



TRICARE
MANAGEMENT
ACTIVITY

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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MAY 9 2000

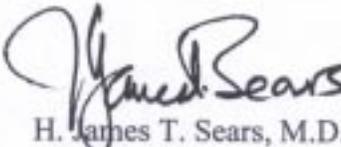
MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy Memorandum - Data Quality Management Control Program, Revised
Reporting Document

This memorandum revises Attachment 2 (Data Quality Statement) to ASD(HA) Memorandum dated November 29, 2000 (attached). This important document is the Military Treatment Facility Report Format submitted to you monthly.

The Data Quality Management Control Workgroup, which includes both Service and TMA representation, has recommended changes to the Data Quality Statement to enhance its' usefulness as a reporting tool. These changes are based on the results of three reporting periods since implementation of the program. This revised Data Quality Statement should be used starting with the May 2001 report or earlier.

Thank you very much for your Service's cooperation in making the Data Quality Management Control Program a success.



H. James T. Sears, M.D.
Executive Director

Attachments:
As stated

TMA POLICY: 0 1-001

Attachment 2 – Data Quality Statement

DATE: _____
 MTF: _____
 DMIS ID: _____

MEMORANDUM FOR DHP RESOURCE MANAGEMENT STEERING COMMITTEE

**THROUGH: SERVICE DATA QUALITY MANAGER
 TMA 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:

| | |
|---|-------------------------|
| 1. Adherence to requirements for <i>daily</i> end-of-day processing procedures by all clinics (B.7) | Yes/No: |
| 2. Compliance with Tri-service policies for timely submission of data: (C.4) e) EAS/MEPRS f) SIDR/CHCS g) WWR/CHCS h) SADR/ADS | Yes/No: |
| 3. Compliance with JCAHO standards for the completion of inpatient record after discharge (Benchmark = 30 days after discharge) (C.10) | MTF's rate: |
| 4. Outcome of monthly coding audits: (# validated / # records reviewed) a) Inpatient medical records (DRG codes) (C.11.c) b) Outpatient medical records (E&M/ICD9/CPT codes) (C.12.c) | MTF's rate: a) b) |
| 5. Percentage of outpatient records located in a monthly review of CHCS visits (# records located / # records reviewed) (C.12.a) | MTF's rate: |
| 6. In accordance with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation", dated 21 Dec 99: (C.17) c) Was monthly EAS/MEPRS financial reconciliation process completed and validated? d) Were monthly Inpatient and Outpatient EAS/MEPRS reconciliation processes completed and validated? | Date done: a) b) |
| 7. Comparison of reported workload data: (C.18) Month: (See info in checklist) d) # SADR Encounters / # WWR Visits e) # WWR visits / # EAS/MEPRS visits c) # SIDR / # WWR dispositions / # EAS/MEPRS dispositions | Count: |
| 8. I am aware of data quality issues identified by the DQMC Review List and when needed, have taken action to improve the data from my facility | Yes/No: |

Comments: (For any data quality issue related to systems operation that cannot be resolved at the MTF, the issue must be noted in the comments section with the related trouble ticket.)

 SIGNATURE
 (Commander/Officer-in-Charge)

Attachment 2 - Data Quality Statement .

DATE: _____

MTF: _____

DMIS ID: _____

MEMORANDUM FOR DHP RESOURCE MANAGEMENT STEERING COMMITTEE

THROUGH: SERVICE DATA QUALITY MANAGER
TMA 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 (D) 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:

| | <i>Month Reviewed</i> | | |
|--|--------------------------|---|---------------------------------------|
| 1. Adherence to requirements for daily end-of-day processing by all clinics (B.7) | | <i>Yes/No</i> | |
| 2. Compliance with Tri-service policies for timely submission of data (C.4) a) MEPRS/EAS b) SIDR/CHCS c) WWR/CHCS d) SADR/ADS | a) b) c) d) | <i>Yes/No</i> a) b) c) d) | |
| 3. Compliance with JCAHO standards for completion of inpatient records after discharge (Benchmark = 30 days after discharge). (C.10) # Records Reviewed: _____ # Records Compliant: _____ | | <i>MTF Rate</i> | |
| 4. Outcome of monthly coding audits: a) Inpatient Records (DRG) (C.11.c) # Records Reviewed: ____ # Validated: _____ b) Outpatient Records (C.12.c.) # Records Reviewed: _____ 1) E&M - # Validated: _____ 2) ICD - # Validated: _____ 3) CPT - # Validated: _____ | a) 1) 2) 3) | <i>MTF Rate</i> a) 1) 2) 3) | |
| 5. Percentage of outpatient records located in a monthly review of CHCS visits (C.12.a) # Requested total visits): _____ # Located: _____ | | <i>MTF Rate</i> | |
| 6. In accordance with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation", dated 21 Dec 99 (C.17) a) Was monthly EAS/MEPRS financial reconciliation process completed and validated? b) Were monthly Inpatient and Outpatient workload reconciliation processes complete and validated? | a) b) | <i>Yes/No</i> a) b) | |
| 7. Comparison of reported workload data (C.20). a) # SADR encounters/WWR visits b) # SIDR dispositions / WWR dispositions c) # EAS visits / WWR visits d) # EAS dispositions / WWR dispositions | a) b) c) d) | <i>Counts</i> a) b) c) d) | <i>Counts</i> a) b) c) d) |
| 8. I am aware of data quality issues identified by the DQMC Review List and when needed, have taken action to improve the data from my facility | | <i>Yes/No</i> | |

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

SIGNATURE _____
(Commanding/Officer-in-Charge)