



DEFENSE HEALTH AGENCY
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DHA-IPM 18-021
November 26, 2018

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)

SUBJECT: Interim Procedures Memorandum 18-021, Guidance for Immediate Completion and Closure of Open Encounters and Records in Legacy Systems

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) and (e):

- Establishes the Defense Health Agency's (DHA) procedures to complete and close open encounters within the legacy systems in preparation for the implementation of Military Health System (MHS) GENESIS.
- Identifies and delineates responsibilities associated with completing and closing open encounters within the legacy systems in preparation for the implementation of MHS GENESIS.
- Should be used by DoD military treatment facilities (MTFs) to update procedures and workflows that pertain to the DoD Health Record Management, Patient Administration, and other MTF functions impacted by these decisions.
- Is effective immediately; it must be incorporated into a DHA-Procedural Instruction. This DHA-IPM will expire effective 12 months from the date of issue.

Background

- Initial deployment of MHS GENESIS has revealed a large number of open encounters (to include telephone consults) that, for multiple reasons, have not been completed or closed and, therefore, not written to the Clinical Data Repository (CDR). These open encounters are only viewable locally and may contain important clinical data. A substantial portion of these open encounters are telephone consults that lack provider entry and may not have been completed.
- As MTFs go-live with MHS GENESIS, and Armed Forces Health Longitudinal Technology Application (AHLTA) servers are decommissioned, open encounters must be completed or closed to ensure important data can flow to the CDR and are available enterprise-wide for legal purposes (disability claims, malpractice, etc.) and to support patient safety and continuity of care. Open encounters in legacy systems will not be viewable in MHS GENESIS or through the Joint Legacy Viewer after go-live. The data in these encounters are stored in the 100 distinct Local Cache Servers that are expected to be decommissioned in waves. There is no other plan developed to preserve this data to enable them to be retired and achieve anticipated cost savings.
- Due to technical challenges, workflow variances, and lack of standardized accountability and reporting, there is an MHS-wide problem with delinquent open encounters that may or may not contain valid clinical information.

Applicability. This DHA-IPM applies to the Military Departments, the Combatant Commands, and the MTFs within the MHS.

Policy Implementation. It is DHA's policy, pursuant to References (d) and (e), and in accordance with Reference (a), that:

- 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.
- Facilities are required to outline and comply with written policy that defines the time frame for completion of entries to the health record and completion of records in accordance with References (k) and (l).
- All patient services within the MHS must be documented and coded completely, accurately, and promptly, adhering to industry-established, legal, and MHS-specific guidelines and criteria (as permitted by MHS data collection systems) to ensure 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).

- MTFs will use the following guidelines to code minimum standard targets for Data Quality Management Control reporting, as specified in Reference (g), and in accordance with Reference (i):
 - 100 percent of outpatient encounters, other than ambulatory procedure visits, must be coded within 3 business days of the encounter.
 - 100 percent of ambulatory procedure visits must be coded within 15 days of the encounter.
 - 100 percent of inpatient records must be coded within 30 days after discharge.
- Record entries may include draft and final entries. Entries may remain in draft form for no longer than 30 days in accordance with Reference (e).
- 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).
- The administrative completion of 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).

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.



R. C. BONO
VADM, MC, USN
Director

Attachments:
As stated

cc:

Principal Deputy Assistant Secretary of Defense (Health Affairs)

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Medical Officer of the Marine Corps

Director of Health, Safety, and Work-Life, U.S. Coast Guard

Surgeon General of the National Guard Bureau

ATTACHMENT 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 21, 2015, as amended
- (d) DoD Instruction 5015.02, “DoD Records Management Program,” February 24, 2015
- (e) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015
- (f) United States Code, Title 10, Section 1073c
- (g) DoD Instruction 6040.40, “Military Health System Data Quality Management Control Procedures,” November 26, 2002
- (h) DoD Instruction 6025.18, “Privacy for Individually Identifiable Health Information in DoD Health Care Programs,” December 2, 2009
- (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),” October 2, 2013
- (k) Joint Commission Accreditation Manual for Hospitals, current edition¹
- (l) Centers for Medicare & Medicaid Services, current guidelines²
- (m) Military Health System Specific Coding Guidelines, July 1, 2017
- (n) Consolidated Medical Records Schedule, N1-330-01-002³

