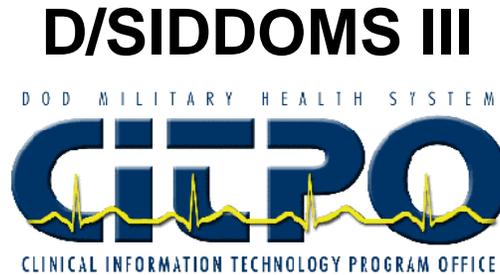




RELEASE NOTES AND INSTALLATION INSTRUCTIONS:
PART 1
**RELEASE NOTES: MEDICAL AFFIRMATIVE CLAIMS (MAC)
ENHANCEMENTS**



**Deliver Order B306, Medical Affirmative Claims Enhancement (MAC)
Enhancements, Deliverable Item 73**

**Submitted in Response to:
D/SIDDOMS III Contract #W74V8H-04-D-0036**

For:

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Table of Contents

1.	RELEASE NOTES: MEDICAL AFFIRMATIVE CLAIMS (MAC) ENHANCEMENTS	1
2.	SPECIAL CONCERNS.....	1
3.	DIFFERENCES FROM PREVIOUS SOFTWARE RELEASES	1
3.1	OVERVIEW	1
3.2.	ASSIGN SECURITY KEYS.....	2
3.3.	CHCS FILE CHANGES.....	2
3.3.1	<i>KG ADC DATA File Changes</i>	2
3.3.2	<i>CHCS Patient Appointment File Changes.....</i>	2
3.4	ADM CHANGES FOR MAC ENHANCEMENTS	3
3.4.1	<i>ADM Injury/Accident Business Rules</i>	3
3.4.2	<i>ADM Functional Changes</i>	3
3.4.2.1.	<i>ADM Medical Affirmative Claims (MAC) Reports.</i>	5
3.4.2.2.	<i>ADM MAC Report Business rules.....</i>	5
3.5	PATIENT ADMINISTRATION DEPARTMENT (PAD) MODULE CHANGES	12
3.5.1	<i>PAD Help Text Changes.....</i>	12
3.6	PATIENT APPOINTMENT SCHEDULING (PAS) CHANGES	13
3.6.1	<i>PAS Business Rule Modifications</i>	13
3.6.2	<i>PAS Functional Changes.....</i>	13
3.7	POINTS OF CONTACT FOR TECHNICAL SUPPORT	16

1. RELEASE NOTES: Medical Affirmative Claims (MAC) Enhancements

Project Number: 500350

Version: Change Package with Extended Testing (CPET+) to the Composite Health Care System (CHCS) V4.63 baseline.

2. SPECIAL CONCERNS

Site Operations Personnel: Be sure to carefully review the CHCS Installation Instructions that accompany the software.

CHCS Areas/Personnel Affected: CHCS System Administrators, CHCS Database Administration (DA), Interface Managers, Resource Management Office supervisors (RMO), and Medical Treatment Facility (MTF) Medical/Legal representatives.

Implementation Considerations:

- Prerequisite software: CHCS 4.63 and current change packages (CPs)
- Installation of this software requires downtime
- Provide the D3-MACS-1000 Interface Control Document: Medical Affirmative Claims (MAC) Exportable Report Data Specification to the MTF Medical/Legal representative users of the Ambulatory Data Module (ADM) MAC Report functionality

3. DIFFERENCES FROM PREVIOUS SOFTWARE RELEASES

3.1 Overview

The Medical Affirmative Claims System Change Request (SCR), Dynamic Object Oriented Requirements System (DOORS) ID 2668 was developed to facilitate the identification, proper capture, and storage of clinical information for potential MAC Enhancements by capturing pertinent Injury/Accident codes and other related information. Enhancements to the CHCS software have been implemented to make the ADM encounter data available for MAC reporting and optimize collections for the recovery of costs to the federal government for services provided for injuries sustained by patients for which a third party is responsible. These release notes describe the changes that are specified in the MAC software enhancements including:

- Additional business rules have been added to allow the data capture for MAC collections at the time of appointment booking and ADM encounter creation
- Modification of the Health Insurance Portability and Accountability Act (HIPAA) 837 Claims Processing business rule requirement for entry of International Classification of Disease (ICD-9) External Causes code(s) (E-codes)
- The CHCS KG ADC DATA file includes new fields to support the MAC data collection

- The Patient Appointment Scheduling (PAS) module includes changes in the CHCS Patient Appointment file identical to ADM Injury/Accident related fields added to support the MAC data collection and data feed to ADM during appointment booking, patient check-in and End of day (EOD) processing
- Additional ADM report capability for multiple search options with printed or electronic file format

3.2. Assign Security Keys

The KG ADS MAC security key must be assigned to the appropriate CHCS systems and MAC personnel responsible for MAC reporting and Claims Processing.

3.3. CHCS File Changes

3.3.1 KG ADC DATA File Changes

New fields have been added to the CHCS KG ADC DATA file to capture and report the MAC Injury related data elements during ADM Clerk Check-In, ADM encounter creation or modification. The new fields added are:

- a. MAC Indicator Flag
- b. Place of Employment
- c. Place of Injury/ Accident

A new cross-reference has been added to the field Date of Injury/Accident to enhance the search criteria performance of the MAC report option.

3.3.2 CHCS Patient Appointment File Changes

New fields have been added to the Patient Appointment File to correspond to the Injury/Accident related fields in the KG ADC DATA file for initial data capture during appointment booking, Individual Patient Check-in (IPC) and End of Day Processing. Included in the Patient Appointment File are the following fields:

- a. Injury/Accident related indicator
- b. Date of Injury/Accident
- c. Injury Cause Code (consists of entry for a maximum of three cause codes a total of 3 fields)
- d. Geographic Location
- e. Place of Employment
- f. Place of Accident

3.4 ADM Changes for MAC Enhancements

3.4.1 ADM Injury/Accident Business Rules

New changes to the current field representing “Injury Related” with a Yes/No prompt will trigger the MAC flag indicator to be automatically set to "YES" when Injury Related field is populated with “YES”.

Additional business rules have been added to the Injury Related Data entry screen for the fields Injury Cause Code, Place of Employment, and Place of accident. The following business rules have been implemented for these fields.

- Injury Cause Code: A minimum of one Cause Code will be required
- Place of Employment: The Place of Employment will be required when the Cause Code entered is “EM”
- Date of Injury/Accident: The Date of Accident will be required and shall only accept the current or a past date
- Place of Injury/Accident will be required for all Injury Cause Codes

The mandatory entry of an External Causes ICD-9-CM code has been modified for MAC Injury/Accident related data in the ADM encounter when the “Injury/Accident Related” field is set to “YES”.

- CHCS/ADM now allows any ICD-9-CM code(s) without the entry of the External Causes code(s) (E-codes)
- Entry of an External Causes code (E-code) entered as a diagnosis still requires the entry Injury/Accident Related data

3.4.2 ADM Functional Changes

Upon installation the following ADM functional changes will be available to the user.

MENU PATH EXAMPLE: ADS>1 ADM Data Entry Menu >CH Create New ADM Encounter Records (HCP Search) or CP Create New ADM Encounter Records (Patient Search)

