



Department of Defense INSTRUCTION

NUMBER 6040.40

November 26, 2002

ASD(HA)

SUBJECT: Military Health System Data Quality Management Control Procedures

- References:
- (a) [DoD Directive 5136.1](#), "Assistant Secretary of Defense for Health Affairs (ASD(HA))," May 27, 1994
 - (b) [DoD Directive 5010.38](#), "Management Control (MC) Program," August 26, 1996
 - (c) [DoD Instruction 5010.40](#), "Management Control (MC) Procedures," August 28, 1996
 - (d) [DoD Directive 5136.12](#), "TRICARE Management Activity (TMA)," May 31, 2001
 - (e) [DoD 8910.1-M](#), "DoD Procedures for Management of Information Requirements," June 30, 1998

1. PURPOSE

This Instruction implements policy in accordance with references (a) through (e) for implementation of the Data Quality Management Control (DQMC) Program for the Military Health System (MHS).

2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joints Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "the DoD Components").

3. POLICY

The quality of MHS data is critical to the effectiveness of MHS-wide optimization programs, performance-based management, TRICARE contracts, resource allocation, decision-making at all levels, and many other operations and management activities across the system. Each Military Treatment Facility (MTF) shall submit complete, accurate, and timely data in compliance with DoD and MHS/TRICARE Management Activity (TMA) data collection and reporting requirements. Each MTF shall establish and effectively operate the DQMC Program to provide the internal structure to improve and better assure data accuracy, completeness, and timeliness and to assure uniformity and standardization of information across the MHS.

4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense (Health Affairs), under the Under Secretary of Defense for Personnel and Readiness, shall:

4.1.1. Establish overall policy and procedures for providing medical care through the MHS to authorized beneficiaries and the elimination of fraud, waste, and abuse in the provision of medical benefits.

4.1.2. Monitor compliance with this Instruction.

4.1.3. Modify or supplement this Instruction, as needed.

4.2. The Secretaries of the Military Departments shall comply with this Instruction.

5. PROCEDURES

5.1. The Data Quality (DQ) Manager at the MTF shares responsibility with colleagues from resource and information management and patient administration to complete the monthly DQMC Review List (enclosure 1). Once the list is completed, the DQ Manager briefs the results to the MTF's executive committee. The Commander forwards a Monthly Data Quality Commanders Statement (enclosure 2) to the Service's DQ Manager. Annual updates to enclosures 1 and 2 will be sent under separate cover.

5.1.1. DQ Manager: The MTF Commander appoints a DQ Manager, who is responsible for accomplishing the DQMC activities. The DQ Manager will work with members of the Data Quality Assurance Team to share responsibilities in the completion of the DQMC Review List. The DQ Manager works closely with senior-level leaders, including the Commander.

5.1.2. Data Quality Assurance Team: The MTF Commander establishes or tasks an existing structure to monitor financial and clinical workload data quality assurance and management controls. Recommendations are for the team to include the DQ Manager, directors of clinical activities, Medical Expense Performance Reporting System/Expense Assignment System (MEPRS/EAS) Coordinator, Budgeting/Accounting, Patient Administration, Health Information Manager, Composite Health Care System Administrator, Ambulatory Data System (ADS) Administrator, Information Management, and Internal Review offices.

5.1.3. DQMC Review List: The MTF DQ Manager coordinates with the Data Quality Assurance Team and presents the results of the completed monthly DQMC Review List to the Executive Committee and MTF Commander. The DQMC Review List and the Commander's Data Quality Statement forms may be downloaded from the MHS DQ Homepage.

5.1.4. Commanders Monthly Data Quality Statement: Specific information from the DQMC Review List is needed by the Commander to complete the Commander's DQ Statement. For any data quality issue related to systems operation that cannot be resolved at the local level, the issue must be noted in the comment section with the related trouble ticket. The MTF DQ Manager submits the DQ Statement by the last day of the month to their respective Service DQ Manager. The Service DQ Manager will monitor and analyze these statements for compliance, brief their respective Surgeons General, and summarize the findings and corrective actions through the TMA Management Control Manager for the Resource Management Steering Committee (RMSC). The TMA Management Control Manager will be responsible for assessing the DQMC program and developing the Annual Statement of Assurance for Health Affairs.

