

**CLOSEOUT OF VETERANS HEALTH ADMINISTRATION CORPORATE PATIENT
DATA FILES INCLUDING QUARTERLY INPATIENT CENSUS**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy requirements for closeout of all outpatient encounters captured through Veterans Information Systems and Technology Architecture (VistA) Patient Care Encounters (PCE), quarterly inpatient census, and inpatient stays captured through VistA Admission, Discharge, Transfer (ADT) and Patient Treatment File (PTF).

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Clarifying the definition of workload closeout, monthly snapshot requirements, and final annual closeout requirements and timeframes.

b. Adding a reference to VHA Patient Care Data Capture Directive 1082.

3. RELATED ISSUES: VHA Directive 1082 and VHA Handbook 1907.03.

4. RESPONSIBLE OFFICE: The VHA Director of Health Information Management (10P2C) is responsible for the content of this directive. Questions may be referred to 217-649-3691.

5. RESCISSION: VHA Directive 2011-025, dated June 14, 2011, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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CLOSEOUT OF VETERANS HEALTH ADMINISTRATION CORPORATE PATIENT DATA FILES INCLUDING QUARTERLY INPATIENT CENSUS

1. PURPOSE

This Veterans Health Administration (VHA) directive defines the closeout requirements for inpatient, outpatient, and census record data inclusion into the VHA corporate patient data files. **AUTHORITY:** Title 38 United States Code (U.S.C). 7301(b).

2. BACKGROUND

Record closeout is necessary to ensure that data is recorded and available timely. Data from inpatient and outpatient records recorded during closeout process must be completed and successfully transmitted within 7 days from the last date of care for inclusion in monthly and annual closeout for inclusion in corporate data files. As of February 1, 2011, all records completed no later than 7 calendar days from the date of the Patient Treatment File (PTF) discharge or a bed occupant quarterly census for the Inpatient or Outpatient Care Encounter date of service will be considered for inclusion in VHA corporate data files. **NOTE:** Example of date calculation: Discharge date: 1/31/16 PTF closed, transmitted and accepted: 2/7/16. Date of discharge to date of PTF transmission equals 7 calendar days.

3. DEFINITIONS

a. **Annual Closeout.** Annual closeout for corporate data is defined as a snapshot of record data within the current fiscal year as of the 7th calendar day after the end of the fiscal year (FY).

b. **Census Data Closeout.** Census data closeout includes Veterans Health Administration (VHA) medical facility patients in an active inpatient status which includes hospital, Community Living Center (CLC), and domiciliary and any VA Community Care facility for which VA is paying (including Contract or Community Nursing Home (CNH)) at 11:59 p.m. on the last day of each quarter. (December 31, March 31, June 30, and September 30).

c. **Completed Data Record.** Completed data record is one that is closed, transmitted, and accepted by the Austin Information Technology Center (AITC) as of the 7th calendar day after last treatment day and includes documentation in the patient's health record to support the data record.

d. **Data Closeout.** Data closeout is the process of completing, submitting, and having successful treatment data accepted from all aspects of care: inpatient treatment data contained in the Veterans Information Systems and Technology Architecture (VistA), Patient Treatment Files (PTF) (i.e., Regular PTF, Non-VA PTF, and census), and Inpatient and Outpatient Patient Care Encounters (PCE) or visits to the AITC and is required no later than 7 calendar days after treatment date, outpatient date of service

and inpatient discharge date. In addition, records of inpatient admission not yet discharged will be coded, transmitted and completed no later than 7 calendar days after the end of each fiscal year quarter (Census). Only data records that complete this process are included in the VHA corporate patient data files. Corporate patient data is utilized for national reporting, funding allocation determinations, health care planning, cost accounting and performance monitoring. It is critical that the closeout records included in the corporate data files, timely, completely and accurately reflect the care provided by the Department of Veterans Affairs (VA) for use in the VA Secretary's annual report to Congress. **NOTE:** *Example of date calculation: Discharge Date 1/31/16, PTF closed and accepted no later than 2/7/16. Date of discharge to date of PTF accepted equals 7 calendar days.*

e. **Monthly Data Closeout.** Seven calendar days after the end of each month, the accepted records for inpatient and outpatient care are captured for inclusion in VHA corporate data files as interim during fiscal year until annual closeout.

f. **Patient Treatment Files Census Record.** A patient treatment file census record documents all VHA medical facility patients in an active inpatient status. Census data includes hospital, Community Living Center (CLC), domiciliary and any VA Community Care facility for which VA is paying (including Contract or Community Nursing Home (CNH)) at 11:59 pm on the last day of each quarter. (December 31, March 31, June 30, and September 30). Census PTF records must be closed out and accepted by AITC as error free by 6:00 p.m. Central Time on the 7th calendar day following each quarter (January 7, April 7, July 7, and October 7) for inclusion in VHA corporate monthly and annual data file snapshots of closeout workload.

