



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6040.08

June 14, 2021

DAD-HCO

SUBJECT: Guidance for Immediate Completion and Closure of Open Encounters and Records in Legacy Systems

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (n):

a. Establishes the Defense Health Agency's (DHA) procedures to complete and close open encounters within the legacy systems to ensure completion of healthcare documentation, particularly in preparation for the implementation of Military Health System (MHS) GENESIS.

b. Identifies and delineates responsibilities associated with completing and closing open encounters within the legacy systems in preparation for the implementation of MHS GENESIS.

c. Shall be used by military medical treatment facilities (MTFs) to update procedures and workflows that pertain to the DoD Health Record Management, Data Quality, Patient Administration, and other MTF functions impacted by these decisions.

2. APPLICABILITY. This DHA-PI applies to the DHA, DHA components (activities under the authority, direction, and control of DHA), Military Departments (MILDEPs), Direct Support Organizations, and all MTFs.

3. POLICY IMPLEMENTATION. It is DHA's policy, pursuant to References (a) through (e), and, that:

a. The Director, DHA, has the authority to develop and issue implementation and procedural guidance to specify documentation and management procedures that support management of the DoD Health Record and Patient Administration activities.

b. All MTFs and military entities (e.g., embedded, in garrison, or operational healthcare entities) that utilize legacy medical record documentation systems are required to outline and comply with written policy that define the time frame for completion of entries to the health record and completion of records in accordance with Reference (k).

c. All patient services within the MHS must be documented and coded completely, accurately, and in a timely manner. MILDEPs must adhere to industry-established, quality, legal, and MHS-specific guidelines and criteria. Timely and accurate documentation is crucial to a high-reliability healthcare organization. Proper documentation also ensures accuracy and consistency of code assignment, proper code sequence, valid data reporting, and authorized exchange of data with non-MHS organizations in accordance with Reference (i).

d. MTFs will use the following guidelines to code minimum standard targets in accordance with Reference (i):

(1) One hundred percent of outpatient encounters, other than ambulatory procedure visits (APVs), must be coded and closed within 3 business days of the encounter.

(2) One hundred percent of APVs must be coded and closed within 15 calendar days of the encounter.

(3) One hundred percent of inpatient records must be coded and closed within 30 calendar days after discharge.

e. Record entries may include draft and final entries. Entries may remain in draft form for no longer than 30 calendar days in accordance with Reference (e).

f. Each MTF will submit complete, accurate, and timely data in compliance with DoD and DHA data collection and reporting requirements in accordance with Reference (g).

g. The administrative closure of Armed Forces Health Longitudinal Technology Application (AHLTA) encounters is permitted if the entry has no indication of clinical interaction nor orders/tests placed for patient but is a last resort in accordance with Reference (m).

4. CANCELLED DOCUMENT. This DHA-PI incorporates and cancels DHA-Interim Procedures Memorandum 18-021, "Guidance for Immediate Completion and Closure of Open Encounters and Records in Legacy Systems" of December 22, 2020.

5. RESPONSIBILITIES. See Enclosure 2.

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6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Healthcare Operations (HCO). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-HCO to determine if the waiver may be granted by the Director, DHA or their designee.

8. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
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LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 5015.02, “DoD Records Management Program,” February 24, 2015, as amended
- (e) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- (f) United States Code, Title 10, Section 1073c
- (g) DoD Instruction 6040.40, “Military Health System (MHS) Data Quality Management Control (DQMC) Program,” December 27, 2019
- (h) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (i) DoD Instruction 6040.42, “Management Standards for Medical Coding of DoD Health Records,” June 8, 2016
- (j) DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 17, 2011, as amended
- (k) Joint Commission Accreditation Manual, current edition, Standard RC.01.03.01¹
- (l) American Health Information Management Association, “Electronic Signature, Attestation, and Authorship. Appendix C: Electronic Signature Model Policy,” 2013 update²
- (m) Military Health System Specific Coding Guidelines, October 1, 2019³
- (n) Consolidated Medical Records Schedule, N1-330-01-002⁴

¹ This Reference can be found at: http://www.jointcommission.org/accreditation/accreditation_main.aspx

² This Reference can be found at: <https://bok.ahima.org/PdfView?oid=107152>

³ This reference can be found at: <https://www.milsuite.mil/book/community/spaces/dha-pad/coding-work-group>.