5.1.5. Completed DQMC Review Lists: Copies of the completed lists are maintained at the facility level. (Internal Review offices and external oversight organizations such as the DoD Inspector General (IG) or General Accounting Office may use them as part of their audit activities.) The DQMC Review List is not forwarded to higher headquarters.

5.2. The Service DQ Manager is responsible for consulting with the MTFs' DQ Managers to implement and monitor the DQMC Program. Monthly Data Quality Commanders Statement results, deficiencies, and findings will be briefed to the Service Surgeons General and then forwarded (at MTF level of detail) with proposed corrective actions to the RMSC through the Management Control Program Office in TMA/Resource Management no later than the 10th calendar day following the reporting month. Services are also responsible for including the Defense Health Program DQMC Program in their Medical IG and/or Audit Agency compliance program and also maintaining an historical record of MTF deficiencies and corrective actions.

5.3. The TMA Management Control Program Office is responsible for conducting periodic meetings with the Service DQ Managers to review Service-level deficiencies and insure a common understanding of the program requirements. The Management Control Program Office will also insure that appropriate metrics and results from the monthly Service submissions are briefed to the RMSC and Deputy Surgeons General, as appropriate and are reported in the DQ Web Page and/or the TRICARE Operational Performance Statements for review.

6. INFORMATION REQUIREMENTS

The DQMC Review List and the DQ Statement described in section 4., above, are exempt from licensing in accordance with paragraph C4.4.2. of DoD 8910.1-M (reference (e)).

7. EFFECTIVE DATE

This Instruction is effective immediately.

A handwritten signature in black ink that reads "William Winkenwerder, Jr." with a period at the end. The signature is written in a cursive style.

William Winkenwerder, Jr., MD
Assistant Secretary of Defense (Health Affairs)

Enclosures - 2

- E1. Data Quality Management Control Review List
- E2. Data Quality Statement

E1. ENCLOSURE 1

DATA QUALITY MANAGEMENT CONTROL REVIEW LIST

Instructions: The MTF DQ Manager and members of the DQ Assurance Team (or other designated structures) will forward the completed DQMC Review List to the MTF Executive Committee and Commander for review, coordination and action to meet timelines for completing the Commander's Data Quality Statement. Fill in the form with a Yes/No answer, count/percentage, date or other entry as indicated. The completed list provides information for the completion of the monthly Commander's Data Quality Statement. **Bolded items contain data required for the Commander to complete the Data Quality Statement. Please explain negative responses in the comment sections with proposed corrective actions.** The list is an internal tool to assist in identifying and correcting financial and clinical workload data problems. All items on this checklist will be completed on a monthly basis unless otherwise specified. For tracking purposes, the completed forms and accompanying working papers must be kept on file for five years.

A. Organizational Factors	
<i>Leadership commitment and support are critical to assure the appropriate environment for data quality.</i>	
POC Name(s) and Phone Number(s)	
A.1. The MTF Commander signed last month's Data Quality Statement acknowledging responsibility for the quality of data reported from the MTF.	Date signed:
A.2. The MTF DQ Manager submitted the completed Commander's Data Quality Statement to the Service's respective DQ Manager(s).	Date sent:
A.3. The Data Quality Assurance Team or other designated structure met during the <i>reporting</i> month to complete the DQMC Review List. (Recommend attach meeting minutes.)	Date completed:
	Reporting month:
A.4. The DQ Manager briefed the <i>reporting</i> month's DQMC Review List and Financial and Workload Data Reconciliation and Validation results to the MTF Executive Committee.	Date briefed:
A.5. Was there evidence in meeting minutes or other sources of corrective plans, of appropriate resourcing and actions to follow-up on the previous month's negative findings? (For any data quality issue related to systems operation that cannot be resolved at the MTF, the issue should be noted in the comments section of this Review List with the related trouble ticket number and must be noted in the comments section on the monthly Data Quality Statement.) (Recommend attach meeting minutes.)	Yes/No
A. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, trouble tickets initiated (if applicable), and estimated corrective date.)	

