
MILITARY HEALTH SYSTEM'S GUIDE TO ACCESS SUCCESS

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1. Purpose. This document establishes roles, responsibilities, definitions and guidance for implementing, sustaining and managing Military Treatment Facility (MTF) Access to Care (ATC) in the Military Health System (MHS).

1.1. Definition of ATC. ATC encompasses all of the necessary activities that will ensure our beneficiaries get to the right provider at the right time at the right place.

1.2 Scope of ATC. In the MHS, Access to Care/Access Management encompasses many MTF functions to include:

1.2.1 The day-to-day management of the clinic's templating, scheduling, appointing functions including those made by telephone and the internet

1.2.2. Information system management that supports ATC to include provider network file and table building, and clinic and provider profile management

1.2.3. Enrollment, panel and demand management and analysis

1.2.4. Referral management activities

1.2.5. Appointing telephony management

1.2.6. Effective and efficient personnel management in support of the MTFs ATC program.

1.3. Goals of ATC. The goal of access management is to implement and sustain a systematic, proactive, and responsive MTF access plan for all clinics and services that meets or exceeds the ATC standards stated in 32 Code of Federal Regulations (CFR) 199.17.

1.4. Objectives of MHS ATC. The key to a successful ATC program is for the MTF Commander to oversee the development and deployment of a well researched, efficient and effective plan supporting his/her beneficiary population's mission requirements and health care needs. To achieve these results MTFs will make as their top ATC objectives the following:

1.4.1. Make the appointment system customer friendly.

1.4.2. Provide access to health care services within access standards.

1.4.3. Resolve the patient's request for health care services within their first contact/telephone call.

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1.4.4. Resolve patient issues with as few visits/interactions as possible.

1.4.5. Strive for the highest in patient satisfaction.

1.4.6. Open schedules on time and with sufficient supply.

2. Roles and Responsibilities.

2.1. MTF Commander.

2.1.1. Is responsible for the health care needs of his/her supported beneficiary population. Healthcare services will be provided within Access to Care (ATC) standards.¹.

2.1.2. Will ensure that MTF senior leadership monitors ATC program compliance.

2.1.3. Designates an access manager and a multi-disciplinary team to oversee and integrate the implementation of access to care improvements into all applicable processes across the MTF.

2.1.4 Ensures enrollment and PCM assignment IAW with current MHS policy.

2.1.5 Ensures efficient and effective management of appointment templates.

2.2. Access Manager.

2.2.1. Access Managers will perform their duties IAW applicable job descriptions as listed in Appendix B of this guide.

2.2.2. Supports the multi-disciplinary team which includes, but is not limited to, Population Health personnel, Primary Care Clinic Leaders, Specialty Care Clinic Leaders, ancillary personnel, and support personnel.

2.2.3. Ensures that periodic review and updating of templates is performed to maximize access.

2.2.4. When developing a responsive access management strategy, MTF access managers/teams will consider, at a minimum, the following processes that impact access to care:

¹ The wait time for an appointment for a well-patient visit or a specialty care referral shall not exceed four weeks (28 calendar days); for a routine visit, the wait time for an appointment shall not exceed one week (7 calendar days); and for an urgent care visit the wait time for an appointment shall generally not exceed 24 hours.

