FISCAL YEAR 2014
DATA QUALITY MANAGEMENT
CONTROL PROGRAM (DQMCP)

Frequently Asked Questions (FAQ)

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1.
Question: What is the DQMC Program?

Answer: The Data Quality Management Control Program (DQMCP) was established as a result of two audit reports conducted by the Department of Defense Inspector General (DoDIG) and the General Accounting Office (GAO). Both reports found material weaknesses in the data across the Military Health System (MHS). The DoDIG found that the data used to calculate the military health benefits was not current and was also incomplete. Reports such as these increased the impetus for the development of a methodology to ensure the accuracy, timeliness, and quality of clinical workload data.

The Data Quality Management Control Program (DQMCP) is a comprehensive program of identifying, monitoring, and assisting with improvement strategies for a full range of data quality issues that support business case decision making. The ultimate goal is to set the foundation to encourage the sharing of information, to develop a strategic map for best business practices to maximize the return on investment, save taxpayers money, and provide the best healthcare possible at a minimum cost. Department of Defense Directive 6040.40 (November 2002), *Military Health System Data Quality Management Control Procedures*, is the regulatory guidance that established and governs the program.

2.
Question: How do I request access to PASBA's online applications?

Answer: For DQMCP, go to https://pasba.army.mil/ and click the Access Request Form button.

1. Click the *Access Request Form* button on the home page of PASBA's website and fill out the form.
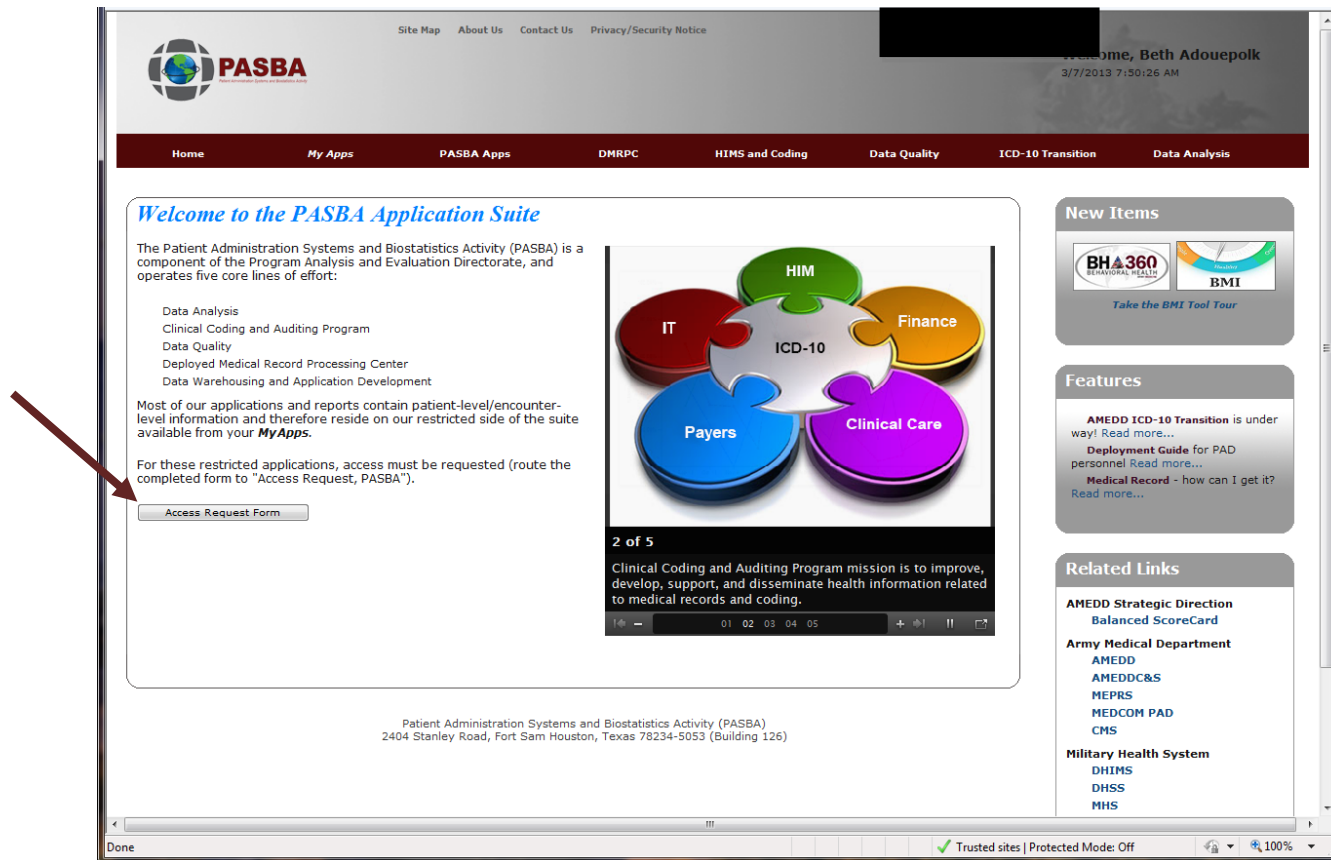