4. POLICY

a. It is VHA policy that VHA's corporate data files, which include: completed data on all patients who were treated at VHA facilities or had treatment paid for by VHA for inpatient and outpatient services, are recorded, closed, and accepted by the Austin Information Technology Center (AITC) within 7 calendar days of the last treatment date. This ensures data inclusion in the monthly and yearly snapshots utilizing Patient Treatment File (PTF) Census and Inpatient and Outpatient workload data.

b. Completed workload not accepted within 7 calendar days of the last treatment date may not be included in VHA Corporate Data Files and thus may not be utilized for reporting. **NOTE:** *If you find inaccurate data beyond the 7 calendar day closeout, correct the data and retransmit it. There are multiple uses for data other than workload and it is important to have the data be as accurate as possible.*

5. RESPONSIBILITIES

a. **Veterans Integrated Service Networks (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Ensuring all Veteran outpatient and inpatient data records recorded in the Patient Treatment File and Patient Care Encounter are completed in a timely fashion.

(2) Establishing local policy that is aligned with national policy.

(3) Ensuring the VA medical facility Director(s) is/are holding staff accountable for completion of the data records supporting the implementation of the standards of this directive.

b. **VA Medical Facility Director.** The VA medical facility Director, or designee, is responsible for ensuring:

(1) Data record closeout is completed in an accurate and timely manner.

(a) For records sent to AITC, all data record transmissions must be received, including updates to VHA corporate patient data files, by 6 p.m. Central Time no later than 7 calendar days after the date of service as recorded in the PCE or the PTF record. The annual corporate data file closeout is set for the 7th calendar day of the month following the end of the fiscal year (October 7th). Completion using the encoder is mandatory for all inpatient PTFs and billable outpatient coding in accordance with VHA Handbooks 1907.01 and 1907.03, except when contingency plans are necessary. Appendix A contains reports available and access information to perform the aforementioned tasks.

(b) Completed workload not accepted within 7 calendar days of the last treatment date may not be included in VHA Corporate Data Files and thus may not be utilized for reporting. **NOTE:** *If you find inaccurate data beyond the 7 calendar day closeout, correct the data and retransmit it. There are multiple uses for data other than workload and it is important to have the data be as accurate as possible.*

(c) All data corrections made during the fiscal year are completed and accepted no later than the 7th calendar day following each month to ensure inclusion in the annual VHA corporate data file snapshots. Annual closeout timelines are provided to allow for data corrections and inclusion of any previously omitted data in the corporate data files to ensure records are consistent with the facility in the originating source files (PCE or PTF). Error corrections must be made and accepted by the closeout deadline for inclusion in VHA corporate patient data files via VistA Patient Treatment File record correction and resubmission in order to update (e.g. the National Patient Care Database (NPCD) or Corporate Data Warehouse, the PTF Master File, and the Census Master File). Corrections to the PTF Master File can be made for up to 2 previous fiscal years; however, these corrections are not used in the year-end report to Congress, calculation of Veterans Equitable Resource Allocation (VERA) model, or performance measures. Error correction cycles need to be taken into consideration in order to meet the closeout dates. To ensure data integrity, data record corrections must be made as soon as identified. **NOTE:** *Workload closed and accepted for the first time on October 7th will not allow the necessary time for any error correction to be processed; therefore any workload submitted on the last day are at risk for exclusion in the annual snapshot of corporate data closeout files.*

(2) Census processing as follows:

(a) The quarterly inpatient census data record creation is performed for all bed occupants, including patients in Contract or CNH beds at VHA expense, on December 31, March 31, June 30, and September 30 at 11:59 p.m. The Chief, Health Information Management (HIM), or other appropriate official(s), serve(s) as the facility Census Coordinator and has administrative responsibility for ensuring the timely completion of the quarterly census. **NOTE:** *Patients in non-VA hospital beds not paid for by VHA and patients in state homes at VA expense are excluded from the quarterly census.*

(b) Census information is reported using the PTF Census Menu in Version 5.3 of the Patient Information Management System (PIMS), in the Admission, Discharge, Transfer (ADT) module of VistA, or via encoder interface option. See appendix B for list of actions that must be taken at each medical facility to ensure accurate census reporting.

(3) For records submitted to AITC, Inpatient PTF and census data must be confirmed as accepted by AITC within the timeframe required for closeout for all records including census, VA inpatient care, and VA Community Care nursing home care. The Edit Analysis Lists (EAL) Report, PTF 419 and Census 250 Reports are available through Roger's Software Development's (RSD) (see appendix A). These reports must be reviewed in their entirety and validated prior to closeout to allow time for error correction, re-transmission, and acceptance by AITC.

(4) Encounter data must be confirmed as closed and accepted. The Incomplete Encounter Error Report (IEMM), Encounter Action Required Report (EARR), Computer Generated Appointment Type Listing, and Outpatient Encounter Workload Statistics (OEWS) Reports are some of VistA or Veterans Support Service Center (VSSC) Report options that must be utilized for identifying errors and verification of successful transmission of data.