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

² This Reference can be found at: <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>

³ 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>

ATTACHMENT 2

RESPONSIBILITIES

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

- a. Ensure that 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 Military Departments to ensure MTF Commanders and Directors comply with, oversee, and execute the procedures outlined in this DHA-IPM now and throughout the transition of MTFs to the authority, direction, and control of DHA in accordance with Reference (f).

2. DEPUTY ASSISTANT DIRECTOR (DAD), HEALTHCARE OPERATIONS. The DAD, Healthcare Operations, will:

- a. Develop and issue implementation and procedural guidance, in accordance with Reference (e), to specify documentation management procedures that support the DoD Health Record.
- b. Oversee compliance with the administrative closure process to ensure the appropriate completion of encounters.
- c. Collaborate with appropriate stakeholders to make necessary open encounter reporting changes to ensure all open encounters in the Electronic Health Record (EHR) are identified and resolved to the fullest extent possible.

3. DAD, INFORMATION OPERATIONS (J-6). The DAD, Information Operations (J-6), will:

- a. Ensure that 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 that technical representatives from the EHR Core programs are made available to the functional representatives during procedural guidance development.
- c. Execute administrative closure of encounters MTFs cannot complete themselves.

4. PROGRAM EXECUTIVE OFFICER, PROGRAM EXECUTIVE OFFICE, DEFENSE HEALTHCARE MANAGEMENT SYSTEMS (DHMS). The Program Executive Officer, Program Executive Office, DHMS, will ensure that technical representatives from the Program Executive Office, DHMS program, are made available to the functional representatives during procedural guidance development.

5. MTF COMMANDERS AND DIRECTORS. MTF Commanders and Directors will:

a. Implement and execute the procedures and actions outlined in this DHA-IPM now and throughout the transitions of MTFs to the authority, direction, and control of DHA in accordance with Reference (f).

b. Ensure all co-located medical or tenant units under their command, with access to the EHR, to include deployed locations also implement and execute the procedures and actions outlined in this DHA-IPM.

ATTACHMENT 3

PROCEDURES

1. DELINQUENT OPEN ENCOUNTERS AND PREPARING FOR EHR SYSTEM TRANSITION

a. Effective immediately, all MTFs will review, individually research, complete, and close all delinquent open encounters in the legacy systems in accordance with this guidance and Reference (i). In all cases where the provider or clinical staff member responsible for the documentation is still available at the MTF, the provider will sign, complete, and close the delinquent open encounter(s) immediately.

(1) Open encounters are defined in this guidance as unsigned and incomplete encounters (outpatient encounters, telephone consults, ambulatory procedure visits, 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, duplicate encounters, or draft documentation a provider has not yet completed.

(2) Delinquent open encounters are all open encounters that have not been completed, signed, coded, and closed within the timelines as established in References (i) and (j).

(3) Delinquent open encounters in all legacy systems must be closed in accordance with this DHA-IPM and no later than 30 days prior to a site's go-live of MHS GENESIS. The Data Quality team in conjunction with the Chief of the Medical Staff will monitor and ensure staff compliance.