Figure 1 *Access Request Form* button

2. The PASBA Form 10, the *Restricted Application Access Request (RAAR)* form, allows a user to request access or deactivation of access to one of the thirteen online applications currently being offered by PASBA.

Figure 2 *Restricted Application Access Request* **form, PART I – REQUESTOR INFORMATION**

Notice that for the majority of the applications there are multiple levels of access that can be selected. DQMCP, for example, is located in the first column of Part II of the form, and has six different levels of access depending on a user's role.

Figure 3 DQMCP roles in Part II – SELECT PRODUCT(S) NEEDED

The next three parts of the form, Parts III - V, deal with a security acknowledgement and allow the individual requesting access (as well as a sponsor if the individual requesting access is a contractor) to digitally sign the form prior to submission.

Figure 4 Part III – JUSTIFICATION and Parts IV and V – SIGNATURE and CONTRACTOR INFORMATION

— Note that **only an MTF commander** is not required to submit a justification for access to an application.

Save the form and send to the email address stated on the form located PART IV:

Most accounts are established the same day a request is received at PASBA.

New users will be sent an email notifying them their account has been created.

Users who transfer between MTFs are subject to account closure and will need to submit a new request for any accounts they require access to. This process is a PASBA security safeguard.

Please note that any account(s) that are inactive for **90 days** will be deactivated. If this happens, and you need to reactivate an account, you will need to contact your PASBA DQ section POC (see Question #5 for a list of POCs by region).

3.
Question: Do MTFs need alternates to sign in the absence of their commanders?

Answer: Yes, MTFs should have at least one individual with pre-approved access to the DQMCP application. See Question 2 for details on how to request access.

4.
Question: What are the levels of access in the DQMCP application, and what are the roles and responsibilities of these users?

Answer:
Corporate User (other than PASBA Data Quality Managers): Individuals in this role are permitted to review the data quality statement. They have read-only authorization for all facilities. This role is normally for senior leaders at the MEDCOM and OTSG level.

MTF Commander: Individuals in this role are responsible for reviewing the review list and the data quality statement for their facility. Once a statement is submitted, they are responsible for completing the last question (Question 15) and signing the statement. They have read/write authorization to the review list and the data quality statement (for Question 15 and the Accept button only) for their facility. The MTF commander may also designate individuals they want as an alternate with this role.

MTF Data Quality Manager: Individuals in this role are responsible for ensuring that the questions for a review list — particularly those that support a data quality statement — are answered and for submitting a statement to an MTF's commander for signature. They have write authorization to the review list for their own facility. An MTF commander may also appoint an individual as an alternate to the primary MTF DQ manager. This role is dependent on individual having responsibility for the completion and submission of statement to the MTF commander.

MTF Review List: Individuals in this role are responsible for answering one or more questions for the review list. DQ managers can request assistance in completing their review list form by having other staff within their facility request access in an MTF Review List role. This role allows a DQ manager to grant selected individuals read/write access in the application to assist with entering data into the review list form, without granting these individuals permission to submit the list to a commander.

