











4A051, Module 10, Resource Management



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Lesson 1: Medical Budget

Click the video below to continue our journey!



After completing this lesson, the student will be able to determine procedures for managing the medical budget, in

accordance with (IAW) prescribed guidance and publications.

"The lack of money is the root of all evil."

-Mark Twain

Although Mark Twain may have exaggerated “just a tad,” if you ever worked in a military treatment facility (MTF) that lacked funds, you might understand his message.



The Defense Health Program (DHP) annual budget is in excess of \$58 billion!



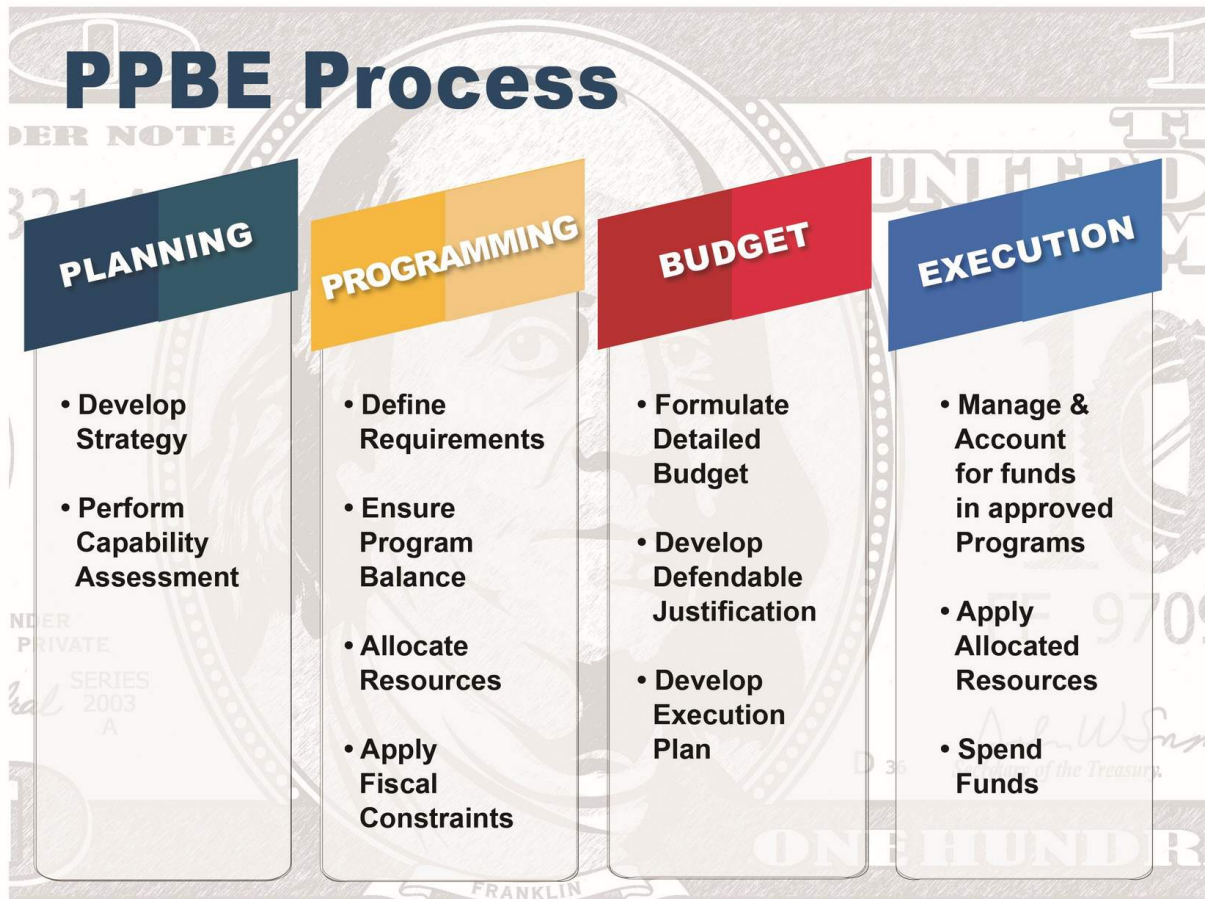
The challenge...

facing the Medical Group commander (MDG/CC) and your resource management office is to plan effectively to ensure they receive the appropriate portion of DHA's annual budget to accomplish their medical mission. Some may think that it involves looking into a crystal ball or tacking on around two to five percent to the previous year's requirements, however, that couldn't be further from the truth.

Let's begin with the Planning, Programming, Budgeting, and Execution (PPBE) process and objective.

PPBE is a very dynamic process with four interrelated phases designed to produce a Defense budget consistent with national security objectives, policies, and strategies.

Its purpose is to identify capability requirements (*Planning*), match them with resource requirements (*Programming*), translate them into budget proposals (*Budgeting*) and then evaluate the *Execution* to determine how well they achieved the desired capabilities.



The objective of the PPBE process is to allow the DoD to assess strategic requirements and priorities over a span of multiple years

rather than a single budgetary year.

The PPBE process produces three primary outputs: a Program Objective Memorandum (POM), a Budget Estimate Submission (BES), and a President's Budget (PB):

**PROGRAM OBJECTIVE
MEMORANDUM (POM)**

**BUDGET ESTIMATE SUBMISSION
(BES)**

PRESIDENT'S BUDGET (PB)

The POM is the final product generated by each military service and agency and reflects how given Fiscal Guidance is to be assigned to their programs and resources. The POM is typically submitted by each military department or agency to the Office of the Secretary of Defense (OSD) in July or early August. The exact POM due date is identified within OSD guidance that is typically issued in the early spring of each year.

**PROGRAM OBJECTIVE
MEMORANDUM (POM)**

**BUDGET ESTIMATE SUBMISSION
(BES)**

PRESIDENT'S BUDGET (PB)

The BES is a product generated by each DoD Component. While the POM focuses on requirements and priorities, it is not required by law. Budgets, however, remain the formal legal requirement that the Secretariat of each DoD Component must generate. The BES reflects POM priorities in a required budgetary format, including budget exhibits, with appropriate pricing and inflationary factors incorporated. The timing of the BES is more subject to process changes, however, within the last 10 years it has been submitted by Components at the same time as the POM.

PROGRAM OBJECTIVE MEMORANDUM (POM)	BUDGET ESTIMATE SUBMISSION (BES)	PRESIDENT'S BUDGET (PB)
<p>Once all DoD Components have submitted the POM and BES, OSD offices will review service and agency POM and BES content. These two separate reviews, known as the Program Review and Budget Review, are designed to help OSD consolidate and prioritize all DoD requirements into a single Defense Department budget request, which will become part of the larger President's Budget request developed by the Office of Management and Budget (OMB).</p>		

Now, let's take a look at each PPBE phase in greater detail:

Step 2

Planning



The PPBE planning phase begins as a DoD function designed to provide a vision of the future. Because the purpose of the planning process is to identify what is *needed* versus what is affordable, the planning process does not consider fiscal constraints. The primary tasks in this phase include:

1. Collecting intelligence about the military capabilities and political intentions of foreign nations
2. Evaluating the threat to U.S. national security
3. Developing strategies to meet the threat

4. Devising force levels to support the strategy

Programming



Programming is the second PPBE phase. Programming is the first PPBE process to apply fiscal constraints to the OSD vision developed in the Planning Phase. Programming is primarily a military service or defense agency function that:

1. Translates guidance into action
2. Balances allocation of resources to plans
3. Organizes plans into packages (programs)
4. Prioritizes programs
5. Determines program affordability

Budgeting



Budgeting is the third phase of the PPBE process and involves the formulation and justification of resource requirements monetary allocation by appropriation, based on the results of the planning and programming efforts. The budget is developed from the Component's POM and the final budgeting product submitted by military departments and agencies to OSD is called the **Budget Estimate Submission (BES.)** Although the budgeting phase is completed for the full five-year span of the FYDP, budget formulation concentrates on the first year of the FYDP and focuses on providing a detailed price estimate for presentation to Congress.

Execution



The final phase of the PPBE process is program and budget execution. Execution is the process by which appropriated funds are obligated and the performance of the planning, programming and budget formulation phases are measured and validated. The Execution phase occurs once Congress enacts Authorization and Appropriations Acts. During execution, assumptions that were made about program performance and capabilities can be tested. Also, risks taken during any previous phase (such as altering funding levels for a program) are often exposed in execution.

Summary

Each PPBE phase has its own associated timeframe, but process phases run in parallel rather than consecutively. In any given year, those involved with PPBE may find themselves providing input for all of the phases, simultaneously.

CONTINUE

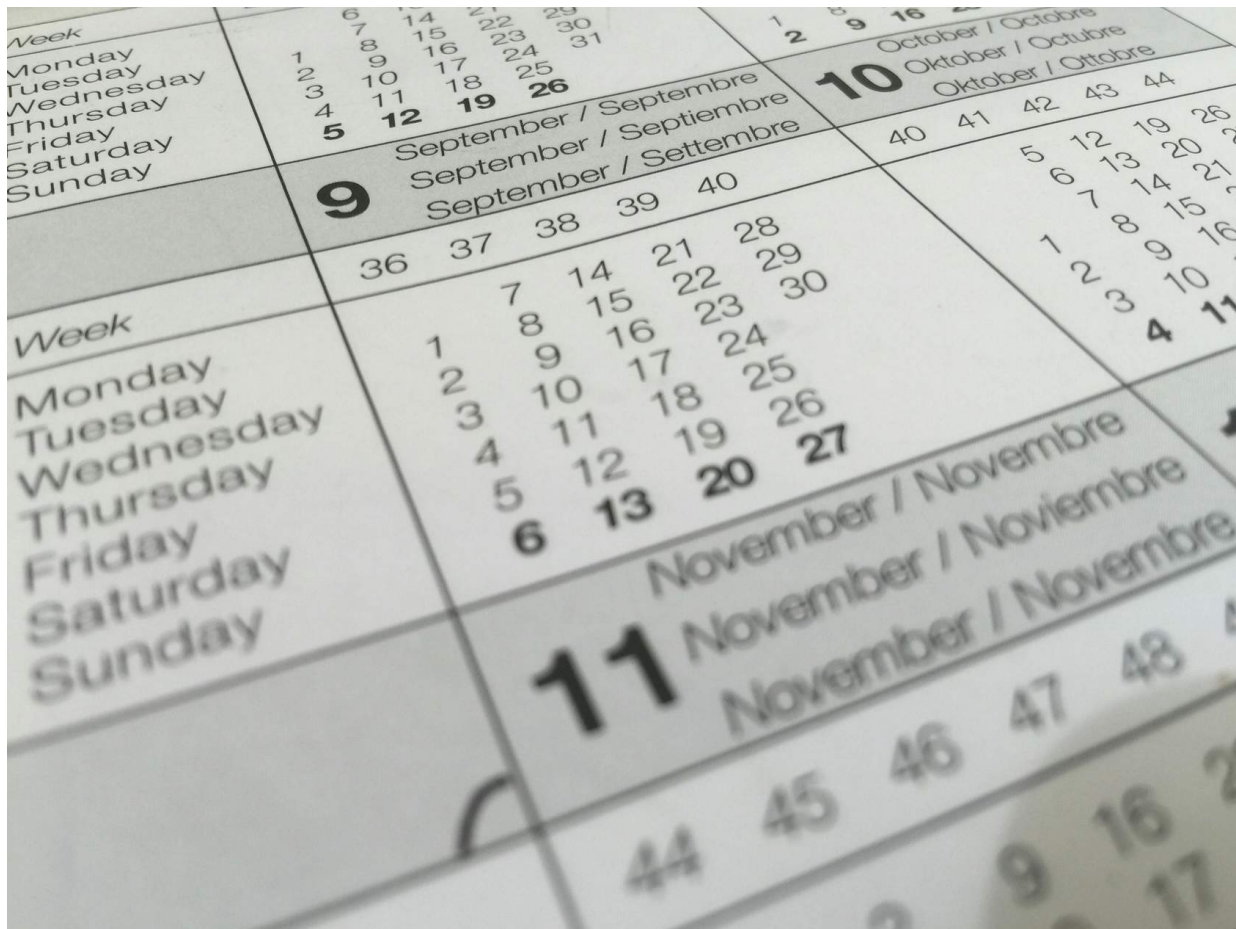
The Future Years Defense Program (FYDP)

In order to program and manage resources effectively, you must know how resources are identified and in what databases they are kept. In addition, using consistent financial and programmatic data structures allow the Department of the Air Force to express to Congress how it intends to use the budget authority requested. One key financial and Program Structure is the Future Years Defense Program, otherwise known as FYDP.



The FYDP is the official collection of DoD data summarizing resources and manpower associated with DoD programs approved by the Secretary or Deputy Secretary of Defense by fiscal year. The FYDP compiles total resources (forces, manpower, funding) programmed for the DoD over a specific period of time.

The FYDP reflects the total resources programmed by DoD, covers five years in total, and generally begins two years after the current calendar year (for example, the FYDP for most of calendar year 2023 is FY2025 through FY2029.)



The FYDP is updated two or three times each year: once when Components submit a POM to OSD, a second time when Components submit a BES to OSD, and a third time in February to reflect the President's Budget (PB) as submitted to Congress (note: if the POM and BES are submitted simultaneously, as has occurred in years past, the FYDP is only updated twice). After each update to the FYDP, the changes made become the baseline for developing the organizations' program and the next budget event.

Throughout this lesson, we will be discussing the basic procedures to help you understand how to plan, manage, and formulate the medical budget.

Planning the Budget

First, instead of operating using a Calendar Year (CY), a Fiscal Year (FY) is used to plan the budget instead. The first quarter of the FY is 1 October – 31 December. Starting the planning process in the third quarter of the FY, an Annual Requirements Plan (ARP), previously known as a Financial Plan is built and submitted to the Defense Health Agency (DHA) J-8. This determines future FY funding requirements.

This plan is reviewed by DHA and is used to build the MTF's spend plan named the **Statement of Operations (SOO)**. The SOO reports on budgetary levels appropriated by Congress for all activities within the DHA and acts as a tool for command teams to manage their resources appropriately. The SOO presents details on all aspects of the business within clinical, financial, and personnel domains.

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graph TD; Q3[3rd Quarter] --> Q4[4th Quarter]; Q4 --> Q1[1st Quarter]; Q1 --> Q2[2nd Quarter]; Q2 --> Q3;
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The diagram illustrates the Fiscal Year Budget Process as a continuous cycle across four quarters:

- 3rd Quarter:** Develop Annual Requirements Plan (ARP)
- 4th Quarter:** DHA provides SOO Builds
- 1st Quarter:** MTF Commander Signs SOO
- 2nd Quarter (throughout FY):** Monthly Spend Projections

Arrows indicate the flow from the 3rd Quarter to the 4th, then to the 1st, then to the 2nd, and finally back to the 3rd Quarter, completing the cycle.



DHA - Statement of Operations - Direct Care Financials

FY2024

CONTROLLED UNCLASSIFIED INFORMATION - DISTRIBUTION LIMITED TO THE MILITARY HEALTH SYSTEM

10 October 2023

Provided by DHA, J1/8 Chief Financial Officer Resource Management, Business Integration

Fiscal Year 2024 Defense Health Program (DHP) Resourcing Document

All Defense Health Agency Medical Treatment Facilities

O&M DHP

\$ 11,887,074,000

Performance Based Resources

\$ 7,668,953,093

65%

Requirements Based Resources

\$ 4,218,120,907

35%

Reimbursables

\$ 436,282,000

Total Variance from FY2023 Aug RP % Variance

\$ (222,766,057) (1.9%)

1. Performance Based Resources (PBR)

Line	Line Item	Value +	Adjustments =	Budget Earned +	Transition +	Recapture =	FY2024 SOO -	FY2023 SOO =	Net Change
1	Primary Care	\$ 1,856,744,176	\$ (817,991,477)	\$ 1,071,267,300	\$ 161,968,600	\$ (7,628,900)	\$ 1,225,607,000	\$ 1,139,061,048	\$ 86,545,952 ▲
2	Behavioral Health	\$ 354,279,381	\$ (184,577,245)	\$ 204,934,800	\$ 255,915,300	\$ (8,802,700)	\$ 452,047,400	\$ 337,598,282	\$ 114,449,118 ▲
3	Surgical Services	\$ 1,175,845,382	\$ (472,930,212)	\$ 721,766,500	\$ 281,942,500	\$ (10,977,100)	\$ 992,731,900	\$ 885,061,899	\$ 107,670,001 ▲
4	Women's Health	\$ 375,861,056	\$ (103,718,335)	\$ 276,522,600	\$ 20,713,100	\$ (1,639,000)	\$ 295,596,700	\$ 256,628,477	\$ 38,968,223 ▲
5	Physical Performance	\$ 224,005,293	\$ (76,236,506)	\$ 154,483,100	\$ 100,227,400	\$ (7,349,200)	\$ 247,361,300	\$ 181,636,171	\$ 65,725,129 ▲
6	Medical Services	\$ 956,152,592	\$ (311,551,210)	\$ 646,184,900	\$ 4,981,800	\$ (5,300,000)	\$ 645,866,700	\$ 607,532,470	\$ 38,334,230 ▲
7	Inpatient Services	\$ 732,277,378	\$ (233,392,747)	\$ 509,714,400	\$ 6,167,300	\$ (3,389,500)	\$ 512,492,200	\$ 543,782,014	\$ (31,289,814) ▼
8	Pharmacy Operations	\$ 403,751,120	\$ (95,292,093)	\$ 308,516,800	\$ 1,201,800	\$ -	\$ 309,718,600	\$ 318,659,057	\$ (8,940,457) ▼
9	Pharmaceuticals	\$ 2,137,853,293		\$ 2,137,853,293			\$ 2,137,853,293	\$ 2,107,352,140	\$ 30,501,153 ▲
10	Laboratory	\$ 434,085,917	\$ (131,799,618)	\$ 304,572,100	\$ 15,859,900	\$ (1,908,500)	\$ 318,523,500	\$ 499,662,504	\$ (181,139,004) ▼
11	Radiology	\$ 281,693,395	\$ (122,054,759)	\$ 166,875,000	\$ 10,005,700	\$ (909,000)	\$ 175,971,700	\$ 255,263,048	\$ (79,291,348) ▼
12	Dental Health	\$ 848,329,330	\$ (527,437,221)	\$ 331,500,100	\$ 24,499,300	\$ (816,600)	\$ 355,182,800	\$ 357,894,129	\$ (2,711,329) ▼
A	BAG 101000 Total	\$ 9,780,878,313	\$ (3,076,981,423)	\$ 6,834,190,893	\$ 883,482,700	\$ (48,720,500)	\$ 7,668,953,093	\$ 7,490,131,242	\$ 178,821,851 ▲

2. Requirements Based Resources (RBR)

Line	Line Item	BAG	FY2024 SOO -	FY2023 SOO =	Net Change
13	Equipment	Multi	\$ 161,252,457	\$ 118,998,142	\$ 42,254,315 ▲
14	Utilities	107000	\$ 322,958,680	\$ 287,296,477	\$ 35,662,203 ▲
15	Housekeeping & Laundry	101000	\$ 345,524,088	\$ 437,681,369	\$ (92,157,281) ▼
16	Administrative Overhead	101000	\$ 1,749,860,055	\$ 1,707,381,587	\$ 42,478,468 ▲
17	In-House Care General	101000	\$ 400,834,735	\$ 113,634,104	\$ 287,200,631 ▲
18	Consolidated Health Support	103000	\$ 508,568,197	\$ 457,585,513	\$ 50,982,684 ▲
19	Information Management	104000	\$ 246,001,000	\$ 242,690,547	\$ 3,310,453 ▲
20	Education & Training	106000	\$ 70,311,375	\$ 70,432,692	\$ (121,317) ▼
21	Sustainment, Restore, & Modernize	107000	\$ 81,980,824	\$ 102,936,904	\$ (20,956,080) ▼
22	Baseops & Communications	107000	\$ 330,829,496	\$ 272,304,285	\$ 58,525,211 ▲
23	Grow the Business	101000	\$ -	\$ 269,500,000	\$ (269,500,000) ▼
B	Total		\$ 4,218,120,907	\$ 4,080,441,620	\$ 137,679,287 ▲

C	O&M DHP (A + B)	\$11,887,074,000	\$11,570,572,861	\$ 316,501,139 ▲
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24	Market Support	101000	\$ -	\$ 52,016,008	\$ (52,016,008) ▼
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D	O&M DHP (C + 24)	\$11,887,074,000	\$11,622,588,869	\$ 264,485,131 ▲
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3. Budget Activity Group (BAG) Summary

In-House Care		Private Sector Care		Consolidated Health Support		Information Management		Cyber Security	
101000	\$10,336,304,366 (2.6%) ▼	102000	\$ -	103000	\$ 512,399,634 10.9% ▲	104000	\$ 224,525,000 (5.8%) ▼	104CY0	\$ 21,476,000 9.7% ▲
Info Mgmt. + Cyber Security		Management Activities		Education & Training		Base Ops / Comms		Total	
104	\$ 246,001,000 3.9% ▲	105000	\$ -	106000	\$ 56,600,000 (17.1%) ▼	107000	\$ 735,769,000 1.6% ▲	All BAGs	\$11,887,074,000 (1.9%) ▼



Managing the Budget

Next, once the funding controls have been determined, the budget is managed by creating a monthly report using the resource planning tools. Shown below is an example of that report.

Resource Plan Template Template Import Plan Audit Plan Review (Detail) Workflow Actions & Status

Direct Spend Plan

All BAG 101000 BAG 103000 BAG 104000 BAG 104CY0 BAG 105000 BAG 106000 BAG 107000

Spend Plan	Oct	Nov	Dec
Total	845	1,261	1,267

BAG Summary

BAG	Oct	Nov	Dec
101000	616	1,215	1,229
103000	101	18	19
104000	118	0	0
104CY0	0	0	0
105000	0	0	0
106000	0	0	0
107000	11	28	19

Commodity Summary

Commodity	Oct	Nov	Dec
Civ Pay	240	254	240
Contracts	345	529	632
Equipment	0	0	0
Other	0	125	8
Supplies	33	52	58
Travel	39	20	10
Reimbursables	0	-11	-23
Pharmaceuticals	189	292	342



NOTE: Monthly projections are established by the Budget Activity Group (BAG) to reduce under and overspending within a 5% variance standard.

So, how does resource planning work?

The Resource Planning tools provides pre-populated Excel templates for users to enter plan data. After entering plan data, the templates are then imported back into FMIS. If any problems are encountered while attempting to read the plan data, the application

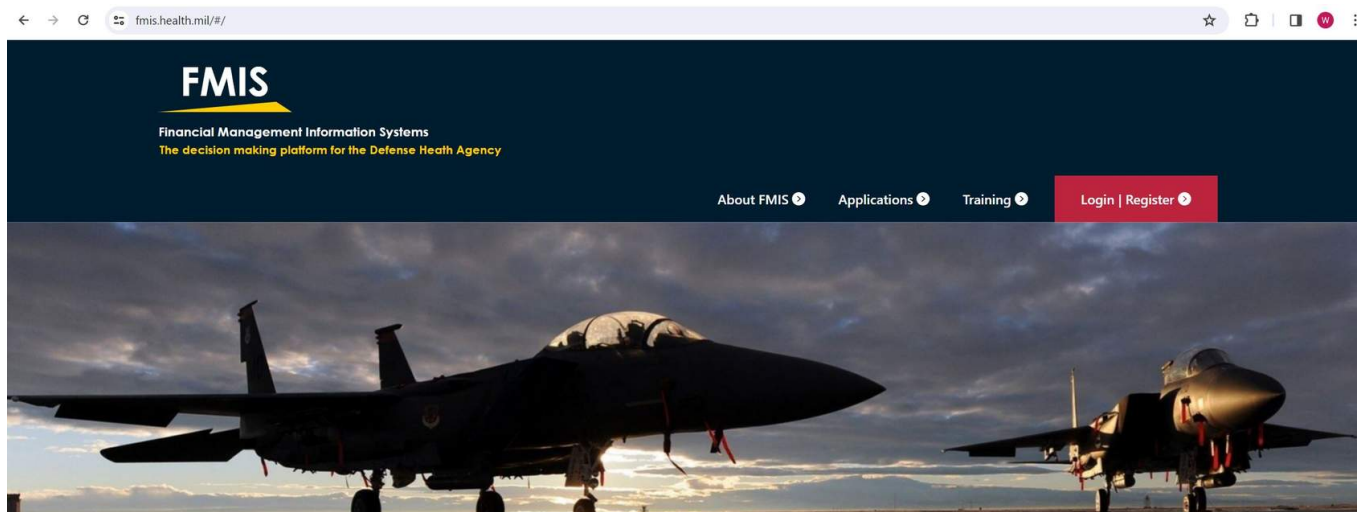
will display file validation messages. Finally, the plan is audited based on pre-defined business rules. Any audit findings will be displayed as resource plan audit messages.

FMIS is the core of the DHA's financial platform.

FMIS various web tools allow the DHA MTFs as well as headquarters elements to effectively plan, program, project, execute and analyze enterprise budgets throughout the fiscal year. Each MTF has specific needs, and one size doesn't always fit all. These tools assist MTFs in staying on top of their financial road maps with the ability to cater to different financial needs. Additionally, many of these tools provide real-time updates, customizable reports, and insights to help make informed financial decisions.



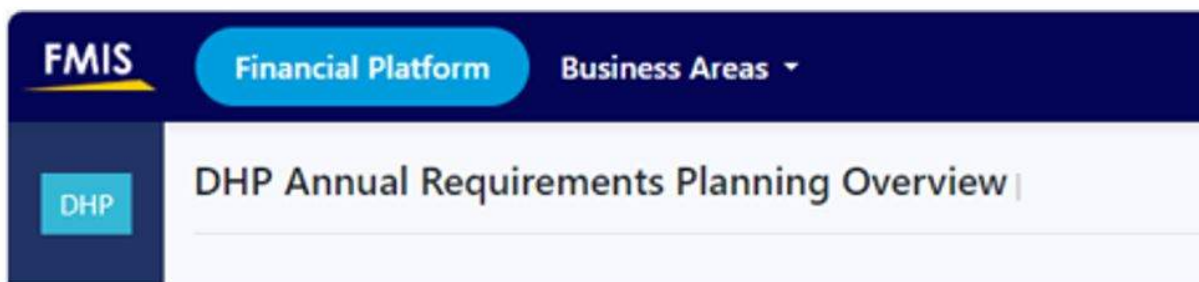
Resource Planning is completed in the Financial Management Information System (FMIS): <https://fmis.health.mil/>



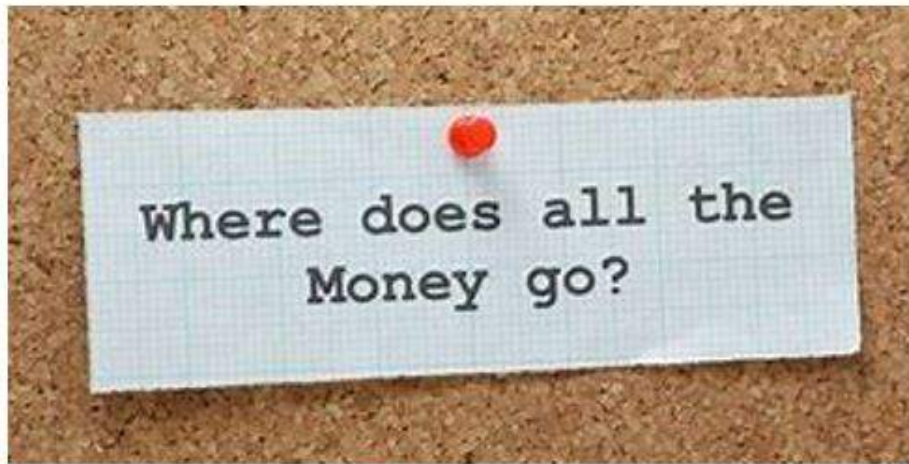


Formulating the Budget

Lastly, the process is started over by creating an annual requirements plan for the next fiscal year. Just like resource planning, the annual requirements planning is another tool that is completed in FMIS where a standardized template is used to populate. Typically this plan is open for submission in May and the submission suspense is in early June.



Now that we discussed budget fundamentals, let's go over the basic accounting classification structure.



Accounting Classification Structure

The accounting classification structure breaks down a fund citation or fund cite. You have probably seen long strings of numbers and letters on documents ranging from PCS orders to TDY orders to perhaps, or even purchase orders. To the untrained eye, trying to figure out what those numbers mean may seem impossible, but we are going to cover the basics to help you identify where money is being spent.



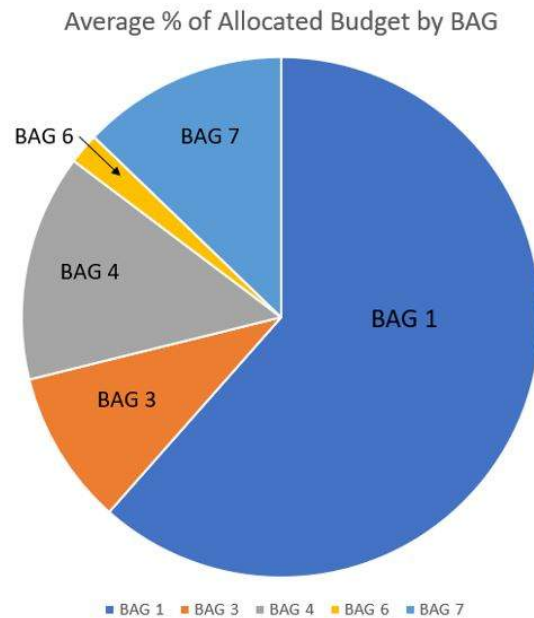
Click each tab below to learn more about the accounting classification structure.

Budget Activity Group (BAG) —

DHP appropriation funding is programmed and executed in BAGs. These BAGs feed into O&M funding documents and MTF commanders, resource management personnel, and flight commanders at all levels *must* review and manage the BAG funding structure, which is mandated by the Defense Health Agency (DHA). BAGs are the first level at which the office of the Undersecretary of Defense for Health Affairs can compare dollars across the services. Within the MTF, BAGs are broken down into seven distinct areas (*shown below*).

NOTE:

- BAG 2 is Private Sector Care
- BAG 5 is Management Activities



Program Element Code (PEC) —

BAGs can be further broken down into what is known as a *program element*. Program Element Codes (commonly called PECs) are five-digit number identifiers depicting the specific program in which money is expended. A PEC is a grouping of forces, manpower, and costs that associates with a military capability or support activity. You can group them together into budget activity groups.

Program Element Codes Grouped in a BAG		
BAG	Title	PEC
1	In-house care (Care provided by military treatment facilities)	807700 MEDCENs, Hospitals & Clinics (CONUS) 807900 MEDCENs, Hospitals & Clinics (OCONUS) 807715 Dental Care Activities (CONUS) 807915 Dental Care Activities (OCONUS) 807701 Pharmaceuticals (CONUS) 807901 Pharmaceuticals (OCONUS)
2	Private sector care (Care provided by the commercial sector)	807723 Managed Care Support Contracts 807712 CHAMPUS (TRICARE Standard) 807713 Care in Non-Defense Facilities
3	Consolidated health support	801720 Examining Activities 807714 Other Health Activities 807705 Military Public/Occupational Health 807760 Veterinary Services 807724 Military Unique - Other Medical 807725 Aeromedical Evacuation System 807785 Air Force Institute of Pathology
4	Information management / Information technology	806722 Health Professions Scholarship Program 806761 Other Education and Training

Element of Expense and Investment Code (EEIC) —

The EEIC is a three- to five-digit number that indicates the type of costs incurred (commodities and services).

For example:

- 409XX = Travel
- 572XX = Supplemental Care
- 604XX = Medical Supplies

Responsibility Center/Cost Center (RC/CC) —

A *responsibility center* is an organizational unit, headed by an officer or supervisor, who is responsible for the management of resources in the unit and who, in most instances, can significantly influence the expenses incurred by the unit.

A *cost center* is an entity or unit of activity subordinate to a responsibility center. The responsibility center/cost center (RC/CC) code is a four-digit code used by the accounting system to monitor and report purchases by a work center.

For example:

- XX5724 = Medical Resource Management
- XX5741 = Plant Management



Structure Pyramid

BAGs, PECs, EEIC & RC/CC codes all feed into the accounting classification structure and makes up the core of all funding documents. These specific codes help your resource management folks determine where and how your MTF's money is being utilized.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

In what quarter is the annual requirements plan submitted?

- ☐ First quarter
- ☐ Second quarter
- ☐ Third quarter
- ☐ Fourth quarter

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

The Statement of Operations (SOO) acts as a tool for command teams to manage their resources appropriately.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

During monthly resource planning, what is the variance standard MTFs must stay within?

☐

2%

☐ 3%

☐ 4%

☐ 5%

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Budget Activity Group (BAG) 1 is the most used BAG in the DHA. What can it be used to purchase?

☐ In-house care

☐ Information systems

☐ Education & training



Base operations & sustainment

SUBMIT

Knowledge Check. Input and submit your response into the question below.

What is the name of the financial platform that has various web tools that allows the DHA MTFs to effectively plan, program, project, execute and analyze enterprise budgets throughout the fiscal year?

Type your answer here

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

A Program Element Code is a grouping of forces, manpower, and costs that associates with a military _____ or support activity.

Type your answer here

SUBMIT

END OF LESSON

Lesson 2: Accounting Principals

After completing this lesson, the student will be able to identify accounting principles, IAW prescribed guidance and publications.

You might not interact with government accounting very much early in your career. Let's cover some basic definitions to expand your understanding.



Click the arrows below to learn more about five accounting definitions.

Commitments



A commitment is an administrative reservation of funds. It is an intent to incur an obligation. Commitments constitute the first stage in the commitment and obligation concepts.

Step 2

Obligations



An obligation represents an order placed with a vendor, a contract awarded, a service received, or any transaction that constitutes a legal requirement for a vendor to furnish supplies or services. Obligations are the second, third, and fourth stages of the commitment and obligation concept.

The next three definitions represent the three stages.

Step 3

Undelivered Orders Outstanding (UOO)



This stage of obligation represents those orders, contracts, or agreements that have been placed, but have not yet been received. The funds are obligated in anticipation of delivery of goods and services. This process reduces the commitment stage and increases the UOO stage.

Step 4

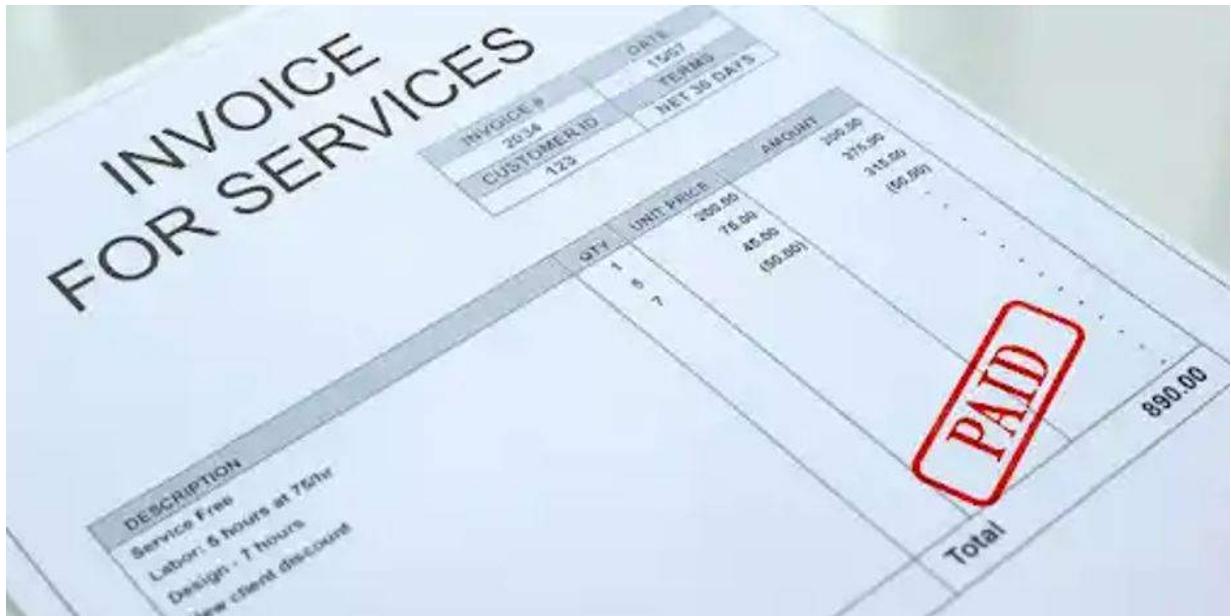
Accrued Expenditures Unpaid (AEU)



Upon notice that goods are received or services rendered (typically by receipt of an invoice from the vendor), the UOO stage is reduced and AEU is increased by the amount involved. This stage of obligation represents the amount of funds owed (accounts payable).

Step 5

Accrued Expenditures Paid (AEP)



This stage reflects the actual vouchered payment for the material, assets, or services. When the payment (outlay or disbursement) is made, the AEU decreases while the AEP stage increases.

NOTE: Never over obligate the government!



The “Amount Available for Obligation” can *never* be a negative number. The negative number tells you that you have overspent. In military terms, this means “**NSF—Non-sufficient Funds.**”

CONTINUE

Knowledge Check. Input and submit your response into the statement below.

The commander has decided they want to upgrade the Information Management/Information Technology equipment in the MDG conference room.

The resource office has \$65K to assist with the upgrades; the \$65K represents a _____ as funds have been set aside for this specific purchase.

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

A commitment is an intent to incur an obligation.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What stage of accounting is reflected when services have been rendered, but you have not paid yet?

- ☐ Commitment
- ☐ Obligation
- ☐ Accrued expenditure phase
- ☐ Accrued expenditures unpaid

SUBMIT

END OF LESSON

Lesson 3: Funds Distribution

After completing this lesson, the student will be able to identify the principles of funds distribution, IAW prescribed guidance and publications.

Now that you're aware of accounting principles, let's discuss fund distribution terms.



Click each tab below to learn more.

TOTAL OBLIGATION
AUTHORITY (TOA)

FUND DISTRIBUTION

ANNUAL AND
QUARTERLY FUNDING

CONTINUING
RESOLUTION
AUTHORITY (CRA)

TOA is the direct obligation authority plus accepted reimbursable orders. Or, simply put, it is the total amount of funds available for each MTF to use within a fiscal year (Oct 1 – Sep 30).



DHA - Statement of Operations - Direct Care Financials

FY2024

CONTROLLED UNCLASSIFIED INFORMATION - DISTRIBUTION LIMITED TO THE MILITARY HEALTH SYSTEM

10 October 2023

Provided by DHA, 11/8 Chief Financial Officer Resource Management, Business Integration

Fiscal Year 2024 Defense Health Program (DHP) Resourcing Document

All Defense Health Agency Medical Treatment Facilities

O&M DHP		Performance Based Resources		Requirements Based Resources		Reimbursables
\$ 11,887,074,000	=	\$ 7,668,953,093	65%	+	\$ 4,218,120,907	35%
						\$ 436,282,000

TOTAL OBLIGATION
AUTHORITY (TOA)


FUND DISTRIBUTION

ANNUAL AND
QUARTERLY FUNDING

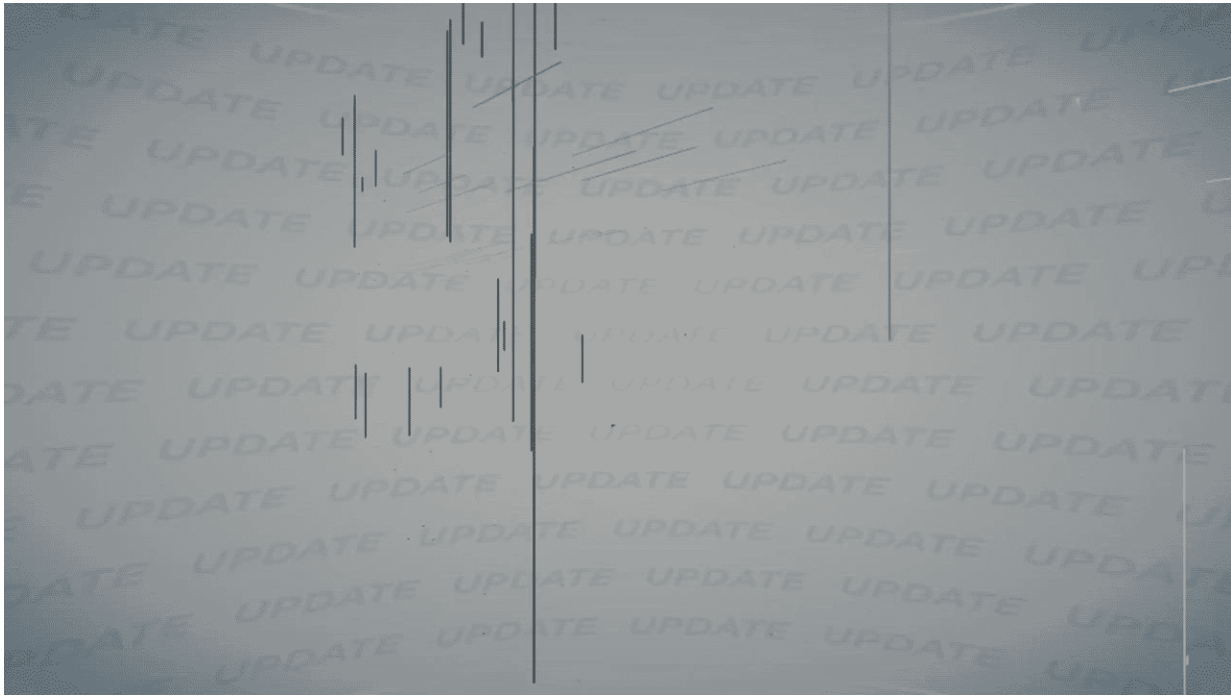
CONTINUING
RESOLUTION
AUTHORITY (CRA)

The initial distribution process, or first amount of money given to organizations, is driven by the Operating Budget Authority Document (OBAD). You may hear this referred to as Operations and Maintenance (O&M) budget; this is the standard budget that each MTF receives from DHA.