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- 2.2.4.1. Health care demands of the MTFs supported population with its seasonal fluctuations
- 2.2.4.2. Quality of patient care and safety
- 2.2.4.3. Patient and staff satisfaction
- 2.2.4.4. Number of enrollees and trends
- 2.2.4.5. Business planning targets
- 2.2.4.6. Multi-market service obligations
- 2.2.4.7. Templating, scheduling, and appointing systems
- 2.2.4.8. Referral management operations
- 2.2.4.9. Telephone system capabilities and operations
- 2.2.4.10. Provider and staff availability and stability to include:
 - 2.2.4.10.1. Permanent Change of Station (PCS) rotation schedules
 - 2.2.4.10.2. Impact of post/base exercises and deployment commitments
 - 2.2.4.10.3. Graduate Medical Education (GME) programs and requirements
 - 2.2.4.10.4. Patient acuity and disease burden
 - 2.2.4.10.5. Provider inpatient responsibilities
- 2.2.4.16. Data analysis support availability/capability
- 2.2.4.17. Access Manager/Population Health personnel capabilities and knowledge
- 2.2.4.18. Experience and education of clinical and administrative staff
- 2.2.4.19. Centralized versus decentralized appointing methodology
- 2.2.4.20. Contractor or Government appointing staff
- 2.2.4.21. Medical records availability

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2.2.4.22. Pharmacy, laboratory, and radiology support

2.2.4.23. Normal and after hours support the MTF provides to its supported population

2.2.4.24. Infrastructure limitations (e.g. facility, technology, equipment)

2.2.4.25. Availability/quality of care in network

2.2.4.26. Staff familiarity and experience with information systems

2.2.5. The access manager and/or team should conduct an ongoing demand analysis of the seasonal health care needs of the MTF's enrolled patient population and its applicable non-enrolled beneficiaries.

2.3. Clinic Leaders Responsibilities:

2.3.1. Should work closely with Access Managers to:

2.3.1.1. Determine the appropriate mix of appointment types and quantity of appointment slots for any given day of the week and time of year.

2.3.1.2. Regularly review performance of access improvement initiatives and appointing operations in order to make timely adjustments to meet MTF ATC and business planning objectives.

2.3.1.3. Receive regular feedback on ATC performance and disseminate this feedback to their staff.

2.3.1.4. Provide senior MTF leaders with regular feedback on clinic operations and ATC performance.

3. Scheduling and Appointing Responsibilities.

3.1. Overview of Templating and Scheduling.

3.1.1. Appointment Template Planning and Administration.

3.1.1.1. Definition of Template: A template is a predefined schedule outline for a day of the week or for an entire week used to build appointment schedules for a specific time period. They assist access managers in planning the correct supply and type to meet the demand of the supported beneficiary population or target of the business plan.

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3.1.1.2. The standard appointment type operational definitions and applicable guidance will be used to build templates and schedules IAW Appendix H of this guide.

3.1.1.3. A number of factors need to be considered when developing templates. The factors include but are not limited to:

3.1.1.3.1. Acuity and number of enrollees

3.1.1.3.2. Number of non-enrolled "Must See" patients each provider is expected to treat

3.1.1.3.3. Information system provider files and table processing parameters

3.1.1.3.4. Clinic available space and equipment

3.1.1.3.5. Special procedures the clinic performs

3.1.1.3.6. Availability of providers, support and ancillary staff

3.1.1.3.7. Accurate alignment of clinical capability to population demand

3.1.1.3.8. Actual numbers of appointments required in schedules to meet ATC standards, seasonal demand, and business plan targets

3.1.1.3.9. Availability of non-empanelled providers borrowed for use as back-ups

3.1.1.3.10. Graduate Medical Education requirements

3.1.1.3.11. Provider inpatient responsibilities

3.1.1.4. When developing individual provider templates, the Access Manager/ clinical staff should consider the following factors:

3.1.1.4.1. Number of appointments of each type required by day of the week, time of day, and accounting for seasonal trends

3.1.1.4.2. Number of minutes required for each appointment type

3.1.1.4.3. Number of patients per appointment slot

3.1.1.4.4. Options and recommendations for auto reconfiguration of appointment types

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3.1.1.4.5. Appointments that could be web-enabled

3.1.1.4.6. Appointments that are count and non-count

3.1.1.4.7. The number and types of detail codes assigned to appointment slots, i.e., patient access type, age, and gender detail codes, especially to ensure that Prime patients get access

3.1.1.4.8. Instructions to the patient to include clinical instructions as well as available facilities such as parking and wheelchair access, etc.

