



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 5311.1 CH-1
BUMED-M1
2 Sep 2020

BUMED INSTRUCTION 5311.1 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY TOTAL FORCE MANPOWER LABOR REPORTING GUIDELINES FOR
CONTRACT EMPLOYEES

Encl: (1) Revised page 4 and new page 4a

1. Purpose. To issue guidance concerning labor reporting guidelines for contract employees, which requires contracts to be documented on the Activity Manpower Document to ensure Bureau of Medicine and Surgery has visibility on all requirements and that the activities involved are reviewing the continued need for these documents.

2. Action. Remove page 4 of the basic instruction and replace with enclosure (1) of this change transmittal.

3. Records Management

a. Records created as a result of this change transmittal, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this change transmittal or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.


B. L. GILLINGHAM

Releasability and distribution:

This change transmittal is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

d. Contracts not funded by BUMED, both PS and NPS, must be documented on the AMD (within the parameters defined in subparagraphs 5a and 5c) in the center where the work will be performed to ensure BUMED has visibility on all contracts, and that the activities involved are reviewing the continued need for these requirements. Many of these requirements can be above and beyond what the Office of the Chief of Naval Operations (OPNAV) has validated (or would validate) if internally funded. However, understanding the nature of external funding and pilot programs is important, so subparagraphs 5d(1) through 5d(3) outline the procedure for documenting these billets on the AMD. This allows for proper documentation and required periodic review of these contract positions without a delay or interruption in mission requirements. Assistant Deputy Chief Total Force (BUMED-M1) will monitor phase end-dated contract billets to ensure communication is consistent between BUMED, echelon 3, and the activity. This also retains fiduciary responsibility as directed by OPNAV. These types of contracts will be processed and documented on the AMD as provided:

(1) A Manpower Change Report must be submitted by the receiving activity to request to add the contract billet(s) onto the AMD, with appropriate justification.

(2) The billet title will include a funding suffix, for example, Defense Health Program “DHP Funded” for ease of identification.

(3) If the contract billet has not been validated by the Shore Manpower Requirements, the requirements indicator code for the billet will be entered as a “V.” Alternatively, if the contract position has been validated the requirements indicator code for the billet will be entered as an “E.” Effective dates for contract positions will be documented as provided:

(a) Contracts with a start date. Effective dates will include the period of the contract plus 1 year to facilitate contract renewal or re-competition.

(b) Contracts not yet finalized. Effective dates will be set at the time of the request at 5 years plus 1 year to facilitate contract renewal or re-competition.

e. HR Department manpower specialists must ensure all contract employees are assigned the correct DMHRSi contract (contractor) type based on the object class code within the contract’s line of accounting. Enclosure (1) provides the decision process.

f. To facilitate understanding of the principles defined in this instruction, examples are provided in enclosure (2).

6. Responsibilities. Each command must ensure every contract person working within or for the command officially checks into their HR department. The HR department will specifically:

- a. Ensure their inter-departmental transfer programs are adequate to properly notify and reassign staff members when an individual transfers from one department to another within the facility.
- b. Ensure all HR records in DMHRSi are created and tracked for each contract employee working within the command.



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BUMED INSTRUCTION 5311.1

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Subj: NAVY TOTAL FORCE MANPOWER LABOR REPORTING GUIDELINES FOR
CONTRACT EMPLOYEES

Ref: (a) OPNAVINST 1000.16L

Encl: (1) Defense Medical Human Resources System Internet Contractor Type Table
(2) Contractor Employee Decision Matrix and Scenarios

1. Purpose. This instruction provides policy and procedures for reporting contract personnel and positions employees on the Activity Manpower Document (AMD) and in the Defense Medical Human Resources System Internet (DMHRSi) system.

2. Background. Navy Medicine manpower requirements are based on valid approved workload drivers and define the number of personnel requirements, typically defined in contract manpower equivalent (CME), required to perform Navy Medicine's peacetime mission and deliver the specified capability. Manpower requirement equates to a specific manpower billet, which has assigned qualifiers that define the duties, tasks, and functions to be performed, as well as the specific skills and skill level necessary to perform the functions. Total force requirements reflect the appropriate workforce and skill mix of military, civil service, and private sector manpower necessary to accomplish Navy Medicine missions. In determining an appropriate manpower mix, manpower requirements that do not meet the criteria for military or government civilian requirement must be designated as contractor requirements. Furthermore, manpower requirements must reflect the minimum quantity (based on the Navy standard work week) and quality of manpower required for peacetime and wartime to effectively and efficiently accomplish the activity's mission per reference (a).

