



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

25 September 2002

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 17 September 2002.

a. Members Present:

COL Clark, Team Leader, PASBA  
COL Jones, ACoFS (HP&S), MEDCOM  
MAJ Wesloh, PASBA  
MAJ Anderson, IMD (OTSG)  
Ms. Leaders, TRICARE Operations Division, MEDCOM  
Ms. Bacon, AMPO, MEDCOM  
Ms. Mandell, PASBA  
Ms. Robinson, PASBA  
Mr. Padilla, RM, MEDCOM  
Mr. James, PASBA

b. Members Absent:

MAJ Cherry, Outcomes Management, MEDCOM  
MAJ Stewart, PAD, MEDCOM  
MAJ Shahbaz, Decision Support Cell, OTSG  
MAJ Petray, RM, MEDCOM  
CPT Briggs-Anthony, PASBA  
Ms. Cyr, AcofS, PA&E, MEDCOM  
Mr. Thompson, Internal Review, MEDCOM

c. Others Present:

Ms. Price, IMO (OTSG)  
Ms. White, PASBA  
Ms. Enloe, PASBA  
Ms. Bowman, TRICARE, MEDCOM  
Mr. Fannin, Internal Review, MEDCOM

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Mr. Bacon, PASBA

2. Opening Remarks. The team leader mentioned that the Data Quality Workshop for the North Atlantic Regional Medical Command (NARMC) was received with very positive remarks from the attendees. There are several more workshops planned for other regions. The workshop is an example of how to make improvements in data quality, by having face-to-face training.

3. Old/Ongoing Business.

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

b. DQFAST Metrics (exceptions only).

There was one metric as an exception.

(1) The Medical Expense and Performance Reporting System (MEPRS) Currency Metric ([enclosure 1](#)) showed seven facilities that did not meet the suspense, for a compliance of 86 percent. Five of the sites mistakenly thought the suspense date was the fifteenth of the month, instead of the fourteenth. The Army MEPRS Program Office (AMPO) representative stated that the suspense dates are posted on the AMPO website.

(2) The End-of-Day Metric was removed from the PASBA website for review. A more exact explanation for this metric is being finalized. **Decision: This metric should be posted to the PASBA website by the end of September.**

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

(1) DQMCP, New Issues. The Team Leader expressed concern that the explanations given on some of the Commander's Data Quality Statements are seriously lacking in clarity. Personnel at the medical treatment facility and Regional Medical Command (RMC) levels need to review the documents' explanations very closely. The Team Leader will request that the RMC representatives participate in the PASBA review process of the DQMCP Combined Report. This will permit the RMC representatives the opportunity to research and/or clarify explanations, prior to the report being briefed to Brigadier General Weightman. **Decision: A message from the Team Leader will be sent to the**

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**RMC representatives requesting their presence, via teleconferencing, when PASBA reviews the DQMCP Combined Report.**

(2) Coding Update.

(a) A PASBA representative sent a message to the medical records community requesting a status report on the hiring of coders. The message requested information on whether coders were contract versus General Schedule hires, centralized or decentralized, and if decentralized what specialty clinic were they located. **Decision: A reminder message will be sent to the field and the responses will be compiled.**

(b) The status of web-based training for coders was reported ([enclosure 2](#)). The following figures were quoted: 479 request for passwords, 317 passwords distributed, 40 slots reserved for pending hires, 34 slots were requested for contractors, which are on hold pending approval; 34 outstanding requests for Uniform Business Office/Third Party Collection personnel. **Decision: The DQFAST committee will continue to monitor the status of web-based training for coders.**

(c) A member questioned why some personnel have been provided access to this training when they are not coders and have no direct responsibility for coding. **Decision: The Team Leader stated that these non-coding personnel need some basic level of understanding of what coding they should anticipate when they are reviewing paperwork, prior to being sent out to private insurance companies. Now that the TRICARE Management Activity (TMA) has reviewed some software packages for use by TPC personnel, perhaps some of these personnel do not need to have access to the coding training. This concern will be reviewed.**