TOTAL OBLIGATION AUTHORITY (TOA)	FUND DISTRIBUTION	ANNUAL AND QUARTERLY FUNDING	CONTINUING RESOLUTION AUTHORITY (CRA)
<p>At the beginning of the Fiscal Year each MTF does not receive their entire budget. Your MTF's Resource Advisor will work with DHA to determine and receive the quarterly budget.</p>			
 <p>Financial Management Information System</p>			

TOTAL OBLIGATION AUTHORITY (TOA)	FUND DISTRIBUTION	ANNUAL AND QUARTERLY FUNDING	CONTINUING RESOLUTION AUTHORITY (CRA)
<p>Like the average person creating their budget, Congress must also set a budget for the United States. The biggest difference is how many more people are involved. Congress may not be able to approve the budget before the start of the Fiscal Year (FY). When this happens, the Secretary of the Air Force will release guidance on budget spending, which is called a CRA.</p>			
<p>NOTE: Click the video below to learn more about the CRA.</p>			



CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

The Fiscal Year and Calendar Year are the same.

☐

True

☐

False

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

The standard budget that each MTF receives from DHA may be referred to as the Operation and _____ budget.

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

A MTF's resource advisor will work with DHA to receive the quarterly budget.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

During Continuing Resolution Authority, who provides guidance budget spending?

☐

Defense Health Agency

☐

Local Finance Office

☐

Secretary of the Air Force

☐

Congress

SUBMIT

END OF LESSON

Lesson 4: Budget Execution DoD

After completing this lesson, the student will be able to identify DoD budget execution activities, IAW prescribed guidance and publications.

***You may be thinking, "What reimbursements, isn't our healthcare free?"
Yes! But not for everyone.***

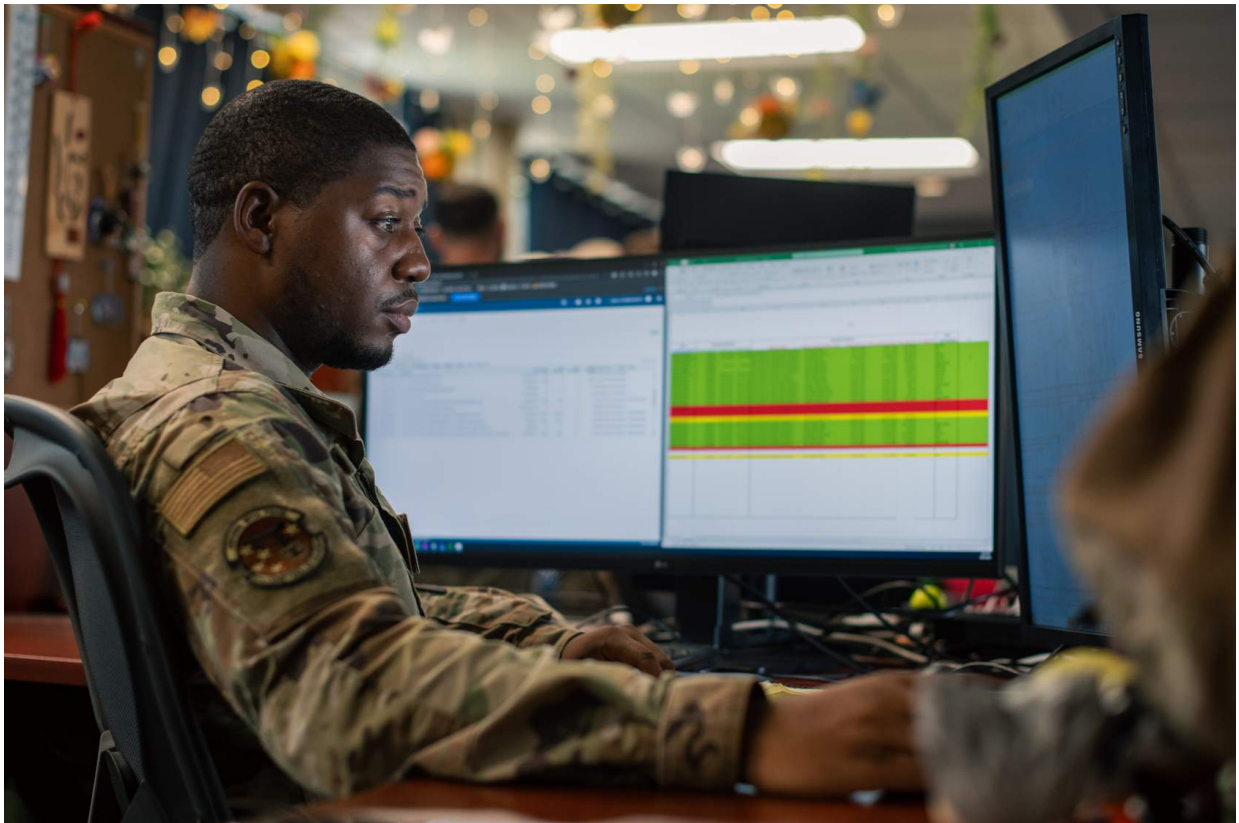


Recall...

In Module 2, we discussed checking in a patient and collecting their Other Health Insurance form. That's *one* way that MTFs can collect additional funding. Other ways will be covered in Lesson 6, *Uniform Business Office (UBO)*. The UBO will track all debts over \$25, which typically occurs through balance billing, which is billing and collecting from non-beneficiary patients.

End of Year (EOY) Closeout

EOY closeout activities start the first day of the Fiscal Year (FY). This may seem confusing, but it's because each MTF is responsible for using available funds effectively for operational needs. This will occur from 1 October – 30 September, then as close out nears, the resource advisor will ensure all obligations recorded by 30 September are accurate and properly recorded in the accounting system no later than midnight.



Click the video below to learn more about the 2nd Bomb Wing's end of year closeout.



(\$ in billions)

Program	FY 2022 Enacted	FY 2023 Request
Defense Health (DHP)	37.3	36.9
Military Personnel ¹	8.5	8.7
Military Construction ¹	0.5	0.5
Health Care Accrual ²	9.3	9.7
Unified Medical Budget	55.7	55.8
<i>Treasury Receipts for Current Medicare-Eligible Retirees ³</i>	11.4	12.6

Numbers may not add due to rounding

¹ *Funded in Military Personnel & Construction accounts.*

² *Includes health care accrual contributions into the Medicare-Eligible Retiree Health Care Fund to provide for the future health care costs of personnel currently serving on active duty – and their family members – when they retire.*

³ *Transfer receipts in the year of execution to support 2.5 million Medicare-eligible retirees and family members.*

Every year...

The Air Force risks losing billions of dollars over the Future Years Defense Program (FYDP) due to money that was not obligated to an expense and historical under-execution. Many of these cuts are based on the removal of expired funds, referred to as *fall-out*. In some cases, obligations are underestimated and result in a *fall-in* situation, which requires additional funds to cover the actual cost.

Tri-Annual Review (TAR) of Obligation

The TAR process is an internal control practice used to assess whether commitments and obligations recorded are bona fide needs. This involves a team effort from the MTF, finance, and contracting asking “Do we really need this?”



CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Whose responsibility is it to track reimbursements for medical billing?

- ☐ Uniform billing officer
- ☐ Uniform business office
- ☐ Uniform buyers office
- ☐ Uniform business officer

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What is the last day of the fiscal year?

-
- ☐ 30 October
 - ☐ 1 October
 - ☐ 30 September
 - ☐ 1 September

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

The Tri-Annual Review is a(n) _____ control process used to assess whether commitments and obligations are a bona fide need.

Type your answer here

SUBMIT

END OF LESSON

Lesson 5: Financial Management System Products

After completing this lesson, the student will be able to identify financial management system products, IAW prescribed guidance and publications.

Working in the resource management office, you will need to know different purchasing options. Below are the most common forms you will come across.



Click each hot spot (#) below to learn more about purchasing options.

1

2

3

4



[illegible]

PREVIOUS EDITION IS OBSOLETE. REPLACES AF FORM 113, MAY 81, WHICH IS OBSOLETE

The Air Force Form 406, *Miscellaneous Obligation/Reimbursement Document*, or MORD, establishes unfilled customer orders between the ordering and performing activities in the accounting records and records estimates and actuals for such expenses/reimbursements as monthly telephone and utility charges. The individual preparing the MORD signs it as well as a certifying officer stating funds are available.

2



MIPR

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST						1. PAGE 1 OF 1	
2. FSC		3. CONTROL SYMBOL NO.		4. DATE PREPARED		5. USER NUMBER	
7. TO:		8. FROM: (Agency, name, telephone number of originator)					
9. ITEMS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING. <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMMODATED.							
ITEM NO.	DESCRIPTION (Federal stock number, nomenclature, specification and/or drawing No., etc.)	QTY	UNIT	ESTIMATED PRICE	ESTIMATED TOTAL PRICE		
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.						11. GRAND TOTAL	
12. TRANSPORTATION ALLOTMENT (Check if FSC Contractor's plan)						13. MAIL (Indicate if payment will be made by)	
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW. THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.						PAY OFFICE DODAAD	
ACRN	APPROPRIATION	SUPPLEMENTAL ACCOUNTING CLASSIFICATION			7000000000	AMOUNT	
15. AUTHORIZING OFFICER (Type name and title)				16. SIGNATURE		17. DATE	

DD FORM 448, JUN 72 PREVIOUS EDITION IS OBSOLETE. Page 1 of 1

The DD Form 448, *Military Interdepartmental Purchase Request*, or MIPR, is completed when a unit needs to request goods or services from another Department of Defense (DoD) agency. Like an Air Force Form 9, the unit's approving official signs the MIPR and the finance office certifies fund availability and sends it to the DoD activity.

[illegible]

1. to provide sufficient information for contracting to issue a contract
2. for the financial service office to set aside funds for the requirement

The requesting activity numbers these documents sequentially, starting at the beginning of each fiscal year.

[illegible]

CONTINUE

Knowledge Check. Match the associate form with the correct purchasing option.

⋮ Air Force Form 406	Purchase Request
⋮ DD Form 448	MIPR
⋮ Air Force Form 9	MORD

SUBMIT

CONTINUE

When working in the Resource Management office, there will be various reports you will become familiar with.

Budget Execution Reports

These reports cover all major areas of expense and will illustrate a picture of how the MTF is executing its funding. It will also assist with identifying potential sources of excess funds or shortfalls.



Click each flashcard below to learn more about main budget reports the resource advisor can pull.

Selective Transaction History (STH)

This reflects all reimbursement deposits for the previous month including:

- Disbursing Office Voucher (DOV) numbers
- Sales codes
- Operating Agency Code (OAC)

Open Documents Listing (ODL)

This reflects all open documents in the DFAS of which your MTF is responsible. This report provides:

- Open accounts payable and accounts receivable
- Purchase requests
- Contract status information

Operating Budget Ledger (OBL)

This is basically your day-to-day checkbook for your MTFs financial program.

***There are two different accounting systems
the reports above can be pulled from.***



Click each tab below to learn more about the accounting systems.

Commanders' Resource Integration System (CRIS) —

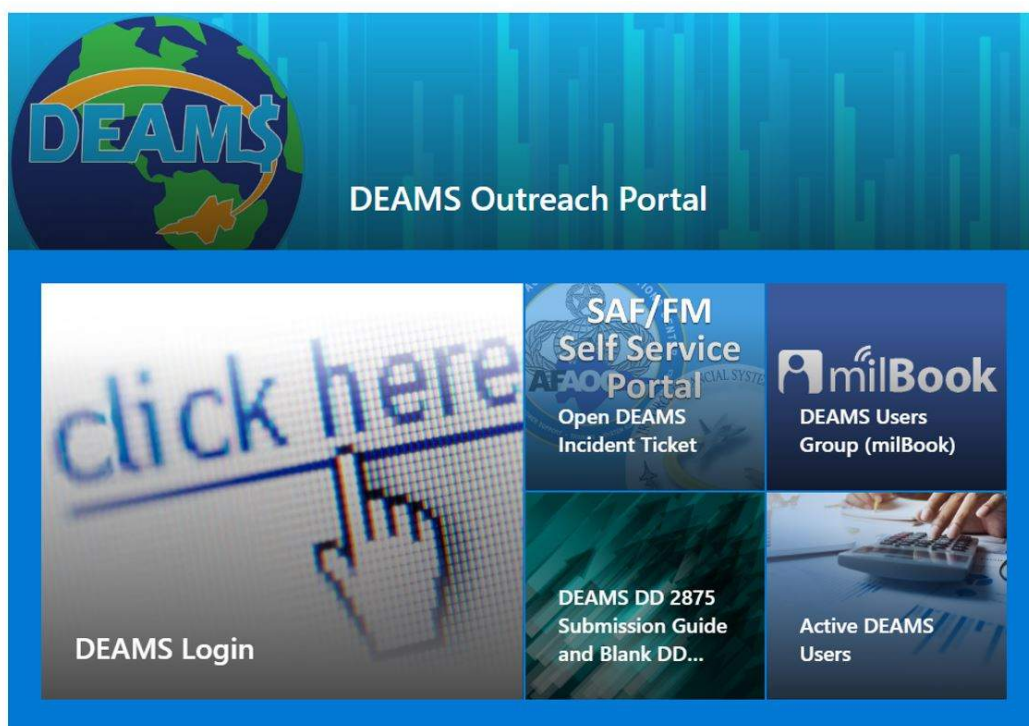
This system is read-only meaning you cannot alter or hurt the data contained therein.

NOTE: Fund code *HA*, known as “Defense Health Program” (DHP) funding, is the majority of funding for your MTF’s Operations & Maintenance (O&M) budgeting. Fund code *30* is known as “Line Funding,” which basically means non-medical/non-DHP. Some major users of fund code *30* at your MTF will include Drug Demand Reduction (DDR), some life skills and Family Advocacy programs, and Overseas Operations Cost (OOC) or “war related/deployment” programs.



Defense Enterprise Accounting and Management System (DEAMS) —

This is a long-term solution toward sustaining audit readiness and correcting financial reporting weaknesses by integrating disparate financial management systems.



CONTINUE

Knowledge Check. Select and submit the best option(s) in response to the question below.

What categories need to be included in the Selective Transaction History (STH) list from CRIS/DEAMS? Select all that apply:

☐

DOV voucher numbers

- ☐ Sales code
- ☐ OAC
- ☐ OBAN
- ☐ Date of service
- ☐ Amounts
- ☐ Date of transaction
- ☐ Type of appointment

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

The two accounting systems used to pull budget reports are the Defense Enterprise Accounting and Management System (DEAMS) and the Commanders' Resource Integration System (CRIS).

☐ True

☐ False

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

_____, also known as “Defense Health Program” (DHP) funding, is for a majority of your MTF’s Operations & Maintenance (O&M) budgeting.

Type your answer here

SUBMIT

CONTINUE

Next, let's touch on medical logistics.



Defense Medical Logistics Standard Support (DMLSS)

This system is a computer-based supply system created for healthcare delivery in peacetime and wartime. DMLSS provides price comparison tools and electronic

shopping capabilities, enabling MTFs to select and order the best value item that meets their requirements. There are seven basic functionalities:

- 1 Stock control
- 2 Research and price comparison
- 3 Property accounting
- 4 Biomedical maintenance
- 5 Accountable equipment management
- 6 Inventory management (including War Reserve Material, MC-CBRN and Operating inventories)
- 7 Facility management



Teamwork

Resource management offices must work with medical logistics to maintain visibility of DMLSS target balances monthly, quarterly, and particularly at end of year close-out.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Who must work with medical logistics to maintain visibility of DMLSS target balances-monthly, quarterly, and particularly at end of year close-out?

- ☐ Group Commander
- ☐ Squadron Commander
- ☐ Resource Management Office
- ☐ Medical Readiness Office

SUBMIT

CONTINUE

Let's now discuss Budget Object Reports.

Budget Object Reports

Although you may not come across these types of Budget Object Reports early on in your career, it is good to know the various types of reports that can be pulled from the Enterprise Funds Distribution (EFD) and what the reports are used for by your counterparts in Resource Management.



Enterprise Funds Distribution (EFD)

Field Level Budget Distribution, Withdrawal, and Withhold User Guide

Version 10.0

March 2023



Click each tab below to learn more about budget reports.

Budget Query

The budget query provides users with information about the status of budgets. Existing budget nodes are accessed on the budget query and can be searched by accounting dimensions.

Exportable Fiscal Year Budget Query

The exportable fiscal year budget query summarizes the data from the budget fiscal period table by fiscal year for all nodes matching the entered selection criteria for no-year, single-year, and multi-year budgets.

General Ledger (GL) Balance Query

The GL balance query provides a way for the user to access information contained within the general ledger. The user limits the amount and type of information retrieved from the general ledger by specifying criteria on which to search.

In addition, the user can view detailed information concerning the general ledger account, which includes document information, dates, accounting periods, and accounting code data.

General Ledger (GL)/Standard Financial Information Structure (SFIS) Query

The GL/SFIS is a consolidated query within EFD that allows users to validate GL postings. The GL/SFIS query allows users to review the SFIS attributes that correspond to a specific document. Finally, this query allows users to search for all the documents impacting a particular GL posting in each accounting period.

Transaction Journal Query —

The transaction journal query is a tool used to query transactions that have been entered in EFD. The transactions can be queried by a variety of parameters, such as:

- Accounting period
- Document category
- Transaction type

Once the query produces all transactions associated with the entered parameters, the user can view the detail or document for each individual transaction.

Funds Available Report —

The purpose of the funds available report is to provide analysis, a consolidated view of the type of funding available by *budget node*, and to provide a method of funds control for SFIS elements included on the report.

Three budget nodes:

1. Budget node information and totals
2. Transfers out details and amounts
3. Source of authority details and amounts

Field Level Fund Allocation Distribution (FAD) Distribution Report —

The field level FAD distribution (draft) report enables EFD users to generate and preview a draft FAD based on an EFD form in either a held, rejected, or pending approval status. When budget authority is distributed to or withdrawn from level 5 and below, distribution or withdrawal forms are entered in EFD.

The data stored in EFD can then be displayed on the field level FAD distribution (draft) report. A final field level distribution FAD is generated for each processed document to authorize the funding action at the designated budget level.

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

The following is a type of budget node: transfers out details and amounts.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which report provides users with information about the status of budgets?

- ☐ Funds Available Report
- ☐ Budget Query
- ☐ General Ledger (GL) Balance Query
- ☐ Exportable Fiscal Year Budget Query

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which of the follow is NOT a parameter that is not associated with the Transaction Journal Query?

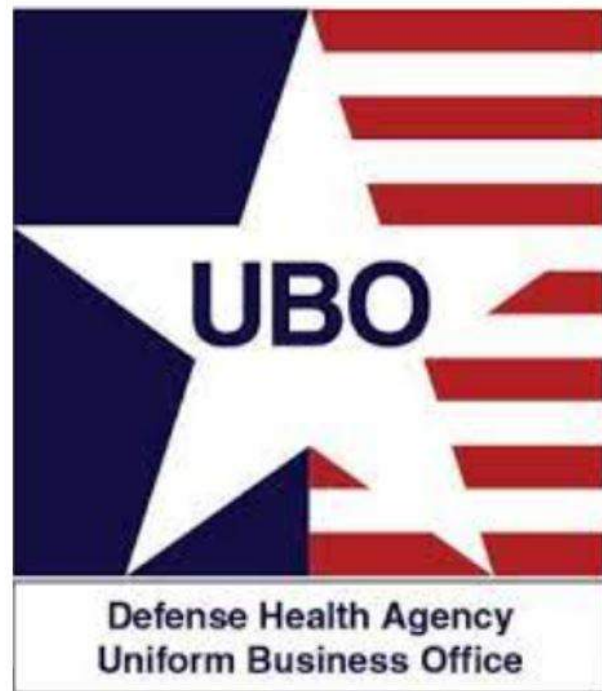
- ☐ Accounting Period
- ☐ Transaction Type
- ☐ Document Category
- ☐ Reimbursement Amount

SUBMIT

END OF LESSON

Lesson 6: Uniform Business Office

After completing this lesson, the student will be able to organize a uniform business office, IAW prescribed guidance and publications.



Uniformed Business Office (UBO)

The UBO is a complex field that requires specialized knowledge and expertise. However, even those who do not work in UBO early on in their career will be relied upon for a basic understanding of it because they are involved in the overall compliance throughout the hospital depending on where they work.

Let's cover the basics of UBO and how it relates to compliance.



Click each tab below to learn more about compliance.

COMPLIANCE

COMPLIANCE PROGRAM

General compliance is the strict adherence to established laws, rules, regulations, and policies in an effort to reduce fraud, waste, abuse, and mismanagement.



An effective compliance program helps ensure that the billing office is operating lawfully and ethically and at optimum efficiency. The compliance program must be developed, and the compliance officer must be designated IAW Defense Health Agency-Procedures Manual (DHA-PM) 6015.01, “Military Treatment Facility (MTF) Uniform Business Office (UBO) Operations.”



Defense Health Agency PROCEDURES MANUAL

NUMBER 6015.01
October 24, 2017

J-1/8/RMD

SUBJECT: Military Medical Treatment Facility (MTF) Uniform Business Office (UBO) Operations

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (ah), establishes the Defense Health Agency's (DHA) procedures to:

- a. Provide guidelines for the operation of MTF UBOs. It prescribes uniform billing procedures and accounting practices for the management and follow-up of patient accounts, including collecting, depositing, posting, and reconciliation.
- b. Prescribe procedures for the Third Party Collections (TPCs), Medical Services Account (MSA), and Medical Affirmative Claims (MAC) programs, such as identification of beneficiaries who have other health insurance (OHI), coordination of benefits, and recovery of claims.

2. APPLICABILITY. This DHA-PM:

a. Applies to:

- (1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General (OIG) of the DoD, the Defense Agencies, DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-PM as the "DoD Components").

For example, the new hospital commander contacts the RM commander and requests an update for UBO reimbursements. The RM commander pulls the most recent *compliance audit checklist* to assess the high-risk billing

areas that are negatively impacting reimbursements and includes that in the report back to the MTF commander.

So, what are the advantages of a UBO compliance program?

- 1** Promotes efficiency and supports overall mission or providing quality health care.
- 2** Protects against mistakes and helps to detect mistakes.
- 3** Helps detect fraud (no anti-fraud), waste, abuse, and mismanagement.
- 4** Defines processes and establishes internal controls.
- 5** Promotes adherence to federal laws.
- 6** Protects from unethical business practices which put the MTF at risk for penalties, negative publicity, and loss of public trust.

Compliance is required!

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

The commander wants to assess the high-risk billing areas that are negatively impacting reimbursements. Which tool can be used to assess the high-risk billing areas?

- ☐ DHA-PM 6015.01
- ☐ AFMAN 41-120
- ☐ UBO Compliance Audit Checklist
- ☐ UBO User's Guide

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Compliance is merely a suggestion.

☐ True

☐ False

SUBMIT

CONTINUE

Let's now discuss the basics of UBO and how it relates to Third Party Collection Program (TPCP) reporting and the Medical Service Account (MSA).

As Previously Mentioned...

those who do not work in UBO early on in their career will be relied upon for a basic understanding. This is because they are involved in the collection of Other Health Insurance (OHI) throughout the hospital, and recording for medical and dental procedures furnished to uniformed services beneficiaries, civilian emergency patients, and other non-beneficiary patients authorized to receive care in the MTF depending on where they work.



TPCP

[Title 10, United States Code \(U.S.C.\), Section 1095](#) authorizes MTFs to recover the cost of providing health care services to covered DoD beneficiaries from third party payers. The TPCP is the military program established to accomplish this task. All beneficiaries, excluding active duty, are required to provide information regarding OHI coverage annually, or when there is a change in their coverage status.

MTF business offices bill OHI, or third party payers, directly for reasonable charges for care, minus the beneficiary's applicable deductible or copayment amount. The rates used for billing are included in the inpatient Adjusted Standardized Amounts (ASA) and outpatient rate packages, approved annually by the Assistant Secretary of Defense for Health Affairs. Funds collected through the TPCP are used to enhance health care delivery at the MTF providing the care.

DoD beneficiaries are not responsible for deductibles or copayments.

DD Form 2569, *Third Party Collection Program/Medical Services Account/Other Health Insurance*

This form collects individual's information to assist the DoD in its recovery from third parties for medical care provided to an individual in a MTF. Shown below are images of the form (*click to zoom*).



Annual Reporting. DHA UBO will set annual TPCP collection goals for each military department and the NCR MD/J-11. Each military department and the NCR MD/J-11 must set annual individual MTF collection goals.

Total Inpatient Collections						
Service	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
Air Force	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Army	\$1.2	\$1.5	\$1.9	\$1.3	\$2.2	\$1.3
DHA	\$36.0	\$33.6	\$33.7	\$25.1	\$22.4	\$16.3
Navy	\$0.1	\$0.5	\$0.5	\$0.3	\$0.3	\$0.2
Total	\$37.3	\$35.6	\$36.1	\$26.7	\$24.9	\$17.8
Total Outpatient Collections						
Service	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
Air Force	\$0.1	\$0.4	\$0.4	\$0.4	\$0.3	\$0.1
Army	\$2.4	\$4.1	\$3.9	\$3.4	\$3.7	\$3.4
DHA	\$103.2	\$95.3	\$91.0	\$86.9	\$62.6	\$43.2
Navy	\$0.6	\$0.5	\$0.7	\$0.8	\$0.5	\$0.5
Total	\$106.3	\$100.3	\$96.0	\$91.5	\$67.1	\$47.2
Total Inpatient & Outpatient Collections						
Service	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
Air Force	\$0.1	\$0.4	\$0.4	\$0.4	\$0.3	\$0.1
Army	\$3.6	\$5.6	\$5.8	\$4.7	\$5.9	\$4.7
DHA	\$139.2	\$128.9	\$124.7	\$112.0	\$85.0	\$59.5
Navy	\$0.7	\$1.0	\$1.2	\$1.1	\$0.8	\$0.7
Total	\$143.6	\$135.9	\$132.1	\$118.2	\$92.0	\$65.0

Annual Report Snapshot

The TPCP annual reporting is completed at the end of the Fiscal Year (30 Sep) to annotate the annual UBO reimbursement collections and close out documentation for the performance that was indicated for that year.

Purpose of Medical Service Accounts (MSA)

MSA activities include billing, recording accounts receivable, and collecting funds for medical and dental procedures furnished to uniformed services beneficiaries, civilian emergency patients, and other non-beneficiary patients authorized to receive care in an MTF. MSA activities provide a complete and reliable financial record of billing transactions, including:

- Collections control
 - Accounts receivable
 - Deposits
-

Below is a list of who to collect funds from:

Medical Services Account (MSA) Claims

1. General. MSA activities involve billing and collecting funds for medical and dental services provided in MTFs, including cosmetic procedures, from:

- a. Department of Defense (DoD) beneficiaries,
- b. Other government agencies,
- c. DoD civilians and contractors,
- d. Non-Appropriated Fund (NAF) employees,
- e. Authorized foreign military members,
- f. DoD Dependent School employees,
- g. Army and Air Force Exchange Services (AAFES) employees,
- h. Secretarial Designees,
- i. Civilian emergency patients, and
- j. Other non-DoD beneficiary patients authorized to receive treatment in MTFs.

2. Claims. MSA claim formats are used depending on the type of patient (i.e., Invoice and Receipt, DD7/7A, SF1080). See the *Claims Formats* section of this User Guide for more information.

The MTF treasury/cashier office must be located in an area that is easily accessible and clearly identifiable by all patients.

At branch clinics where the volume of cash transactions does not support an MSA office, the parent MTF must take collections and make deposits to the local or supporting financial services officer, defense accounting officer, disbursing officer (DO), or authorized banking facility.

The MSA office must adhere to the same regulation directed to MSA officers, alternate MSA officers, collection agents, treasurers, cashiers, change fund custodians, and all other positions within the MSA office involved in collecting, recording accounts receivable, and depositing cash and other forms of negotiable instruments.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

An active duty family member (ADFM) shows up to their appointment at the MTF cardiology clinic and lets the front desk clerk know that they have an insurance plan with Blue Cross Blue Shield (BCBS). What form does the front desk clerk hand the patient to document their BCBS insurance information?

☐ DD Form 2569

☐ DD Form 2570

☐ CMS 1500

☐ CMS 1501

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Each military department and the NCR MD/J-11 must enter into the DHA UBO metrics report, no later than 30 calendar days following each quarter, the performance metrics required by the DD Form 2570.

☐ True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

MSA activities provide a complete and reliable financial record of billing transactions, including which of the following activities:

☐

Collections Control

☐

Accounts Receivable

☐

Deposits

☐

All of these are correct

SUBMIT

CONTINUE

In this section, we will cover various controls required for performing accounts receivable.



Although you may not interact with government accounting directly early on in your career, it is still important to go over some basic definitions and explanations to expand



Let's discuss *accounts receivable*. By establishing and managing medical accounts receivables effectively, the MTF can ensure that they are collecting the revenue to provide

your understanding of the key concepts
associated to UBO.

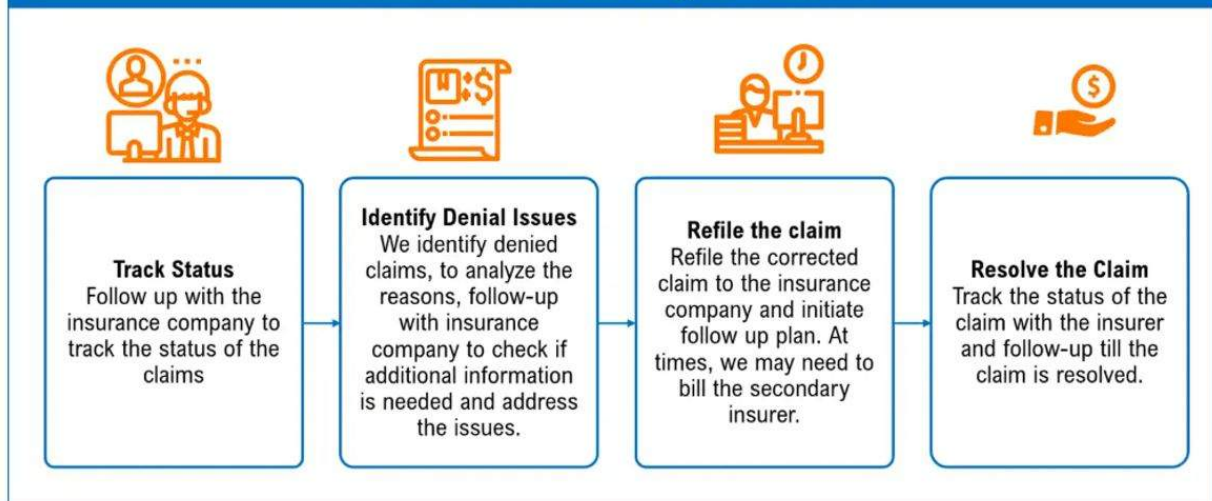
high-quality and ready reliable care to their
patients.

Medical accounts receivable is a critical component of healthcare financial management! It's a significant source of revenue for healthcare organizations and requires effective management to ensure timely payment.

By establishing and managing medical accounts receivables effectively, the MTF can ensure they are collecting the revenue to provide high-quality and ready reliable care to their patients.

Below is an example of the process.

Accounts Receivable Management Process



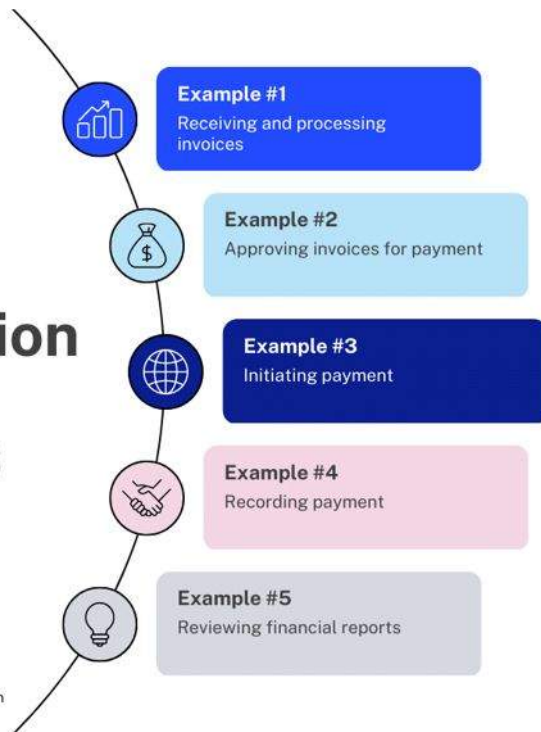
Click each tab below to learn more about the various controls required for performing accounts receivable.

Control #1

Segregation of Duties. Establish clear segregation of duties to prevent conflicts of interest and minimize the risk of fraud. Assign different individuals or teams to handle various aspects of the accounts receivable process, such as billing, collections, and cash application. This segregation helps ensure that no single person has complete control over the entire process.

Segregation of duties examples

Note: You want atleast two sets of eyes on every transaction!



Control #2

Patient Registration and Verification. Implement robust patient registration and verification procedures to ensure accurate and up-to-date patient information. Verify patient demographics, insurance details, and eligibility for services before providing medical treatment. This helps avoid billing errors and reduces the risk of non-payment due to invalid or inadequate insurance coverage.



Patient Identification Process (PIP)

Control #3 —

Documentation and Coding. Accurate and detailed documentation and coding are essential for proper billing and reimbursement. Ensure that healthcare providers follow standardized documentation practices and use appropriate medical codes (such as ICD-10 and CPT codes) when recording services provided. Regularly audit coding practices to identify and rectify any errors or discrepancies



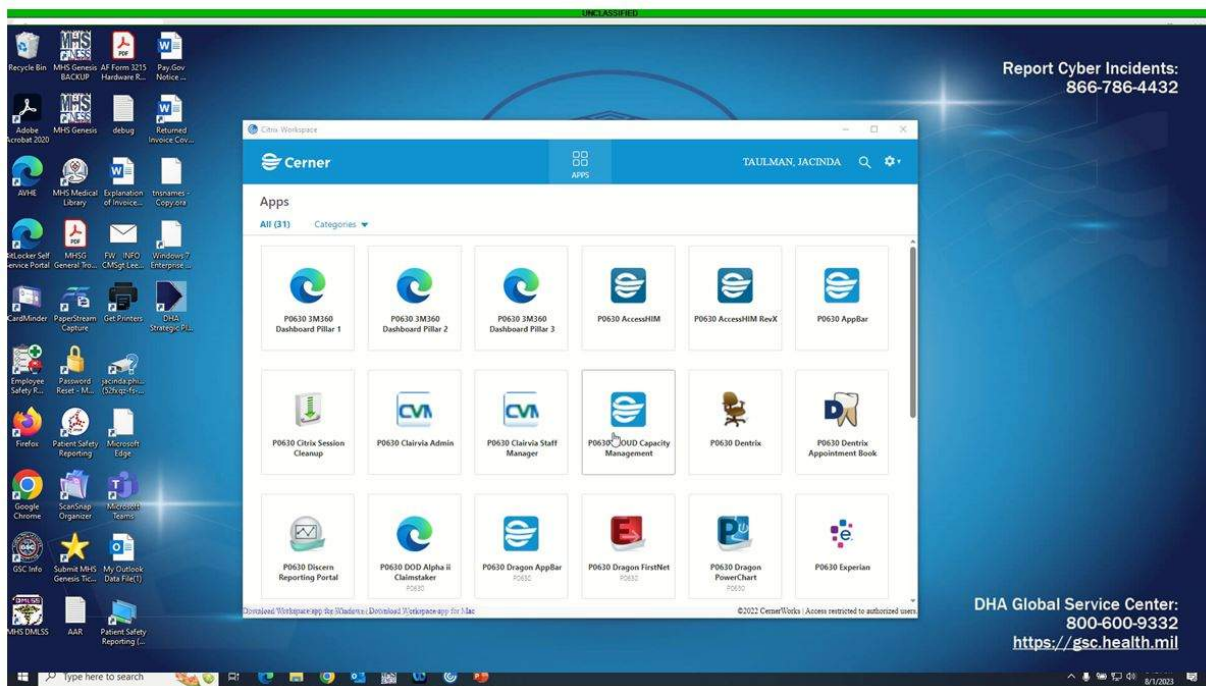
Control #4 —

Charge Capture and Billing. Implement controls to ensure that all services provided are accurately captured/billed. This involves recording charges promptly and accurately, assigning appropriate billing codes, and submitting claims to insurance companies or responsible parties in a timely manner. Regularly reconcile billed charges with services provided to identify any discrepancies. Electronic Funds Transfer (EFT) payment is an acceptable form of payment to the MTF.



Control #5 —

Accounts Receivable Monitoring. Regularly monitor and analyze accounts receivable balances to identify overdue or outstanding payments. Implement aging reports and follow-up procedures to track unpaid claims, denied reimbursements, or past-due patient balances. Promptly address any issues, such as resubmitting claims, appealing denied reimbursements, or initiating collections processes.



Control #6

Cash Posting and Reconciliation. Implement controls to ensure accurate and timely posting of cash receipts. Regularly reconcile payments received with billed amounts to identify discrepancies. This process involves matching electronic remittance advice (ERA) or explanation of benefits (EOB) received from insurance companies with the corresponding payments and updating the accounts receivable records accordingly.

The MSA Officer uses a DD form 1131, *Cash Collection Voucher*, to transfer monies received to the local supporting accounting and finance office or local banking institution and to document deposits in the accounting records.

