	Room-Bed	Reg No	PATCAT	Rank	FMP/SSN	MEPRS	Abs	Status
Admitting Physician	Admitting Physician		Unit	Attending Physician		Primary Physician			
CROCKETT, GEORGE			0010967	N11	LCDR	20/342-78-0026			
9B	--		NR NAV SPACE COMMAND		0266	ABAA		BO	
CHRISTOPHER, CARL S			CHRISTOPHER, CARL S			--			
GARRET, HOLLEY H			0010968	A11	MAJ	20/398-78-0027			
6A	--		RESOURCE MGMT WASHINGTON			AAAA		BO	
CHRISTOPHER, CARL S			CALDWELL, LORRAINE			--			

*** End of Report ***

Emboss Card

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ROM	Registration Options Menu
ROUT	Registration Output Menu
1	Emboss Card

The Emboss Card option allows you to print an emboss card that is facility-specific for registered patients. Sites often select to display the Clinical Service (MEPRS Code) on the Inpatient Emboss Card.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

Inpatient Emboss Card:	
CROCKETT, FLORENCE	F
(0010966) 20 399-87-0025	
USN ACTIVE DUTY	LCD
20JUN01 ABAA NRP 38	
8888	9A

Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
ICU	Hrs of Svc in ICUs by Ref MEPRS Cln Svc Report

This report calculates the hours of care, and fraction thereof, based on ICU Ward location (DJ* MEPRS Codes) for Referring inpatient MEPRS (Clinical Service) Codes. DJ* MEPRS Codes are computed by the system and linked to the A-Level ICU codes. DJ* MEPRS Codes only display on this report. The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

B DIVISION		02 May 2001 1445		Page 1	
Personal Data - Privacy Act of 1974 (PL 93-579)					
HOURS OF SERVICE IN INTENSIVE CARE UNITS BY REFERRING MEPRS CLINICAL SERVICE					
From: 01 Dec 2000 To: 31 Dec 2000					

REF MEPRS					
CLINICAL		DJA	DJB	DJC	ADB
SERVICE	TOTAL	(MICU)	(SICU)	(CCU)	(NICU)
					DJE
					(PICU)

AAAA	643.00	643.00			
AABA	1124.43			1124.43	
ABAA	1059.00		1059.00		
ADEX	1268.78				1268.78
AGAA	744.00	744.00			
TOTAL	4839.21				
*** End of Report ***					

Inpatients by MEPRS Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
MOUT	MEPRS Report Menu
6	Inpatients by MEPRS Report

This option allows you to generate an 80 column report of currently admitted patients sorted by MEPRS Code. The report may be run by entering "O" for one MEPRS Code, "A" for all MEPRS Code, or "I" for all invalid MEPRS Codes. This report should be run whenever a MEPRS Code is inactivated.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL

21 Jun 2001 1459 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * INPATIENTS BY MEPRS REPORT * * *

MEPRS Code: ABAA (Active as of 01 Jan 1999)

Ward	Patient Name	Reg #
10B	KEAN, ALLAN A	10981
10D	ZARATE, DENNIS D	10887
10D	ZIMMERMAN, THOMAS	10415
12B	WHITE, CHARLES C	10994
2A	LANE, ANITA	11489
2A	NEWBOLD, CHRISTINE C	11458
2A	NUNN, ALTHEA A	11478
2B	NAUGHTON, DONNA D	11448
2B	NUNES, FLORENCE F	11472
3E	NIELSON, FLORENCE F	11229
6A	COATES, ALLAN	
6B	CROCKETT, IAN	10969
6D	CASSIDY, ALLAN	10610

*** End of Report ***

Inquire Patient Episode

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
BSM	Bed Status Menu
IPE	Inquire Patient Episode

This option allows you to make inquiries, create ad hoc reports, and locate demographic information about inpatients. The user may select inpatient data elements and sort values for specific reporting needs, such as Clinical Service.

The MEPRS Code that may be listed on this report is the MEPRS Code that is currently assigned to the patient when the report is generated.

Personal Data - Privacy Act of 1974 (PL 93-579)			
PATIENT LIST		21 Jun 2001@1704	PAGE 1
NAME	SSN	MEPRS CODE	PROVIDER INTERNAL WARD LOCATION
ADMISSION DATE	PATIENT CATEGORY		

HAVERSHAM, GRACE 711-64-1118 19 Jun 2001@1041	AAAA 8C USA ACTIVE DUTY OFFICER	DOCTOR, LAMP	
EPPS, HOLLEY H 578-34-6129 20 Jun 2001@1202	AAAA 4H USA ACTIVE DUTY ENLISTED	NELSON, RICHARD	
HAWTHORNE, ALLAN A 675-44-0093 20 Jun 2001@0737	AAAA 2L USA ACTIVE DUTY OFFICER	HARTMAN, CHRIS	
NIELSON, BARBARA B 300-30-6620 20 Jun 2001@1622	AAAA 3E USAF ACTIVE DUTY	NELSON, RICHARD	
HARMON, ALLAN A 144-55-9993 20 Jun 2001@0733	AAAA 2J USA ACTIVE DUTY OFFICER	HARTMAN, CHRIS	
HATHAWAY, CHARLES C 711-21-5664 21 Jun 2001@0636	AAAA 2E USA ACTIVE DUTY OFFICER	HARTMAN, CHRIS	
HAYNES, CHARLES C 323-69-0123 21 Jun 2001@0640	AAAA 2F USA ACTIVE DUTY OFFICER	HARTMAN, CHRIS	
*** End of Report ***			

Long Term Patient Roster

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
PAM	Patient Affairs/Administrative Menu
POUT	Patient Affairs/Administrative Output Menu
6	Long Term Patient Roster

This option allows you to obtain a list of long term inpatients admitted to the MTF. The number of days which defines a "long Term" patient is established in the PAD Parameters option. This report will display data in alphabetic order by the patient's last name. Other data displayed on this report include: Admission, Date/Time, Register number, Sponsor's Grade/Rank, MEPRS Code, FMP/SSN, Patient Category, and Admitting Ward and Room/Bed.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL		21 Jun 2001 1602		Page 1	
Personal Data - Privacy Act of 1974 (PL 93-579)					
=====					
* * * LONG TERM PATIENT ROSTER BY HOSPITAL DAYS * * *					
HOSPITALIZED OVER 60 DAYS					

Patient Name	Reg No	FMP/SSN	Rank	Cmd Int	MEB
Ward Abs Sta	MEPRS	Attend Phys	Proj Disp	Hosp	Days
Adm Date	PATCAT	Diagnosis		MTF	Total

GABOR, CHARLES	0010884	20/711-54-0707	CPL	--	--
1B WA	AFAA	DONTEL, PAUL	--		
16 Apr 2001	All	--		66	66
*** End of Report ***					

Patient Inactive MEPRS Summary

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
MOUT	MEPRS Report Menu
11	Patient Inactive MEPRS Summary

This option prints a selected patient's inactive MEPRS Code or displays a message that the record does not contain any inactive MEPRS Codes.

