

**PASBA DATA QUALITY GUIDE**  
**APPENDIX A – Acronyms and Glossary**

Acronyms and Glossary

<b>Access to Care (ATC)</b>	<p>A parameter used to determine the date range for appointment searches. The user (booking clerk) enters the appointment file and enters the access to care category as the first search parameter when entering search criteria. It is a required field.</p> <p>Enhancements in the Patient Appointment and Scheduling (<a href="#">PAS</a>) and Managed Care Program (MCP) modules allow the user to collect data, perform calculations, and report statistics related to ATC standards for patient appointments.</p> <p>The user can calculate and report the elapsed time between a beneficiary's request for an appointment at an MTF and the date/time the requested healthcare services are available. The user can also search for appointments based on the ATC category:</p> <table> <tr> <th>Category</th><th>Length of Search (days)</th></tr> <tr> <td>Acute</td><td>1</td></tr> <tr> <td>Routine</td><td>7</td></tr> <tr> <td>Wellness</td><td>30</td></tr> <tr> <td>Specialty</td><td>30</td></tr> <tr> <td>Future Request</td><td>90</td></tr> </table>	Category	Length of Search (days)	Acute	1	Routine	7	Wellness	30	Specialty	30	Future Request	90
Category	Length of Search (days)												
Acute	1												
Routine	7												
Wellness	30												
Specialty	30												
Future Request	90												
<b>Admission &amp; Disposition (A&amp;D)</b>	<p>A daily hospital report reflecting patients gained and lost, changes in status, the numerical strengths of transient patients and boarders, and other transactions such as Carded Record Only CRO cases, interward transfers, and passes.</p>												
<b>Agency for Healthcare Research and Quality (AHRQ)</b>	<p>The Agency for Healthcare Research and Quality (AHRQ) is the lead Federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. As one of 12 agencies within the Department of Health and Human Services, AHRQ supports health services research to improve the quality of health care and promote evidence-based decision making. <a href="http://www.ahrq.gov/">http://www.ahrq.gov/</a>.</p>												
<b>Ambulatory Data Module (ADM)</b>	<p>The ADM is an automated information module designed to effectively track and manage ambulatory patient care. ADM collects and reports patient diagnoses and procedures, enabling providers to track and manage the care provided to their patients. ADM provides the necessary patient forms already populated with the necessary information, saving time for both the administrators and the patients themselves.</p> <p>The ADM interfaces with Composite Health Care System (<a href="#">CHCS</a>) to download upcoming patient appointments and later, to update them. Information collected by ADM is used by military treatment facility (<a href="#">MTF</a>) commanders, Lead Agents, and other decision-makers to evaluate the cost-effectiveness of care provided.</p>												
<b>Ambulatory Procedure Unit (APU)</b>	<p>A term that refers to a location or organization within an MTF (or freestanding outpatient clinic) that performs <a href="#">APVs</a>.</p>												

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<b>Ambulatory Procedure Visits (APV)</b>	<p>Ambulatory Procedure Visits (APVs) are outpatient surgical procedures performed in either a surgical suite, an extended outpatient setting, or an Ambulatory Procedure Unit (APU).</p> <p>APVs incorporate immediate (day of procedure) pre-procedure, intensive procedure, and immediate post-procedure care in an ambulatory setting (formerly known as <i>Same Day Surgery</i>). The nature of the procedure and the medical status of the patient combine for a requirement for short-term care (but not inpatient care) that is more appropriately rendered in a specialized area, such as an APU or extended care area, rather than in an outpatient clinic. These surgical procedures are appropriate for all types of patients (obstetrical, surgical, and non-surgical), who by virtue of the procedure or anesthesia require post-procedure care, observation, or recovery. Refer to <a href="#">DoD Instruction 6025.8</a>, <i>Ambulatory Procedure Visit</i>, (reference (e)) for guidance.</p>