⁴ This Reference can be found at: <https://www.archives.gov/records-mgmt/rcs/schedules/index.html?dir=/departments/department-of-defense/office-of-the-secretary-of-defense/rg-0330>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Ensure the enterprise electronic systems supporting the DoD Health Record are managed and sustained in accordance with Reference (d).

b. Develop and issue implementation and procedural guidance to specify documentation and management procedures for record systems that support the Service Treatment Record and other components of the DoD Health Record in accordance with Reference (d).

c. Coordinate with the Secretaries of the MILDEPs to ensure MTF Directors, comply with, oversee, and execute the procedures outlined in this DHA-PI now and throughout the transition of MTFs to the authority, direction, and control of the Director, DHA, in accordance with Reference (f).

2. SECRETARIES OF THE MILDEPS. In coordination with the Director, DHA, the Secretaries of the MILDEPs will:

a. Coordinate through the MILDEPs to ensure MTF Directors at MTFs outside the continental United States (OCONUS) comply with, oversee, and execute the procedures outlined in this DHA-PI, until the transition of OCONUS MTFs to the authority, direction, and control of Director, DHA, in accordance with Reference (f).

b. Ensure commanders of tenant units located at MTFs (e.g., Reserve or National Guard Medical Units), or commanders of non-MTF units with access to the Electronic Health Record (EHR) (e.g., Army Force Command or equivalents, medical units in garrisons/squadrons or equivalents), ensure compliance with procedures outlined in this DHA-PI.

3. DAD-HCO. The DAD-HCO must:

a. Oversee compliance with the encounter closure process.

b. Collaborate with appropriate stakeholders to make necessary open encounter reporting changes to ensure all open encounters in the EHR are identified and resolved to the fullest extent possible.

4. DAD, INFORMATION OPERATIONS. The DAD, Information Operations, must:

a. Ensure change management and configuration management operations are coordinated jointly with representatives from the Military Services in order to implement changes uniformly and inform end users of any updates.

b. Ensure technical representatives from the EHR Core program are made available to the functional representatives during procedural guidance development.

c. Oversee the administrative closure of AHLTA encounters MTFs cannot complete themselves, as well as all encounters that have been open for 24 months or longer.

5. PROGRAM MANAGER, DoD HEALTHCARE MANAGEMENT SYSTEM MODERNIZATION (DHMSM). The Program Manager, DHMSM, must ensure technical representatives from the DHMSM program are made available to the functional representatives during procedural guidance development and MHS GENESIS transition activities.

6. CHIEF, DHA PATIENT ADMINISTRATION DIVISION. The Chief, DHA Patient Administration Division, must:

a. Coordinate with patient administration, medical coding, and data quality representatives from the Military Services, Data Quality Management Control (DQMC) Program, Markets, Small Market and Stand-Alone Medical Treatment Facility Organization (SSO), Defense Health Agency Regions (DHARs), and MTFs to monitor compliance with this DHA-PI.

b. Develop implementation and procedural guidance, in accordance with Reference (e), to specify documentation management procedures that support the DoD Health Record.

c. Coordinate with the Program Manager of DHA EHR Core to communicate milestones, timelines, and technical instructions for decommissioning legacy systems to patient administration, data quality, and medical coding representatives from the Military Services, DHA, and MTFs.

7. PROGRAM MANAGERS, DHA AND SERVICE DQMC. The Program Managers, DHA, and Service DQMC must:

a. Monitor MTF compliance with regards to open encounter closure.

b. Aggregate and report compliance in accordance with Reference (g).

8. PROGRAM MANAGER, DHA EHR CORE. The Program Manager, DHA EHR Core, must:

- a. Sustain the AHLTA Tier 3 script to administratively close open encounters before and after MTF deployment of MHS GENESIS, including encounters open for longer than 24 months.
- b. Execute the timely administrative closure of all remaining open AHLTA encounters at MTFs after deployment of MHS GENESIS, upon coordination with the AHLTA Tier 3 vendor and MTF Directors.
- c. Provide technical subject matter expertise regarding functionality within AHLTA and the Composite Health Care System (CHCS).
- d. Sustain the ability for MTFs to locally generate the AHLTA Unsigned Encounters report.