TRAINING HOSPITAL	21 Jun 2001@1401	Page 1		
Personal Data - Privacy Act of 1974 (PL 93-579)				
* * * PATIENT INACTIVE MEPRS SUMMARY * * *				
PNT: ABELL, CHARLES D	FMP/SSN: 20/510-84-0317	REG #: 0000396		
The following ADT transaction(s) have a MEPRS code that was INACTIVATED during the inpatient stay:				
<u>TYPE</u>	<u>DATE</u>	<u>TIME</u>	<u>MEPRS</u>	<u>INACTIVE DATE</u>
----	----	----	-----	-----
ADM	10May01	1209	AABA	** 14May01 **
To correct the MEPRS if date EQUAL TO inactive date:				
o Select CORRECTIONS MANAGEMENT option				
o Select the transaction and edit the MEPRS				
To correct the MEPRS if date NOT EQUAL TO inactive date:				
o Select CORRECTIONS MANAGEMENT option				
o Insert new MEPRS on the inactive date marked by ' ** '				
*** End of Report ***				

RON Roster

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
14	RON Roster

This option allows you to generate a summary report of all inpatients with the admission type of "Remaining Overnight" (RON). Data displayed on this report includes: patient name, grade/rank, FMP/SSN, MEPRS Code, current ward and room/bed.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL		21 Jun 2001@1349	Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)			
* * * RON ROSTER: 21 Jun 2001 * * *			

Patient	Grade/Rank	FMP/SSN	MEPRS Ward
Room/Bed			

CARTIER, DONNA	FO3	20/498-34-0090	AAAA 6A
DODD, JACKIE J	FE3	20/500-50-7415	ACAA 9A
*** End of Report ***			

Status Out Roster

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
PAM	Patient Affairs/Administrative Menu
POUT	Patient Affairs/Administrative Output Menu
10	Status Out Roster

This option allows you to generate a summary report of all inpatients who are currently at the MTF on absence status. This report includes the number of days the patient is absent and indicates if the patient's return is overdue. Data displayed on this report includes the following: patient name, register number, patient sex, absence status type, and if the patient is overdue.

The MEPRS Code listed on this report is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL	21 Jun 2001 1431	Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)		
* * * STATUS OUT ROSTER * * *		

Expected Return Date		
Patient Name	PATCAT Sex Reg No MEPRS	Abs Days Overdue Sta Abs Days

21 Jun 2001		
GABOR, CHARLES	A11 M 0010884 AF AA	WA 0
NO RETURN DATE		
CROCKETT, HOLLEY	A11 F 0010968 AB AA	AG 0
*** End of Report ***		

Ward Nursing Report

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
17	Ward Nursing Report

This option allows you to generate a report of ADT activity and bed status information for a specified 24 hour period. This report includes the patient name, FMP/SSN, and other patient data. This report also lists the total number of patients admitted, transferred, and/or dispositioned during the specified 24 hour time period. Bed counts are also listed including the number of beds reserved, evacuated, blocked, and/or unavailable during the specified 24 hour period.

The MEPRS Code listed on this output is the MEPRS Code that is currently assigned to the patient when the report was generated.

Patient Name		PATCAT	FMP/SSN	DOB	Rank

WARD LOCATION: 6A					

MEPRS					
Reg No	Adm Date	Bed Days	Attend Physician		
Admitting	Diagnosis		Admitting Comment		

AMHOFF, PAULA P		A11	20/500-50-8034	10 Mar 1960	LTC ABAA
0010800	18 Jun 2001	3	CALDWELL, LORRAINE C		
--			--		
CAPER, ALLAN A		N11	20/100-10-6651	12 Dec 1971	LT AAAA
0010971	21 Jun 2001	0	HARTMAN, CHRIS		
--			96.47		
CARTIER, DONNA		F11	20/498-34-0090	02 Jan 1968	CPT AAAA
0000000	21 Jun 2001	0	CALDWELL, LORRAINE C		
--			--		

TRAINING HOSPITAL				21 Jun 2001 1444	Page 2
Personal Data - Privacy Act of 1974 (PL 93-579)					
* * * WARD NURSING REPORT * * *					

WARD LOCATION: 6A					

Summary for 6A					
Total beds in ward:	16	Total patients in ward:	3		
Patients with assigned beds:	2	Patients with assigned beds:	2		
Total reserved beds in ward:	0	Patients not assigned beds:	1		
Total beds available:	14				
Total blocked bed in ward:	0	Preadmits assigned to ward:	0		
*** End of Report ***					

Ward Roster

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
AOUT	ADT Processing Output Menu
18	Ward Roster

This option allows you to print/display a list of all inpatients currently admitted to the MTF. The Ward Roster may be generated to display patients on one or all wards at the MTF. The data listed on this report may be displayed in alphabetical order by patient last name or by room/bed for each ward.

The MEPRS Code listed on this output is the MEPRS Code that is currently assigned to the patient when the report was generated.

TRAINING HOSPITAL		21 Jun 2001@1517		Page 1	
Personal Data - Privacy Act of 1974 (PL 93-579)					
* * * WARD ROSTER: 21 Jun 2001 * * *					

Patient	Grade/Rank		FMP/SSN	Category	
Absence	Register #		MEPRS CODE	Ward	Room/Bed
Admission Date					

CAPER, EARL E			03/100-10-6651		N41
21 Jun 2001@0730	10975		AAAA	9A	
CLARK, BILLY		NO4	20/101-10-6761		N11
21 Jun 2001@0746	11384		AAAA	9A	
CLIFFORD, FLORENCE F			04/100-10-6675		N41
21 Jun 2001@0711	10942		AAAA	9A	
COOK, EARL		FO3	20/100-10-6754		F11
20 Jun 2001@0700	10952		AAAA	9A	
ZALES, BARBARA		FE1	20/100-10-7279		F11
20 Jun 2001@1131	11400		AAAA	9A	904-A

*** End of Report ***

**Reports That List All of the MEPRS Codes
a Patient Had During the Inpatient Stay**

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Cashier Action Screen

The menu path for this report is:

CA	Core Application Drivers Menu
MSA	MSA System Menu
CFM	Cashier Functions Menu
CLK	Cashier Action Screen
I	Inpatient

The 'Inpatient' action on the Cashier Action screen allows you to display or print an account of the inpatient episode. This report identifies all MEPRS Codes that a patient has had during their inpatient stay.