MTF View Only: Individuals in this role have read-only access to the list and the statement of their facility. Acquiring this level of access is not dependent on the individual's position or level of responsibility.

RMC Commander: Individuals in this role review the data quality statement and data quality review list and coordinate with the RMC's DQ manager if they have questions about a statement. They have read-only authorization for the parent facilities in their region. Assigning this role is dependent on the individual's position. The RMC commander may designate another individual to have this role.

RMC Data Quality Manager: Individuals in this role are permitted to review the data quality statement and data quality review list; and will coordinate with the MTF DQ managers if they have questions about the statement. They have read- only authorization for the parent facilities in their region unless they also hold the role of an MTF DQ Manager, in which case they will also have write permission for their facility. Assigning this role is dependent on an individual's position.

5.
Question: Who are the PASBA Data Quality section's points of contact, and what is their contact information?

Answer:
Chief
Joseph (Tim) Bacon
  Commercial 210-295-8725
        DSN 421-8725
      Email joseph.t.bacon.civ@mail.mil

Western and Pacific RMC
Carolyn Enloe
  Commercial 210-221-0467
        DSN 471-0467
      Email carolyn.m.enloe.civ@mail.mil

Northern, Southern and European RMC
Jesse R. Hernández
  Commercial (210) 295-8943
        DSN 421-8943
      Email jesse.r.hernandez4.civ@mail.mil

6.
Question: What is the next date for the Data Quality Training Course for FY14?

Answer: The Data Quality Training Course for FY14 has been cancelled till further notice. DQ Webinar's have replaced the Data Quality Training Course.

Future Course information will be posted at website-
http://www.tricare.mil/ocfo/mcfs/dqmcp/registration.cfm

Previous Data Quality Course Training Documents are posted at website:
http://www.tricare.mil/ocfo/mcfs/dqmcp/documents.cfm

Upcoming Webinars are posted at website:
http://www.tricare.mil/ocfo/mcfs/dqmcp/webinar.cfm

7.
Question: Who should attend the Data Quality Management Control Program Training Webinar's?

Answer: All Data Quality Managers should attend Data Quality Webinar's which occures quarterly. However, this training is not limited to data quality managers; other personnel may attend this course, including: PAD personnel, clinic administration staff, Business Operations staff, MEPRS staff, and many others. Ask your PASBA DQ Section POC if you have a question about who should attend this course.

8.
Question: How does an MTF's staff request a staff assistance visit (SAV)?

Answer: To request a visit:
–   an MTF's Chief of Staff must request through an RMC's or MSC's Chief of Staff
–   an RMC's or MSC's Chief of Staff submits a request through operations channels to the MEDCOM OIP coordinator
–   the MEDCOM D, HCO/OPS Division Chief will validate requests for assistance and task the appropriate section's staff to provide the assistance
–   SAV requests will indicate specific tasks and the purpose for focused teaching and training
–   SAVs are not top-driven: RMC and MSC commanders are better situated to determine the needs for MEDCOM assistance

9.
Question: Can MTFs submit Best Business Practices (BBP) to be added to the DQ section of the website?

Answer: Yes, they may submit BBPs to their POCs in the DQ Section for consideration of implementation into the DQMCP.

10.
Question: What are the PASBA-populated items in the FY 2014 Data Quality Statement?

Answer: Questions 1. a., 2. a., and 2.b, 4. a. - 4. d., and questions 9. a. - 9. d.

11.
Question: When does PASBA populate the Data Quality Statement?

Answer: PASBA begins populating the statements around the 5th duty day of the reporting month.

MTFs are encouraged to begin entering their self-reported data as early in the reporting month as possible. We also encourage all MTFs to complete, and have the Commander approve, the DQ statement as soon as possible. This gives our office more time to address any issues and/or concerns that may come up with an MTF's statement.

13.
Question: How are the DQ managers notified that PASBA has populated the DQ Statement?

Answer: Either a DQM will receive an email from the PASBA DQ staff or they can go online to the DQMCP application and view the color code in the *Status* column of the table located under the *Form Selection* banner.