Once the user has selected the provider or clinic location and appointment date range the system displays the Appointed Patients Without ADM Records selection screen with only the patient and appointment data defaulted from CHCS. The user selects the patient appointment to create the ADM encounter. The ADM Patient Encounter screen (Figure 1. ADM Patient Encounter Entry Screen) will display. The cursor will be positioned on the Injury/Accident Related field when the question “*Is this appointment related to an Injury or Accident?*” has been identified as “YES” upon the booking of the appointment in PAS. Pressing **Enter** at this field will display a modified Injury/Accident Related Data Entry screen. (Figure 2. ADM Injury related Data Entry Screen.).

```

ADM Patient Encounter
PATIENT-NAME, FIRST ONE      20/###-##-####      AGE: 52y
-----
Appt Date/Time : 09 Mar 2005@1233      Type: EST      Status: WALK-IN
Clinic: PRIMARY CARE CLINIC - PCC      MEPRS: BGAA      Injury/Accident Related: Yes
In/Outpatient: Outpatient      APV: No      Pregnancy Related: No
Appt Provider: ABCD, DOCTOR      Appt Prov Taxonomy: 207RH0003X
Appt HCP Role: 1      ATTENDING
Additional Providers: No
Disposition: IMMEDIATE REFERRAL
=====
ICD-9      Dx Description      Priority
-----
823.11      FX UPPER END FIBULA-OPEN      1
E810.0      MV AC COL W TRN, DRV OTH MTRCYC      2
-----
Chief Complaint: 823.11      FX UPPER END FIBULA-OPEN

Help = HELP      Exit = F10      File/Exit = DO

```

Figure 1. ADM Patient Encounter Entry Screen

The user may accept the entries from the PAS appointment booking or edit the entries as appropriate. The minimum data required consists of the date of injury/accident, at least one injury cause code and place of injury/accident. A new business rule has been added for employment related injuries, the user will be required to enter the place of employment.

```

ADM Patient Encounter - Injury related Data
PATIENT-NAME, FIRST ONE      20/###-##-####      AGE: 52y
-----
Appt Date/Time : 09 Mar 2005@1233      Type: EST      Status: WALK-IN
Clinic : PRIMARY CARE CLINIC - PCC      MEPRS : BGAA
=====
Inj/Accident Related: Yes
Date of accident: 05 Mar 2005
Injury cause code #1: Auto Accident
Injury cause code #2: EMPLOYMENT
Injury cause code #3:
Geographic Location: TX      TEXAS
Place of Employment: Standard Oil Transportation Depot, LA.
Place of Inj/Accident: hwy 281 at ext 457

Injury data is required for ICD9 codes: E800-E999

Geographic Location is collected only for auto accidents.
Place of Employment is collected only for employment related accidents.
An Injury Related answer of 'YES' requires at a minimum the Date of Accident,
Injury Cause Code #1, and Place of Inj/Accident to be populated.

Help = HELP      Exit = F10      File/Exit = DO

```

Figure 2. ADM Injury related Data Entry Screen.

Modification has been made to the existing business rule for use of diagnosis codes that are external causes of injury and poisoning known as “E – Codes”. Users will be allowed to indicate that an encounter is injury/accident related without requiring the use of “E-codes” as diagnosis codes. However, when an “E-Code” is entered into the encounter as a diagnosis code, the user will be required to enter the Injury/Accident related data appropriately.

3.4.2.1. ADM Medical Affirmative Claims (MAC) Reports.

Upon installation of the software the ADM MAC Report will be available to the user holding the KG ADS MAC security key. The Report may also be added to a user’s CHCS menu as a secondary menu option without assigning the entire ADM Menu access.

MENU PATH EXAMPLE: ADS Ambulatory Data Module > 2 Ambulatory Data Reports > MAC Medical Affirmative Claims Services Report

3.4.2.2. ADM MAC Report Business rules.

The MAC Report is limited to a 60 day reporting period and will not generate a report for data prior to implementation of Health Insurance Portability Accountability Act (HIPAA) 837 Claims 28 January, 2004.

- All data included on the report will have met the following criteria.
 - a. ADM encounters must have a Standard Ambulatory Data Report (SADR) status of either Complete or Warning.
 - b. All Pharmacy, Laboratory and Radiology data reported included will have been associated by order entry to an appointment identified as an injury/accident related appointment.
 - c. Pharmacy data must have a prescription status of Active, Fill, Refill or Partial and a fill date for the prescription.
 - d. Laboratory procedures and Radiology exams performed must be verified/certified to be included on the MAC Report.

