OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

SEP 09 2010

MEMORANDUM FOR DEPUTY SURGEON GENERAL OF THE ARMY
DEPUTY SURGEON GENERAL OF THE NAVY
DEPUTY SURGEON GENERAL OF THE AIR FORCE
COMMANDER JTF CAPMED

SUBJECT: Policy Memorandum - Military Health System Data Quality Management Control Program, Revised Reporting Documents

This memorandum revises Enclosure 1 (Data Quality Management Control (DQMC) Review List) and Enclosure 2 (Data Quality Statement) of Department of Defense Instruction (DoDI) 6040.40 (Military Health System (MHS) Data Quality Management Control Procedures), dated November 26, 2002. These important documents are the basis for the Military Treatment Facility (MTF) Report Format submitted to you monthly from your MTFs. The changes recommended in this memorandum will be incorporated into the DoDI through a reissuance process at a later date; changes to the enclosures are authorized in the DoDI.

The DQMC Workgroup, which includes both Surgeon General staff and TRICARE Management Activity representation, has recommended changes to the reporting and management tools. The primary changes for fiscal year 2011 focus on clarifying the methodology and instruction language for DQMC Review List items. The DD-2569 questions have been moved from their respective coding audit questions (C.5, C.6, C.7) and consolidated into their own question (C.8), making it easier for the MTF Uniform Business Office Manager to answer the questions. Comparable changes have been made to the Data Quality Statement questions, which the MTF Commander must approve and sign.

The revised DQMC documents will be used beginning with the December 2010 reporting period (October 2010 data month). These documents can be viewed on the DQMC webpage http://www.tricare.mil/ocfo/mcfs/dqmcp/management_control.cfm .

Thank you once again for your staff's cooperation in making improvements to the DQMC Program and continued support of the MHS data quality initiatives.

Rachel C. Foster
Acting Deputy Assistant Secretary of Defense
Health Budgets & Financial Policy

Enclosures:
As stated

E1. ENCLOSURE 1

FY 2011 DATA QUALITY MANAGEMENT CONTROL REVIEW LIST

Instructions: The Military Treatment Facility (MTF) Data Quality (DQ) Manager and members of the DQ Assurance Team (or other designated structure) will forward the completed DQMC Review List to the MTF Executive Committee and Commander for review, coordination and action to meet timelines for completing the Data Quality (DQ) Statement, **to be signed by the Commander of the MTF**. Fill in the form with a Yes/No answer, count/percentage, date or other entry as indicated. The completed list provides information for the completion of the monthly Data Quality Statement. **Bolded items contain data required to complete the Data Quality Statement. Please explain negative responses with proposed corrective actions in the comment sections.** The 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 (N/A). 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 five years or as otherwise noted in supporting guidance for the statements in Sections A-E below:

A. Organizational Factors	
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.	
POC Name(s) and Phone Number(s)	
A.1. The MTF Commander signed last month's Data Quality Statement acknowledging responsibility for the quality of data reported from the MTF.	Date signed:
A.2. The MTF DQ Manager submitted the completed Data Quality Statement to the Service's respective DQ Manager(s).	Date sent:
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.) Reporting Month: _____	Date completed:
A.4. The DQ Manager briefed the *reporting* month's DQMC Review List, and Financial and Workload Data Reconciliation and Validation results to the MTF Executive Committee.	Date briefed:
A.5. Does your MTF have a Coding Compliance Plan. a) Reviewed and approved annually for update? Date: _____ b) Reviewed and approved quarterly for compliance? Date: _____	Yes/No
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: _____	Yes/No
A.7. Has your Data Quality Manager or Data Quality Assurance Team members attended: a) TMA Data Quality Course (DQ Manager in the last two years)? Date attended: _____ b) TMA Data Quality Course (DQ Assurance Team)? Latest date attended: _____ c) Have the members of the DQ Assurance Team been trained in their area of responsibility? Note: A.7.c is to be used locally to ensure that team members have training in their functions and responsibilities. (E.g., Analysis: WISDOM, Medical Expense and Performance Reporting System: MADI, QUEST, UBO: UBO/UBU Annual Conference, Patient Administration (PAD): Service PAD Course.)	Yes/No a) b) c)

A. Organizational Factors (Concluded)	
A.8. Was there evidence in meeting minutes or other sources of corrective plans, of appropriate resourcing and actions to follow-up on the previous month's negative findings? (For any data quality issue related to systems operation that cannot be resolved at the MTF, the issue should be noted in the comments section of this Review List with the related incident ticket number. The issue should also be noted in the comments section on the monthly Data Quality Statement.)	Yes/No
A. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, incident tickets initiated (if applicable), and estimated corrective date.)	

