

HOW TO RUN THE ADM COMPLIANCE REPORT AND COMPUTE THE DQMC PROGRAM OUTPATIENT CODING COMPLIANCE RATE

Updated Instructions, 15 December 2003.

The following instructions/screen shots have been modified to standardize the report and to provide clarification as requested by Data Quality Managers in the field.

This is an updated step-by-step guide (with screen captures) on how to run an ADM Compliance Report by Clinic to determine how many outpatient visits have not been coded and submitted as a Standard Ambulatory Data Report to the Patient Administration Systems and Biostatistical Activity (PASBA) within three business days following the end of the data month. The results of this report must be added to the denominator of data provided separately by PASBA to determine your facility's compliance rate. Instructions to compute your compliance rate are included.

This is an Ambulatory Data Module (ADM) example was built using the Composite Health Care System (CHCS) training database – you may see minor differences on your CHCS monitor screen.

This report must be run between 2130 and 0600 on the third business day following the data month. (Note - only weekends and federal holidays count as non-business days (training holidays, etc. count as business days)). This requires the report to be spooled (Batch). An example on “how to spool document” is included.

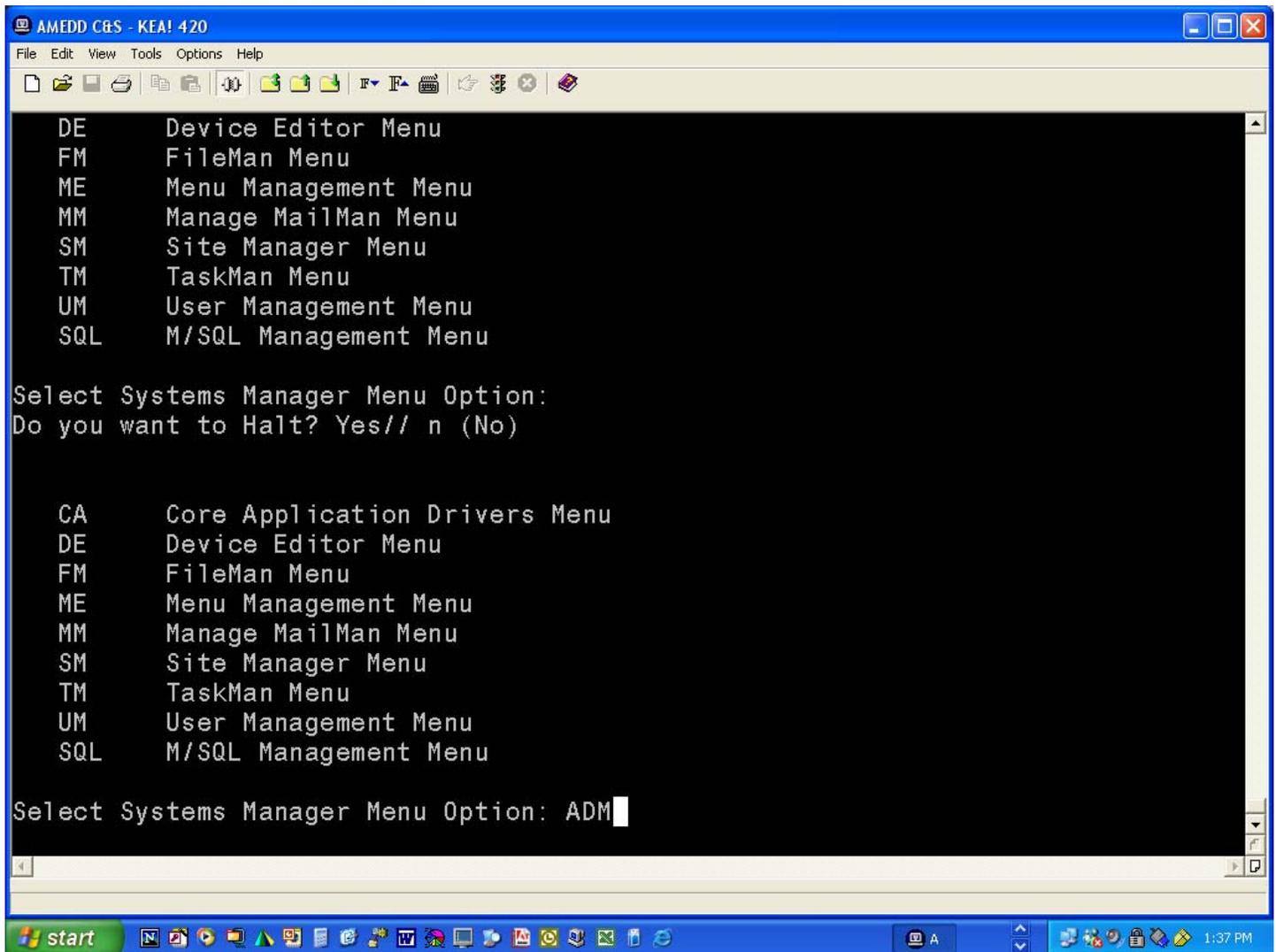
This is a “one size fits all” approach. This is example is a summarized report - no physician or patient data is displayed; all completed and pending visits per clinic are displayed and summarized (see sample screen on last page of this document). You may modify this report to provide more detail as required.

General Notes:

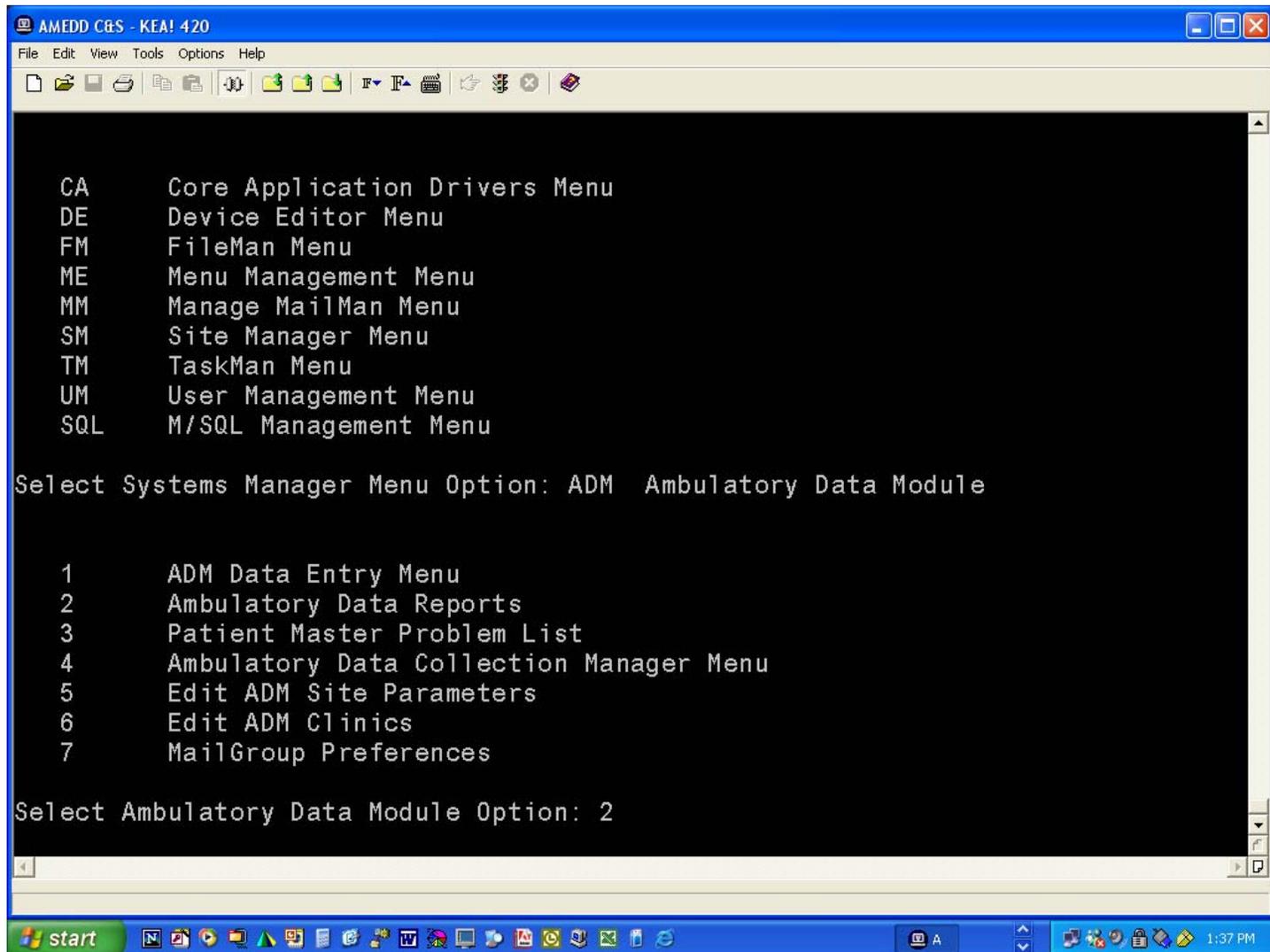
1. Facilities with inpatient capability will select “**Y(es)**” when prompted: “**Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y//”** .
2. When prompted “**Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type or (Q)uit: B//”** accept the default (B)oth.
3. Reporting date - for earliest date enter first day of the data month (e.g., 1 October).
4. For latest date enter last day of the data month (e.g., 31 October).
5. Spool the report to run **between 2130 and 0600** on the third business day after the end of the data month.

The first screen is the CHCS main screen. You may not have access to all the options on this screen. You will see only the options you for which you security keys.

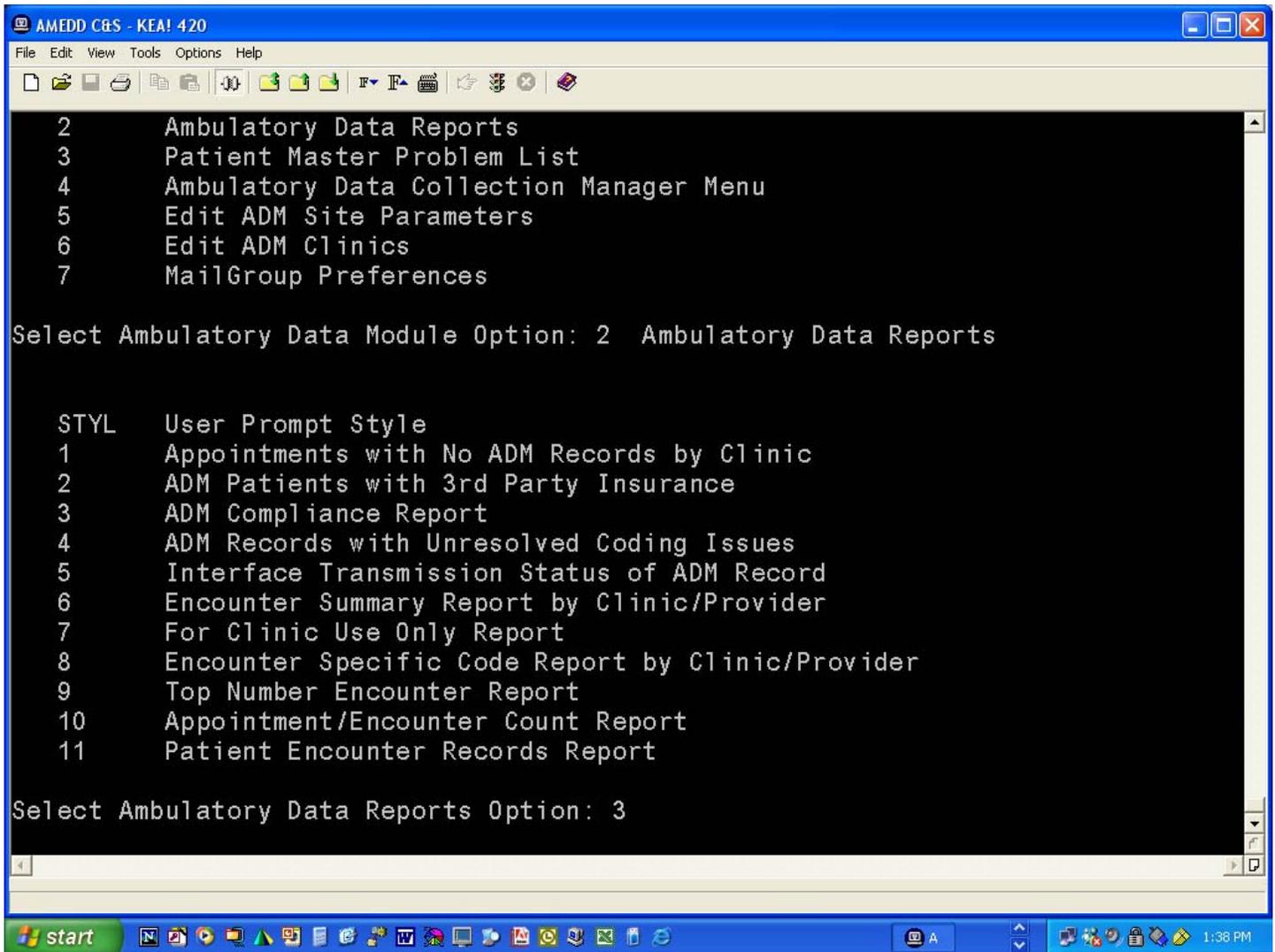
Also, instead of this screen, your start-up screen may be the ADM menu. If not, ADM is a secondary menu as seen here. Type “ADM” to start ADM.