3.4.2.3. Requesting the ADM MAC Report

The report will prompt the user for one or more of the following search criteria.

1. Search by appointment date or Injury date as a required report search criteria.
2. Search criteria is limited to the division into which the user is currently logged in on CHCS. Requesting the report for another division to which the user has access, the user must switch divisions before entering the desired search criteria.

- The date range prompt will be displayed to the user as shown below:
Search by (A)ppointment date, (I)njury date, or (Q)uit: A//

- The default will be Appointment date. When selected the prompts will display as shown below:

Enter Appointment Start date://
Enter Appointment End date://

- The Injury date search prompt will be displayed as follows:

Enter Injury Start Date://
Enter Injury End Date://

The user is limited to selecting a 60 day period for which to generate the report and will not report data prior to the implementation of Health Insurance Portability Accountability Act (HIPAA) 837 Claims 28 January, 2004.

3. Upon selection of the Appointment date search option, the user will be asked to include data flagged as only injury related. The prompt displays as shown below.

Search by positive Injury Related Answers? Yes//

- The default will be “Yes”. A “NO” response will include both MAC flagged and non-MAC flagged data along with the other selected search criteria

4. Selection of Search by Patient Name/Patient Social Security Number (SSN) prompt is available in various search methods.

- A prompt to select either the patient’s name or SSN will be available. Pressing <Enter> at the patient search prompt will accept the default of “All”. Selecting “One ” or “Multiple” will allow the user to advance to the next prompt. The prompts will be displayed as follows:

Search by Patient (O)ne, (M)ultiple, (A)ll, or (Q)uit: A//
Enter Patient: NAME,PATIENT
Enter another Patient: 001011000

SSN will be entered without special characters such as dashes.

- The user will be able to enter either the patient name or the patient or sponsor SSN and a pick list of patients with matching name or SSN or first letter of the last name and the last four digits of the SSN

Examples:

Select PATIENT NAME: NAM	<or> N1000 <or> 001011000
<or> NAME,PATIENT	
1 NAME,NAME FIRST ONE	20/001-01-1000 12 Apr 1969 M
FO5 PSP	
2 NAME,SECOND ONE	01/001-01-1000 13 Jul 1990 F
3 NAME,THIRD C	30/001-01-1000 12 May 1971 F

5. A prompt to search specific, multiple or a range of ICD-9 codes will be available to the user as a search criteria. The prompt displays as follows:

Search on Diagnosis: (O)ne , (M)ultiple, (R)ange, (A)ll or Quit//

Selection of (O)ne allows the user to enter a single code and the first three characters or any portion of user input will be used as the variable for matching any of the numerical or alpha-numerical codes regardless of the ICD-9 code activation status (Figure 3 . ICD-9 Code Search Example). A minimum of three characters will be required for the search to be specific.

NOTE: In the event the ICD-9 Code is preceded with an alpha character, the user may enter up to four characters to get the specific base ICD-9 code.

The prompt for (O)ne code will display as follows:

Enter First Part of ICD9 Code:// 850

```
Enter First Part of ICD9 Code:// 850
```

CODE	ACTIVATION STATUS	DESCRIPTION
850.0	ACTIVE	01Jan80 CONCUSSION W/O COMA
850.00	ACTIVE	01 Oct 03 CONCUSSION W/O COMA W/O LOC
*850.1	INACTIVE	01Oct03 CONCUSSION-BRIEF COMA
850.11	ACTIVE	01Oct03 CONCUSS W LOSS CONSC 30 MIN/<
850.12	ACTIVE	01Oct03 CONCUSS W LOSS CONSC 31-59 MIN
850.2	ACTIVE	01Jan80 CONCUSSION-MODERATE COMA
850.3	ACTIVE	01Oct01 CONCUSSION-PROLONG COMA
850.4	ACTIVE	01Oct01 CONCUSSION-DEEP COMA
850.5	ACTIVE	01Oct01 CONCUSSION W COMA NOS
850.9	ACTIVE	01Jan80 CONCUSSION NOS