B. Data Input		
Controls in this category are designed to ensure data are entered into the application in an accurate, complete, and timely manner. Question B.1 should be answered quarterly.		
POC Name(s) and Phone Number(s)		
B.1. Are there written procedures readily available and used by staff for entering, identifying, correcting and reprocessing data into the systems applicable to your MTF? a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS		Yes/No a) b) c) d) e) f) g) h)
B.2. List the current version of software being used? a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi (centrally managed) f) Essentris g) MEPRS/EAS (centrally managed) h) TPOCS	Most recent version released a) b) c) d) e) n/a f) g) n/a h)	MTF software version used a) b) c) d) e) n/a f) g) n/a h)
B.3. Are data month central system upgrades (and associated loading activities) being received and loaded. Annual ICD Codes should be available by Oct 1: Date received a) AHLTA _____ b) CCE _____ c) CHCS _____ Annual CPT and HCPCS Codes should be available by Jan 1: Date received d) AHLTA _____ e) CCE _____ f) CHCS _____		Date loaded a) b) c) Date loaded d) e) f)

B. Data Input (Concluded)	
B.4. Were all rejected data corrected and retransmitted? (As applicable.) a) ADM b) AHLTA (E.g.,write-back to ADM) c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS (ADM to TPOCS) i) If the system is rejecting records, has an incident ticket with the MHS Service Desk and/or Service help desk been filed (if required)?	Yes/No a) b) c) d) e) f) n/a g) h) i)
B.5. In the data month (include only B* and FBN* accounts):** **a) What percentage of appointments was closed in meeting your "End of Day" processing requirement, "Every appointment – Every day?" (Question 1a of DQ Statement.)** Formula: Number of closed CHCS appointments / total CHCS appointments for the month.	**% Compliance:** **a)_____%**
B.6. In accordance with legal and medical coding practices have all of the following occurred (See Applicable DoDD/DoDI on Medical Records Retention and Coding) : (Question 2 (a, b, c) of DQ Statement) **a) What percentage of Outpatient Encounters, other than Ambulatory Procedure Visits (APVs), has been coded within 3 business days of the encounter? (E.g., if day of encounter is Monday, then coding must be completed by the third business day, Thursday, close of business.)** **b) What percentage of APVs has been coded within 15 calendar days of the encounter?** **c) What percentage of inpatient records has been coded within 30 calendar days after discharge (for MTFs with Inpatient capability)?**	**% Compliance:** **a)_____%** **b)_____%** **c)_____%**
B. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, incident tickets initiated (if applicable), and estimated correction date.)	.

