
APPENDIX R

ACCESS TO CARE (ATC) MEASUREMENT AND REPORTING FUNDAMENTALS

This appendix provides an overview of the fundamentals of how access to care measurement and reporting works in the Composite Health Care System/Enterprise Wide Scheduling and Registration system. The objective of this appendix is to provide MTF Access Managers an in-depth understanding of this process to more accurately measure and improve ATC performance.

1. Explanation of Access to Care (ATC):

1.1. Background. With the establishment of the TRICARE Program, Congress through the implementation of 32 CFR 199.17 mandated that enrolled/TRICARE Prime beneficiaries be provided access to acute, routine, wellness, and specialty care services within establish ATC time standards of 24 hours, 7 calendar days, or four weeks/28 calendar days. The ATC functionality of the Composite Health Care System (CHCS)/Enterprise Wide Scheduling and Registration (EWSR) was developed to measure if a provider/clinic/MTF are meeting these mandated ATC standards.

1.2. Access to Care Categories, Appointment Types and Standards. The ATC categories, the standard patient appointment types and ATC time standards all work together to assist Access Managers to measure if their MTF's teams or clinics are meeting the health care needs of its enrolled beneficiaries within these acceptable time standards. It also permits authorized users/appointing agents at the MTF to search for standard appointment types in schedules using a corresponding ATC Category. An ATC Category is a system function that allows the appointing agent to narrow their search to look for a service that is categorized as either acute, routine, wellness, specialty, dental routine or can be provided in the future. Each ATC Category chosen establishes a time range used by CHCS/EWSR to search the provider schedules and display available standard appointment types that meet (are inside this time range) or do not meet (outside this time range) of the ATC standard that corresponds to the care needed by the patient. The Access time range is calculated in minutes with five of the six CHCS/EWSR searches having an ATC Standard. Appointing template managers are permitted to use 10 Standard Appointment Types with suffixes in their schedules. Each Standard Appointment Type has a standard operational definition and must be booked using one of the five ATC Categories/search options in Managed Care Program of CHCS/EWSR to complete the booking episode transaction. Per the business rules built into the CHCS/EWSR system, each Standard Appointment Type has been mapped to a specific ATC Category and ATC Standard.

1.3. Accuracy of Booking Appointments Using the ATC Functionality. The most important principle to accurately measure access to care is matching the ATC search to the patient's need. Using the chart below, appointment agents completing the booking episode are required to choose the Standard Appointment Type that corresponds with the beneficiary's need and ATC Category and Standard.

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Table 1.

ATC Category/ Search Option	Standard Appointment Type That Must Be Booked to complete the transaction	ATC Standard (Time In Which The Appointment Type Needs To Be Booked)
Acute	ACUT and ACUT\$ OPAC and OPAC\$	24 Hours/1440 minutes
Routine	ROUT and ROUT\$	7 Days/10,080 minutes
Wellness	WELL and WELL\$ PCM and PCM\$	28 Days/40,320 minutes
Specialty	SPEC and SPEC\$ PROC and PROC\$	28 Days/40,320 minutes, or per Provider Designation not to exceed 28 days
Future	EST or EST\$ GRP or GRP\$ APV	No Standard or per Provider Designation
Dental Routine	DROUT or DROUT\$	21 Days/30,240 minutes

1.4. Implementing the Measurement of ATC.

The Access to Care (ATC) functionality of CHCS/EWSR measures whether these categories with applicable time standards are met. As listed in the table below, access is measured in each of the following modules of CHCS/EWSR and is calculated from the specified start dates only for booked appointments:

Table 2.

CHCS/EWSR Module	Start Dates of Measurement
Order Entry:	Date/time a specialty care order is entered into the system for a consult (CON), Ambulatory Procedure (APR), or Ancillary (ANC) order
Managed Care Program (MCP) Booking:	Date/time a referral is entered in the system, or Date/time a PCM, Non-enrolled, enrolled elsewhere or Self-referral appointment is entered into the system
Waitlist:	Date/time a wait list request is entered into the system

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1.5. Access To Care Information Gathered.

1.5.1. Access to Care Reporting Functionality. The Access to Care Summary Report (ATCSR) measures if an applicable standard is met each time an appointment is booked in CHCS/EWSR. This information has been gathered and may be available since July, 2000 on the CHCS host and is accessible by the local database administrator. Additionally, the ATCSR captures the following information:

1.5.1.1. The number of appointments booked and the percentage of booked appointments which meet and do not meet the ATC standard for the ATC category chosen.

