

**Patient Centered Medical Home**  
**Activity Manpower Documents; DMHRSi Assignments and Labor Reporting**  
**(DRAFT)**

- Establishment of a New Patient Centered Medical Home (PCMH) organization:
  - Commands will have the latitude to determine which areas (clinics) will be organized into PCMH teams and possibly not all personnel will be in a PCMH team.
    - Example: NH Bremerton may establish four Family Medicine PCMH Teams (utilizing MEPRS Codes/FCCs BGZA, BGZB, BGZC, and BGZD) and retain a Family Medicine Clinic (MEPRS Code/FCC BGAA).
  - PCMH Teams will only be created in Family Medicine (BGZ\*), Internal Medicine (BAZ\*), Pediatrics (BDZ\*). Each team will be associated to a unique 4<sup>th</sup> character MEPRS Code/FCC. Multi-specialty teams will utilize the BGZ coding format.
  - Commands have the latitude to create PCMH Support Teams comprised of Nurses, Hospital Corpsman, Admin/Clerical staff (non-providers only) that will support multiple PCMH teams and utilize the B\*X\* MEPRS Code/FCC, as appropriate. The B\*X\* MEPRS Code/FCC is NOT authorized to be established for the exclusive use of a single team.
    - If the personnel are solely supporting a specific team, it is not authorized to establish the shared resources B\*X\* MEPRS Code/FCC.
  - A Manpower Change Request (MCR) will be required to implement the PCHM Team organization on the Activity Manpower Document. This includes:
    - Creation of a header record for each PCMH team to be implemented.
    - Identification of all billets by Billet Identification Number (BIN) to be aligned to each PCMH Team or PCMH Support Team to be established.
  - Standard Organization Codes will be used to identify each PCMH Team and it's associated billet structure. The Standard Organization Code format to be utilized on the AMD is:
    - The first two characters will be the directorate
      - 03 (Director Medical Services) or 5\* if at a Branch Clinic
      - 13 (Director Health Services) at a Naval Health Clinic or Naval Hospital
    - The third and fourth characters (department code) will denote the specialty:
      - FP – Family Medicine or Multi-specialty (was FM – changed to de-conflict with BASE OPS - STAND ALONE MEDFAC)
      - PE – Pediatrics
      - IN – Internal Medicine
      - S1 – S9 Support Teams

- The fifth and sixth characters will denote the PCMH team or SUP team:
  - H1 – Team 1
  - H2 – Team 2
  - H3 – Team 3
  - H4 – Team 4
  - H5 – Team 5
  - H6 – Team 6
  - H7 – Team 7
  - H8 – Team 8
  - S1 – Team 1
  - S2 – Team 2
  - S3 – Team 3
  - S4 – Team 4
  - S5 – Team 5
  - S6 – Team 6
  - S7 – Team 7
  - S8 – Team 8
  
- Example: NH Pensacola establishes three Family Medicine PCMH Teams (the STD Org Codes will be 03FPH1, 03FPH2, 03FPH3), two Pediatrics PCMH Teams (03PEH1 and 03PEH2), two Internal Medicine PCMH Teams (03INH1 and 03INH2), three PCMH Support Teams (03S1ZZ, 03S2ZZ and 03S3ZZ) while maintaining the Family Medicine (03FP00), Pediatrics (03PE00) and Internal Medicine (03IN00) Internal Medicine Clinics. For support teams within a department if needed, 03PES1, 03INS2, 03FPS3, etc. Header titles are as follows: For support teams that support multiple departments i.e. PCMH SUP TEAM ONE, PCMH SUPPORT TEAM TWO, PCMH SUP TEAM THREE, etc. For support teams within a specific department i.e. PCMH SUP TEAM ONE (FAM MED), PCMH SUP TEAM TWO (PEDS) and PCMH SUP TEAM THREE (INT MED).
  
- MCRs must be submitted to BUMED via their Regional Commander and the Navy Medical Manpower Analysis Team (NM MAT)
  
- BUMED will execute MCR in TFMMS (header records created/billets realigned)
  
- Manpower updates will be fed to DMHRSi to establish the new Organizations/People Groups (same list of values) and positions.
  
- DMHRSi by default uses the first day of the month in which loaded as the effective start date of the new Organizations and Positions.
  
- Capture of data against the PCMH cannot occur until the organizational structure has been fed to DMHRSi, Navy LCA codes have been entered, task created and personnel assigned.

- The Assigned FTE will be calculated to the MEPRS Code/FCC that is aligned with each of the Organizations (created from the header records on the AMD).
- The Nonavailable Hours/Expenses reported for personnel based on the People Group on the DMHRSi assignment.
  - As long as the Parent DMIS ID on the Project, Organization and Group assigned are the same, otherwise it will be aligned to the Organization on the assignment.
- Tasks will have to be created for each work/cost center (PCMH Team) in order to capture the available time. This will also require personnel to charge each task separately if required to work in multiple teams not supported by a PCMH Team (EBZ\*).

Sequence:

1. Commands identify PCMH Teams (which become header records) and billets (by BIN) from current AMD that will be aligned to each team.
2. Commands prepare a Manpower Change Request and submit to BUMED via Regions and NM MAT for update of TFMMS (60 day's; can NOT be completed before step 1)
3. TFMMS data fed to DMHRSi by DMHRSi Support Team, creates Orgs and positions (14 day's; can NOT be completed prior to step 2)
4. Site personnel updates assignments in DMHRSi (can NOT be completed prior to step 3).
5. Organization LCA Records (MEPRS Code/FCC, military labor nonavailable labor JON, DMIS ID, etc) are populated – each command will need to identify data elements and provide to DMHRSi Support Team. The data elements can be identified with step 2, however DMHRSi can NOT be updated until after step 3.
6. Tasks created in DMHRSi (can be accomplished once a task list has been identified by the command and military labor JONs are requested/created in STARS/FL)
7. Personnel submit timecards in DMHRSi – can begin once step 4, 5, 6 are completed (which is independent of the AMD being updated).