



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHS-IS

16 July 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems
and Biostatistics Activity (PASBA) Conference Room,
Building 126, at 0900 on 10 July 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA
COL Phurrough, ACofS (HP&S)
LTC Starcher, PASBA
MAJ Stewart, MEDCOM PAD
MAJ Wesloh, PASBA
Ms. Bacon, AMPO
Ms. Enloe, PASBA
Mr. James, PASBA
Ms. Leaders, TRICARE Operations Division
Ms. Mandell, PASBA
Ms. Robinson, PASBA

b. Members Absent:

COL Kimes, Quality Management
LTC Dolter, Outcomes Management
MAJ Burzynski, OTSG (IMD)
Ms. Cyr, ACofS (PA&E)
Mr. Jensen, ACofS (RM)
Mr. Padilla, RM
ACofS Personnel Representative

c. Others Present:

Ms. Bowman, TRICARE Operations Division
Ms. Scott, Representing Mr. Padilla, Resource Management
Mr. Thompson, Internal Review

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2. Opening Remarks. There were no opening remarks.

3. Old Business.

a. Approval of Minutes. The June minutes were approved as written.

b. DQFAST Metrics (exceptions only). The Composite Health Care System (CHCS)/Defense Enrollment Eligibility Reporting System (DEERS) Synchronization metric has been discontinued, per 12 June 2001 DQFAST decision.

c. Data Quality Management Control Program (DQMCP) Pending Issues.

(1) DEERS Eligibility Checks at Pharmacy Windows.

Decision: In lieu of an identified best business practice by the pharmacy consultant, a memorandum will be provided to military treatment facility's (MTF's) commanders reiterating the requirement to complete DEERS eligibility checks, and recommending that each MTF decide how best to meet that requirement.

(2) Inpatient/Outpatient Records Coding Issues and Coder Shortages. The Army has submitted a request for the Iowa Foundation for Medical Care to audit all Army treatment facilities before itemized billing begins. The Third Party Collections Office at U.S. Army Medical Command (MEDCOM) is working on an implementation plan for itemized billing. The PASBA coding consultant is planning to host the first video teleconference (VTC) coding training before the end of July. The consultant is preparing coding templates and guidance for distribution to the MTFs. Three coding templates have been developed thus far. If FY 01 supplemental funding becomes available to hire coders, then MTFs need to be ready with a short suspense hiring plan. **Decision:** At the next DQFAST meeting, the PASBA coding consultant will provide a report on the results of the first VTC coding training and copies of the coding templates and guidance. The committee will continue to monitor coding issues.

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(3) Expense Assignment System Version IV (EAS IV) Deployment Impact on Medical Expense and Performance Reporting System (MEPRS) Data Availability. All individuals with a current password for MEQS III will be getting an EAS IV account. Approximately 50 percent of the MTFs reprocessed their October FY 00 data into EAS IV and it is available in the MEQS repository. **Decision: For DQMCP purposes, there will not be a catch up for this year. The EAS IV transmission suspense timeline will not meet the DQMCP reporting timeframe requirements. Although some sites may have their data in, other sites may continue to reflect "NA" on their DQMCP MEPRS-related responses.**

(4) Hearing Conservation Count. There is an inconsistency found in the reporting of hearing conservation workload in the EAS and on the Worldwide Workload Report (WWR). Hearing conservation workload is not captured in EAS, but is added to the WWR. The TRICARE Management Activity (TMA) confirmed that hearing conservation workload should not be included in DQMCP reporting. **Decision: Hearing Conservation workload should not be included in DQMCP submissions.**

(5) Great Plains Regional Medical Center (GPRMC) Issue-Expense Assignment System (EAS) IV conversion, [enclosure 1.](#) Approximately 50 percent of the field sites have reprocessed their data into EAS IV and it is available in the repository, this is for October 2000 data. **Decision: See 3c(3) above.**

(6) GPRMC Issue-DEERS Eligibility Check, [enclosure 1.](#) **Decision: See 3.c.(1) above.**

(7) GPRMC, Issue-Shortage of Coders and Training, [enclosure 1.](#) **Decision: See 3.c.(2) above.**

d. DQMCP Summary of the Summary, [enclosure 2.](#)

(1) Fort Belvoir is still having problems with the WWR software. The site is currently on a regional CHCS Regional Scheduler Project (CRSP) and a local system at the same time. The two systems are experiencing interface problems. In September the site will transition to one Tri-service regional system, which should correct this problem.