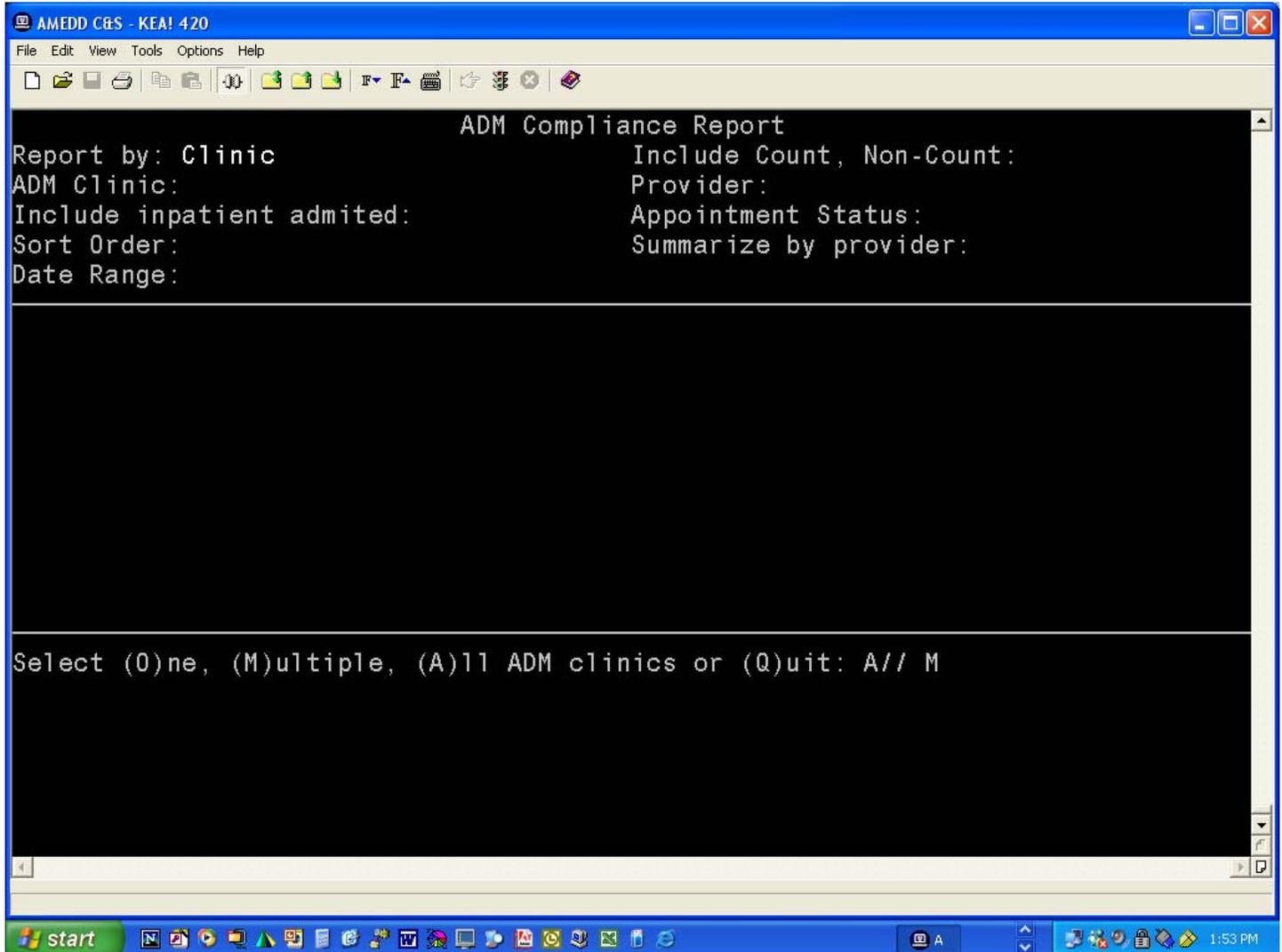
At MTFs or clinics where ADM is the primary menu, this may be the default screen. Continue by typing the number “2” to select the Ambulatory Data Report Options.



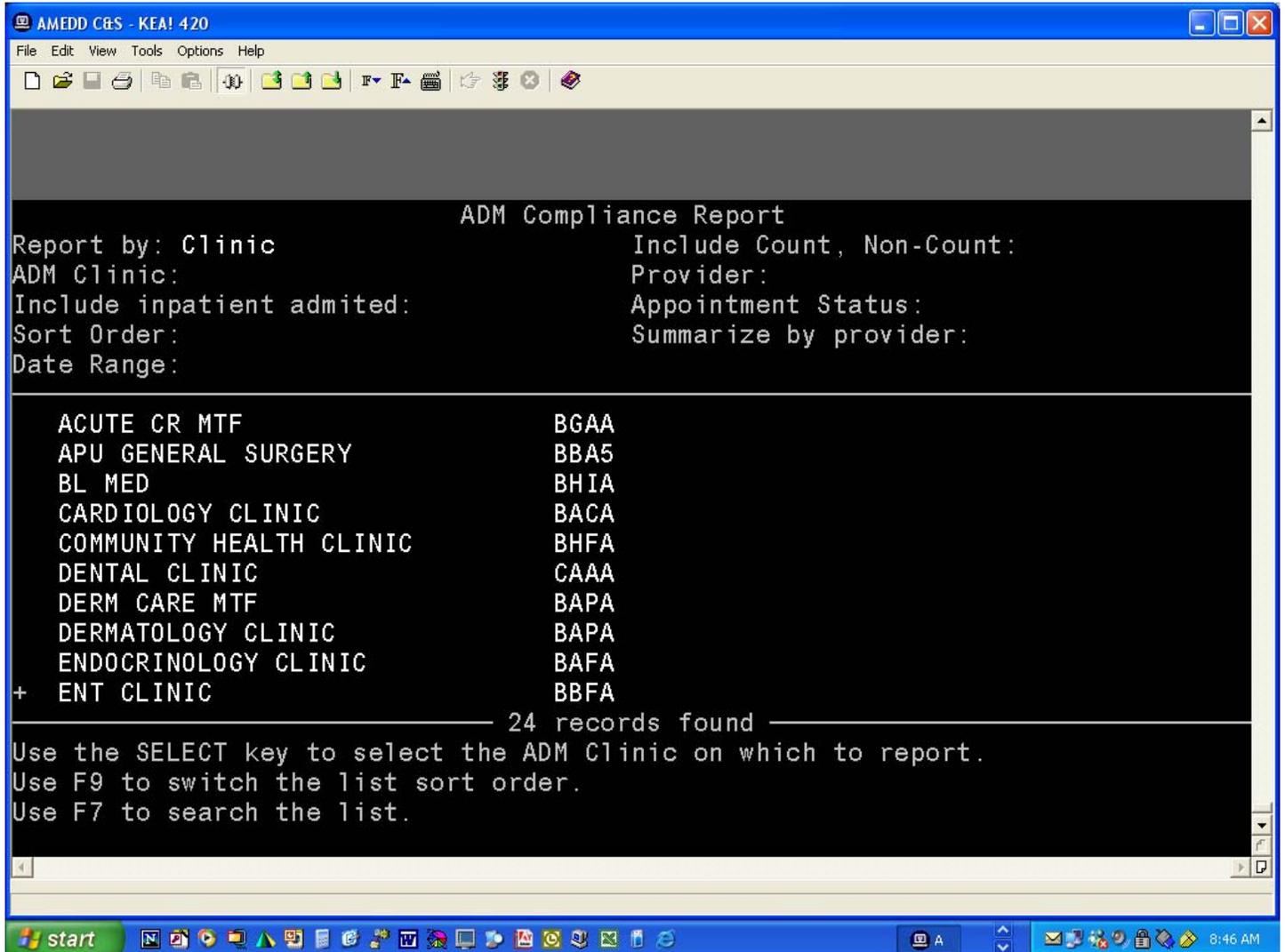
Now type the number “3” to select the ADM Compliance Report Option.



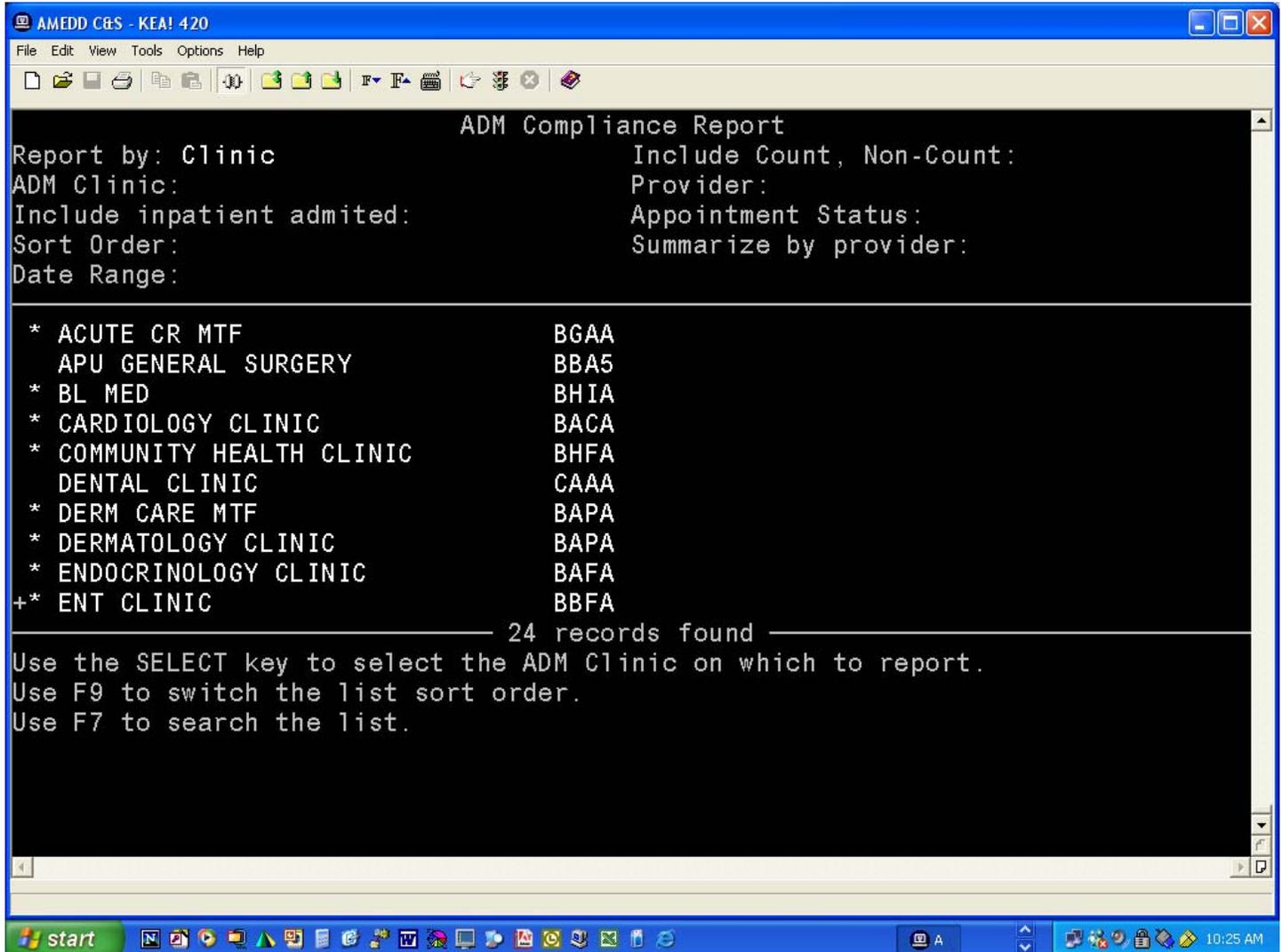
This screen will prompt you select (O)ne, (M)ultiple, (A)ll ADM Clinics or (Q)uit. The default is (A)ll. If you select the default, the report will include all ADM Clinics at the facility, to include Dental, Ambulatory Procedure Visits, etc. Instead, type “M” to choose only those clinics that are to be coded within three business days.