Figure 3 . ICD-9 Code Search Example

Codes will display as pre-selected and the user may deselect codes to exclude them from the search criteria. This feature allows the user to select either active or inactivated codes based on the date of Injury/Accident Date range. When multiple versions of the same character representation exist, the user is able to select multiple versions of the code. For example in Figure 3 . ICD-9 Code Search Example, the user may select 850.0 and 850.00. When multiple entries of a code exist the user may select both (Example: 850.00 ACTIVE and 850.00 INACTIVE).

The codes are displayed with either the Active status or Inactive status and the date activated or inactivated for reference. The ICD-9 short description is also displayed.

Multiple selections of codes by the user will be presented with the first prompt the same as for the single code entry. When selection is complete pressing the Enter key

will display a second prompt to enter a second diagnosis code.

Enter First Part for another ICD9 Code:// 840

The user may continue to enter as many codes or press enter to exit the selection process.

The selection of a diagnosis range or “R” will display the prompt to the user to enter a beginning and ending ICD-9 code range. Software logic will use the input to determine the available ICD-9 codes for the report. The prompt will display as shown below.

Enter First Part of ICD9 Code to Start:// 850
Enter First Part of ICD9 Code to End:// 870

Software logic has been implemented to check all codes within the range to determine what ICD-9 codes will be applied to the report based on the ICD-9 inactivation date following 1 Oct 2002 (limited to the HIPAA 837 Claims Processing implementation date, software installation at the Software Acceptance Testing site and allowing for one year prior for delayed ICD-9-CM master file updates). ICD-9 codes inactivated after the implementation date will be included in the report to capture any historical data entered following the HIPAA 837 Claims Processing Project implementation.

6. When all of the search criteria have been entered the user will be presented the prompt to choose the desired output. The default will be “Printer”. The prompt will display as shown below:

Output to (E)xport/Import file or (P)rinter? P//

Selection of the output option “Printer” allows the user to send the report to the print spooler, screen, or printer. The print format of the report is landscape, 132 columns in compressed font. The device prompt displayed to the user allows for the following output paths. Bold type indicates the user input to the responses.

- Printing to the screen or home will return these prompts:

Select DEVICE: <Return>
Sorting...

The report displays to the screen in 132 columns with compressed font.

- Printing to a printer device requires a printer which is defined as compatible with 132 column reports. The system will return these prompts when a printer is selected.

Select DEVICE: LOCAL PRINTER
Transparent print on

Transparent print off

The user will be locked until the report has completed printing using this output method. The system allows the user to queue the report to a printer device and will release the report process as soon as the user defines the requested start time as shown in the output path below.

- Printing to a Spool device or file will allow the report to be retained for a 7 to 14 day period depending on the host defined parameter for the Spool device. The user may enter a different start time for the report to be created or accept the default. The system will display these prompts to the user.

```
Select DEVICE: QUEUE TO PRINT ON
DEVICE: SPOOL
Select SPOOL DOCUMENT NAME: MAC report 01 OCT04-31 OCT
04
Are you adding 'MAC REPORT 01 OCT 04-31 OCT 2004' as a new
SPOOL DOCUMENT? y (YES)
EXPIRATION DATE: 16 Dec 2004//
Requested start time: NOW// (01 Dec 2004@0827)
TASKED SUCCESSFULLY (994184)
Press <RETURN> to continue
```

The system will return the user to the previous menu.

NOTE: The printed report output option will report “all” data associated with the encounter visit for the patient. There is no limitation applied to the ancillary data elements reported on this printed report.

SYSTEMS SPECIALIST NOTE: The CHCS option ZISPLTSK is scheduled through TaskMan and will purge the USER SPOOL DOCUMENT directory based on the Spooled file lifetime parameter in the CHCS Edit Site Parameters Screen. Ensure that G:RWD privileges are granted as the default protection scheme for the expired VMS files and their directory to ensure successful auto-deletion of the expired VMS file(s) by Task Manager (Example shown in Figure 4. Edit Site Parameters Screen).