14.
Question: What if a DQ manager disagrees with any of the items that PASBA populates?

Answer: Contact your PASBA DQ Section POC as soon as possible for assistance.

15.
Question: What is the suspense date for completion of the DQ Statement?

Answer: An MTF's DQ Statement must be approved and signed by the commander by the last *business* day of the month (not the last *calendar* day).

16.

Question: What are the Army-only questions on the DQ statement?

Answer: For *FY14*, responses to questions 11. a. and b; 12. a and b; 13. a. and b; 13, and 14. will **NOT** be reported to TMA.

11. Data Quality Coding Error Reports.
a) Total Encounters Corrected / Total Outpatient Encounters Detected in the DQ Coding Error Reports. **(C.10.a)**
b) Total Detected Inpatient Records Corrected / Total Invalid Inpatient Records Detected in the DQ Coding Error Reports. **(C.10.b)**

12. ICD-10 Training.
a) Are you providing ICD-10 awareness training to the entire MTF staff? (Provide comment – state method being used (i.e. in-service, newsletters, etc.) **(F.3.a)**
b) Have you conducted a coder assessment (i.e. Anatomy & Physiology, Pharmacology, etc.) to identify their strengths and weaknesses in preparation for ICD-10 coding? (Provide comment) **(F.3.b)**
c) How many coders, coding supervisors and or MRAs have completed the AHIMA ICD-10 training or other accredited ICD-10 training? (Provide comment) **(F.3.c)**
d) How many coders, coding supervisors and or MRAs are AHIMA ICD-10 Approved Trainers? (Provide comment) **(F.3.d)**
e) Is the ICD-10 Committee meeting monthly or quarterly? (Provide comment – state frequency (i.e. monthly or quarterly).) **(F.3.e)**
f) Is the 3M ICD-10 Online Web Training Administrator at your MTF providing the ICD-10 Committee updates on the training process? (Provide comment – state frequency (i.e. monthly or quarterly).) **(F.3.f)**

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)**
14. I am aware of the data quality issues identified by the completed 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)**

17.

Question: What is the Quarterly RMC Commander Certification Statement suspense date?

Answer: All RMC DQ managers are aware of the requirement for the Quarterly RMC Commander Certification Statements and their suspense date. The reports are due at the end of each quarter. The suspense date is **30 calendar days after the end of a quarter**.

18.

Question: What are the current reporting requirements for loose documents?

Answer: The following process applies to the FY14 Review List Question F.1.a and F.1.b:

1. All MTFs are required to enter the information requested on loose documents onto the Review List no later than the fifth duty day of any given reporting month.

2. Go to the DQ Review List, *Army Specific Questions*, and enter values for the number of loose documents in questions *F. 1. a.* and *F. 1. b.* (as a guide, 1 inch equals 100 documents). Do not forget to save before exiting the list.

19.

Question: How do you ensure DD Form 2569s (*Third Party Collection Program/Medical Services Account/Other Health Insurance* forms) are accounted for and are available for audit?

Answer: DD Form 2569 availability may be as an electronic or hardcopy maintained in other locations. Based upon Uniformed Business Office (UBO) guidelines, the DQMC Program accepts an electronic version of the DD Form 2569. The form, in either electronic or hard copy, does not have to be maintained in a patient's record. The original document is kept at the treating facility and a copy (either a hard copy or an electronic copy) must be sent to the facility which maintains the patient's records. Additionally, the PASBA DQ Section produces a DD Form 2569 audit pull list and sends it directly to the MTF DQ managers. This audit pull list should be used by MTFs to determine which inpatient, outpatient, and Ambulatory Procedure Visit encounters will be audited for a completed DD Form 2569.

Recommendations

1. During initial registration, clerks must ask each non-active duty patient if they have any type of medical coverage other than TRICARE, and initiate a DD Form 2569.

2. Upon subsequent visits, clerks must check that a current DD Form 2569 is on file. A current DD Form 2569 is one completed within the last 12 months.

3. The most current version of the DD Form 2569 may be found at: http://www.tricare.mil/ocfo/mcfs/ubo/sit_ohi.cfm, under 'What is OHI?'