1.5.1.2. At the CHCS Division/ MTF, Department, Clinic, and Provider level.

1.5.1.3. By Beneficiary Program Category, and ATC category.

1.5.1.4. Computes the average days of waiting time for appointments booked by ATC category by full days and by tenths of a day.

1.5.1.5. Captures number of appointments booked within the ATC standard, outside ATC standard or refused by the patient for personal preferences.

1.5.2. Obtaining ATC Report Information.

1.5.2.1. MTFs must turn the ATC Summary Report flag in the applicable CHCS clinic profile to “yes” to allow for the printing of this report for the measured clinic.

1.5.2.2. If the reporting flag is turned to “no” ATCSR information is still gathered and stored, but cannot be reported or printed.

1.5.2.3. This information may be obtained from your local CHCS host, the TRICARE Operations Center (TOC) or Service Level Reports.

1.5.3. Notional View of the Access to Care Summary Report. Figure 1 is an example of the ATCSR obtained from a local CHCS host.

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Figure 1. Notional View of the Access to Care Summary Report in CHCS.

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Notional Access to Care Detailed Report
===== Screen # A-1 =====
SAMPLE AFMEDCEN SAMPLE AFB                                04 Aug 2007@1325   Page 1
ACCESS TO CARE REPORT
Detail by Clinic Specialty
Jul 1 2007 to Jul 31 2007

DIRECT CARE:
MTF: MTF Name
Clinic Specialty: FAMILY PRACTICE CLINIC/BGAA
=====
ATC Category
Provider
Program Category          % Met    # Met    # Not Met  # Appts    Avg Days  #Refused
=====
ACUTE ATC Category
-----
WALKER, JAMES
ENROLLED ACTIVE DUTY      80%      80      20         100        1.1       0
NON ENROLLED ACTIVE DUTY  78%      70      20         90         1.3      10
PRIME FOR AD FAM MBR      75%      60      20         80         1.3      20
PRIME FOR RETIRED         80%      80      20        100         1.3       0
PRIME RET FAM MRR        80%      80      20        100         2.0       0
TRICARE STANDARD         80%      80      20        100         1.3       0
DIRECT CARE ONLY         80%      80      20        100         1.3       0
OTHER                     80%      80      20        100         1.3       0
TRICARE SENIOR PRIME     80%      80      20        100         2.0       0
TRICARE PLUS              80%      80      20        100         1.3       0
NOT ELIGIBLE              80%      80      20        100         1.3       0
Provider Total            80%     850     220     1070         1.2      30
WILSON, LAUREL
ENROLLED ACTIVE DUTY      80%      80      20         100        1.1       0
PRIME FOR AD FAM MBR      80%      80      20         100        1.3       0
Provider Total            80%     160     40         200        1.2       0
Acute Total                80%    1010    260     1270         1.2      30

ROUTINE ATC Category
-----
SMITH, FRED
ENROLLED ACTIVE DUTY      80%      80      20         100        1.1       0
PRIME FOR AD FAM MBR      80%      80      20         100        1.3       0
Provider Total            80%     160     40         200        1.2       0
Routine Total              80%     160     40         200        1.2       0
WELLNESS ATC Category
-----
BAKER, LORI
PRIME FOR ACTIVE DUTY     80%      80      20         100        1.1       0
PRIME FOR AD FAM MBR      80%      80      20         100        1.3       0
Provider Total            80%     160     40         200        1.2       0
Wellness Total              80%     160     40         200        1.2       0
SPECIALTY ATC Category
-----
BAKER, LORI
ENROLLED ACTIVE DUTY      80%      80      20         100        1.1       0
PRIME FOR AD FAM MBR      80%      80      20         100        1.3       0
Provider Total            80%     160     40         200        1.2       0
Specialty Total            80%     160     40         200        1.2       0
Clinic Total
Total                      80%    1490    380     1870         1.2      30

FUTURE appointments
-----
BROWN, RICHARD
PRIME FOR ACTIVE DUTY                    100         21.1
PRIME FOR AD FAM MBR                    100         21.3
Provider Total                          200         21.2

Future Total                          200         21.2       0
* Only clinics which are identified for Access to Care reporting are included on this
report. *
    
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2. Exact Match and All Appointments Search Options of CHCS/EWSR and ATC measurement. Access to care measurement takes place each time a booking agent searches for and books an appointment. To start this process the booking agent must use a booking function to include 1) Referral Booking; 2) PCM Booking; 3) Non-Enrollee Booking; 4) Self-Referral; 5) Enrolled Elsewhere; 6) Wait List; 7) Enrolled Booking; 8) Appointment Order Booking for Consults. The MCP booking function of CHCS/EWSR provides the appointing agent with the flexibility of choosing two types of search options, Exact Match and All Appointments. The MCP booking functions support these two search options and ATC measurements.