C. Data Output		
Data Output controls are used to ensure the accurate and timely distribution of outputs.		
POC Name(s) and Phone Number(s)		
C.1. *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual* (MEPRS Manual), DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (Question 3 (a, b, c, d) of DQ Statement.)	**Month Reviewed**	**Yes/No**
a) Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Resource Manager (i.e., Navy/Army Comptroller or Air Force Budget Officer/Analyst) prior to MEPRS monthly transmission?	**a)**	**a)**
b) Were monthly Inpatient and Outpatient MEPRS/EAS reconciliation processes completed (excluding coding audits performed in C.5, C.6 and C.7)?	b)	b)
c) Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document reviewed and explanations provided in the comments section for flagged data anomalies?	**c)**	**c)**
1. EAS IV Repository MEPRS data load status and compliance with the 45-day reporting suspense or Service Guidance whichever is earlier. If the facility has a pattern (2 or more) of flagged cells on this tab, has it corrected it or developed a plan to correct it. Provide an explanation in the Comments Section.	c.1)	c.1)
2. MTF-specific summary data outliers. If the facility has any Prior Fiscal Year or Current Fiscal Year flagged cells on this tab, provide an explanation in the Comments Section.	c.2)	c.2)
3. WWR – EAS IV total ambulatory visit comparison. If the facility has any Prior Fiscal Year or Current Fiscal Year fiscal month data where WWR vs. EAS IV visit counts differ by greater than 5%, provide an explanation in the Comments Section.	c.3)	c.3)
4. Ancillary and Support expense allocation tests. If the facility is flagged in the Prior Fiscal Year or Current Fiscal Year due to incomplete allocation of ancillary or support expenses, provide an explanation in the Comments Section, including projected date for submitting corrected data. Note: For MEPRS related guidance consult the following Web site: http://www.meprs.info	c.4)	c.4)
d) For DMHRSi, have the "DoD Batch and Timecard Status Report" and "HR Data Issues affecting EAS" or similar reports been run and the results presented to the Commanding Officer for review?	d)	d)
		Percentage
e) For DMHRSi, what is the percentage of submitted timecards by the suspense date? (Timecards submitted by Service determined date.) Formula: Number of timecards submitted on-time / total number of timecards for an MTF. Note: The FY11 goal is 100% on-time submissions.	**e)**	**e)_____%**
f) For DMHRSi, what is the percentage of timecards approved by the suspense date? (Timecards submitted by Service determined date.) Formula: Number of timecards approved on-time / total number of timecards for an MTF. Note: The FY11 goal is 100% on-time approval.	**f)**	**f)_____%**

C. Data Output (Continued)		
C.2. Use CHCS during the data month to identify potential duplicate patients and appointments. **a) For CHCS/AHLTA hosts only, what was the number of potential duplicate patient records in the data month for all MTFs under the host? (Question 11a of DQ Statement.)** Run the CHCS standard report – "Potential Duplicate Patient Search". List the DMIS IDs of the MTFs included in the comments section. Note: For current advice about how to identify duplicate records, please see TRICARE Data Quality Web page: http://www.tricare.osd.mil/ocfo/mcfs/dqmcp/refs_regs.cfm. Potential duplicate patient records can be minimized by performing DEERS validation checks.		Number a)
b) Do you have a process to reduce the number of duplicate records? Recommend running the CHCS standard report – "User Registration". c) Has your MTF determined how to correct the duplicate appointments/encounters and avoid the errors in the future? d) Have incident tickets been filed with MHS Service Desk for duplicate records in CHCS/AHLTA that cannot be resolved at the MTF level? Note: All AHLTA issues must be fixed with an MHS Service Desk incident ticket. _____ _____		Yes/No b) c) d)
C.3. Were system outputs transmitted to central repositories by date specified in TMA and Service-Level guidelines? (Question 4 (a, b, c, d) of DQ Statement.)	Date / Initials	**Yes/No**
a) MEPRS/EAS (45 calendar days or Service guidance whichever is earlier)	a)	**a)**
b) SIDR/CHCS (5th working day of the following month)	b)	**b)**
c) WWR/CHCS (10th calendar day of the following month)	c)	**c)**
	Date / Initials	**Compliance**
d) SADR/ADM (Daily): Number of successful daily transmissions / number of days in the month.	d)	**d)_____%**
e) DOWDR (Daily Outpatient Workload Detailed Report) (Daily): Number of successful daily transmissions / number of days in the month.	e)	e)_____%
C.4. Were the following activities performed:		Yes/No
a) Check the ADM SADR/CAPER Error Report? b) Correct the errors listed on the report?		a) b)

