ENCLOSURE 2
ARMY

FY 2015 COMMANDER'S DATA QUALITY STATEMENT

DATE: _____

MTF: _____

DMIS ID: _____

MEMORANDUM FOR DEFENSE HEALTH PROGRAM RESOURCE MANAGEMENT
STEERING COMMITTEE

THROUGH: (1) SERVICE DATA QUALITY REPRESENTATIVE
                    (2) DHA DATA QUALITY 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
Commander's Data Quality Statement to my Service's designated DQ Representative and that
higher headquarters are also tracking metrics at the corporate level. The following is information
from this month's DQMC Review List.

Table 1. Data Quality Statement

	Count	Percentage
1. In the data month (**include only B*** and FBN* accounts**): (**B.4.a**) a) What percentage of appointments was closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?"	a) ___/____	a)_____%
2. In accordance with legal and medical coding practices have all of the following occurred: (**B.5.a, b, c**) a) What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? b) What percentage of APVs has been coded within 15 calendar days of the Encounter? c) What percentage of Inpatient records has been coded within 30 calendar days after discharge?	a) ___/____ b) ___/____ c) ___/____	a)_____% b)_____% c)_____%

Table 1. Data Quality Statement

	Count	Percentage
3. *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities Manual* (MEPRS Manual), DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. **(C.1.a, c, e, f)**		Yes or No
a) Was the monthly MEPRS (EAS) financial reconciliation completed, validated, and approved by the MTF Resource Manager (i.e., Navy or Army Comptroller or Air Force Budget Officer or Analyst) prior to MEPRS monthly transmission?		a)
b) Were the data load status, outlier, and allocation tabs in the MEWACS document reviewed and explanations provided in the comments section for flagged data anomalies?		b)
c) For DMHRSi, what is the percentage of submitted timecards by the suspense date?	c) ___/____	c)_____%
d) For DMHRSi, what is the percentage of approved timecards by the suspense date?	d) ___/____	d)_____%
4. Compliance with DHA or Service-Level guidance for timely submission of data. **(C.3.a, b, c, d)**	**Yes or No**	
a) MEPRS (EAS) – 45 calendar days b) SIDR (CHCS) – **5th and 20th calendar day of the following month)**	a)_____ b)_____	
	Count	**Percentage**
c) CAPER (ADM) – Daily d) DOWDR or Daily Patient Appointments File – daily transmissions.	c) ___/____ d) ___/____	c)_____% d)_____%
5. Outcome of Inpatient Coding audit: **(C.5.c, e, f, g)**		
a) Percentage of Inpatient medical records whose assigned DRG Codes were correct?	a) ___/____	a)_____%
b) Percentage of Inpatient Professional Services Rounds encounters E & M Codes audited and deemed correct?	b) ___/____	b)_____%
c) Percentage of Inpatient Professional Services Rounds encounters ICD-9 Codes audited and deemed correct?	c) ___/____	c)_____%
d) Percentage of Inpatient Professional Services Rounds encounters CPT Codes audited and deemed correct?	d) ___/____	d)_____%
6. Outcome of Outpatient Record audit. **(C.6.a, b, c, d)**		
a) For the encounter selected to be audited, is complete documentation available for coding audit? Documentation includes documentation in the medical record, loose (hard copy) documentation or an electronic record of the encounter. (Denominator equals sample size.)	a) ___/____	a)_____%
b) What is the percentage of E & M Codes deemed correct? (E & M Code must comply with current DoD guidance.)	b) ___/____	b)_____%
c) What is the percentage of ICD-9 Codes deemed correct?	c) ___/____	c)_____%
d) What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.)	d) ___/____	d)_____%
7. Outcome of Ambulatory Procedure Visits (APV) audit. **(C.7.a, b, c)**		
a) For the encounter selected to be audited, is complete documentation available for coding audit? Documentation includes documentation in the medical record, loose (hard copy) documentation or an electronic record of the encounter. (Denominator equals sample size.)	a) ___/____	a)_____%
b) What is the percentage of ICD-9 Codes deemed correct?	b) ___/____	b)_____%

Table 1. Data Quality Statement

	Count	Percentage
c) What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance.)	c) ___/____	c)_____%
8. DD-2569 forms. **(C.8.a, b, c, d, e, f)** Inpatient dispositions: a) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	a) ___/____	a)_____%
b) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	b) ___/____	b)_____%
Outpatient encounters: c) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	c) ___/____	c)_____%
d) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	d) ___/____	d)_____%
APVs: e) What percentage of completed and current (signed within the past 12 months) DD Form 2569s (TPC Insurance Info) is available for review?	e) ___/____	e)_____%
f) What percentage of available, current and complete DD Form 2569s is verified to be correct in the Patient Insurance Information (PII) module in CHCS?	f) ___/____	f)_____%
9. Comparison of reported workload data. **(C.9.a, b, c, d)** a) Number of CAPER encounters / number of Kept-Appointments. b) Number of MEPRS dispositions from EAS (or WAM, if EAS is unavailable) / number of SIDR D and E status dispositions.	a) ___/____ b) ___/____	a)_____% b)_____%
c) Number of MEPRS visits / number of Kept-Appointments (count only). d) Number of Inpatient Professional Services Rounds CAPER encounters (A*** CAPERs) / number of Total Bed days + Dispositions from EAS (or WAM, if EAS is unavailable).	c) ___/____ d) ___/____	c)_____% d)_____%