<b>Appointment Status</b>	<p>Indicates the status of the patient's appointment. Valid status codes include:</p> <ul style="list-style-type: none"> <li>1 = Sick Call</li> <li>2 = Kept</li> <li>3 = Cancel</li> <li>4 = No-Show</li> <li>5 = Walk-in</li> <li>6 = S-Call</li> <li>7 = TEL-CON</li> <li>8 = LWOBS</li> </ul>
<b>Armed Forces Health Longitudinal Technology Application (AHLTA)</b>	<p>AHLTA is the military medical and dental clinical information system that generates and maintains a comprehensive, life-long, computer-based patient record for each Military Health System (MHS) beneficiary. AHLTA provides a secure, comprehensive, interoperable, standards-based, enterprise-wide medical and dental clinical information system that generates, maintains, and provides round-the-clock access to longitudinal electronic health records of active duty military, their family members and others entitled to DoD health care in fixed medical/dental facilities, on board ships, and in Theaters of Operations. <a href="http://www.health.mil/ahlta/default.cfm">http://www.health.mil/ahlta/default.cfm</a></p>
<b>CHAMPUS Maximum Allowable Charge (CMAC)</b>	<p>The CHAMPUS National Pricing System (CMAC System) is query-based system that allows the retrieval of pricing/prevaling fees for a particular procedure code within a selected locality. <a href="http://www.tricare.mil/CMAC/home.aspx">http://www.tricare.mil/CMAC/home.aspx</a>.</p>
<b>Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)</b>	<p>An indemnity-like program now called TRICARE standard that is available as an option under DoD's TRICARE program. There are deductibles and cost shares for care delivered by civilian healthcare providers to active duty family members, retirees and their family members, certain survivors of deceased members and certain former spouses of members of the seven Uniformed Services of the United States.</p> <p>CHAMPUS is a federally-funded health program that provides beneficiaries with medical care supplemental to that available in military and Public Health Service (PHS) facilities. All CHAMPUS beneficiaries move over to Medicare at age 65. CHAMPUS is like Medicare in that the government contracts with private parties to administer the program. It was recently revamped as a managed-care system and renamed TRICARE, but still widely known under its old name CHAMPUS. <a href="http://www.tricare.mil/">http://www.tricare.mil/</a>.</p>

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<b>Coding Compliance Editor (CCE)</b>	CCE is a server-based application that utilizes 3M's coding and compliance COTS software to support Military Health Systems (MHS) coders. The CCE system is used at Military Treatment Facilities (MTF) worldwide in order to improve data quality and increase Third Party Collections (TPC). The primary users of CCE are the site coders, coding auditors, and administrative staff. The primary benefit of CCE is the improvement of coding standards through the use of online editing capabilities. CCE also provides extensive reporting capabilities to help site management identify coding areas that warrant improvements to data quality and TPC. For an overview of the CCE, see the presentation, <a href="#">Coding Compliance Editor: Monitoring Data Quality</a> .
<b>Composite Health Care System (CHCS)</b>	An integrated medical information system that facilitates the coordination of healthcare activities and patient information among all departments within a military treatment facility (MTF) and its medically integrated outlying clinics. CHCS modules include: RAD (radiology) LAB (Laboratory) PHR (Pharmacy) PAS (Patient Appointing & Scheduling) MCP (Managed Care Program; used to support TRICARE enrollees by enrolling them to Primary Care Managers) PAD (Patient Administration) MRT (Medical Records Tracking) MSA (Medical Service Accounting) medical billing WAM (Workload Assignment Module) DTS (Dietetics) CLN (Clinical: Nursing, Physician, and Allied Health) DAA (Database Administration) ADM (Ambulatory Data Module) Medical Coding of outpatient visits TOOLS (FileMan).