Background: The Third Party Collection Program (TPCP) was established under United States Code, Title 10 – Armed Forces, Section 1095. The TPCP authorizes DOD to bill and collect from third party payers for the reasonable cost of health care provided to insured member's beneficiaries in military treatment facilities.

20.

Question: How long should DQMCP files (and supporting documents) be kept?

Answer: The completed forms and accompanying working papers or audit support documents must be kept on file for five years. This information is stated on the first page of the DQMC Review List under *Instructions*.

21.
Question: How do you calculate compliance percentages for all DQMC program-related coding audits?

Answer: When calculating compliance percentages for all of the DQMC program-related coding audits, primarily Inpatient (SIDRs) and Ambulatory Procedure Visits (APVs), any codes that should have been given but are missing should be included in the denominator number. For example: if 20 E&M codes were audited and it was determined that 2 additional E&M codes should have been included, but were missing, then the denominator should be 22 E&M codes.

Some sites are including missing codes in the denominator and other sites are not. Once again, missing codes should be included in the denominator when reporting compliance percentage on the DQMC Program DQ Statement.

22.
Question: What are the requirements for FY 14 for providing comments on the DQ Statement when the status change goes from a color less than green to green?

Answer: When an MTF goes from a color less than green to green on the DQ Statement (i.e., from amber or red to green) then the MTF needs to provide a comment explaining the reason for the change. The MTFs already provide comments if they are not green on a measure (i.e., amber or red). We want to know how an MTF achieved compliance goals.

23.
Question: What should you do if you have not completed your CARA mediation and the DQ statement is due?

Answer: If your CARA mediation is not complete, use your pre-mediation results on the DQ Statement and state in your comments that you are reporting pre-CARA mediation results.

24.
Question: What are some general reasons for failed encounters in AHLTA?

Answer: Invalid codes, missing elements in provider files, or electronic failures can all result in failed encounters. If any table elements do not match, rejections will occur. A provider may choose the wrong code type, which may cause records to fail in AHLTA. Other problems identified include providers with inactive IEN number in CHCS files and tables.

25.
Question: What can be done to assist with resolution?

Answer: The MTF can run the *ADM Exception Report* in CHCS/ADM, which will provide details of the failed records and the reasons for their rejection. Also, ensure proper coding is applied.

26.

Question: How can I get a list of DQ Managers?

Answer: The current list of DQ Managers is available on the PASBA website under Data Quality –
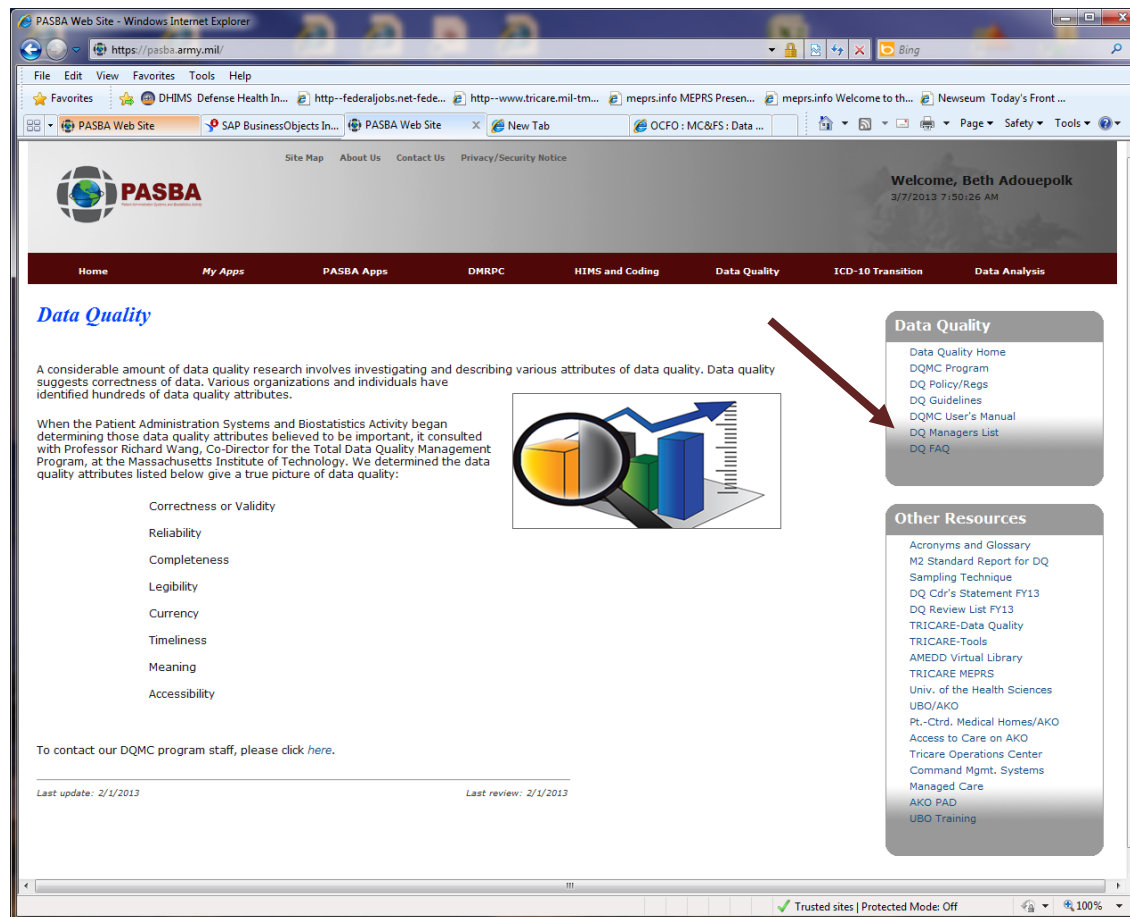
Figure 5 DQ managers