3.1.1.4.9. Instructions to the booking clerk on booking the appointment

3.1.2. Appointment Schedule Management and Administration Guidance:

3.1.2.1. To ensure that the provider's time is used effectively, the appointment schedule should be derived from a template that is well planned and coordinated with the provider. Primarily the appointment schedule defines the bookable/available appointments in a provider's schedule for a particular time period

3.1.2.2. Schedules will be released to allow a continuous supply of appointment at least 30 days into the future.

3.1.2.3. Schedules should be coordinated with providers prior to final release. In this process, several factors impact the availability of the numbers of appointments and of providers and clinic support staff's time to support the schedule. These factors include, but are not limited to:

3.1.2.3.1. Unplanned/unscheduled provider and support staff absences

3.1.2.3.2. Availability of ancillary support (lab, radiology and pharmacy) and medical records

3.1.2.3.3. Replacement or back-up providers, i.e. Non-empanelled providers, etc.

3.1.2.3.4. Availability of like clinical services in the MTF, e.g., booking pediatric patients into Family Practice.

3.1.3. Guidance on identifying provider absences and schedule change requests.

3.1.3.1. Ensure there is a process in place that manages provider and support staff availability, i.e. leave and TDYs/TADs.

3.1.3.2. Monitor appointment schedule change requests with the goal of minimizing:

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3.1.3.2.1. changes to opened schedules

3.1.3.2.2. facility cancellations

3.1.3.2.2. rescheduling patients

3.1.4. Freezing appointment slots is a local MTF decision. Ensure timely release of frozen appointments to avoid negatively impacting access. Reconfiguration can be used to release frozen slots.

3.2. Appointing Guidance.

3.2.1. Appointing is the business process of booking a patient to see a provider at a specific time in a specific location.

3.2.2. Appointing processes should support booking the appointment during the first patient request/contact.

3.2.3 Primary Care Appointing Guidance.

3.2.3.1. Establish and maintain appointing processes which maximize continuity/patients being appointed first to their assigned PCM. If this is not achievable, MTFs will optimize direct care resources so appropriate care is coordinated during the first telephone call or request for care.

3.2.3.2. In Multi-Service markets, coordination should occur among member MTFs to appoint the patient within the direct care system if possible.

3.2.3.3. If direct care resources are not available, MTFs will work with the MCSCs/network resources to appoint the patient with an appropriate downtown provider.

3.2.3.4. Division, clinic, group and provider profiles should be built and maintained to support the principles of continuity and appointing within the direct care system.

3.2.4. Specialty Care Appointing.

3.2.4.1. Specialty appointments can be booked through provider initiated referral, self referral by the patient, or right of first refusal (ROFR) processes IAW MTF business rules.

3.2.4.2. A referral is the act or an instance of referring a TRICARE beneficiary to another authorized provider to obtain necessary medical treatment for a specific

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medical issue. The treatment may entail an admission, procedure, or a specialty consultation.”

3.2.4.3. A self referral is the ability by a patient to gain access to specialty care services without a provider referral/consult/request IAW MTF business rules.

3.2.4.4 The Right of First Refusal (ROFR) is the process of providing the MTF with an opportunity to review referrals from civilian providers for specialties designated in the MTF MOU to determine if the MTF has the capability and capacity to provide the treatment within the ATC standards.

3.2.5. MTFs will establish and maintain appointing processes which support referral management and maximize patients being appointed within the MTF to the appropriate MTF specialty care per the referring provider's priority for care.

3.2.6. In Multi-Service markets, coordination should occur among the member MTFs to appoint the patient within the direct care system if possible.

3.2.7. If direct care resources are not available, MTFs will work with the MCSCs/ network resources to appoint the patient with an appropriate downtown provider.

3.2.8. Division, clinic, group and provider profiles should be built and maintained to support this process.

3.2.9. Appointing personnel will choose one of the ATC categories with the appropriate ATC standard based on the timeline requested by the patient or on locally based protocols.