(4) All delinquent open encounters in legacy systems that have been open for less than one year will require clinical review by a provider or clinical staff member with the appropriate credentials. The Data Quality team in conjunction with clinic managers and the Chief of the Medical Staff will monitor and ensure staff compliance.

b. Non-delinquent open encounters in all legacy systems must be completed and closed no later than 10 days post-go-live of MHS GENESIS, at which point Coding and Compliance Editor functionality will be terminated, and the EHR Core program office will administratively close all remaining open encounters in legacy systems using existing functionality, allowing the clinical data in that encounter to transfer to the CDR.

c. MTF clinical staff are permitted to administratively complete a delinquent open encounter without clinician review if the original provider is unavailable, or the encounter has been open for longer than one year, or the encounter has minimal or no clinical data (e.g., system error, "checked-in" status, duplicate encounter, or only contains screening information). No open encounters of providers with an active status at the MTF may be administratively completed unless they meet the criteria above. Administrative completions should be very limited and done as a last resort.

d. If the provider reviewing the open encounter believes there is indication (required follow-up, open clinical issue, or need for current status) to contact the patient or refer to another provider, then the provider/staff member will 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 Reference (1).

(2) Clinician review: No provider is permitted to complete or add documentation to a medical record on a patient unfamiliar to him/her, but he/she may be required to review and sign an encounter to allow the data to be transferred to the CDR.

(a) In the event the provider has left the facility and the encounter was not completed, one of the following statements indicating the 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:

1. All encounters that are administratively closed 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/review of the chart."

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

3. 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 full review of the chart. Recommend referral to another provider to continue care."

(b) In unusual extenuating circumstances (for example, death of a provider), MTF clinical staff will ensure that all means have been exhausted to complete the record. If there is no need to contact the patient for assessment or further treatment (pending test results, follow-up treatment) then the encounter may be administratively coded and closed.

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

(a) Dx: Z02.89, Other specified administrative purpose (ICD-10).

(b) DX: V68.89, Other specified administrative purpose, for encounters before October 1, 2015 (ICD-09).

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

(4) Paper documents that need to be administratively completed will have a Memorandum for Record (MFR) detailing the reason for closure and approval date by the Medical Records Review Committee (MRRC) or similar MTF function.

(a) Paper outpatient documents and the MFR will be uploaded together into the Healthcare Artifact and Image Management Solution (HAIMS) using the appropriate metadata and naming convention for the clinical documentation.

(b) Paper inpatient records, Ambulatory Procedure Visits, Extended Ambulatory Records, and Fetal Monitoring Strips will have an MFR, but it will be filed in the record prior to retirement to the National Personnel Records Center in accordance with Reference (n).

(c) During the review of paper inpatient records, Ambulatory Procedure Visits, 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 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.

(5) MTFs will forward MRRC-approved documents, encounters, or charts to Patient Administration, clinic staff, or similar designated function for identification and facilitation of the provider deficiency in accordance with Reference (l).

e. MTFs may administratively cancel open encounters only when there is no indication an encounter has occurred in accordance with Reference (m). For legacy systems, MTFs may cancel the appointment during end-of-day processing.

2. 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 Attachment 3 of this DHA-IPM prior to coding.

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

3. OVERSIGHT AND QUALITY ASSURANCE

a. The MTF Commanders and Directors will:

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

(2) Monitor provider delinquencies and implement corrective actions as needed, to include not authorizing providers leave, liberty, temporary duty assignment, or Permanent Change of Station until all encounters and inpatient records are reconciled and closed, nor will they be provided “keys” to MHS GENESIS upon go-live.

(3) Continue to report Composite Health Care System open encounters as prescribed on the MTF Director’s Data Quality Statement each month. Review and resolve all open encounters, even those not reported on the Data Quality Statement.

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

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

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

c. The Chief, Health Information Management Section, Patient Administration or similar designee will report the number of delinquent open encounters and records to the MRRC or similar body monthly.

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

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AHLTA	Armed Forces Health Longitudinal Technology Application
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DHMS	Defense Healthcare Management Systems
EHR	Electronic Health Record
HAIMS	Healthcare Artifact and Image Management Solution
MFR	Memorandum for Record
MHS	Military Health System
MRRC	Medical Records Review Committee
MTF	military treatment facility

PART II. DEFINITIONS

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

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 health care 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, ambulatory procedure visits, 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, duplicate encounters, or draft documentation a provider has not yet completed.