Please inform your POCs in the DQ Section of any changes.

27.
Question: What is the *3-day Compliance Report*?

Answer: This report for the previous month allows the MTF to close out records prior to the regular monthly DQMCP run. It is run ONCE a month at the beginning of the month, no earlier than the 5th day of the month. The process generates an Excel® spreadsheet, which is distributed to each Regional DQ manager and MTF DQ Managers via the AMRDEC Safe Access File Exchange application.

28.
Question: Should all DQ Managers have M2 accounts?

Answer: Yes. M2 has an abundance of helpful standards and corporate reports. A group of these were created specifically to answer new Data Quality Coding Error questions on the DQMCP Review List.
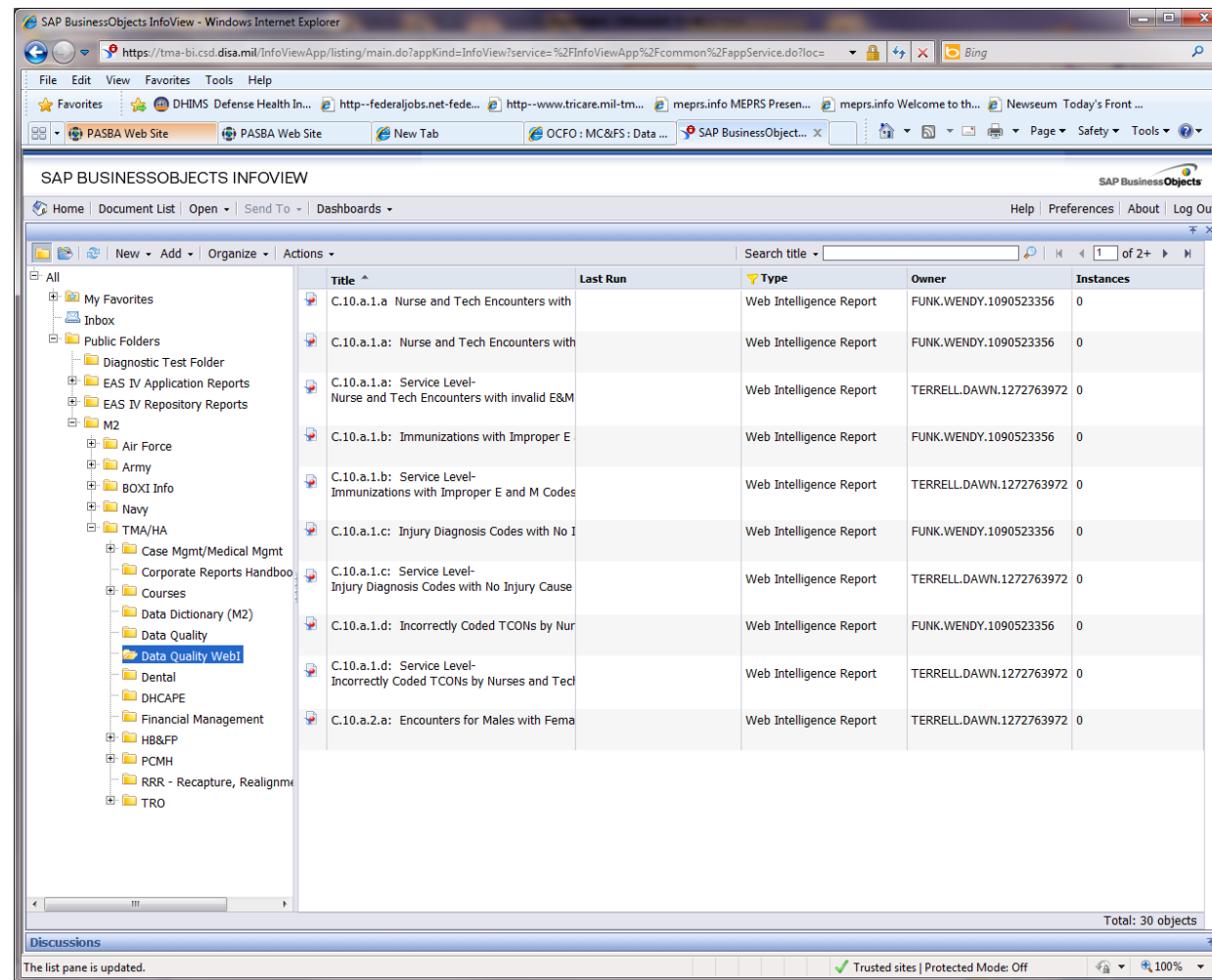
Figure 6 Reports available from M2

29.
Question: What happens when the CAPER task nightly process identifies an encounter error?

Answer: The CAPER process rejects the record from further processing and excludes the record from the CAPER or TPOCS extracts. Clinic managers should review the interface error reports on a daily basis to guarantee that records originating in ADM or AHLTA are processed through CHCS and are truly being included in the CAPER, and TPOCS extracts. This report is accessible on the ADM Interface Error menu's option (6) on the Ambulatory Data Collection Manager screen.

 30.

Question: What are some possible errors displayed on the Error Report?