<b>Comprehensive Ambulatory/ Professional Encounter Record (CAPER)</b>	CAPER data originates as a result of patients using the Military Health System (MHS). The data provided on CAPERs is collected through the <a href="#">ADM</a> , a module within CHCS. Health care providers interact with patients, input information to CHCS or <a href="#">AHLTA</a> . The CAPER is produced from the ADM database, and transmitted to destinations such as the MHS Data Repository ( <a href="#">MDR</a> ).
<b>Count Visit</b>	A measure for outpatient care is the visits that are counted through the CHCS MCP appointment system. This information determines how healthcare is provided and how DoD allocates resources. To maintain ease of use and flexibility for the clinics, MCP categorizes each appointment as either <i>Count</i> or <i>Non-Count</i> . CHCS MCP, then, can produce an accurate number of visits based on these categories. MCP uses a hierarchical structure that controls the Count/Non-Count status of an appointment. The Count/Non-Count status of an appointment determines whether the appointment is included as workload in the <a href="#">VWR</a> and the CHCS Workload Assignment Module ( <a href="#">WAM</a> ).

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<b>Current Procedural Terminology (CPT)</b>	A system developed by the American Medical Association, for standardizing the terminology and coding used to describe medical services and procedures. In the Managed Care Program (MCP), these procedure and medical service codes are used to define services offered and exceptions to the overall discount schedule for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).
<b>Data Quality (DQ)</b>	Data is deemed of high quality if it correctly represents the real-world construct to which it refers.
<b>Data Quality Management Control Program (DQMCP)</b>	The Data Quality Management Control Program's staff (DQMCP) reports to the Military Health System (MHS) Resource Management Steering Committee (RMSC). The DQMC workgroup serves as the advisory body for developing and recommending the strategic direction and strategy for the RMSC in support of the MHS Data Quality Management Control Program (DQMCP).
<b>Defense Enrollment Eligibility Reporting System (DEERS)</b>	An automated system of verification for eligibility to receive Uniformed Service benefits and privileges. For an overview of DEERS, user manuals, and other documents, see <a href="https://www.dmdc.osd.mil/appi/deerswebsite/home.do">https://www.dmdc.osd.mil/appi/deerswebsite/home.do</a> .
<b>Defense Health Services System (DHSS)</b>	The DHSS is a new program office in the MHS that incorporates products and functionality from the former DMLSS, EIDS, and RITPO. DHSS maintains products used throughout the MHS in three major areas: clinical support, medical logistics, and resources. <a href="http://www.health.mil/DHSS/">http://www.health.mil/DHSS/</a>
<b>Defense Medical Human Resources System internet (DMHRSi)</b>	DMHRSi is a Tri-Service human resource management system. It provides updated personnel data, expanded reporting capabilities, automated method of MEPRS capture, and improved labor cost reporting. The Oracle® application uses data feeds from Service and MTF source systems to populate information fields, ensuring consistency of personnel data across all systems. <a href="https://dmhrs.satx.disa.mil/">https://dmhrs.satx.disa.mil/</a> .
<b>Defense Medical Information System Identification (DMIS ID)</b>	Unique identification code assigned by TMA to facilities, catchment areas, and other entities. DMIS IDs are recognized within the DoD as the controlling standard for both medical and military facility identification and cost/workload classification.
<b>Department of Defense Health Affairs (DoD HA)</b>	The Department of Defense Health Affairs enhances the DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care
<b>Diagnosis Related Group (DRG)</b>	A patient classification system that relates demographic, diagnostic, and therapeutic characteristics of patients to length of inpatient stay and amount of resources consumed. It provides a framework for specifying hospital case mix and identifies classifications of illnesses and injuries for which payment is made under prospective pricing programs.
<b>Disposition Type</b>	The end point of a patient's hospitalization (inpatient episode). There are numerous disposition types, e.g., discharge, death, or the patient is leaving against medical advice.
<b>DoD Workload Assignment Module (DWAM)</b>	The DOD Workload Assignment Module (DWAM) is a menu option on CHCS allowing access to the SAS Detail Create option to generate a SAS Detail file.