TRAINING HOSPITAL	21 Jun 2001@1604 Page 1							
Personal Data - Privacy Act 1974 (PL-93-579)								
INPATIENT DAYS								
Patient: SCHUSTER, ANGELA P	FMP/SSN: 20/801-56-0304							
Reg No.: 357	Adm Dt: 01 May 2001 Status: O							
Pat Cat: USN AD	Dis Dt: 01 Jun 2001 Sales Cd: SR							
Ins Sta:	Pay Mode:							
Remarks:								
*** DAILY CHARGE DATA ***								
Total Charges to Date: 536.00	Current Balance: -23.00							
Total Payments to Date: 559.00	Final DRG: ZER/0							
Effective Date	Ending Date	Total Days	Chg Days	Cred Days	Chg Cat	Cln Svc	Amount	Balance
01May01	30May01	30	30	0	SR	AAAA	516.00	-22.14
TOTALS:		30	30	0			516.00	-22.14
*** End of Report ***								

Clinical Record Cover Sheet

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
MOUT	MEPRS Reports Menu
1	Clinical Record Cover Sheet

This option allows you to generate a Clinical Record Cover Sheet for any patient admitted to the MTF. This document is included in the patient's medical record and contains official information regarding the inpatient episode. This report displays all MEPRS Codes that a patient had throughout the entire inpatient stay.

MTF: TRAINING HOSPITAL 21 Jun 2001@1259 Page 1
PERSONAL DATA - PRIVACY ACT OF 1974

RECORD OF INPATIENT TREATMENT
REGISTER: 0010966 NAME: CROCKETT,FLORENCE FMP/SSN: 20/399-87-0025

A D M I S S I O N
DATE/TIME: 20 Jun 2001@0800 SOURCE: DIR CLIN SVC: GEN SUR/ABAA
SEX: F DOB: 16 Jul 1962

D I S P O S I T I O N
DATE/TIME: 21 Jun 2001@1258 TYPE: DUTY CLIN SVC: INT MED/AAAA
AGE : 38

D I A G N O S E S
DX 1. Principal DX: 5552
REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE

P R O C E D U R E S
PR 1. Principal PR: NO PROCEDURES ON FILE

ATTENDING PROVIDER _____

DRG: RECORD NOT GROUPED
MDC:

S E L E C T E D A D M I N I S T R A T I V E D A T A

ADMISSION:

PATIENT CATEGORY: USN AD ER PAY GRADE: O4/LIEUTENANT COMMAND
MARITAL STATUS: SINGLE,NEVER MARRIED RACE: BLACK
DUTY ZIP: 20390 ETHNIC: OTHER
MTF TRANS FROM: RELIGION: NO PREFERENCE
MTF OF INITIAL ADM: INIT ADM DATE:
* * * * *

DISPOSITION:

MTF TRANS TO: AUTOPSY:
ICU CLINICAL SVC: ICU DAYS SPENT: 0
CONVALESCENT LEAVE TAKEN: 0 RECOMMENDED: 0
* * * * *

OTHER:

SPONSOR NAME: CROCKETT,FLORENCE MATERNAL/NEWBORN REGISTER:
DUTY ADDRESS: 123 FIRST STREET
WASHINGTON, DC 20390

EMERGENCY ADDRESSEE: PATIENT ADDRESS:
RELATIONSHIP: SISTER OF PATIENT 49 ART CENTER DRIVE
NAME: CROCKETT,FRANCINE FAIRFAX, VA 22030
ADDRESS: 7218 DOVER DRIVE
TRENTON, NJ 08648
PHONE: 609-555-7225

BLOOD PRODUCTS: N PREV ADMISSION THIS MTF: N
TRAUMA CODE:
CAUSE OF INJURY:

INJURY REMARKS:

CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:

*** End of Report ***

MEPRS/Provider Days

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
ADT	ADT Processing Menu
MOUT	MEPRS Report Menu
7	MEPRS/Provider Days

This option allows you to display and/or print the number of days an inpatient received care at a specific location in the MTF, and the number of days a physician provided care for the selected patient.

The MEPRS Codes listed on this report includes all MEPRS Codes that the patients had throughout their entire inpatient stay.

TRAINING HOSPITAL	21 Jun 2001@1229	Page 1		
Personal Data - Privacy Act of 1974 (PL 93-579)				
* * * MEPRS/Provider Days Report * * *				

Patient: CROCKETT, FLORENCE	FMP/SSN: 20/399-87-0025			
Admitted: 20 Jun 2001@0800	Reg No: 10966			
DATE	MEPRS	DAYS	PROVIDER	DAYS

20 Jun 2001@0800	ABAA	1	CHRISTOPHER, CARL S	1
21 Jun 2001@1226	AAAA	0	ADAMS, ANDREW	0
*** End of Report ***				

Print Batch Clinical Record Cover Sheet

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
IOUT	Inpatient Records Output Menu
16	Print Batch Clinical Record Cover Sheet

This option allows you to print Final Clinical Record Cover Sheets that were not printed by the supervisor at the time the inpatient records were approved as complete.

