



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

2 December 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 19 November 2002.

a. Members Present:

COL Clark, Team Leader, PASBA
LTC Young-McCaughan, Outcomes Management, MEDCOM
MAJ Wesloh, Deputy Director, PASBA
MAJ Ulsher, Decision Support Branch, PASBA
MAJ Briggs-Anthony, Data Management Branch, PASBA
Mr. James, Data Analysis Section, PASBA
Ms. Robinson, Data Quality Section, PASBA
Mr. Padilla, RM, MEDCOM

b. Members Absent:

COL Jones, AcofS, HP&S, MEDCOM
MAJ Anderson, IMD, OTSG
MAJ Stewart, PAD, MEDCOM
MAJ Petray, RM, MEDCOM
CPT Blocker, Decision Support Cell, OTSG
Ms. Bacon, AMPO, MEDCOM
Ms. Mandell, PASBA
Ms. Leaders, TRICARE Operations Division, MEDCOM
Ms. Cyr, AcofS, PA&E, MEDCOM
Mr. Thompson, Internal Review, MEDCOM

c. Others Present:

LTC Shero, representing HP&S, MEDCOM
Mr. Cardenas, representing AMPO
Mr. Bacon, PASBA

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2. Opening Remarks. None.

3. Old/Ongoing Business.

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

b. DQFAST Metrics.

(1) The Standard Inpatient Data Record (SIDR) Metric ([enclosure 1](#)) reflects data for the month of August. There were several facilities not in compliance: Landstuhl is having personnel staffing concerns; Womack Army Medical Center (AMC) is still working on their coder personnel issue; and Walter Reed AMC and Eisenhower AMC had incomplete records.

(2) The Standard Ambulatory Data Record Metric ([enclosure 2](#)) indicates that eleven facilities are not in compliance. Research is currently being conducted with nine of the facilities to determine reason(s) for the drop in compliance. Womack AMC is still addressing concerns with recently hired coders and McDonald Army Community Hospital is still working on interface issues with the Composite Health Care System (CHCS) II.

c. Data Quality Management Control Program (DQMCP).

(1) DQMCP, New Issues. The Team Leader expressed concern that facilities need a "how to" guide on exactly what procedures or steps need to be taken to provide the information required on the DQCMC Commanders Data Quality Statement.

Decision: The PASBA will begin the process of researching and producing a "how to" guide.

(2) Coding Update.

(a) Since July, PASBA has received 452 questions on coding. The number of questions from September to October decreased. This decrease does not reflect the intensity or complexity of questions being submitted. Since the implementation of Outpatient Itemized Billing, the time required to respond to questions is increasing due to the increased complexity of questions. Hence, the "Coding Hotline" has been renamed the "Coding Help Desk".

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(b) The issuing of coder passwords for Internet coder training is on temporary hold. The temporary hold will give 3M time to research whether or not they have provided to many passwords based on the negotiated contract. To date, there have been 378 passwords issued out of a possible 500. The PASBA has received a report from 3M showing the breakdown per facility of completed training. **Decision: The PASBA is currently researching whether those individuals that have completed internet training have received certificates.**

(c) There have been some comments from the field that individuals are able to log into the Internet training program and look at how other individuals scored. **Decision: The PASBA is discussing a correction with 3M.**

(d) The issuing of provider passwords has been going well. There have been 2348 passwords issued to providers out of a possible 7500 passwords. The memo from The Surgeon General addressing Internet training for providers should be issued in 3 or 4 weeks.