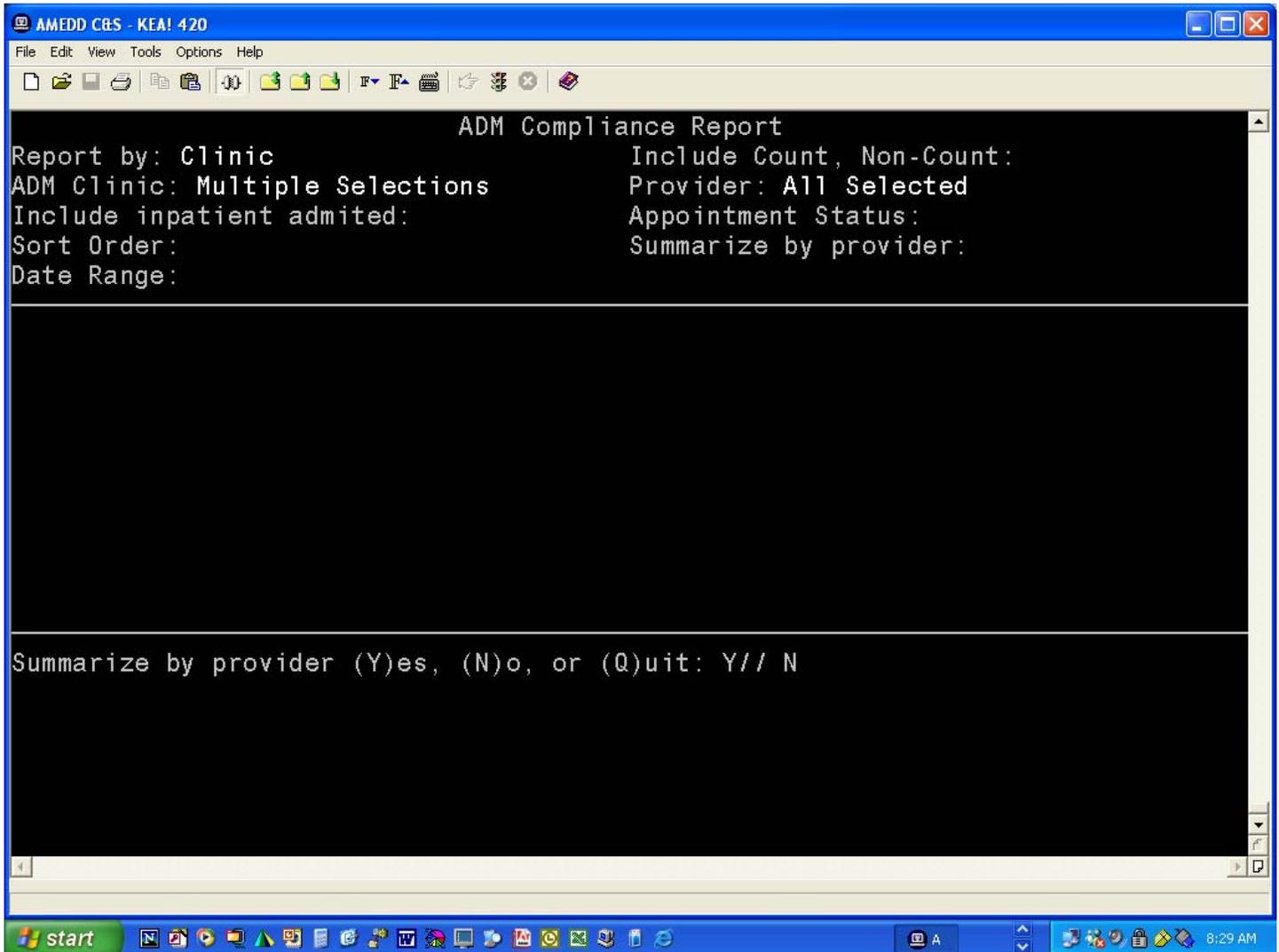
After you press “Enter,” the following screen will display. This screen will allow you to select the applicable clinics. **Include all MEPRS B*** codes (outpatient clinics) except B**5 and B**7 (APVs). Also include FBN* (Hearing Conservation Clinic).**



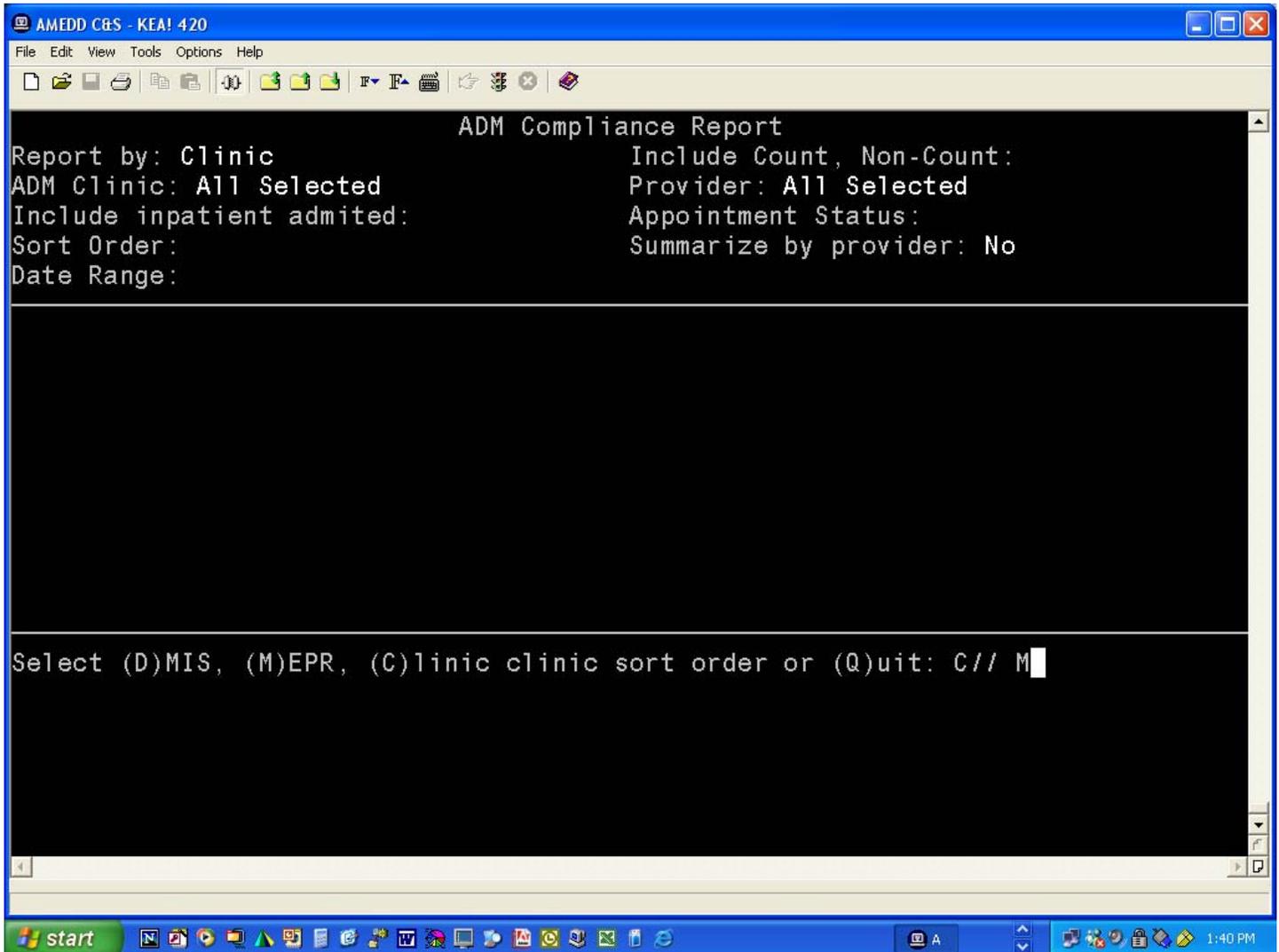
Using the select key (if using a software emulation program, KEA VT, Smarterm, the select key is the **end** key in most instances), select the clinics you want to included in the report. The selected clinics will show an asterisk on the left hand side of the screen. Notice in this example that the APU General Surgery Clinic, BBA5, and the Dental Clinic, CAAA, have been excluded. After you have selected all the clinics, press “**Enter**”.



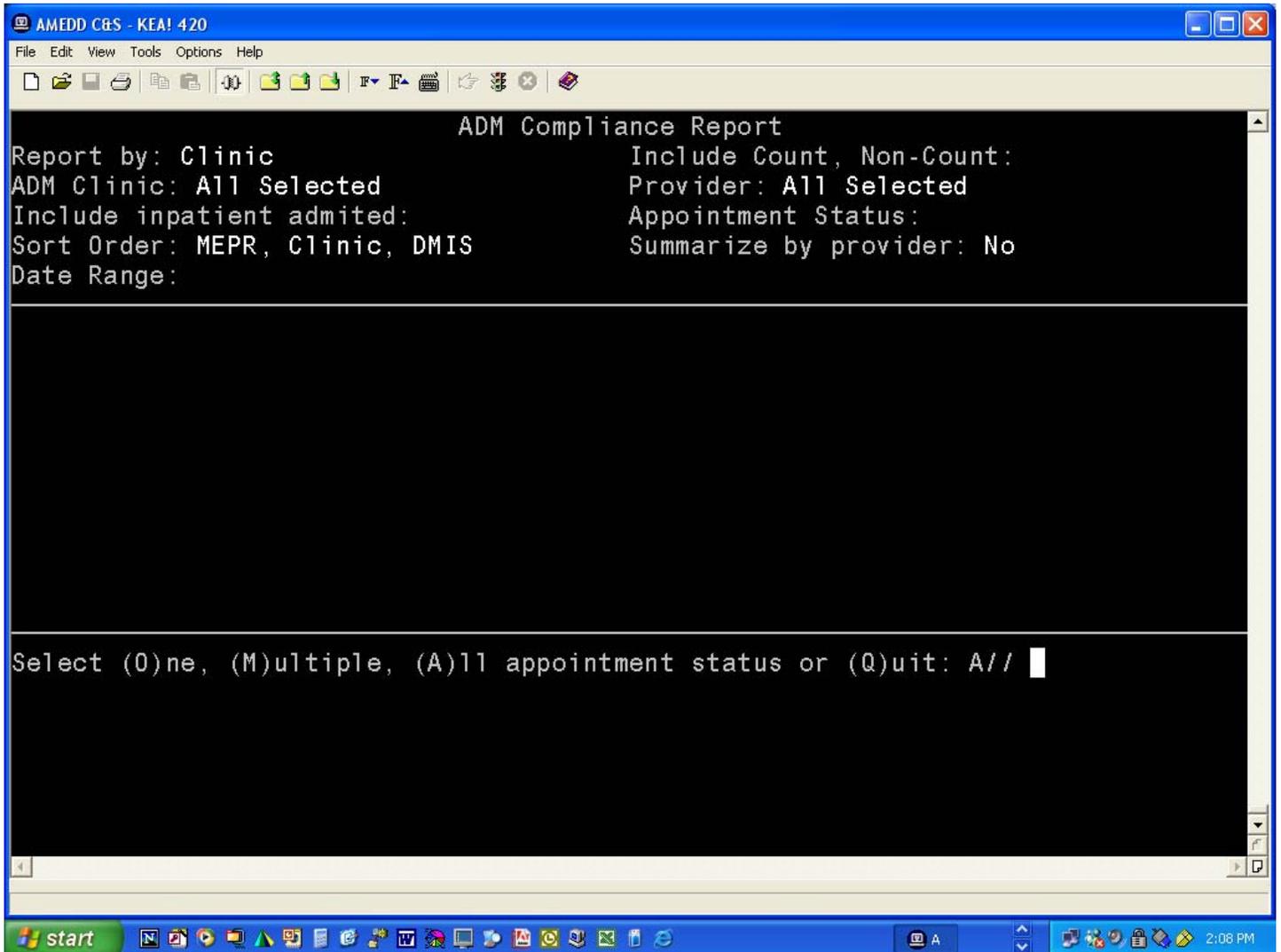
Next you will be prompted to summarize by provider. This may be useful information to target opportunities for improvement, but for the purpose of this report, it is not necessary. Enter “N” for (N)o.