The MEPRS Codes listed on this report includes all MEPRS Codes that the patients had throughout their entire inpatient stay.

```
MTF: TRAINING HOSPITAL                21 Jun 2001@1243   Page 1
                PERSONAL DATA - PRIVACY ACT OF 1974
                RECORD OF INPATIENT TREATMENT
REGISTER: 0010658  NAME: AVERY,ANN                FMP/SSN: 30/123-45-1111
-----
                A D M I S S I O N
DATE/TIME: 22 May 2001@0801  SOURCE: DIR  CLIN SVC: INT MED/AAAA
SEX: F                                DOB: 15 Jan 1969
-----
                D I S P O S I T I O N
DATE/TIME: 25 May 2001@1116  TYPE: HOME  CLIN SVC: INT MED/AAAA
                AGE : 32
-----
                D I A G N O S E S
DX 1.  Principal DX:  41090  0
-----
                ACUTE MI, UNSPECIFIED SITE, UNSPECIFIED EPISODE OF CARE
-----
                P R O C E D U R E S
PR 1. Principal PR:  NO PROCEDURES ON FILE
-----
ATTENDING PROVIDER _____
-----
DRG: 901  ALC/DRUG OR DPND,DTX OR OTH SYMP TRT W/O CC A>21
-----
MDC:  9  DISEASES AND DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST
-----
                S E L E C T E D   A D M I N I S T R A T I V E   D A T A
ADMISSION:
PATIENT CATEGORY: USA DEP AD                PAY GRADE:
MARITAL STATUS: MARRIED                    RACE: WHITE
DUTY ZIP:                                  ETHNIC: OTHER
MTF TRANS FROM:                            RELIGION: METHODIST
MTF OF INITIAL ADM:                        INIT ADM DATE:
                * * * * *
DISPOSITION:
MTF TRANS TO:                              AUTOPSY:
ICU CLINICAL SVC:                          ICU DAYS SPENT: 0
CONVALESCENT LEAVE TAKEN: 0                RECOMMENDED: 0
                * * * * *
OTHER:
SPONSOR NAME: AVERY,ALLAN A                MATERNAL/NEWBORN REGISTER:
DUTY ADDRESS:
EMERGENCY ADDRESSEE:                       PATIENT ADDRESS:
RELATIONSHIP: HUSBAND OF PATIENT            542 CHERRY STREET
NAME: AVERY,ALLAN A                        FAIRFAX, VA 22030
ADDRESS: 542 CHERRY STREET
                FAIRFAX, VA 22030
PHONE: 918-555-0072
BLOOD PRODUCTS: N                          PREV ADMISSION THIS MTF: N
TRAUMA CODE:
CAUSE OF INJURY:
INJURY REMARKS:
-----
CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:
-----
*** End of Report ***
```

Print Individual Clinical Record Cover Sheet

The menu path for this report is:

CA	Core Application Drivers Menu
PAD	PAD System Menu
IRM	Inpatient Record Menu
IOUT	Inpatient Record Output Menu
17	Print Individual Clinical Record Cover Sheet

This option allows you to print a draft Cover Sheet on demand. It is a record of the inpatient treatment in the MTF. This output displays all MEPRS Codes that a patient had throughout the entire inpatient stay.

MTF: TRAINING HOSPITAL	21 Jun 2001@1259	Page 1
PERSONAL DATA - PRIVACY ACT OF 1974		
RECORD OF INPATIENT TREATMENT		
REGISTER: 0010966	NAME: CROCKETT, FLORENCE	FMP/SSN: 20/399-87-0025

A D M I S S I O N		
DATE/TIME: 20 Jun 2001@0800	SOURCE: DIR	CLIN SVC: GEN SUR/ABAA
SEX: F		DOB: 16 Jul 1962
D I S P O S I T I O N		
DATE/TIME: 21 Jun 2001@1258	TYPE: DUTY	CLIN SVC: INT MED/AAAA
	AGE : 38	

D I A G N O S E S		
DX 1.	Principal DX: 5552	
	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE	

P R O C E D U R E S		
PR 1.	Principal PR: NO PROCEDURES ON FILE	

ATTENDING PROVIDER _____		

DRG:	RECORD NOT GROUPED	
MDC:		

S E L E C T E D A D M I N I S T R A T I V E D A T A		
ADMISSION:		
PATIENT CATEGORY: USN AD		PAY GRADE: O4/LIEUTENANT
COMMAND		
ER		
MARITAL STATUS: SINGLE, NEVER MARRIED		RACE: BLACK
DUTY ZIP: 20390		ETHNIC: OTHER
MTF TRANS FROM:		RELIGION: NO PREFERENCE
MTF OF INITIAL ADM:		INIT ADM DATE:
	* * * * *	* * * * *
DISPOSITION:		
MTF TRANS TO:		AUTOPSY:
ICU CLINICAL SVC:		ICU DAYS SPENT: 0
CONVALESCENT LEAVE TAKEN: 0		RECOMMENDED: 0
	* * * * *	* * * * *
OTHER:		
SPONSOR NAME: CROCKETT, FLORENCE		MATERNAL/NEWBORN REGISTER:
DUTY ADDRESS: 123 FIRST STREET		
WASHINGTON, DC 20390		
EMERGENCY ADDRESSEE:		PATIENT ADDRESS:
RELATIONSHIP: SISTER OF PATIENT		49 ART CENTER DRIVE
NAME: CROCKETT, FRANCINE		FAIRFAX, VA 22030
ADDRESS: 7218 DOVER DRIVE		
TRENTON, NJ 08648		
PHONE: 609-555-7225		
BLOOD PRODUCTS: N		PREV ADMISSION THIS MTF: N
TRAUMA CODE:		
CAUSE OF INJURY:		
INJURY REMARKS:		

CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:		

*** End of Report ***		

CHCS MEPRS USER DESKTOP GUIDE

Appendix D

Glossary

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intentionally.

CHCS MEPRS USER DESKTOP GUIDE

Appendix D. Glossary

Acronyms and Abbreviations

ABS	Absent Sick
ADPL	Average Daily Patient Load
ADS	Ambulatory Data System
ADT	Admission, Disposition, and Transfer
ALOS	Average Length of Stay
AMA	American Medical Association
AMC	Army Medical Center
APU	Ambulatory Procedure Unit
APV	Ambulatory Procedure Visit
ASCII	American Standard Code for Information Interchange
ASD	Account Subset Definition (File /Table)
AWC	Assigned Work Center
AWOL	Absent Without Leave
CAC	Cost Account Code
CBA	Cost Benefit Analysis
CC	Cost Center
CHAMPUS	Civilian Health and Medical Program for the Uniformed Services
CHCS	Composite Health Care System
CPT	Current Procedure Terminology

Glossary (continued)