(e) The status report on the hiring of coders by medical treatment facility (MTF) is still pending. To date, approximately 60 percent of the facilities have provided information on the status of their coder hires. The PASBA has sent numerous messages, and also communicated via video-teleconference (VTC), on the need for this information. **Decision: The Team Leader stated that he will be having a VTC on the 27th of November with the Regional Medical Commands (RMC) Patient Administration Division Chiefs and will address this deficiency with them.**

(f) The Medical Records Administrator Workshop is proceeding. Currently, personnel are registering to attend and it appears that many are Lead Coders. As of 18 November, there have been 27 individuals registered from 15 different facilities. It was stated that the coding related questions on the DQMCP are still below the 50 percent mark for all facilities. **Decision: Over the next few weeks, information will be provided to the MTF commanders on the tools available to assist in the improvement of coding compliance.**

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(3) Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System (EAS) IV Update.

(a) The Army MEPRS Program Office (AMPO) representative stated that the initial EAS IV release for FY 03 had a problem with some of the reference tables. **Decision: On the 25th of November, a correction to these tables will be available on the Resource Information Technology Program Office website. These updates will be downloadable.**

(b) There was some discussion on the hardware problems that some sites are having. Some sites are trying to utilize the dedicated MEPRS servers in ways that they were not intended (e.g., loading a variety of non-MEPRS software programs). This situation is presenting a variety of problems for the AMPO. **Decision: The Team Leader stated that the Office of The Surgeon General's Information Management Office/Information Technology staff needs to be kept apprised of these situations.**

(4) DQMCP Update.

(a) The DQMCP Combined Report ([enclosure 3](#)) for the month of October will be on the PASBA website by 19 November. Major General Farmer was briefed on the DQMCP report on 15 November. The DQMCP report still reflects that areas with the greatest deficiencies are coding related. Major General Farmer realizes that there will be a learning curve with itemized billing, but he expects to see some major improvements in coding compliance on the DQMCP by the end of January 2003.

(b) At the last TRICARE Management Activity (TMA) workgroup meeting, the PASBA representative presented the question of MEPRS reconciliation versus timely submission of MEPRS data. The other services are monitoring this area and addressing deficiencies when they occur. To maintain consistency, the Army should not hold facilities accountable for performing reconciliation prior to timely submission of their data. **Decision: The TMA Workgroup did add this item to their list for review and consideration throughout the year. The requirement to reconcile the data prior to transmission may be added to the next iteration of the Commander's Review List.**

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(c) The next TMA Workgroup meeting will be the 5th of December. At that meeting, the Army's issue of standardization of the coding audit process will be addressed.

(d) The TMA Data Quality Course, which should not be confused with the Data Quality Workshops that PASBA is conducting, is scheduled for the 10th through the 12th of December. There are approximately eighteen individuals currently registered, four of those are Army.

(e) The Data Quality Workshop for Europe being conducted by PASBA will be on the 17th and 18th of December. The PASBA is in the process of finalizing the workshop agenda.

(f) The Data Quality Section has been working with the Development Section to automate the Commander's Statement at the MTF and RMC level.

(g) Work is in progress on the development of a desktop guide for the DQMCP process. Reports currently available on the CHCS are being reviewed, along with other reports or systems currently available. **Decision: The PASBA will continue to work towards the completion of a desktop guide.**

d. DQMCP Best Business Practices. There were no new best business practices reported by facilities this month. Currently, there are three best business practices listed on the PASBA website ([enclosures 4, 5 and 6](#)). There was some discussion on what the incentive is for facilities to submit best business practices.

e. Data Quality in the Balkans. The PASBA is now receiving SIDR records from the 339th Combat Support Hospital (CSH) in Uzbekistan and Afghanistan. The 405th CSH is still sending SIDR Admission and Coding Sheets and cover sheets to PASBA. The 405th will be leaving the Bosnia/Kosovo region in December 2002. The PASBA is communicating with Landstuhl to ensure that units understand the step-by-step process for retiring records.

4. New Business. The representative from Outcomes Management at MEDCOM wanted to express appreciation for all of the data pulls that PASBA has been conducting lately for their office.

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

6. The meeting adjourned at 1000. The next meeting will be determined at a later date. The committee members will be informed of the next committee meeting date.

6 Encls
as

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

DISTRIBUTION:

1-Each Committee Member