(d) The web-based training for providers is progressing ([enclosure 2](#)). Several facilities have been granted permission to proceed with training for providers and currently 383 assignments have been made, to four facilities. A total of 4370 passwords are available and ready for assignment, out of the original total of 7500. The turn-around time for issuing passwords is very quick, once the providers name is made available. The memorandum from The Surgeon General has been signed and should be ready for distribution to the field within

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the next week. Time is a critical element because the 1 year contract is already 5 months old. **Decision: The PASBA will continue to monitor the distribution of passwords for web-based training of providers.**

(e) The effort to identify on-line auditing tools is proceeding ([enclosure 2](#)). Site personnel will use the auditing tools to audit records. Several auditing tools are still being researched. Currently, there is no single report available in the Composite Health Care System (CHCS) that will capture all of the information needed. Time is a factor with itemized billing soon approaching. **Decision: This item will continue to be monitored by the committee.**

(3) MEPRS Expense Assignment System IV Update.

(a) The AMPO representative stated their office has received numerous inquires as to why the MEPRS Early Warning and Control System (MEWACS) was included on the latest revision to the Data Quality Management Control Review List. Inquires to the MEPRS Management Improvement Group proved fruitless. The AMPO representative inquired whether it was too late to remove the MEWACS requirement from the Review List. If the requirement is to remain then some specific guidance needs to be given to the facilities on what they should report, besides a yes or no response. The MEWACS was intended to be a tool for the field not a new requirement on the DQMCP. **Decision: A PASBA representative will research this issue and inform the AMPO representative. The committee will be apprised at the October meeting.**

(b) For the month of July, 33 of the 35 sites met the suspense for reporting their MEPRS data. This is a significant improvement over the month of June.

(4) DQMCP Update ([enclosure 3](#)).

(a) The Data Quality Workshop for NARMC was a success.

(b) The briefing to Brigadier General Weightman on the DQMCP will be Friday, 20 September at MEDCOM.

(c) The latest versions of the Data Quality Management Control Review List and Commander's Data Quality Statement are

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on the TMA and PASBA websites. The new list is to be used when reporting October's data in the month of December.

(d) The TMA workgroup's next meeting will be held on 26 September. One of the items on the agenda are the services' internal review efforts. Mr. Thompson from the MEDCOM Internal Review office will address the Army's effort.

d. DQMCP Best Business Practices. The Team Leader encouraged all members to look within their respective areas for best business practices.

e. Data Quality in the Balkans.

(1) For Uzbekistan and Afghanistan the 339th Combat Support Hospital(CSH) is entering their own data into the Patient Accounting and Reporting Realtime Tracking System (PARRTS) The PASBA has not received any Standard Inpatient Data Records (SIDR), but the 339th CSH indicated they plan to send.

(2) The PASBA received SIDR records from the 405th CSH. The records are being entered into the PASBA database.

(3) Kosovo and Bosnia are entering their SIDR data into CHCS. Their PARRTS data is sent to PASBA for input into PARRTS.

(4) The 5501st is the new unit in Bosnia and they have not been setup to input data into PARRTS, but they do have passwords. They site personnel shortages as a problem in entering PARRTS data.

(5) There was a discussion on the apparent lack of guidance addressing operational responsibilities to capture data when units deploy and come under a different command structure that is above The Surgeon General level. Also, the level of training for Guard and Reserve units is less than that of active duty units.

4. New Business. None

5. Deferred Issues. The MEDCOM Internal Review Office's final report of their NARMC visit.

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6. The meeting adjourned at 0950. The next meeting will be  
15 October 2002 at 0900.

3 Encls  
as

/s/  
LARRY J. CLARK  
COL, MS  
DQFAST Team Leader

DISTRIBUTION:  
1-Each Committee Member