2.1. Exact Match Search Option Defined. Any authorized user granted access to the booking functions of CHCS/EWSR can use the Exact Match Search option to book appointments. CHCS/EWSR will display highlighted appointment slots as Exact Match if they meet the following criteria:

2.1.1. Matches all the user-entered search criteria that can include but not be limited to the following:

2.1.1.1. Place of Care

2.1.1.2. Specialty Type

2.1.1.3. Location

2.1.1.4. Date Range

2.1.1.5. Appointment Type

2.1.1.6. Detail Codes

2.1.2 The appointment slot is within the ATC time standard of the selected ATC category AND

2.1.3. The ATC category chosen maps to the correct Appointment Type(s) listed on the schedule, (e.g. the Wellness ATC Category is chosen and all WELL and PCM appointment types will display) AND

2.1.4. Match the patient's demographics, to include age detail codes, patient access type detail codes, gender detail codes, or no detail codes listed on the appointment slot.

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2.2. All Appointments Search Option Defined. Appointing agents will require appointing security keys to book appointments using this search option since the appointments that display may require alteration. The following are characteristics of the All Appointments Search Option:

2.2.1. If no Exact Match appointments are available or if the Exact Match appointment Search Option is not selected, the All Appointments Search is the default.

2.2.2. The All Appointments Search Option will display all appointments available on the schedule from the current date/time.

2.2.3. Appointment slots not highlighted in the All Appointments Search Option are not exact match and may require modifications to the appointment type or detail codes as prompted by CHCS/EWSR.

2.2.4. Appointments preceded by a hyphen are displayed to all appointing agents, but may only be booked by an appointment clerk with appropriate security keys.

2.2.5. If the appointing agent has the appropriate security keys he/she can change the appointment type to match the parameters of the search. For example, if the Routine ATC Category is chosen and the All Appointments Search Option shows WELL appointments that are available within 7 days, the appointing agent can change the WELL to a ROUT appointment type. In this instance the ATC Standard is now met.

3. MCP Booking Functions and ATC Measurement. Appointing agents may use the Exact Match or the All Appointments search options in all MCP booking functions. The business rules of searching for, finding appointments that are within ATC standards and matching patient needs to appointment types are different in Primary Care and Consult/Referral Booking.

3.1. Primary Care Appointment Booking. In CHCS/EWSR Primary Care Booking, the default automatically searches for appointments with the patient's assigned Primary Care Manager (PCM) and PCM group.

3.1.1. This search has three steps. They are:

3.1.1.1. Search for appointments with the patient's PCM in the enrolled Place of Care.

3.1.1.2. If no appointments are found, search for appointments with the patient's PCM in alternate Places of Care where the PCM has schedules.

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3.1.1.3. If appointments are still not found, search for appointments with PCM Group members in the enrolled Place of Care or other Places of Care where members have schedules.

3.1.2. The chart below illustrates the four steps needed to search for and accurately book appointments in PCM Booking.

Table 3 Primary Care Booking Steps:

Step One: Identify the Patient's Need	Step Two: Pick the Correct ATC Category	Step Three: Choose the Correct Standard Appointment Type	Step Four: Try to Make Appt Within the Appropriate ATC Standard
For Acute care or for MTFs with OPAC appointing	Acute	ACUT and ACUT\$ OPAC and OPAC\$	Within 24 Hours or 1,440 minutes
For Routine care with a PCM	Routine	ROUT and ROUT\$	Within 7 Days or 10,080 minutes
For wellness care/self referral care	Wellness	WELL and WELL\$ PCM and PCMS\$	Within 4 Weeks/28 Days or 40,320 minutes
For initial Specialty care or a procedure	Specialty	SPEC and SPEC\$ PROC and PROC\$	Provider Directed or Within 4 Weeks/28 Days or 40,320 minutes
For a follow-up or a group appointment	Future	EST or EST\$ GRP or GRP\$	No Time Standard or Provider Directed, up to 28 day display

3.2. Consult and Referral Booking. Consult/referral booking differs markedly from primary care booking. The system automatically searches for appointments that meet the criteria established in the provider's consult or referral request. The characteristics of consult/referral booking are as follows:

3.2.1. CHCS/EWSR automatically assigns an ATC category to the consult/referral based on its priority (usually entered by the provider). The appointing agent does not have to choose an ATC category to book an appointment.