Acronyms and Abbreviations

CPU	Central Processing Unit
CRO	Carded for Record Only
DA	Data Administration
DBA	Database Administration at an MTF
DBSS	Defense Blood Standard System
DDN	Defense Data Network
DES	Direct Expense Schedule
DHCP	Decentralized Hospital Computer Program
DMIS	Defense Medical Information System
DMIS ID	Defense Medical Information System Identification
DMSSC	Defense Medical Systems Support Center
DOD	Department of Defense
DRG	Diagnosis Related Group
DTF	Dental Treatment Facility
DTS	Dietetics Subsystem
DWRS	Dental Workload Reporting System
EAS	Expense Assignment System
EDS	Electronic Data Systems Corporation
ETU	Electronic Transfer Utility
F&A	Finance and Accounting (Army)
FMP	Family Member Prefix

Glossary (continued)

Acronyms and Abbreviations

FQA	Facility Quality Assurance
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FY	Fiscal Year
GAO	Government Accounting Office
HA	Health Affairs
HCFA	Health Care Financing Administration
HCP	Health Care Provider
HCPCS	Health Care Financing Administration Common Procedure Coding System
ICU	Intensive Care Unit
ID	Identification
IWU	Inpatient Work Unit
IPDWC	Inpatient Divided Work Center
JCAHO	Joint Commission on Accreditation of Health Care Organizations
JON	Job Order Number
LAB	Laboratory Subsystem
MASCAL	Mass Casualty
MCP	Managed Care Program
MDRTS	Medical Dental Record Tracking System
MEPR	Medical Expense and Performance Report

Glossary (continued)

Acronyms and Abbreviations

MEPRS	Medical Expense and Performance Reporting System
MILDEP	Military Department
MSA	Medical Services Accounting
MSAO	Medical Services Accounting Office
MTF	Medical Treatment Facility
MWU	Medical Work Unit
OA	Operating Agency
OASD (HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OBD	Occupied Bed Day
OHI	Other Health Insurance
PAD	Patient Administration Subsystem
PAS	Patient Appointment and Scheduling
PHR	Pharmacy Subsystem
POC	Point of Contact
QC	Quality Control
QTY	Quantity
RAD	Radiology Subsystem
RC	Responsibility Center
RON	Remain Overnight
RWP	Relative Weighted Products

Glossary (continued)

Acronyms and Abbreviations

SADR	Standard Ambulatory Data Record
SAS	Stepdown Assignment Statistic
SCR	System Change Request
SDC	Source Data Collection
SEEC	Standard Expense Element Code
SSN	Social Security Number
STARS/FL	Standard Accounting and Reporting System/Field Level
STAT-ID	Statistic Identifier
TPC	Third Party Collections
TMSSC	Tri-Service Medical System Support Center
UCA	Uniform Chart of Accounts
UIC	Unit Identification Code
USAF	United States Air Force
VAX	Virtual Address Extension
VMS	Virtual Memory System
WAM	Workload Assignment Module
WJON	Workload Job Order Number
YTD	Year-To-Date

Glossary (continued)

Term	Definition
Access Code	Allows the user to read, write, or enter/edit data in a particular CHCS file.
Action Bar	A horizontal list of action items which can be selected by pressing the hot key or arrow/enter combination. The hot key is the highlighted capital letter. Do not press <Return> when using the hot key action bar item.
Ad Hoc Reports	Reports that consist of variable data and that are generated for a particular purpose or need.
Adjustment	The process of adding, subtracting, or otherwise modifying incurred expenses into an array or format that reflects MEPRS recognized expenses and statistics.
Admission	The process of bringing a patient into the medical treatment facility (MTF) as an inpatient.
Ambulatory Data System (ADS)	Any system that manages information on outpatients. Specifically in 1995 it referred to a government initiative to develop a complete ambulatory data system external to CHCS, which merged with the Clinical Integrated Workstation project to provide supplemental funding to that prototype. ADS also identifies a project in which EDS developed optical mark sense forms to collect diagnoses and procedures from outpatients. The forms are scanned into a PC then uploaded into the MHCNIS system for transfer to a third party billing system. Deployment started in late 1995.
Appointment Booking	The process of searching for, selecting, and reserving an appropriate schedule slot for a specified patient booking.
Aeromedical Staging Facilities	Medical facilities having aeromedical staging bed, location, or in the vicinity of an enplaning or deplaning air base or air strip that provide reception, administration, processing, ground transportation,

Glossary (continued)

Term	Definition
	feeding, and limited care for patients entering or leaving the aeromedical evacuation system.
Alpha Site	The initial operational test site. The new software is installed and extensively tested before being installed in other sites.
Ambulatory Visit Groups (AVG)	The method insurance companies use to determine the amount of costs they will pay for outpatient services. Outpatient equivalent of inpatient DRGs.
American Standard Code for Information Interchange (ASCII)	This code dictates the combinations of zeros and ones used to form computer characters. Its series of 128 characters can be used to form uppercase and lowercase alphabetic characters, numbers, punctuation, special symbols, and control characters.
Ancillary	Any work area that supports the care of patients on the ward or in the clinics. "Ancillary to" the ward or clinic.
Ancillary Services	Those services (functions) that participate in the care of patients principally by assisting and augmenting attending physicians and dentists in diagnosing and treating human ills.
Ancillary Workcenter	Those supporting workcenters targeted for automation (e.g., LAB, RAD, PHR, and DTS).
Batch Merge	An EAS scheduled process used to import data from external sources.
Batch Order Processing	A method of entering a group of orders, but not activating them until all orders have been entered. This method allows the user to review, modify, and cancel the orders before the system transmits them to the ancillaries. This capability is limited to nurses and physicians.

Glossary (continued)

Term	Definition
Business Rules	A set of rules followed by system users to ensure data accuracy.
Central Processing Unit (CPU)	The part of a computer hardware system that contains the logic and control circuitry that perform the basic functions of the system. The “brain” of the computer when data is processed and retrieved.
CHAMPUS Authorized Provider	A provider who is credentialed by CHAMPUS and certified through their quality Control Program.
Clinic	An outpatient department or a hospital location.
Clinical Order	Request for care for an individual patient.
Clinical Service	A clinical specialty within a medical treatment facility (MTF).
Clinical Subsystem (CLN) of CHCS	The Clinical Subsystem includes order-entry capabilities, automated due lists related to patient care activities, and results-entry capabilities. Special management activities include patient acuity, nursing care hours, nursing-specific bed management procedures, and Nursing quality assurance.
Common Files	Files where data contained in the files: <ul style="list-style-type: none">– is not specific to any subsystem, or– is modified by activity within any subsystem.
Composite Health Care System (CHCS)	A fully automatic, integrated medical information system. CHCS facilitates the coordination of health care activities and patient information among all departments within a medical treatment facility (MTF) and its medically integrated outlying clinics.
Cost Account Code (CAC) (Navy Only)	A four-character code consisting of the number "4" followed by the first three characters of the Medical Expense and Performance Reporting System (MEPRS). The CAC is used for ancillary and non-ancillary workload transmitted to the Standard Accounting and Reporting System/Field Level (STARS/FL).