9. MARKET, DSO, SSO, AND DHAR DIRECTORS. Market, DSO, SSO, and DHAR Directors must:

- a. Provide oversight and subject matter expertise for the patient administration and medical coding functions supporting the appropriate closure of legacy system encounters at MTFs within their areas of responsibility.
- b. Monitor MTF compliance with regards to open encounter closure for MTFs within their areas of responsibility.

10. MTF DIRECTORS. MTF Directors must:

- a. Implement and execute the procedures and actions outlined in this DHA-PI, now and throughout the transition of MTFs to the authority, direction, and control of the Director, DHA, in accordance with Reference (f).
- b. Ensure all co-located medical or tenant units under their purview with access to the EHR also implement and execute the procedures and actions outlined in this DHA-PI. Since deployed medical assets may be under the command and control of a supporting combatant command, component command or dual status commander-led Joint Task, or military Service, the home station MTF Director should facilitate or ensure, as appropriate, the implementation and execution of the procedures and actions outlined in this DHA-PI by deployed MTF personnel.
- c. Utilize the monthly Commander's Data Quality Statement to continually monitor and evaluate progress in accordance with Reference (g).

ENCLOSURE 3

PROCEDURES

1. DELINQUENT OPEN ENCOUNTER CLOSURE. Effective immediately, all MTFs must review, complete, and close delinquent open encounters in the legacy systems in accordance with this DHA-PI and References (i) and (j). Delinquent open encounters are all open encounters that have not been completed, signed, coded, and closed within the timelines established in References (i) and (j).

a. Timeline for Closing Delinquent Open Encounters. Delinquent open encounters in all legacy systems must be closed in accordance with this DHA-PI no later than 30 days prior to a site's go-live of MHS GENESIS. The MTF Data Quality Assurance Team in conjunction with the Chief of the Medical Staff and other appropriate MTF Executive leadership will monitor and ensure staff compliance. The EHR Core program office will administratively close all remaining open AHLTA encounters after 10 calendar days post-go-live, allowing the clinical data in those encounters to transfer to the Clinical Data Repository (CDR).

b. Encounters that Cannot be Closed by MTFs. Not all AHLTA encounters can be closed locally, including, but not limited to, encounters where the cosigner is no longer associated with an MTF. MTFs will identify and track these occurrences but await their administrative closure by the EHR Core program office after MHS GENESIS go-live.

c. Encounter Closure Flowchart. MTFs will refer to the instructions in Enclosure 3, paragraphs 2d through 2h in addition to the flowchart in Figure 1 for determining when to clinically review, administratively close, or administratively complete delinquent open encounters in legacy systems. Figure 1 also describes procedures for CHCS Ambulatory Data Module (ADM) write-back and Comprehensive Ambulatory/Professional Encounter Record errors. Figure 1 can also be located within the Outpatient section of the DHA PAD milSuite page at <https://www.milsuite.mil/book/community/spaces/dha-pad>.

d. Timeframe for Reviewing Encounters. MTFs will not review delinquent encounters that have been open for more than 24 months. All encounters older than 24 months will be administratively closed by the EHR Core program office enterprise-wide prior to MHS GENESIS go-live. MTFs will use the methods in Enclosure 3, paragraphs 2e through 2h, to individually research, review, and complete all remaining delinquent encounters outside of this timeframe. In all cases where the provider or clinical staff member responsible for documentation within this timeframe is still available at the MTF, the provider or clinical staff member will sign, complete, and close the delinquent open encounter(s) immediately.

e. **AHLTA Administrative Closure.** Ensure all other appropriate methods of encounter closure are explored prior to administratively closing an encounter. Administrative closure methods should be used minimally, to correct appointment statuses or preserve documentation when an encounter cannot be completed and closed by other means. The appropriate cases for administrative closure are as follows:

(1) **Administrative Errors.** MTFs will administratively close delinquent open encounters using the AHLTA “admin close” function without clinician review if any of the following criteria are met (if in doubt, do not close the encounter without guidance from clinical staff):

(a) The delinquent encounter has a status in AHLTA of “Checked-In,” “Open Not Checked In,” or “Waiting”.