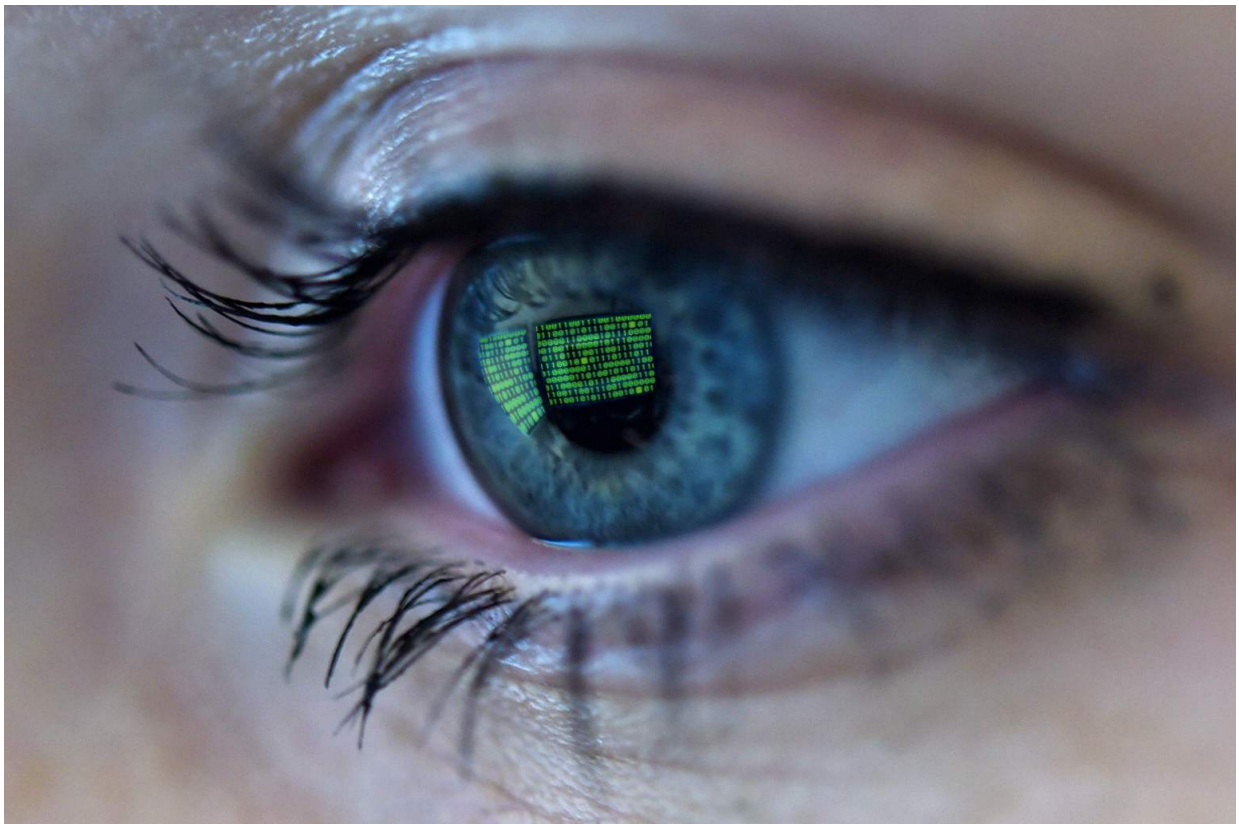


673d MEDICAL GROUP UNIFORM BUSINESS OFFICE (UBO) COMPLIANCE PLAN

FY23

Control #8 —

Staff Training and Education. Provide comprehensive training to staff involved in the accounts receivable process so they understand their roles and responsibilities. Regularly update training materials to keep staff informed about changes in billing and reimbursement rules.



Implement!

By implementing these controls, healthcare organizations can enhance the efficiency, accuracy, and compliance of their medical accounts receivable processes.

It's important to tailor these controls to the specific needs and requirements of your organization, taking into account any relevant industry regulations and best practices.

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

Electronic Funds Transfer (EFT) payment is an acceptable form of payment to the MTF?

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Assigning different individuals or teams to handle various aspects of the accounts receivable process, such as billing, collections, and cash application is an example of which control?

- ☐ Documentation and Coding
- ☐ Segregation of Duties
- ☐ Staff Training and Education
- ☐ Cash Posting and Reconciliation

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

The MSA Officer uses a(n) _____ to transfer monies received to the local supporting accounting and finance office or local banking institution and to document deposits in the accounting records.

- ☐ DD Form 1131, *Cash Collection Voucher*
- ☐ SF 215 Deposit ticket
- ☐ Funding Authorization Document
- ☐ Internal Audit

SUBMIT

CONTINUE

In this section, you will be able to identify the procedures required to deposit funds.



Click through the slides below to learn more about depositing procedures.

Step 1

Deposit Funds Using the DD Form 1131, Cash Collection Voucher (CCV)

CASH COLLECTION VOUCHER		1. DISBURSING OFFICE COLLECTION VOUCHER NUMBER: CSH40380	
		2. RECEIVING OFFICE COLLECTION VOUCHER NUMBER: TPC OUT 23-097	
3. RECEIVING OFFICE			
a. ACTIVITY (Name and Location) (Include ZIP Code) 673rd Medical Group/SGSR 5955 Zenner Ave JBER, Alaska 99506			
b. RECEIVED AND FORWARDED BY (Print Name, Title and Signature) Jacinda K Taulman, GS-09, DAF Medical Service Accounts Officer			c. DATE (YYYYMMDD) 20230524
d. TELEPHONE NUMBER (Include Area Code) COMMERCIAL: (907) 580-7841		DSN: 580-7841	
4. DISBURSING OFFICE			
a. ACTIVITY (Name and Location) (Include ZIP Code) DFAS-IN/DFDB, 8899 E. 56TH ST, COL 127, INDIANAPOLIS, IN 46249-8763			
b. DISBURSING OFFICER (Printed Name, Title and Signature) Logan Coetler Director, Disbursing Operations			c. DISBURSING STATION SYMBOL NUMBER HURST GRAYSON HAMILTON 154865 0947 3801
d. TELEPHONE NUMBER (Include Area Code) COMMERCIAL: (907) 552-2011		DSN: (317) 552-2011	
e. DATE (YYYYMMDD) 20230501			
f. PERIOD: a. FROM: b. TO:			
6. DATE RECEIVED 24May23	7. NAME OF BENEFITARY DESCRIPTION OF BENEFITANCE Insurance funds collected for reimbursement for medical services provided at the 673rd Medical Group.	8. DETAILED DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED TPC Outpatient CIR# 180007	9. AMOUNT 2,676.42
		10. ACCOUNTING CLASSIFICATION 09700013000094312323R FD1EL 385965 253.1724 01010000011094B 995900.999941 0807900F 2023 667100 103000000 097000013000094312323R #NA	
11. TOTAL		2,676.42	

DD FORM 1131, DEC 2003

PREVIOUS EDITION IS OBSOLETE

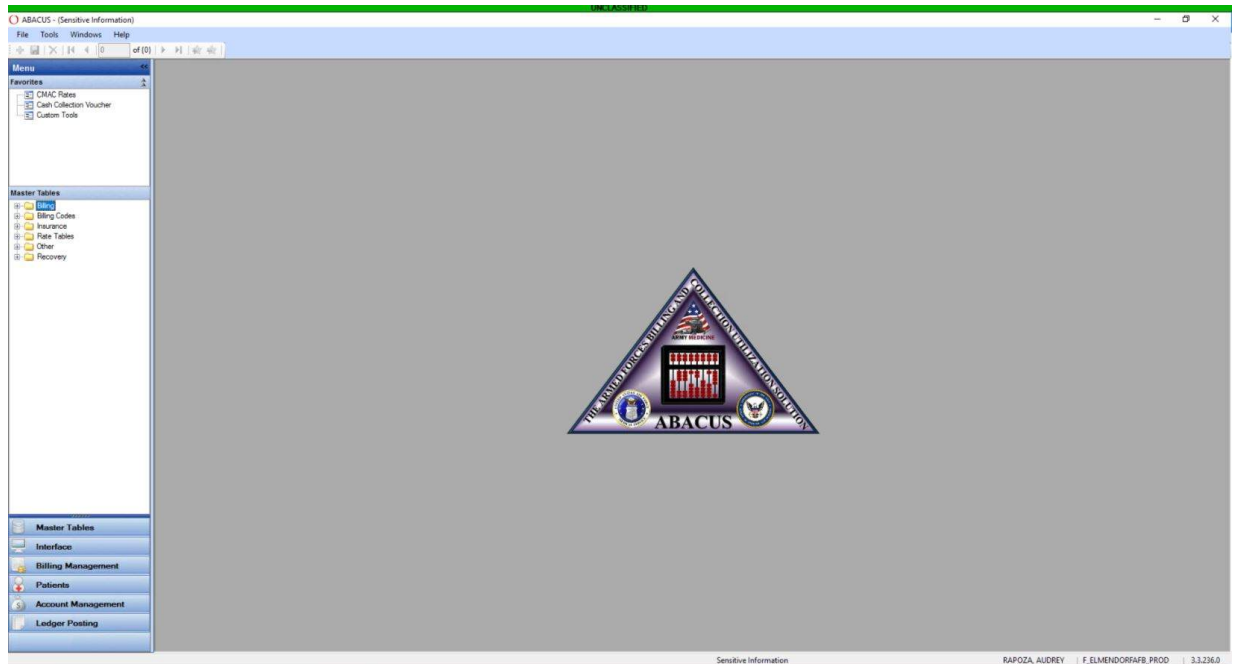
Depositing medical reimbursement funds in a MTF is crucial to ensure accurate accounting and financial stability. These funds represent payments made by patients or insurance companies for medical services rendered, and they are a critical source of revenue for the healthcare organization.

To ensure accurate accounting, it is essential to use standard documents such as the DD Form 1131 when preparing the deposit and the SF 215, *Deposit Ticket*, when making the deposit to the correct line of accounting (LOA).

Proper procedures help to ensure that the funds are properly credited to the appropriate accounts and that any discrepancies or errors can be quickly identified and corrected.

Step 2

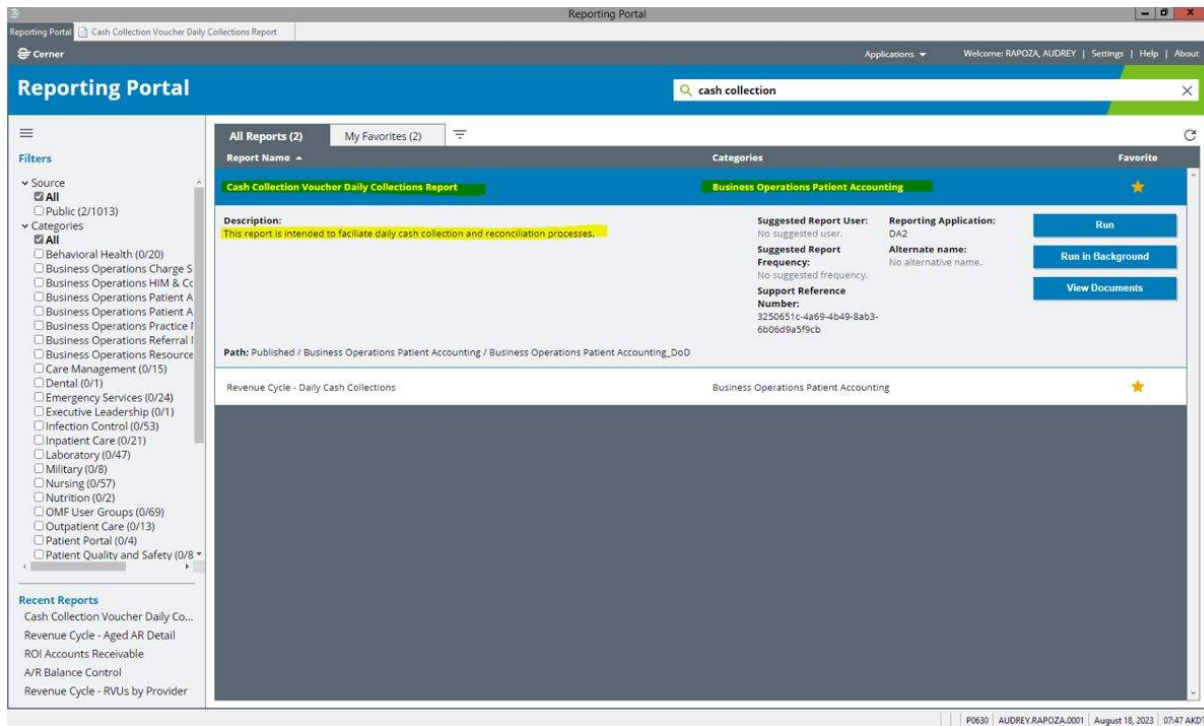
Preparing the DD Form 1131 using ABACUS



MTFs create claims utilizing the Electronic Health Record. If the claim was created in AHLTA/CHCS, then you will use ABACUS to post payments to the *Accounts Receivable* and generate the DD Form 1131 to initiate the deposit of funds. Navigate to the *Cash Collection Voucher* table to create the DD Form 1131 and associate the claims with payments posted to deposit funds.

Step 3

Preparing the DD Form 1131 using the Electronic Health Record, MHS Genesis



MTFs create claims utilizing the Electronic Health Record. If the claim was created in MHS Genesis, then you will use *Revenue Cycle* to post payments to the Accounts Receivable and use the Discern Report titled *Cash Collection Voucher Daily Collections Report* to initiate a manual DD Form 1131 and deposit funds.

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

Payments are posted to the *Accounts Receivable* using the Electronic Health Record, before deposit of funds can be made.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which financial term represents payments made by patients or insurance companies for medical services rendered, and they are a critical source of revenue for the healthcare organization.

-
- ☐ Revenue Cycle
 - ☐ Line of Accounting
 - ☐ Accounts Receivable
 - ☐ Deposit Funds

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

The MSA Officer uses a _____ to transfer monies received to the local supporting accounting and finance office or local banking institution and to document deposits in the accounting records.

-
- ☐ DD Form 1131, *Cash Collection Voucher (CCV)*

- ☐ SF 215, *Deposit Ticket*
- ☐ Both choices are correct
- ☐ No choice is correct

SUBMIT

CONTINUE

Next, let's discuss how to determine rates.

Introduction

MTFs and clinics throughout the Defense Health Agency (DHA) provide a variety of core medical services to their patients. These services include, but are not limited to, diagnostic tests, treatments, and surgeries. When it comes to billing for these services, there are several important concepts to understand, including *appropriation*, *reimbursement*, and *rates*.



Appropriation refers to the process of *setting aside funds* for a specific purpose, such as providing medical services in a hospital or clinic. In the context of medical billing, appropriation means that a certain amount of money has been allocated to cover the cost of delivering medical services to patients.

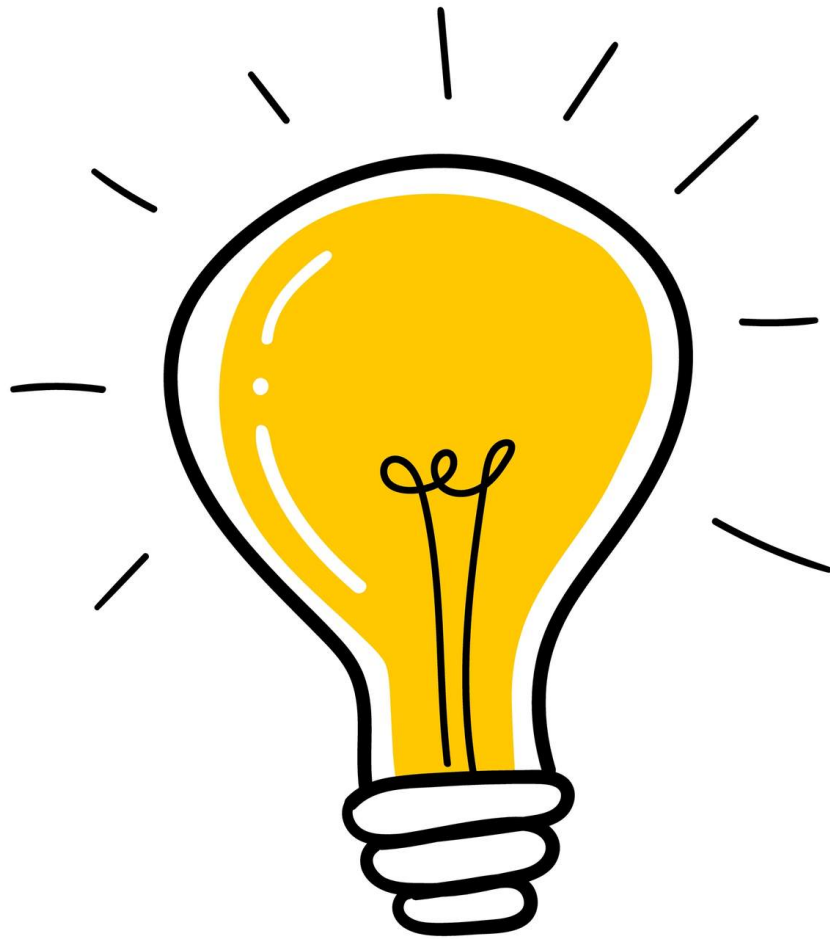
Reimbursement refers to the *actual payment* that medical facilities receive for the services they provide. Reimbursement can come from a variety of sources, including insurance companies, federal programs such as DoD Joint-Venture Veteran Affairs (VA) agreements, Public Health (PH), U.S. Coast Guard (USCG), and individual “pay” patients.

To determine how much reimbursement a medical facility will receive for a particular service, various factors are considered, including the cost of providing the service, and the geographic

location of the facility. Rates are established based on these factors, with different rates for different services.

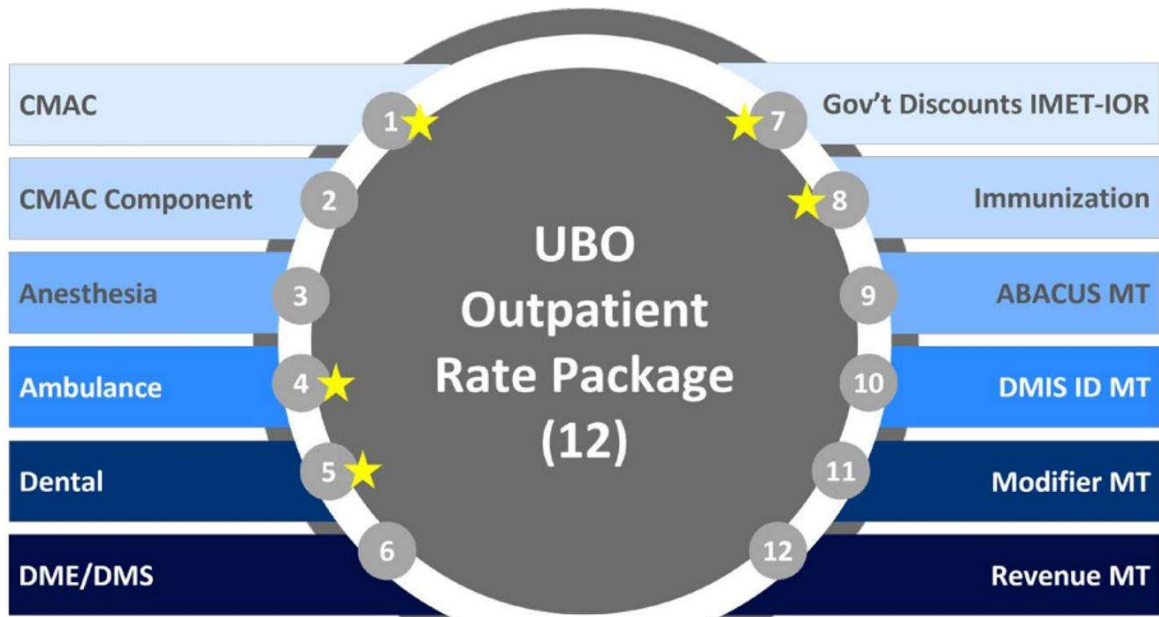
Rate Determination

It is worth noting that reimbursement rates can vary depending on the type of insurance that a patient has. For example, insurance companies negotiate different reimbursement rates with patients that have TRICARE insurance so that they can be a “Network Provider” and service members that have TRICARE insurance coverage. Similarly, patients with different types of TRICARE insurance may be responsible for different portions of the cost of their care.



Remember!

Appropriation, reimbursement, and rates are all important concepts to understand when it comes to medical billing for core medical services.



So, how do you determine the rate?



Click through the 10 steps below to learn more about determining the rate.

Step 1

Gather the necessary information.

The screenshot shows the Health.mil website interface. At the top is a dark blue header with the Health.mil logo and tagline "Improving Health and Building Readiness. Anytime, Anywhere — Always." Below the header is a navigation bar with links: "About the MHS", "Military Health Topics", "Training", "News & Gallery", "Reference Center", and "I Want To...". The main content area has a breadcrumb trail: "MHS Home > Military Health Topics > Health Care Administration & Operations > Uniform Business Office > UBO Rates Overview". On the left is a sidebar with "All Topics" and a list of categories including "Health Care Administration & Operations", "Disability Evaluation System", "Health Care Program Evaluation", "Information for Providers", "Military Hospitals and Clinics", "TRICARE Health Plan", "TRICARE Pharmacy Operations", "Quality, Patient Safety & Access Information (for Patients)", and "Quality & Safety of Health Care (for Health Care Professionals)". The main content area is titled "UBO Rates Overview" and contains text explaining that UBO billing rates are based on TRICARE allowable charges and are used to determine charges for outpatient, inpatient, dental, cosmetic surgery, and pharmacy services. It also mentions that UBO rates differ slightly from standard TRICARE rates and are specifically formatted for military billing systems. A "Contact Us" box on the right provides information for questions or comments, including a link to "Send an Email Message" and a phone number "1-703-617-4030".

Collect all the relevant information and documents required to determine the rates for military medical claims. This may include current fee schedules, billing guidelines, contractual agreements, and any other pertinent documents.

Step 2

Understand the billing guidelines and regulations.

MHS Home > Military Health Topics > Health Care Administration & Operations > Uniform Business Office > Policy and Guidance [Need larger text?](#)

Policy and Guidance

Please view the following publications, policies and guidance. If you have questions, please email the [UBO Help Desk](#) or leave a message at 1-703-817-4030. Phone messages will be returned within one business day.

File	Description
Memorandum: Compliance Plan Implementation Policy	This memorandum implements the Defense Health Agency's compliance plan.
Memorandum: Revision of Compliance Audit Requirements	This policy implements recommendations by the Department of Defense Inspector General (DoD IG) and United States Army Audit Agency's report of July 18, 2007, on the Outpatient Third Party Collection Program (D-2007-108).
Annual Review of Compliance Program Effectiveness Checklist	The UBO Compliance Officer will regularly review the implementation and execution of the compliance program elements. This review will be conducted as least annually and will include an assessment of each of the basic elements individually, as well as the overall success of the program. It will help identify any weaknesses in your compliance program and implement appropriate changes. A copy of this review should be provided to the Base Commander and UBO Service Manager.
MAC Claim Post-Submission Review Worksheet	Use this review worksheet to help establish a consistent UBO billing submission framework.
MSA Claim Post-Submission Review Worksheet	Use this review worksheet to help establish a consistent UBO billing submission framework.

[Give Feedback](#)

Familiarize yourself with the billing guidelines and regulations specific to military medical claims. These guidelines may vary depending on the branch of service or the specific program you are working with. Ensure you have a clear understanding of the rules and requirements governing the establishment of rates.

Step 3

Review the fee schedules.

The screenshot displays the Health.mil website interface. The header includes the Health.mil logo with the tagline "Improving Health and Building Readiness. Anytime. Anywhere — Always." and the text "The official website of the Military Health System and Defense Health Agency." Navigation links include "About the MHS", "Defense Health Networks", "Military Health Topics", "News & Gallery", "Reference Center", and "I Want To...". A search icon is also present.

The main content area is titled "MHS UBO Rates" and includes a breadcrumb trail: "MHS Home > Military Health Topics > Health Care Administration & Operations > Uniform Business Office > UBO Rates Overview > MHS UBO Rates". A link "Need larger text?" is available.

On the left, a sidebar lists "All Topics" with expandable sections: "Warfighter Brain Health Hub", "MHS Mental Health Hub", "Health Care Administration & Operations", "Disability Evaluation System", "Health Care Program Evaluation", "Information for Providers", "Military Hospitals and Clinics", "TRICARE Health Plan", "TRICARE Pharmacy Operations", "Quality, Patient Safety & Access Information (for Patients)", "Quality & Safety of Health Care (for Health Care Professionals)", and "Uniform Business Office".

The main content area lists four categories of rates, each with a "Select Download:" section and a "Download" button:

- Ambulance Rates**: Select Download: Select a File to Download [v] Download
- Anesthesia Rates**: Select Download: Select a File to Download [v] Download
- CMAC Rates**: These files contain all localities and are compressed in a .zip file format. Please download the entire file before attempting to open. Select Download: Select a File to Download [v] Download
- CMAC Locality DMIS ID Mapping Tables**: CMAC Rates are adjusted for the locality of the providing military treatment facility. The following tables provide the key to determining which CMAC locality is appropriate for each MTF. Select Download: Select a File to Download [v] Download

Examine the fee schedules provided by the appropriate authority. Fee schedules outline the approved rates for various medical procedures and services. Identify the specific codes and descriptions for the services you need to determine rates for.

The health.mil rates are located [here](#).

Step 4

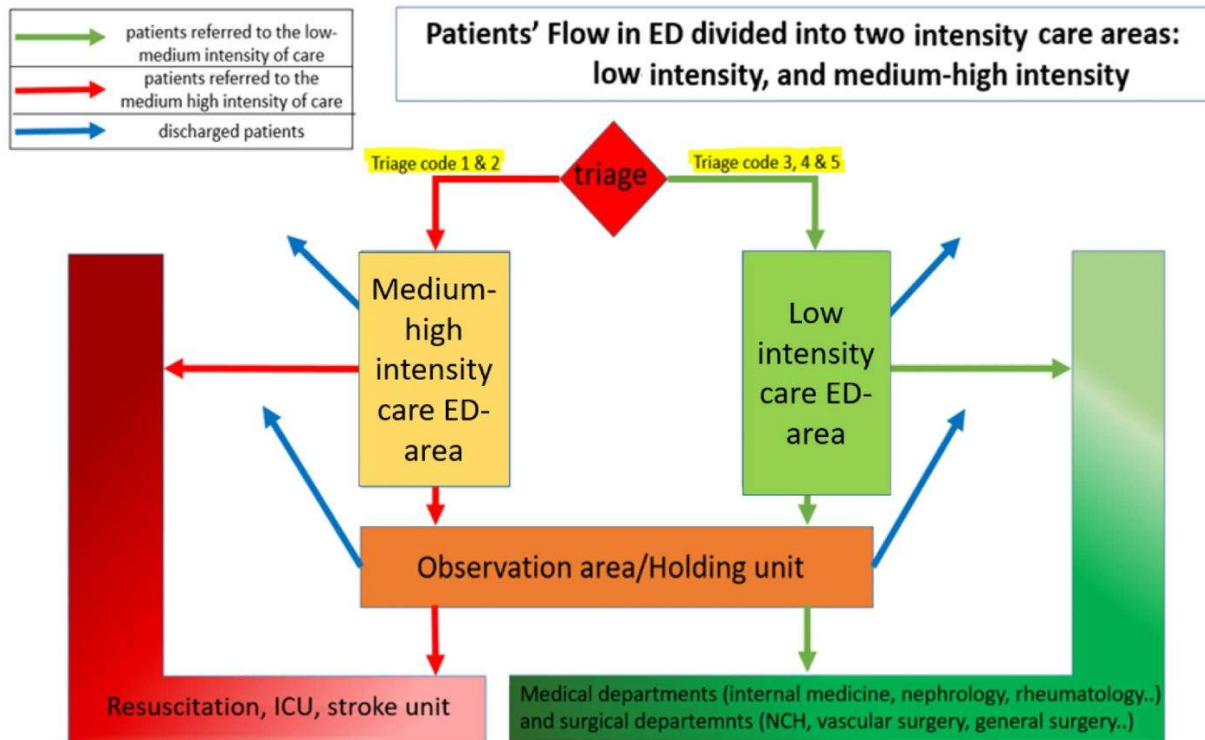
Consider regional factors.



Consider any regional factors that may influence the rates. Different geographic locations may have varying costs of living or healthcare expenses. Adjust the rates based on the regional factors if necessary.

Step 5

Evaluate the complexity of the service.



Assess the complexity and intensity of the medical service being provided. Some procedures or services may require additional resources, expertise, or time, which could affect the rate. Consider the level of effort required and make appropriate adjustments.

Step 6

Review any contractual agreements.

https://info.health.mil/ncs/readiness/fbca/SitePages/Home.aspx

This page contains dynamic content -- Highest Possible Classification is UNCLASSIFIED/FOUO OFFICIAL USE ONLY

Print Sites ? FOLLOW

Coalition and Non-Beneficiary Health Care Programs

Contact Us

Reciprocal Health Care Agreements

The United States enters into agreements with other countries to provide Health Care for active duty personnel and their dependents on a reciprocal basis. Electronic copies of those agreements are found on this page.

Country	Expiration	Status
All - DoD Dental Care for Dependents of FFM's Reference Guide - 07Oct2020	10/6/2021	Current
All - DoD Dental Care for FFM's Reference Guide - 07Oct2020	10/6/2021	Current
All - DoD Medical Care for Dependents of FFM's Reference Guide - 07Oct2020	10/6/2021	Current
All - DoD Medical Care for FFM's Reference Guide - 07Oct2020	10/6/2021	Current
Bolivia	5/27/2023	Current
Canada	7/16/2023	Current
Chile	11/3/2024	Current
Dominican Republic	6/28/2023	Current
Ecuador	10/4/2023	Current
El Salvador	5/16/2023	Current
France	6/19/2022	Current
Georgia	2/18/2023	Current
Germany	4/6/2022	Current
Guatemala	5/1/2024	Current
Hungary	7/29/2023	Current
Mexico	5/1/2023	Current
Morocco	8/1/2024	Current
Paraguay	9/20/2023	Current
Peru	8/31/2023	Current
Romania	2/28/2026	Current
Tunisia	4/1/2024	Current
United Kingdom	10/31/2024	Current
Uruguay	12/31/2023	Current

References

- NATO Member Countries
- Euro-Atlantic Partnership Council (EAPC) Member Countries
- References Relating to Health Care for Foreign Force Members

If there are any contractual agreements in place between the military medical facility and third-party providers, review the terms and conditions. Ensure that the rates determined align with the agreed-upon terms.

Step 7

Consult with subject matter experts.



If you are uncertain about certain procedures or services, consult with subject matter experts such as medical coders, billing specialists, or other experienced professionals. They can provide valuable insights and guidance to help you determine accurate rates. You can start your search [here](#).

Step 8

Document the determined rates.

The screenshot shows a web browser displaying the URL `info.health.mil/bus/brm/ubo/SitePages/MHSUBORates.aspx`. The page features a SharePoint header with a navigation bar and a search box. The main content area is titled "DHA Uniform Business Office" and "MHS UBO Rates". A left-hand navigation menu lists various sections, including "Site Nav", "Cost Accounting Division", "DHA Uniform Business Office Roster", "Systems Overview", "Billing Overview", and "Rates Overview". The "Rates Overview" section is currently selected, showing a list of "Ambulance Rates" for the years 2015 through 2023. A "Contact Us" sidebar is visible on the right, providing contact information for the UBO Help Desk.

info.health.mil/bus/brm/ubo/SitePages/MHSUBORates.aspx

This page contains dynamic content -- Highest Possible Classification is Controlled Unclassified Information (CUI)

SharePoint Sites

BROWSE PAGE

DHA Uniform Business Office

DHA HEALTH.MIL TRICARE DHHQ

Search...

Health Affairs DHA Chief of Staff Resources & Personnel Integration (J-1/8) Health Care Administration Support/CAE (J-4/6) Services Accessibility Get Connected! f t in

Toggle Left Side Menu

Site Nav

Cost Accounting Division

----- UBO Home -----

About Us

DHA Uniform Business Office Roster

----- UBO Core Functions -----

Systems Overview

ABACUS

Billing Overview

Health Plan and Policy

Billing Guidelines

Third Party Collection

Medical Services Account

Rates Overview

MHS UBO Rates

Patient Categories

DHA Uniform Business Office

MHS UBO Rates

MHS rates are used to determine charges for medical and dental services, including:

Ambulance Rates

UBO 2015 Ambulance Rates

UBO 2016 Ambulance Rates

UBO 2017 Ambulance Rates

UBO 2018 Ambulance Rates

UBO 2019 Ambulance Rates

UBO 2020 Ambulance Rates

UBO 2021 Ambulance Rates

UBO 2023 Ambulance Rates

Contact Us

For questions or comments, please contact the UBO Help Desk:

- Send an Email Message
- Call 1-703-817-4030 and leave a message

Once you have completed the evaluation and calculations, document the determined rates for each specific medical procedure or service. Ensure the documentation is clear, accurate, and compliant with the established guidelines and regulations. You can start your search [here](#).

Step 9

Update the billing system or software.



If you are using a billing system or software, update the rates accordingly.

NOTE: Ensure the system accurately reflects the determined rates to facilitate proper billing and claims processing.

Step 10

Communicate the rates.



Inform the appropriate stakeholders, such as healthcare providers, billing staff, and insurance companies, about the newly established rates.

Effective communication will help ensure a smooth transition and minimize any potential disputes or confusion!

Summary

After reviewing the 10 steps, you may continue to the knowledge check below.

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

In the context of medical billing, appropriation means:

- ☐ Different rates for different services.
- ☐ The process of setting aside funds for a specific purpose.
- ☐ A certain amount of money has been allocated to cover the cost of delivering medical services to patients.
- ☐ Improper use of funds.

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Reimbursement rates can vary depending on the type of insurance that a patient has.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Reimbursement can come from a variety of sources, including insurance companies, federal programs such as DoD Joint-Venture Veteran Affairs Agreements (VA), Public Health (PH), U.S. Coast Guard (USCG), and individual “pay” patients.

☐ True

☐ False

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

Different geographic locations may have varying _____ of living or healthcare expenses.

Type your answer here

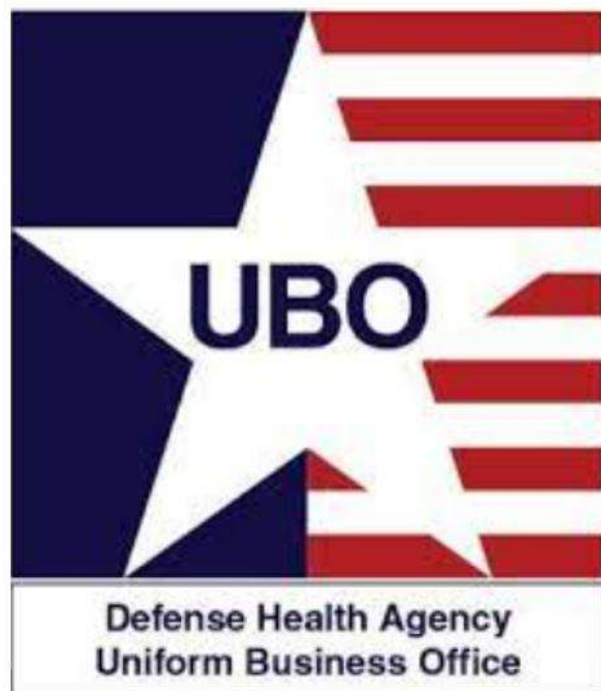
SUBMIT

CONTINUE

Let's now discuss foreign government and overseas pay patients.

As we already know at this point...

the mission of the UBO is to optimize allowable health care cost recovery within compliance guidelines in support of the operational and readiness mission of the MHS. The UBO supports the TRICARE managed care programs by providing tools and policies to enhance and improve the effectiveness of the financial and collection operations. Additionally, the UBO supports managing and expediting collections from pay patients and third-party insurers.

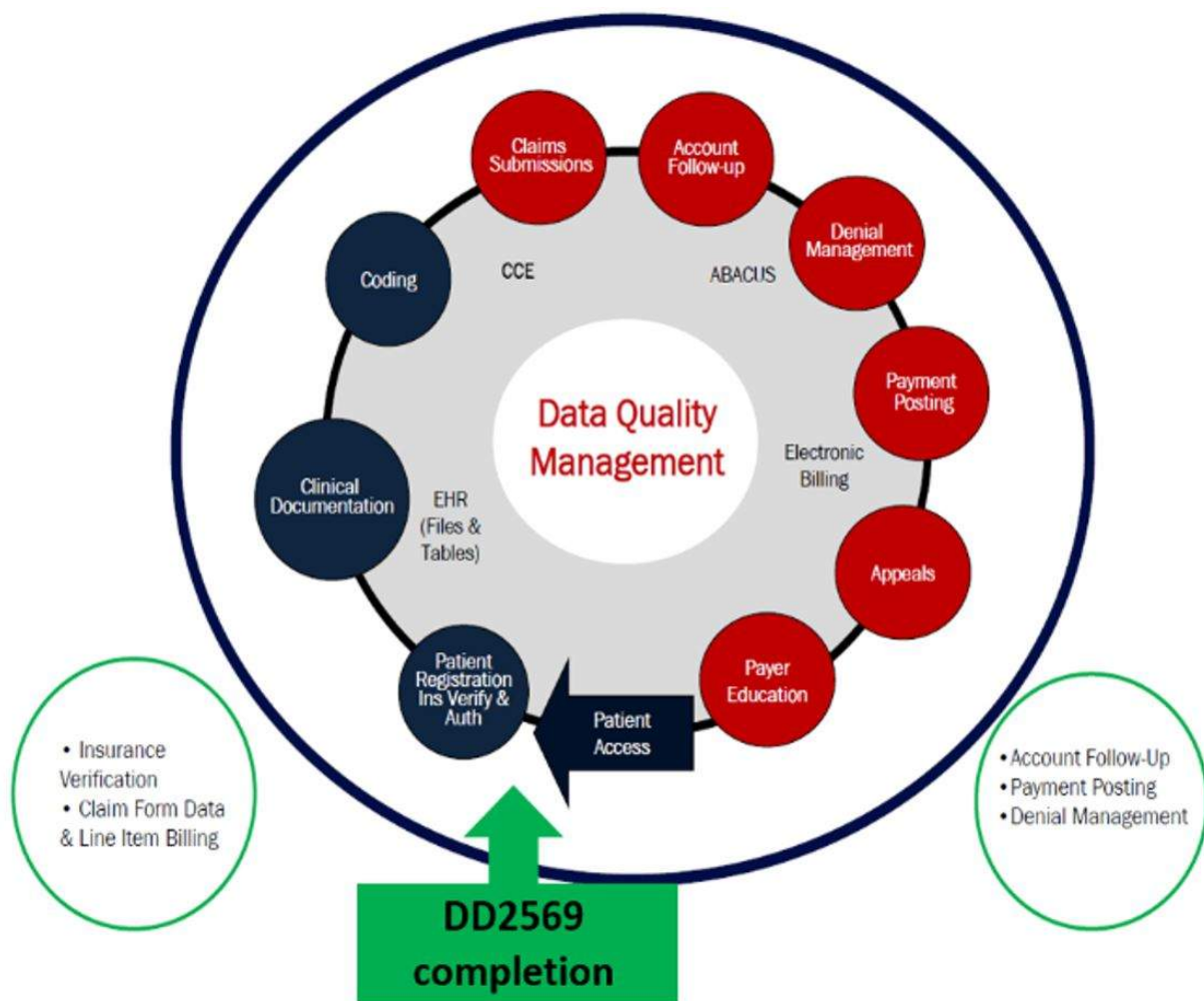


Foreign Government Pay Patients

The MHS is complex, with many different stakeholders involved in the provision and payment of medical services. MTFs are an important part of this system providing care to a wide range of service members, including foreign government forces. In order to maintain their financial viability and continue to provide quality care to their patients, it is important for MTFs to bill foreign government pay patients for debt incurred and to show due process before sending a patient's claim to collection.

However, like many other healthcare providers, MTFs sometimes struggle to collect payment for the services they provide.

Shown below is...