Glossary (continued)

Term	Definition
Cost Assignment	The distribution or transfer of an item of cost or a group of items of cost to one or more work centers.
Cost Pool Code	Codes used to account for expenses that cannot be directly assigned to specific services or summary accounts but are known to be associated with a selected group of services. The Cost Pool is a valid entry in the Medical Expense and Performance Reporting System (MEPRS) Code Table. The third character in a Cost Pool is always X (e.g., BCXA).
Current Procedural Terminology (CPT)	A system developed by the American Medical Association, for standardizing the terminology and coding used to describe medical services and procedures. The number affixed to the acronym represents the current version.
Default	This is the text provided by the system in response to a field or prompt. A default allows entry of the most commonly used answer or the most recently inserted field value, with only one keystroke; that is, you press <Return> to accept the default.
Defense Medical Information System Identification (DMIS-ID)	<p>The Expense Assignment System (EAS) uses the DMIS-ID to define which divisions roll their workload together. Each division has a unique DMIS-ID and a parent DMIS-ID. The parent DMIS-ID defines divisions that combine their workload.</p> <p>A group DMIS-ID is assigned to the parent DMIS-ID for upward reporting.</p>

Glossary (continued)

Term	Definition
Defense Medical Information System Identification/Unit Identification Code (DMIS-ID/UIC)	DMIS-ID of the facility with the associated UIC code. The first four numbers are the DMIS-ID and the last six-letters/numbers are the UIC.
Department	A clinical specialty within a medical treatment facility (MTF).
Depreciation	The decrease in the service potential of property as a result of wear, deterioration, or obsolescence, and the subsequent allowance made for the process in the accounting records of the activity.
Diagnosis Related Group (DRG)	A classification system that groups patients according to principal diagnosis, procedures, age, and related criteria. The system includes admission, working, disposition, and final DRGs.
Dietetics Subsystem (DTS) of CHCS	The DTS Subsystem provides dietetics personnel with access to patient demographic and clinical information, and provides other system users with a mechanism for communicating diet orders and diet consults to the Dietetics Department.
DJ* MEPRS	MEPRS codes used only to report hours and minutes of service performed in an ICU. There is a one-to-one relationship between the "A" level ICU codes and DJ* MEPRS codes. AAH/DJSA - Intensive Care Medicine AAC/DJC - Intensive Care Coronary Care.
DMIS ID Re-alignment Utility	CHCS options to support changes to DMIS codes within the CHCS files system.
Disposition	The end point of a patient's hospitalization (inpatient episode). There are numerous disposition types, e.g., discharge, death, or the patient's leaving against medical advice.

Glossary (continued)

Term	Definition
Division	An organization that shares patient files and other files with other organizations supported by a CHCS system, but is otherwise administratively independent.
Electronic Transfer Utility (ETU)	A CHCS utility used to transfer reports and files to external systems by File Transfer Protocol (FTP).
Encounter	There are two types of encounters: 1) A visit by a patient to an outpatient clinic. 2) All data related to an outpatient visit.
Episode	All data related to an inpatient visit, starting with admission and continuing through disposition.
Expense Assignment System (EAS)	The computer system to which all Medical Expense and Performance Reporting System (MEPRS) data is submitted for processing, report production, and reporting. Small medical facilities usually have their processing/reporting done by a larger facility, with the end result that each military service has one EAS within its locality.
Facility Quality Assurance (FQA) of CHCS	Unlike Nursing Quality Assurance (QA), which is department-specific, FQA focuses on quality assurance for the entire medical treatment facility (MTF). The objective of FQA is to ensure that the quality of health care provided by the MTF meets accepted standards, as determined by licensing and accrediting bodies, and that patient safety is given the highest priority.
Family Member Prefix (FMP)	A two-digit code that identifies a patient's relationship to the sponsor (e.g., son, daughter, spouse, dependent parent).
FCC and FCD Codes	MEPRS codes used by ancillary services (Laboratory, Radiology, Pharmacy) to classify the work they do for other facilities or other divisions. FCC codes designate work ordered by a civilian physician, and FCD designates work ordered by another military facility or definition.

Glossary (continued)

Term	Definition
	The following defines FCC: F stands for Special Programs, the C stands for Health Care Services Support, and the third letter C stands for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).
File Transfer Protocol (FTP)	A network utility for copying files across a Transmission Control Protocol/Internet Protocol (TCP/IP) network. VAX and PC-CHCS sites can transfer their Standard Inpatient Data Record (SIDR) and Worldwide Workload Report data from the medical treatment facility (MTF) to the appropriate reporting agency via FTP, without the need to use magnetic tape or diskettes.
Fiscal Year (FY)	The FY gets its number from the calendar year in which it ends. The government fiscal year (GFY) runs from 1 October through 30 September.
Formulary	The storage area for drug information. A drug must be included in the formulary and marked as active before it is available for medication orders.
Full Time Equivalent (FTE)	A way of expressing the level of effort that would be exerted by one person working full time, for the purpose of scheduling and budgeting.
Generation Number	A field in the Worldwide Workload Report used to track the number of times that the referenced month/division combination has been calculated and sent to either a tape or a flat file.
Group	All divisions that have the same rollup Defense Medical Information System identification (DMIS ID) in the Medical Center Division file.
GROUP ID	A Defense Medical Information System identification (DMIS ID) code that indicates the facility which owns the Expense Assignment System (EAS) and is responsible for the upward reporting of Medical Expense and Performance Reporting System (MEPRS) data. The Department of Defense (DOD)

Glossary (continued)