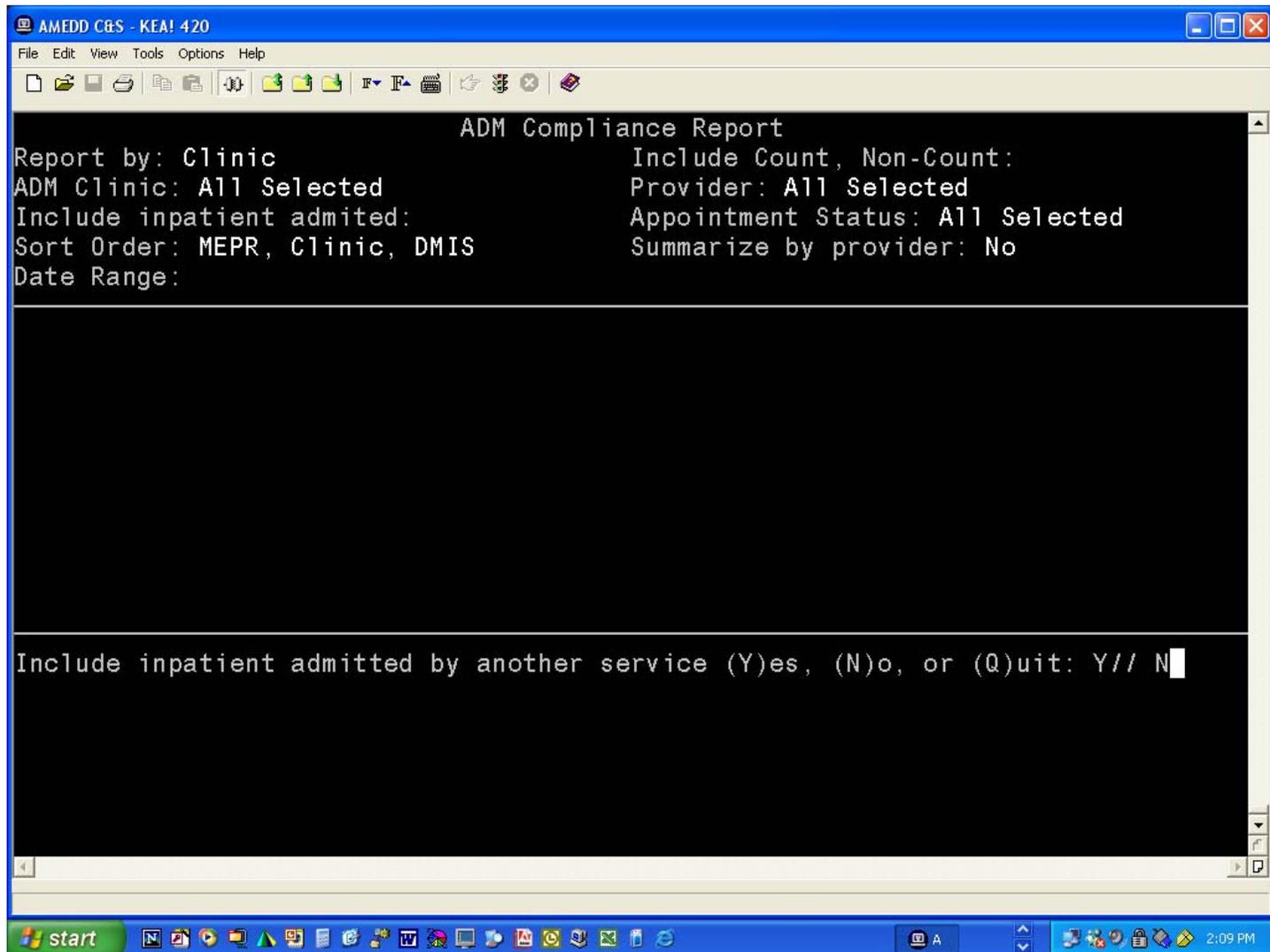
This screen will prompt you to select the Sort Order. You can sort by (D)MIS, (M)EPR or by (C)linic. In this example, sort by (M)EPR was selected.



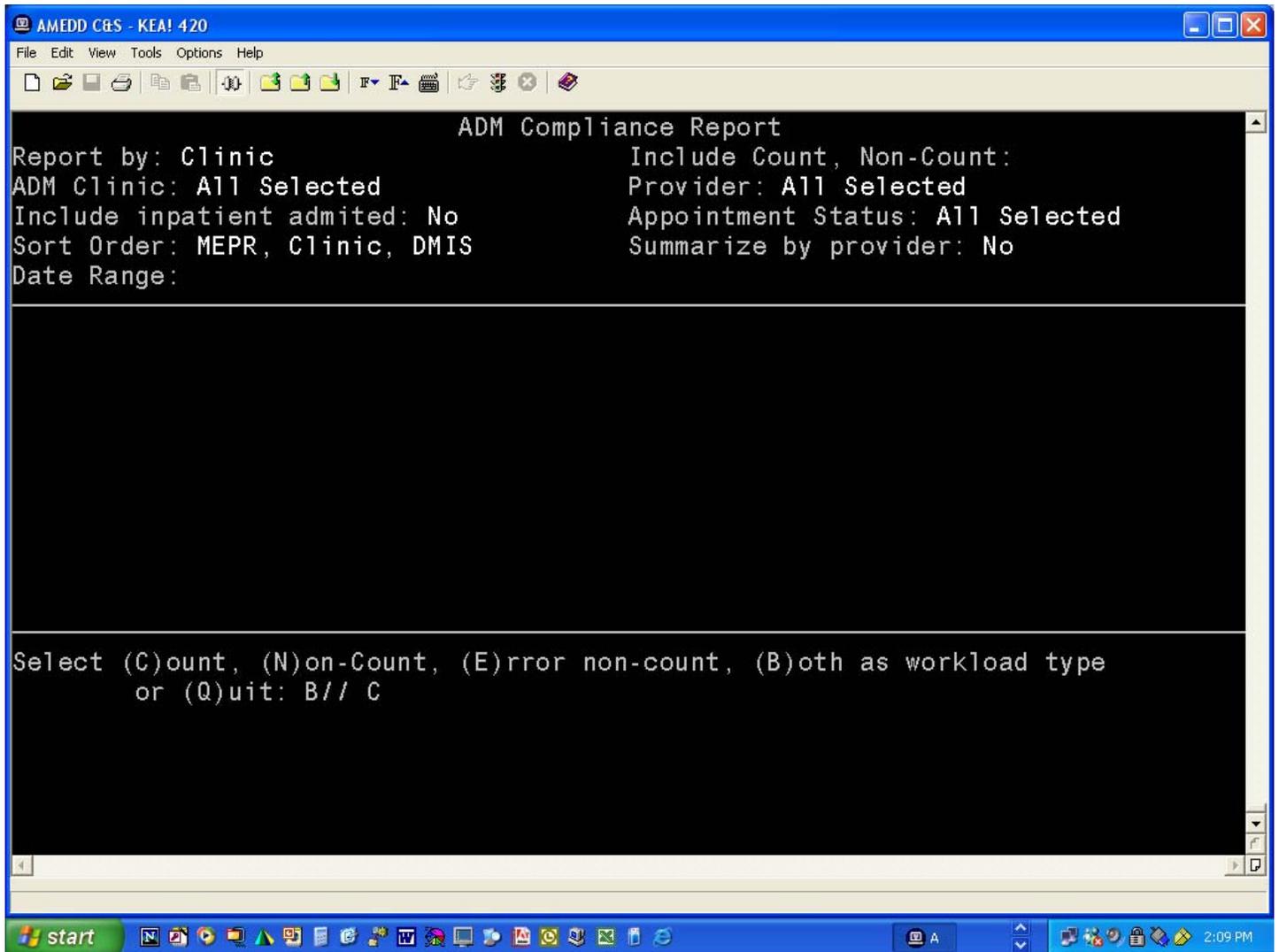
This screen will prompt you to select the appointments (O)ne, (M)ultiple or (A)ll. (A)ll is the default - press “Enter” to select (A)ll.



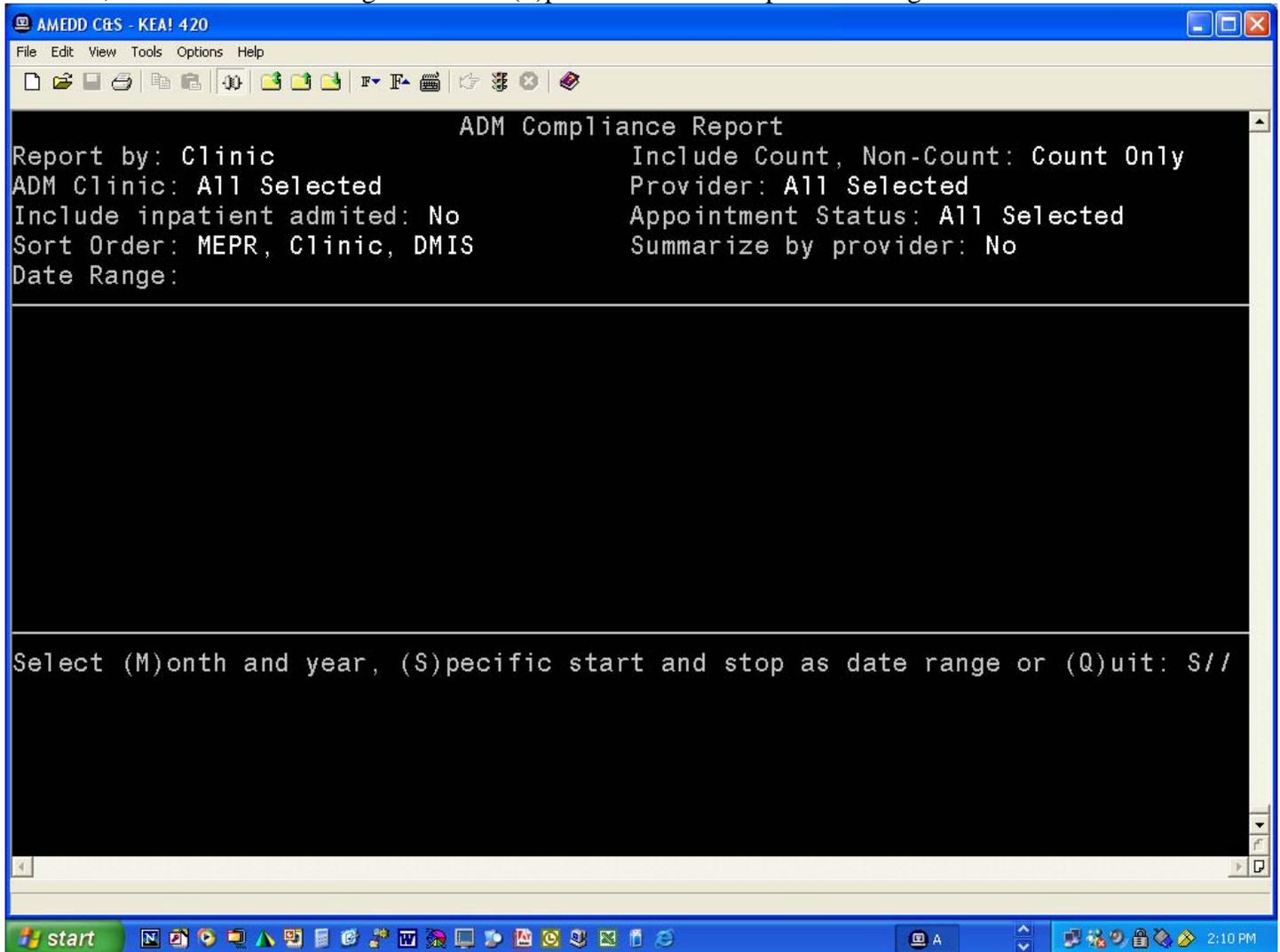
The next screen asks if you want to include inpatient admitted by other services. For MTFs with inpatient capability, accept the default “(Y)es.”