B. Data Input	
<p><i>Controls in this category are designed to insure data are entered into the application in an accurate, complete, and timely manner. For those items that require sampling, recommendations are for statistically valid sample sizes to be used when resources are available.</i></p>	
POC Name(s) and Phone Number(s)	
<p>B.1. Are the most current written procedures, in accordance with MHS and Service guidelines, readily available and used by staff for entering, identifying, correcting and reprocessing data into the systems? (See TRICARE Data Quality Web Page/Hyper-Links and appropriate Service Web Sites.)</p> <p>a) MEPRS/EAS b) ADM/KGADS c) CHCS d) TPOCS</p>	<p>Yes/No</p> <p>a) b) c) d)</p>
<p>B.2. List the current version of software being used? (See TRICARE Data Quality Web Page/Hyper-Links and appropriate Service Web Sites for Approved Versions.)</p> <p style="text-align: center;">List Current Approved Version below:</p> <p>a) MEPRS/EAS a) _____ b) ADM/KGADS b) _____ c) CHCS c) _____ d) TPOCS d) _____</p>	<p>MTF software version used</p> <p>a) b) c) d)</p>
<p>B.3. Are reporting month central system upgrades (and associated loading activities) being received and loaded within 30 days of release? (See TRICARE Data Quality Web Page/Hyper-Links and appropriate Service Web Sites.) Examples are as follows:</p> <p><u>List reporting month Upgrades/Loads completed (examples include, but are not limited to CPT, ICD, DRG, etc):</u></p> <p>a) _____ b) _____ c) _____</p> <p>Note: (Examples of associated loading activities include, but are not limited to Medical Center Division File update, Department Service Location File update, MEPRS Code File update, etc.)</p>	<p>Yes/No/NA</p>
<p>B.4. Were all rejected records corrected and retransmitted? (As applicable.)</p> <p>a) MEPRS/EAS b) ADM/KGADS c) CHCS d) TPOCS (ADM to TPOCS)</p>	<p>Yes/No/NA</p> <p>a) b) c) d)</p>
<p>B.5. In the reporting month:</p> <p>a) What percentage of clinics have complied with "End of Day" processing requirements, "Every clinic - Every day?" (Question 1a of Commander's Statement.)</p> <p>b) What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?" (Question 1b of Commander's Statement.)</p> <p>#Closed Appts/Total Appts x days</p>	<p>%Compliance:</p> <p>_____ %</p> <p>_____ %</p>

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

C. Data Output		
<i>Data Output controls are used to ensure the accurate and timely distribution of outputs.</i>		
POC Name(s) and Phone Number(s)		
C.1. In accordance with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation," dated 21 Dec 99 and "MEPRS Early Warning and Control System," dated 28 May 02 along with the most current Service-Level Guidance: (Question 2 of Commander's Statement.)	Yes/No	Date completed:
a) Was the monthly MEPRS/EAS financial reconciliation process completed?	a)	a)
b) Were monthly Inpatient and Outpatient MEPRS/EAS reconciliation processes completed (excluding coding audits performed in C.5 and C.6)?	b)	b)
c) Has the MTFDQ Manager reviewed facility information presented in the current month's MEPRS Early Warning & Control (MEWACS) spreadsheet, noting metrics, and variance analysis? Note major anomalies in comments below.	c)	c)
C.2. Was CHCS software used during the reporting month to identify duplicate patient registration records?	Yes/No	
a) What was the number of potential duplicate records in the reporting month?		a) Number:
b) Do you have a process to reduce the number of duplicate records?		b) Yes/No:
(For the CHCS ADHOC to identify duplicate records, please see TRICARE Data Quality Web Page/Hyper-Links.)		
C.3. Were system outputs transmitted to central repositories by date specified in TMA and Service guidelines? (Question 3 of Commander's Statement.)	Yes/No	Date/ Initials
a) MEPRS/EAS	a)	
b) SIDR/CHCS	b)	
c) WWR/CHCS	c)	
d) SADR/ADM	d)	
C.4. Did ADS system administrator:	Yes/No	
a) Check ADS I-error log?		a)
b) Correct ADS I-errors?		b)