(b) The delinquent encounter was created for testing purposes, is a validated duplicate, and/or was created in error.

(c) The delinquent encounter has minimal or no clinical data and a corresponding CHCS appointment status of “LWOBS,” “NO SHOW,” “ADMIN,” or “CANCEL.” **Note:** The CHCS status should not be altered.

(2) **System Limitations.** If an encounter contains clinical data and cannot be completed or closed by a clinical staff member, using the AHLTA “admin close” function will preserve any existing AHLTA documentation in the CDR and data will be visible in the Joint Legacy Viewer (JLV). Although the CHCS ADM coding data will be unavailable, the encounter must remain in a kept (“KEPT,” “S-CALL,” “WALK-IN,” or “TELCON”) CHCS appointment status to preserve the encounter volume, at a minimum.

(3) The delinquent encounter has minimal or no clinical data encounter or only contains screening information and a corresponding CHCS appointment status of “KEPT,” “S-CALL,” “WALK-IN,” or “TELCON.”

(4) The delinquent encounter cannot be closed in AHLTA by other methods, as described in Enclosure 3, paragraphs 2f through 2h and Figure 1.

f. **Full Clinical Review.** AHLTA encounters not subject to administrative closure under Enclosure 3, paragraphs 2b through 2e, will be assigned to providers or clinical staff with appropriate clinical credentials for immediate signature, completion, and closure.

(1) The MTF patient administration team in conjunction with MTF data quality, clinic managers, and the Chief of the Medical Staff will monitor and ensure staff compliance.

(2) If the original, responsible providers are not available to conventionally sign and close an encounter, then MTFs will reassign the encounter for clinical review and administrative completion to a provider or clinical staff member with the appropriate clinical credentials. Instructions for administrative completion by another provider or clinical staff member are included in Enclosure 3, paragraphs 2g and 2h.

g. Clinical Review and Administrative Completion of AHLTA Encounters. In the event the provider has left the facility or there are unusual extenuating circumstances (e.g., death of a provider), and the encounter was not completed, MTF clinical staff will ensure that all means have been exhausted to complete the record. No provider is permitted to complete or add documentation to a medical record on a patient unfamiliar to them, but they may be required to review and sign an AHLTA encounter to allow the data to be transferred to the CDR. If the provider reviewing the open encounter believes there is indication (e.g., required follow-up, open clinical issue, or a need for a current status) to contact the patient or refer to another provider, then the provider or clinical staff member will attempt to contact the patient or refer to another provider and document their recommendation to follow-up care.

(1) When there is an indication that an encounter occurred (e.g., prior to emergency department triage, documented technician screening, a prescription, or laboratory test or radiology study associated with the encounter) but the provider's documentation is not available, MTF clinical staff may administratively complete the encounters, in accordance with References (l) and (m).

(2) Clinician review: One of the following statements indicating the original provider has left the organization, and the provider signing/completing the documentation is not the original provider will be included or added to the note depending on the appropriate circumstance:

(a) All encounters that are administratively completed that did not require a full review of the chart or examination of the patient: "Due to the provider's departure from this MTF, this note was finalized without examination of the patient."

(b) All encounters that are administratively completed that do require a full review of the chart: "Due to the provider's departure from this MTF, this note was finalized after pertinent review of the chart without examination of the patient and on behalf of the MTF Director."

(c) All encounters that are reviewed and the provider believes there is indication to contact the patient or refer to another provider: "Due to provider's departure from this MTF, this note was finalized after pertinent review of the chart. Recommend referral to another provider to continue care." Also include information regarding the follow-up steps taken to contact a patient, e.g., "A telephone consult was generated to ensure appropriate follow-up with the patient."

(3) The diagnosis code to apply when administratively completing encounters is as follows:

(a) Dx: Z02.89, Other specified administrative purpose (International Classification of Diseases-10).

(b) Disposition Type: Will vary depending on the circumstances and documentation available.