MENU PATH: SM Site Manager Menu > SPE Site Parameter Editing

The MAC Reports and delimited files generated will be purged from the system based on this setting and the scheduling frequency of the ZISPLTSK Clean Up Expired Spool Documents task. Exception to this setting is limited to the acceptance of the default expiration date of the MAC Report printable version and the expiration date defined by the user.

```
Edit Site Parameters - Screen 3                                HOST.DOMAIN.COM
-----
Spool Print Requests: REQ DEV ONLY      Queuing Default: SOMETIMES
Confirmation Message: NO                Spooled File Lifetime: 7
Maximum Copies: 99                      Maximum Pages: 99999
Maximum Devices: 999
Spool Directory: DISK$LOG:[CHCS]
```

Figure 4. Edit Site Parameters Screen

7. Selection of the output to Export/Import file will be a scheduled option only to queue to run at a specific time as in the Print to Spool device output path for printing the report. This output method will create an “^” delimited file compatible for importation into an Excel or Access type PC application. The format of the data will differ in reporting than that of the printed hard copy method.

NOTE: This Export/Import method will limit the inclusion of data for Current Procedural Terminology (CPT) codes for encounter visits to reporting of 10 CPT codes per encounter visit. The number of CPT codes per Laboratory and Radiology Record are limited to 10 CPT codes with 3 modifiers each and Pharmacy records are limited to 10 NDC codes per date of service.

Each encounter visit and all ancillary data meeting the report business rules and associated with the encounter visit will be extracted into individual single line records by record type for ease of import into Excel or Access type PC applications or compatible software applications. Record types consist of the following:

- E =Encounter Record
 - L=Laboratory Record
 - P=Pharmacy Record
 - R=Radiology Record
- Record type value will be repeated for each different date of service

8. Selection of the Exportable format of the MAC report will require the user to choose the output option of Export. Example shown in Figure 5. MAC Output Selection-Security Warning Screen.

```
Medical Affirmative Claims Report

Appointment Dates From: 08 Mar 2005 To: 07 Apr 2005

Positive Injury Related Answers: Yes
Patient: ALL
Diagnosis: ALL
-----
////////////////////
// Warning: Data included in the MAC report contains //
// information subject to the Privacy Act of 1974 and //
// is "For Official Use Only." Ensure that data //
// contained in the exportable file is protected by //
// electronic transport methods (email, ftp, etc.). //
// Please contact your system personnel for assistance. //
////////////////////
Press <RETURN> to Continue
-----
Output to (E)xport/Import File or (P)rinter: P//E
```

Figure 5. MAC Output Selection-Security Warning Screen

9. Once the user has selected the Export file output option, the system will display a confirmation notification screen (Figure 6. MAC Exportable Report Confirmation Notification Screen).

```
Medical Affirmative Claims Report

Appointment Dates From: 08 Mar 2005 To: 07 Apr 2005

Positive Injury Related Answers: Yes
Patient: ALL
Diagnosis: ALL
-----

Medical Affirmative Claims Report files will be located in:

DISK$SPOOL:[CHCSLIS]MAC_7056_200504070747_20050308.SPOOL

You will receive a CHCS email when the file is ready.

TASKED SUCCESSFULLY (1022256)
Press <RETURN> to continue
-----
Output to (E)xport/Import File or (P)rinter: P//E
```