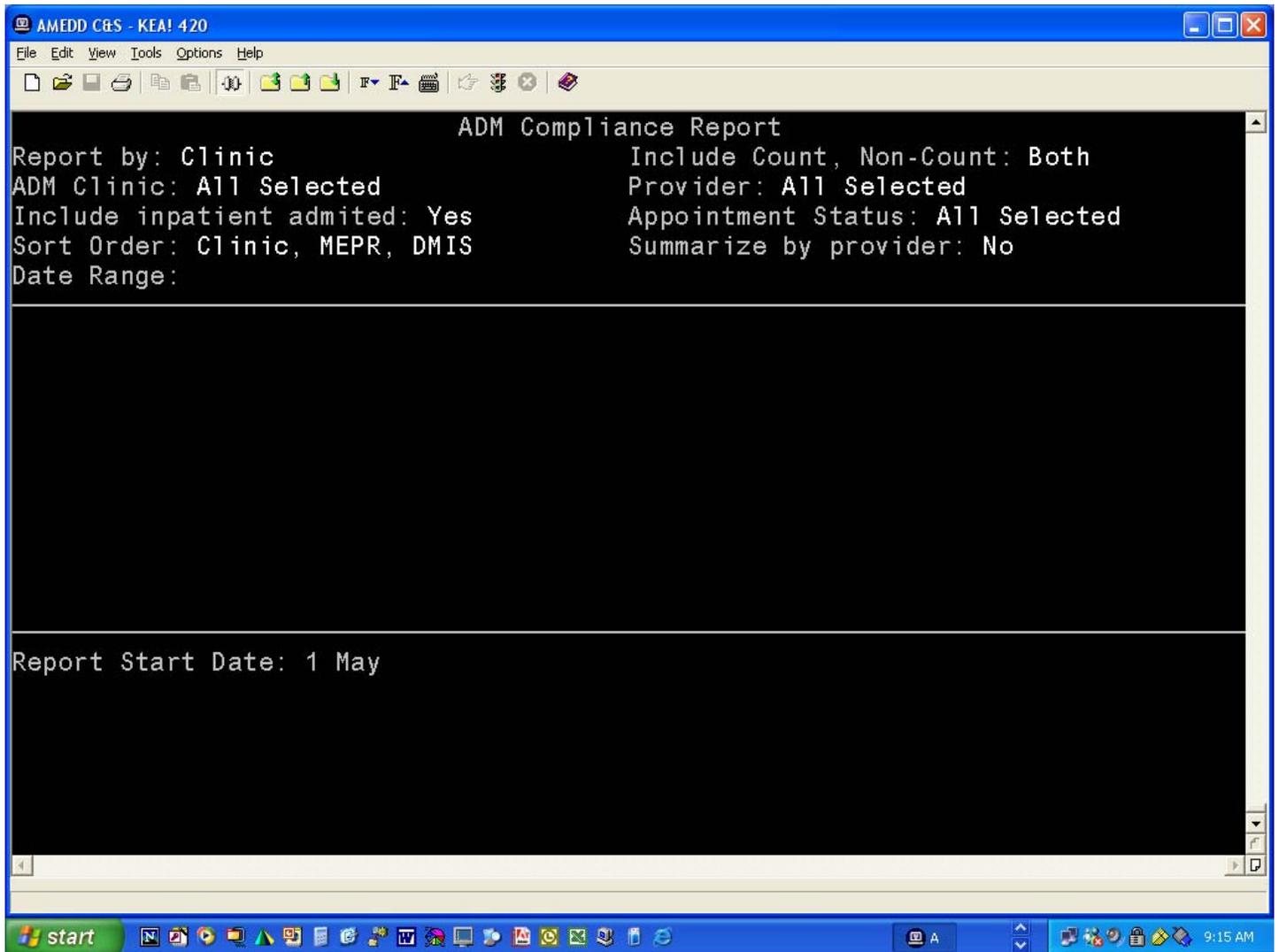
The next screen prompts to select the type of visits you want to search for. Accept the default “**(B)oth.**”



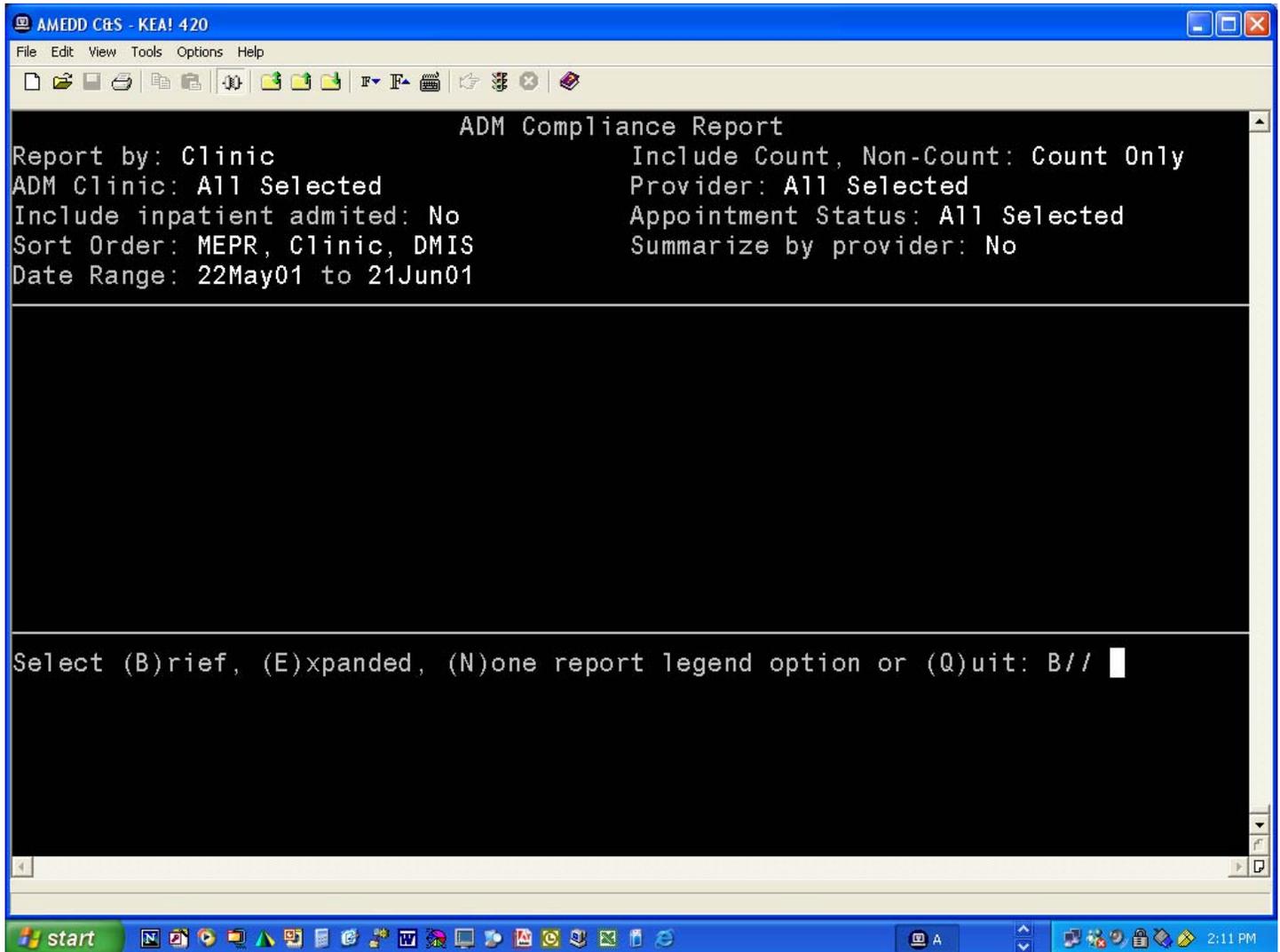
The next screen prompts for the date range. Press **“Enter”** to accept the default **“(S)pecific start and stop”** as date range, or, select (M)onth and year for specific month and year. Since this example is from the training database, we are limited to using the default (S)pecific start and stop as date range selection.



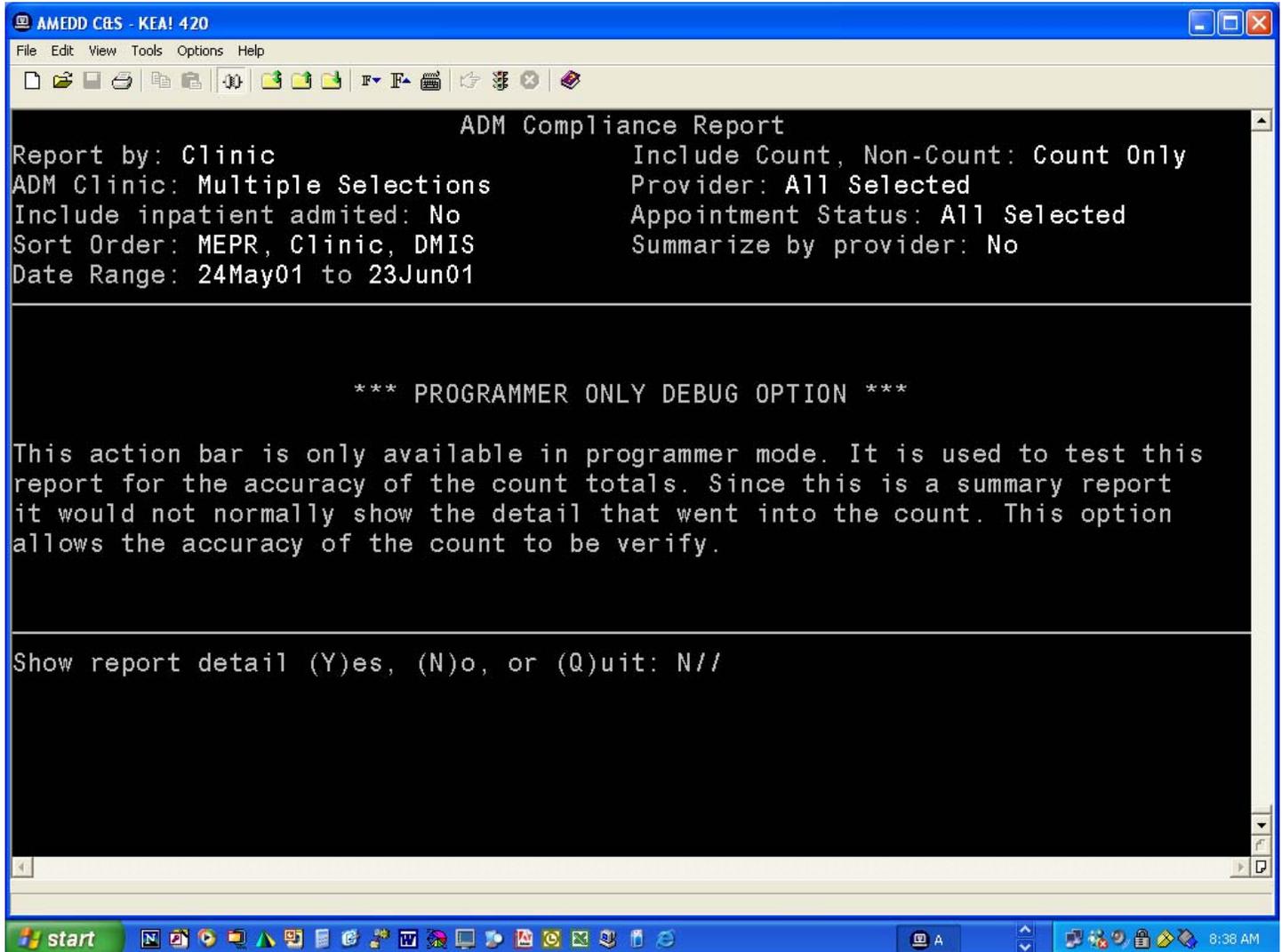
Enter the earliest date (the first day of the data month for the report). This example shows 1 May.