3.2.10. MTFs should develop processes and training programs to ensure appointing personnel comply with all applicable MHS and Service Level ATC policies and procedures. MTFs, in multi-service markets or with shared appointing service personnel should ensure required training is IAW MHS and Service ATC policies.

3.2.11. Use of Standard Appointment Types. Use of standard appointment types are governed by definitions and business rules set forth in Appendix H of this guide. Only those appointment types listed in Appendix H will be used.

3.2.12. General Guidance on choosing ATC Categories/search options and appointment types with corresponding ATC Standards. Appointing personnel will use the chart below as a quick reference in booking appointments. Access is tracked in minutes, not days as shown in the chart.

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ATC Category/ Search Option	Standard Appointment Type That Should Be Chosen/Booked	ATC Standard (Time In Which The Appointment Type Needs To Be Booked)
Acute	ACUT and ACUT\$	24 Hours/1440 minutes
	OPAC and OPAC\$	Same Calendar Day
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

3.3. Use of dollar sign (\$) suffix on appointment types.

3.3.1. Appointment types using the (\$) as the last character on a slot may be used but should be used sparingly. The \$ greatly limits access as it is primarily used by the MTF or specific clinics inside the MTF to restrict booking by appointing agents assigned to multi-market/regional central appointing offices external to the MTF.

3.3.2. MTFs will not use the \$ suffix to prevent MTF personnel from booking these appointments or to make it a provider book only slot.

3.3.3. MTFs cannot use the (\$) suffix in conjunction with the WEA detail code as this prevents these appointments from being booked via the TRICARE Online (TOL) appointing capability. Refer to Appendix U for a complete summary of TOL appointing business rules.

3.4. Patients Who Refuse Appointments Offered Within ATC Standards.

3.4.1. A patient may waive ATC standards and request appointments outside of ATC Standards for convenience reasons or to maintain continuity with their provider, even though an appointment was offered within ATC standards.

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3.4.2. Appointing personnel will document patient refusals IAW information system processes to ensure these booking transactions result in a patient refusal as opposed to not meeting access standards.

3.5. Patients Who Refuse All Appointments Offered. Appointing personnel will document the patient's reason for refusal IAW information system processes to ensure this patient refusal is accurately documented and to prevent the request from being documented as not meeting access standards.

3.6. Booking Transactions Not Meeting ATC Standards.

3.6.1. MTFs will use the ATC categories and/or information system searches that best represent the patient's needs, even if they do not find available appointments within the ATC standard.

3.6.2. Initial ATC searches may not meet access standards. Not meeting standards can be an indication of many factors to include increased demand, lack of capacity, wrong provider mix, wrong appointment type mix, increased operations tempo, under-resourcing, or incorrectly determining the needs of the patient. One of the goals of the booking process is to accurately record the results of meeting/not meeting the ATC Standards.

3.7. Requests for Appointments Not Resulting in a Booked Appointment.

3.7.1. Appointing personnel will be trained to accurately use the Unbooked Appointment Request and Reporting functionality of Composite Health Care System/Enterprise Wide Registration system (CHCS/EWSR). This functionality allows for the tracking and reporting of patients who requested an appointment, a search was performed, but the appointment request did not result in an appointment being booked.

3.7.2. Appointing personnel will choose the most accurate Unbooked Appointment Request reason matching why the search attempt did not result in a booked appointment. Appointing personnel will become familiar with the operational definitions of Unbooked Appointment Request reasons and this functionality's reports per definitions listed below and use them IAW current MTF business processes.

3.7.2.1. Added to Waitlist: Patient was added to the MTF waitlist and patient preferences for the direct care appointment were documented.

3.7.2.2. All Appointments Refused: The patient refused all offered MTF/direct care appointments inside and/or outside the ATC standard.