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3.2.2. Exact Match: The system will display all appointments of any type that fall within the ATC time standard that match the consult/referral priority AND the patient's demographics (age, gender, patient access type detail codes).

3.2.3. All Appointment Search: Displays all appointments of any type within 28 days for initial appointment and within 180 days for 2nd, 3rd, 4th follow-ups.

3.2.4. The user is not required to correct the appointment type to match the ATC Category.

3.2.5. In the All Appointment Search the user is still required to correct any detail codes that are inconsistent with patient demographics.

3.2.6. For follow-up appointments, the ATC Category can be changed to Future, or any other category.

Table 4. Consult/Referral Booking Steps. The following table shows the four steps required to search for appointments in consult/referral booking. The appointing agent will perform only steps three and four.

Step One: Provider Entered Referral/Consult Priority	Step Two: CHCS/EWSR Assigns ATC Category	Step Three: User Chooses the Correct Appt Type	Step Four: User Tries to Make Appt Within the Appropriate ATC Standard
STAT, ASAP, Today, 24 HRS	Acute	All	Within 24 hrs or 1,440 minutes
48 HRS, 72 HRS	Routine	All	Within 7 days or 10,080 minutes
Routine	Specialty	All	Provider Directed or Within 4 Weeks/ 28 Days or 40,320 minutes.
Pre-op	Specialty	All	Provider Directed or Within 4 Weeks/28 Days or 40,320 minutes.
Any ATC category for 2nd, 3rd, 4th, etc., appointment	Future	All	Provider designated/ No Standard

5. Guidance for Access to Care Searches in CHCS/EWSR. This next section gives access managers and appointing personnel a very detailed description of how the ATC measurement function interfaces with the booking of appointments in CHCS/EWSR. ATC Categories are

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synonymous with the term CHCS/EWSR searches AND with the term booked to acute, routine, wellness, specialty, or future. For clarity within this section the following terms and definitions apply:

- A patient refusal included on the ATCSR is defined as a patient refusing an appointment offered within the ATC standard and decided due to their preference to accept an appointment outside the standard. This definition applies to all patient refusals referenced in this section.
- A patient refusing all offered appointments because the MTF could not meet the patient's preference and did not book an appointment is an example of a patient refusal not included on the ATCSR. This information is included the CHCS/EWSR Appointment Refusal Option.

5.1. Choosing the Acute ATC Category/Performing an Acute ATC Search in CHCS/EWSR.

5.1.1. The Acute ATC appointment search is designed for scheduling appointments for beneficiaries who have a need for non-emergent, acute care within 24 hours.

5.1.2. For EXACT MATCH searches, the system will display all ACUT or ACUT\$ and OPAC or OPAC\$ appointment types meeting Acute ATC Standards from the date/time of the patient request or the date/time the referral was entered.

5.1.3. During ALL APPOINTMENT searches, CHCS/EWSR will display all appointments of any type and all detail codes. An appointing agent can choose any appointment type to book, but may require a security key to correct/change the appointment type or detail codes (age, gender, patient access types). Appointment types that do not match the Acute ATC standard and detail codes that do not match the patient's demographics (age/gender/patient access type) must be corrected. In this case, the appointing agent must change the appointment type to ACUT or ACUT\$ or OPAC or OPAC\$ appointment types in order to complete booking the appointment.

5.1.4. All appointments booked using the Acute ATC search are mapped to the Acute ATC Category on the ATC Summary Report.

5.1.5. MTF's using the Open Access appointing methodology will use the Acute ATC search to book Open Access (OPAC) appointments. These appointments are measured against the Acute ATC Standard.

5.1.6. A "Not Met" count on the ATC Summary Report only occurs in the All Appointments Search Option. Choosing any appointment, of any type, that is greater

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than the Acute ATC standard, will get a “Not Met” count if there were no appointments available in the clinic/group with any of the providers that are part of the clinic within the access standard.

5.1.7. A patient refusal will be registered on the ATC Summary Report only in the All Appointment Search option. The system counts that appointment as a patient refusal if a patient:

- is offered an available appointment within the Acute ATC Standard, AND
- if the system finds that there are available appointments of any type with any providers with schedules in the clinic/group member. network that are within the Acute ATC standard, AND
- the patient refuses, but agrees to a later appointment outside 24 hours/1,440 minutes.