Department of Defense INSTRUCTION

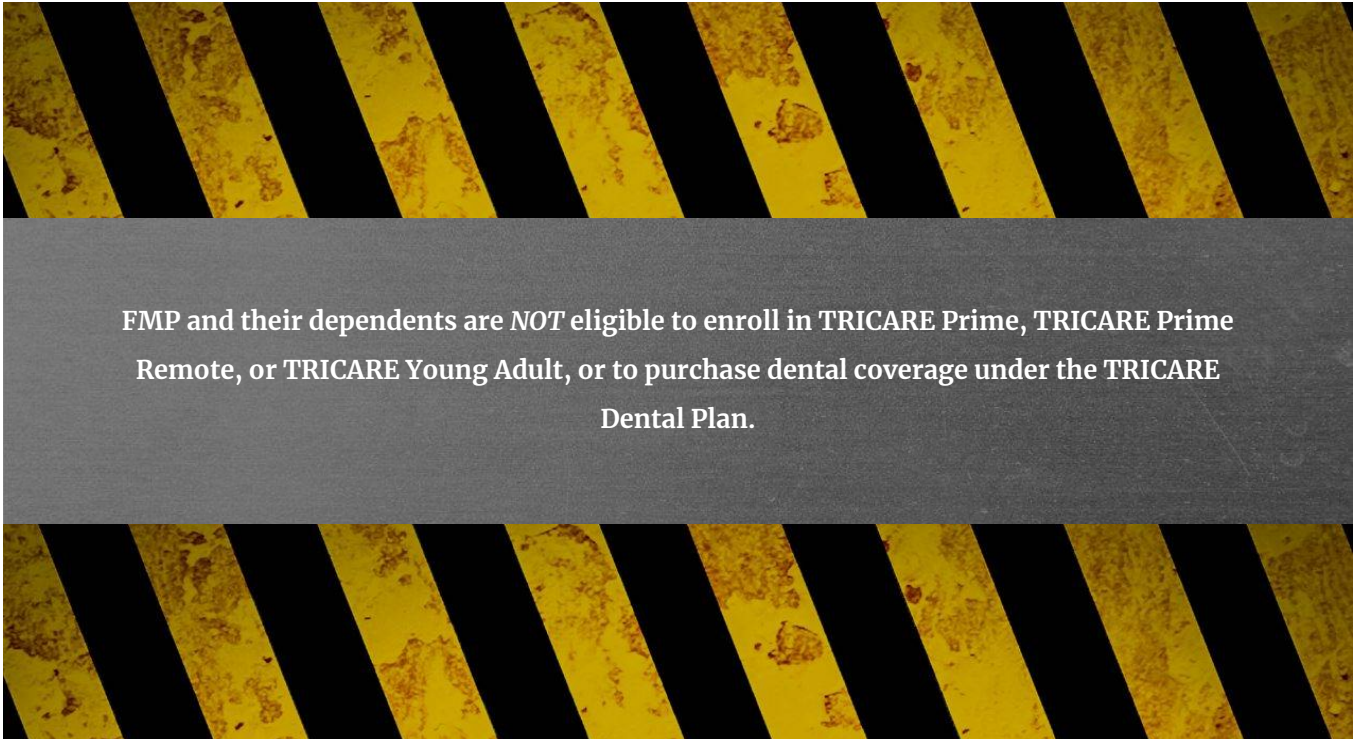
NUMBER 6015.23
February 23, 2015

USD(P&R)

SUBJECT: Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs)

Under certain conditions...

the DoD may provide inpatient (IP) and outpatient (OP) medical and dental care, pharmaceuticals, or durable medical equipment (DME) to *foreign military personnel* (FMP) and their dependents. FMP care may be reimbursable or at no-cost, depending on the conditions described in Department of Defense Instruction (DoDI) 6015.23, *Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs)*.



FMP and their dependents are *NOT* eligible to enroll in TRICARE Prime, TRICARE Prime Remote, or TRICARE Young Adult, or to purchase dental coverage under the TRICARE Dental Plan.

Due to the reasons above...

UBOs must be established and maintained in order to perform health care cost recovery under the Third Party Collections (TPC) Program, Medical Affirmative Claims (MAC) Program, and Medical Services Account (MSA) Program. The United States enters into agreements with other countries to provide health care for active-duty personnel and their dependents on a reciprocal basis.



***For reference, attached below is DoDI
6015.23***



6015.23.pdf
149.6 KB



Overseas Pay Patients

Medical Service Accounts (MSA) is comprised of the cycle of billing and the collections of funds for medical services received at an MTF. MSAs prepare and complete a financial

record of transactions, which include collections, accounts receivable, and deposits. Pay patients fall into the MSA Line of Business (LOB).

Examples of pay patient beneficiary categories are:

- 1 DoD beneficiaries and other government agencies (with and/or without insurance)
- 2 DoD civilians, contractors, and DoD dependent school employees
- 3 Nonappropriated Fund (NAF), Army Air Force Exchange Service (AAFES) employees
- 4 Secretarial designees
- 5 Civilian emergency and other non DoD beneficiary

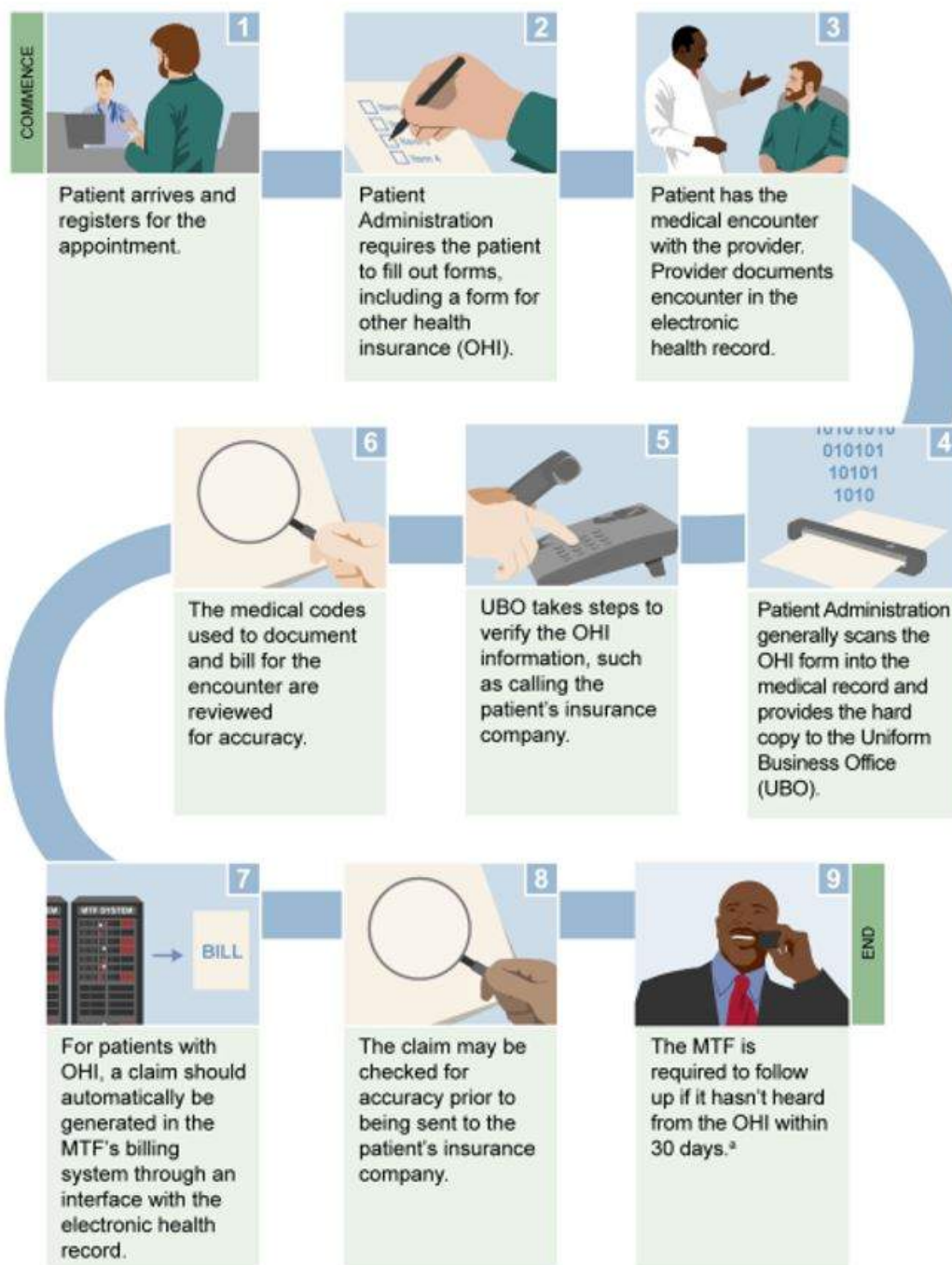
One reason why billing overseas pay patients for debt incurred at the MTF is to ensure the facility can cover its expenses and continue to provide care to its patients.

MTFs, like other healthcare providers, have overhead costs which must be covered in order to keep the facility running smoothly. When patients do not pay their bills, it can put a strain on the facility's finances and make it more difficult to deliver the services that patients need. By billing pay patients for debt incurred, MTFs can help to ensure

that they are able to cover their costs and provide quality, ready, and reliable care to their patients.



***Below is a visual representation of the
overseas pay patient process.***



Foreign Government Pay Patients and Overseas Pay Patients

Medical bills for foreign government pay patients and overseas pay patients are solely dependent on the patient. However, as a courtesy, the UBO department may file a claim

with their insurance company to offset the total balance if the patient has other health insurance (OHI).

Filling out a DD Form 2569, *Third Party Collection Program/Medical Services Account/Other Health Insurance*, the UBO is able to proceed with the claim through the most current insurance carrier on record. Any unpaid balances are forwarded to the policy holder, or pay patient on file. Invoices are mailed to the pay patients address on file, to show “due process.”

The initial invoice is mailed within 1-7 days of the accounts receivable (AR) or debt creation. After 30 days, another invoice reminder is sent, at which time between 60-90 days a final notice invoice is sent to the patient letting them know that the debt will be transferred to the United States Treasury office for collection.



CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Which of the following is *not* an example of a pay patient beneficiary category?

- ☐ DoD beneficiaries and other government agencies (with and/or without insurance)
- ☐ Active Duty Service Members (ADSM)
- ☐ Nonappropriated Fund (NAF) employees
- ☐ Army Air Force Exchange Service (AAFES) employees

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Medical bills for foreign government pay patients and overseas pay patients are solely dependent on the patient.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

FMP and their dependents are eligible to enroll in TRICARE Prime, TRICARE Prime Remote, or TRICARE Young Adult, or to purchase dental coverage under the TRICARE Dental Plan.

☐

True

☐

False

SUBMIT

END OF LESSON

Lesson 7: Medical Affirmative Claims (MAC)

After completing this lesson, the student will be able to identify medical affirmative claims, in accordance with (IAW) prescribed guidance and publications.



Medical Affirmative Claims (MAC)

The MAC program was created by DoD policy as one of three health care cost recovery responsibilities assigned to a military treatment facility (MTF) uniform business office (UBO). The jurisdiction of the MAC program is world-wide for all DoD beneficiaries when they are injured by a non-federal source and treated in an MHS or TRICARE facility-specifically. This applies to all 4AOs who work with active-duty personnel, retirees, and their dependents, so it is up to you to understand basic concepts of the MAC program and the importance of quarterly reconciliation for MAC cases.

The funds generated by MAC cases are later available as part of the MTFs fiscal year budget.



The more money collected...

the more your clinic, hospital, or Medical Center has for renovation projects, updated medical equipment, computers, etc. Basically, anything that improves or enhances healthcare.



These actions create the foundation of a successful MAC program and provide the building blocks for execution of the MAC quarterly reconciliation process:

- Train clinical staff on how to identify beneficiaries who have been injured or made ill by a third-party liability.
- Collect the injury/illness data and review it for accuracy.
- Provide remedial training to clinical staff so that they can continuously improve their ability to identify potential MAC cases.

MAC Collection Forms/Tort Liability

The UBOs' function have always been separate and distinct from those of the Judge Advocate General (JAG) whether the JAG is in a garrison office down the street or down the hall from the UBO. The JAG mission is to assert claims against whomever caused the injury, the tortfeasors' insurer, or third-party payers such as auto insurance and workman's compensation.



NOTE: *Tort* is a wrongful act or an infringement of a right leading to civil legal liability.



UBO vs. JAG

One way to look at the distinction between UBOs and JAGs is that the JAG performs a legal function that could conceivably involve the U.S. Attorney's Office, or the Department of Justice, should circumstances require civil action to recover funds.

Here are some examples:

- An Airman, retiree, or family member injured by another person's personally owned vehicle is asserted under the MAC program.

- Likewise, a premises liability case would depend on the status of the building where the injury occurred.
- An Airman injured by a fallen paperweight on their big toe, would generally not be asserted.

MAC Quarterly Reconciliation Process

The quarterly reconciliation process for MAC cases combines efforts that consists of workload produced by the MTF clinic who use the following (*click each box*):

☐

MAC enhancement applications to assist in identifying patients with injuries (MHS Genesis and CHCS/AHLTA).

☐

Medical coders who ensure accuracy of coding and verify the encounter is within coding compliance guidelines.

☐

Patient Administration (PAD) who provides copies of medical records when needed.

☐

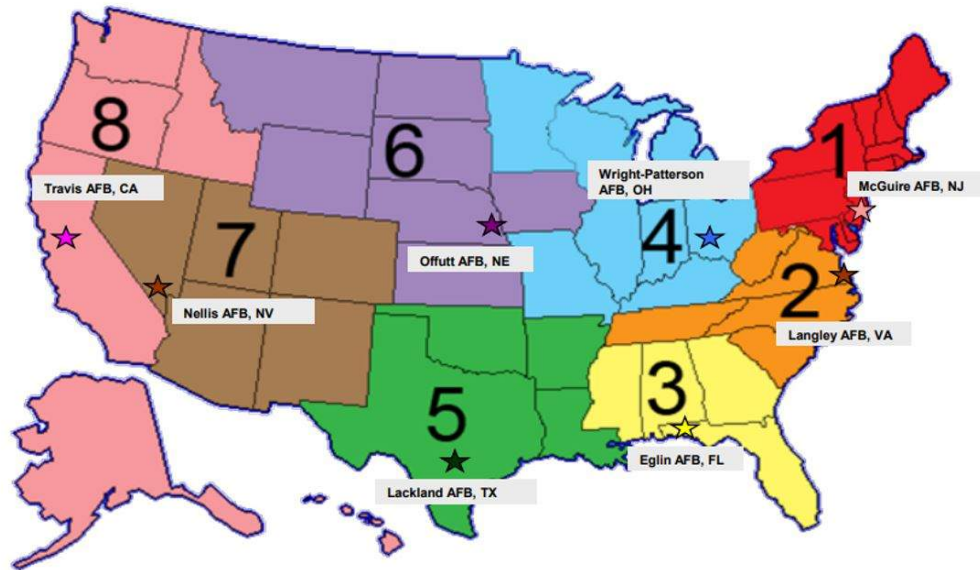
MAC billers who review the injured party's medical record and generate applicable bills.

☐

JAGs who assert, pursue, and settle claims.

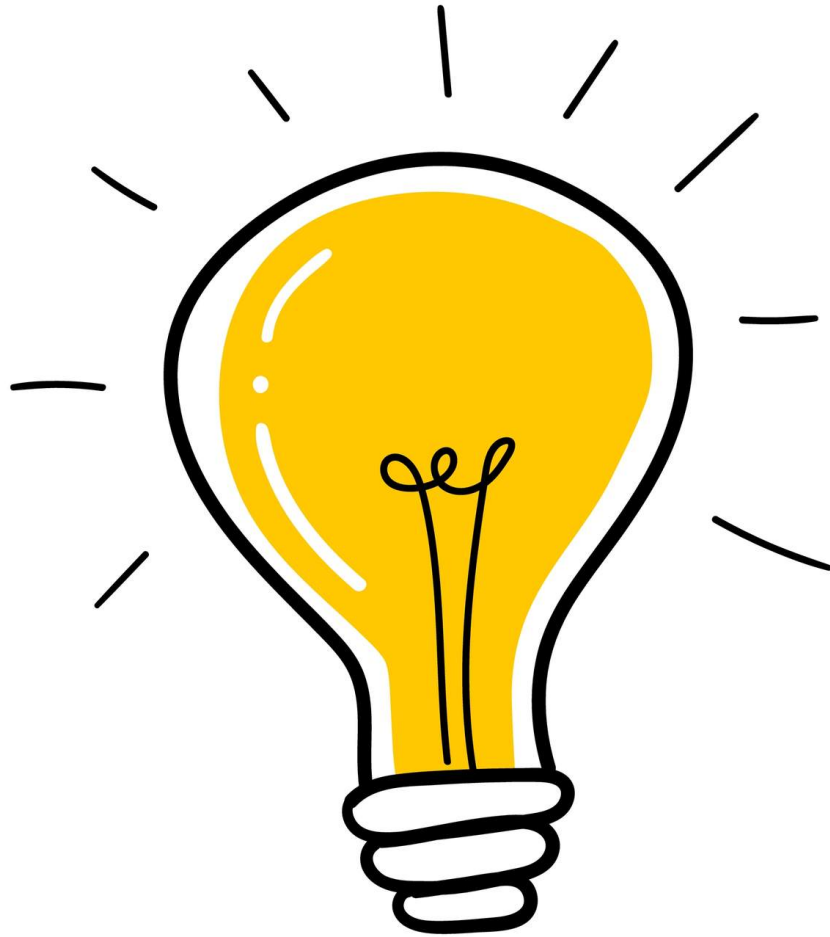
Work with your respective Medical Cost Reimbursement Program (MCRP) regional manager to reconcile the open and close MAC cases at your facility on a quarterly basis.

Medical Cost Reimbursement Program (MCRP) Regions



Did you know?

IAW Defense Health Agency (DHA) 6015.01, Air Force Manual (AFMAN) 41-120, DHA UBO user guide, and the Federal Medical Care Recovery Act, the MAC clerk, MCRP, and the MTF commander will perform a quarterly MAC reconciliation.



NOTE: To reconcile MAC collections, the MAC clerk must meet with the Recovery Judge Advocate at least *monthly* to reconcile open and closed MAC cases and reconcile monthly and yearly amounts collected.

The MTF UBO is responsible for preparing and providing accurate bills and supporting medical records to the JAG. The assertion and settlement of MACs are a JAG responsibility.



Judge Advocate General (JAG)

Legal office personnel who handle claims in MTFs are not functioning as UBO personnel simply by virtue of performing their duties in a hospital. They are performing a legal function under JAG supervision and must be viewed outside of the UBO mission. Therefore, the UBO will open MAC cases and create MAC claims, but the JAG will adjudicate claims to close cases and receive payment/reimbursement.



Click each flashcard below to learn more about how the MAC quarterly reconciliation process can assist.

To assist with payment posting for MAC claims, the quarterly reconciliation process helps to identify cases that:

- **Are ongoing without payment and need to be closed/written off**
- **Are ongoing with payment**
- **Have been paid and for how much**

Since MAC claims can be generated in a facility for care rendered to a member stationed at another base, it can be difficult to track the open accounts receivable, so the

- Disposition of claims
- Deposits of funds to the MTFs account
- Timely reporting of information about potential or ongoing affirmative claims

For more MAC information, the website shown below is located [here](#).

All Topics

+ [Warfighter Brain Health Hub](#)

+ [MHS Mental Health Hub](#)

— [Health Care Administration & Operations](#)

+ [Disability Evaluation System](#)

+ [Health Care Program Evaluation](#)

+ [Information for Providers](#)

+ [Military Hospitals and Clinics](#)

+ [TRICARE Health Plan](#)

+ [TRICARE Pharmacy Operations](#)

Medical Affirmative Claims

The Federal Medical Care Recovery Act (FMCRA) authorizes military treatment facilities (MTFs) to recover the cost of furnishing health care to DoD beneficiaries, including active duty members, who are injured or suffer an illness caused by a third party. Medical Affirmative Claims (MAC) is the military program established to accomplish this purpose. MAC activities involve billing all areas of liability insurance, including:

- Automobile;
- Homeowners and renters;
- General casualty;
- Medical malpractice; and
- Workers' compensation (for persons other than federal employees).

MAC also includes collecting accrued payments for the lost time of Service members who are injured or suffer an illness caused by a third party. MTF billing offices work with their Service-designated Judge Advocate General (JAG) to submit these claims.

The rates used for MAC billing are the same as those included in the [Inpatient Adjusted Standardized Amounts \(ASA\)](#) and [Outpatient](#) rates packages. These rates, however, must be approved by the Office of Management and Budget and be published in the Federal Register before they can be used for MAC purposes.

Funds collected through MAC are used to enhance the health care delivery at the MTF providing the care.

To determine which rate file to use for MAC billing, please refer to the [DHA UBO MAC Billing Claims Quick Reference Guide](#).

CY 2020 Outpatient Rates Approved

On behalf of the DHA UBO Program Office, the CY 2020 Outpatient rates for Medical Affirmative Claims (MAC) billing were approved by the Office of Management and Budget (OMB) and posted in the Federal Register. These rates are available for billing for **dates of service on or after February 23, 2021**. A reference guide and the billing rates are available on the UBO Launchpad site. Feel free to reach out to the UBO Help Desk [via email](#).

Give Feedback

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

The MTF UBO is responsible for preparing and providing accurate bills and supporting medical records to the Judge Advocate General (JAG).



True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

In order to reconcile MAC collections, the MSA officer must meet with the Recovery Judge Advocate at least monthly to reconcile open and closed MAC cases and reconcile monthly and yearly amounts collected.

☐

True

☐

False

SUBMIT

END OF LESSON

Lesson 8: Informatics/Data Quality

After completing this lesson, the student will be able to identify the purpose of informatics/data quality, in accordance with (IAW) prescribed guidance and publications.

What is Data Quality?



Data Quality (DQ)

The DQ program is used by the Medical Health System (MHS) to enforce business rules which guide everyday decision making at the MTF level.

So, what is the function of DQ?

The DQ program allows command teams to make decision based on the collection of several sets of data, such as:

- SMHS-wide optimization programs
- Performance-based management
- TRICARE contracts
- Resource allocation
- Patient safety

Data Quality Assurance Team (DQAT)

The DQ manager at the MTF shares responsibility with other areas. Combined, the team is called the DQAT. The DQAT involves personnel and sections from all over the MTF, especially the Resource Management flight, Medical Information Systems, and the TRICARE Operations and Patient Administration flights.



1a. What percentage of appointments was closed in meeting your "End of Day" processing										
NOTE: THIS TABLE SHOULD ONLY BE USED FOR QUESTIONS 1a, 2a-c, 3c-d, 4c-d, 5a-d, 6a-d, 7a-c, 8a-f, 11a-c										
Air Force		99%	99%	99%	99%	99%	100%	99%		
DQ Question		1a								
MTFs		Oct	Nov	Dec	Jan	Feb	Mar	Apr		
DMIS ID	ACC									
0015	9th MEDICAL GROUP-BEALE	100%	100%	99%	99%	99%	100%	100%		
0010	355th MEDICAL GROUP-DAV MONTHAN	99%	100%	100%	99%	100%	100%	100%		
0093	319th MEDICAL GROUP-G. FORKS	100%	100%	94%	96%	100%	100%	100%		
0084	49th MEDICAL GROUP-HOLLOMAN	100%	100%	100%	100%	100%	100%	100%		
0120	633rd MEDICAL GROUP-LANGLEY	100%	100%	100%	97%	100%	100%	100%		
0050	23rd MED GRP-MOODY	100%	100%	100%	100%	100%	100%	100%		
0053	366th MEDICAL GROUP-MT HOME	100%	99%	100%	100%	100%	100%	100%		
0079	99th MED GRP-NELLIS	100%	100%	100%	100%	100%	100%	100%		
0078	55th MEDICAL GROUP-OFFUTT	99%	100%	98%	100%	96%	98%	98%		
0090	4th MEDICAL GROUP-S JOHNSON	100%	99%	100%	100%	100%	100%	100%		
0101	20th MEDICAL GROUP-SHAW	99%	100%	100%	100%	100%	100%	100%		
0043	325th MEDICAL GROUP-TYNDALL	100%	100%	100%	100%	100%	100%	100%		

Click to zoom.

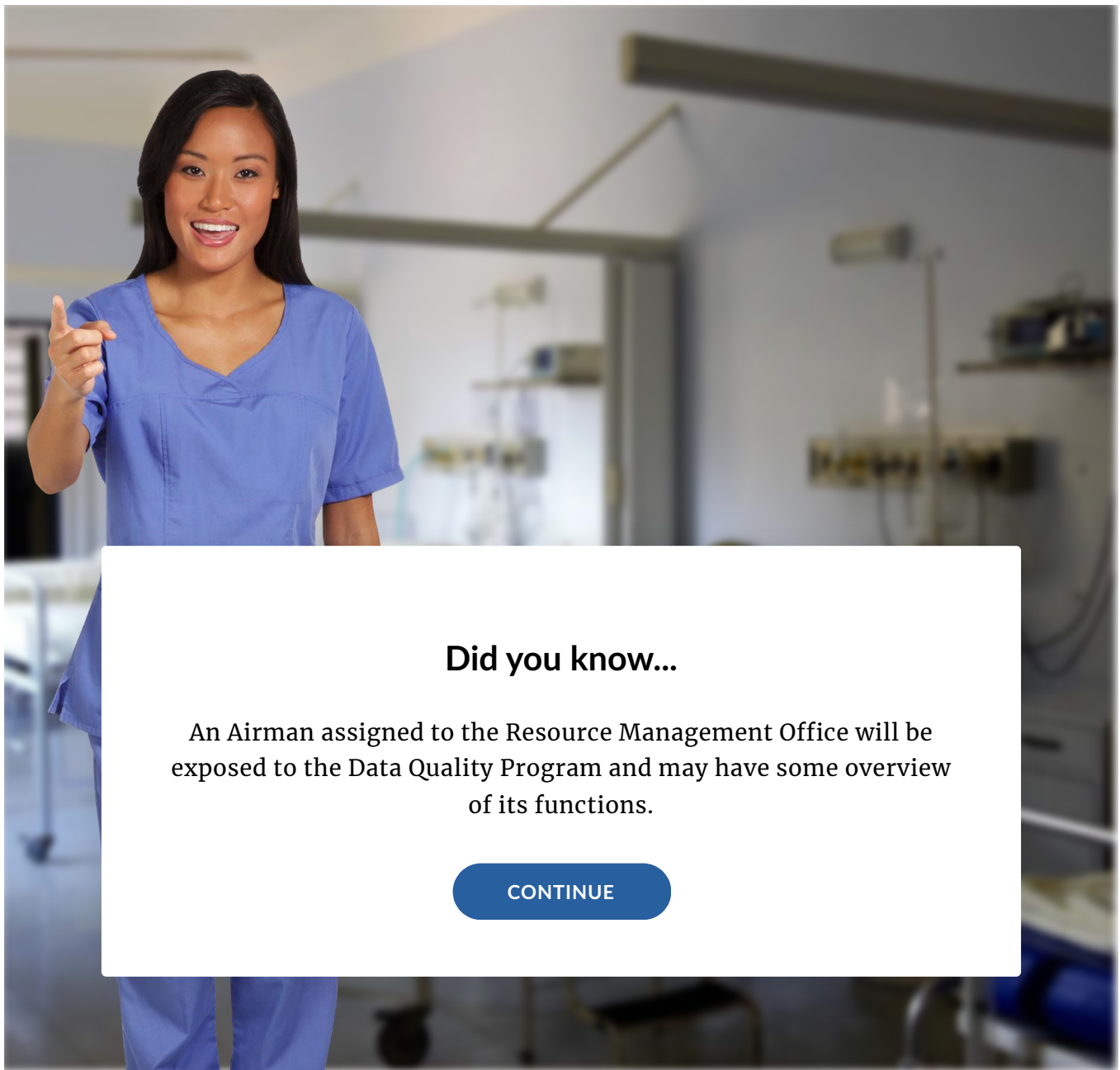
Data Quality Management Control (DQMC)

The DQAT assists the DQ manager with completing the monthly DQMC review list. The DQMC allows the DQAT to review the information, identify any problems, and ultimately formulate solutions.



Scene 1 Slide 1

Continue → Next Slide



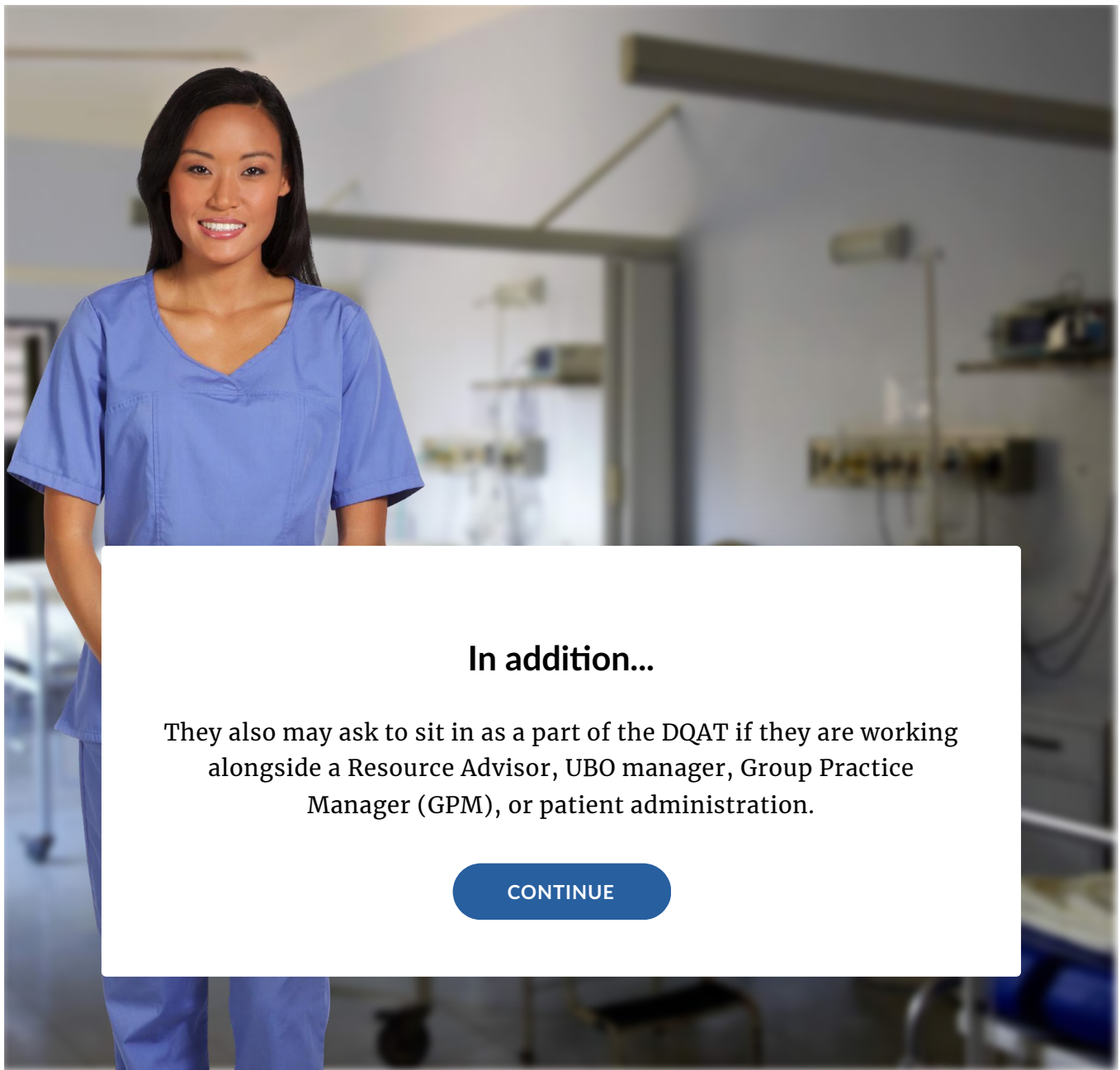
Did you know...

An Airman assigned to the Resource Management Office will be exposed to the Data Quality Program and may have some overview of its functions.

CONTINUE

Scene 1 Slide 2

Continue → Next Slide



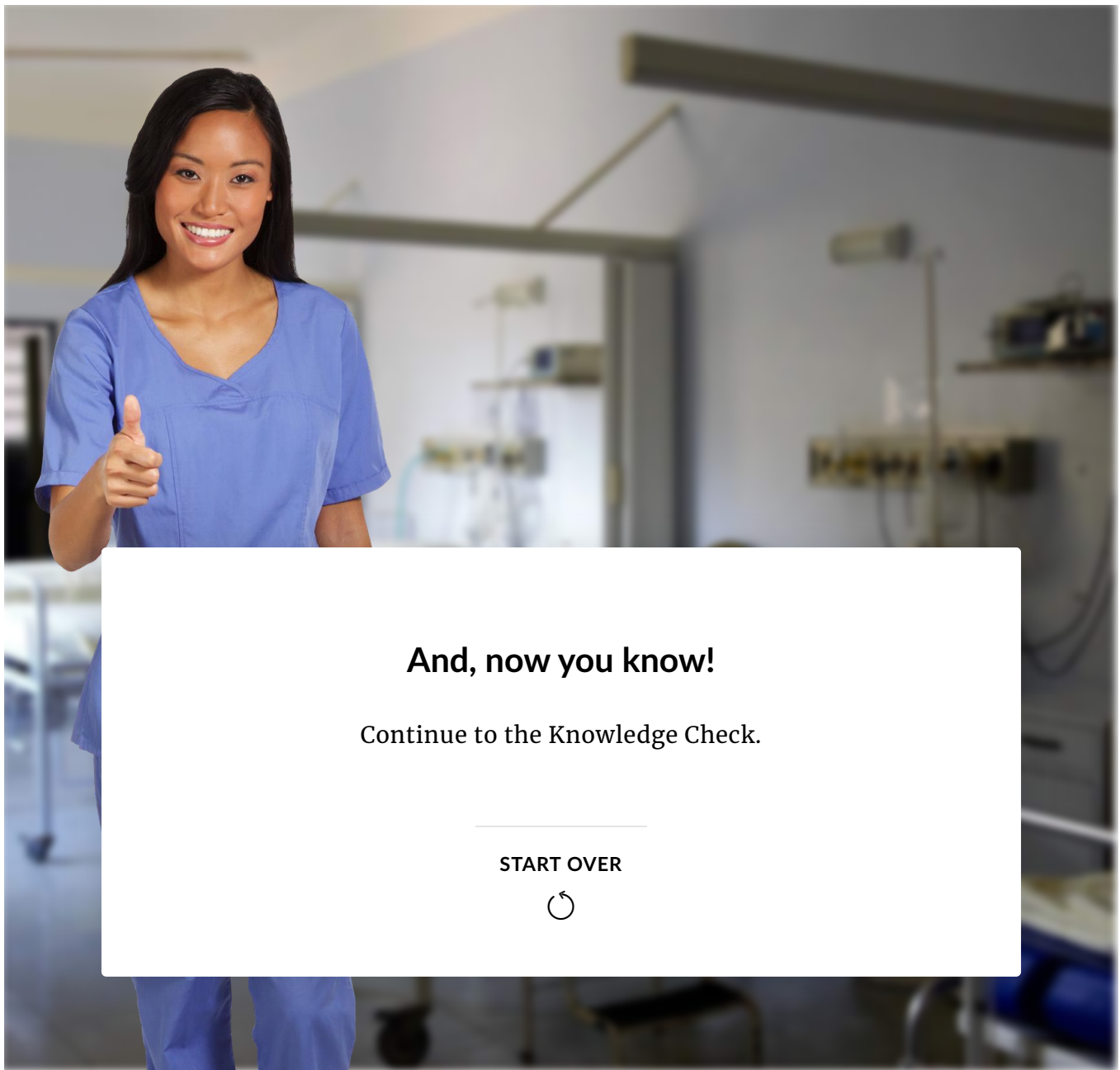
In addition...

They also may ask to sit in as a part of the DQAT if they are working alongside a Resource Advisor, UBO manager, Group Practice Manager (GPM), or patient administration.

CONTINUE

Scene 1 Slide 3

Continue → Next Slide



And, now you know!

Continue to the Knowledge Check.

START OVER



Scene 1 Slide 4

Continue → End of Scenario

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Whose responsibility is to review the MTFs data and will work with the DQ manager on any issues to formulate recommended solutions?

- ☐ The Resource Management Team
- ☐ Data Quality Assurance Team
- ☐ DHA Data Quality Committee
- ☐ The Air Force Medical Readiness Agency

SUBMIT

CONTINUE

As you know from the section above, the DQ manager is responsible for preparing the DQMC review list.

The review list is a monthly task and must be signed by the MTF director no later than the last business day of the reporting month.



DQMC Review List

The list contains a series of questions which is in the CarePoint Information Portal (CIP) under electronic Data Quality (eDQ). There will be general, and some specific questions based on the facility (e.g. inpatient or outpatient). You can see the homepage below and reach the CIP website [here](#).

carepoint.health.mil/SitePages/LandingPage.aspx

This page contains dynamic content -- Highest Possible Classification is CUI

DHA CarePoint information portal Gallery Sites Alerts 6 Support EIDS Service Catalog EIDS MUG Site

Search Sites & Gallery Items

2/23/2024	Maintenance for SQL Farm
2/23/2024	Maintenance Window: Patch Weekend
2/29/2024	MHSPHP Training - 2nd Thurs each month

Relevant Content All Sites Gallery Collections Customize Filters See All Content

DVEIVR Reports

More Info

eSAAR

HIA

eDQ

Favorite

The goal and purpose of eDQ is to provide an automated input mechanism for MTF Data Quality Managers to complete the eDQ Review List, automate the process to pre-populate the Review List, 'carry-over' selected data elements from month to month on the Review List and enable data entry in a web-based application. It will also automate the submission process both to the MTF Commander and DQMC SMEs. eDQ will incorporate numerous validation constraints to increase data input accuracy and will provide automatic e-mail-based notifications throughout the process.

[close]

Metric-based questions will be answered automatically with other systems feeds, or the DQ manager will have to collect the data from other program managers (e.g. Medical Expense and Performance Reporting System (MEPRS) manager, Uniform Business Office (UBO) manager, information systems).

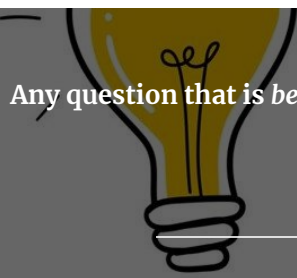
Shown below is an example of the DQMC review list.

DATA QUALITY MANAGEMENT CONTROL REVIEW LIST

FY 2023 Data Quality Management Control Review List

<p><i>Instructions:</i> The Military Treatment Facility (MTF) Data Quality (DQ) Manager and members of the DQ Assurance Team (or other designated structure) will forward the completed Data Quality Management Control (DQMC) Review List to the MTF Executive Committee and Commander for review, coordination and action to meet timelines for completing the Commander's Data Quality (DQ) Statement, to be signed by the Commander of the MTF. Fill in the form with a Yes or No answer, count or percentage, date or other entry as indicated. The completed list provides information for the completion of the monthly Commander's DQ Statement. <u>Bolded items contain data required to complete the Commander's DQ Statement. Explain negative responses with proposed corrective actions in the comment sections.</u> The DQMC Review List is an internal tool to assist in identifying and correcting financial and clinical workload data problems. All items on this checklist will be completed on a monthly basis (data month – 2 months prior) unless otherwise specified or the question does not apply to the MTF in which case the answer is Not Applicable (na). For tracking purposes, the completed forms and accompanying working papers or audit support documents (summary level only and supports answers to the Review List) must be kept on file for <u>five years</u> or as otherwise noted in supporting guidance for the statements in Sections A-E below:</p>	
A. Organizational Factors	
<p><i>Leadership commitment and support are critical to assure the appropriate environment for data quality. Questions A.5 – A.7 are to be completed quarterly and all others in this section to be completed monthly.</i></p>	
POC Name(s) and Phone Number(s)	
<p>A.1. The MTF Commander signed last month's Commander's Data Quality Statement acknowledging responsibility for the quality of data reported from the MTF.</p>	<p>Date signed: _____</p>
<p>A.2. The MTF DQ Manager submitted last month's Commander's Data Quality Statement with the Commander's signature.</p>	<p>Date submitted: _____</p>
<p>A.3. The Data Quality Assurance Team or other designated structure met during the reporting month to complete the DQMC Review List. (Recommend attaching meeting minutes.) Data Month: _____</p>	<p>Date completed: _____</p>
<p>A.4. The DQ Manager briefed prior data month's DQMC Review List, and Financial and Workload Data Reconciliation and Validation results to the MTF Executive Committee.</p>	<p>Date briefed: _____</p>
<p>A.5. Does your MTF have a Coding Compliance Plan. a) Reviewed and approved annually for update? Date: _____ <i>Respond Yes if annual suspense of 1 October was met IAW with the <u>DHA Coding Compliance Plan</u>.</i> b) Reviewed and approved quarterly for compliance? Date: _____ <i>Respond Yes if quarterly review was accomplished (3 months since the previous review)</i> c) Does your coding compliance plan provide a process that ensures providers leaving the facility have completed all medical record documentation prior to their departure? <i>Respond Yes if the MTF's current CCP provides a process.</i></p>	<p>Yes or No a) b) c)</p>
<p>A.6. Does your MTF have a Uniform Business Office (UBO) Compliance Plan. a) Reviewed and approved annually for update? Date: _____ b) Reviewed and approved quarterly for compliance? Date: _____</p>	<p>Yes or No</p>
<p>A.7. Training for Data Quality Manager and Data Quality Assurance Team members a) When did the Data Quality Manager attend a DQMC Training Course in the last three years or DQMC Webinars, at least two in the FY? 1st Date(s) attended: _____ 2nd Date attended: _____ b) When did the new Data Quality Manager attend the New DQ Manager's training? Date attended: _____</p>	





Any question that is *below* the standard, or answered "No," will need an action plan stating the issue, solution, and a get-well date.