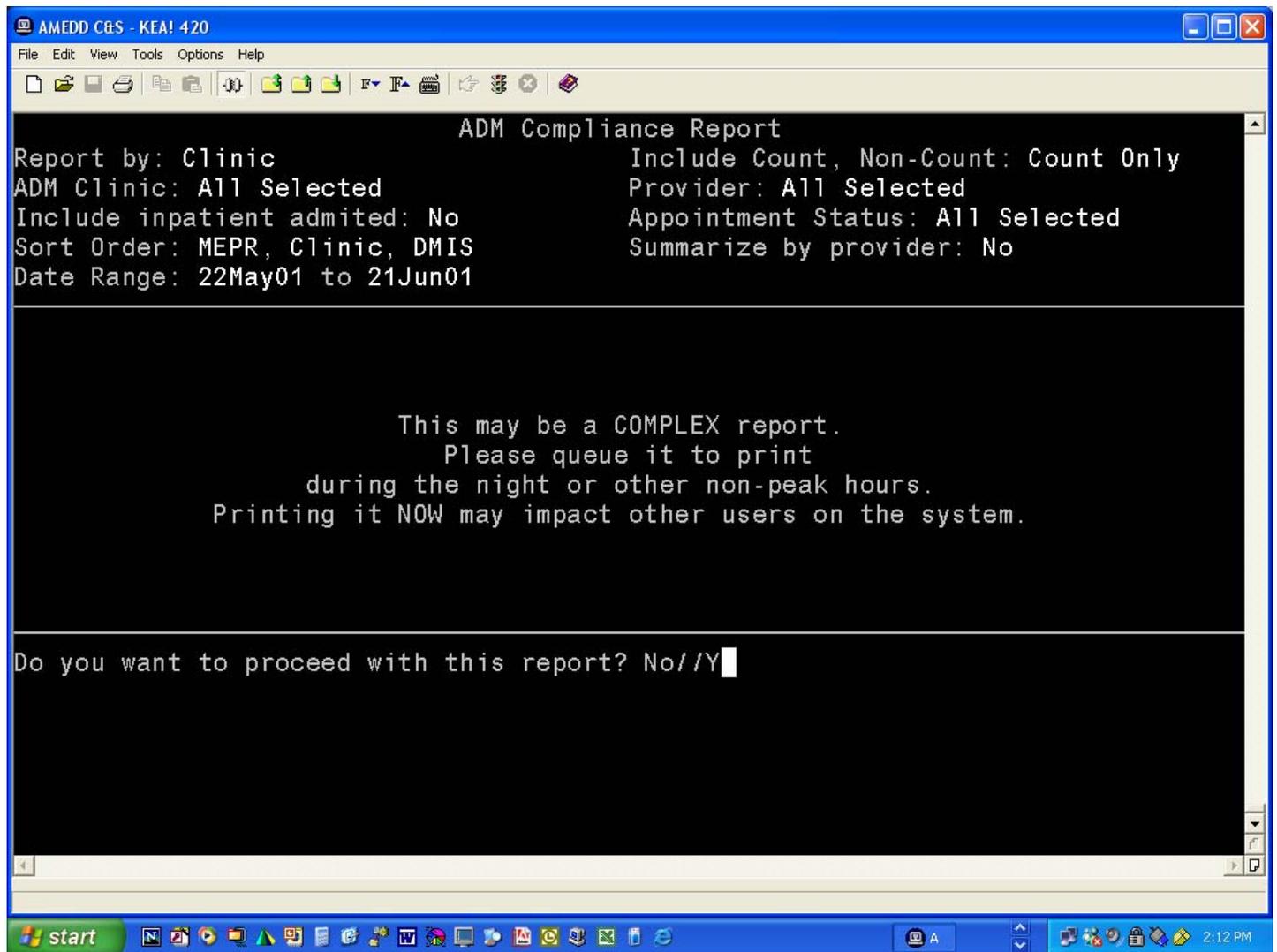
The next screen asks for the report format (B)rief or (E)xpanded. (B)rief is the default option. Select the default, “(B)rief”(some of you may not be able to see this screen – if not, just continue on).



The next screen prompts for a detail format (Y)es or (N)o. (Y)es will give you a detail report by clinic by physician. This may provide useful information to target improvement areas, but it is not required for the purposes of this report. (N)o is the default and will give you a roll up report by clinic totals. Press “Enter” to accept the default “(N)o.” Some of you may not see this screen - continue with the next screen.

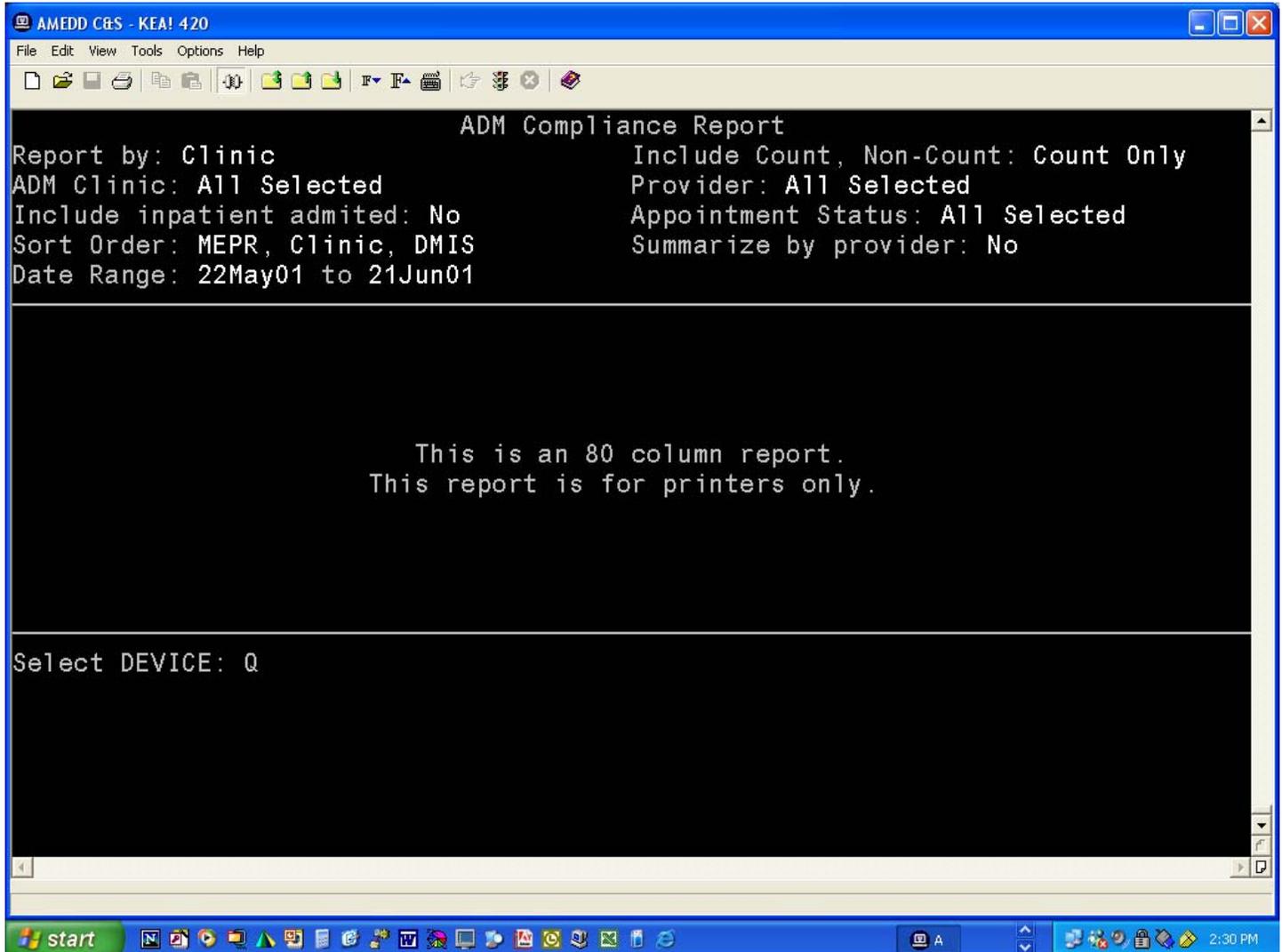


Then you will be asked if you want to proceed with this report, type “Y” for “Yes.”

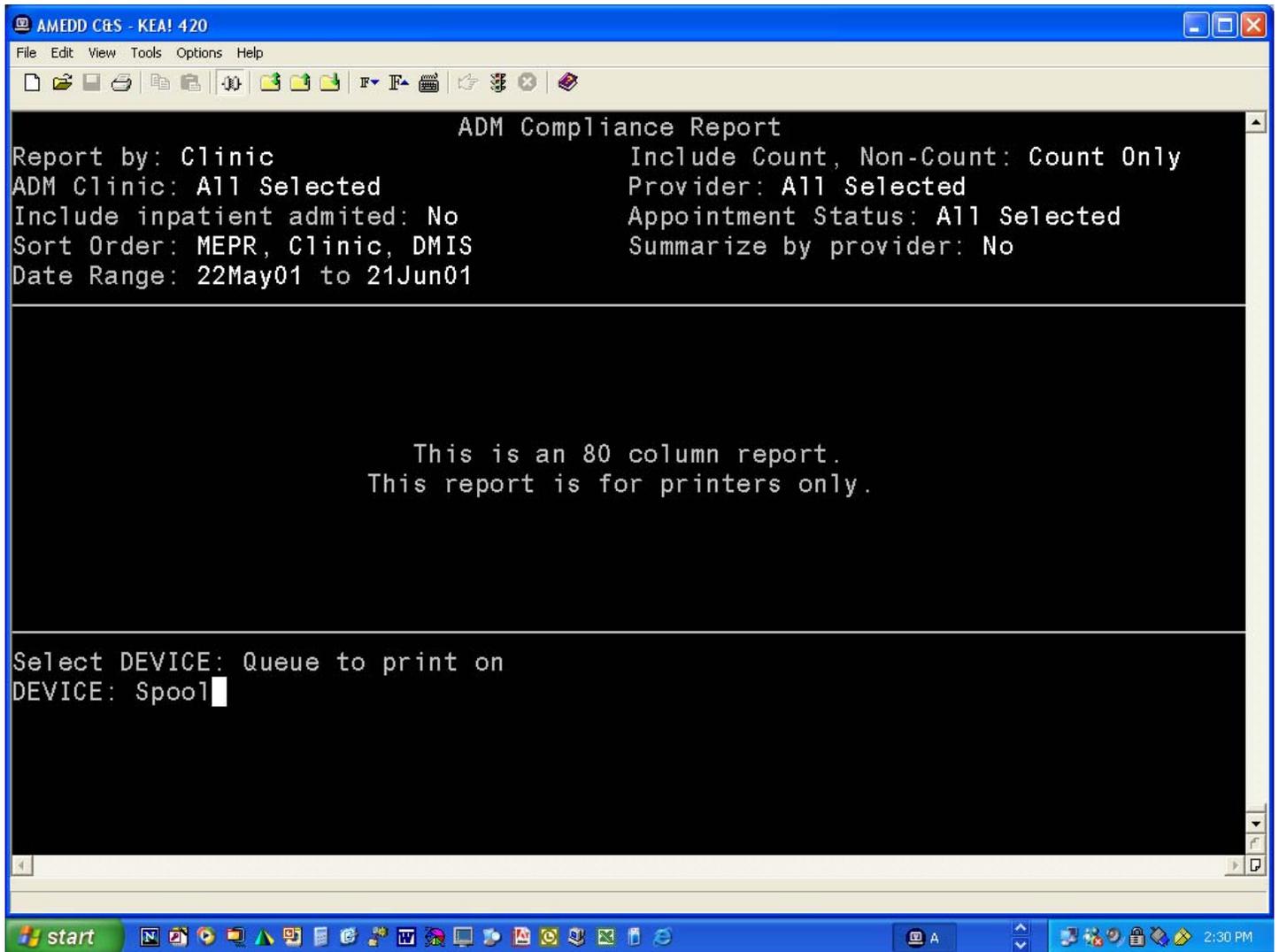


You are required to run this report between 2130 and 0600. Therefore you will need to spool the report.