5.2 Choosing the Routine ATC Category/Performing a Routine ATC Search in CHCS/EWSR.

5.2.1. The Routine ATC appointment search is designated for patients who require an office visit with their PCM or mental health provider for a new healthcare problem that is not considered urgent. Routine mental healthcare is defined as an initial request for a new mental health condition or exacerbation of a previously diagnosed condition for which intervention is required but is not urgent. Appointing agents need to be aware that these routine mental healthcare requests need to be appointed within seven days. The Routine search will be conducted so that the patient can be appointed to Primary Care, Behavioral Health, or a Mental Health Clinic and measurement of Routine ATC Standard can take place.

5.2.2. For EXACT MATCH searches, the system will display all ROUT or ROUT\$ appointment types meeting Routine ATC Standards from the date/time of the patient request.

5.2.3. During ALL APPOINTMENT searches, CHCS/EWSR displays all appointments of any type with all detail codes available within 28 days. An appointing agent can choose any appointment type to book, but may require a security key to correct/change the appointment type or detail codes (age, gender, patient access types). Appointment types that do not match the Routine ATC standard and detail codes that do not match the patient’s demographics (age/gender/patient access type) must be corrected. In this case, the appointing agent must change the appointment type to ROUT or ROUT\$ appointment types in order to complete booking the appointment.

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5.2.4. All appointments booked using the Routine ATC search are mapped to the Routine ATC Category on the ATC Summary Report in CHCS/EWSR.

5.2.5. MTF's using the Open Access appointing methodology cannot use the routine search to book appointments.

5.2.6. A "Not Met" count on the ATC Summary Report only occurs in the All Appointments Search Option. Choosing any appointment, of any type, that is greater than the Routine ATC standard, will get a "Not Met" count if there were no appointments available in the clinic/group with any of the providers that are part of the clinic within the Routine ATC Standard.

5.2.7. A patient refusal will be registered on the ATC Summary Report only in the All Appointment Search option. The system counts that appointment as a patient refusal if a patient:

- is offered an available appointment within the Routine ATC Standard, AND
- if the system finds that there are available appointments of any type with any providers with schedules in the clinic/group that are within the Routine ATC standard, AND
- the patient refuses, but agrees to a later appointment not within the Routine ATC Standard.

5.3. Choosing the Wellness ATC Category/Performing a Wellness ATC Search in CHCS/EWSR.

5.3.1. The Wellness appointment search is designated for patients who require preventive health maintenance care or an initial appointment with their PCM. Examples include periodic examinations, check-ups, screenings, physical exams, pap smears, eye exams, preventive health assessments, school physicals.

5.3.2. For EXACT MATCH searches, the system will display all WELL, WELL\$, PCM, or PCM\$ appointment types meeting Wellness ATC Standards from the date/time of the patient request.

5.3.3. During ALL APPOINTMENT searches, CHCS/EWSR displays all appointments of any type with all detail codes available within 28 days. An appointing agent can choose any appointment type to book, but may require a security key to correct/change the appointment type or detail codes (age, gender, patient access types). Appointment types that do not match the Wellness ATC standard and detail codes that do not match the patient's demographics (age/gender/patient access type) must be corrected. In this case,

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the appointing agent must change the appointment type to WELL, WELL\$, PCM, or PCM\$ appointment types in order to complete booking the appointment. .

5.3.4. All appointments booked using the Wellness ATC search are mapped to the Wellness ATC Category on the ATC Summary Report in CHCS/EWSR.

5.3.5. A “Not Met” count on the ATC Summary Report only occurs in the All Appointments Search Option. Choosing any appointment, of any type, that is greater than the Wellness ATC standard, will get a “Not Met” count if there were no appointments available in the clinic/group with any of the providers that are part of the clinic within the Wellness ATC Standard.

5.3.6. A patient refusal will be registered on the ATC Summary Report only in the All Appointment Search option. The system counts that appointment as a patient refusal if a patient:

- is offered an available appointment within the Wellness ATC Standard, AND
- if the system finds that there are available appointments of any type with any provider assigned to the clinic/group that are within the Wellness ATC Standard, AND
- the patient refuses, but agrees to a later appointment outside the Wellness ATC Standard.

5.4. Choosing the Specialty ATC Category/Performing a Specialty ATC Search in CHCS/EWSR.

5.4.1. The Specialty ATC category is used to book appointments for patients requiring an initial visit with a Specialist. The Specialty Search is also used to book Procedure Appointments.

5.4.2. CHCS/EWSR will automatically assign the Specialty ATC category to Routine Priority Consult/Referrals when booking a consult or referral. When you have a Routine Priority Consult, CHCS/EWSR automatically assigns the Specialty ATC category.

5.4.3. For EXACT MATCH searches, the system will display all SPEC, SPEC\$, PROC, or PROC\$ appointment types meeting Specialty ATC Standards from the date/time of the patient self referral or the date/time the referral is entered.