3. Scope and Applicability. This instruction applies to all Navy Medicine activities assigned within Budget Submitting Office (BSO) 18.

4. Definitions

a. Non-Personal Services (NPS). A contract under which the personnel rendering the services are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the Government and its employees.

b. Personal Services (PS). A contract that, by its express terms or as administered, makes contractor personnel appear to be, in effect, Government employees. PS are characterized by the employer-employee relationship created between the Government and the contractor's personnel.

c. Statement of Work (SOW). Used when the task is well-known and can be described in specific terms. SOWs must include a description of work to be performed; location of work; period of performance; deliverable schedule; applicable performance standards; and any special requirements (e.g., security clearances, travel, and special knowledge). To the maximum extent practicable, agency requirements must be performance-based statements.

d. Performance Work Statement. An SOW for performance-based acquisitions that describes the required results in clear, specific, and objective terms with measurable outcomes.

e. AMD. The AMD provides the billet structure to report and document manpower requirements and authorizations based on valid, approved workload drivers. The primary driver of Navy Medicine workload is the mission, functions, and tasks statement of the activity. The AMD must reflect accurate and valid requirements and include all valid personnel types (i.e., military active duty, government service direct hire, and contractors).

f. DMHRSi Contractor Type. Categories currently within DMHRSi defining a contract type used for determining the service unique expense element in labor reporting. Enclosure (1) provides the decision process for contractor type selection.

g. Skill Type. As set forth in the Navy Total Force Manpower Requirements Handbook, Navy Manpower Analysis Center, April 2000, available at <http://www.public.navy.mil/bupers-npc/organization/navmac/Documents/ReqHdBk.pdf>, skill types are defined as:

(1) Skill Type 1. Clinician (includes physicians, dentists, and veterinarians).

(2) Skill Type 2. Direct care professional (individual licensed or certified, privileged providers other than a clinician, who consult with other healthcare professionals to assess, plan, and implement an effective treatment program. This personnel category includes physical and occupational therapists, podiatrists, psychologists, social workers, physician assistants, independent duty corpsmen, and advanced practice nurses).

(3) Skill Type 3. Registered nurses (includes all registered nurses, except those utilized as advanced nurses, such as practitioners, nurse anesthetists, and nurse midwives, who are classified as direct care professionals).

(4) Skill Type 4. Direct care paraprofessionals (skilled individuals who provide technical assistance or follow-up to direct patient care; includes licensed practical nurse, licensed vocational nurse, medical specialists, medical technicians, x-ray specialists, dental lab specialists, and dental hygienists).

(5) Skill Type 5. Administrative, logistics, or clerical (all other personnel utilized at the facility who are not involved in direct patient care).

5. Policy. Each activity assigned within BSO-18 will ensure the AMD reflects the appropriate contractor billet requirements needed to meet the mission, functions, and tasks of the activity utilizing the following definitions as there are significant differences in how contract requirements are described in DMHRSi.

a. For NPS, the appropriate documentation of these types of contract employees is the number of requirements needed if the function had to be completed by a military or government service employee. Per Bureau of Medicine and Surgery (BUMED) Medical Expense Performance Reporting System (MEPRS) Policy, Version 18-3 of 4 February 2018, this is defined as a CME. This should reflect the “true” requirement for the specific function and should be documented on the AMD with the following caveats. This policy is intended to be inclusive, while avoiding unnecessary or redundant reporting of labor contracts such as housekeeping, laundry, maintenance, etc. where multiple people or groups are performing a singular function. The contract employee:

(1) Is a skill type 1 through 4 and works in a clinical work center; or

(2) Is a skill type 1 through 4 and works in a non-clinical work center; or

(3) Is a skill type 5 and works in a clinical work center (e.g., secretary or ward-clerk for family practice); or

(4) Is a skill type 5 and works in a non-clinical work center whereby the activity can clearly articulate or identify a singular CME requirement.

b. The Human Resource (HR) record in DMHRSi is a “person record” containing the member’s demographic information and assignment. It reflects, at a minimum, the personnel assigned to valid clinical authorizations on the AMD (e.g., skill types 1 through 4). Skill type 5 will not be included unless they meet the criteria in subparagraphs 5a(3) and 5a(4). NPS contract employees will not report labor time in the DMHRSi Labor Cost Accounting (LCA) Module for MEPRS. The question of “Is a timecard required?” field in DMHRSi must be marked “No” due to the nature of these contracts (typically performance-based); the cost of these contracts is reported to MEPRS via the financial accounting system.