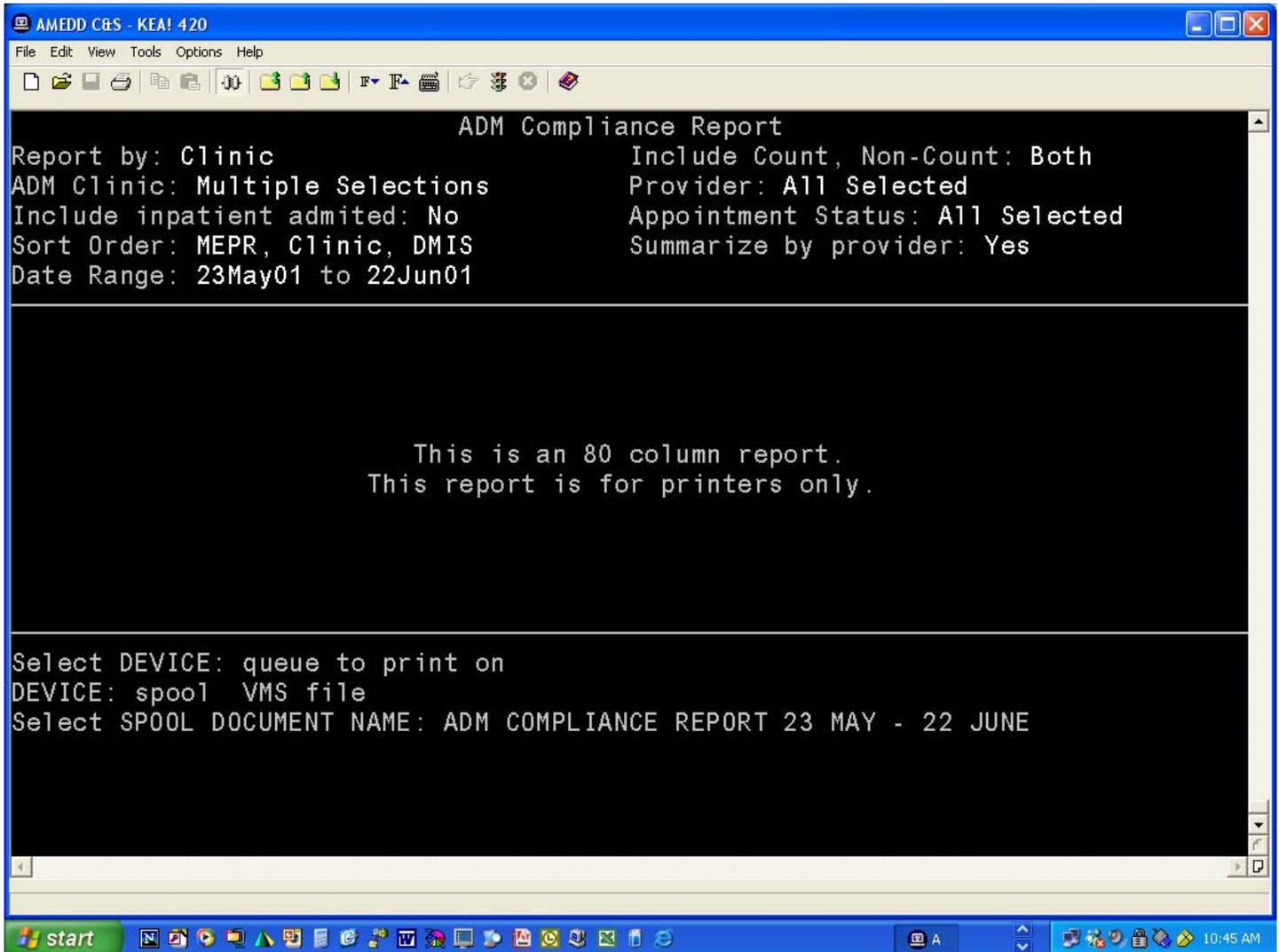
At the "Select DEVICE" prompt, type "Q," to queue the report to a spool file to be run it at a non-peak time.



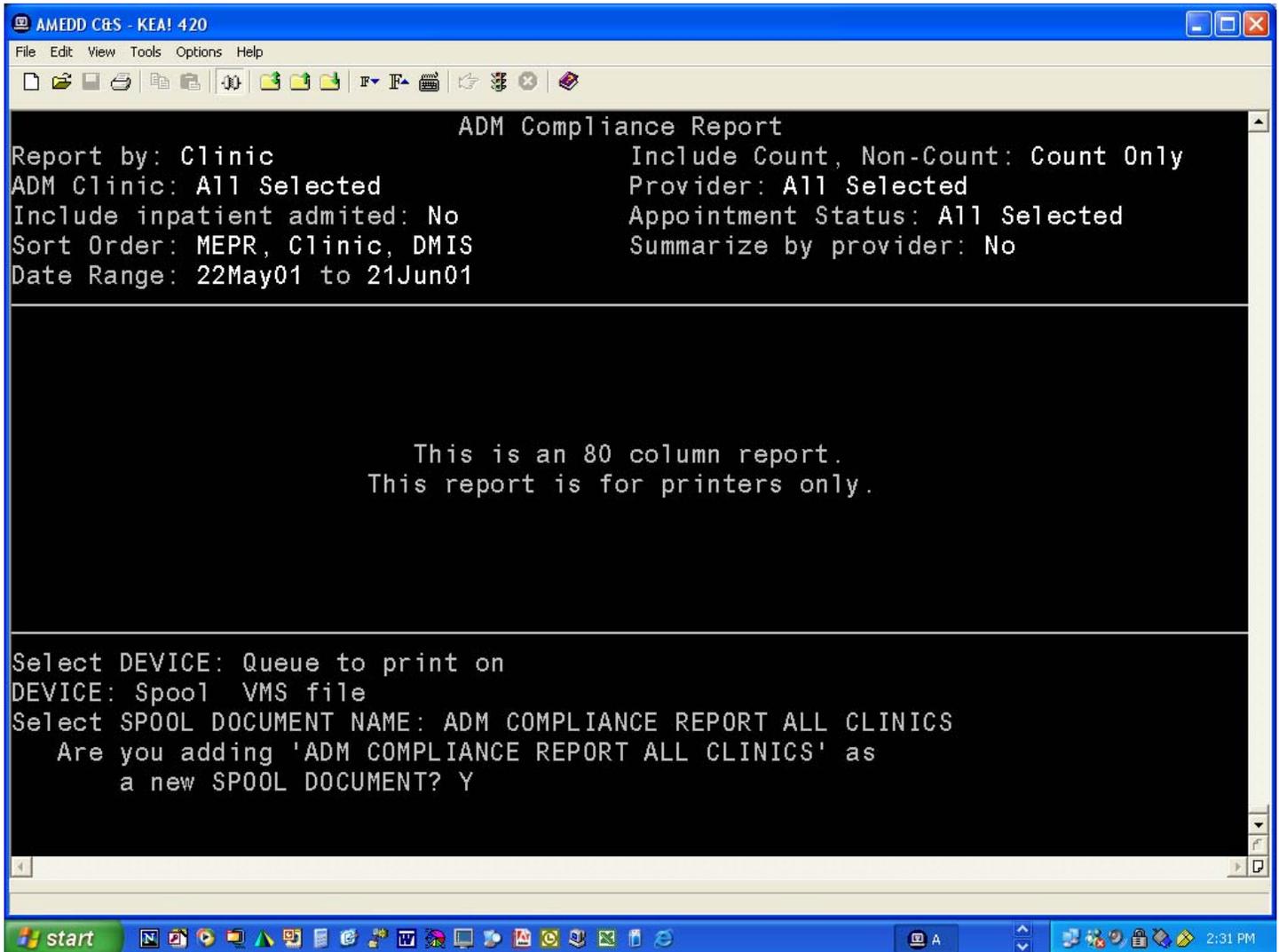
At the next prompt, type the word **“Spool”** to run the report to a spool file.



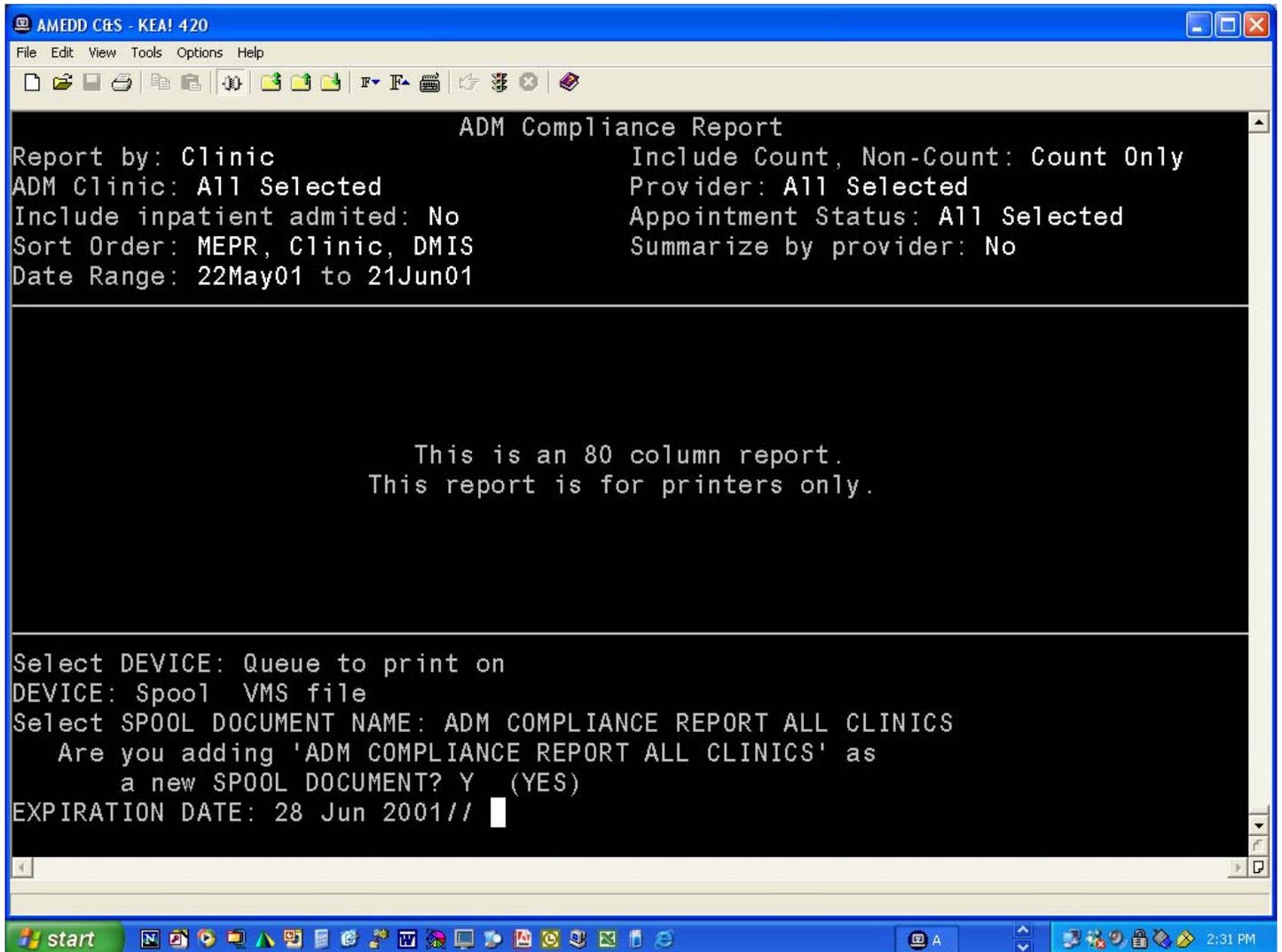
Name the spool document. (Note: The training data base limits the available Date Range to 23May01 thru 22 Jun 01. Your Date Range will be the **first and last day** of the data month.)