<b>Electronic Data Interchange Patient Number (EDI PN)</b>	An electronic identification number used to facilitate matching patients and sharing electronic health information on patients.

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<b>End of Day (EOD)</b>	At the closing hour of a clinic or at the end of a shift change.  The update of patient appointment data for an outpatient clinic on a specified day. Patient appointment data includes, but is not limited to, appointment status and type, provider, clinic, and checked-in (date and time). EOD processing converts MCP appointments to visits.
<b>End of Month (EOM)</b>	A time-based counter identifying when processes occur (the end of the month plus one day, or EOM+1).
<b>Expense Assignment System Internet (EASi)</b>	A standard automated data processing system used by the Military Services for the calculations required to produce the Medical Expense and Performance Reports.
<b>Expense Assignment System, version IV (EAS-IV)</b>	EAS-IV is a cost-allocation tool providing standardized reporting of workload, expense, and manpower data at the medical and dental treatment facility level. EASi replaces this system.
<b>Final Operating Expense Account</b>	The final expense accumulation point in <a href="#">MEPRS</a> .
<b>Fiscal Year (FY)</b>	A period used for calculating annual ("yearly") financial statements. The U.S. government's fiscal year begins on October 1 of the previous calendar year and ends on September 30 of the year with which it is numbered.
<b>Full Time Equivalent (FTE)</b>	A work force equivalent of one individual working full-time for a specific period, which may be made up of several part-time individuals or one full-time individual.
<b>Functional Cost Code (FCC)</b>	Functional Cost Code (FCC) accounts are the basic coding framework for MEPRS categories. Also known as <i>MEPRS code</i> or <i>workcenters</i> .
<b>Health Care Common Procedure Coding System (HCPCS)</b>	A set of codes used by Medicare that describes services and procedures. HCPCS includes Current Procedural Terminology (CPT) codes, but also has codes for services not included in CPT, such as ambulance services. While HCPCS is nationally defined, there is provision for local use of certain codes.
<b>Health Insurance Portability and Accountability Act (HIPAA)</b>	HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling, and privacy. It requires that all patients be able access their own medical records, correct errors or omissions, and be informed how personal information is shared used. Other provisions involve notification of privacy procedures to the patient. <a href="http://www.hhs.gov/ocr/privacy/index.html">http://www.hhs.gov/ocr/privacy/index.html</a> .
<b>Healthcare Effectiveness Data and Information Set (HEDIS®)</b>	A set of health plan performance measures (eg, preventative medicine, prenatal care, acute and chronic disease and member satisfaction with health plans and doctors) that look at a plan's quality of care and services See MEDCOM's methods and approaches to improving HEDIS at <a href="https://www.qmo.amedd.army.mil/HEDIS/HEDIS.htm">https://www.qmo.amedd.army.mil/HEDIS/HEDIS.htm</a>
<b>Industry Based Workload Alignment (IBWA)</b>	The original name for Inpatient Professional Services (IPS).
<b>Inpatient Professional Services (IPS)</b>	IPS is the professional component of inpatient care. It captured an inpatient professional encounter for each day a patient occupied a bed.

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<b>Inpatient Visit</b>	An inpatient visit captures care provided to an inpatient that is seen and/or given medical advice/ treatment by a health care provider for a clinical service other than the current inpatient service.
<b>International Classification of Diseases 9<sup>th</sup> Revision (ICD-9)</b>	Provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease. Every health condition can be assigned to a unique category and given a code up to six characters long. Such categories can include a set of similar diseases. Also known as <i>diagnosis</i> . See eICD's ICD-9-CM diagnosis code search engine at <a href="http://www.eicd.com/EICDMain.htm">http://www.eicd.com/EICDMain.htm</a> .
<b>Joint Commission</b>	The Joint Commission sets standards for healthcare organizations and issues accreditation to organizations that meet those standards. They conduct periodic on-site surveys to verify that an accredited organization substantially complies with Joint Commission standards and continuously makes efforts to improve the care and services it provides. <a href="http://www.jointcommission.org/">http://www.jointcommission.org/</a> .