Figure 6. MAC Exportable Report Confirmation Notification Screen

The user will receive a CHCS email notification when the file has finished the data collection and is ready to be retrieved by the Software or Systems Specialist for the requesting user. Note that the Confirmation message and the email message provides both the directory path and filename of the requested report. An example (Figure 7. MAC Report Email Notification) of the email also demonstrates notification to the user of the expiration or purge date for the report.

```
Subj: MAC EXTRACT FILE Thu, 07 Apr 2005 08:06:50 4 Lines
From: POSTMASTER (Sender: USERNAME,FIRST) in 'IN' basket.  **NEW**
-----
Your MAC (Medical Affirmative Claims) data extract is ready.
The file is: DISK$RAID32:[MGR.USER]MAC_7056_200504070747_20050308.SPOOL;1
It will be deleted automatically in 7 days.
You can forward this email to your system specialist.

Select MESSAGE Action: IGNORE (in IN basket)//
```

Figure 7. MAC Report Email Notification

Site personnel are reminded to ensure that the exportable file is protected by electronic transport methods (email, SFTP, etc.) according to HIPAA and Privacy Act of 1974 regulations. Files may be copied to transportable media and password protected to ensure patient privacy. Compliance with local MTF and Service Branch specific directions on transporting patient sensitive material must be employed when using the MAC report in an exportable format or printable form.

10. The exportable form of the MAC report may be imported into Microsoft Excel as other than a .xls file type and the user defines the file as a “delimited type” with the delimiter being the caret (^) symbol. Users may request the Interface Control Document for the MAC Report record layout from local CHCS Software Specialists to assist in the identification of the MAC Report fields and the number of fields that will be defined for each MAC record according to position and length of the field in the record.

3.5 Patient Administration Department (PAD) Module Changes

3.5.1 PAD Help Text Changes

Upon installation of the MAC enhancements, the following changes will be implemented and displayed to the user.

The current help text displayed at the Select Patient Name prompt in any of the options in the CHCS PAD module menu options will also be displayed as help text for the Enter Patient prompt in the MAC report. The help text for the Select Patient Name displays when the user types “?” to access the help on this prompt.

The text will be modified to be displayed as follows:

**enter '.' first to use the PARTIAL LAST NAME, PARTIAL FIRST NAME
lookup, or**

enter NAME, PHONETIC LAST NAME, FMP/SSN, PATIENT SSN (no dashes), FMP [space] LAST 4, FORMER NAME, LAST NAME LAST 4, LAST INITIAL LAST 4, REGISTER NUMBER, or LAST 4 of REGISTER NUMBER.

Alternatively, enter WARD LOCATION or ROOM-BED to identify an inpatient.

**Enter '&' to designate a new 'John Doe'
Do you want the entire PATIENT list?**

The help text clarifies that the user may enter the entire SSN. This help text will be consistent throughout CHCS whenever the help text is displayed.

3.6 Patient Appointment Scheduling (PAS) Changes

3.6.1 PAS Business Rule Modifications

Additional business rules have been added to the PAS appointment booking (USV, BHCF), Patient Check-in (IPC) and EOD for the Injury Related Data entry screen to facilitate the collection of the MAC Injury Related Data at the time the appointment is scheduled or the patient is checked in.

- A YES or NO response is required for every appointment created
- Upon the entry of the YES response to the Injury/Accident related question, the minimum entry of the date of Injury is required
- All other Injury/Accident Related data fields will be optional in the PAS module
- Injury/Accident related data fields will not be editable once the ADM encounter is created

3.6.2 PAS Functional Changes

Upon installation of the MAC enhancements, the product will implement and/or display the following system and functional changes to the user:

- New Injury/Accident Related prompt is displayed when booking appointments. This new prompt is also displayed in PAS Unscheduled Visit (USV), Individual Patient Check-In (IPC) and End of Day Processing (EOD) options as a post filing action for the appointment processed
 - New Injury/Accident Related Data entry screen to collect MAC related data elements for reporting and default display in the ADM encounters. This MAC Information Screen is displayed consistently the same throughout the PAS module
1. The filing of the appointment triggers the post-action to display the field representing “Injury/Accident Related” prompt with a Yes/No response (Figure 8. Injury/Accident Related prompt.) will trigger the MAC flag indicator to be automatically set to Yes when Injury/Accident Related field is populated with a Yes response.