c. For PS, contract workers will be assigned to applicable and specific billets on the AMD and will report available and non-available time (if applicable in the contract) in the DMHRSi LCA Module for MEPRS reporting purposes. Therefore, the question within DMHRSi, “Is a timecard required?” should be flagged “Yes.” The contractor type assignment in DMHRSi is determined by the object class code and is obtained from the contract accounting data via the contracting officer’s representative. Record the contractor types in DMHRSi HR Module per enclosure (1).

d. Contracts not funded by BUMED, both PS and NPS, must be documented on the AMD (within the parameters defined in subparagraphs 5a and 5c) in the center where the work will be performed to ensure BUMED has visibility on all contracts, and that the activities involved are reviewing the continued need for these requirements. Many of these requirements can be above and beyond what the Office of the Chief of Naval Operations (OPNAV) has validated (or would validate) if internally funded. However, understanding the nature of external funding and pilot programs is important, so subparagraphs 5d(1) through 5d(3) outline the procedure for documenting these billets on the AMD. This allows for proper documentation and required periodic review of these contract positions without a delay or interruption in mission requirements. Assistant Deputy Chief Total Force (BUMED-M1) will monitor phase end-dated contract billets to ensure communication is consistent between BUMED, echelon 3, and the activity. This also retains fiduciary responsibility as directed by OPNAV. These types of contracts will be processed and documented on the AMD as provided:

(1) A Manpower Change Report must be submitted by the receiving activity to request to add the contract billet(s) onto the AMD, with appropriate justification.

(2) The billet title will include a funding suffix, for example, Defense Health Program “DHP Funded” for ease of identification.

(3) If the contract billet has not been validated by the Shore Manpower Requirements, the requirements indicator code for the billet will be entered as a “V.” Alternatively, if the contract position has been validated the requirements indicator code for the billet will be entered as an “E.” Effective dates for contract positions will be documented as provided:

(a) Contracts with a start date. Effective dates will include the period of the contract plus 1 year to facilitate contract renewal or re-competition.

(b) Contracts not yet finalized. Effective dates will be set at the time of the request at 5 years plus 1 year to facilitate contract renewal or re-competition.

e. HR Department manpower specialists must ensure all contract employees are assigned the correct DMHRSi contract (contractor) type based on the object class code within the contract’s line of accounting. Enclosure (1) provides the decision process.

f. To facilitate understanding of the principles defined in this instruction, examples are provided in enclosure (2).

6. Responsibilities. Each command must ensure every contract person working within or for the command officially checks into their HR department. The HR department will specifically:

- a. Ensure their inter-departmental transfer programs are adequate to properly notify and reassign staff members when an individual transfers from one department to another within the facility.
- b. Ensure all HR records in DMHRSi are created and tracked for each contract employee working within the command.

c. Collaborate with the LCA specialist to determine timecard completion and ensure the proper contract type is assigned based on the contract object class code within the line of accounting.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/ Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M1 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. The reports required in paragraphs 5b, 5c, and 5d(a), are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7p.


TERRY J. MOULTON
Acting

Releasability and distribution:

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DEFENSE MEDICAL HUMAN RESOURCE SYSTEM INTERNET
CONTRACTOR TYPE TABLE

Per Federal Acquisition Regulations (Volume 1), the object class code (OCC) in DMRHSi drives the assignment of the correct contractor type. HR specialists must determine under which OCC the contract is executed. This can be determined a number of ways: by viewing the line of accounting in the contract; contacting the contracting officer's representative, or by contacting the accounting department with the contract number.

It is imperative to choose the object class from the contract accounting to ensure CMEs and expenses are aligned when combined within MEPRS at the work center level.

DMHRSi Contractor Type	OCC	Description
Resource Sharing (RS)	2	Other goods and services from Federal sources
Non-Personal Service (NPS)	2	Other services from non-Federal sources
Service Contract (SC)	2	Medical care/PS
SC	256	All Other OCC

CONTRACTOR EMPLOYEE DECISION MATRIX AND SCENARIOS

The following business rules concerning the use of DMHRSi and contractors is provided. Policy is also defined on reporting contractor labor (available time).

Note: When the person type of the HR record is identified as a contractor, no expenses are generated in the Expense Accounting System output file. Assigned CME available and non-available labor is only captured for PS contract employees. For every individual HR record that is created and annotated as timecard required, a DMHRSi timecard will be completed and submitted at all MEPRS reporting facilities.

Decision Matrix			
Is the Contract Funded by the Medical Treatment Facility (MTF)?			
If Yes		If No	
Is the Contract PS or NPS?		Is Medical Care Provided?	
Is NPS: No timecard required. Select contract type based on object class code in contract line of accounting.	Is PS: Timecard required. Select contract type based on object class code in line of accounting. If 254, then RS. If 252, then NPS. If other than 252 or 254 then SC.	If yes: Non-Defense Health Program borrowed contractor labor reporting process required.	If no: Stop, no action required.