5.4.4. During ALL APPOINTMENT searches for self referral or consults, CHCS/EWSR displays all appointments of any type with all detail codes available within 28 days. An appointing agent can choose any appointment type to book, but may require a security

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key to correct/change the appointment type or detail codes (age, gender, patient access types). Appointment types that do not match the Specialty ATC standard and detail codes that do not match the patient's demographics (age/gender/patient access type) must be corrected. In this case, the appointing agent must change the appointment type to SPEC, SPEC\$, PROC, or PROC\$ appointment types in order to complete booking the appointment.

5.4.5. In referral/consult booking the appointment type does not have to be changed to match the referral priority. But in self-referral booking the appointment type does have to match the Specialty ATC standard to the SPEC, SPEC\$, PROC, or PROC\$ standard appointment type in order to complete the booking transaction.

5.4.6. In both self-referral and referral/consult booking the detail codes that do not match the patient's demographics (age, gender, patient access type) must be corrected by a booking agent with the appropriate security key.

5.4.7. All appointments booked using the Specialty ATC search are mapped to the Specialty ATC Category on the ATC Summary Report.

5.4.8. A "Not Met" count on the ATC Summary Report only occurs in the All Appointments Search Option. Choosing any appointment, of any type, that is greater than the Specialty ATC standard, will get a "Not Met" count if there were no appointments available in the clinic with any of the providers that are part of the clinic within the Specialty ATC Standard.

5.4.9. A patient refusal will be registered on the ATC Summary Report only in the All Appointment Search option. The system counts that appointment as a patient refusal if a patient:

- is offered an available appointment within the Specialty ATC Standard, AND
- if the system finds that there are any available appointments of any type with any providers with schedules in the clinic that are within the Specialty ATC standard, AND
- the patient refuses, but agrees to a later appointment outside the Specialty ATC Standard.

5.5. Choosing the Future Search in CHCS/EWSR.

5.5.1. The ATC Future search is designated for patients who require follow-up appointments, group visits, or other services that are provider designated or do not have an access to care standard.

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5.5.2. For EXACT MATCH searches, the system will display all EST, EST\$ or GRP, GRP\$ appointment types on the schedule within 28 days of the date/time the patient request or the date/time the referral is entered.

5.5.3. During ALL APPOINTMENT searches, CHCS/EWSR displays all appointments of any type with all detail codes available within 28 days. An appointing agent can choose any appointment type to book, but may require a security key to correct/change the appointment type or detail codes (age, gender, patient access types). Appointment types that do not match the Future Search Option and detail codes that do not match the patient's demographics (age/gender/patient access type) must be corrected.

5.5.4 For primary care booking, the appointing agent must change the appointment type to EST, EST\$, GRP, or GRP\$ appointment types in order to complete booking the appointment. For referral/consult booking, the appointment type need not be changed.

5.5.5. All appointments booked using the Future CHCS/EWSR search option are mapped to the Future section displayed on the ATC Summary Report in CHCS/EWSR.

5.5.6. MTFs using the Open Access appointing methodology cannot use the Future search option in CHCS/EWSR to book OPAC appointments.

5.5.7. There will be no counts for "Not Met", "Met", or Patient Refusals when conducting Future searches. Appointments booked using the Future Search option and the Average Days waiting time computations are computed and displayed in the ATC Summary Report.

5.6. Choosing the Dental Routine ATC Category/Performing a Dental Routine ATC Search in CHCS/EWSR.

5.6.1. The Dental Routine appointment search is designated for patients who require preventive or routine dental care (e.g., dental examinations, periodic examinations, check-ups, screenings, etc.). This search will be used only when dental treatment clinics set up templates and schedule and book dental appointments using CHCS/EWSR.

5.6.2. For EXACT MATCH searches, the system will display all DROUT or DROUT\$ appointment types meeting Dental Routine ATC Standards of 21 days from the date/time of the patient request.

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5.6.3. During ALL APPOINTMENT searches, CHCS/EWSR displays all appointments of any type with all detail codes available within 28 days. An appointing agent can choose any appointment type to book, but may require a security key to correct/change the appointment type or detail codes (age, gender, patient access types). Appointment types that do not match the Dental Routine ATC standard and detail codes that do not match the patient's demographics (age/gender/patient access type) must be corrected. In this case, the appointing agent must change the appointment type to DROUT or DROUT\$ appointment types in order to complete booking the appointment.

5.6.4. All appointments booked using the Dental Routine ATC search are mapped to the Dental Routine ATC Category on the ATC Summary Report in CHCS/EWSR.