3.7.2.3. Appointed to Network: Patient was instructed that care was not available in the MTF/direct care system and was appointed to the network.

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- 3.7.2.4. No Appointments Available: No appropriate appointments were available in the MTF/direct care system for the clerk to book.
- 3.7.2.5. No Appointments Available to Contractor: No appropriate appointments were available in the MTF/direct care system for the appointing contractor to book.
- 3.7.2.6. Patient Requested To Call Back: The patient was requested to call back later to get an MTF appointment. Clerk should document in the free text field the reason why.
- 3.7.2.7. Request Referred to MCSC: The patient was referred to the MCSC (or contractor) for issue resolution.
- 3.7.2.8. Request Referred to MTF Clinic: The patient was referred (usually by the contractor or appointing contractor) to the MTF clinic for issue resolution.
- 3.7.2.9. Self-Care Recommended: Clerk referred the patient to a clinician to answer the patient's questions and to provide a self-care plan if appropriate.
- 3.7.2.10. Unsuccessful Telephone Transfer: Clerk attempted to transfer the patient but the telephone system dropped the call.
- 3.7.2.11. Just Looking: The clerk was entering test data into the system, checking availability of appointments, or performing other administrative tasks not related to booking an actual patient request. This reason will never be used for actual patient requests for clinical care.
- 3.7.2.11.1. Appointing personnel are strongly discouraged from using the "Just Looking" unbooked appointment reason for all searches that did not result in a booked appointment. A high rate of these reasons minimizes the usability and benefits of this report.
- 3.7.2.12. Other (Free Text): This reason may be used for patient requests whose disposition is not covered by any of the above reasons. Use the free text field to document the actual disposition of the patient request. Sites should develop standards for data entry into this reason field.
- 3.7.3. Appointing staff can use the Unbooked Appointment Request Report to manage patient call-backs. This report provides all the necessary information to facilitate this process to include the patient's name, phone number, need for care, requested clinic, etc.

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3.8. No-Shows.

3.8.1. Definition. An appointment is designated a No-Show when a patient does not keep a scheduled appointment or cancels an appointment without sufficient notice, according to local MTF policies. A patient who fails to provide notification as specified above is considered a No-Show.

3.8.2. MTFs will strive for a no show rate of less than five percent (5%) of all booked appointments. To achieve this standard, MTFs will educate patient populations on medical no show appointment procedures and may incorporate measures such as, briefing installation leadership on the cost of no shows by organization, and publishing articles in the installation newspaper or electronic news-bulletin, etc.

3.8.3. MTFs may utilize manual (mail) or automated appointment reminder processes/systems and should maintain a convenient means for patients to cancel appointments to minimize no-show rates. MTFs may also mail letters to patients that have been identified as a No-Show.

3.8.4. Line commanders may be notified of No Shows of Active Duty members under their command. The MTF is not required to record these as disclosures under HIPAA, as this falls under the definition of treatment.

3.8.5. MTF Commanders will ensure that only one no-show policy is administered and applied consistently throughout the MTF so as to not confuse staff and patients with differing policies between clinics/ departments.

3.8.6. Providers/staff will document and follow-up on no-show patients to ensure patient wellness and to comply with Joint Commission and/or AAAHC guidelines.

3.9. Late Patient Arrival for Scheduled Appointment (Late Show).

3.9.1. Definition: A late show is any patient who arrives at the clinic after their scheduled appointment time as defined by local MTF policies, e.g.

3.9.2. Depending on the judgment of the clinic staff, the patient's health status, and/or individual circumstances as to why the patient was late, the MTF leadership can take actions to 1) place another patient in the late show patient's scheduled appointment; time, 2) offer the late show patient the opportunity to reschedule their appointment, or 3) allow the patient to wait for the provider to see them that day if the provider is available. For purposes of this policy, clinic staff refers to privileged providers and nurses.