C. Data Output (Continued)	
C.5. In a random review of CHCS Inpatient dispositions from the data month, the medical records staff determined the following percentages from a minimum sample of 30 records and/or sampling size as set by Service-Level Guidance, whichever is greater: The minimum of 30 records/encounters should be pulled randomly from the entire population of MTF inpatient medical records for the audit data month (e.g., 1 - 31 July)). (Question 5 (a, b, c, d) of the DQ Statement). **(See applicable DoDD/DoDI on Medical Records Retention and Coding and Service specific guidance.** Note: A random sample of 30 records per MTF will provide a statistical confidence level of 90%, with a confidence interval /sampling error range of plus or minus 15%. The Services may request that each MTF conduct additional focused internal audits, in addition to the monthly random audits being conducted for the DQMC Program (i.e., pull an additional number of records to be used in a focused audit, on specific clinics/departments). The focused audits may assist each MTF in targeting its coding improvement efforts, while the random-sample audit results can be extrapolated to assess the overall coding accuracy for that MTF.	**Date completed:** _____ Percentage
a) Percentage of inpatient medical records located? Formula: Number of records available or documented as checked out / number of records requested for audit.	a)_____%
b) Percentage of documentation that was complete.	b)_____%
c) Percentage of inpatient medical records whose assigned DRG Codes were correct? **Note: This is a comparison of the paper record to computerized coded information.** Formula: Number of correct MS-DRGs / total number of MS-DRGs.	**c)_____%**
d) Percentage of inpatient records whose DRG-related data elements were correct? Note: Related data elements (C.5.d) are 1. All diagnoses, 2. Any procedures done, 3. Sex, 4. Age, and 5. Discharge/Disposition were correct.	d)_____%
e) Percentage of SIDRs completed (in a "D" status.) Note: Auditing Sampling Methodology (for questions C.5.f,g,h) – One calendar day of the attending professional services during each audited hospitalization will be audited from the randomly selected sample. For hospitalizations which begin and terminate the same calendar day, that calendar day will be audited. For all other hospitalizations, the registration number will determine if services for the first or second calendar day will be audited. Odd registration numbers will be audited for the first day and even registration numbers will be audited for the second day.	e)_____%
f) Percentage of Inpatient Professional Services Rounds encounters E & M Codes audited and deemed correct? Formula: Number of correct E&M Codes / total number of E&M Codes.*	**f)_____%**
g) Percentage of Inpatient Professional Services Rounds encounters ICD-9 Codes audited and deemed correct? Formula: Number of correct ICD-9 Codes / total number of ICD-9 Codes.*	**g)_____%**
h) Percentage of Inpatient Professional Services Rounds encounters CPT Codes audited and deemed correct? Formula: Number of correct CPT Codes / total number of CPT Codes.* *Note: See specific Service guidance for calculation details. (See applicable MHS Professional Services and Specialty Coding Guidelines for "Coding Audits" at: http://tricare.osd.mil/ocfo/bea/ubu/coding_guidelines.cfm)	**h)_____%**

C. Data Output (Continued)	
C.6. In a random review of CHCS outpatient encounters from the data month, the medical records staff determined the following percentage from a minimum sample of 30 records and/or the sampling size as set by Service-Level guidance, whichever is greater: The minimum of 30 records/encounters should be pulled randomly from the entire population of MTF outpatient encounters for the audit data month (e.g., 1 - 31 July) (Question 6 (a,b,c,d) of DQ Statement.) **(See applicable DoDD/DoDI on Medical Records Retention and Coding and Service specific guidance).** Note: A random sample of 30 records per MTF will provide a statistical confidence level of 90%, with a confidence interval /sampling error range of plus or minus 15%. The Services may request that each MTF conduct additional focused internal audits, in addition to the monthly random audits being conducted for the DQMC Program (i.e., pull an additional number of records to be used in a focused audit, on specific clinics/departments). The focused audits may assist each MTF in targeting its coding improvement efforts, while the random-sample audit results can be extrapolated to assess the overall coding accuracy for that MTF.	**Date completed:** _____ **Percentage**
a) Is adequate documentation of the encounter selected to be audited available? Documentation includes documentation in the medical record, loose (hard copy) documentation or an electronic record of the encounter in AHLTA. (Denominator equals sample size.) Formula: Number of adequately documented encounters available / number of requested encounters. Note: This question is asking "Is adequate documentation of the encounter available to be audited?" If the documentation is available however the patient's outpatient health record is not available, the "record of the encounter" is available for audit.	a)_____%
b) What is the percentage of E & M Codes deemed correct? (E & M Code must comply with current DoD guidance.) Note: If the paper record does not indicate an E&M Code was required and the computerized record does not have an E&M, the record is deemed correct. Formula: Number of correct E&M Codes / total number of E&M Codes.*	b)_____%
c) What is the percentage of ICD-9 Codes deemed correct? Formula: Number of correct ICD-9 Codes / total number of ICD-9 Codes.*	c)_____%
d) What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.) Note: If the paper record does not indicate a CPT was required and the computerized record does not have a CPT, the record is deemed correct. Formula: Number of correct CPT Codes / total number of CPT Codes.* *Note: See specific Service Guidance for calculation details. (See applicable MHS Professional Services and Specialty Coding Guidelines for "Coding Audits" at: http://tricare.osd.mil/ocfo/bea/ubu/coding_guidelines.cfm)	d)_____%