(4) MTFs will forward Medical Records Review Committee (MRRC)-approved documents, encounters, or charts to Patient Administration, clinic staff, or similar designated function for identification and facilitation of the provider deficiency.

h. Clinical Review and Administrative Completion of Paper Encounters. Paper documents that need to be administratively completed will have a Memorandum for Record (MFR) detailing the reason for closure as set forth in Enclosure 3, paragraph 2g(2), and approval date by the MRRC or similar MTF function.

(1) MTFs will upload paper outpatient documents and the MFR together into the Healthcare Artifact and Image Management Solution (HAIMS) using the appropriate metadata and naming convention for the clinical documentation.

(2) Paper inpatient records, APVs, Extended Ambulatory Records, and Fetal Monitoring Strips will have an MFR, but MTFs will file the MFR in the record prior to retirement to the National Personnel Records Center in accordance with Reference (n).

(3) During the review of paper inpatient records, APVs, and Extended Ambulatory Records, MTFs will review AHLTA and HAIMS to verify a copy of the discharge summary or operative report has been scanned and uploaded into the appropriate system. If a copy of the discharge summary or operative report has not been scanned, MTFs will scan and upload a copy of the summary or report, and a copy of the MFR, into HAIMS in accordance with Reference (e). MTFs will scan the documents into HAIMS using the appropriate metadata and naming convention for the clinical documentation.