3.9.3. MTF Commanders will ensure that only one late-show policy is administered and applied consistently throughout the MTF so as to not confuse staff and patients with differing policies between clinics/ departments.

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3.9.4. The MTF will educate its patient population on late show appointment processes.

3.10. Patient Cancellations.

3.10.1. Definition: A patient cancellation is when a patient with a scheduled appointment notifies the MTF in sufficient time for the MTF to schedule another patient into the appointment slot according to local MTF policies.

3.10.2. MTFs will develop patient centered processes to allow for easy cancellation of appointments such as a patient appointment cancellation telephone number or clearly defined appointment cancellation menu options.

3.10.3. The MTF will educate its patient population on appointment cancellation procedures.

3.11. Facility Cancellations.

3.11.1. Definition: A facility cancellation occurs when the facility cancels an available/open appointment or cancels a patient's scheduled appointment. The intent of this action is to permanently remove the affected appointment slot(s) from the schedule. MTFs will take all necessary actions to minimize facility cancellations.

3.11.2. MTFs will ensure that clear schedule management procedures are in place to govern all parts of the facility cancellation process to include who has authority; when this practice is authorized, and what feedback/reports are generated.

3.11.3. The MTF will inform affected patients of their appointment cancellation as soon as possible.

3.11.4. All patients who had facility cancelled appointments should be offered a new appointment at the time they are informed of the cancellation. When possible, the patient should be rescheduled to meet the ATC Standards of their original appointment request. The ATC Standard is not met if the patient is rescheduled outside the access standard assigned to the original appointment.

3.11.5. If a patient was not informed of a facility cancelled appointment and presents at the MTF for care, the MTF will take reasonable actions to arrange care that same day.

3.12. Walk-in and Sick Call Appointing.

3.12.1. Definitions: A Walk-in is a patient who seeks care without a scheduled appointment, arrives at the clinic, and is assigned a time to see the provider the same day. There is no ATC Standard for a walk-in appointment. Sick Call is reserved for an Active

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Duty member who arrives at a clinic that uses Sick Call as a regular, common time to receive healthcare. There is no access standard for sick call appointments.

3.12.2. Walk-ins are not designed for use as a schedulable event. High utilization of walk-ins can create data quality challenges for the MTF and make the process of measuring/explaining access, and assessing demand more complex. High rates of Walk-ins may also make business plan targeting difficult since they are unplanned events. Excessive walk-in activity can reduce the appointments available to patients requesting care on the telephone. However, if clinics utilize the Walk-in function to get patients seen in a manner that is more timely/convenient for the patients, this is recognized as good customer service from the patient's perspective. The MTF should make an informed decision as to the challenges and benefits of using Walk-in care and Sick Call to treat its patients.

3.12.3. The practice of seeing high volumes of Walk-ins can complicate the MTF/Clinic patient flow process if MTF leadership does not ensure its clinic staff is properly trained/educated in its use. Use of Walk-ins should not be a substitute for active review and management of appointment schedules and telephone access to appointments.

3.12.4. If MTFs choose to offer Walk-in care and/or Sick Call appointments, MTF leadership will provide guidance for clinic staff on the following:

3.12.4.1. How to coordinate walk-in care with PCM/PCM teams or clinics

3.12.4.2. How to respond to patients requesting Walk-in services (either over the phone or in-person at the reception desk);

3.12.4.3. How to balance customer service at the reception desk for pre-scheduled versus Walk-in patients (queue and priority awareness)

3.12.4.4. How to manage patients waiting for extended periods of time in reception;

3.12.4.5. Processes to ensure records availability

3.12.5. The MTF will educate its patient population on walk-in and/or sick call processes as applicable.

3.12.6. At End of Day processing, Walk-in and Sick Call appointments **will not** have their appointment statuses changed to any other appointment status. This will ensure data quality on Walk-in care and Sick Call care is maintained.

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3.13. Splitting and Joining Appointments.