C. Data Output (Continued)	
C.7. In a random review of CHCS Ambulatory Procedure Visits (APV) appointments from the data month, the medical records staff determined the following percentages from a minimum sample size of 30 "on-hand" records (extended/abbreviated) or maximum available if fewer than 30, (documentation of visit is included in record) and/or the sampling size as set by Service-Level guidance, whichever is greater: The minimum of 30 records/encounters should be pulled randomly from the entire population of MTF APV encounters for the audit data month (e.g., 1 - 31 July) (Question 7 (a, b, c) of DQ Statement.) (See applicable DoDD/DoDI on Medical Records Retention and Coding and Service specific guidance). Note: A random sample of 30 records per MTF will provide a statistical confidence level of 90%, with a confidence interval / sampling error range of plus or minus 15%. The Services may request that each MTF conduct additional focused internal audits, in addition to the monthly random audits being conducted for the DQMC Program (i.e., pull an additional number of records to be used in a focused audit, on specific clinics/departments). The focused audits may assist each MTF in targeting its coding improvement efforts, while the random-sample audit results can be extrapolated to assess the overall coding accuracy for that MTF.	**Date completed:** _____ **Percentage**
a) Is adequate documentation of the encounter selected to be audited available? Documentation includes documentation in the medical record, loose (hard copy) documentation or an electronic record of the encounter in AHLTA. (Denominator equals sample size.) Formula: Number of adequately documented encounters available / number of requested encounters.	**a)_____%**
b) What is the percentage of ICD-9 Codes deemed correct? Formula: Number of correct ICD-9 Codes / total number of ICD-9 Codes.*	**b)_____%**
c) What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.) Note: If the paper record does not indicate a CPT was required and the computerized record does not have a CPT, the record is deemed correct. Formula: Number of correct CPT Codes / total number of CPT Codes.* *Note: See specific Service guidance for calculation details. (See applicable MHS Professional Services and Specialty Coding Guidelines for "Coding Audits" at: http://tricare.osd.mil/ocfo/bea/ubu/coding_guidelines.cfm)	**c)_____%**

C. Data Output (Continued)	
C.8. In a random review of Non-Active Duty medical records/encounters from the data month, looking for the DD Form 2569s (electronic or hardcopy), the Uniformed Business Office staff determined the following percentages from a minimum sample size of 30 records/encounters and/or the sampling size as set by Service-Level guidance, whichever is greater for each type of record Inpatient, Outpatient, and Ambulatory Procedure Visits (APVs): The minimum of 30 records/encounters should be pulled randomly from the entire population of MTF for the audit data month (e.g., 1 - 31 July). (Question 8 (a, b, c, d, e, f) of DQ Statement.)	**Date completed:** _____
Note: A random sample of 30 records per MTF will provide a statistical confidence level of 90%, with a confidence interval / sampling error range of plus or minus 15%.	**Percentage**
From the 30 randomly pulled Inpatient dispositions: **a) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (Third Party Collection Insurance Info) is available for audit (non-active duty encounters only)? (See DoD 6010.15-M, MTF UBO Manual)** Formula: Number of complete and current DD 2569s / number of Non-Active Duty records audited. Availability may be electronic, loose, or signed form maintained in other locations.	**a)_____%**
b) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS? Formula: Number of correct entries in the PII module / number of available, current and complete DD Form 2569s.	**b)_____%**
From the 30 randomly pulled Outpatient encounters: **c) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for audit (non-active duty encounters only)? (See DoD 6010.15-M, MTF UBO Manual)** Formula: Number of complete and current DD2569s / number of Non-Active Duty records audited. Availability may be electronic, loose, or signed form maintained in other locations.	**c)_____%**
d) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS? Formula: Number of correct entries in the PII module / number of available, current and complete DD Form 2569s.	**d)_____%**
From the 30 randomly pulled APVs: **e) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for audit (non-active duty encounters only)? (See DoD 6010.15-M, MTF UBO Manual)** Formula: Number of complete and current DD2569s / number of Non-Active Duty records audited. Availability may be electronic, loose, or signed form maintained in other locations.	**e)_____%**
f) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS? Formula: Number of correct entries in the PII module / number of available, current and complete DD Form 2569s.	**f)_____%**