Term	Definition
	requires MEPRS data to be reported at the group level.
Health Affairs	Abbreviated name for OASD (HA).
Health Care Provider (HCP)	The specific member of the health care team providing health services to the patient. Usually, this is a physician; however, the HCP may be a nurse practitioner, dentist, physical therapist, clinical dietitian, etc. HCP is not used in reference to nurses, who represent a special category in themselves. An HCP is someone who has the authority to construct patient orders for entry into the system.
Hospital Locations	All clinics, wards, etc., within a facility.
Inpatient Divided Workcenter	The capability to integrate the use of CHCS at multiple inpatient facilities by allowing users at all medical treatment facilities (MTFs) within the same overlapping catchment area (OCA) access to a common patient file and a common provider file.
Laboratory Subsystem (LAB) of CHCS	The software programs that process orders for lab tests; specifically, the programs that allow the user to log in specimens, track order status, enter and certify results, maintain lab files, and generate lab reports.
Managed Care Program (MCP)	A software program designed to assist military treatment facilities in the local management of Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) funds. MCP provides the capability to profile both military and civilian providers in terms of the type of medical care offered and the costs associated with the care. The software also provides the ability to enroll beneficiaries and assign a primary care manager (PCM). Referral and booking options provide the capability to record patient care needs, search for providers, book appointments, and issue care authorizations. maintain lab files, and to generate lab reports.

Glossary (continued)

Term	Definition
Master MEPRS Account Table	The MEPRS table maintained by the MEPRS staff which the sites use but cannot change without approval of the MEPRS staff.
Medical Expense and Performance Reporting System (MEPRS)	The Medical Expense and Performance Reporting System for fixed military medical and dental treatment facilities. MEPRS provides consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance by Department of Defense (DOD) fixed medical facilities.
Medical Treatment Facility (MTF)	A military hospital and its outlying affiliated workcenters established for the purpose of furnishing medical care to eligible individuals. Also called Facility.
Menu	A list of options (choices) presented by the software that represents a decision point in the running of the program. The menus available to individual users are determined when the CHCS system manager sets up the User Record.
MEPRS Code	<p>A four-character alpha or alphanumeric code used to identify cost centers at the medical treatment facility (MTF). The MEPRS code is used for workload assignment purposes. These codes are assigned to each transaction to track who ordered the transaction and to calculate workloads.</p> <p>MEPRS codes consist of three Department of Defense (DOD) standard characters to identify the service provided and a unique fourth character assigned by the MTF. The fourth-level codes are unique at the CHCS Group/Division Level</p>
MEPRS Codes File	A CHCS file which contains the Master MEPRS Table and MTF site-definable MEPRS Table.
Military Department (MILDEP)	Military Department point of contact (i.e., Army, Navy, Air Force).

Glossary (continued)

Term	Definition
Module	Called “functionality” in CHCS, a block of code that performs a specific function. A module may be divided into lower-level modules called submodules. The lower-level module consists of one or more elements. One or more modules comprise a unit.
NASDI Core Table	A CHCS table that contains the service-unique and standard SAS, the performing MEPRS code, and requesting MEPRS codes. It also identifies whether the SAS is system generated or manually entered and lists the business rules associated with each SAS.
Office of the Assistant Secretary of Defense (Health Affairs)	Office of primary responsibility for the Defense Health Program.
Order	A request for procedure, service, or item to be performed or delivered.
Patient Administration Subsystem (PAD) Subsystem and Medical Services Accounting (MSA) of CHCS	<p>The PAD Subsystem facilitates the collection recording of patient information regarding the admission, disposition, and transfer of patients. This subsystem also manages ward and bed status within the medical treatment facility (MTF).</p> <p>A component of the PAD Subsystem, MSA focuses on the initiation and monitoring of patient billing.</p>
Patient Appointment and Scheduling Subsystem (PAS) of CHCS	This subsystem enables individual clinics or providers to control their own scheduling, booking and appointments, and alerts other system users to potentially conflicting schedules.
Patient Category	A patient category type for which an interagency billing is used to request reimbursement for medical treatment.
Performance Factor	A measure of work produced by a function within a medical treatment facility (MTF), such as occupied bed days, visits, workload procedures.

Glossary (continued)

Term	Definition
Performance Factor/ Raw Workload	Ancillary workload counts each procedure or count as raw workload. This represents the number of times a procedure was done by individual count.
Performance Factor/Raw Workload Total	For ancillaries, the sum total of all raw workload by requesting MEPRS for a medical treatment facility-specified performing MEPRS. For non-ancillaries, the sum total of all statistic amount workload by requesting MEPRS for the Department of Defense (DOD) or service-specific stepdown assignment statistic (SAS).
Performance Factor/ Weighted Workload Total	Sorted by medical treatment facility (MTF) and requesting MEPRS, the sum total of the specified performing MEPRS of an ancillary subsystem weighted workload.
Performing MEPRS	For ancillaries, this is the medical treatment facility (MTF)-specified workcenter/cost center that performed or issued the services (tests, procedures, medication, etc.) ordered by services or clinical entities providing direct care to the patients. These ordering services are identified as requesting MEPRS workcenters/cost centers.
Pharmacy Subsystem (PHR) of CHCS	The PHR Subsystem provides a versatile drug reference library. It allows flexibility in ordering medications (i.e., by trade or generic name, by drug component, route of administration, etc.) and provides online information regarding drug-to-drug interactions.
Pointer File	A file used by another file that points to it. The data in the pointer file is the actual data representing values of some attribute.
Primary Menu	A user's initial or starting menu.
Program	A logically arranged set of instructions that define the operations to be performed by the computer.
Prompt	1) A system-generated request for response.

Glossary (continued)

Term	Definition
	2) A word or statement on the screen that tells the user what action needs to be taken or what information must be entered (i.e., Select Patient Name).
Provider	A health care professional, facility, or group of health care professionals or facilities that provide health care services to patients.
Purification	Reassignment of expenses from one operating expense account to one or more other operating expense accounts.
QAN	Quality Assurance Nursing Menu in CHCS under the Clinical Subsystem.
Queue/Queuing	To turn the processing of a report or other task over to the Task Manager (TaskMan). This schedules the task for a specific time, either now or later. A queued report is placed in the line of all other tasks for which TaskMan is responsible. Since TaskMan handles the printing process, a user's terminal is not paused until the print process is completed. To queue a report, enter a Q at the DEVICE prompt.
Radiology Subsystem (RAD) of CHCS	The RAD Subsystem is designed to meet the functional requirements of the Radiology Department and Nuclear Medicine, including patient processing and room scheduling, defining and implementing site-specific radiology procedure requirements, workload statistics, and management reports.
Raw Workload	For ancillaries, the weighted workload for each requesting MEPRS cost center that requested/ordered services from the performing MEPRS work/cost center. Raw workload is always reported in whole units to which weighting factors are applied to obtain the weighted workload, which is reported in decimals.
Record	This term generally relates to a patient's medical records or radiology film jacket record.