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(2) A suggestion was made to create a standardized audit checklist for medical records to assist coding personnel in identifying audit procedures and documentation requirements. This would help address an area that the Department of Defense (DOD) Inspector General (IG) identified as a deficiency. The PASBA will report progress on this suggestion at the next meeting.

e. DQMCP Program Update.

(1) There has been improvement on MTF responses and their understanding of the DQMCP.

(2) A memorandum will be drafted for MG Sculley's signature, to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)), recommending that the TMA Data Quality Management Control Workgroup meet on a monthly basis, as opposed to the current quarterly meetings. This would provide a more timely response to questions directed to the workgroup.

(3) There has been no feedback yet from the DoDIG regarding which MTFs they wish to visit, or when.

(a) The DoDIG may explore development of a data dictionary and guidance on standardizing reporting requirements for all three military services.

(b) Enclosed is the DoDIG's briefing to the Assistant Secretary of Defense (ASD(HA) ([enclosure 3](#)), the DoDIG's Auditor Meeting (Data Quality Management Control) Survey Phase Results ([enclosure 4](#)), and the Executive Summary from the Director of PASBA ([enclosure 5](#)).

f. DQMCP Trends Update. Line Charts will continue to be used to track trends ([enclosure 6](#)). A new Summary Green-Amber-Red (GAR) Report was developed to look at Regional Medical Center (RMC) trends ([enclosure 7](#)). The new Summary GAR is a roll-up of the MTF GAR ([enclosure 8](#)).

g. Electronic Signature Update, [enclosure 9](#). Twenty-two sites used the electronic signature for their June 2001 DQMCP submission. Some facilities had questions about commander

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turnover and the use of an interim signature. A few sites are still having technical difficulties.

h. Data Quality in the Balkans. The PASBA has received transmittals from CHCS but no indication that any of the records were completed. At this time, there are about 55 admissions counted. Forty-five of those patients have been discharged, but their records have not been closed out. These discrepancies need to be cleared up before the current unit rotates out in the September/October timeframe. **Decision: The PASBA and MEDCOM Patient Administration Division (PAD) will resolve.**

4. New Business.

a. End-of-Day Processing for Ambulatory Procedure Visits. The PASBA currently produces the Healthcare Access Metric (HCAM), which captures data that can also be used to produce a metric that will track whether end-of-day processing is occurring at the MTFs. End-of-day processing is a checklist item on the DQMCP. **Decision: In the near future, this metric will be produced for informational purposes to the treatment facility commanders.**

b. Uniform Biostatistical Utility (UBU) Status. The next UBU meets in the first week of August. Apparently, TMA has pulled their sponsorship of the UBU and there is no information that TMA plans on assigning another individual to chair the UBU. Additionally, the UBU currently has no approved charter. **Decision: The PASBA will address above concerns at the next UBU meeting.**

c. FY 02 IG Objectives. Based upon the guidance from LTG Peake, the DQFAST committee should develop objectives for the MEDCOM IG. These objectives will be used to assist the IG when making FY 02 site visits. These objectives should address data quality input and reporting processes. Specifically, what the IG should look at, and how to access compliance with the DQMCP. **Decision: At the next DQFAST committee meeting, each member should provide input on what might be addressed within their functional area, from a data quality perspective.**

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d. DQFAST Membership Review. Each member should review the charter and update their membership status. The goal is to have only one voting member from each section. The purpose is not to exclude anyone, but to clarify the committee membership and voting authority.

e. Other New Issue-MEPRS Full-Time Equivalent Accountability Discussion, enclosure 10. The Assistant Chief of Staff (AcofS) for Health, Policy and Services (HP&S) has interest in how to better define the number of providers and the amount of time they have available to provide healthcare versus non-clinical activities. In an attempt to clarify this, an Access database was developed using FY 99 and FY 00 Uniform Chart of Accounts Personnel Utilization System data. **Decision: Once this model has been formalized, the Army MEPRS Program Office (AMPO) will maintain it in the future. The AMPO will also provide information on existing policies that address the account assignment of personnel, and make recommendation on any potential policy changes. The AMPO/ACofS (HP&S) should also coordinate their findings with the ACofS (Operations).**

5. Deferred Issues. There were no deferred issues.

6. The meeting adjourned at 1050. The next meeting is scheduled for 0900, 14 August 2001, in the PASBA conference room.

10 Encls
as

JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

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1-Each Committee Member