C. Data Output (Concluded)		
C.9. Comparison of reported workload data. (Question 9 (a, b, c, d, e) of DQ Statement)	**Counts**	**Percentage**
a) Number of SADR encounters (count only)* / number of WWR visits.	a)_____/_____	a)_____%
b) Number of SIDR dispositions* / number of WWR dispositions.	b)_____/_____	b)_____%
c) Number of EAS visits / number of WWR visits.	c)_____/_____	c)_____%
d) Number of EAS dispositions / number of WWR dispositions.	d)_____/_____	d)_____%
e) Number of A* SADRs that were completed by the attending provider/service (FCC=A***) / number of SUM WWR (Bed days + Bassinet Days + Dispositions).** Note: The FY11 goal is 80%. Validate Service report to the criteria below: * For ADM Encounters, omit Appt Status of "No-Show," "Canceled," and Disposition Code "Left without being seen," but include Appt Status "TelCon." * For WWR visits and MEPRS visits use outpatient visits that include APVs. * Only SADR records in B**** and FBN* clinics that are marked complete "C" will be included, or SIDRs with a Disposition Status of "D" will be included. * Since WWR now collects visit information on B codes and FBN, ADM and MEPRS should also include FBN and B MEPRS codes for encounters/visits. * SIDRS to exclude Carded for Record Only (CRO) and absent sick records (primarily Army issue). * For Inpatient Professional Services "RNDS" SADR completion ensure WWR Workload Summary Report calculation includes Bed Days (source 00), Bassinet Days (source 01), Dispositions (source 12). Note: If a - d above, are greater than 100%, i.e., 103%, recorded percentage will be 97%.	e)_____/_____	e)_____%
C. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, incident tickets initiated (if applicable), and estimated corrective date.)		

D. Security	
These controls should provide assurances that computers and the data they contain are properly protected against theft, loss, unauthorized access, and natural disaster.	
POC Name(s) and Phone Number(s)	
D.1. Security keys: a) Are there internal controls and procedures in place to approve and manage assignment of security key privileges? b) Have all Security key holders been identified and their need for security key privileges validated by the Chief Information Officer or designee?	Yes/No a) b)
D. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, incident tickets initiated (if applicable), and estimated corrective date.)	

E. System Design, Development, Operations, and Education/Training		
Controls in this category are intended to ensure that systems meet user needs, are developed economically, are thoroughly documented and tested, and contain appropriate internal controls.		
POC Name(s) and Phone Number(s)		
E.1. Was a point of contact (POC) appointed in writing for each of the following?	Yes/No	Name
a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS	a) b) c) d) e) f) g) h)	a) b) c) d) e) f) g) h)
E.2. Are procedures and documentation in place to ensure that all assigned personnel responsible for data entry received training and education on CHCS, MEPRS/EAS, TPOCS, and ADM etc.?		Yes/No
How many users were trained this data month?		Number
a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS		a) b) c) d) e) f) g) h)
E.3. Was a process in place that allows users to submit suggestions concerning new or enhanced requirements to MHS centrally funded systems (CHCS, ADM, TPOCS, EAS etc.,) through the system change request process?		Yes/No
How many system change requests were submitted this data month?		Number
a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS		a) b) c) d) e) f) g) h)