5.6.5. A "Not Met" count on the ATC Summary Report only occurs in the All Appointments Search Option. Choosing any appointment, of any type, that is greater than the Dental Routine ATC standard, will get a "Not Met" count if there were no appointments available in the clinic/group with any of the providers that are part of the clinic within the Dental Routine ATC Standard.

5.6.6. A patient refusal will be registered on the ATC Summary Report only in the All Appointment Search option. The system counts that appointment as a patient refusal if a patient:

- is offered an available appointment within the Dental Routine ATC Standard, AND
- if the system finds that there are any available appointments of any type with any provider with schedules in the clinic that are within the Dental Routine ATC standard, AND
- the patient refuses, but agrees to a later appointment.

6. Guidance on Meeting Standards Of Initial ATC Searches with Scenario.

6.1. Met counts on the ATC Summary Report are registered either in the EXACT MATCH search option or when the ALL APPOINTMENT SEARCH option is used and there are available appointments of any type either on the enrolled patients provider's schedule if selected or on the schedules of any of the providers that are part of the clinic network and these appointments of are within the access standard.

6.1.1. Scenario: The Red Team of Family Practice consists of Dr. A, Dr. B, Dr. C and Dr. D. The appointing agent performs a Routine search in CHCS/EWSR for an enrolled patient that is empanelled to Dr. A in the Red Team of Family Practice. Once executing an EXACT MATCH and ALL APPOINTMENTS search she finds that there is a PCMS

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appointment type available within the 7 day/10,080 minute standard in Dr. C's schedule. The appointing agent selects this PCMS\$ appointment, being allowed the security key, she is able to change this appointment to a ROUT appointment type and books the appointment. Even though the Routine Search was initiated and a PCMS\$ was initially chosen the appointment was not with the patient's PCM, but since it could be changed to a ROUT to match the ATC Category this booking episode generated a Met count on the ATC Summary Report.

6.2. Before initiating a search, appointment personnel should understand the patient's request. This enables choosing the most appropriate ATC category during the first call.

6.3. To ensure the ATC standard is met, the appointing agent, should find and BOOK an available appointment slot of any type (ACUT/\$, ROUT/\$, WELL\$, SPEC/\$, PCM/\$, EST/\$, PROC/\$, GRP/\$, OPAC/\$) within the standard that corresponds to the chosen ATC Category. This could be in the EXACT MATCH or the ALL APPOINTMENT search options.

6.4. A count of Met on the ATC Summary Report is not dependant upon the appointment type booked. The appointment booked must be within the ATC standard to get a count of met.

7. Guidance on Not Meeting Standards Of Initial ATC Searches with Scenario.

7.1. Not met counts on the ATC Summary Report are registered only when the ALL APPOINTMENT SEARCH is used and there are no appointments available of ANY TYPE, within the access standard for any of the available providers within the group/clinic.

7.1.1. Scenario: The Red Team of Family Practice consists of Dr. A, Dr. B, Dr. C and Dr. D. The appointing agent performs a Routine search in CHCS/EWSR for an enrolled patient that is empanelled to Dr. A in the Red Team of Family Practice. Once executing an EXACT MATCH and ALL APPOINTMENTS search she finds no appointment of ANY TYPE (meaning there are no ACUT/\$, ROUT/\$, WELL\$, SPEC/\$, PCM/\$, EST/\$, PROC/\$, GRP/\$, OPAC/\$ within 7 days FOR ANY OF THE PROVIDERS IN THE RED TEAM and finally finds a ROUT appointment type on the 9th day and books the appointment. This booking episode just generated a Not Met count on the ATC Summary Report.

7.2. Appointment personnel should use the ATC searches that best represent the patient's request, even if they do not find available appointments within the ATC standard.

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7.3. Not meeting ATC standards may be an indication of many factors to include but not limited to enrollment issues, increased demand, lack of capacity, provider mix issues, operations tempo, or not correctly determining the patient's request.

7.4. When booking an appointment that does not meet the ATC Standard, the CHCS/EWSR system will provide the following warning:

***This appointment is outside the Access to Care Standard.
There are no appointments within the Access to Care Standard.***

8. Guidance on Patient Refusals and Scenario.

8.1. A Patient Refusal is registered in the system when there ARE appointments of ANY TYPE available to the patient within the ATC standard for any of the available providers within the group/clinic and the patient is offered this appointment but prefers an appointment that is OUTSIDE the ATC standard. When this happens, a patient refusal count is generated on the ATC Summary Report.