<b>Length of Patient Stay (LOS)</b>	The number of occupied bed days accumulated from the date of admission to the date of disposition.
<b>Medical Expense and Performance Reporting System (MEPRS)</b>	A report providing consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance by Department of Defense (DOD) fixed medical facilities. <a href="http://www.ampo.amedd.army.mil/">http://www.ampo.amedd.army.mil/</a> .
<b>Medicare Payment Advisory Commission (MedPAC)</b>	The Medicare Payment Advisory Commission (MedPAC) is an independent Congressional agency established by the Balanced Budget Act of 1997 (P.L. 105-33) to advise the U.S. Congress on issues affecting the Medicare program. The Commission's statutory mandate is quite broad. In addition to advising the Congress on payments to private health plans participating in Medicare and providers in Medicare's traditional fee-for-service program, MedPAC is also tasked with analyzing access to care, quality of care, and other issues affecting Medicare. <a href="http://www.medpac.gov/">http://www.medpac.gov/</a> ,
<b>Military Treatment Facility (MTF)</b>	A facility established for the purpose of furnishing medical and/or dental care to eligible military individuals. TRICARE has an MTF locator at <a href="http://www.tricare.mil/mtf/">http://www.tricare.mil/mtf/</a> .
<b>MEPRS Early Warning and Control system (MEWACS)</b>	An interactive data quality feedback tool developed by the MEPRS Management Improvement Group (MMIG) to proactively identify, investigate, resolve, or correct current MEPRS data anomalies in a timely manner using systematic, repeatable processes. <a href="http://www.meprs.info/mol3/mol3.cfm">http://www.meprs.info/mol3/mol3.cfm</a> ,
<b>MEPRS Management Improvement Group (MMIG)</b>	The MMIG serves as the senior staff level body responsible for the functional oversight of the DoD MEPRS Program and a uniform Military Health System (MHS) Financial Management Accounts Structure (FMAS) for the TRICARE Management Activity (TMA) and each of the Military Medical Departments. The MMIG is responsible for the development, implementation and management of MEPRS policies, procedures and business practices, and for integrating the collection, processing and reporting of standard workload, financial, and labor data in the Expense Assignment System (EAS). Ref: <a href="#">DoD 6010.13-M</a> , the MEPRS manual.
<b>MHS Data Repository (MDR)</b>	The MDR is the MHSs centralized data repository and is populated with clinical encounter and cost data from military treatment facilities as well as purchased care data from contracted MHS network providers. The MDR provides executive information and decision support for secured electronic healthcare data for the MHSs beneficiaries from the enterprise level down to the individual recipient of care. This robust repository offers more than five billion records online with 10+ years of data and is the MHSs single point for data integration, data quality edits, online and near-line data storage and DoD healthcare data transfers.



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<b>MHS Mart (M-2)</b>	M2 is an <i>ad hoc query</i> tool for detailed trend analysis such as patient and provider profiling. M2 provides summary and detailed views of population, clinical, and financial data from all MHS regions worldwide and includes direct and purchased care data. Healthcare analysts use M2 to perform trend analyses, to conduct patient and provider profiling studies, and to identify opportunities to increase health care utilization at military treatment facilities.
<b>Military Health System (MHS)</b>	All aspects of health services for the Department of Defense. <a href="http://www.health.mil/">http://www.health.mil/</a> ,
<b>National Provider Identifier (NPI)</b>	A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services' (CMS) National Plan and Provider Enumeration System. You can search the NPI Registry for either an individual or organizational provider at; <a href="https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do">https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</a>
<b>Non-Count Visit</b>	CHCS categorizes each appointment as either <i>Count</i> or <i>Non-Count</i> . The Count/Non-Count status of an appointment determines whether the appointment is included as workload in the WWR and the CHCS Workload Assignment Module (WAM).