Once the review list has been completed, the DQ manager will review the list with the DQAT prior to briefing the executive team and commander. The historical review list and the commander's statement are archived in the eDQ CarePoint Informational Portal.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

When must the MTF's commander submit the commander's Data Quality (DQ) statement?

- ☐ No later than 7 business days of the reporting month
- ☐ No later than 3 business days of the reporting month
- ☐ No later than 10 business days of the reporting month



No later than the last business days of the reporting month

SUBMIT

END OF LESSON

Lesson 9: Medical Expense and Performance Reporting System (MEPRS)

After completing this lesson, the student will be able to utilize medical expense and performance reporting systems (MEPRS), IAW prescribed guidance and publications.

Do you know what it takes to run a Medical Treatment Facility (MTF)?

Let's start with the Medical Expense and Performance Reporting System (MEPRS), an accounting system that utilizes *data* from:



Expenses



Manpower



Workload



Data

The data is pulled from many different sources like Commander's Resource Integration System (CRIS), Defense Medical Human Resource System internet (DMHRSi), and the electronic health record system.

As a MEPRS manager, you will be responsible for the following (click each box):

- ☐ Implementation of the program.
- ☐ Training medical staff on MEPRS and DHMRSi procedures and requirements.
- ☐ Managing data collection, reporting, and analysis.
- ☐ Managing, certifying, and reviewing the Expense Assignment System (EAS).
- ☐ Providing data/cost analysis to the MTF executive committee.
- ☐ Ensuring program reporting is done accurately and timely.

Commanders rely on this data to determine if their facility is running effectively and meeting the Defense Health Agency standards or if process improvements need to be formulated to improve or enhance their productivity.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

What is not a system used within the MEPRS program?

-
- ☐ Commander's Resource Integration System (CRIS)
 - ☐ Defense Medical Human Resource System internet (DMHRSi)
 - ☐ Expense Assignment System (EAS)
 - ☐ Financial Management Information System (FMIS)

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

As a Medical Expense and Performance Reporting System manager, you will be responsible for which of the following?

- ☐ Provide data/cost analysis to the MTF executive committee
- ☐ Manage the Expense Assignment System (EAS)

☐ Implement/oversee the MEPRS program

☐ All of these are correct

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Commanders use MEPRS data to determine if their facility is running effectively and meeting the Defense Health Agency standards.

☐ True

☐ False

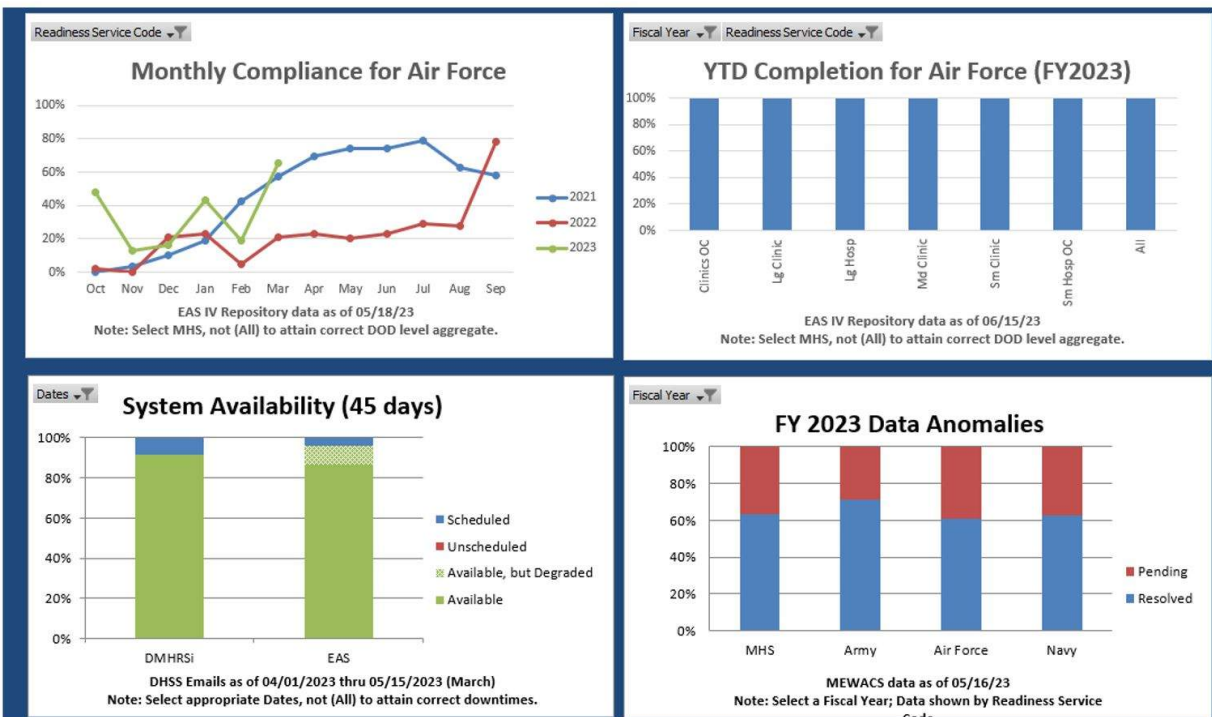
SUBMIT

CONTINUE

Let's now discuss the MEPRS coding structure.

Functional Cost Code

The MEPRS program uses a *four*-digit alphanumeric code-structure called a Functional Cost Code (FCC) to identify the work and cost center. It is broken down as the Functional, Summary, and Sub-accounts. By using this coding system, we can capture workload, expenses, and manpower data.



Click to zoom.

1

The *first-level* FCC uses seven letters ranging from A-G. It distinguishes the different clinical and non-clinical areas that a code will be allocated to.



Click each flipcard to learn more about the different functional account codes.

Functional Account **A**

Inpatient Care . The work center of an inpatient ward. Involves all care, supplies, equipment, nursing personnel and salaries to operate an inpatient ward.

Functional Account **B**

Ambulatory Care (Outpatient Care). A clinic setting where emergencies services or outpatient services are provided to include sub-specialties that does not require hospitalization.

Functional Account **C**

Dental Care. The examination and treatment of eligible patients presenting themselves for routine, emergency, and/or preventive dental care.

Functional Account **D**

Ancillary Services. Services that assist medical personnel in diagnosing and/or treating illnesses and injuries (i.e., intensive care unit (ICU), laboratory, pharmacy, post anesthesia care unit (PACU), radiology, respiratory therapy) in an inpatient or outpatient

11*

Functional Account **E**

Support Services. Services performing the management, administrative, logistical and maintenance functions within the MTF (i.e., command staff, medical logistics, patient administration, resource management office (RMO)).

Functional Account **F**

Special Programs. MTF expenses incurred as the result of performing those portions of the military mission other than direct patient care (i.e., military public health, bioenvironmental engineering).

Functional Account **G**

Medical Readiness. Activities associated with expenses related to medical readiness.

The *second-level FCC* identifies medical divisions called *Summary Accounts*. It is identified by two capital letters.

This distinguishes the type of location in an MTF. An example is shown below.

Summary Account Examples	
AB – Inpatient Surgical Care	DA – Pharmacy Services
BD – Outpatient Pediatric Care	EL – Managed Care
BA – Outpatient Medical Care	FB – Public Health Services
CA – Dental Services	GA – Readiness Planning & Administration

The *third-level* FCC indicates the type of work center. An example is shown below.

Third-Level Sub Account Examples	
ABA – Inpatient General Surgery	DAA – Pharmacy Services
BDA – Outpatient Pediatric Clinic	ELA – Managed Care Administration
BAB – Outpatient Allergy Clinic	FBI – Immunizations
CAA – Dental Care	GAA – Deployment Planning & Administration

The *fourth-level* FCC is used to allow flexibility to the FCC account for accurate accounting and the possible use of clinical hierarchy. The Air Force MEPRS program office gains fiscal year approval for the use of the fourth-level FCC. An example is shown below.

Fourth-Level Sub Account Examples	
ABAA – Inpatient General Surgery	DAAA – Pharmacy Services
BDAA – Outpatient Pediatric Clinic	ELAA – Managed Care Administration
BABA – Outpatient Allergy Clinic	FBIA – Immunizations
CAAA – Dental Care	GAAA – Deployment Planning & Administration


Fourth-Level Sub Account Examples	
ABAA – Inpatient General Surgery	DAAA – Pharmacy Services
BDAA – Outpatient Pediatric Clinic	ELAA – Managed Care Administration
BABA – Outpatient Allergy Clinic	FBIA – Immunizations
CAAA – Dental Care	GAAA – Deployment Planning & Administration

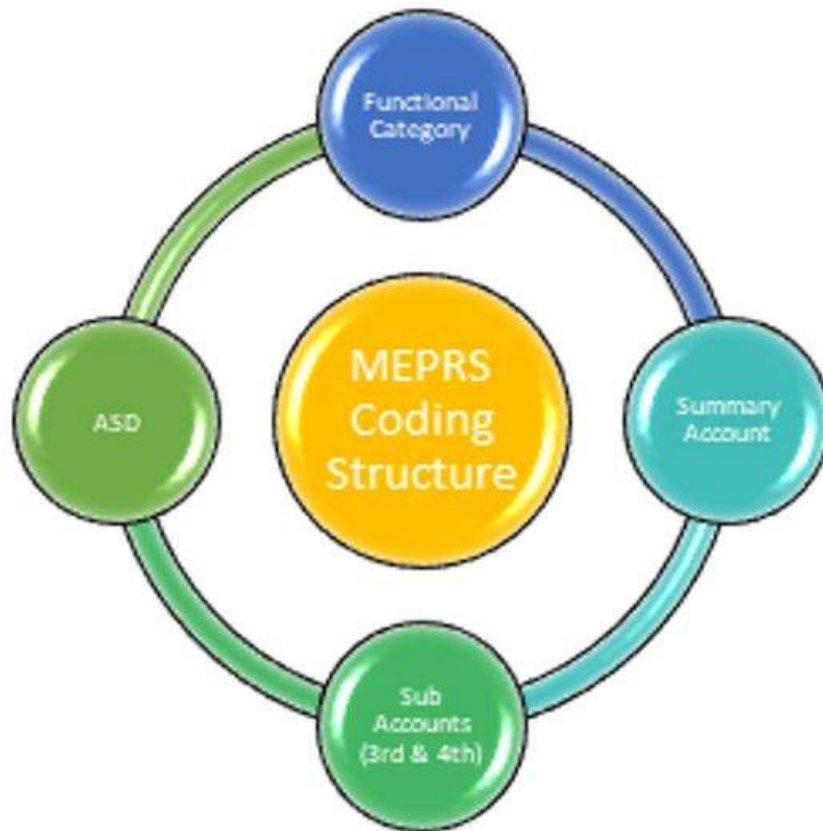
Using the Same Example...

The clinical hierarchy in this case could be if the *BDAA – Outpatient Pediatric Clinic* were to go from one clinic to two or more clinics. In this instance, the FCC would be BDAA as the primary Outpatient Pediatric Clinic and BDAB would be the secondary Outpatient Pediatric Clinic.

Cost pools are created when two or more work centers share resources (ie. physical space, personnel, and/or supplies). The FCC that requires cost pool will have the “X” as the *third-level FCC*. This will ensure accurate operating expenses and allocate their final cost appropriately. An example is shown below.

Clinical hierarchy Cost Pool Example	
Without Cost Pool	With Cost Pool
BDAA – Outpatient Pediatric Care (Primary)	BDXA – Outpatient Pediatric Care (Primary & Secondary)
BDAB – Outpatient Pediatric Care (Secondary)	





Account Subset Definition (ASD)

The ASD is another important component of the expense allocation process. The ASD is a roadmap to identify the FCC and expense accounts used by the MTF during that Fiscal Year (FY). It is located in the Expense Assignment System (EAS).

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

You are reviewing the FCC codes for the MTF, and you are reviewing the FCCs that start with the "C" functional account. What work center does this represent?

- ☐ Pharmacy
- ☐ Post Anesthesia Care Unit (PACU)
- ☐ Dental
- ☐ Radiology

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

The Account Subset Definition (ASD) is a roadmap to identify the Functional Cost Codes and _____ used by the MTF during that Fiscal Year (FY). It is located Expense Assignment System (EAS).

Type your answer here

SUBMIT

Match the correct Functional Account Code to the appropriate definition.

⋮ Medical Readiness	C
⋮ Ambulatory Care (Outpatient Care)	B
⋮ Special Programs	G
⋮ Inpatient Care	F

⋮ Dental Care	A
⋮ Ancillary Services	D
⋮ Support Services	E

SUBMIT

CONTINUE

So far, we discussed why the MEPRS program was created and the creations of FCCs. Now, let's cover how to collect MEPRS data.



Collecting MEPRS Data

This justifies the resources that MTFs use to treat patients. This is completed through collecting labors hours, workload, and financial costs using multiple systems. The MEPRS manager is responsible for collecting all the data needed.

Data Collection Resources

There are a great number of resources to assist in data collection. One source that has been a standard for a MEPRS manager is the Defense Health Agency (DHA) MEPRS Standard Operating Procedure. This tool is updated annually and will walk you through the data collection process.



Defense Health Agency (DHA) Medical Expense and Performance Reporting System (MEPRS)

Standard Operating Procedure



Click each tab below to learn more about data collection.

LABOR HOURS

WORKLOAD

FINANCIAL (DIRECT EXPENSES)

OTHER DATA

Labor hours are collected using Defense Medical Human Resources System internet (DMHRSi); this system is the time card reporting system for the DHA (*example shown below*). Each employee will use specific task codes that have been created under assigned FCCs (work centers).

Personnel typically accounts for 168 hours which equates to one Full Time Equivalent (FTE). Time is based on three types of FTEs:

1. Assigned – Actual number of calendar days a person is assigned to the MTF. This is a percentage of time assigned to a work center on any given month.
2. Available – Actual hours worked in support of the mission, both at the work location and at home.
3. Non-available – Time away from work: leave, quarters, etc.

NOTE: A MEPRS manager goal is to ensure that personnel report accurate labor hours.

LABOR HOURS

WORKLOAD

FINANCIAL (DIRECT
EXPENSES)

OTHER DATA

Workload data will be collected by using the electronic health record system. You may be required to pull data using the legacy system which is called the Composite Health Care System (CHCS) or MHS GENESIS. The goal is to collect workload within designated FCCs.

NOTE: With the transition of the electronic health record system, workload will be process by following the Professional and Institutional reporting guidance.



MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM
(MEPRS)

MEPRS GUIDANCE for
PROFESSIONAL and INSTITUTIONAL
REPORTING

J8 COST ACCOUNTING BRANCH
DEFENSE HEALTH AGENCY

LABOR HOURS

WORKLOAD

FINANCIAL (DIRECT
EXPENSES)

OTHER DATA

Financial data is a combination of supply, equipment, contract, and depreciation costs. These expenses will be collected from MTFs current financial system. The information will be used to integrate your expenses later in Expense Assignment System (EAS IV).



LABOR HOURS

WORKLOAD

FINANCIAL (DIRECT
EXPENSES)

OTHER DATA

You will also collect other data that will be used. The following are examples of data you may collect:

Type of Data	Work centers
Dental Workload	Dental Clinic
Square Footage	Facilities
Medical Material	Medical Logistics
Laundry and Linen	Housekeeping

Let's now discuss a few financial system terms.



Click each tab below to learn more.

Defense Enterprise Accounting and Management System (DEAMS)

This is a financial system utilized by the Air Force military treatment facilities (MTFs).



General Fund Enterprise Business System (GFEBS) —

This system uses common data and business practices across the Army and throughout the Department of Defense (DoD) by using the Standard Financial Information Structure (SFIS) to standardize data.



Commander's Resource Integration System (CRIS) —

This system is a centralized data repository of Air Force financial budget and execution, supply, and personnel and payroll data, populated by government systems.



The collection of data is vital to the MTF staying operational. One of the best things to remember is that using the guides provided will never steer you wrong.



CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

What are the three financial systems that may be used during financial data collection?

- ☐ CRIS, DEAMS, & GFEBS
- ☐ DEAMS, CHCS, MEPRS
- ☐ GFEBS, CRIS, MHS GENESIS
- ☐ DEAMS, CRIS, EAS

SUBMIT

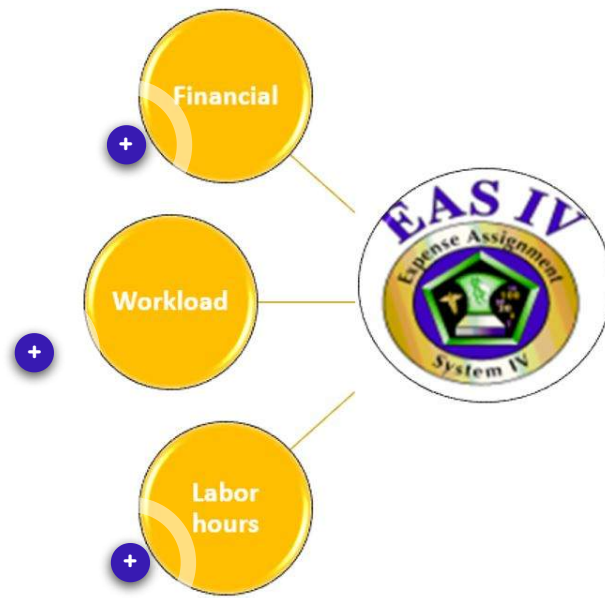
CONTINUE

Now that you know how to collect MEPRS data, your next step will be processing the data in the Expense Assignment System (EAS IV).

An MTF has up to 45 calendar days after each data month to reconcile and allocate the data in EAS IV.



Click each hot spot below to learn more about processing data in EAS IV.





Performing Financial Reconciliation



The Resource Advisor (RA) will play a crucial part. As the MEPRS Manager, you will work with the RA to verify the expenses and correct financial inaccuracies.



Compiling Workload



The next part of the process is to quantify the workload that was accomplished within the work center. As the MEPRS manager, you will work with the Group Practice Manager (GPM) and work center personnel.

It is important that the workload is matched to the clinic that provided the care. This is done by ensuring that the providers are aligned in the correct work center.

Your MTF will use the current electronic health record system.



Validating Labor Hours in Defense Medical Human Resources System - Internet (DMHRSi)

FACT SHEET
DMHRSi
DEFENSE MEDICAL HUMAN RESOURCES SYSTEM - INTERNET

DMHRSi is a powerful human resource management tool designed to deliver time-sensitive data that supports efficient, contingency planning for medical personnel readiness, training, financial Labor Cost Assignment reporting, and other human resource requirements within the Military Health System.

DMHRSi integrates human resource data from multiple sources and allows ready access to manpower, labor cost assignment, education and training, and readiness information across the MHS enterprise; ultimately enhancing world-wide visibility of our most valued asset – people. More than 158 Military Treatment Facilities and 170,000 users worldwide utilize DMHRSi.

Key Features

- ▶ Utilizes easy to use web-based platform
- ▶ Updates data and expands reporting capabilities
- ▶ Provides a combined view of medical assets, including civilian and military personnel, contractors, and volunteers
- ▶ Identify readiness information for medical asset visibility

Key Benefits

- ▶ Supports Army, Navy, Air Force and Defense Health Agency functional requirements
- ▶ Automate time and attendance reporting to streamline reporting Workload
- ▶ Identifies staffing requirements, tracks training records, and work-center costs
- ▶ Improves labor cost reporting

To complete an EAS IV output file, you must complete the following end of month processing steps to ensure your data is clear of errors:

- Timecard Compliance
- DHA Monthly Time Audit Report
- Air Force (AF) Organization Functional Cost Code (FCC) Report
- Assigned Personnel Report

- Distribute Labor Cost
- DHA MEPRS DMHRSi LCA EAS IV RECON Defects Report
- Outpatient/Inpatient Workload
- EAS IV Output File

Prior to entering data in EAS IV, validate all the collected data is correct!



***Another useful resource is the DHA
MEPRS [Program Office SharePoint](#)
(screenshot below). You will find the MEPRS
basic training course and various other tools.***



Health Affairs DHA Chief of Staff Resources & Personnel Integration (J-1/8) Health Care Administration Support/CAE (J-4/6) Services Accessibility

Toggle Left Side Menu

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- MEWACS
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- MEPRS Health Index
- MEPRS Data Completion Dashboard
- Assigned Military Personnel Without Labor Hours
- Consolidated Cost Report (CCR)
- F and G Labor Reporting
- Crazy 8's Dashboard
- GBA & GFA Labor Reporting

TRAINING

TEACHING KNOWLEDGE DEVELOPMENT LEARN EXPERIENCE

DMHRSI Training Event Registration is now Live

[DMHRSI Training Event Site](#)

[DMHRSI Training Registration Form](#)

[DMHRSI Training Agenda](#)

The DMHRSI Training Event is NOT been canceled. The event will take place as scheduled.

MORE

DMHRSI Training Event Site

DMHRSI Training Registration Form

DMHRSI Training Agenda

MEPRS Basic Training Course

DHA MTF Analysts Lookup Tool

MEPRS Performance Dashboard

[CONTINUE](#)

Knowledge Check. Select and submit the best option in response to the question below.

What is the name of the system that must be used to upload the labor hours, workload, and financial data?

☐

Express Assets System

- ☐ Export Assignment System
- ☐ Expense Allocation System
- ☐ Expense Assignment System

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

How many calendar days after each data month does the MEPRS Manager have to reconcile and allocate the data in EAS IV?

- ☐ 15
- ☐ 30
- ☐ 45



60

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

During the financial reconciliation, the MEPRS manager will work with the _____ to verify the expenses and correct financial inaccuracies.

Type your answer here

SUBMIT

CONTINUE

After completing your MEPRS transmission in EAS IV, you are required to pull, at a minimum, the following reports.



Click each flip card below to learn more details about each MEPRS report.

Expense Allocated Report

This report contains net month expense amounts received from providing FCCs to requesting FCCs during allocation.

Mandatory Naming Convention:

Exp Allocated MoYr_DMIS ID

Personnel Allocated Report

This report encompasses the personnel data elements by personnel category, skill type, service occupation, and duty indicator after allocation has occurred

Mandatory Naming Convention:

Pers Allocated MoYr_DMIS ID

Cost Table Report

This report contains total expenses, performance factor workloads (Stat Amount), and cost per performance factor amounts at the FCC level.

Mandatory Naming Convention:

Cost Tbl Rpt MoYr_DMIS ID

Personnel Detailed Report

This report contains monthly personnel accepted data. These are adjusted personnel data.

Mandatory Naming Convention:

Pers Det MoYr_DMIS ID

Financial Pure Data Report

Contains expense and obligation by financial keys as provided by the various financial source systems. These are non-adjusted, non-allocated data.

Mandatory Naming Convention:

Pure Fin MoYr_DMIS ID

Financial Audit Report by Fiscal
Year and Month

This report contains historical
expense and obligation.

Mandatory Naming Convention:

Fin Audit MoYr_DMIS ID

The reports should be retained for 5 years.



CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Which report contains expense and obligation by financial keys as provided by the various financial source systems?

- ☐ Financial Pure Data Report
- ☐ Personnel Detailed Report
- ☐ Expense Allocated Report
- ☐ Cost Table Reports

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which report contains total expenses, performance factor workloads (Stat Amount), and cost per performance factor amounts at the FCC level?

- ☐ Financial Audit Report by Fiscal Year and Month

☐ Personnel Detailed Report

☐ Cost Table Report

☐ Expense Allocated Report

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

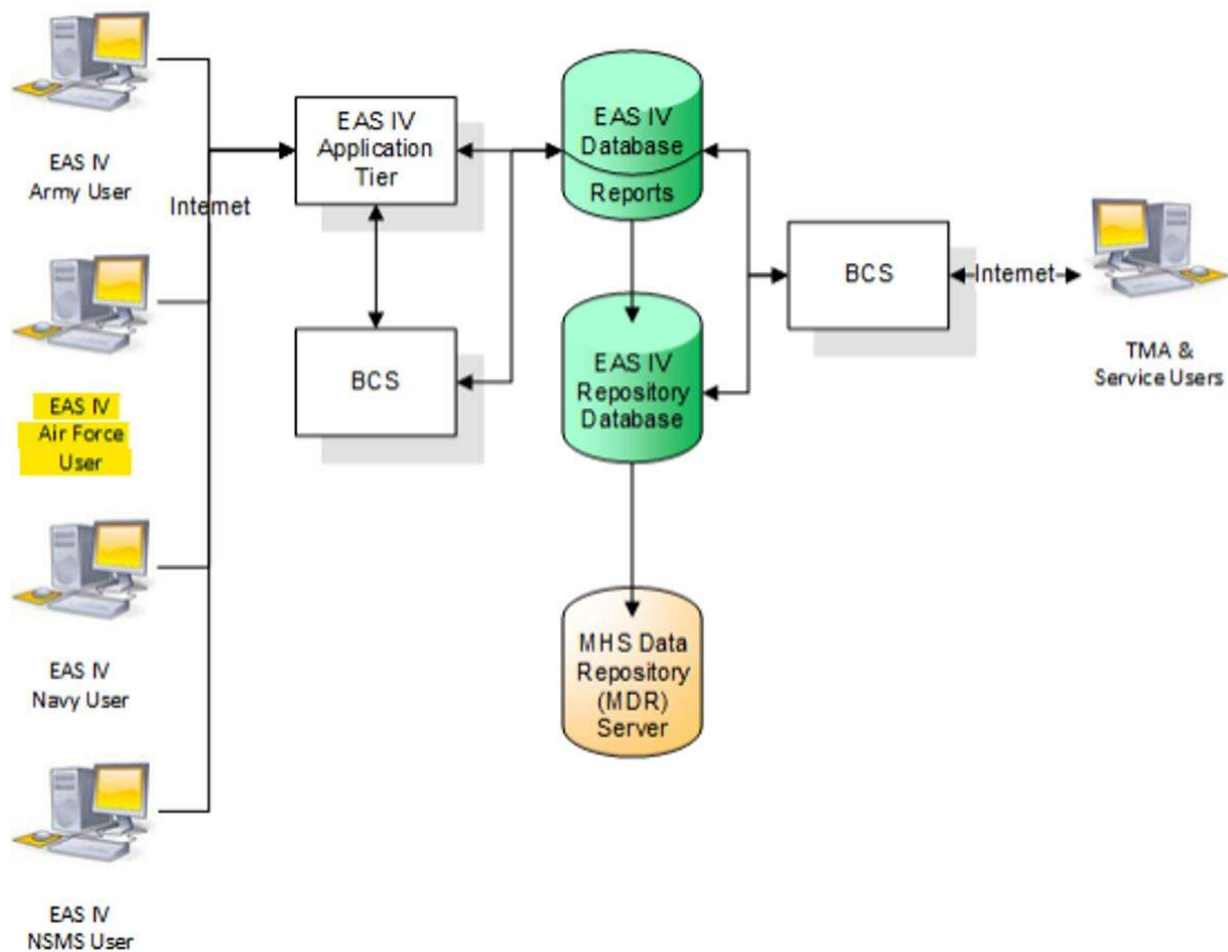
The monthly reports should be kept for ____ years.

Type your answer here

SUBMIT

CONTINUE

Let's now discuss the EAS IV repository.



Click to zoom.

EAS IV Repository

The EAS IV repository is a server that houses transmitted data from the information you collected (workhours, workload, expenses). It permits the end user to search for specific MEPRS data to allow your leaders to make healthcare decisions on the data you processed.

EAS IV Repository Guide

Aside from pulling the required monthly reports we discussed earlier in this lesson, there are a total of 25 queries that can be seen not only by the MTF, but also by your DHA MEPRS counterparts. They allow the DHA decision makers to analyze and compare MTFs.

EAS IV Repository Quick Reference Guide																									
EAS IV Repository Query Rules		Classes																							
Context	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1 Location	Y																								
2 Load Status	X	Y																							
3 Reporting Components of Parent MTF			Y																						
4 Month				Y																					
5 Common Expense Elements					Y																				
6 Expense Detail	X		X	X	X	Y					X														
7 Personnel Detail	X		X	X	X		Y				X														
8 Common Expense Allocation Keys								Y																	
9 Expense Allocated	X		X	X	X			X	Y		X														
10 Personnel Allocated	X		X	X	X			X		Y	X														
11 Account Subset Definition			X								Y														
12 Service Unit Cost	X		X	X							X	Y													
13 Patient Acuity	X		X	X							X		Y												
14 DRG Cost FCC **NOT IN USE	X		X	X							X			Y											
15 Data Sets	X		X	X							X				Y										
16 Pure Data Subclasses: Expense, Personnel, Workload	X			X												Y									
17 Ambulatory CPT Workload	X		X	X							X						Y								
18 Ancillary CPT Workload	X		X	X							X							Y							
19 Respiratory/Pulmonary Workload	X		X	X							X								Y						
20 FCC Expense Summary	X		X	X							X									Y					
21 FCC Summary	X		X	X							X										Y				
22 Facility Summary	X			X																		Y			
23 Transmission Job	X			X																			Y		
24 Reference Only																								Y	
25 Ambulatory Summary (No CPT)																									Y

Context is associated with each **Class** that can be used as the principle Class in a multi-Class query. The **Y** in the chart indicates the principle Class. **When constructing a query, objects from the principle Class must be chosen before other objects from a different Class are chosen.** The **X** in the chart is for a Class which can be used with the principle Class. Some Classes cannot be the principle Classes in a query, such as Class 1. The objects in Class 24 can only be used in a single Class query.

Click to zoom.

At the end of the fiscal year, your historical data *cannot* be updated because it is purged and becomes permanent data for the MTF. As a MEPRS manager, the term “garbage in, garbage out” is not to be taken lightly!

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

How many queries can you pull in the EAS IV repository?

☐ 10

☐ 15

☐ 20

☐ 25

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

The EAS IV repository is a server that houses the data that has been transmitted from all of the information, EXCEPT for:

- ☐ Workload
- ☐ Expenses
- ☐ Reimbursements
- ☐ Workhours

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

At the end of the fiscal year, your historical data cannot updated because it is purged and becomes permanent data for the MTF

☐ True

☐ False

SUBMIT

CONTINUE

The next topic is utilizing the Defense Medical Human Resources System - internet (DMHRSi) tool.

Defense Medical Human Resources System - *internet*



Labor Cost Assignment (LCA) User Manual

DMHRSi

The DMHRSi is a tool to integrate the functions of managing and tracking personnel assigned to and/or working in MTFs, and how much they cost the Military Health System.



So, how does this translate to timecard templates and reporting?

Timecard Templates and Reporting

Individuals must create a timecard template to complete their timecard. Employees will need to enter data into the different sections covered below.

The screenshot displays the DMHRSi Timecard Reporting interface. At the top, there is a navigation bar with links for Home, Logout, Preferences, and Help. Below this, a search bar is visible with a 'Go' button. The main content area features a table of timecard entries. The table has columns for 'Select Timecard Status', 'Transferred To', 'Period Starting', 'Period Ending', 'Recorded Hours/Submission Date', 'Update', and 'Details'. Two entries are listed: one for 'Working' status with a period from 18-Jul-2010 to 31-Jul-2010 and 8 recorded hours, and another for 'Working' status with a period from 26-Sep-2010 to 09-Oct-2010 and 32 recorded hours. The interface also includes a 'DMHRSi Planned Downtimes' section and a 'Time Entry' section with links for 'Templates' and 'Create Timecard'.

Select Timecard Status	Transferred To	Period Starting	Period Ending	Recorded Hours/Submission Date	Update	Details
<input type="checkbox"/> Working	None	18-Jul-2010	31-Jul-2010	8		
<input type="checkbox"/> Working	None	26-Sep-2010	09-Oct-2010	32		

Click to zoom.



Click each hot spot below to learn more about timecard sections.

Recent Timecards: BROWN, LINDA LOUISE, 23205 - Windows Internet Explorer

https://dmhrs.csd.dsa.mil/OA_HTML/OA.jsp?_rc=HXCTIMECARDACTIVITIESPAGE&_ri=809&FromActivities=N&Active...

Recent Timecards: BROWN, LINDA LOUISE, 23205

Example

Week Starting Sunday, December 05 2010

Timecard Period (days) 14

Comments

Project	Task	Task Name	Type	Person Type	Sun, Dec 05	Mon, Dec 06	Tue, Dec 07	Wed, Dec 08	Thu, Dec 09	Fri, Dec 10	Sat, Dec 11	Sun, Dec 12	Mon, Dec 13	Tue, Dec 14	Wed, Dec 15	Thu, Dec 16	Fri, Dec 17	Sat, Dec 18	Total
1000639	BABA_0125.20	DIR PNT CARE ALLERGY	REGULAR - (Straight Time)	Active Duty		4	2	2	4	3			6	2	6				25
1000639	EBDA_0125	DEPT OF MEDICINE	REGULAR - (Straight Time)	Active Duty			2			5			2		2	2	8		21
1000639	EBEA_0125.02	GME	REGULAR - (Straight Time)	Active Duty		4	2	6	4					2					18
1000639	FCGA_0125.02	MED MIL ORG ACTIVITY	REGULAR - (Straight Time)	Active Duty			2							4		4			10
1000639	FALB_0125	MEDCEN STAFF MED TNG	REGULAR - (Straight Time)	Active Duty												2			2
					0	8	8	8	8	8	0	0	8	8	8	8	8	0	84

[Return to Recent Timecards](#)

Recent Timecards: BROWN, LINDA LOUISE, 23205 - Windows Internet Explorer

https://dmhrs.csd.dsa.mil/OA_HTML/OA.jsp?_rc=HXCTIMECARDACTIVITIESPAGE&_ri=809&FromActivities=N&Active...

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1000639	BABA_0125.02	DIR PNT CARE ALLERGY	REGULAR - (Straight Time)	Active Duty		4	2	2	4	3			6	2	6				25
1000639	EBDA_0125	DEPT OF MEDICINE	REGULAR - (Straight Time)	Active Duty			2			5			2		2	2	8		21
1000639	EBEA_0125.02	GME	REGULAR - (Straight Time)	Active Duty		4	2	6	4					2					18
1000639	FCGA_0125.02	MED MIL ORG ACTIVITY	REGULAR - (Straight Time)	Active Duty			2							4		4			10
1000639	FALB_0125	MEDCEN STAFF MED TNG	REGULAR - (Straight Time)	Active Duty												2			2
					0	8	8	8	8	8	0	0	8	8	8	8	8	0	84

[Return to Recent Timecards](#)

Project

A project is comprised of all the tasks grouped by responsible MTF. The project number is a seven-digit number automatically generated and each fiscal year a new project number is created.

The project name is composed of the Parent DMIS ID, Fiscal Year, and Facility Name, for example:

0086_2008_KELLER ACH

Recent Timecards: BROWN, LINDA LOUISE, 23205 - Windows Internet Explorer

https://dmhrs.csd.dsa.mil/OA_HTML/OA.jsp?_rc=HXTIMECARDACTIVITIESPAGE&_ri=809&FromActivities=N&Active...

Recent Timecards: BROWN, LINDA LOUISE, 23205

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1000639	BABA_0125.20	DIR PNT CARE ALLERGY	REGULAR - (Straight Time)	Active Duty		4	2	2	4	3			6	2	6				25
1000639	EBDA_0125	DEPT OF MEDICINE	REGULAR - (Straight Time)	Active Duty			2			5			2		2	2	8		21
1000639	EBEA_0125.02	GME	REGULAR - (Straight Time)	Active Duty		4	2	6	4				2						18
1000639	FCGA_0125.02	MED MIL ORG ACTIVITY	REGULAR - (Straight Time)	Active Duty			2						4			4			10
1000639	FALB_0125	MEDCEN STAFF MED TNG	REGULAR - (Straight Time)	Active Duty												2			2
					0	8	8	8	8	8	0	0	8	8	8	8	8	0	84

[Return to Recent Timecards](#)

Tasks

Each task has a task service type used by the application to determine what type of time it is. The MEPRS manager will provide the approved task codes to personnel in each MTF.

Recent Timecards: BROWN, LINDA LOUISE, 23205 - Windows Internet Explorer

https://dmhrs.csd.dsa.mil/OA_HTML/OA.jsp?_rc=HXTIMECARDACTIVITIESPAGE&_ri=809&FromActivities=N&Active...

Recent Timecards: BROWN, LINDA LOUISE, 23205

Example

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1000639	EBDA_0125	DEPT OF MEDICINE	REGULAR - (Straight Time)	Active Duty			2			5			2		2	2	8		21
1000639	EBEA_0125.02	GME	REGULAR - (Straight Time)	Active Duty		4	2	6	4					2					18
1000639	FCGA_0125.02	MED MIL ORG ACTIVITY	REGULAR - (Straight Time)	Active Duty			2							4		4			10
1000639	FALB_0125	MEDCEN STAFF MED TNG	REGULAR - (Straight Time)	Active Duty												2			2
					0	8	8	8	8	8	0	0	8	8	8	8	8	0	84

[Return to Recent Timecards](#)

Timecard Reporting

Employees must complete DMHRSi timecards to ensure time is captured accurately. Employees need to account for a minimum of 40 hours every week.

Flights or sections will be assigned timekeepers who help members submit their timecards. They will also have timecard approvers; their responsibility is to approve the timecard ensuring that it is complete and correct.



Preparing for EOM Processing

A MEPRS manager must have a clean EAS IV output file, ensuring that the human resource records are current, timecards are collected, complete and correct. Flight timekeepers and timecard approvers will assist in this process.

This can be a very confusing concept, and you may wonder how you'll be involved. One of the most important items you can do is complete your timecard in DMHRSi on time and accurately.



Click the video below to learn more about creating and submitting a timecard.

 YOUTUBE

DMHRSI Create Timecard



DMHRSI Create Timecard

DMHRSI Create Timecard

VIEW ON YOUTUBE >

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Who provides the approved task codes to personnel?

-
- ☐ Defense Health Agency
 - ☐ Defense Medical Human Resources System-internet
 - ☐ Military Health System
 - ☐ MEPRS Manager

SUBMIT

CONTINUE

***To wrap-up this lesson, let's discuss
interfacing workload systems.***

Interfacing Workload Systems

The MEPRS manager works with multiple systems to gather all the data needed to allocate and transmit in EAS IV. Not only does the manager need to work in multiple

systems, but they must be able to prepare the data from each system to convert and interface the data in EAS IV.

Shown below are each system's role in the MEPRS program.



The **Commander's Resource Integration System (CRIS)** is a centralized data repository of Air Force financial budget and execution, supply, and personnel and payroll data, populated by government systems.



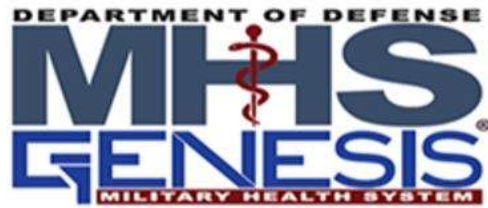
The **Expense Assignment System IV (EAS IV)** is a management support tool providing standardized reporting of workload, expense and manpower data by the DoD at the medical treatment facility (MTF) and dental treatment facility (DTF) level.



Defense Medical Human Resource System–internet (DMHRSi) allows the MTFs to update tables, maintain the master personnel file, process personnel utilization data, create templates, produce reports, and create the EAS output file to transfer the personnel utilization data for further EAS processing.



The **Composite Health Care System (CHCS)** allows clinicians to electronically perform patient appointment processes and scheduling, order laboratory tests, authorize radiology procedures and prescribe medications.



MHS GENESIS, the new electronic health record for the Military Health System (MHS), provides enhanced, secure technology to manage your health information. MHS GENESIS integrates inpatient and outpatient solutions that will connect medical and dental information.



The **Defense Enterprise Accounting and Management System (DEAMS)** is a major automated information system that uses commercial off-the-shelf enterprise resource planning software to provide accounting and management services. This financial system is utilized by Air Force MTFs.