8.1.1. Scenario: The Red Team of Family Practice consists of four Providers. The appointing agent performs a Routine search in CHCS/EWSR for an enrolled patient that is empanelled to the Red Team. Once executing an EXACT MATCH and ALL APPOINTMENTS search she finds that there are several appointments available within 7 days with the Red Team, but no appointments with the patient's PCM. The appointing agent offers appointments to the patient that are within the ATC Standard with other providers of the Red Team, but the patient prefers to be seen by their PCM and elects to take an appointment on the 9th day, which is outside the 7 day/10,080 minute ATC Standard. The appointing agent books this ROUT appointment type that is available on the 9th day. This booking episode generates a Patient Refusal on the ATC Summary Report.

8.2. The system will register a patient refusal even if other providers in the group or clinic were not searched and appointments were available of any type inside the ATC standard. When this happens, the system displays the following warning when this occurs:

***This appointment is outside the Access to Care Standard.
Earlier appointments are available that meet the Access to Care Standard.***

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8.3. Score Computation for the ATC Summary Report for Patient Refusals Example:

MET rate for an ATC category = # MET booked for that category/ (total # booked for that category - # patient refusals for that category).

9. Facility and Patient Cancellation Impact on the ATC Summary Report.

9.1. Facility Cancellations:

9.1.1. An appointment cancelled by the facility will be counted as NOT MET on the ATC Summary Report unless immediately rescheduled within the original access standard. Appointment agents may cancel an appointment by accessing existing Cancel by Facility functionality using CHCS menu path (CA>PAS>S>M>CMSC).

9.1.2. The Facility Cancellation (CA>PAS>S>M>CMSC) menu path or Notify option (Menu Path of CA>PAS>S>NOT>CNOT) should be used to reschedule the appointment within the ATC Standard of the initial appointment request. To avoid the Not Met count, appointing agents must cancel the appointment in CMSC (Cancel by Facility) and immediately answer 'Yes' to the prompt to process the patient's new appointment. Mission may dictate MTFs accepting "Not MET" appointments.

9.1.3. The agent will select the CNOT or Facility Cancellation function and should reschedule the patient in CNOT immediately. Provided the agent does not change patients, the Not Met count will convert to a Met count if the patient is appointed within the access standards, calculated from the original appointment request date.

9.2. Patient Cancellations:

9.2.1. Each appointment cancelled by a patient will be included in the Access to Care Summary report. An appointment cancelled by a patient will retain the Access to Care characteristics associated with the initial booked appointment, including the met, not met, or appointment refusal status.

9.2.2. If a single appointment slot is patient canceled multiple times, each cancellation is included in the ATC summary report, e.g. if a single appointment slot is patient cancelled 5 times, there will be five appointments with five Met, or Not Met or Patient Refusals counted on the ATC Summary Report.

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10. Miscellaneous factors impacting counts on the ATC Summary Report:

10.1. Appointments with final Status of Left Without Being Seen (LWOBS) and No Show will be included in the Access to Care Summary report. LWOBS and No-show appointments will retain the Access to Care standard associated with the initial, booked appointment, i.e., the Met, Not Met, or appointment refusal status.

10.2. Appointments with the final status of Walk-in and Sick call are unscheduled visits and will not be included in the Access to Care Summary Report. An appointment/visit must have an associated Access to Care category to be captured in the Access to Care Summary Report. ATC measurement functionality screens out Unscheduled Visits since Unscheduled Visits do not have an associated ATC category and are assumed to have met ATC standards.

10.3. Access to Care Summary Report information is captured for all booked workload status count and non-count booked appointments.

10.4. Appointments for both privileged and non-privileged providers are counted on the ATC Summary Report.

11. Program Categories on the ATC Summary Report:

11.1. Each time an ATC Category is chosen and an appointment is booked, the ATC functionality in CHCS/EWSR categorizes the patient receiving the booked appointment into one of 11 Program Categories on the ATC Summary Report. These categories are derived from groupings of related Health Care Delivery Program (HCDP) Codes. They are:

11.1.1. Non-Enrolled Active Duty

11.1.2. Enrolled Active Duty

11.1.3. Prime for AD Family Members

11.1.4. Prime for Retirees and Family Members

11.1.5. TRICARE Plus

11.1.6. TRICARE Senior Prime

11.1.7. TRICARE Standard

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11.1.8. Direct Care Only

11.1.9. Not Eligible

11.1.10. Other

11.1.11. Status Unknown

11.2. It is recommended that Access Managers use this information to determine if appropriate access is being provided for the beneficiaries in the program categories listed above.