<b>Occasion of Service (OCC-SVC)</b>	A specific identifiable act or service involved in the medical care of a patient that does not require the assessment of the patient's condition nor the exercising of independent judgment as to the patient's care. Examples: technician drawing blood, taking an x-ray, administering an immunization, issuance of medical supplies and equipment. Pharmacy, pathology, radiology, and special procedures services are also occasions of service and not counted as visits.
<b>Occupied Bed Day (OBD)</b>	A day in which a patient occupies a hospital bed at midnight (census taking hour). If patient is admitted and discharged on the same day, it counts as 1 occupied bed day on the census.
<b>Office of the Secretary of Defense / Health Affairs (OSD/HA)</b>	Principal staff assistant to the Under Secretary of Defense (Personnel and Readiness) and advisor to the Secretary of Defense and Deputy Secretary of Defense for all DoD health policies, programs, and activities. Exercises authority, direction, and control of several field activities, including the TRICARE Management Activity, the Armed Forces Institute of Pathology, and the Uniformed Services University of the Health Sciences.
<b>Other Health Insurance (OHI)</b>	Other Health Insurance (OHI) is a data repository which is currently utilized within the Department of Defense (DoD) for payment of health service claims.
<b>Outside Continental United States (OCONUS)</b>	The OCONUS (Outside of the Continental United States) service area represents overseas locations to include all countries, island masses, and territorial waters not in the CONUS (Continental United States). Covered services provided on a ship or vessel that is outside the territorial waters of the CONUS service area are covered under the OCONUS service area, regardless of the provider's home address. The OCONUS service area is further categorized into non-remote and remote locations.
<b>Outpatient Visit</b>	Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen. An outpatient visit consists of a visit by a patient (not on hospital roll) who is seen and/or given medical advice/treatment by a health care provider for a particular service.
<b>Patient Administration (PAD)</b>	The PAD is a CHCS subsystem that facilitates the collection and recording of patient information. It records the admission, disposition, and transfer of patients. This subsystem also manages ward and bed status within the medical treatment facility (MTF). A component of the PAD Subsystem, MSA, focuses on the initiation and monitoring of patient billing.
<b>Patient</b>	A CHCS subsystem enabling individual outpatient clinics or providers to control

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<b>Appointment and Scheduling System (PAS)</b>	their own scheduling, booking, and appointments, and alerts other system users to potentially conflicting schedules. The PAS suite includes the Coding Compliance Editor (CCE) and the Third Party Outpatient Collection System (TPOCS).
<b>Patient Category (PATCAT)</b>	A grouping of individuals in the same beneficiary class; e.g., active duty, family members of active duty, retired, family members of retired, and so forth.
<b>Patient Status</b>	Indicates whether the patient is an outpatient or an inpatient.
<b>Pharmacy Data Transaction Service (PDTS)</b>	The Pharmacy Data Transaction Service (PDTS) is a centralized data repository that allows us to build a common patient medication profile for all Department of Defense (DoD) beneficiaries regardless of the point of service they use. The PDTS was created to move the data from all Military Health System (MHS) points of service— military treatment facilities (MTFs), TRICARE retail pharmacy networks, and the Mail Order Pharmacy contractor—to a single pharmacy claims manager that maintains a central repository. Establishing one central patient medication profile allows a provider to review a patient's complete medication history and therefore reduce their exposure to unnecessary safety risks that are present in a non-integrated pharmacy system.
<b>Physical Readiness Training (PRT)</b>	A military program integrating physical readiness activities into the workweek in the same manner as applied to meeting other mission and operation requirements.
<b>Point of Contact (POC)</b>	Identification of, and means of communication with, person(s) and organizations(s) associated with identified resource(s).