Answer: Table 1 lists possible error messages.

Table 1. Error Messages

SADR number	CAPER	Description
101	101	PATIENT_IEN is null or missing, or not a number
108	108	Patient DOB is null or missing
109	109	Patient DOB is not valid
206	206	Appt_IEN is not valid
207	207	Appt_date_time field is null
209	209	Appt_status is not SADR/CAPER eligible
211	211	Clinic IEN is null or missing, or not valid
213	213	MEPR Code is null or missing, or not valid
215	215	Provider IEN is null or missing
217	217	ICD-9 missing based on status
218	218	ICD-9 level is missing or not valid
222	222	Disposition missing based on status
224	224	E&M code is null or missing
226	226	Secondary provider is not valid or missing
227	227	Secondary provider IEN found, but the Role Code is null
229	229	Second Secondary provider is not valid or missing
230	230	Second Secondary provider IEN found, but the Role Code is null
	232	CPT-4 code is not valid
	233	CPT E&M code is not valid
234	234	ICD-9 code is not allowed for cancelled appointments or Disp = LWOBS
235	235	CPT-4 code is not allowed for cancelled appointments or Disp = LWOBS
236	236	Disposition is not allowed for cancelled appointments or Tel-Cons for private HCP
237	237	Found 1st secondary provider where use is not allowed
238	238	Found 2nd secondary provider where use is not allowed
239	239	Found E&M code for Tel-Con not in range (99371 – 99373)
240	240	Found E&M code where use is not allowed
242	242	Found Admin Disposition where use is not allowed