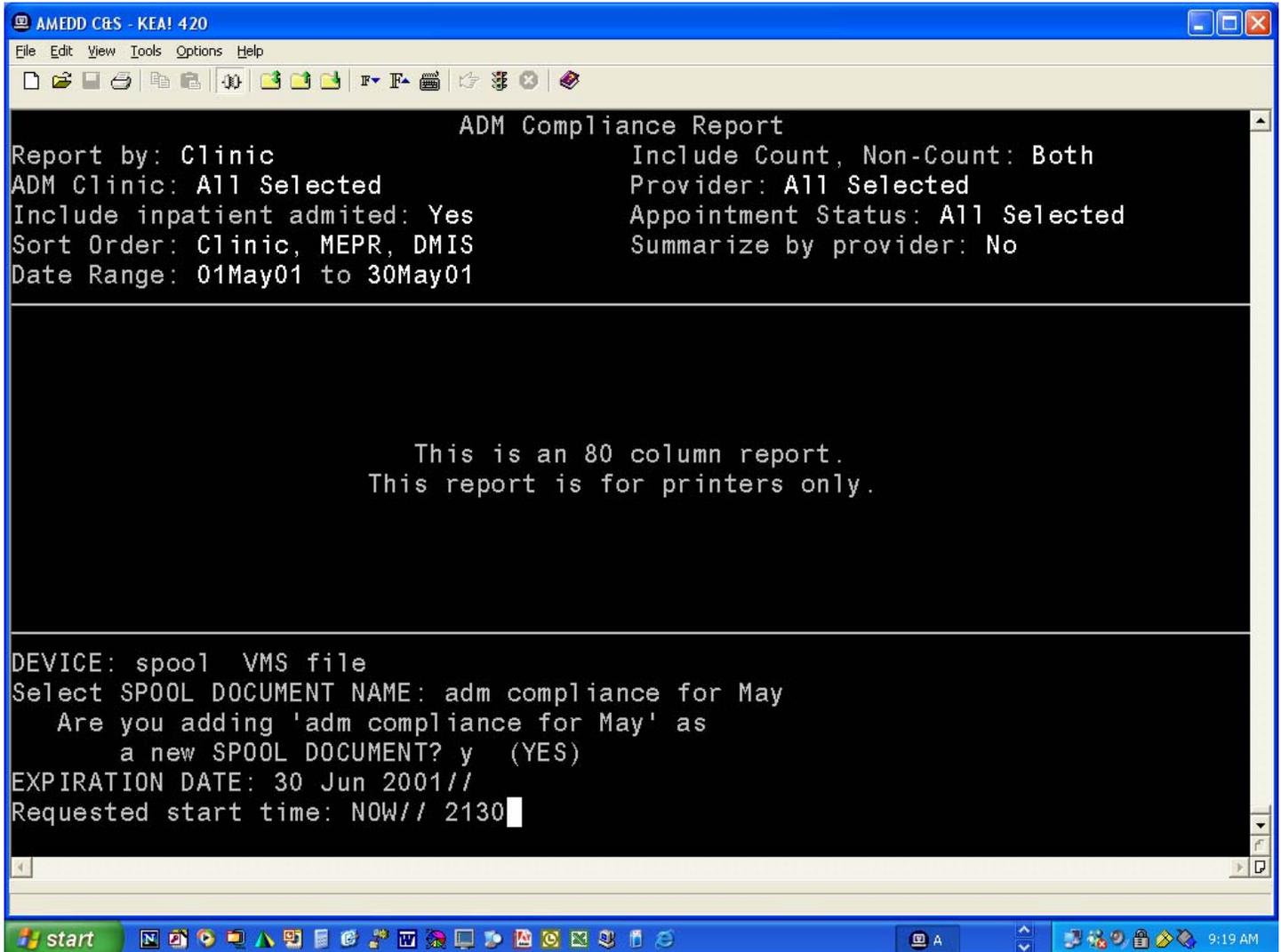
After **pressing “Enter”** you will be prompted if you want to add the document as a new spool document. Type **“Y”** for yes.



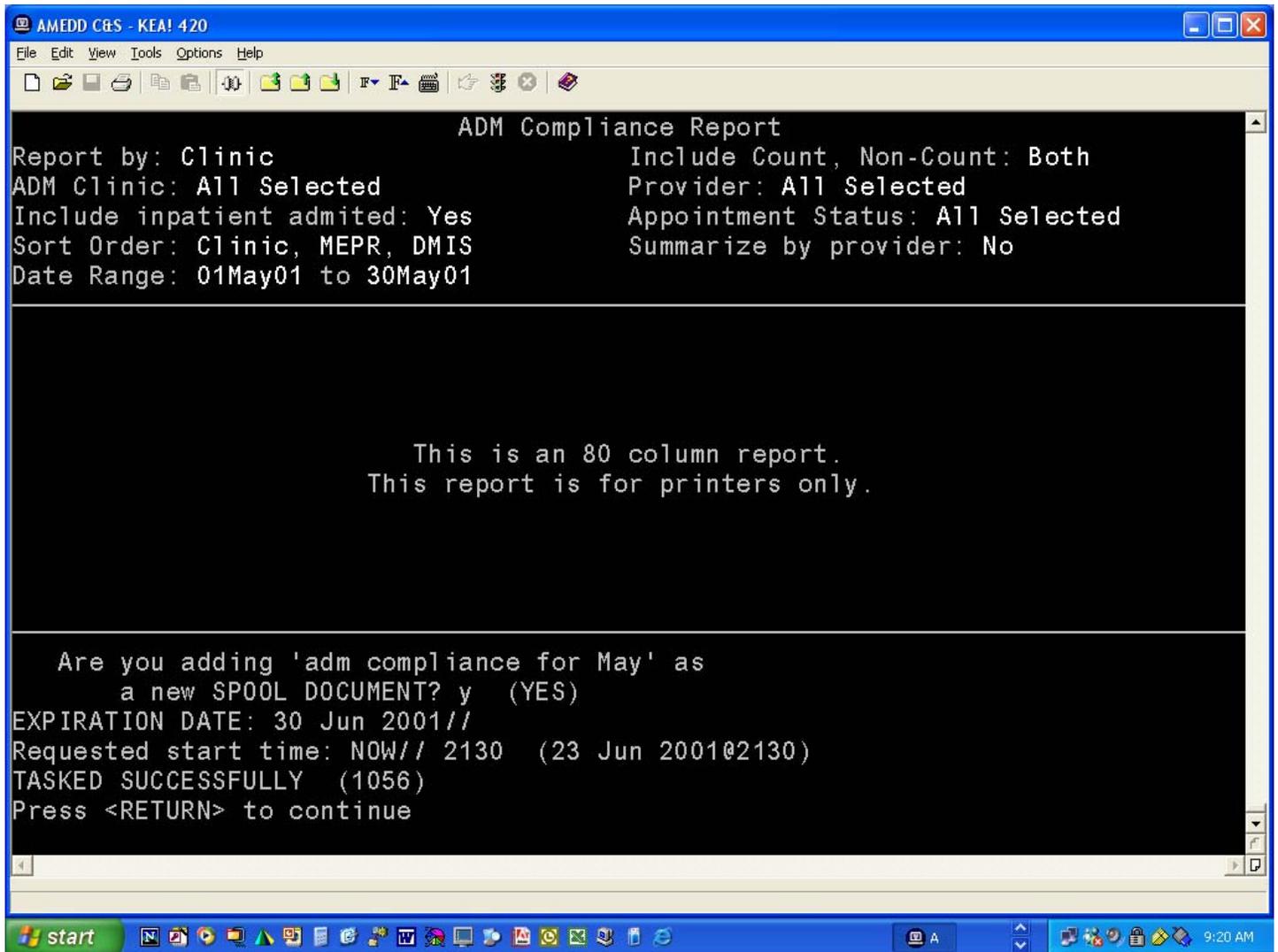
The next screen shows you the expiration date of the document. Normally, the Data Base Administrator sets the Spooled Reports to be deleted after 7 days. The default date of the training database is 21 June; see that the report will be purged on the 28th of June. Your dates will be different. Review and press “**Enter.**”



Now you have to enter the time you want the spooled document to run. You must to run the report between 2130 and 0600 hours on the third business day following the data month. **Check with ADM or CHCS Administrator for the best time and enter the requested start time.** This example uses 2130.



This screen confirms that the report will run at 2130.



The next screens show the report sorted by MEPRS Code. You will use the Grand Total “Incomplete ADM Total” value to compute your compliance.

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File Edit View Tools Options Help

23 Jun 20010926 For Official Use Only Page 1
Ambulatory Data Module
ADM Compliance Report by Clinic
From: 09 May 2001 Thru: 23 Jun 2001

Clinic	PAS Total	Complete ADM Total	Incomplete ADM Total	% Compliance
0037 BACA CARDIOLOGY CLINIC	99	1	98	1
0037 BAFA ENDOCRINOLOGY CLINIC	2	1	1	50
0037 BAPA DERM CARE MTF	1	1	0	100
0037 BAPA DERMATOLOGY CLINIC	1	0	1	0
0037 BGAA ACUTE CR MTF	1	1	0	100
0037 BHFA COMMUNITY HEALTH CLINIC	1	1	0	100
0037 BHIA BL MED	1	1	0	100

Grand Total	106	6	100	6

Press <RETURN> to continue

start [Taskbar icons] 9:22 AM

Add the Grand Total “Incomplete ADM Total” value to compete your compliance per Step 2 in the example below:

	A	B	C	D	E	F	G	H	I	J	K
1	RMC	PARENT	DMISID	TOTAL	PASS	(Pass = number completed within three business days)					
2				RECORDS							
3	18th MEDCOM	0612 121st GEN HOSP - SEOUL	0612 121st GEN HOSP - SEOUL	5873	5012						
4			1156 USAHC CAMP STANLEY	462	372						
5			1157 USAHC CAMP CASEY	3679	3262						
6			1158 USAHC CAMP EDWARDS	107	95						
7			8903 USAHC CAMP HUMPHREYS	2282	1989						
8			8907 USAHC- CAMP WALKER	1351	1308						
9			8910 USAHC- CAMP HIALEAGH	192	161						
10			8912 USAHC- CAMP RED CLOUD	937	826						
11			8913 USAHC- CAMP CARROLL	391	288						
12			8916 USAHC- YONGSAN	2023	1718						
13			8917 USAHC- CAMP LONG	165	162						
14			8921 USAHC- CAMP PAGE	383	370						
15			Step 1 Compute subtotal	17845	15563	Sum columns D & E					
16			Step 2 Add number incomplete at MTF	300		From ADM Compliance Report run after 2130 the 3rd business day following the end of the data month					
17			Step 3 Compute total records	18145							
18											
19			Step 4 Compute compliance	86%		Compute compliance by dividing # records completed within 3 business days by total records					
20											
21											
22											
23											
24											
25											
26											