<b>Primary Care Manager (PCM)</b>	An individual (military or civilian) primary care provider, a group of providers, or an institution (clinic, hospital, or other site) who or which is responsible for assessing the health needs of a patient, and scheduling the patient for appropriate appointments (example: pediatric, family practice, OB-GYN) with a primary healthcare provider within the local MHS network.
<b>Primary Care Physician (PCP)</b>	A term applied to internists, pediatricians, family physicians, and general practitioners and occasionally to obstetricians and gynecologists.
<b>Prospective Payment System (PPS)</b>	A term describing a reimbursement system that pays prospectively rather than based on charges.
<b>Provider Specialty Code (PSC)</b>	An identification code that identifies the general categories of practice for professional services providers. Types of practice specialties can be <i>General Practice</i> , <i>Allergy</i> , <i>Psychiatry</i> , <i>Nurses (RN)</i> , etc. A provider may use different specialty codes on different claims, depending upon which services were provided and reported on a claim.
<b>Quality Assurance (QA)</b>	The process of looking at how well a medical service is provided. The process may include formally reviewing health care given to a person or group of persons, locating the problem, correcting the problem, and then checking to see if what was done worked.
<b>Relative Weighted Product (RWP)</b>	The Relative Weighted Product (RWP) is a weighted workload measure reflecting case complexity and length of stay. The general process for calculating an RWP is based on a patient's source of admission (direct, transfer, or birth), LOS, and disposition status (normal, transfer, discharged to a nursing facility, etc.) in conjunction with the DRG weights and outlier thresholds.
<b>Resource Based Relative Value</b>	The Resource-Based Relative Value Scale (RBRVS) is a schema used to determine how much money medical providers should be paid.



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<b>Scale (RBRVS)</b>	The RBRVS assigns procedures performed by a physician or other medical provider a relative value which is adjusted by geographic region (so a procedure performed in Manhattan is worth more than a procedure performed in El Paso). This value is then multiplied by a fixed conversion factor, which changes annually, to determine the amount of payment.
<b>Re\$ource\$ Information Technology Program Office (RITPO)</b>	<p>The Re\$ource\$ Information Technology Program Office (RITPO) develops, operates, and maintains automated information systems to support the business management of the Military Health System (MHS).</p> <p>RITPO Systems Include:</p> <ul style="list-style-type: none"> <li>• TRICARE On-line (TOL)</li> <li>• Defense Occupational and Environmental Health Readiness System – Hearing Conservation (DOEHRS-HC)</li> <li>• Defense Occupational Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH)</li> <li>• Defense Medical Human Resource System – internet (DMHRSi)</li> <li>• The Patient Accounting System (PAS)</li> <li>• Coding Compliance Editor (CCE)</li> <li>• Third Party Outpatient Collection System (TPOCS)</li> <li>• Central Credentials and Quality Assurance System (CCQAS)</li> <li>• Expense Assignment System – Version Four (EAS-IV)</li> <li>• MHS Learning Management System (MHS Learn)</li> <li>• Enterprise Wide Scheduling and Registration (EWS-R)</li> <li>• Enterprise-Wide Provider Database (EWPD)</li> </ul> <p><a href="https://ritpo.satx.disa.mil/skins/ritpo/display.aspx">https://ritpo.satx.disa.mil/skins/ritpo/display.aspx</a></p>
<b>Registered Health Information Administrator (RHIA)</b>	RHIAs are skilled in the collection, interpretation, and analysis of patient data. RHIAs interact with all levels of an organization—clinical, financial, and administrative—that employs patient data in decision making and everyday operations.
<b>Relative Value Unit (RVU)</b>	RVUs are broken down into three components: work RVU, practice expense RVU, and malpractice RVU. MHS uses the work RVU because it is generally what the physician sees in their pocket. Basically, Medicare knows what typical overhead is for a typical practice and the work RVU is the non-overhead payment, or what Medicare/insurance companies pay a physician for their work.