Glossary (continued)

Term	Definition
Relative Weight	A measure of workload credit calculated by adding the relative weight products of records classified within a given Diagnostic Related Group (DRG).
Remain Overnight (RON)	A RON patient is the only type of patient in CHCS who is admitted to a medical treatment facility without being assigned a register number (e.g., Air Evac patients).
Reporting Weight	The credit given for interpreting a radiological image.
Requesting Location	A specific location within the medical treatment facility (MTF) from which the patient services are requested, i.e., a ward, clinic or other location, and receiving credit for the orders placed, and to which test results and orders will be sent.
Requesting MEPRS	The Medical Expense and Performance Reporting System (MEPRS) code of the cost center providing the direct care to patients that requested or is allocated for the services provided.
Security Key	A code that relates to the ability to use a certain process. Some security keys are already defined in the system. Other security keys are defined by the system manager. The naming conventions and strategy for the use of these keys are determined at each facility. The system manager assigns security keys to users as appropriate for their use of CHCS.
Service	A clinical specialty within a medical treatment facility (MTF).
Standard Ambulatory Data Record (SADR)	Record created by ADS to capture diagnosis (ICD-9-CM) and procedures (CPT) for ambulatory patients.
Statistic Amount	For non-ancillaries, such as Patient Administration (PAD) and Patient Appointment and Scheduling (PAS), the raw workload that is reported. Examples include occupied bed days or patient visits. No weighting factors are applied.

Glossary (continued)

Term	Definition
Stepdown Assignment Statistic (SAS)	This is a three-digit number used to track the number of occurrences for a particular statistic within a number of workcenters. For example, 001 is a SAS for occupied bed days. The workload count in this SAS indicates the number of occupied bed days that occurred in each of the workcenters. A SAS can also be used to track the amount of workload being performed within a particular workcenter in a medical treatment facility (MTF), such as the non-ancillaries. If a SAS is used to track workload being performed, a performing MEPRS and a requesting MEPRS are always associated with the SAS.
SAS Detail File	A file containing the guidelines to collect workload data such as occupied bed days and clinic visits. EAS is the primary source for updating this file.
Site Parameters	A “switch” incorporated into the design of CHCS that allows sites to tailor CHCS to their needs.
Standard Accounting and Reporting System/ Field Level (STARS/FL)	Navy also uses the EAS System. A central STARS/FL repository system exists as well; where the final monthly workload data is sent from each Navy site’s local STARS/FL system.
Table	A list of available choices. A table displays when ?? is entered at a field that has a table connected to it. A table cannot be appended from the field, but must be set up through the appropriate menu options or through FileMan.
Third-Party Collections (TPC)	An automated system of insurance billing which allows the government to recover costs from more than one insurer when a patient has multiple policies.
Uniform Charts of Accounts (UCA)	An alpha character code using one to four characters for workload assignment purposes; the code matches the requesting location. AAAA is, for example, inpatient internal medicine. BAAA is the same code for outpatient services. Now officially MEPRS code, but frequently still referred to as UCA. See also MEPRS.

Glossary (continued)

Term	Definition
Unit Identification Code (UIC)	<ol style="list-style-type: none">1) The process number that appears each time TaskMan is initiated.2) The six alpha-numeric characters associated with the unit that uniquely identifies it from all other units within the Department of Defense.
Update	The addition, deletion, or modification of existing data.
User	A person authorized by the medical treatment facility (MTF) to initiate a process in CHCS via a terminal. User authorization will be determined through the virtual memory system (VMS) and CHCS system security functions.
Visit	Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care.
Ward	A defined hospital area that contains a designated number of patient beds. It often corresponds to a medical specialty area such as Orthopedics (e.g., Orthopedics Ward).
Weighted Workload	For ancillaries, the weighted workload for each requesting MEPRS cost center that requested/ordered services from the performing MEPRS work/cost center. Weighted workload is calculated by multiplying the raw workload by a weight factor, such as Current Procedural Terminology (CPT), to obtain the weighted workload.
Workcenter	A functional or organizational subdivision of a medical treatment facility (MTF) for which provision is made to accumulate and measure expenses and to determine workload performance. Designation of a workcenter varies from facility to facility depending on the MTF organization structure. CHCS workcenters include clinics used in Patient

Glossary (continued)

Term	Definition
	Appointment and Scheduling (PAS), pharmacies, laboratories, and radiology imaging locations.
Workload Assignment Module (WAM) of CHCS	This module allows authorized users to edit Expense Assignment System (EAS) and Standard Accounting and Reporting System/Field Level (STARS/FL) workload data, generate EAS and STAR/FL workload reports, manage workload templates and, create EAS and STARS/FL workload American Standard Code for Information Interchange (ASCII) files for transmission. It also provides a centralized menu of Medical Expense and Performance Reporting System (MEPRS)-related reports.
Workload Job Order Number (WJON)	An 11-character concatenation of four fields that uniquely identifies the workcenter. The four fields are the five-character operating budget unit identification code (OB-UIC), the last digit of the fiscal year (character 6), the four-digit Cost Account Code (CAC) (characters 7-10), and the fourth character of the performing Medical Expense and Performance Reporting System (MEPRS) code (character 11).
Workload MEPRS Reports	Quality control reports containing statistics and management data generated by the system to monitor specific military and medical treatment facility (MTF) workload statistical reporting requirements.
Workload Template for WAM	An essential boilerplate or framework for data. Templates are populated with Raw Workload, Weighted Workload, and Statistic fields. Templates must be “initialized”, or created, at the beginning of each month to receive data from CHCS.
Worldwide Workload Report (WWR)	A tri-service report that consolidates and replaces the Navy Workload Report, the Army Medical Summary Report (MED 302) and the Air Force Report of Patients. The WWR calculates bed days, sick days, live births, and other statistical data based on information entered into CHCS. The report

Glossary (continued)

Term

Definition

allows you to enter or update other workload elements.

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Appendix E

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