The **Armed Forces Health Longitudinal Technology Application (AHLTA)** is a clinical information system that generates, maintains, stores, and provides secure electronic access to patient records. Additionally, AHLTA allows users to manage and configure default templates and problem lists.



The **Defense Medical Logistics Standard Support (DMLSS)** is an information technology system. This technology provides a continuum of medical logistics support. DMLSS delivers an automated and integrated information system with a range of medical materiel, equipment, war reserve material, and facilities management functions.

CONTINUE

Knowledge Check. Input and submit your response to the question below.

Which system is a management support tool providing standardized reporting of workload, expense and manpower data by the Department of Defense (DoD)?

Type your answer here

SUBMIT

Knowledge Check. Input and submit your response to the question below.

Which system is an integrated information system with a range of medical materiel, equipment, war reserve material, and facilities management functions?

Type your answer here

SUBMIT

Knowledge Check. Input and submit your response to the question below.

Which workload system uses enterprise resource planning software to provide accounting and management services?

Type your answer here

SUBMIT

END OF LESSON

Lesson 10: Manpower

After completing this lesson, the student will be able to identify facts about manpower, IAW prescribed guidance and publications.



“The Air Force Medical Service (AFMS) flight path sets the organizational structure while also developing a clear force development flight path for each corps based on readiness requirements.”

- AFMS Flight Path Instruction

The Flight Path document can be found below. Please refer to the Flight Path while

taking this lesson.



AFMS Flight Path Special Instruction.pdf

607.4 KB



The Flight Path is developed from organizational objectives found in Air Force Policy Directive (AFPD) 38-1, and organizational principles from Air Force Instruction (AFI) 38-101, ***Manpower and Organization***.



AFPD 38-1 Organization Objectives:

- Mission orientation
- Unambiguous command
- Decentralization
- Agility
- Flexibility
- Simplicity
- Standardization



AFI 38-101 Organization Principles:

- Emphasis on wartime tasks
- Functional grouping
- Lean organizational structure
- Skip-echelon structure
- Standard levels



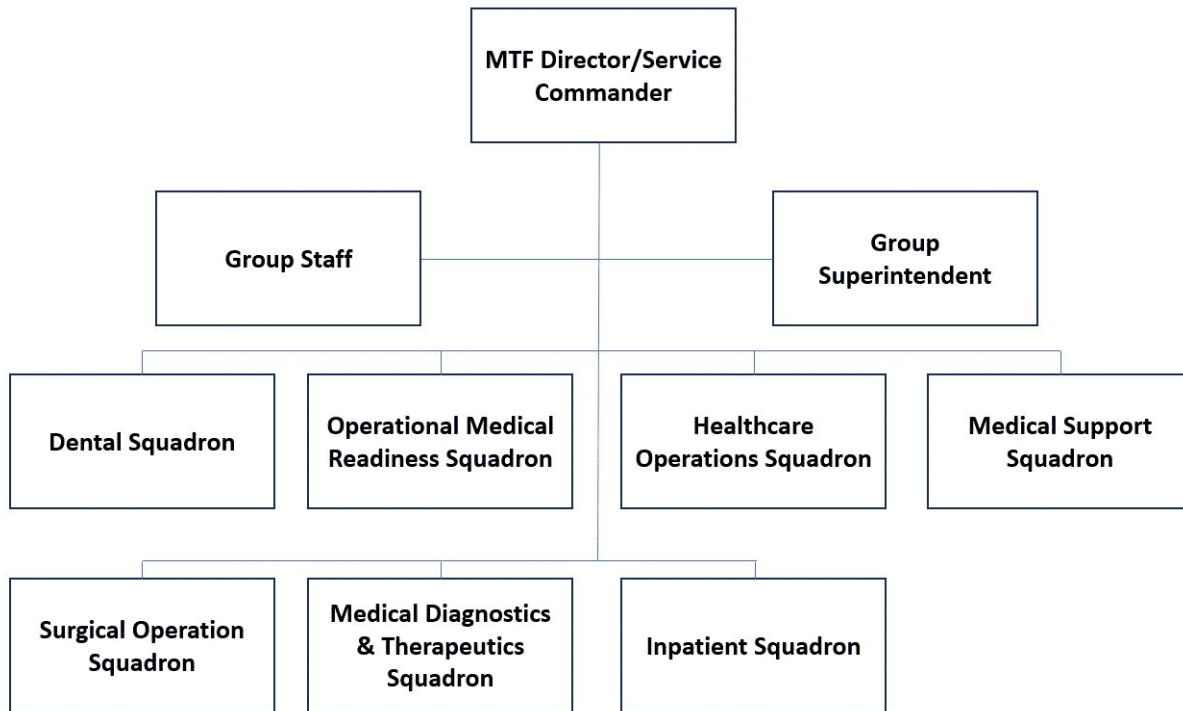
Flight Path Details

The AFMS has a unique mission when compared to line unit missions such as maintenance, flying units, or Security Forces. The Flight Path, taking Air Force guidance for manpower and organization and Air Force policy, establishes an organizational and command structure that works best for the AFMS and our medical mission.

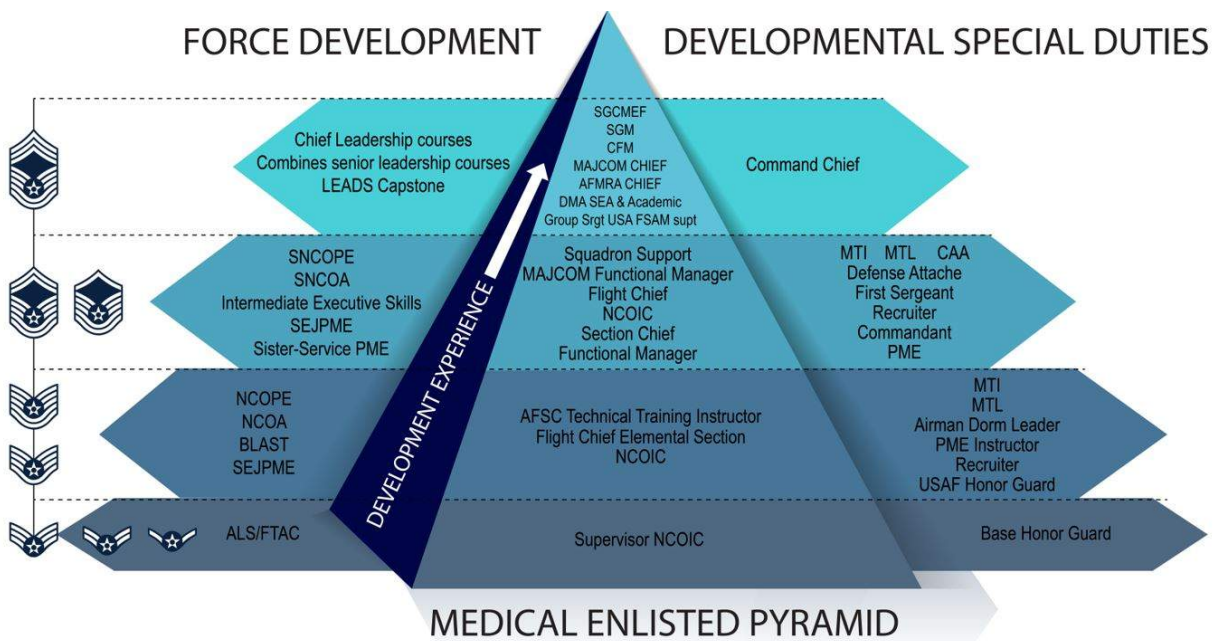
The Flight Path has 10 chapters, 6 attachments, and 3 appendix's. It covers specific medical command and squadron models along with medical wing composition, corps designation, AFMS enlisted force development, duty titles, AFRC and ANG Medical Commands.

There are various clinic or ambulatory models shown in the Flight Path. Below is

***the most typical clinical model or
ambulatory surgery center that you will find
in Medical Treatment Facilities.***



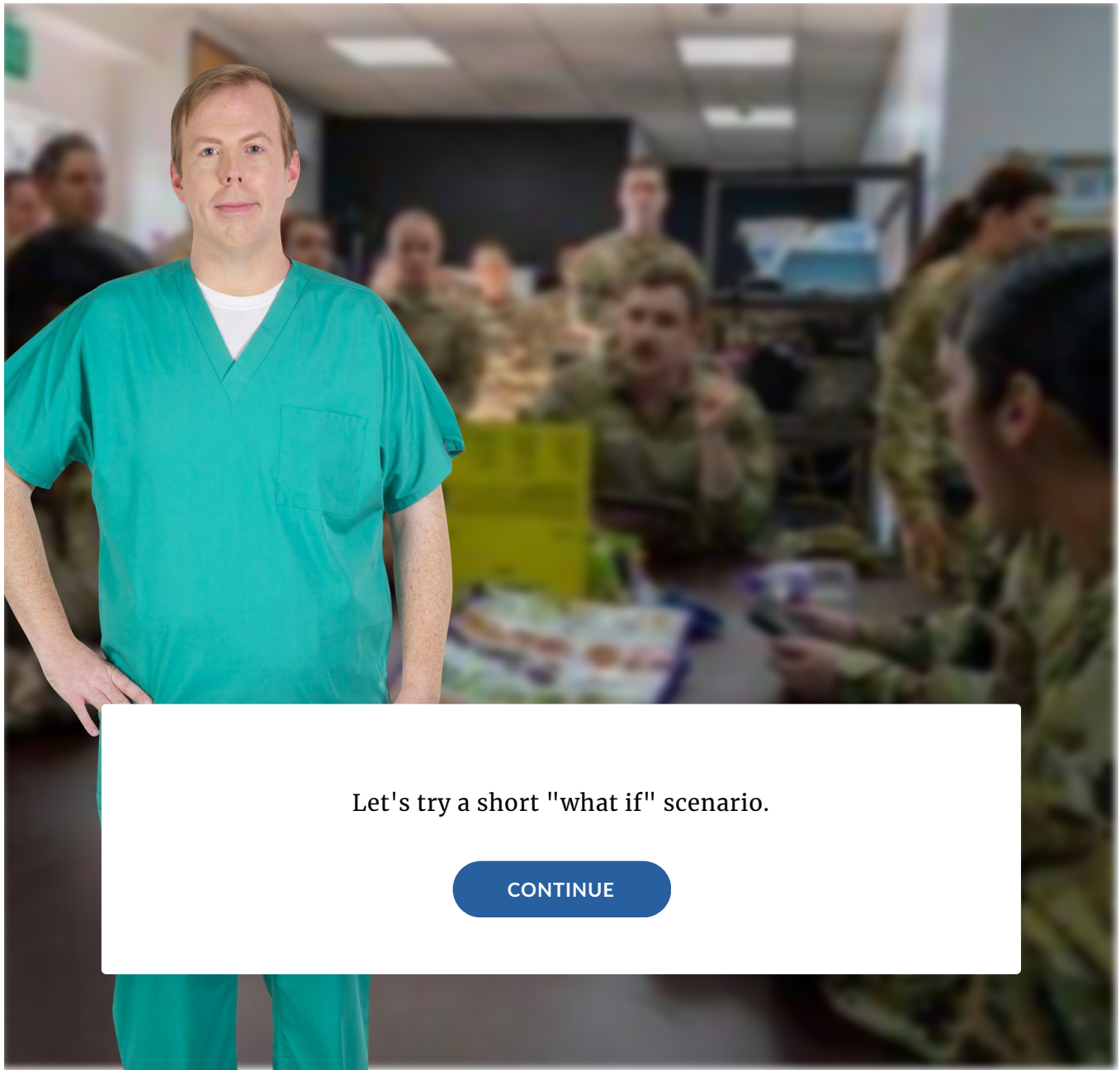
***In the Flight Path, you will also see the force
development pathway which assists with
growing and developing Airmen.***



As a Health Services Management journeyman, you will encounter the Flight Path most often working in the Resource Management Office (RMO) specifically when working with manpower.

Leaders in the MTF often will have questions regarding manpower and will often ask to make changes to their manning. The Flight Path will be your "go to" for those questions to ensure we are advising leaders properly so they can make the best decisions. Manpower changes must abide by the rules and guidance in the Flight Path.

If leadership wishes to make a change that is not within the Flight Path, they must submit a waiver utilizing the Organizational Change Request (OCR). The approving authority is from the Director, Medical Manpower, Personnel and Resources (SG1/8). Once approved, the change will be reflected on a future Joint Table of Distribution.



Let's try a short "what if" scenario.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide



You are working in the Resource Management office as manpower in a small outpatient MTF. The Senior Enlisted Leader (SEL) is interested in combining two small clinics into one. How would you assist?

1

Utilize the Flight Path to determine if this proposal is allowed or not and advise the SEL accordingly of their options.

2

Ask the SEL if they considered dropping the idea because it would be too much work, and it's always been this way for a reason.

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide



The SEL approaches you with their decision, and they would like to combine the small clinics. You previously determined this would require a Flight Path waiver. How would you assist?

1

You would not assist the SEL since this falls outside of your manpower duties.

2

You would assist the SEL in submitting a waiver request utilizing the process outlined in the Flight Path.

Scene 1 Slide 3

0 → Next Slide

1 → Next Slide



Scene 1 Slide 4

0 → Scene 1 Slide 1

1 → Next Slide

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

The Air Force Policy Directive 38-1 and Air Force Instruction 38-101 governs the development of the Flight Path.

☐ True

☐ False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Referring to the Force Development Pathway - which of the following roles can the Airman (E-1 – E-3) tier fill?

-
- ☐ Flight Chief
 - ☐ Section/Element NCOIC
 - ☐ Supervisor
 - ☐ Section Chief

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

You are working in RMO as Manpower in a small outpatient MTF. The SEL is interested in combining Immunizations and Women's Health into one flight due to the small size of each clinic. What document would you use to reference?

-
- ☐ Air Force Manuel 41-120

- ☐ The Flight Path
- ☐ Air Force Policy Directive 38-1
- ☐ Local MTF policy

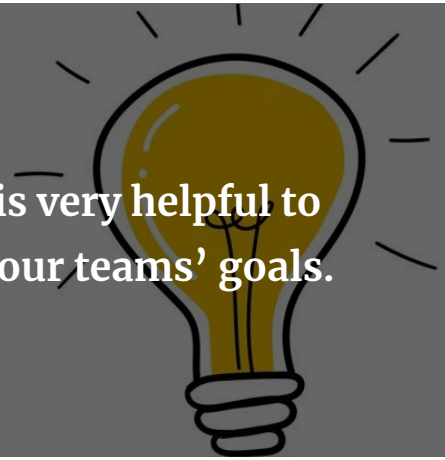
SUBMIT

CONTINUE

Let's now discuss the AFMS corporate structure.

If you only focus on your individual position, you can be blind to the needs of others which can impede work and even hurt relationships. Not only is this not efficient, but it can make the work environment less than ideal. Each AFSC fits into the organization in a different way and understanding each work center will help you know how to be a more effective teammate.

Knowing where you fit into a team is very helpful to understanding how to accomplish your teams' goals.



Health Services Management Airmen are unarguably the most diverse AFSC and can work throughout the MTF directly impacting and effecting the mission every day. For an AFSC that touches multiple areas of the MTF, it is vastly important to understand the structure of the organization.

In the last section, we looked at the AFMS Flight Path. The Flight Path is to the AFMS corporate structure as a blueprint is to a house.

Now that we looked at the “blueprint,” let's now look at the “house.” Air Force medical has two distinct “chains of command” and must answer to two different hierarchies:

1

The Air Force side is known as the **Line of the Air Force (LAF)**

- **LAF** is focused on our readiness and providing medical assets to combatant commanders for deployments.

2

The Military Health System (MHS) side is primarily the **Defense Health Agency (DHA)**

- **DHA** is focused on health care delivery and ensuring the health care benefit is delivered to the eligible population.





Administrative Control (ADCON) and Operational Control (OPCON) of USAF Medical is *shared* between LAF and DHA.

ADCON is defined as the “direction or exercise of authority over subordinate or other organizations with respect to administration and support.”

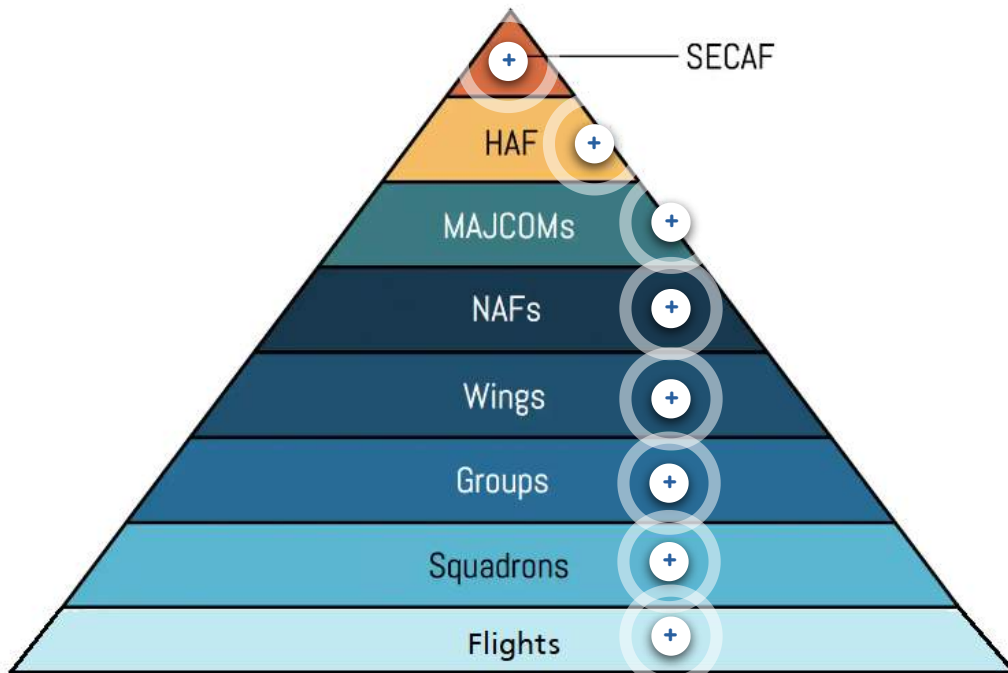
OPCON is defined as “the authority to perform those functions of command over subordinate forces involving organizing and employing commands and forces, assigning tasks, designating objectives, and giving authoritative direction necessary to accomplish the mission.”

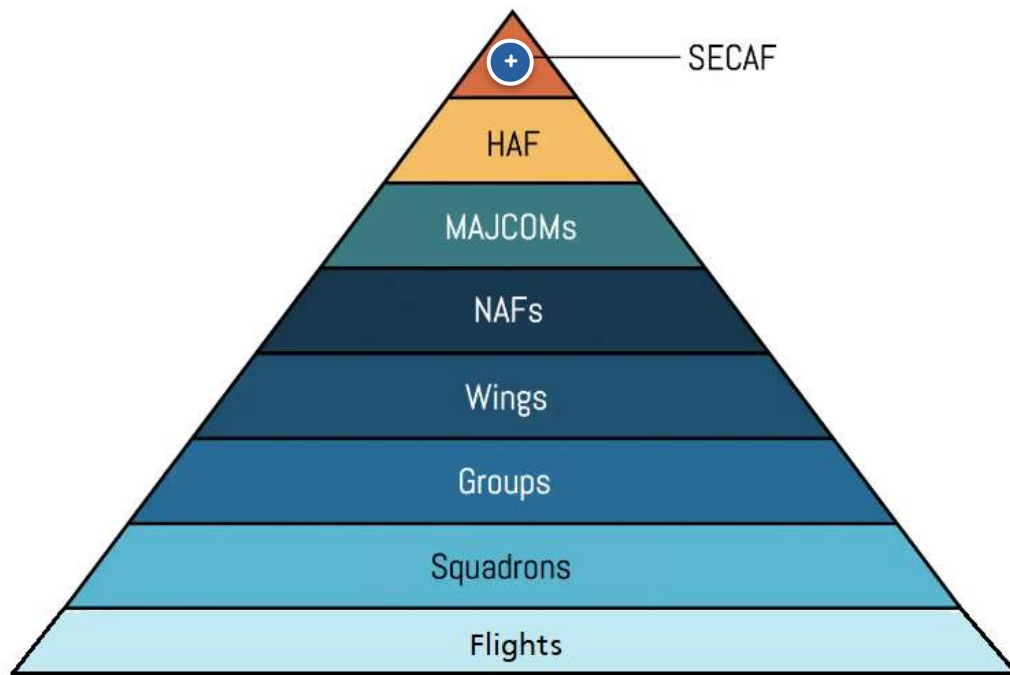


Let's turn to basics of the Air Force hierarchy.



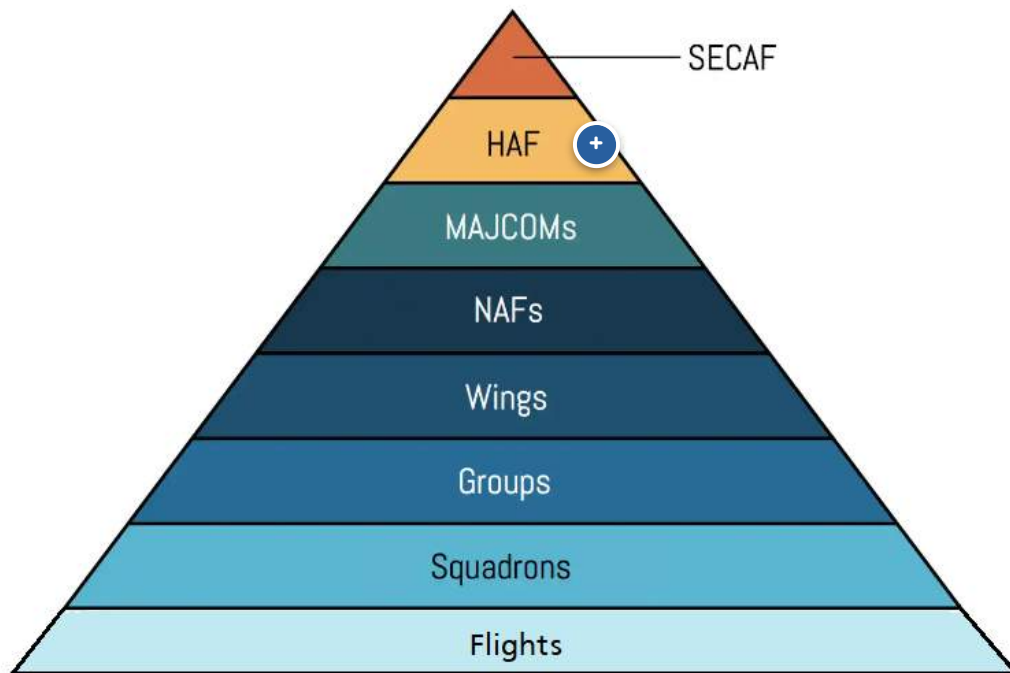
Click each hot spot below to learn more about each level.





Secretary of the Air Force

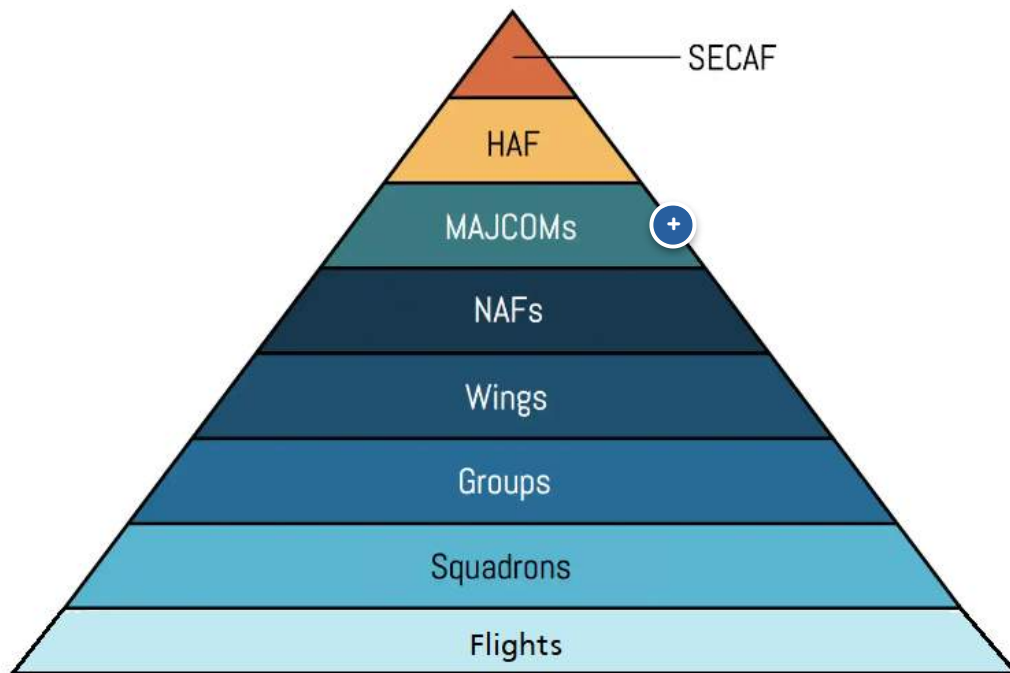
The secretary is the head of the Department of the Air Force. The secretary is a civilian appointed by the president, by and with the advice and consent of the Senate.



Headquarters USAF (HQ USAF)



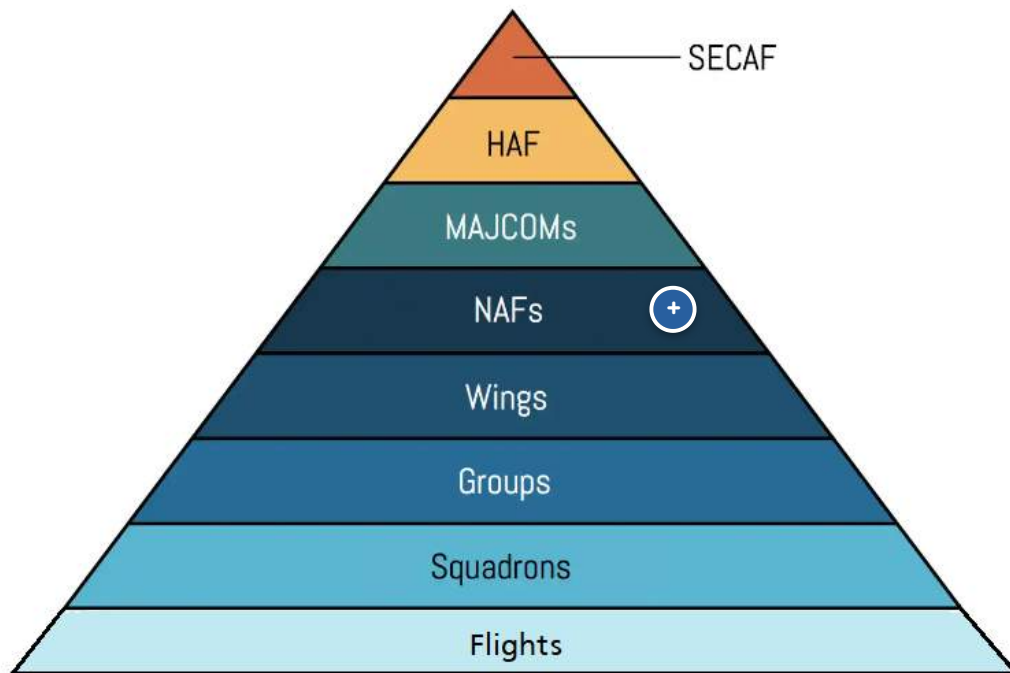
The highest command of the Air Force. This is the level of the Secretary of the Air Force and the Air Staff, headed by the Chief of Staff of the Air Force.



Major Command (MAJCOM)



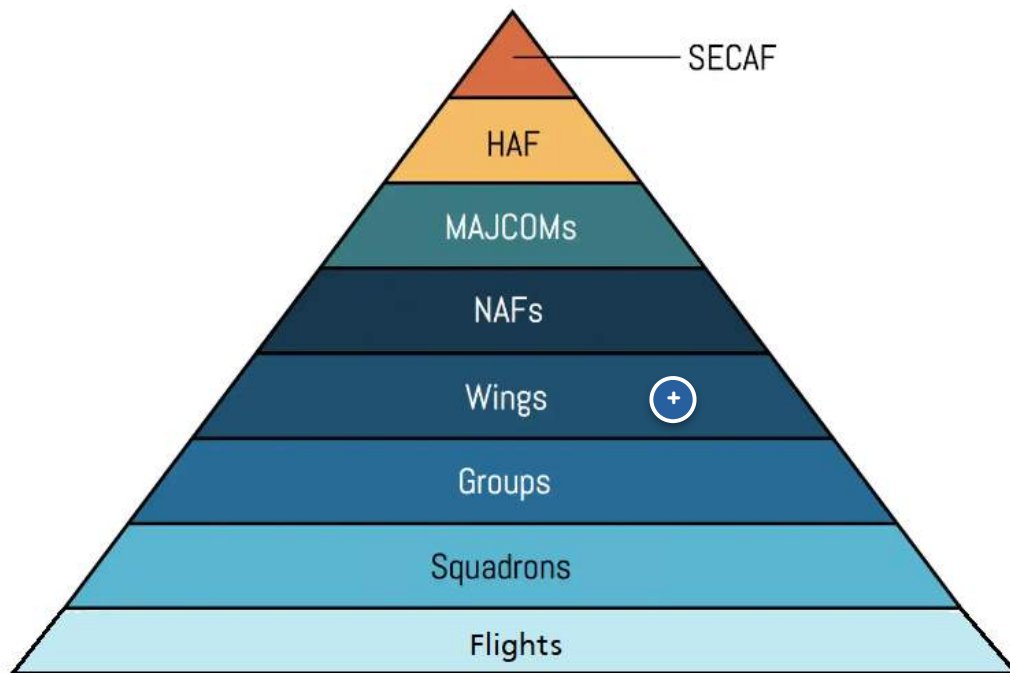
The MAJCOM is directly below the HQ and each MAJCOM has a certain function. Units with similar functions are assigned to a MAJCOM due to their mission.



Numbered Air Force (NAF)



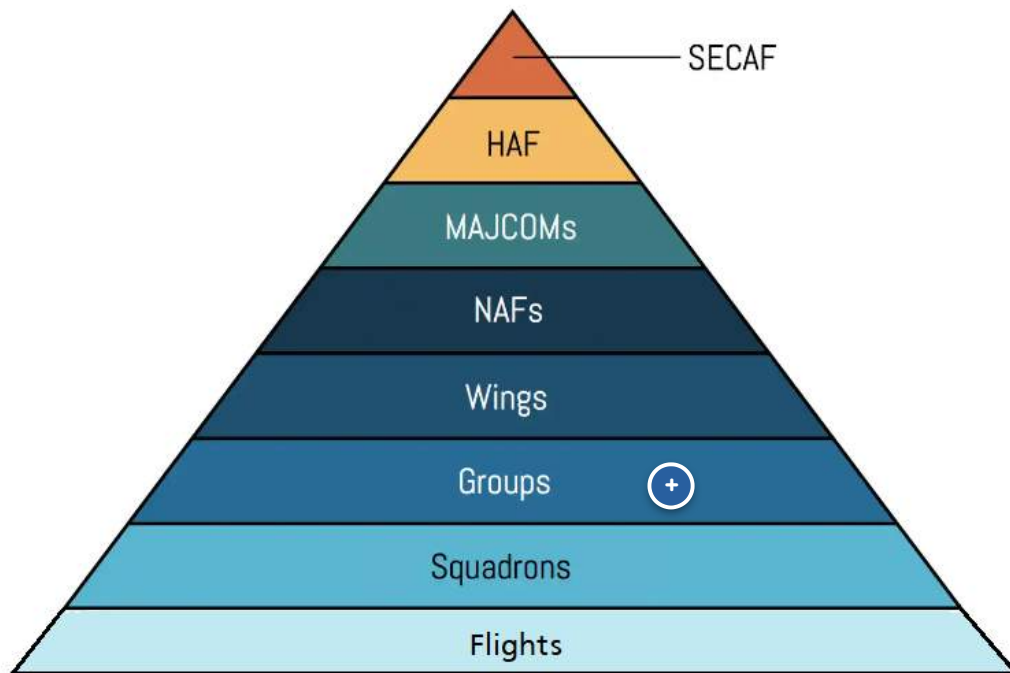
NAF's fall directly under the MAJCOM. They are not a management headquarters like a MAJCOM but are a tactical echelon to provide operational leadership and supervision. NAF's are responsible for a MAJCOM's operations in a specific geographic region or theater of operations.



Wing (WG)



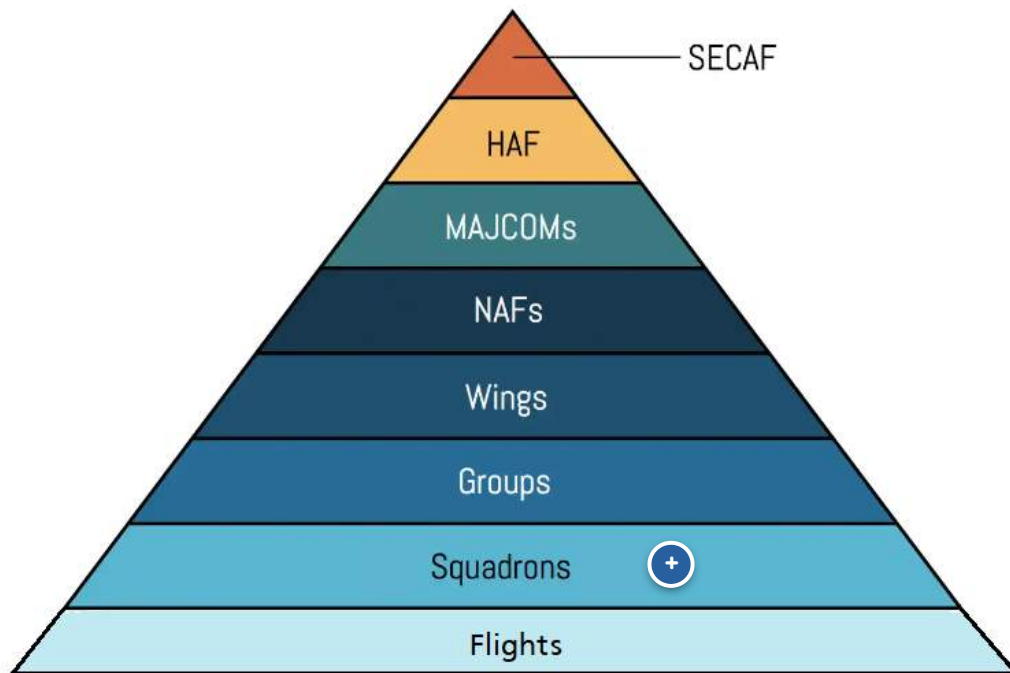
A wing is below the NAF and MAJCOM. A wing has a distinct mission and is responsible for maintaining the installation. Wings are operational wings, air base wings, or a specialized mission wings.



Group (GP)



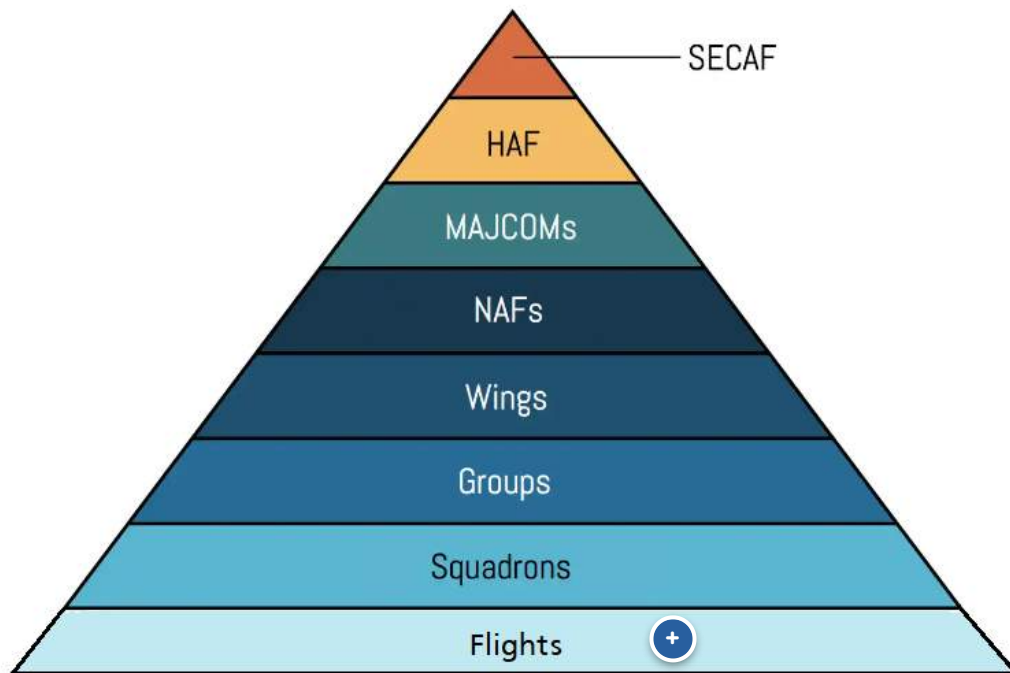
The group is directly below the wing and is similar to the NAF in that it is a tactical echelon and not a management headquarters.



Squadron (SQD)



The squadron is the core of the Air Force and is the basic unit. Squadrons can be a mission unit (flying squadron) or a functional unit (Civil Engineering).



Flight (Flt)

A flight may be established if further subdivision is needed in the squadron. It is common in medical squadrons to have multiple flights due to the multiple functions in each squadron.

Those are the basics of the Air Force's hierarchy. Now we will look at the Medical Health System (MHS).

The **MHS** is comprised of personnel from all services and is tasked with ensuring health care delivery, medical education, public health, private sector partnerships, and innovative medical research and development. The different components are shown here.

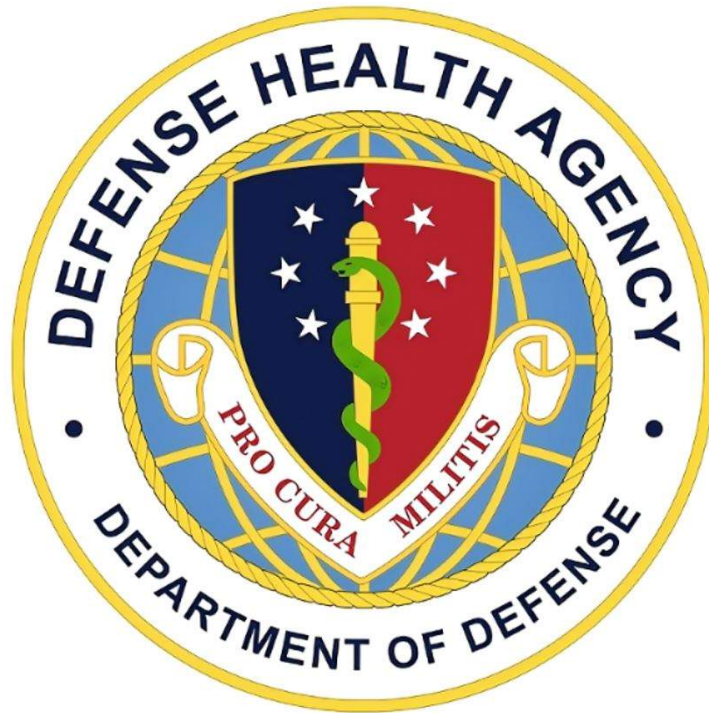
Defense Health Agency (DHA)
Air Force Surgeon General (AF/SG)
Field Operating Agencies (FOA) (AFMRA/AFMSA)
Major Command Surgeon General (MAJCOM SG)
Medical Group Commander / MTF Director



Click each tab below to learn more about the MHS hierarchy.

Defense Health Agency (DHA) —

Headquartered in Falls Church, VA, the DHA was established on 1 October 2013. Transition to full DHA control of the MHS has only just occurred recently and is still very dynamic. The agency was created to manage the MHS and to unify all three services medical platforms to deliver health care more efficiently and effectively. The DHA has its own structure grouping MTFs geographically into markets when there are multiple MTFs in a close proximity or MTFs will fall under the stand alone/small market grouping.



Air Force Surgeon General (AF/SG) —

The Air Force Surgeon General is the primary advisor on medical matters to the secretary of the Air Force (SECAF) and the Chief of Staff of the Air Force (CSAF). The current AF/SG is General Robert I. Miller.