SCENARIO #	DMHRSi CONTRACTOR TYPE	IS INDIVIDUAL HR RECORD REQUIRED?	DMHRSi TIMECARD REQUIRED?	SHOULD HOURS BE REPORTED?	COMMENT
ONE	Command has a contract with a company to provide information technology services to the facility. The contract requires all work to be done on-site, however does not define how many CMEs should be used.				
	SC	YES	NO	NO	Contract Object Class is 257 which maps to contractor type SC. Only contract expenses are required for reporting to MEPRS.
TWO	Command has a contract with a company to conduct third party collection functions. The contract specifies that all of the work is conducted off-site, and does not define how many CMEs may be used.				
	NPS	NO	NO	NO	Contract Object Class is 252 which maps to contractor type NPS. Only contract expenses are required for reporting to MEPRS.
THREE	Command has a contract with a company to provide operating room support (all work is on-site of the medical treatment facility) and also defines the number of hours and people that will be provided.				
	SC	YES	YES	YES	Contract Object Class is 256 which maps to contractor type SC.
FOUR	Command has a contract with a company to provide radiology services off-site (reading of digital films). The contract only specifies the naval hospital will pay for the number of films read, not the number of CMEs. Also, other commands use the same company and the company only provides one bill for services rendered to the Navy.				
	SC	NO	NO	NO	Contract Object Class is 256 which maps to SC. Cost is already reported in MEPRS via the Financial Accounting System.

SCENARIO #	DMHRSi CONTRACTOR TYPE	IS INDIVIDUAL HR RECORD REQUIRED?	DMHRSi TIMECARD REQUIRED?	SHOULD HOURS BE REPORTED?	COMMENT
FIVE	Command has a contract with a company to provide security guards for a specific number of hours (on-site). The company has bid on the contract which was awarded for 14 CMEs per month, however the company has a pool of 26 individuals that work multiple contracts (the Navy contract and other civilian contracts) and rotate around – i.e., an individual may work at the command for 2 weeks, rotate around to other contracts, and then come back to the command every 6 weeks.				
Decision needed based on type of contract	NPS	YES	YES	NO	Contract Object Class is 252 which maps to contractor type SC.
Decision needed based on type of contract	NPS	YES	NO	NO	If contract is not a PS contract the government does not supervise and CMEs are not required in MEPRS; the expenses are reported via the financial data.
SIX	Command has a contract to provide emergency department staffing (doctors, nursing techs, and admin). The contract specifies that the company will be paid based on services provided but not the number of CMEs.				
	SC	YES	YES	YES	Care is Provided. The government should have supervision of the personnel.
SEVEN	Command has contract with a company to provide housekeeping, linen and laundry, medical record coding, and food services (i.e., galley and patient food) to the MTF. The contract specifies the amount of work to be completed, but not the number of CMEs needed to complete the task. Some of the functions (housekeeping and galley) are performed on-site of the MTF, some of the functions are conducted off-site (linen and laundry), and some are performed both on and off-site (coding and patient food ops).				
	SC	YES	NO	NO	Cost is already reported in MEPRS via the Financial Accounting System. Contract Object Class is 256 so the contractor type is SC.

SCENARIO #	DMHRSi CONTRACTOR TYPE	IS INDIVIDUAL HR RECORD REQUIRED?	DMHRSi TIMECARD REQUIRED?	SHOULD HOURS BE REPORTED?	COMMENT
EIGHT	Command has a memorandum of understanding with a foundation for two different functions associated with traumatic brain injury research or patient care and research. Some of the personnel perform both functions and some of the personnel only provide one of the functions (patient care or research)				
	SC/Memorandum of Understanding Borrowed contract	N/A Borrowed labor	YES	NO	Timecard is required for the contractor performing patient care. Free receipt is required to be entered in the Standardized Accounting and Reporting System - Field Level (STARS/FL) for the patient care expense. The object class for the free receipt is 256, so the contractor type is SC.
NINE	BUMED has a multiple-award task order contract with a company to provide on-site medical record coding at multiple MTFs. The contractors work on-site at each of the MTFs. The contract defines the number of personnel at each MTF, and a staff member at the MTF supervises the contractors.				
Decision needed based on type of contract	SC	YES	YES	YES	Contract Object Class is 256, so contractor type is SC.
Decision needed based on type of contract	SC	YES	NO	NO	Contract Object Class is 256, so contractor type is SC. Although BUMED manages the contract, the costs are charged to the MTF.