		Number
10. Use CHCS during the data month to identify potential duplicate patient registration. **(C.2.a.4)** a) For CHCS or AHLTA hosts only, what was the number of potential duplicate patient registration in the data month for all MTFs under the host? List the DMIS IDs of the MTFs included in the comments section. Ending balance.		a)_____

	Count	Percentage
11. Results of the Data Quality Coding Error reports. **(C.10.a.2, a.3, b)**		
a) Total CAPER Errors corrected with Gender Conflicts/ Total Outpatient Encounters with Gender Conflicts	a) ___/____	a)_____%
b) Total CAPER Errors corrected with Age Conflicts / Total Outpatient Encounters with Age Conflicts	b) ___/____	b)_____%
c) Total detected Inpatient Errors corrected / Total Invalid Inpatient Records detected	c) ___/____	c)_____%

ENCLOSURE 2

12. ICD-10 Training. a) Is the ICD-10 Committee meeting monthly or quarterly? (Provide comment – state frequency (i.e. monthly or quarterly).) **(F.3.a)**	**Yes or No** a)_____	
13. The DQ Manager briefed last month's DQMC Review List, and Financial and Workload Data Reconciliation and Validation results to the MTF Executive Committee. **(A.4)**	**Date briefed:**	

14. Incomplete CAPER Report (or Service equivalent, includes APVs) (Goal is 100%). Metric should be refreshed and reported for each period through current data month.
 	
a) Number of CAPER encounters / number of Kept Appointments.
  (1) October current fiscal year **(C.11.a.1)**
  (2) November current fiscal year **(C.11.a.2)**
  (3) December current fiscal year **(C.11.a.3)**
  (4)January current fiscal year **(C.11.a.4)**
  (5) February current fiscal year **(C.11.a.5**)
  (6) March current fiscal year **(C.11.a.6)**
  (7) April current fiscal year **(C.11.a.7)**
  (8) May current fiscal year **(C.11.a.8)**
  (9) June current fiscal year **(C.11.a.9)**
  (10) July current fiscal year **(C.11.a.10)**
  (11) August current fiscal year **(C.11.a.11)**
  (12) September current fiscal year **(C.11.a.12)**
 	
b) Prior FY Number of CAPER encounters / number of Kept Appointments   (Oct – Sep prior FY) **(C.11.b)**
	Count
	
	a(1) ___/___
	a(2) ___/___
	a(3) ___/___
	a(4) ___/___
	a(5) ___/___
	a(6) ___/___
	a(7) ___/___
	a(8) ___/___
	a(9) ___/___
	a(10) __/___
	a(11) __/___
	a(12) __/___
	
	(b) ___/____
		Percentage
		
		a(1)_____%
		a(2)_____%
		a(3)_____%
		a(4)_____%
		a(5)_____%
		a(6)_____%
		a(7)_____%
		a(8)_____%
		a(9)_____%
		a(10)_____%
		a(11)_____%
		a(12)_____%
		
		(b)_____%

15. Incomplete SIDR Report (or Service equivalent) (Goal is 100%). Metric should be refreshed and reported for each period through current data month.
 	
a) Number of SIDR dispositions / number of SIDR D and E status dispositions.
  (1) October current fiscal year **(C.12.a.1)**
  (2) November current fiscal year **(C.12.a.2)**
  (3) December current fiscal year **(C.12.a.3)**
  (4)January current fiscal year **(C.12.a.4)**
  (5) February current fiscal year **(C.12.a.5)**
  (6) March current fiscal year **(C.12.a.6)**
  (7) April current fiscal year **(C.12.a.7)**
  (8) May current fiscal year **(C.12.a.8)**
  (9) June current fiscal year **(C.12.a.9)**
  (10) July current fiscal year **(C.12.a.10)**
  (11) August current fiscal year **(C.12.a.11)**
  (12) September current fiscal year **(C.12.a.12)**
 	
b) Prior FY Number of SIDR dispositions / number of SIDR D and E status dispositions   (Oct – Sep Prior FY) **(C.12.b)**
	Count
	
	a(1) ___/___
	a(2) ___/___
	a(3) ___/___
	a(4) ___/___
	a(5) ___/___
	a(6) ___/___
	a(7) ___/___
	a(8) ___/___
	a(9) ___/___
	a(10) __/___
	a(11) __/___
	a(12) __/___
	
	(b) ___/____
		Percentage
		
		a(1)_____%
		a(2)_____%
		a(3)_____%
		a(4)_____%
		a(5)_____%
		a(6)_____%
		a(7)_____%
		a(8)_____%
		a(9)_____%
		a(10)_____%
		a(11)_____%
		a(12)_____%
		
		(b)_____%

16. I am aware of the data quality issues identified by the completed Commander's Data Quality Statement and the Data Quality Management Control Review List and when needed, have incorporated monitoring mechanisms and have taken corrective actions to improve the data from my facility. **(F.4)**	**Date** _____	**Yes or No** _____

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

_____
Signature (or record of approval if completed electronically)
Commanding Officer or Officer in Charge