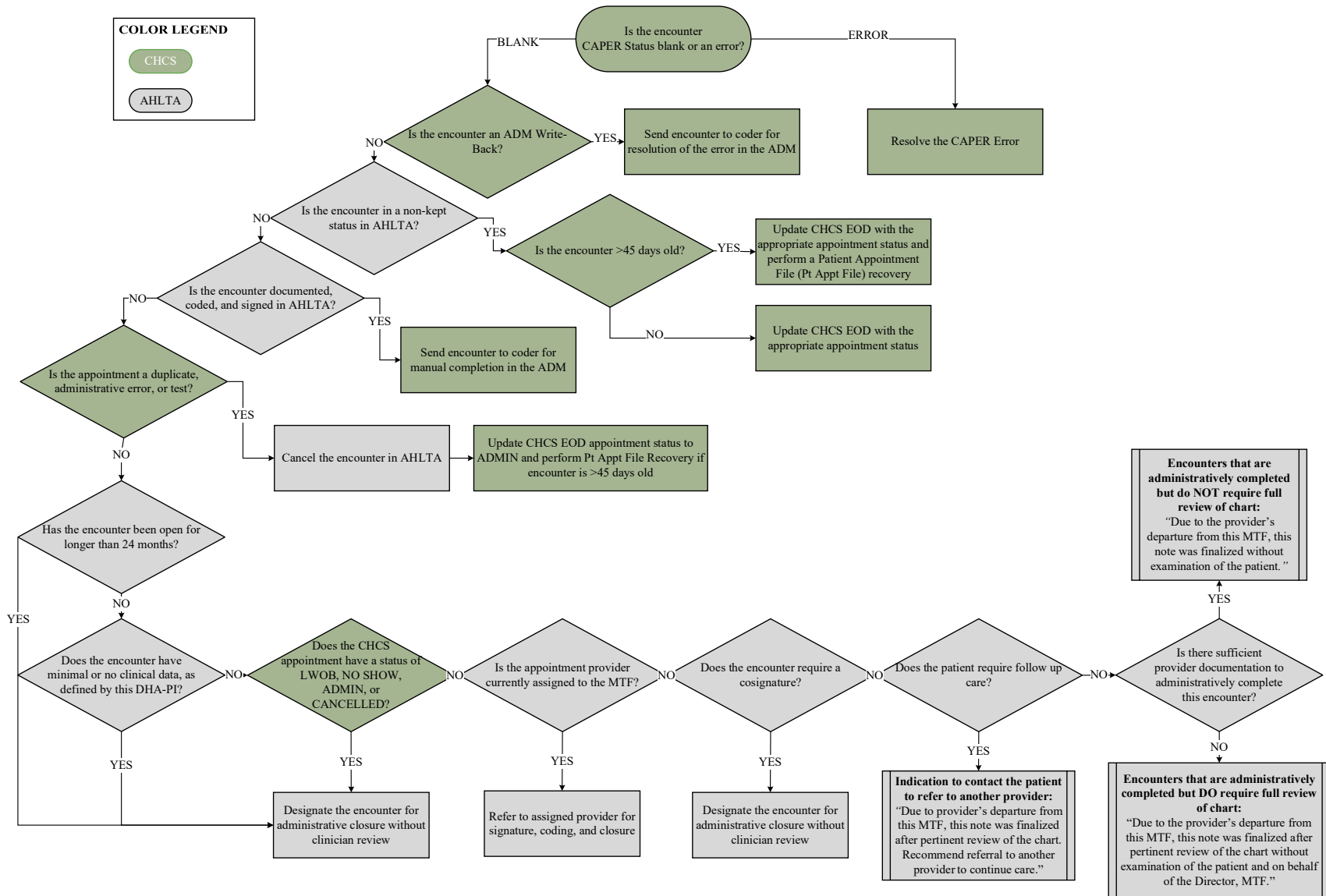


Figure 1. Delinquent Open Encounter Closure Process

2. NON-DELINQUENT OPEN ENCOUNTER CLOSURE. MTFs must complete and close all non-delinquent open encounters in all legacy systems by no later than 10 calendar days post-go-live of MHS GENESIS. The EHR Core program office will then administratively close all remaining open encounters in legacy systems using existing functionality, allowing the clinical data in those encounters to transfer to the CDR. MTF providers will code and close non-delinquent encounters within the timelines established in References (i) and (j).

3. PROVIDER REQUIREMENTS AND PROCEDURES FOR ALL DOCUMENTATION

a. All documentation, regardless of format, must be signed/cosigned in accordance with References (e) and (h).

b. Paper-based documents generated for patient care must contain appropriate patient identifiers and must be dated and signed by the provider prior to entry into the EHR.

c. Encounters and records must be completed and closed in accordance with Enclosure 3 prior to coding.

d. At teaching MTFs, providers will review and cosign resident students' encounters prior to closing the encounter.

4. OVERSIGHT AND QUALITY ASSURANCE

a. MTF Directors must:

(1) Ensure all encounters and inpatient records are completed and closed in accordance with Reference (e), and this DHA-PI.

(2) Monitor provider delinquencies and implement corrective actions as needed until all encounters and inpatient records are reconciled and closed. Corrective actions with respect to noncompliant providers may include, but are not limited to:

(a) Not authorizing providers leave, temporary duty assignment, or Permanent Change of Station until all their delinquent open encounters and inpatient records are reconciled and closed.

(b) Appropriate administrative actions (e.g., counseling, admonition, or reprimand). Coordinate with the appropriate Civilian Personnel office for civilians. Coordinate with the corresponding Contracting Officers for assistance regarding contractors.

(c) Adverse privileging action

(3) Continue to report MTF CHCS open encounters as prescribed on the Commander's Data Quality Statement each month in accordance with Reference (g). MTFs must review and resolve all open encounters, even those not reported on the Commander's Data Quality Statement.

b. The MTF Chief of the Medical Staff or similar designee must:

(1) Ensure that encounter notes, discharge summaries, narrative summaries, and operation reports are completed and signed in a timely manner by the appropriate provider.

(2) Confirm the AHLTA Problem List is reviewed and updated as appropriate.

c. The Chief, Health Information Management Section, Patient Administration or similar designee must report the number of delinquent open encounters and records to the MRRC, or similar body, monthly. They must also coordinate with the MTF Chief of Medical Staff to contact providers and ensure their timely closure of open encounters.

d. The MTF Data Quality Manager must brief the accuracy, completeness, and timeliness of data, to include open encounters and resolution progress, to the MTF Executive Staff or similar body monthly.

5. REPORTING AND TRACKING

a. MTFs will track open encounters using the AHLTA Unsigned Encounters report. MTFs will report the open AHLTA encounters using the relevant DQMC compliance measures in Reference (g).

b. MTFs will continue to use CHCS reports, ad hocs, and similar functions for CHCS open encounter tracking in conjunction with the AHLTA Unsigned Encounters report to track encounter completion. Not all open encounters in CHCS can be found in AHLTA. For instance, telephone consults do not reflect the current appointment provider in AHLTA if it is transferred in AHLTA.

c. MTFs that discover delinquent open paper encounters must report the progress of paper open encounter closure weekly to their respective Market, DSO, SSO, or DHAR patient administration team. MTFs must provide the total number of:

(1) Outpatient paper records that have been discovered with unsigned or unclosed encounters.