3.13.1. MTFs are encouraged to split or join appointment slots to improve patient access. These booking functions allow MTFs to easily tailor lengths of appointment time and to create additional appointments so the provider's time is used efficiently and the patient is scheduled for the appropriate time needed to provide their care.

3.13.2. Access Managers/clinic staff will work with providers to coordinate the development of protocols for splitting and joining appointments.

3.13.3. The Split function must be used to subdivide appointments of greater than 30 minutes.

3.14. Cross Booking.

3.14.1. Definition: Booking a patient with a PCM group/clinic to whom they are not enrolled when their enrolled provider's or group's appointment availability, or lack of appointment availability, does not meet their needs.

3.14.2. Cross booking appointing processes will be established to maximize patients being appointed within the MTF. Cross booking should not exceed the 30 minute drive time access standard for Primary Care.

3.15. Automatic Schedule Reconfiguration.

3.15.1. MTF appointing and template managers are strongly urged to use the automatic schedule reconfiguration functionality of the appointing information system to improve access while decreasing the amount of time spent on manually managing/changing schedules.

3.15.2. MTF appointing personnel can use this function to allow for a systematic changing of appointment types and detail codes and releasing of frozen appointments to maintain the correct mix of appointment types at the right time.

3.15.3. This function is not used to split and join appointments. Detailed instructions on how to use this functionality is provided by Service specific training modules.

4. Detail Codes.

4.1. Use of Detail Codes.

4.1.1. The purpose of detail codes is to assist appointing personnel to rapidly identify and search for requested slots on appointment schedules, to indicate the care available at that

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time (procedures, classes, etc.), or to reserve slots for Prime or other categories of patient. The appointment information system enables clerks to search by detail code.

4.1.2. MTFs can use detail codes to further define appointment type definitions on templates and schedules. Appendices M and N of this document contain guidance on the use of select detail codes and the approved list and definitions of all standard detail codes for the Appointment Detail Fields to be used in appointment slots.

5. Open Access (OA) Appointing Guidance. OA Appointing will be conducted IAW Appendix J of this guide.

6. Verifying and Updating Patient Information and Eligibility.

6.1. For Active-duty and retired service members, registration in the Defense Enrollment Eligibility Reporting System (DEERS) is normally automatic; however, this is not true for family members. It is incumbent on the beneficiary to ensure they and their family members are registered and their accounts are updated in DEERS.

6.2. When DEERS verification cannot be validated for any beneficiary, a DEERS eligibility check must be performed. It is the beneficiary's responsibility to keep DEERS records updated when personal eligibility information changes. This includes changes in military career status; addresses; and family status (marriage, divorce, birth, and adoption) etc.

6.3. Registering children in DEERS: Parents and legal guardians must register their newborn or newly adopted child in DEERS as soon as possible after birth or legal adoption. Sponsors must take action to register their family members and ensure they are correctly entered into the DEERS database.

6.4. To update DEERS information: Beneficiaries should visit the DEERS Web site to update their address. Call 1-800-538-9552 or 1-866-363-2883 (TTY/TDD for the deaf), or Fax address changes to 1-831-655-8317, or Visit the local ID card facility, or Mail the new information to:

Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, California 93955-6771

7. Appointing personnel will refer questions related to the patient's eligibility for care and/or enrollment status to the MTFs eligibility office responsible for enrollment. Other Health Insurance questions should be referred to the MTF's office responsible for Third Party Collection program.

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8. Assigning Appointing Statuses.

8.1. MTF staff will determine the status for each appointment as accurately as possible.

Appointment statuses will be consistently applied according to the following definitions:

8.1.1. Kept: The patient has a booked appointment, arrives at the MTF/clinic, and is treated by the provider.

8.1.2. Patient Cancellation: A patient with a scheduled appointment notifies the MTF in accordance with (IAW) local procedures that they will not keep the appointment.