- The field is displayed for completion on the Managed Care Program Healthcare Finder, Unscheduled Visit, and Individual Patient Check-In menus.

Menu Path Examples: CA >PAS PAS System Menu> Managed Care Program Menu> HMCP Health Care Finder Menu

Or

CA >PAS PAS System Menu> Managed Care Program Menu> CDSK Clerk Front Desk Functions Menu> USV Unscheduled Visit; IPC Individual Patient Check-In; EOD End-of-Day Processing/Editing

```
Is this appointment related to an Injury/Accident? N//
```

Figure 8. Injury/Accident Related prompt.

The default will be “NO” and will not present the user with any further prompts when the default is selected.

2. If the “Injury/Accident Related” field is answered yes (Figure 8. Injury/Accident Related prompt.), a new screen (Figure 9. PAS Enter/Edit Injury/Accident Information.) will appear prompting the user to enter the following information:

```
Enter/Edit Injury/Accident Information
Patient: NAME,PATIENT                APPT DATE/TIME: 01 DEC 2004@0900
-----
Is this related to an Injury or Accident? : Yes
Date of accident: 26 Oct 2004
Injury cause code #1: Employment
Injury cause code #2: Auto Accident
Injury cause code #3:
Geographic Location: NY
Place of Employment: Atlantic Oil Co.
Place of Inj/Accident: WORK PLACE, BACK DOCK OF LOAD BAY #5

Select (F)ile or (E)dit :F//
```

Figure 9. PAS Enter/Edit Injury/Accident Information.

- Injury Cause Code: This field is optional in PAS. The following Cause Codes are available for selection:
 - AA = Auto Accident
 - AP = Another Party Responsible
 - EM = Employment
 - OA = Other Accident
 - Place of Employment: This field is optional, but is required if any Cause Code entered is “EM” for employment related injuries. The field is free text and 54 characters in length
 - Date of Accident: The Date of Accident will be required if Injury/Accident is answered Yes and shall only accept the current or a past date
 - Place of Injury/Accident field will be free text, 54 characters in length will be only editable by the user prior to the ADM encounter creation
3. When a patient is booked or scheduled for a follow-up appointment that will also be identified and flagged as injury related, software logic is added to look back six months for another kept flagged appointment in the same clinic and provider. The user is asked to confirm if the appointment is related to the previous injury/accident appointment (Example shown in Figure 10. Previous Injury Related Appointment). A prompt will display when the system detects that the patient had another injury related appointment and display all data previously entered into the last injury related appointment. The user may elect to enter or edit the data as appropriate or select ‘NO’ for the previous appointment prompt. This allows the user to enter new injury data for a new date of injury.

```
Is this appointment related to an Injury or Accident? NO// Y (Yes)

Date of Accident: 18 Feb 2005
Injury cause code #1: OTHER ACCIDENT
Injury cause code #2:
Injury cause code #3:
Geographic Location:
Place of Employment:
Place of Inj/Accident:

Is this appointment related to the PREVIOUS Injury shown above? YES//
```

Figure 10. Previous Injury Related Appointment

When the ADM encounter has been completed for the Injury/Accident related appointment, the data associated to the appointment will no longer be available for edits through the PAS functionality. The edits to the Injury/Accident related data must be made in the ADM encounter for the clinic visit.

3.7 Points of Contact for Technical Support

SAIC develops and supports the ADM software (a module within CHCS). The Military Health System (MHS) Help Desk provides a 24-hour toll-free technical support number for MTFs currently using this product. Refer to Table 1.

Table 1. Technical Support Numbers

Technical Support Center Phone Numbers	
Location	Phone Number
Commercial	(210) 767-5250
Continental United States (CONUS)	(800) 600-9332
Outside Continental United States (OCONUS)	ACCESS + 866-637-8725

In addition, the MHS Help Desk includes a web site, <http://www.mhs-helpdesk.com/>, for further assistance.