(2) Inpatient paper records that have been discovered with unsigned or unclosed encounters.

(3) Outpatient paper records that have been closed in accordance with this DHA-PI (e.g., with appropriate MFRs, HAIMS upload).

(4) Inpatient paper records that have been closed in accordance with this DHA-PI (e.g., with appropriate MFRs, HAIMS upload).

GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

ADM	Ambulatory Data Module
AHLTA	Armed Forces Health Longitudinal Technology Application
APV	ambulatory procedure visit
CDR	Clinical Data Repository
CHCS	Composite Health Care System
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHMSM	DoD Healthcare Management System Modernization
DHAR	Defense Health Agency Region
DQMC	Data Quality Management Control
DSO	Direct Support Organization
EHR	Electronic Health Record
HAIMS	Healthcare Artifact and Image Management Solution
HCO	Healthcare Operations
JLV	Joint Legacy Viewer
MFR	Memorandum for Record
MHS	Military Health System
MILDEP	Military Departments
MRRC	Medical Records Review Committee
MTF	military medical treatment facility
OCONUS	outside the continental United States
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-PI.

administrative completion. The administrative action that completes any open electronic encounter or paper documents which have been outlined in an accrediting agency's standards as necessary for patient care not signed/cosigned within the required timelines by the originating provider. These encounters lack sufficient information to treat the patient or support payment

for services billed. In the context of this DHA-PI, administrative completion includes the review and completion of delinquent open encounters by providers and clinical staff members other than the originating provider.

administrative closure. Administrative closure is an administrative action that completes any open electronic encounter without designating it as signed. There are two distinct administrative actions depending on the system, with different names:

a. **AHLTA Admin Close:** Using the AHLTA “admin close” function will preserve any existing AHLTA documentation in the CDR, and data will be visible in JLV. Although the ADM coding data will be unavailable, the encounter must remain in a kept CHCS appointment status preserve the encounter volume, at a minimum. This action places indicator text at the bottom of the note that it was “admin closed.” AHLTA encounters can be manually administratively closed by MTF clinical users with the appropriate permissions, or in bulk by the AHLTA Tier 3 vendor.

b. **CHCS ADMIN Status:** The CHCS End of Day appointment status of ADMIN deletes the encounter ADM record, and it will appear as though the encounter did not occur. This status should only be used for encounters meeting the following criteria: test encounters, validated duplicate encounters, or encounters created in error. The corresponding AHLTA appointment status is cancelled, so the documentation is excluded from JLV.

closing open encounters. The action of completing and signing any patient encounter, to include telephone consults, or paper documents, to ensure the health record properly documents patient care.

completing delinquent encounters. A privileged provider signs and closes the delinquent open encounter after assessing the information to ensure all follow-up on addressed medical issues has or will occur for the patient. For example, following up on abnormal labs/radiographs or results from consultation reports.

delinquent encounter. All open encounters or inpatient charts that have not been completed, signed, coded, and closed within the timelines established in Reference (i).

documentation deficiency. Documentation not signed/cosigned within 30 days from date of entry (or earlier as established by policy or MTFs’ bylaws and Rules of the Medical Staff) will be considered delinquent.

encounter. An interaction between a patient and an authorized healthcare professional that includes assessment, treatment, or advice provided to the patient over a specific period of time. Documentation describing the interaction is made in the patient’s record of medical treatment.

open encounter. All unsigned and incomplete encounters (outpatient encounters, telephone consults, APVs, and inpatient records), both in paper and electronic formats. Open encounters may include system errors (e.g., write-back errors), test appointments, appointments created in

error, validated duplicate encounters, or draft documentation a provider has not yet completed. Unsigned encounters could include telephone consults that were never completed. Open encounters in AHLTA only exist in the Inline Cache Database of an MTF's AHLTA Local Cache Server and are not viewable at other MTFs or in an AHLTA Web Print extract.

provider. Any member of the uniformed services, civilian employee of the DoD, or contract employee authorized by the DoD to perform healthcare services.