Field Operating Agencies (FOA) (AFMRA/AFMSA)

A field-operating agency (FOA) is a subdivision of the Air Force directly subordinate to a HQ functional manager such as the AF/SG. A FOA performs field activities beyond the scope of a MAJCOM. They are specialized and perform an Air Force wide mission. The Air Force Medical Readiness Agency (AFMRA) is a FOA that assists the AF/SG and the DHA with policy development and implementation.



Major Command Surgeon General (MAJCOM SG) —

MAJCOM/SGs coordinate medical resources and functions between the MAJCOM commander, AF/SG, AFMRA, and DHA.



Medical Group Commander / MTF Director —

The Medical Group commander has overall responsibility of the Medical Group and Line of the Air Force assets in the Medical Group. The MTF director is responsible for the medical group's health care operations and the DHA mission of health care delivery. Although technically two separate positions, the Group commander will often fill both roles especially in smaller facilities.



***Let's now discuss the structure of the
Military Treatment Facility (MTF).***



MTF Structure

Medical Group organizational structure is directed in AFI 38-101, *Manpower and Organization*. AFMS MTFs will be organized as wings, groups, squadrons, or flights. MTFs are categorized as Medical Centers, Hospitals, Clinics, or Limited Scope MTFs (LSMTF).



NOTE: Expeditionary Medical Groups have the authority to organize their structures in order to best meet the mission, however, it is recommend that the organizational structures outlined in the Flight Path are followed as closely as possible.

MTFs are organized per the Flight Path.

Variations are authorized for Medical Groups with three to six squadrons based on group size and mission. Medical Groups with three squadrons typically include:

- 1 Operational Medical Readiness
- 2 Healthcare Operations
- 3 Medical Support

In addition, if required because of special mission requirements, one or more of these squadrons can be added where needed:

- 4 Dental
- 5 Inpatient Operations
- 6 Surgical Operations



NOTE: Medical Groups with more than 1,000 authorizations may also have a Medical Diagnostics and Therapeutics Squadron (MDTS), if required.

MTF models are described below.



Click the five tabs below to learn more about clinic models.

**TYPICAL CLINIC
MODEL OR
AMBULATORY
SURGERY CENTER**

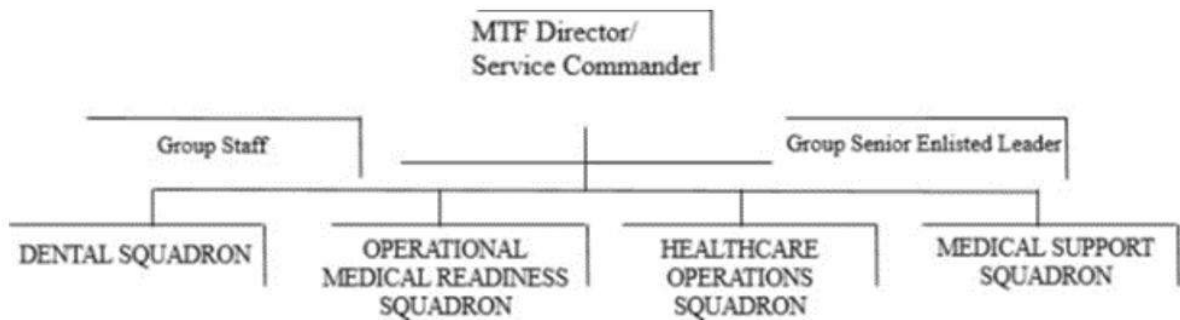
**TYPICAL HOSPITAL
OR MEDICAL
CENTER MODEL**

**MEDICAL WING
MODEL**

**LIMITED-SCOPE
MILITARY
TREATMENT
FACILITY MODEL**

**ORGANIZATIONAL
TYPE
REVIEW
SQUADRON**

The most common clinic model. The number of squadrons will vary from two to four. The two basic squadrons are Health Care Operations Squadron (HCOS) and Operational Medical Readiness Squadron (OMRS).



**TYPICAL CLINIC
MODEL OR
AMBULATORY
SURGERY CENTER**

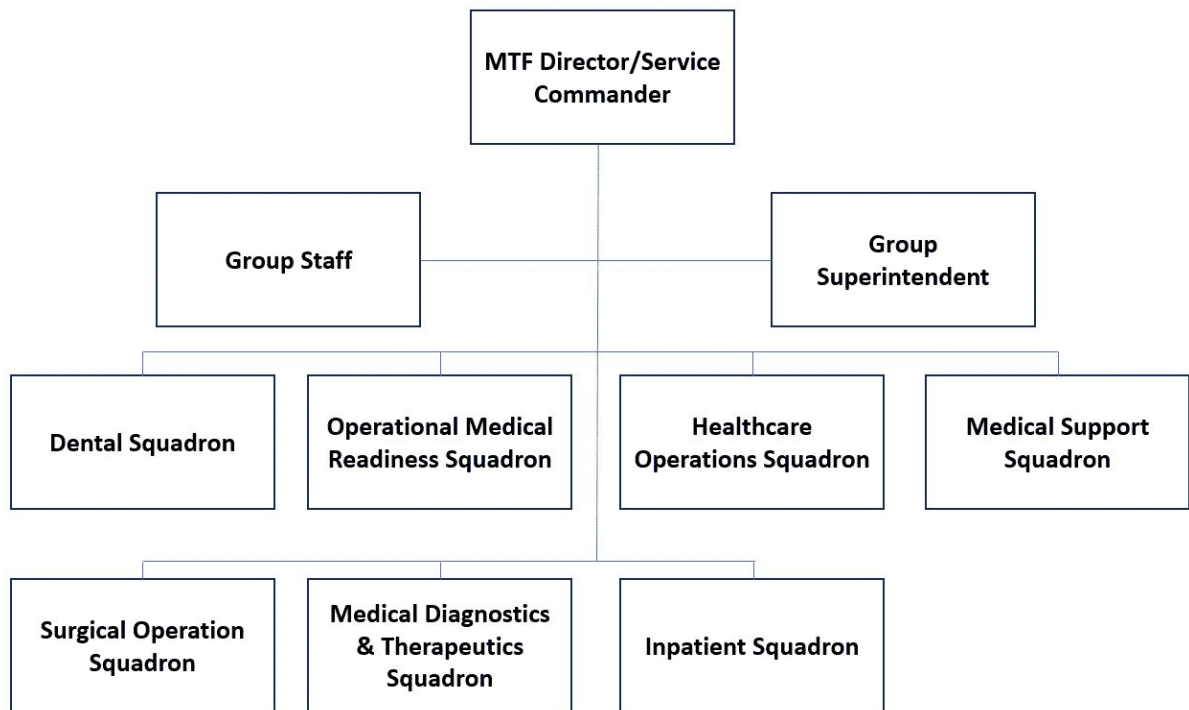
**TYPICAL HOSPITAL
OR MEDICAL
CENTER MODEL**

**MEDICAL WING
MODEL**

**LIMITED-SCOPE
MILITARY
TREATMENT
FACILITY MODEL**

**ORGANIZATIONAL
TYPE
REVIEW
SQUADRON**

This model is larger than an outpatient clinic or ambulatory center. A hospital or medical center will have the four squadrons from the typical clinical model with the addition of the Surgical Operations Squadron, Medical Diagnostics and Therapeutics Squadron, and the Inpatient Squadron. The squadrons in a hospital of medical center will have will be determined by the capabilities of that facility.



**TYPICAL CLINIC
MODEL OR
AMBULATORY
SURGERY CENTER**

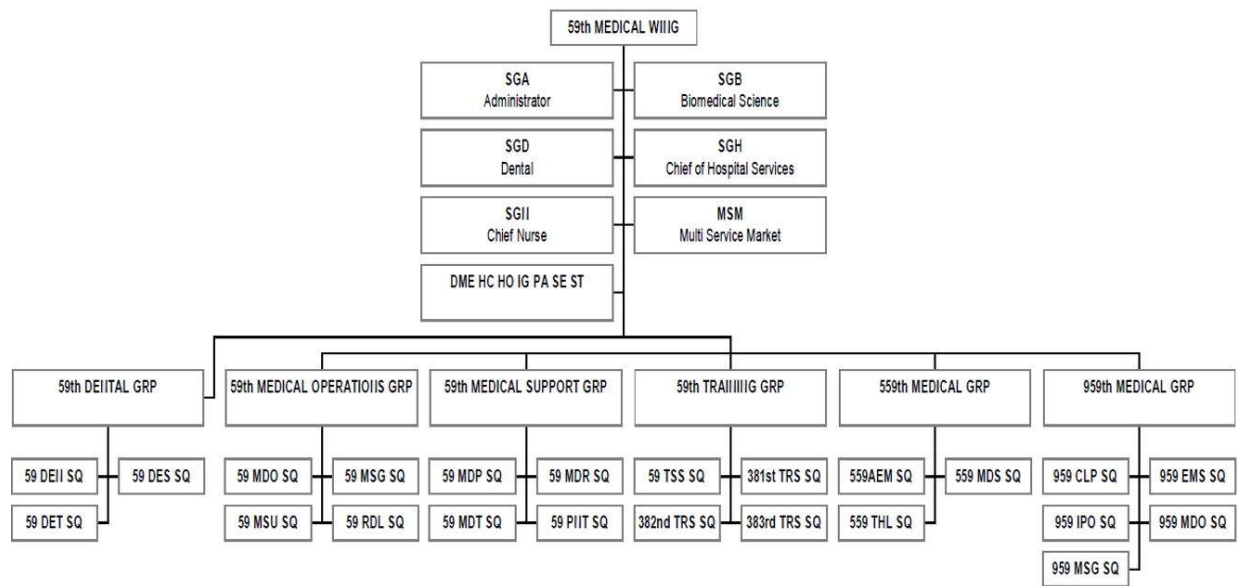
**TYPICAL HOSPITAL
OR MEDICAL
CENTER MODEL**

**MEDICAL WING
MODEL**

**LIMITED-SCOPE
MILITARY
TREATMENT
FACILITY MODEL**

**ORGANIZATIONAL
TYPE
REVIEW
SQUADRON**

This model exists when multiple medical groups need to be combined under one leadership umbrella due to geographic functionality or product line functionality. Here is an example of Joint Base San Antonio's 59th Medical Wing.



**TYPICAL CLINIC
MODEL OR
AMBULATORY
SURGERY CENTER**

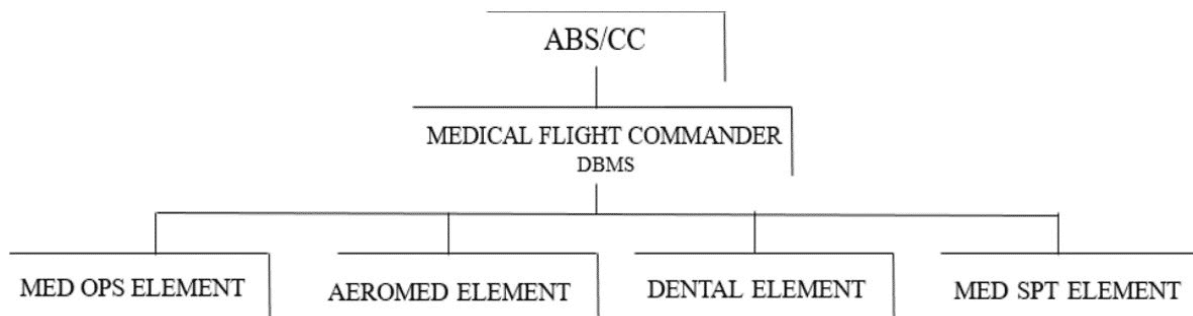
**TYPICAL HOSPITAL
OR MEDICAL
CENTER MODEL**

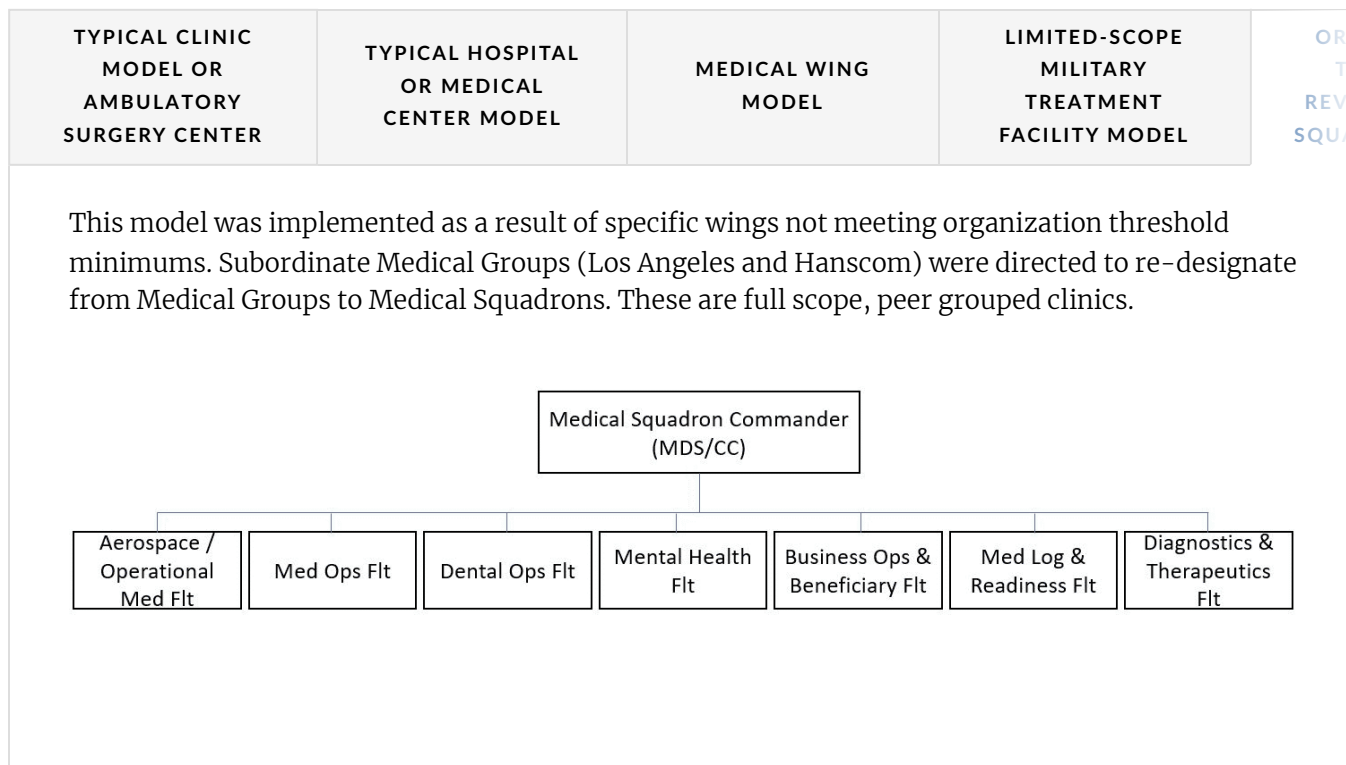
**MEDICAL WING
MODEL**

**LIMITED-SCOPE
MILITARY
TREATMENT
FACILITY MODEL**

**OR
T
REV
SQUA**

This model is used when small medical squadrons with functional flights do not provide the scope of the services found in a typical outpatient clinic construct.





Below the squadron, the MTF's are further divided into flights. Now we will look at some of the flights you may find yourself working in as a 4A (click each box).



Commander's Support Staff (CSS). Responsible for most personnel actions in the MDG. Often a 3F personalist is assigned to the CSS as well.



Medical Information Systems. Responsible for all Information Technology assets in the MDG. They maintain servers, networks, and account access. They are the help desk hub for all IT trouble tickets.



Tricare Operations and Patient Administration (TOPA). The TOPA flight is more than just medical records. Some of the duties found in the TOPA flight include processing referrals, maintaining TRICARE contracts, admission and dispositions, quarters, inpatient and outpatient records, release of information, line of duty determinations, casualty reporting, and patient travel/aeromedical evacuation.



Readiness. The Medical Readiness flight is responsible for reporting the deployment and disaster response capabilities of the MTF to higher headquarters. They oversee medical deployments as the Unit Deployment Managers (UDM) of the MTF. They also head the Emergency Management program for the MTF and ensure all hazard response disaster teams are trained and ready for response.



Resource Management Operations (RMO). This is essentially the human resources office of the MTF. Some areas of RMO are budget, data quality, Uniform Business Office (accounts receivable/billing), MEPRS/DMHRSi program (workload/timecards), civilian personnel liaison, and manpower.



Clinical Flights, Inpatient Flights, or Emergency Rooms. 4A's are often assigned to clinics and other patient care areas. When working here we act as a mixture of a records technician and patient administration. We may be responsible for providers templates in the Electronic Health Record, accomplishing end of day appointment reconciliation activities, maintaining inpatient/outpatient records, providing customer service at patient check in, and many other activities.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

What is the minimum number of squadrons allowed in a Medical Group?

- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

What higher headquarters organization in the Medical Health System is focused on healthcare delivery and ensuring the health care benefit is delivered to the eligible

population?

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

In a typical clinic model what are the 2 basic squadrons?

- ☐ MDSS & MDOS
- ☐ OMRS & MDSS
- ☐ HCOS & OMRS
- ☐ MDG & HCOS

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

Name the FOA that most supports the AFMS.

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What element in the hierarchy is the core basic unit of the Air Force?

☐

MAJCOM

☐

Wing

☐

Squadron

☐

Flight

SUBMIT

CONTINUE

The next topic we'll discuss is a very important aspect of an MTF, Manpower!



Manpower

Ensuring flights and squadrons have the appropriate manpower to accomplish the mission can mean the difference between success or failure. To best understand manpower, we need to understand how we earn manning (also called *authorizations*), where we can see those authorizations, how we can make authorization changes, and some of the functions and rules that exist.

People are the most valuable resource we have.

Joint Table of Distribution (JTD)

The JTD is a DHA product for the tri-services making up the Military Health System (MHS). It lists all authorizations for the entirety of the DHA and is organized by market.

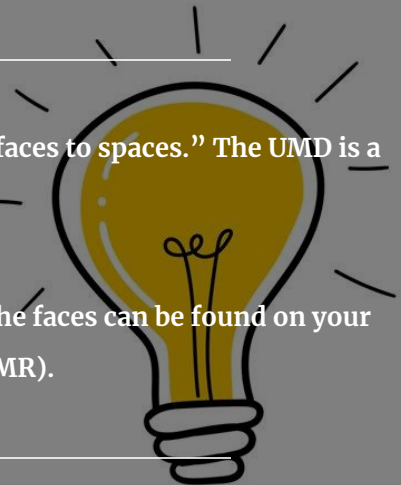
[illegible]

The UMD is the *primary* manpower tool. It is available through your base manpower office as well as the AFMRA KX site, located [here](#). The UMD comes from the source data base called the Manpower Programming Execution System (MPES). The UMD shows all the organization's authorizations, which are essentially all the personnel we are "allowed" or authorized to have. It is important to note that contract personnel are *not* listed on the UMD.

Req Grade	Auth Grade	MPD	OCC	OCC Title	CPD	SAR	SAR Title	API	API Title	FY23	FY24	FY25	FY26	FY27	FY28	CMD Remarks
LTCOL	LTCOL					6	NACLC(NT.LOC.CRED)	5	FLIGHT SURGEON	1	1	1	1	1	1	
COL	COL	21COL02908				5	SSBI(SIN SCP BK IN)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
LTCOL	LTCOL					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
LTCOL	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
LTCOL	LTCOL					6	NACLC(NT.LOC.CRED)	5	FLIGHT SURGEON	1	1	1	1	1	1	
COL	COL	FY1906EX				6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	0 FY1906
LTCOL	LTCOL					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
LTCOL	LTCOL					6	NACLC(NT.LOC.CRED)	5	FLIGHT SURGEON	1	0	0	0	0	0	
SMSGT	SMSGT					6	NACLC(NT.LOC.CRED)	Z	NON-CAREER ENL AVIATOR POSITIONS	1	0	0	0	0	0	
COL	COL	21COL02794				6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
COL	COL	FY1906EX				5	SSBI(SIN SCP BK IN)	5	FLIGHT SURGEON	1	0	0	0	0	0	0 FY1906
CMSGT	CMSGT	AA220504N0				6	NACLC(NT.LOC.CRED)	Z	NON-CAREER ENL AVIATOR POSITIONS	1	0	0	0	0	0	
COL	COL	FY1906EX				6	NACLC(NT.LOC.CRED)	5	FLIGHT SURGEON	1	1	1	1	1	1	1 FY1906
GS-14	GS-14		1801	GEN INSPECTION/INVEST/COMPLIAN	A9S1866	7	ANACI ACC NT AGY IN			1	1	1	1	1	1	1 M2C-20
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
MAJOR	MAJOR					6	NACLC(NT.LOC.CRED)	0	NON-RATED OFFICER POSITIONS	1	0	0	0	0	0	
COL	COL	21COL02367				5	SSBI(SIN SCP BK IN)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
MAJOR	MAJOR					5	SSBI(SIN SCP BK IN)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
MAJOR	MAJOR					5	SSBI(SIN SCP BK IN)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	
MAJOR	MAJOR					5	SSBI(SIN SCP BK IN)	0	NON-RATED OFFICER POSITIONS	1	1	1	1	1	1	

A term you will hear a lot in the Resource Management office is “faces to spaces.” The UMD is a list of “spaces” people can occupy.

The “faces” are the actual member(s) assigned to the position; the faces can be found on your Unit Personnel Management Roster (UPMR).



Let's take a closer look at the UMD and it's column explanations.



Click each tab below to learn more.

If you'd like to open a UMD for navigation purposes, visit the AFMS Manpower KX website located [here](#). Next, select the "AF UMD" at the

bottom of the page.

Personnel Accounting Symbol (PAS) —

The PAS code identifies the servicing military personnel office, the command identification, and the unit. The last 4 digits of the PAS code refer to a unique unit and don't repeat within other command IDs.

N	O	P	Q	J
OL #	UIC	PAS	Position #	
0000	FFBRM0	FBRM	0000155502	
0000	FFBRM0	FBRM	0000163402	
0000	FFBRM0	FBRM	0000163602	
0000	FFBRM0	FBRM	0000163702	
0000	FFBRM0	FBRM	0000163902	

Command Identifier (CID) —

The CID is a two-digit alphanumeric code that identifies the MAJCOM a position falls under.

	A	B
1	CID	CID Title
2	02	AF INSPECTION AGENCY (FO)
3	02	AF INSPECTION AGENCY (FO)
4	02	AF INSPECTION AGENCY (FO)
5	02	AF INSPECTION AGENCY (FO)
6	02	AF INSPECTION AGENCY (FO)

Position (POS) —

The POS number identifies a specific position on the UMD. The other data points on the UMD define what that position looks like and what it does. Each authorization has a unique position number.

P	Q	
PAS	Position #	JDP - Joi
FBRM	0000155502	
FBRM	0000163402	
FBRM	0000163602	
FBRM	0000163702	
FBRM	0000163902	

Air Force Specialty Code (AFSC) —

The AFSC is a numeric code that identifies the skill set and may include an alpha prefix or suffix. The AFSC title identifies basic groupings of positions requiring similar skills and qualifications.

AL	AM	
SC Prefix	AFSC	AFSC Title
	048A4	AERO M
	041A4	HEALTH
	042S4	CLINICA
	043H4	PUBLIC
	048R4	RES TRI

Special Experience Identifier (SEI) —

The SEI identifies special experience and training for the position. An example is a 4N that works in immunizations may be required to have special training to be able to work in that specific area.

AN	AO	AP	AQ	
CHO				
CHO				
TH SVC	475	Substance Abuse Certification		
CHO				
CHO				

Required Grade (RGR) —

The RGR is the grade that has been determined is needed to accomplish the mission. These grades are determined by in depth analysis of a duty section and the creation of a manpower standard (discussed later).

	AS	AT
	Req Grade	Auth Grade
	LTCOL	LTCOL
	COL	COL
	LTCOL	LTCOL
CO	LTCOL	MAJOR
	LTCOL	LTCOL

Funded (Authorized) Grade

The required grade is not always the grade we can have. The funded grade is the actual grade we are authorized for the position. Required and funded grades can often be the same but when the funded grade is lower it is because the Air Force is unable to fund every grade to the level required by the manpower standards.

Funded grades are determined at the MAJCOM level in the Career Progression Process (CPG), which we will discuss in the next section.

	AS	AT	AU
	Req Grade	Auth Grade	MPD
	LTCOL	LTCOL	
	COL	COL	21COL029
	LTCOL	LTCOL	
	LTCOL	MAJOR	
	LTCOL	LTCOL	

Program Element Code (PEC) —

This alphanumeric code identifies the funding source for the position. The first five characters are normally numeric (and the sixth is always alphabetic).

Z	AA	
DHP	PEC	PEC Title
Non-DHP	91212D	AF INSP
Non-DHP	91212D	AF INSP
DHP	87714A	OTHER
DHP	87714A	OTHER
Non-DHP	91212D	AF INSP

Fiscal Year/Fiscal Quarters —

The fiscal year begins 1 October and ends 30 September. Fiscal quarters are as follows:

- 1 Oct – 31 Dec – First Quarter
- 1 Jan – 31 Mar – Second Quarter
- 1 Apr – 30 Jun – Third Quarter
- 1 Jul – 30 Sep – Fourth Quarter

This portion will show if the authorization is projected to “fall” off the UMD. You will see it change from a 1 to a 0 if that position will no longer be authorized.

BC	BD	BE	BF	BG	BH	
FY21	FY22	FY23	FY24	FY25	FY26	FY27
1	1	1	1	1	1	1
1	1	1	1	1	1	1
0	1	1	0	0	0	0
0	1	1	0	0	0	0
1	1	1	1	1	1	1

Installation or Location Indicator (ILC) —

The ILC is an alpha code identifying the exact location of the unit or installation in geographic coordinates.

CJ	
(Parent) ILC - Installation Location Code	(Parent) ILK - Inst
TAYZ	ADM
TAYZ	ADM
TAYZ	ADM
TAYZ	ADM
TAYZ	ADM

Organizational Structure Code (OSC) —

The OSC is an alphabetic code, between two and four characters in length that identifies the internal organizational structure of a specific unit.

AH	AI	
PMA	OSC	OSC Title
DOPMA	SGO	MEDICAL
PMA	SGO	MEDICAL
PMA	SGI	MEDICAL
PMA	SGI	MEDICAL
DOPMA	SGO	MEDICAL

Functional Account Code (FAC) —

The FAC is a code identifying a particular work center. Multiple FAC's can be in one flight. Some FAC's are just one flight.

	AC	
	FAC	FAC Title
	11F200	INSPECTION
	11F200	INSPECTION
	11F200	INSPECTION
	11F200	INSPECTION
	11F200	INSPECTION

There are over a hundred codes that can be found on a UMD!

Manpower Standard

This is the basic tool used to determine the most effective and efficient level of manpower required to support a function. It is a quantitative expression that represents work center man-hour requirements in response to varying levels of workload. The Air Force Manpower Analysis Agency determines algorithms across the enterprise based upon the expected section workload from factors such as base population and MTF empanelment.



***For reference, a Manpower Standard is
attached below.***



Manpower Standard.pdf

160.7 KB



If you require more information on other codes found on the UMD, your MTF's Manpower point of contact (POC) should be your first stop.

If you happen to be the Manpower POC, you can reach out to the AFMS manpower team or your base manpower team for additional guidance.

Next, we will learn about the Career Progression Group (CPG).



CPG

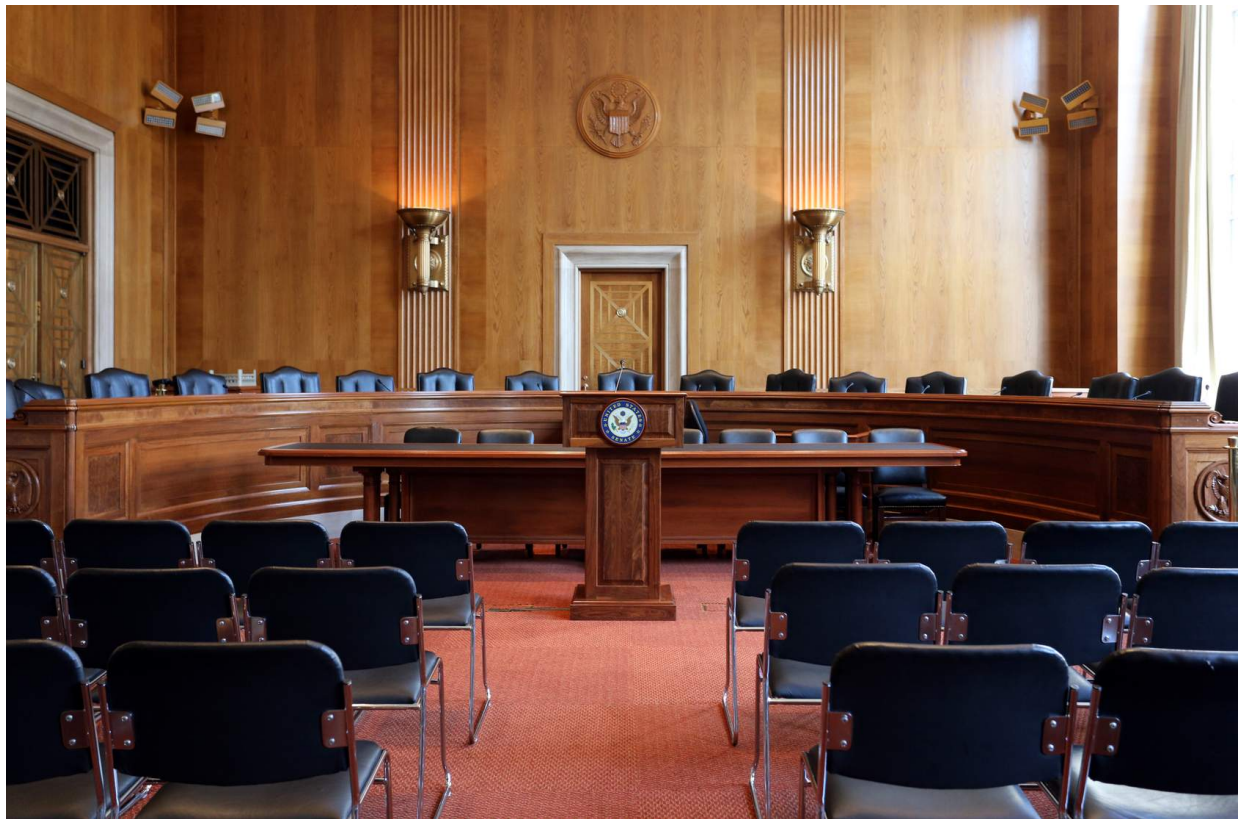
As mentioned earlier, the CPG is what affects the funded grade on a units UMD. The CPG balances grades across each MAJCOM. MAJCOM functionals will be tasked with a certain quota of their AFSCs that will have their funded grade be lower than their required grade. The MAJCOM functional will work with the MTF functionals to ensure the reduction in grades is even and balanced and that it will not negatively affect the mission in a section.

For example, one SrA position reduced to an A1C in Outpatient Records with four other airmen and many NCOs would not be an issue; however, lowering a SrA position to an A1C in Medical Readiness may not work if that is the only airman assigned to that flight. Those are the considerations leaders have to make during the CPG review process.

You are probably wondering why the Air Force would require a grade, but then fund a lower grade. Why not just pay for the required grade? The *balancing of manpower* is the "why."

Law

Congressional law limits the number of active duty authorizations. CPG's happen to ensure the grades are balanced across the entire Air Force. The MAJCOMs, FOAs, and DRUs ensure the authorized grades in MPES are consistent with these limits. Plus, we only have a finite budget; funds are *not* unlimited. Ensuring we have the correct mix of grades ensures we remain within our budget.



What if we discover the UMD and the JTD don't match? Or, what if leadership would like to make a change to the UMD?

We would do this by submitting a request using an authorization change request (ACR) or organizational change request/manpower change request (OCR/MCR).

But first, let's look at an important concept. All changes need to be zero-balance transactions.





Zero-Balance Transaction

This simply means that we are not just increasing authorizations on the UMD. If you add in one place, you must take from another. We cannot just add an authorization to the UMD without balancing and removing an equivalent position from elsewhere. Any request that asks to change manpower must not increase authorizations, skill level, grade requirement, or PEC funding.

Let's now discuss the ACR and OCR/MCR.



Click each tab below to learn more.

ACR

OCR/MCR

The ACR is the commander's vehicle for making changes to his or her UMD. ACR's are only used to make small changes to UMD's to make it align with the JTD (formerly the program objective memorandum or POM). If you are making a change that will result in the JTD changing the current mechanism is an MCR/OCR. Refer to the current AFMS business rules since process changes occur each fiscal year. Currently, there is no listing of an ACR on the AFMS KX.



DEPARTMENT OF THE AIR FORCE
UNITED AIR FORCES IN EUROPE
UNITED AIR FORCES IN AFRICA

24 February 2023

MEMORANDUM FOR HQ USAFE/A1M

SUBJECT: Authorization Change Request

1. Request the following change to be accomplished as indicated below:

	PAS	ORG	POS #	SAR	EFF DATE
FROM	RF0DFC25	SG	02191690D	6	
TO				5	15 Mar 23

2. JUSTIFICATION:

This position requires a SAR code upgrade to provide a layer of read-in TS/SCI redundancy to the USAFE-AFAFRICA Surgeon General's (SG) Office. This would ensure there is an additional member to cover TS/SCI meetings ISO EUCOM, AFRICOM, and other COCOMs in the event the SG and Deputy SG are unavailable. This SAR upgrade meets criteria in DODM 5200.02_AFMAN 16-1405, Section 4.2.e.(3) and will not require approval from 2-3 Star General Officer/Senior Executive Service.

3. MISSION IMPACT: No impact to mission.

4. PERSONNEL:

- a. Military: The proposed change will not cause a personnel action.
- b. Civilian: N/A
- c. UTC: N/A

ACR

OCR/MCR

This is a request for any change to your organization's manpower or structure. These requests have been separated in the past but are now combined and are submitted on the DHA Form 108, *Manpower Change Request*. Requests will vary depending if your MTF is in a market, or stand alone. Refer to the current fiscal year business rules for current guidance.

MANPOWER CHANGE REQUEST										
I. MANPOWER CHANGE REQUEST (MCR) ESSENTIALS										
1. DATE:	2. UNIT:	3. PAS:	4. REQUESTER NAME:	5. DSN #:	6. REASON FOR MCR:					
					Increases, decreases, realignments of authorizations					
7. IMPACTS. State what the adverse impacts would be if not implemented ex. mission and/or personnel.										
8. AUTHORITY FOR CHANGE ACTION(S). Driving directive mandating change.										
II. MANPOWER CHANGE REQUEST DETAILS										
9. CHANGE RATIONALE. Ensure proposed adjustments identify workload, mission, unit structure, and/or technology changes. List expected tangible results.										
10. CHANGE ACTION. List Unit Manpower Document position(s) and requested change. Use attached MCR input template if changes exceed below positions										
10-digit position #	PAS	Unit	OSC	GRD	AFSC	DCC	OPTIONAL...	OPTIONAL...	Effective	Action
										CURRENT
										REQUESTED
										CURRENT
										REQUESTED
										CURRENT
										REQUESTED
										CURRENT
										REQUESTED
										CURRENT
										REQUESTED
										CURRENT
										REQUESTED
11. MANPOWER CORDINATION										Attach Documents
SELECT ATTACH TYPE <input type="checkbox"/> a. MCR Template (used if changed POS(s) exceed 5) <input type="checkbox"/> b. Civilian Position Description <input type="checkbox"/> c. E-mail <input type="checkbox"/> d. Other										

46.3

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Which of the following codes is *not* found on the UMD?

-
- ☐ Special Experience Identifier (SEI)
 - ☐ Functional Account Code (FAC)
 - ☐ Personnel Accounting Symbol (PAS)
 - ☐ Military Occupation Specialty (MOS)

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Where can you get a copy of the UMD?

- ☐ Resource Management Office (RMO) Manpower
- ☐ Base Manpower

☐ Air Force Medical Service (AFMS) Manpower

☐ All of the above

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What database is the UMD pulled from?

☐ Manpower Programming Execution System

☐ Joint Table of Distribution

☐ AFMS Manpower Kx

☐ Program Objective Memorandum

SUBMIT

Knowledge Check. Input and submit your response to the question below.

What group determines an authorization's funded grade?

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

The UMD include contractors.

☐

True

☐

False

SUBMIT

Knowledge Check. Input and submit your response to the question below.

What is the basic tool used to determine the most effective and efficient level of manpower required to support a function?

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which of the following would NOT affect a manpower standard?

-
- ☐ Base population
 - ☐ MTF empanelment
 - ☐ Workload
 - ☐ Funding

SUBMIT

CONTINUE

Next, let's discuss UMD reconciliation.

Sometimes there can be discrepancies between the data on the Joint Table of Distribution (JTD) and Unit Manpower Document (UMD). Additionally, there may be times when authorization change requests (ACRs) or manpower change requests (MCRs) are processed, and we need to ensure they are reflected correctly on the manpower documents.

How often these reconciliations are performed can vary based on how often the information on the UMD or JTD changes. Some clinics might perform them monthly, quarterly, or even annually. Either way, reconciliations need to be accomplished to ensure MTFs have the appropriate manning to accomplish our mission.



Bottom line, the JTD and the UMD should match!

As previously mentioned, the AFMS Kx site located [here](#) has JTD and UMD copies for download. Your Resource Management office can also provide you with a copy.

The process of reconciling your UMD is a simple, yet tedious process. You will go position number by position number to find any differences in data between the JTD and UMD. Many MTF's have developed local practices to make this process more automated. The images below are examples of each.

	8	9	10
	FMTS POSITC	Service Manning Document Position# Legacy	EFF DA
N/C	03374616		9/1/2023 DD8
N/C	03374406		9/1/2023 DD8
N/C	03374399		9/1/2023 DD8
3ET	03271360	010125671L	8/31/2023 DD8
3ET	03271361	010149711L	8/31/2023 DD8
3ET	03271364	010242221L	8/31/2023 DD8
3ET	03271366	000932631L	8/31/2023 DD8
3ET	03271363	000932621L	9/1/2023 MH
ALL	03342157	000621191L	9/1/2023 MN
ALL	03342156	010063571L	9/1/2023 MN
ALL	03342155	000188221L	8/31/2023 C 08
3ET	03271229	010019471L	8/31/2023 DD8
3ET	03271232	000023251L	9/1/2023 MH
3ET	000044061L		9/1/2023 MH

	18	19	20	21	22
	(Parent) F	Position #	RIC	RIC Title	
AC	F7RS	0001647707	0004	OFFICERS	
21	F7RS	0001647607	0004	OFFICERS	
27	F7RS	0001647807	0004	OFFICERS	
N	FBCD	000215480B	0160	CIVILIANS UNITED ST/	
N	FBCD	000215490B	0160	CIVILIANS UNITED ST/	
N	FBCD	000215500B	0160	CIVILIANS UNITED ST/	
N	FBCD	000215970B	0160	CIVILIANS UNITED ST/	
3J	FQCL	003077340J	0160	CIVILIANS UNITED ST/	
3J	FQCL	003077340J	0178	CIVILIANS (REIMBURS	
3J	FQCL	003077350J	0160	CIVILIANS UNITED ST/	
3J	FQCL	003077350J	0178	CIVILIANS (REIMBURS	
3J	FQCL	003111850J	0160	CIVILIANS UNITED ST/	
3J	FQCL	003111850J	0178	CIVILIANS (REIMBURS	
3J	FQCL	003111860J	0160	CIVILIANS UNITED ST/	

JTD example, click to zoom.

UMD example, click to zoom.

The most basic way to accomplish a reconciliation is to:

- 1 Filter the title row on both excel documents by *Position Number*.
- 2 Filter each Excel to the same position number.
- 3 With the UMD on one monitor and the JTD on the other, filtered to the same position number.
- 4 Go column by column, comparing data to ensure that it is identical.

Keep track of position numbers you have completed and keep notes of potential issues for review when you are complete.



Discrepancies?

Once you have your list of discrepancies it is now time to fix them. If the UMD does not match the JTD you will utilize the current fiscal year business rules and through the ACR/OCR/MCR process submit the appropriate change request. If you are unsure if the discrepancy should be changed, contact your appropriate DHA Market Manpower POC.