<b>Standard Ambulatory Data Record (SADR)</b>	The CHCS subsystem which produces this, a by-product summary of each outpatient encounter. It is a collection of data elements that describe the patient, provider, diagnosis and procedures performed, appointment date, time and place of care. The SADR extract is generated from ADS daily and transmitted to a central data repository.
<b>Standard Inpatient Data Record (SIDR)</b>	The PAD subsystem of CHCS which produces a by-product summary of each inpatient encounter. It is a collection of data elements that describe the patient, provider, diagnosis, and procedures performed, date of service (DOS), time, and place of care. The SIDR extracts are transmitted monthly to medical data repositories.
<b>System Incident Report (SIR)</b>	The System Incident Report is used to document incidents which occur when a system output fails to satisfy a previously established system requirement.
<b>Telephone Consult (T-CONS)</b>	Telephone consultation is the process where calls are received, assessed, and managed by giving advice or by referral to a more appropriate service.

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**APPENDIX A – Acronyms and Glossary**

<b>Third Party Collections (TPC)</b>	Third-party collections occur when a credit grantor (the first party) outsources debt collection to a collection agency (the third party).
<b>TRICARE Financial Management Education Program (TFMEP)</b>	The TFMEP's purpose is to deliver information and instruction central to the development and maintenance of key managed care financial skills essential to success in this rapidly changing environment. TFMEP provides training on current and evolving TRICARE financial management areas and the financial implications related to the Private Sector Care Budget Activity Group. <a href="http://www.tricare.mil/ocfo/privatesector/tfmep/index.cfm">http://www.tricare.mil/ocfo/privatesector/tfmep/index.cfm</a> ,
<b>Third Party Outpatient Collection System (TPOCS)</b>	The TPOCS compiles outpatient visit information from Ambulatory Data System (ADS), and ancillary testing or services information from the Composite Health Care System (CHCS). Using rate tables for billing services from the DoD Comptroller, the system generates a billing for accounts receivable, refunds, or other healthcare insurance purposes.
<b>TRICARE</b>	TRICARE is a regionally managed health care program for Active Duty, Activated Guard and Reserves, Retired members of the uniformed services, their families, and survivors. It brings together the health care resources of the Army, Navy, and Air Force and supplements them with networks of civilian health care professionals to provide better access and high quality service while maintaining the capability to support military operations. <a href="http://www.tricare.mil/">http://www.tricare.mil/</a> .
<b>TRICARE Management Activity (TMA)</b>	The TRICARE Management Activity (TMA) reports to the Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense (Health Affairs) (ASD(HA)). TMA is responsible for managing TRICARE, managing and executing the Defense Health Program (DHP) appropriation and the DoD Unified Medical Program, and supporting the Uniformed Services in implementation of the TRICARE Program and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).
<b>Uniform Business Office (UBO)</b>	The Uniform Business Office prescribes uniform procedures and accounting systems for the management and follow-up of accounts, including recovery, depositing, posting, and reconciliation. It also incorporates procedures for third-party collection activities, such as identification of beneficiaries who have other health insurance, coordination of benefits, and recovery of claims. <a href="http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm">http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm</a> .
<b>Unit Identification Code (UIC)</b>	A six-character, alphanumeric code that uniquely identifies each Active, Reserve, and National Guard unit of the Armed Forces.
<b>Visit</b>	Healthcare characterized by the professional examination or evaluation of a patient and the delivery or prescription of a care regimen.
<b>Working Information Systems to Determine Optimal Management (WISDOM)</b>	A course that provides guidance for Military Healthcare System (MHS) managers, data analysts and policy makers in the use of MHS data in support of management decisions and corporate goals.
<b>Workload Assignment Module (WAM)</b>	A module in CHCS that allows authorized users to generate MEPRS EAS.  It also provides a centralized CHCS menu of MEPRS-related reports.
<b>Worldwide Workload Report (WWR)</b>	The WWR is a product of the Composite Health Care System (CHCS). A CHCS production job is run by each MTF at the end of the month to compile the month's WWR file submission.