E. System Design, Development, Operations, and Education/Training (Continued)		
E.4. Was a process in place, such as system incident report, where users can identify issues affecting system (CHCS, ADM, TPOCS, EAS etc.,) functioning and operations?		Yes/No
How many system incident reports were submitted this data month? a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS		Number a) b) c) d) e) f) g) h)
i) Number of AHLTA SADR encounters / number of total SADR encounters. (Question 10a of DQ Statement). Note: This question is to gauge the usage of AHLTA at our MTFs. It is understood that not all clinical modules are deployed in the current version of AHLTA. The FY11 goal is 95%.	**Count** **i)_____/_____**	**Percentage** **i)_____%**
E.5. Were written Standard Operating Procedures (SOPs) in place to assure routine system software and hardware maintenance?		Yes/No
a) ADM (host site only) b) AHLTA (host site only) c) CCE (all) d) CHCS (host site only) e) DMHRSi (centrally managed) f) Essentris (all) g) MEPRS/EAS (centrally managed) h) TPOCS (all)		a) b) c) d) e) n/a f) g) n/a h)

E. System Design, Development, Operations, and Education/Training (Concluded)		
E.6. Are there contingency plans in place to restore operations?	Business Operations Yes/No	System Operations Yes/No
a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS	a) n/a b) c) n/a d) e) f) g) h)	a) n/a b) c) d) e) n/a f) g) n/a h)
E.7. Have unresolved incident tickets (to include incident tickets with no action taken within 14 calendar days) been documented on DQ Statement?		Yes/No
	Ticket Number	
a) ADM b) AHLTA c) CCE d) CHCS e) DMHRSi f) Essentris g) MEPRS/EAS h) TPOCS	_____ _____ _____ _____ _____ _____ _____ _____	a) b) c) d) e) f) g) h)
E.8. TRICARE Managed Care use. a) For the data month, how many patients, enrolled to the MTF, were referred to the network for care?		Number a)
E. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, incident tickets initiated (if applicable), and estimated corrective date.)		

E2. ENCLOSURE 2

FY 2011 DATA QUALITY STATEMENT

DATE: _____
MTF: _____
DMIS ID: _____

MEMORANDUM FOR DEFENSE HEALTH PROGRAM RESOURCE MANAGEMENT STEERING COMMITTEE

THROUGH: (1) SERVICE DATA QUALITY MANAGER
(2) TMA DATA QUALITY MANAGEMENT CONTROL PROGRAM MANAGER

SUBJECT: Data Quality Statement

I acknowledge responsibility for the financial and clinical workload data reported from my Military Treatment Facility (MTF). I am working with the MTF's Data Quality (DQ) Manager and have reviewed this month's DQ Management Control (DQMC) Review List to ensure complete, accurate, and timely data from my facility. I am aware the DQ Manager will forward the monthly Data Quality Statement to my Service's designated DQ Manager and that higher headquarters are also tracking metrics at the corporate level. The following is information from this month's DQMC Review List.

Data Month: _____

	Counts	Compliance
1. In the data month **(include only B*** and FBN* accounts)**: a) What percentage of appointments was closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?" **(B.5.a)**	a)_____/_____	a)_____%
2. In accordance with legal and medical coding practices have all of the following occurred: **(B.6,a, b, c)** a) What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? b) What percentage of APVs has been coded within 15 calendar days of the Encounter? c) What percentage of Inpatient records has been coded within 30 calendar days after discharge?	a)_____/_____ b)_____/_____ c)_____/_____	a)_____% b)_____% c)_____%