243	243	Ambulatory flag set where use is not allowed
251	251	Disposition Type does not match Patient Status
252	252	Appointment Provider Role is missing
253	253	No provider associated with a CPT® code
254	254	Injury Related data missing, based on ICD-9 codes
256	256	Procedure weight data missing, based on CPT® codes
257	257	Supervising Provider is required
	258	Appointment Provider Specialty Code is missing
	259	Appt Provider is not assigned a HIPAA Provider Taxonomy Code
260	260	Appointment type is null for image location
261	261	Appointment type is null

Note: CAPER items 232, 233, 258 and 259 do not have corresponding error messages in SADR.

31.

Question: What are some possible warnings displayed on the Error Report?

Answer: Table 2 lists possible warning messages.

Table 2. CAPER-specific Warning Messages

CAPER	Description
452	Appointment Provider Role is missing
453	No provider associated with a CPT® code
454	Injury Related data missing, based on ICD-9 codes
456	Procedure weight data missing, based on CPT® codes
457	Supervising Provider is required
458	Place of Employment missing based on Injury Cause Code of EM
459	Place of Employment not allowed when no EM cause code is present
460	Place of Accident missing based on Injury Related flag
461	Geographic Location missing based on Injury Cause Code of AA
462	Geographic Location not allowed when no AA cause code is present
465	Provider NPI is missing
466	Provider NPI Type is missing
468	Taxonomy for Prov #2 is not mapped to one of the provider's specialties

469	Taxonomy for Prov #3 is not mapped to one of the provider's specialties
470	Provider #2 is not assigned a HIPAA Provider Taxonomy Code
471	Provider #3 is not assigned a HIPAA Provider Taxonomy Code
472	Clinic location type is Imaging

32.
Question: What is the difference between error and warning messages?

Answer: *Warnings* do not stop the record from being included in SADR/CAPER extracts. As mentioned above, *errors* <u>will</u> stop the record from being included in the SADR/CAPER extracts.

33.
Question: What is the recommended process to run the ADM SADR CAPER Error Report?

Answer: The ADM SADR/CAPER Error Report should be run by clinic supervisors in conjunction with CHCS End-Of-Day processing (menu path: `KG ADS-Main Menu > 4 > 6 > 2`). Errors and warnings are available after 2230 for the current day's completed records (SAIC-provided information).

Reprocessing of the ADM encounter may be performed by using the ADM Error Processing option (menu path: **KG ADS** > **Main Menu** > **4** > **6** > **1**).

Select Systems Manager Menu Option: KG Ambulatory Data Module

  ADM Data Entry Menu > Ambulatory Data Reports > Ambulatory Data Collection Manager Menu > Edit ADM Site Parameters > Edit ADM Clinics > MailGroup Preferences

Select Ambulatory Data Module Option: 4 Ambulatory Data Collection Manager Menu

Manage Evaluation & Management Codes > Manage Diagnosis Selection List > Manage Procedure Selection List > Manage Clinic Defaults > Encounter Form Designer > ADM Data Extract Error Menu > Manage For Clinic Use Only Parameters > ADM SADR/CAPER Extract Recovery > User Access to Multiple Clinics

Select Ambulatory Data Collection Manager Menu Option: 6 ADM Data Extract Error Menu

ADM Interface Error Processing > ADM SADR/CAPER Error Report > ADM SADR/CAPER/TPOCS Extract Status Display > CCE Detailed Error Report

Select ADM Data Extract Error Menu Option: 2 ADM SADR/CAPER Error Report

ADM CAPER/SADR Errors by Appt Date/Time

Generate Report Based on [M] EPRS or [C]linic (M/C)? C//

Select CLINIC (default ALL, ^ to exit):

Beginning with Appointment Date: T-30// (07 Mar 2014)

End with Appointment Date: NOW// (06 Apr 2014@0838)

Enter Status(s):??

    –   Enter *Error*, *Warning*, or *Unresolved*