For example...

Working as the Manpower SME for your MTF, you are contacted by your Market Manpower POC and informed that you will be getting three new Medical Technician positions on the books at the beginning of the next fiscal year. Your next step is to perform a reconciliation on your UMD and JTD. If the additions are shown on both the JTD

and UMD, you are good to go. If the positions are shown on the UMD and not the JTD, complete the appropriate change request and submit through your appropriate market desk.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

What field do you use to verify data is correct between the UMD and JTD?

- ☐ Air Force Specialty Code
- ☐ Position Number
- ☐ Personnel Accountability Code
- ☐ Functional Account Code

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

You need the UMD and the _____ to complete the reconciliation.

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Submit the appropriate change request utilizing the current fiscal year business rules and through the ACR/OCR/MCR process.

☐

True

☐

False

SUBMIT

CONTINUE

Before we cover the steps to reconcile the Unit Personnel Management Roster (UPMR), lets discuss what it is and what we are reconciling.



Purpose

The UPMR is a report that the CSS generates from MILPDS showing our assigned Active Duty and many details such as AFSC, DEROS, PAS, and position number, to name a few. The purpose of reconciling the UPMR is to ensure the correct person is in the correct position. It is the Resource Management Office (RMOs) job to ensure MTF leadership have the correct information to ensure the right folks get placed in the right positions.

The UPMR is the “faces to spaces” document mentioned in the UMD section.

First things first...

The first step in accomplishing an UPMR reconciliation is to obtain a copy of your current UPMR from the Commander’s Support Staff (CSS) and your UMD. Much like the UMD reconciliation, you will go through all position numbers to verify accuracy.

8	19	20	21	22
(Parent) R	Position #	RIC	RIC Title	
4C FTRS	0001647707	0004	OFFICERS	
21 FTRS	0001647607	0004	OFFICERS	
27 FTRS	0001647807	0004	OFFICERS	
1N FBOD	000215480B	0160	CIVILIANS UNITED ST/	
1N FBOD	000215490B	0160	CIVILIANS UNITED ST/	
1N FBOD	000215500B	0160	CIVILIANS UNITED ST/	
1N FBOD	000215970B	0160	CIVILIANS UNITED ST/	
1J FOCL	003077340J	0160	CIVILIANS UNITED ST/	
1J FOCL	003077340J	0178	CIVILIANS (REIMBURS.	
1J FOCL	003077350J	0160	CIVILIANS UNITED ST/	
1J FOCL	003077350J	0178	CIVILIANS (REIMBURS.	
1J FOCL	003111850J	0160	CIVILIANS UNITED ST/	
1J FOCL	003111850J	0178	CIVILIANS (REIMBURS.	
1J FOCL	003111850J	0160	CIVILIANS UNITED ST/	

G	H	J	K	L	M	
PROJ QTR2	PROJ QTR3	PROJ QTR4	POS_N	SAR F	PEC	PSEL 1
1	1	1	02613080D	0000	0028038A	HFN-BASE DE
1	1	1	02191660D	0000	0028038A	
1	1	1	02645010D	0000	0028038A	487-CRITCARI
1	1	1	02191690D	0000	0028038A	HNM-MEDICA
1	1	1	02191840D	0000	0028038A	HNM-MEDICA
1	1	1	09589480D	0000	0028038A	
1	1	1	09589480D	0000	0028038A	431-ASSOCIA
1	1	1	09589480D	0000	0028038A	
1	1	1	09601390D	0000	0028038A	095-FM CERT
1	1	1	02644990D	0000	0028038A	
1	1	1	02191650D	0000	0028038A	Y05-GREEN B
1	1	1	02612990D	0000	0028038A	
1	1	1	09589500D	0000	0028038A	HFM-HYPERB
1	1	1	02613020D	0000	0028038A	
1	1	1	02613020D	0000	0028038A	
1	1	1	02612970D	0000	0028038A	
1	1	1	02613030D	0000	0028038A	475-SUB ABU
1	1	1	02613090D	0000	0028038A	
1	1	1	02307560D	0000	0028038A	YHR-INSTALL
1	1	1	09522210D	0000	0028038A	HBA-FAMILIA
1	1	1	09589390D	0000	0028038A	
1	1	1	02308360D	0000	0028038A	HGA-PUBLIC

UMD example, click to zoom.

UPMR example, click to zoom.

The reconciliation also brings to light any members who are in the same position number, or double booked.

Double booked positions will need to be researched to determine if one person can move to a vacant position number.

However...

It is ok if *all* areas do not match completely. AFSC mismatches are the most common discrepancy you will find. It is also important to pay attention to Special Experience Identifiers (SEIs). If there is a specific SEI tied to the position, the member sitting in the position should be in possession of that SEI.

Any areas of discrepancy should be highlighted or noted and then reviewed with the proper flight leadership.



CONTINUE

Knowledge Check. Input and submit your response into the statement below.

It is _____ job to ensure MTF leadership have the correct information to ensure the right folks get placed in the right positions.

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Where do you get a copy of the UPMR?

- ☐ Base Manpower Office
- ☐ Commander's Support Staff
- ☐ MDSS Secretary
- ☐ MDG Executive Officer

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Where do you get a copy of the UPMR?

- ☐ Base Manpower Office
- ☐ Commander's Support Staff
- ☐ MDSS Secretary
- ☐ MDG Executive Officer

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What is called when two people are in the same position number?

-
- ☐ UPMR
 - ☐ Multi-position number
 - ☐ Double booked
 - ☐ Authorization

SUBMIT

CONTINUE

Let's now move on to processing manning assistance requests.



Purpose

Although the UMD identifies what your MTF is authorized, there are times that you need additional manning to execute the mission. This could be due to staffing shortages in a one-deep position, retirements, natural disaster, and so forth. The intent of manning assistance is to provide short term manpower to Air Force units or positions within joint units (with additional TDY resources) in the performance of its home base mission.



Click each tab below to learn more about specific assistance requests.

**ACTIVE DUTY
MANNING ASSIST**

**INDIVIDUAL
MOBILIZATION
AUGMENTEE
MANNING ASSIST**

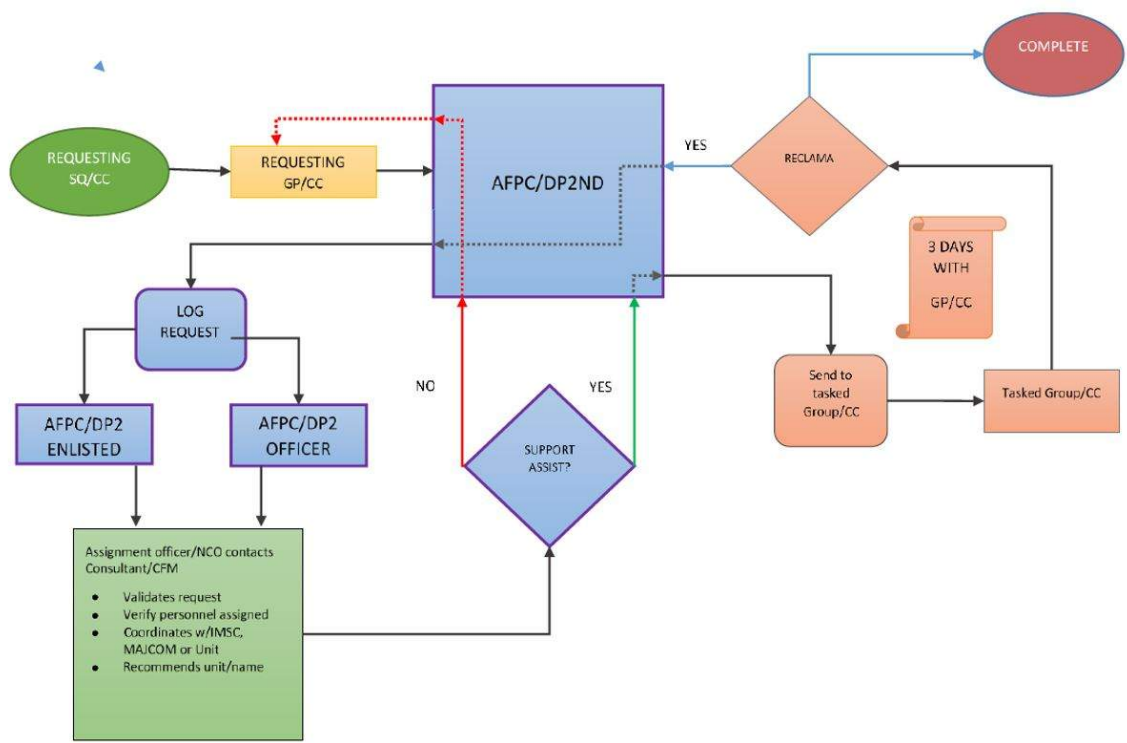
**TRADITIONAL
RESERVIST MANNING
ASSIST**

**AIR FORCE NATIONAL
GUARD MANNING
ASSIST**

Manning assistance requests are initiated at the squadron commander level and then routed through the appropriate group commander for validation and recommendation.

The manning assistance TDY procedures and program management responsibility falls within the Air Force Personnel Center (AFPC). Requests must be submitted to AFPC within 60 days of the desired reporting date. Air Expeditionary Force (AEF) deployments create manning shortages at installations Air Force wide.

Therefore, inter-command manning assistance TDYs should not be used to backfill AEF deployments as a means to alleviate organizational manning shortages.



ACTIVE DUTY MANNING ASSIST	INDIVIDUAL MOBILIZATION AUGMENTEE MANNING ASSIST	TRADITIONAL RESERVIST MANNING ASSIST	AIR FORCE NATIONAL GUARD MANNING ASSIST
-------------------------------	---	--	---

Individual mobilization augmentees (IMA) are individual members of the selected reserve or participating individual ready reserve assigned to an active component of the DOD or other US government agency in war, contingency operations, and peacetime to meet national defense, strategic national interest and domestic objectives.

An IMA is an individual reservist who usually is assigned to a regular Air Force unit and provides augmentation when active-duty members are absent. The IMA normally trains with the active-duty organization he or she augments.

The primary peacetime mission of the IMA is readiness. IMAs are trained/prepared to accomplish their assigned tasks and duties to augment or to offset dwindling active duty manpower in support of the Total Air Force and national objectives.



ACTIVE DUTY MANNING ASSIST	INDIVIDUAL MOBILIZATION AUGMENTEE MANNING ASSIST	TRADITIONAL RESERVIST MANNING ASSIST	AIR FORCE NATIONAL GUARD MANNING ASSIST
-------------------------------	---	--	---

An individual reservist usually reports for duty with their parent Air Force Reserve Command (AFRC) unit, typically a wing, group, or squadron, at least one weekend a month and an additional two weeks a year.

An MTF requests manning assistance support from the Air National Guard (ANG) and/or Air Force Reserves through their respective MAJCOM. ANG/Reserves requires coordination and support for “man days” which only the MAJCOMs control.



**ACTIVE DUTY
MANNING ASSIST**

**INDIVIDUAL
MOBILIZATION
AUGMENTEE
MANNING ASSIST**

**TRADITIONAL
RESERVIST MANNING
ASSIST**

**AIR FORCE NATIONAL
GUARD MANNING
ASSIST**

An individual air national guardsman typically reports for duty at least one weekend a month, and an additional two weeks a year. The ANG's federal mission is to maintain well-trained, well-equipped units available for prompt mobilization during war and provide assistance during national emergencies (i.e., natural disasters or civil disturbances).

When ANG units are not mobilized or under federal control, they report to the governor of their respective state or territory.



CONTINUE

Knowledge Check. Input and submit your response into the question below.

The intent of manning assistance is to provide short term manpower to Air Force units or positions within joint units. What Air Force entity is responsible for overall management of the program?

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

MTF requests for manning assistance support from the Air National Guard and/or Air Force Reserves comes from the _____.

- ☐ commander
- ☐ Air Force Medical Service
- ☐ MAJCOM
- ☐ supervisor

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What is the intent of the manning assist program?

- ☐ to allow staff to go on vacation
- ☐ provide short term manpower
- ☐ POM authorization
- ☐ Local MTF policy

SUBMIT

CONTINUE

For the last section in this lesson, let's discuss the Program Objective Memorandum (POM).

Have you ever wondered what drives the resources at your MTF? For example, why does a limited scope facility like Los Angeles Air Force Base Station have just as many 4A0s as Vandenberg Space Force Base? Or why some clinics are able to offer more specialty care?

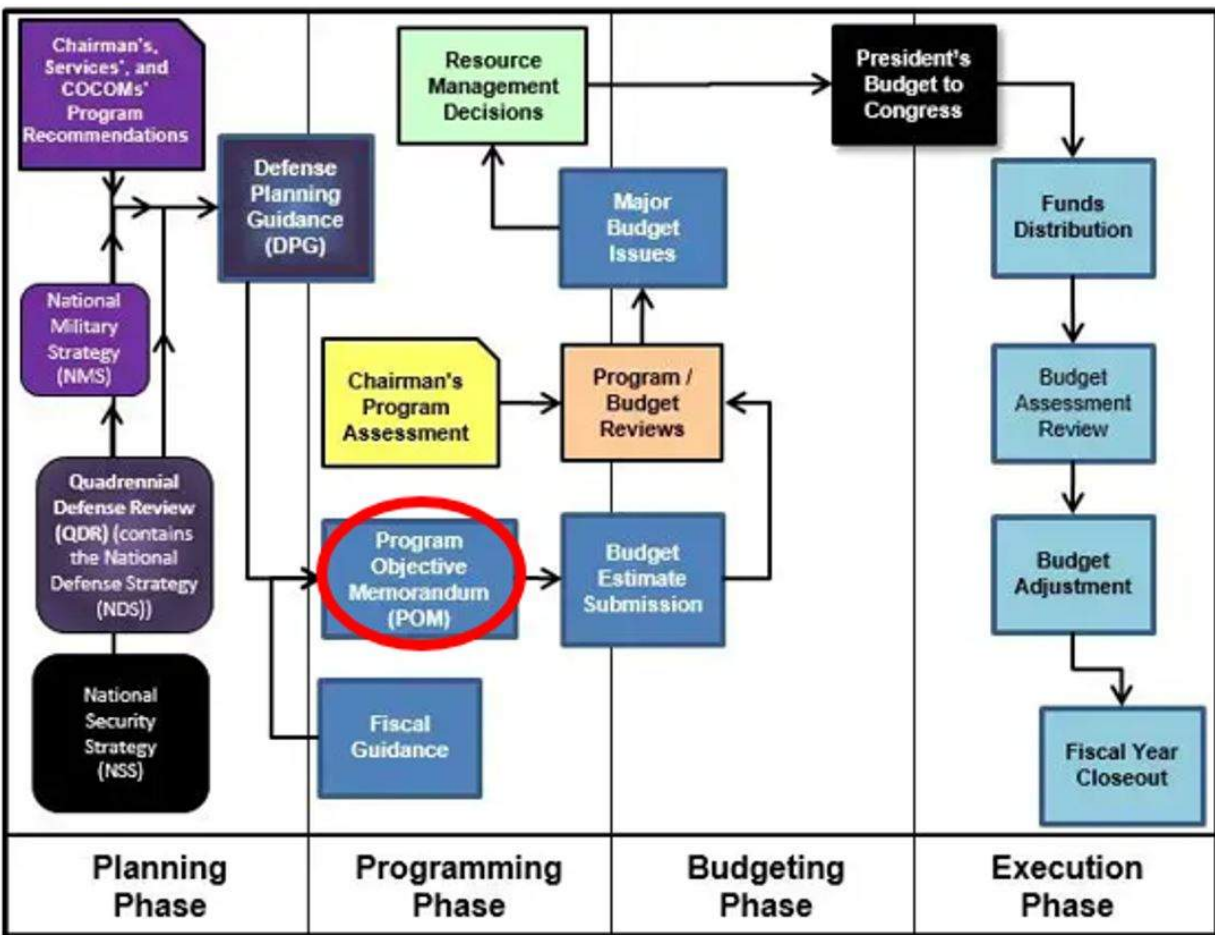
The POM tells us just that. The POM is a request that shows how a military department or program plans to allocate resources. The POM is part of the Programming Phase of the Program, Planning, Budget, and Execution (PPBE) process when planning decisions, programming guidance, and congressional guidance are converted into a detailed allocation of resources.

Purpose

The purpose of the Air Force Medical Service (AFMS) POM is to resource medical requirements in support of the warfighter across the domains of air, space and cyberspace while meeting DoD, Chief of Staff of the Air Force (CSAF), and the Air Force Surgeon General (AF/SG) priorities.



The POM is the final product of the programming process within the DoD that displays the resource allocation decisions (money and manpower) in response to and in accordance with the SECDEF's Defense Planning Guidance. The POM shows planned needs for the next five years and is the result of the DoD's programming phase of the budget process. See the chart below for reference.



Did you know?

The POM is a continuous evolving source document that the Resource Management Office utilizes to determine the MTFs programmed budget and Full Time Equivalents (broken down by clinics/departments, AFSC, officers, enlisted, civilian and contractors authorized) within the current and future fiscal years.

The POM will be developed through the Planning/Programming Review outlined in the following steps (click each box):

☐

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) issues POM Guidance to the Input Sources.

☐

Input sources submit their POM requests electronically to the J8 Programming Division who will consolidate the submissions on behalf of ASD(HA).

☐

Health Affairs governance bodies review the prioritized list and provide recommendations to the ASD(HA) for final decision.

☐

On behalf of the ASD(HA), the J8 Programming Division submits the final POM lock/submission to Office of the Secretary of Defense.

Next, let's look at the general roles and responsibilities within the AFMS POM construct.



Click each tab below to learn more.

Military Treatment Facility (MTF)

The MTF identifies emerging issues within their facility, based on mission, into capability requirements. The MTF leadership works directly with their MAJCOM functional, AFMRA, and DHA analysts.

Major Command (MAJCOM)

The MAJCOMs translate emerging issues in their area of responsibility, based on mission, into capability requirements. The MAJCOMs vet and review issues from their MTFs prior to forwarding them to DHA.

AF/SG1/8Y

AF/SG1/8Y provides input during the POM build to ensure seamless program execution, advises the AFMS Corporate Structure on fact-of-life changes, and ensures an executable program.

AF/SG1/8SP (the AFMS Corporate Structure)

AF/SG1/8SP are the process managers. They link planning, programming and execution to the Air Force Surgeon General (AF/SG) strategic vision and develops a resource roadmap and advises the AFMS Corporate Structure on the development of the program.

AF/SG1/8SE (the Cost Analysis and Program Evaluation Division)

AF/SG1/8SE performs unbiased analysis to help the AF/SG solve complex issues related to peacetime healthcare and readiness operations.

AFMSA/SG8F (Health Facilities Office)

AFMSA/SG8F provides input during the POM build for Initial Outfitting and Transition (IO&T) requirements which are driven by the Military Construction (MILCON) program as well as a portion of the Restoration & Modernization (RM) program. SG8F also validates the financial requirements for sustainment which are generated by the DoD Facility Sustainment Model (FSM), as well as financial requirements driven by a facility recapitalization model and other factors including Facility Condition Index scores (Q- Ratings), operational mission changes, and other identified needs.

AFMS Panel

The AFMS Panel is the AFMS centers of expertise for their program areas. Consisting of Air Staff functional representatives, consultants, career field managers (CFMs), program Offices of Primary Responsibility, and others as required. The AFMS Panels provide the first level of corporate vetting of new initiatives, disconnects, and offsets, and they support the Air Force and Surgeon General (SG) vision and resource allocation processes.

AFMS Group

The AFMS Group is the first level of the AFMS Corporate Structure that integrates the AFMS mission and capabilities into a balanced program. The group provides corporate oversight and

direction to the AFMS Panels consistent with AF/SG strategic direction and provide recommendations to the AFMS Council.

AFMS Council

The AFMS Council provides cross-functional, senior level review of resource allocation and strategic AFMS issues with ultimate responsibility to make recommendations to the SG. The AFMS Council reviews AFMS Group proposals and forwards recommendations to the AF/SG for final approval.

Air Force Surgeon General (AF/SG)

The AF/SG is the final approval authority of AFMS POM issues to include planning and programming guidance and instruction, and the allocation of programmed manpower and total obligation authority.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

What does POM stand for?

-
- ☐ Program Objective Monument
 - ☐ Program Objective Memorandum
 - ☐ Program Obligation Memorandum
 - ☐ President Objective Memorandum

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What is the purpose of the POM?

- ☐ Resource medical requirements
- ☐ Displays money and manpower allocations

☐ Supports congressional guidance

☐ All of the above

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

How are manning authorizations listed in the POM?

☐ Air Force Specialty Code (AFSC)

☐ Officer/Enlisted

☐ Civilian Contractor

☐ All of the above

SUBMIT

Knowledge Check. Input and submit your response into the statement below.

The POM shows planned needs for the next _____ years and is the end result of the DoD's programming phase of the budget process.

Type your answer here

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which phase is the POM part?

☐

Planning

☐ Programming

☐ Budgeting

☐ Execution

SUBMIT

END OF LESSON

Lesson 11: Support Agreements

After completing this lesson, the student will be able to identify support agreements, IAW prescribed guidance and publications.

Support agreements are basically MOAs and MOUs. Let's dive in.



Click each tab below to learn more.

MEMORANDUM OF AGREEMENT (MOA)

MEMORANDUM OF UNDERSTANDING (MOU)

The MOA is used to document the specific terms and responsibilities that two or more parties agree to in writing, especially those that involve reimbursement.

For example, the MTF is currently providing care for foreign military forces temporarily assigned to the base. At the end their tour, the Resource Management office provides a consolidated invoice and the MTF is reimbursed for medical and dental services rendered.



MEMORANDUM OF AGREEMENT (MOA)

MEMORANDUM OF UNDERSTANDING (MOU)

The MOU is used to document issues of general understanding between two or more parties that do *not* involve reimbursement.

For example, the MTF could have an MOU to render medical and dental care to foreign military forces without reimbursement.



COMMAND-LEVEL MOA

FUNCTIONAL AREA MOU

A Command-Level MOA is an agreement between or among Major Commands (MAJCOMs), Numbered Air Forces (NAFs), or MAJCOM-equivalent commands to identify the limits for support agreements between subordinate units.

For example, you could be working at the 86th Operational Medical Readiness Squadron (OMRS) on Ramstein AB, Germany and have a tenant Air Combat Command (ACC) squadron on base. There could be a Command Level MOA where the 86th OMRS provides Flight Surgeon support to the ACC unit on Ramstein.



COMMAND-LEVEL MOA

FUNCTIONAL AREA MOU

The Functional Area MOU is used to document mutually agreed upon roles and responsibilities, in a formal support agreement that can be used for future events.

For example, the Emergency Management office is currently routing the Installation Emergency Management Plan 10-2 for review and update. This document consists of different agencies across the base and outlines roles and responsible of each agencies in the event a disaster occurs.



CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

The Memorandum of Understanding (MOU) is used to document issues of general understanding between two or more parties that do *not* involve reimbursement.

☐ True

☐ False

SUBMIT

Knowledge Check. Select and submit all that apply in response to the statement below.

Memorandum of agreement can be used to document...

☐ non-recurring reimbursable support

☐ non-reimbursable support

☐ single reimbursable purchase

☐ recurring reimbursable support

SUBMIT

Knowledge Check. Select and drag each term to the correct definition.



Command-Level MOA

Identifies parameters for developing support agreements between subordinate units.



Functional Area MOU

Documents mutually agreed upon roles and responsibilities.

SUBMIT

END OF LESSON

Lesson 12: Cost Center Managers (CCM)

After completing this lesson, the student will be able to train and assist Cost Center Managers (CCM) in the management of resources, IAW prescribed guidance and publications.



Initial Training

A CCM must receive initial training in order to operate their cost center and understand the government business environment, and **Resource Advisors (RA)** are responsible for this training. Any

dealings with government funds are always confusing because it's "paper money" meaning you never see the physical money; you only see numbers on paper. The truth, it is paper money until it gets to the treasury, then it takes the form of hard cash, but you do not get to see that.

The basic information the CCM receives for initial training includes the following:

- Supply orientation.
- Equipment management.
- Medical Expense and Performance Reporting System (MEPRS) training.
- Financial training.
- Manpower management.

The RA must train the CCM on the general accounting and finance processes, more specifically:

- Funding authority commitments.
- Accounts payable.
- Accounts receivable.

- Expenditures.
- Collections.

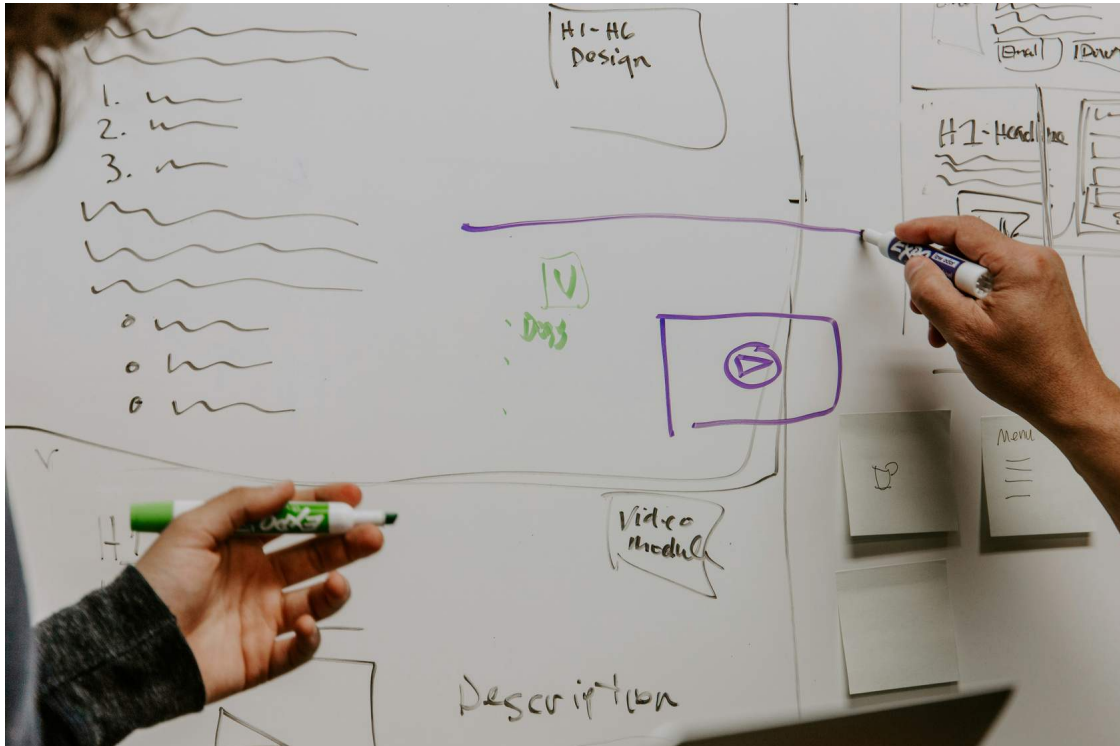
Training Preparation



Here are some steps the RA could take to prepare for and conduct CCM training!

Step 2

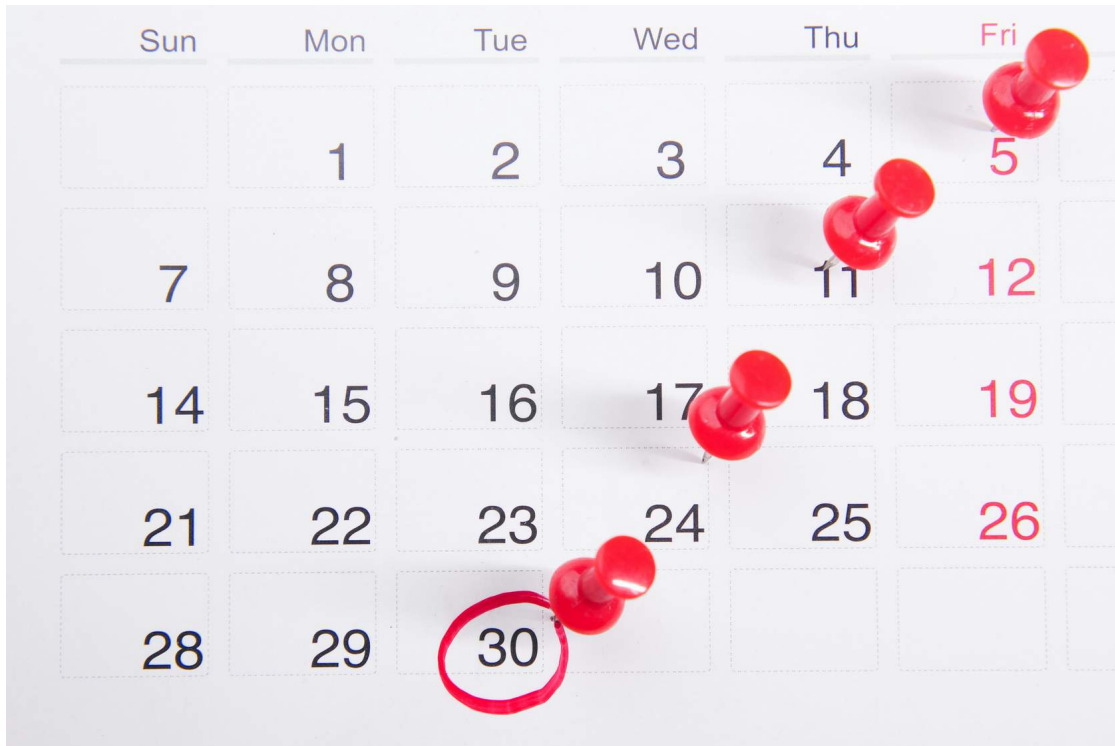
Organize



The RA gathers necessary subject information, organizes it, and documents the information into an outline or agenda.

Step 3

Schedule



Once the RA organizes the training content, he or she schedules training. The RA reserves a room that is large enough for all attendees and is a comfortable learning environment. Or, if your MTF is composed of several buildings, Microsoft TEAMS could be a good option for training.

Step 4

Notify



After scheduling the training, the RA notifies the CCMs via e-mail or official memorandum/tasking. The notification includes the date, time, and place of the training, and may include a list of the training content or read-ahead materials.

Step 5

Prepare



At least a week before training, the RA gathers the training documents. This includes the agenda and any other documents required to accomplish to training

Step 6

Training Day



The RA hands out the training documents and presents the training information. The RA may ask the attendees questions and encourage their interaction. After covering all the training material, the RA reviews the training objectives and answers any question attendees may have.

Conduct Recurring Training

RAs will provide continuation and refresher training to CCMs. RAs may request the assistance of your local comptroller squadron or DHA to help with the refresher training. There is no requirement on how often CCM training should happen. It is all dependent on the MTF, however a good recommendation is quarterly since funding is distributed on a quarterly basis.

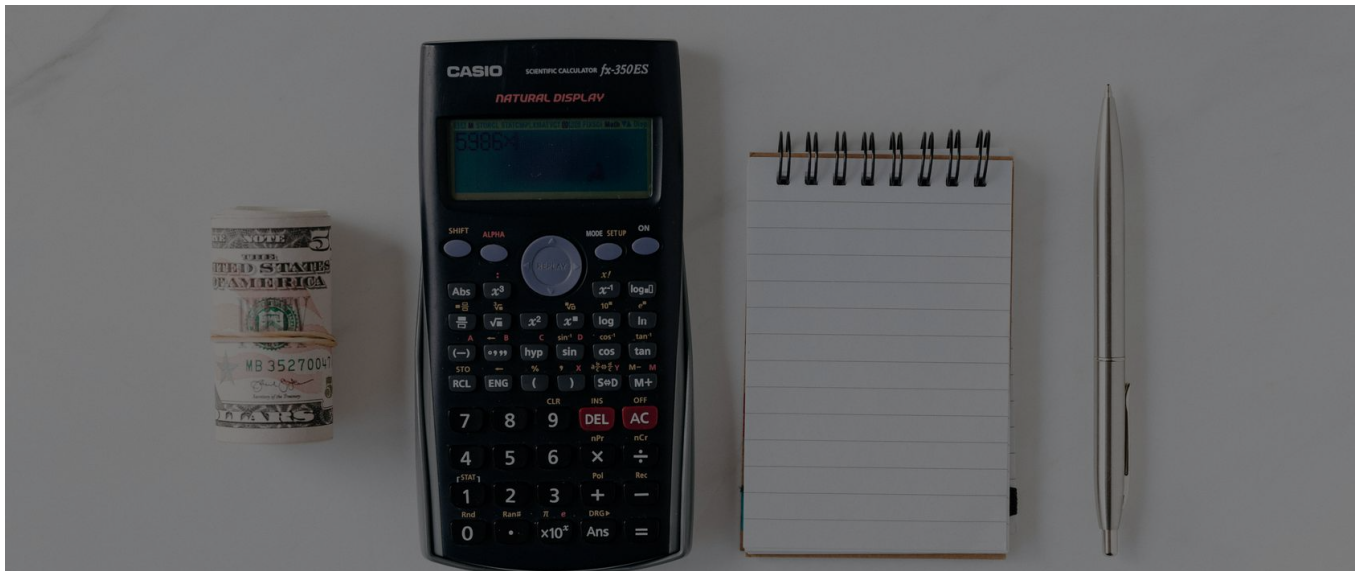
CONTINUE

Who is responsible for training Cost Center Managers?

- ☐ MEPRS Manager
- ☐ Resource Advisor
- ☐ MTF Commander
- ☐ UBO Manager

SUBMIT

CONTINUE



Analysis of Expenses

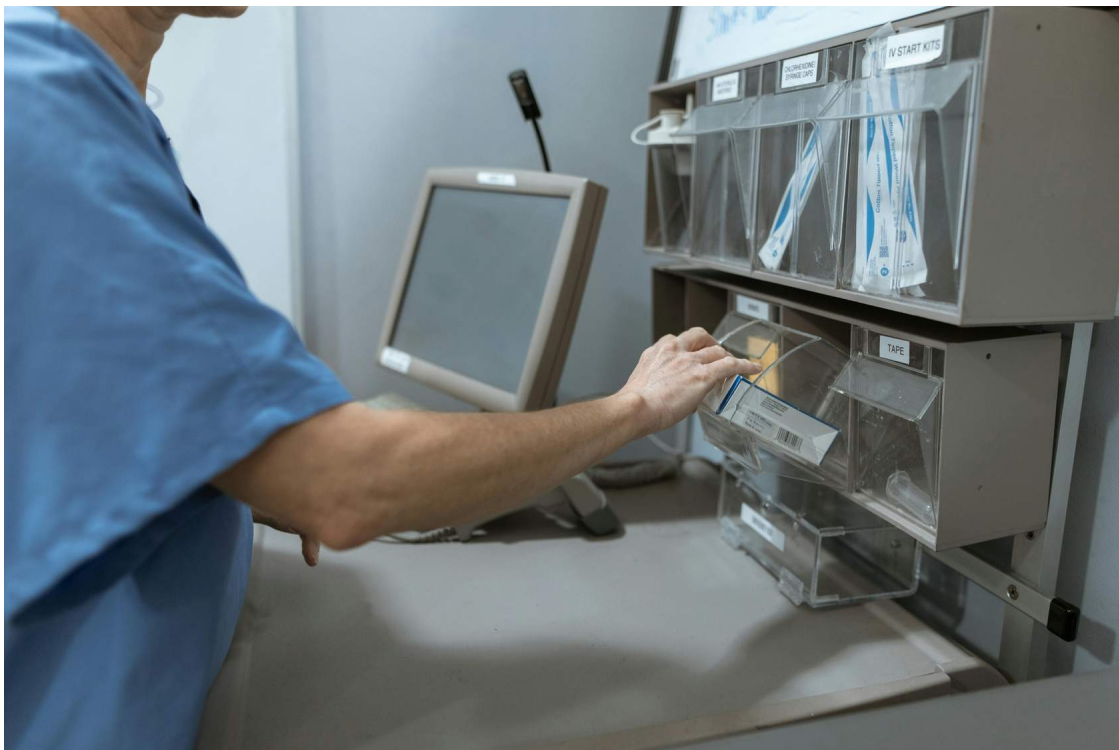
The term “analysis of expenses” can sound a bit intimidating, but it is no different than balancing your personal checkbook. Many people may think that dealing with government agencies about money is confusing, but that is not true. The key ingredient is to understand the lingo and its definition. Before analyzing the expenses, let’s concentrate on the basic information needed to assist the CCM in performing an analysis of expenses.

First, the CCM needs to understand the two stages of accountability: commitments and obligations.

COMMITMENTS

OBLIGATIONS

Commitments are specific amounts of funds reserved for funding specified obligations such as services, medical equipment, nonmedical equipment, and so forth.



COMMITMENTS

OBLIGATIONS

Obligations are the legal reservations of a specific amount of funds associated with a firm contract or other obligating document.



An obligation represents a legal and binding promise to purchase a service or supply item from a vendor. There are three stages of obligations:

Undeliverable Orders Outstanding (UOO) —

The first stage of obligation is undelivered orders outstanding. A UOO represents orders, contracts or agreements (negotiated), and obligation of funds. Upon receipt of a UOO document, the amount of the order reduces the commitment and increases the UOO stage. The amount remains in the “undelivered stage” until you receive the

goods or services and Defense Finance Accounting Service (DFAS) receives notification of receipt. At this stage, the money is obligated, but the item is not yet received.

Accrued Expenditures Unpaid (AEU) —

To help you understand the accrued expenditures unpaid concept, here is an example from civilian life. Assume that last month you went to the store to purchase an item. Unfortunately, the store was out of the item and offered to order it for you. Sometime later, the store calls to let you know your item has arrived.

Once you receive and accept the item, this puts you in what the Air Force calls AEU. In the AEU stage, the customer has received the item, but the invoice from the vendor (i.e., the bill for your purchase) has not been received. This represents the obligation stage, which means the Air Force owes a certain amount for goods received and/or the services rendered. At this point, the UOO stage reduces and the AEU increases; funds remain in the AEU stage until receiving the invoice.

Accrued Expenditures Paid (AEP) —

You have the item you ordered from the store catalog in your hand. The salesclerk hands you a bill (invoice) for the item, and you pay for your order before you leave the store. This is similar to the final obligation stage of accounting. Once DFAS receives the invoice, it pays the bill. When making the payment, the amount in AEU reduces, and AEP increases. In simple terms, the item was received, the invoice arrived, and the vendor was paid.



NOTE: **NEVER OVER OBLIGATE THE GOVERNMENT!** The “Amount Available for Obligation” can never be a negative number. The negative number tells you that you have overspent. This is an Antideficiency Act violation!

CONTINUE



CCM Guide

The CCM should keep a CCM guide, or binder (electronic or hardcopy), current with the latest

information. **At a *minimum*, the binder should contain the following information:**

- CCM primary/alternate appointment letter.
- Quick reference phone numbers, or Point of Contact (POC) list.
- Agenda & meeting minutes.
- Supply handbook.
- MEPRS handbook.
- Financial handbook.
- Financial plan for the cost center.
- Target/budget information.

Additional information can include the training certificate, CCM job description/checklist, and so forth. Below is an example of a checklist you may want to use (check each box):

- ☐ Are you completely familiar with the operation and expenses incurred within your cost center?
- ☐ Do you know who your RA is?
- ☐ Are you able to read, interpret, and use the Status of Funds Report and open document reports?

- ☐ Are you able to read and use the computer reports from the supply system (Customer Support Report)?
- ☐ Do you keep the CCM minutes on file?
- ☐ Do you maintain weekly or monthly obligation status reports?
- ☐ Do you brief your RA at least monthly on the status of your organization?
- ☐ Are you maintaining a continuity folder?
- ☐ Are you involved with the financial plan process?
- ☐ Are you involved in the closeout procedures?
- ☐ Is your appointment as CCM in writing by your flight commander?
- ☐ Is your cost center fund target evaluated periodically to ensure it is adequate to satisfy mission requirements?

CONTINUE

Specific amounts of funds reserved for funding things like services or equipment are known as _____.

Type your answer here

SUBMIT

The item was received, the invoice arrived, and the vendor was paid. Which obligation stage is represented by this scenario?

- ☐ Analysis of Expenses
- ☐ Undeliverable Orders Outstanding
- ☐ Accrued Expenditures Unpaid
- ☐ Accrued Expenditures Paid

SUBMIT

END OF LESSON