	Counts	Compliance
3. *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual* (MEPRS Manual), DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. **(C.1.a, c, e, f)**		Yes/No
a) Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Resource Manager (i.e., Navy/Army Comptroller or Air Force Budget Officer/Analyst) prior to MEPRS monthly transmission?		a)
b) Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document reviewed and explanations provided in the comments section for flagged data anomalies?		b)
c) For DMHRSi, what is the percentage of submitted timecards by the suspense date?	c)_____/_____	c)_____%
d) For DMHRSi, what is the percentage of approved timecards by the suspense date?	d)_____/_____	d)_____%
4. Compliance with TMA or Service-Level guidance for timely submission of data. **(C.3.a, b, c, d)**		Yes/No
a) MEPRS/EAS – 45 calendar days b) SIDR/CHCS – 5th working day of the following month c) WWR/CHCS – 10th calendar day of the following month		a) b) c)
d) SADR/ADM – Daily	d)_____/_____	d)_____%
5. Outcome of monthly inpatient coding audit: **(C.5.c, f, g, h)**		
a) Percentage of inpatient medical records whose assigned DRG Codes were correct?	a)_____/_____	a)_____%
b) Percentage of Inpatient Professional Services Rounds encounters E & M Codes audited and deemed correct?	b)_____/_____	b)_____%
c) Percentage of Inpatient Professional Services Rounds encounters ICD-9 Codes audited and deemed correct?	c)_____/_____	c)_____%
d) Percentage of Inpatient Professional Services Rounds encounters CPT Codes audited and deemed correct?	d)_____/_____	d)_____%
6. Outpatient Records. **(C.6.a, b, c, d)**		
a) Is adequate documentation of the encounter selected to be audited available? Documentation includes documentation in the medical record, loose (hard copy) documentation or an electronic record of the encounter in AHLTA. (Denominator equals sample size.)	a)_____/_____	a)_____%
b) What is the percentage of E & M Codes deemed correct? (E & M Code must comply with current DoD guidance.)	b)_____/_____	b)_____%
c) What is the percentage of ICD-9 Codes deemed correct?	c)_____/_____	c)_____%
d) What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.)	d)_____/_____	d)_____%

	Counts	Compliance
7. Ambulatory Procedure Visits (APV). **(C.7.a, b, c)**		
a) Is adequate documentation of the encounter selected to be audited available? Documentation includes documentation in the medical record, loose (hard copy) documentation or an electronic record of the encounter in AHLTA. (Denominator equals sample size.)	a)_____/_____	a)_____%
b) What is the percentage of ICD-9 Codes deemed correct?	b)_____/_____	b)_____%
c) What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.)	c)_____/_____	c)_____%
8. DD-2569 forms. **(C.8.a, b, c, d, e, f)**		
Inpatient dispositions:		
a) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	a)_____/_____	a)_____%
b) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	b)_____/_____	b)_____%
Outpatient encounters:		
c) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	c)_____/_____	c)_____%
d) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	d)_____/_____	d)_____%
APVs:		
e) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	e)_____/_____	e)_____%
f) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	f)_____/_____	f)_____%
9. Comparison of reported workload data. **(C.9.a, b, c, d, e)**		
a) Number of SADR encounters (count only) / number of WWR visits.	a)_____/_____	a)_____%
b) Number of SIDR dispositions / number of WWR dispositions.	b)_____/_____	b)_____%
c) Number of EAS visits / number of WWR visit.	c)_____/_____	c)_____%
d) Number of EAS dispositions / number of WWR dispositions.	d)_____/_____	d)_____%
e) Number of Inpatient Professional Services Rounds SADR encounters (FCC=A***) / number of SUM WWR (Bed days + Dispositions + Live Births + Bassinet Days).	e)_____/_____	e)_____%
Note: The FY11 goal for item e is 80%.		

	Counts	Compliance
10. System Design, Development, Operations, and Education/Training. **(E.4.i)** a) Number of AHLTA SADR encounters / number of total SADR encounters. Note: This question is to gauge the penetration of AHLTA. It is understood that not all clinical modules are deployed in the current version of AHLTA. The FY 11 goal is 95%.	a)_____/_____	a)_____%
11. Use CHCS during the data month to identify potential duplicate patients and appointments. **(C.2.a)** a) For CHCS/AHLTA hosts only, what was the number of potential duplicate patient records in the data month for all MTFs under the host? List the DMIS IDs of the MTFs included in the comments section.		Number a) _____
12. I am aware of the data quality issues identified by the completed Data Quality Statement and the Data Quality Management Control Review List and when needed, have incorporated monitoring mechanisms and have taken corrective actions to improve the data from my facility.	Date	Yes/No

Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, incident tickets initiated (if applicable), and estimated correction date.)

_____

Signature (or record of approval if completed electronically)
Commanding Officer/Officer in Charge