(5) VA Community Care Acute and Community Nursing Home care (which are reflected in Census for VA Community Care Medical Care provided to Veterans may be completed and transmitted to Austin for up to 7 years from the discharge date.

6. REFERENCES

- a. VHA Handbook 1082, Patient Care Data Capture.
- b. VHA Handbook 1907.01, Health Information Management and Health Records.
- c. VHA Handbook 1907.03, Health Information Management Clinical Coding Program Procedures.

ROGER'S SOFTWARE DEVELOPMENT REPORTS

a. The Edit Analysis Lists (EALs), Patient Treatment Files (PTF) 419 and Census 250 reports are important electronic reporting tools that assist with the validation process. EALs are received at the medical facility by Mailman in response to PTF or census transmissions that have data errors. Records identified by AITC as having a data error that rejected must be corrected and retransmitted as soon as possible after receipt.

b. To request access to Roger's Software Development's (RSD) reports at the Austin Information Technology Center (AITC), VA9957 Access Form needs to be completed at <http://vawww.va.gov/vaforms/va/pdf/VA9957.pdf> **NOTE:** *This is an internal VA Web site that is not available to the public. The functional Task Code for Access is 110EE02 once the site's Information Security Officer has completed their part then you e-mail the completed 9957 to AITC.SYSTEMACCESSREQUESTS@VA.gov.*

c. To access RSD reports, click on expand all and scroll down to Patient Treatment File (PTF) Reports. The link provides a detailed listing of PTF reports, their frequency, and how to request access to view/review these reports online. It also provides detailed instructions for downloading reports for validation.

d. Two very important workload validation reports are: the Edit Analysis Lists (EALs) and the 419 Report.

e. EALs are received at the medical facility using Veterans Information Systems and Technology Architecture (VistA) Mailman in response to PTF or census transmissions that have data errors. Records identified by AITC as having a data error must be corrected and retransmitted as soon as possible after receipt.

f. The PTF 419 and Census 250 Reports are available online through RSD. The 419 Report must be validated prior to the closeout at a minimum. Some sites validate this report weekly. You can also look at the EAL Report by looking at the PTF TRANS. **NOTE:** *There are two reports for the PTF 419, Census 250 Report and PTF TRANS and one report for the ICD9 and ICD10.*

g. Verifying that the records were transmitted by generating VistA reports does not guarantee that they were accepted at the AITC for processing and workload credit. It is essential that you also verify the Austin data for confirmation of acceptance.

h. These reports can be found at: [Accessing Reports on RSD](#) **NOTE:** *This is an internal VA Web site that is not available to the public.*

CENSUS REPORTING

The following actions must be taken at each medical facility to ensure accurate census reporting:

a. Patients who are considered a bed occupant requiring Census PTF to be completed can be found by using the Census Status Report [DGPT CENSUS STATUS REPORT] and the Fee Basis Census Status Report [DGPT FEE BASIS CENSUS STAT RPT] menu options located in the Patient Treatment Files (PTF) menu or via encoder interface option.

b. Census data is entered into the PTF record in Veterans Information Systems and Technology Architecture (VistA) using the "Load/Edit PTF Data" option from the PTF Menu, the Census Menu, or by using the encoder interface option.

c. All PTF screens for each census patient must be completed, as applicable, with the most current diagnosis(es) confirmed and any procedure(s) completed before or by the end of each quarter.

d. The PTF data record is "closed for census" using the option available on the PTF 701 screen of the "Load/Edit PTF Data" from the PTF, Census menu, or via the encoder interface.

e. The census data record must be completed using the options in VISTA PTF "L-Close" of the "Load/Edit PTF Data" and the "Release Closed Census Records" screens or utilizing the encoder interface options.

f. Census data sent to Austin Information Technology Center (AITC), must be transmitted using the "Transmit Census Records" option available in VistA or encoder interface option. **NOTE:** *AITC will only accept the first record received if both the Census Record and Regular PTF record is transmitted on the same calendar day for the same patient. If there is a census record and PTF record for the same patient episode of care, there must be a one calendar day delay between the transmission and acceptance of the census record prior to the PTF record being transmitted.*

g. PTF census data records must be closed, released, and accepted within 7 calendar days of quarter end. Census data must be accepted between January 1-7, April 1-7, July 1-7, and October 1-7, annually. Census records sent to AITC containing data errors must be corrected, closed, released, transmitted and accepted in time for receipt by AITC before 6:00 p.m. Central Standard Time on January 7, April 7, July 7, and October 7, annually.

h. When an active patient is discharged during the 7 calendar day period following census, both census and regular PTF records must be completed and submitted to AITC. Both records cannot be accepted when transmitted on the same day, therefore census PTF data record transmission should occur first and be confirmed as accepted followed by transmission of the regular PTF discharge data record the following business day.