C. Data Output--Continued	
<p>C.5. In a random review of CHCS dispositions from the reporting month, the medical records staff determined the following percentages from a minimum sample of 30 records and/or sampling size as set by Service-Level Guidance, whichever is more, the degree to which:</p> <p>a) Percentage of inpatient medical records located (i.e., Is the record on-hand or documented as checked out?)</p> <p>b) Percentage of documentation that was complete.</p> <p>c) Percentage of inpatient records whose assigned DRG codes and related data elements were correct? (Question 4 of the Commander's Statement.)</p> <p>d) Percentage of SIDRs completed (in a "D" status.)</p>	Date completed:
	a) _____%
	b) _____%
	c) _____%
<p>C.6. In a random review of CHCS outpatient appointments from the reporting month, the medical records staff determined the following percentage from a minimum sample of 30 records and/or the sampling size as set by Service-Level guidance, whichever is greater: (Question 5(a) of Commander's Statement.)</p> <p>Percentage of outpatient medical records on-hand or documented as checked out? (Denominator equals sample size.)</p>	Date completed:
	_____%
<p>C.7. In a random review of CHCS outpatient appointments from the reporting month, the medical records staff determined the following percentages from a minimum sample size of 30 "on-hand" records (documentation of visit is included in record) and/or the sampling size as set by Service-Level guidance, whichever is greater: Question 5(b, c, d) of Commander's Statement.)</p> <p>a) What is the percentage of E & M codes deemed correct? (E & M code must comply with current DoD guidance.)</p> <p>b) What is the percentage of ICD-9 codes deemed correct?</p> <p>c) What is the percentage of CPT codes deemed correct? (CPT code must comply with current DoD guidance.)</p> <p>Note: Denominator equals sample size of "on-hand" records.</p>	Date completed:
	a) _____%
	b) _____%
	c) _____%
<p>C.8. Was a list of outpatient records, which were checked out of the record section more than 30-days, forwarded to the Medical Records Committee or higher authority for resolution? (Recommend using the CHCS Medical Records Tracking (MRT) module) (specify # records >30 days.)</p>	Yes/No
	Number of Records

C. Data Output--Continued		
<p>C.9. Comparison of reported workload data. (Question 6 of Commander's Statement)</p> <p>a) # SADR encounters * / # WWR visits b) # SIDR dispositions* / # WWR dispositions c) # EAS visits / # WWR visits d) # EAS dispositions / # WWR dispositions</p> <p>Validate Service report to the criteria below: * For ADM Encounters, omit Appt Status of "No-Show," "Canceled," and Disposition Code "Left without being seen," but include Appt Status "TelCon." * For WWR visits and MEPRS visits use outpatient visits that include APV's. * Only SADR records marked with an Appt Status of "C" complete, or SIDRs with a Disposition Status of "D or E" are to be included. * Since WWR now collects visit information on B codes and FBN, ADM and MEPRS should also include FBN and B MEPRS codes for encounters/visits. * SIDRS to exclude Carded for Record Only (CRO) and absent sick records (primarily Army issue.) Note: If b - d above, are greater than 100%, i.e., 103%, recorded percentage will be 97%.</p>	<p>Counts</p> <p>a) _____ / _____. b) _____ / _____. c) _____ / _____. d) _____ / _____.</p>	<p>Percentage</p> <p>a) _____ % b) _____ % c) _____ % d) _____ %</p>
<p>C. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, trouble tickets initiated (if applicable), and estimated corrective date.)</p>		

D. Security:	
<i>These controls should provide assurances that computers and the data they contain are properly protected against theft, loss, unauthorized access, and natural disaster. Items in this section to be completed on Quarterly basis.</i>	
POC Name(s) and Phone Number(s)	
D.1. Were responsibilities for computer security formally assigned?	Yes/No
D.2. Is there a security program in place to address:	Yes/No
a) Password protection?	a)
b) Access to systems?	b)
c) Confidentiality of data?	c)
d) Level of access to MEPRS/EAS, CHCS, ADM, TPOCS?	d)
D. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, trouble tickets initiated (if applicable), and estimated corrective date.)	

E. System Design, Development, Operations, and Education/Training:		
<p><i>Controls in this category are intended to ensure that systems meet user needs, are developed economically, are thoroughly documented and tested, and contain appropriate internal controls. Items in this section to be completed on Quarterly basis.</i></p>		
POC Name(s) and Phone Number(s)		
E.1. Was a System Administrator appointed in writing for each system?	Yes/No	Name
a) MEPRS/EAS b) CHCS c) ADM d) TPOCS	a) b) c) d)	
E.2. Are procedures and documentation in place to ensure that all assigned personnel responsible for data entry receive training and education on CHCS, MEPRS/EAS, TPOCS, and ADM?	Yes/No	
E.3. Was a process in place that allows users to submit suggestions concerning new or enhanced requirements through the System Change Request process?	Yes/No	
E.4. Was a process in place, such as System Incident Report, where users can identify issues affecting system functioning and operations?	Yes/No	
E.5. Were written procedures in place to assure routine system software and hardware maintenance?	Yes/No	
E.6. Are there points of contact identified for equipment failure issues? (Name(s) _____)	Yes/No	
E.7. Are there contingency plans in place, such as creating nightly backup tapes?	Yes/No	
E. Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, trouble tickets initiated (if applicable), and estimated corrective date.)		

E2. ENCLOSURE 2
DATA QUALITY STATEMENT

DATE: _____
MTF: _____
DMIS ID: _____

MEMORANDUM FOR DHP RESOURCE MANAGEMENT STEERING COMMITTEE

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

	Month Reviewed	
1. In the reporting month:		% Compliance
a) What percentage of clinics have complied with "End of Day" processing requirements, "Every clinic - Every day?" (B.5).	a)	a) _____%
b) What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment - Every day?" (B.5).	b)	b) _____%
2. In accordance with TMA policy, " <i>Implementation of EAS/MEPRS Data Validation and Reconciliation</i> ," dated 21 Dec 99 and "MEPRS Early Warning and Control System," dated 28 May02, along with the most current Service-Level Guidance: (C.1).		Yes/No
a) Was monthly MEPRS/EAS financial reconciliation process completed?	a)	a)
b) Were monthly Inpatient and Outpatient workload reconciliation processes completed?	b)	b)
c) Was current month's MEWACS information reviewed?	c)	c)

	Month Reviewed		
3. Compliance with TMA or Service-Level guidance for timely submission of data (C.3) . a) MEPRS/EAS b) SIDR/CHCS c) WWR/CHCS d) SADR/ADM	a) b) c) d)	Yes/No a) b) c) d)	
4. Outcome of monthly inpatient coding audit: (C.5.c) Inpatient Records (DRG) # Records Reviewed: _____		% Correct _____ %	
5. Outpatient Records. a) Percentage of outpatient medical records on-hand or documented as checked out? (Denominator equals sample size) (C.6.) b) What is the percentage of E & M codes deemed correct? (E & M code must comply with current DoD guidance.) (C.7.(a)) c) What is the percentage of ICD-9 codes deemed correct? (C.7.(b)) d) What is the percentage of CPT codes deemed correct? (CPT code must comply with current DoD guidance.) (C.7.(c))	a) b) c) d)	MTF Rate a) _____ % b) _____ % c) _____ % d) _____ %	
6. Comparison of reported workload data (C.9.) . a) # SADR encounters / # WWR visits b) # SIDR dispositions / # WWR dispositions c) # EAS visits / # WWR visits d) # EAS dispositions / # WWR dispositions	a) b) c) d)	Counts a) _____ / _____. b) _____ / _____. c) _____ / _____. d) _____ / _____.	Percentage a) _____ % b) _____ % c) _____ % d) _____ %
7. I am aware of data quality issues identified by the DQMC Review List and when needed, have taken action to improve the data from my facility.		Yes/No	

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

Signature
Commanding Officer/Officer in Charge