8.1.3. Walk-in: The patient does not have a scheduled appointment, arrives at the clinic, and is assigned a time to see the provider the same day. This status will not be changed at End of Day (EOD) processing.

8.1.4. Sick Call: An Active Duty member arrives at a clinic for a pre-arranged block of time for care. This status will not be changed at EOD processing.

8.1.5. No-Show: A scheduled appointment that the patient does not keep. Determination of no-shows will be IAW local procedures.

8.1.6. Facility Cancellation: The MTF cancels an available/open appointment or cancels a patient's scheduled appointment. The intent of this action is to permanently remove the affected appointment slot(s) from the schedule.

8.1.7. Left Without Being Seen (LWOBS): The patient has a booked appointment, arrives at the clinic, and is checked in, but decides to leave without seeing the provider.

8.1.8. Pending: The MTF appointment information system assigns this initial status for an appointment that has been booked for a patient for a future date or time. All Pending appointments must be changed to one of the final encounter statuses in order to complete EOD Processing.

8.1.9. Admin (ADMIN): The Admin status is used on appointments or telephone consults that do not represent actual contact with a patient. The status must be assigned in End of Day Processing. A transaction with this status will not be passed to ADM or AHLTA and therefore will not be coded or included in the SADR.

8.1.10. Occasions of Service (OCC-SVC): The OCC-SVC status on a patient appointment indicates no medical decision was made by a privileged provider who is directly responsible for the management of care for the patient. Per Service policy, the OCC-SVC status will no longer be used on telephone consults. The OCC-SVC transaction will pass from CHCS/EWSR to the Ambulatory Data Module (ADM), is always non-count, and may be used to assess level of effort. ADM and AHLTA do not

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recognize OCC-SVC as an appointment for encounter completion. Therefore this status will NOT prompt the provider to code the encounter and will avoid generating a Standard Ambulatory Data Record (SADR). Examples of OCC-SVC are provider to provider consultation, and pharmacy refills, etc.

8.1.11. Telephone Consultation (TEL-CON): When a provider answers a telephone consult in AHLTA, the provider will be asked by the system, "Does this meet the outpatient visit criteria?" If the provider is a technician, nurse, or other non-count provider or the clinic is a non-count clinic (per the Clinic Profile), the workload type response will be defaulted to No (non-count) and cannot be changed in AHLTA. If the provider is a privileged provider and the clinic is a count clinic, the default will be Yes (count). The provider should change the response to No if it does not meet the visit criteria. The telephone consult data will be sent to CHCS/EWSR with the workload type set according to the criteria above. The appointment status on the telephone consult record is defaulted by the system to TEL-CON if count and to ADMIN if non-count. Clinic staff may correct the workload type and appointment status in ADM to reflect actual workload as follows: correct to non-count and a status of ADMIN if the consult has not been sent on the SADR; correct to non-count and CANCEL if the consult has been sent on the SADR (this will cancel the transaction on the SADR).

9. End of Day (EOD) Processing. EOD processing will be correctly completed at the end of each business day. All workload types (count/non-count) on appointment slots will accurately match the care provided.

10. Appointing Information System Operations.

10.1. Division, Clinic, Group, and Provider Profiles.

10.1.1. MTF leadership will clearly identify those individuals with the responsibility to establish and maintain division, clinic, group, and provider profiles in the MTF information system(s).

10.1.2. MTF leadership will ensure these individuals are adequately trained for this responsibility. Training courses and information on division, clinic, group, and provider profiles can be found at <https://kx.afms.mil/healthbenefits>.

10.1.3. MTF division, clinic, group, and provider profiles will be established and maintained to support MHS and Service policies and to support DEERS enrollment. Addition guidance on set up and management of these can be found in Appendix O, Access Improvement Education. These functions would include but are not limited to:

10.1.3.1. Development of Primary Care Groups

10.1.3.2. Assignment of clinic/Primary Care Group MEPRS codes

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10.1.3.3 Assigning hospital locations and providers

10.1.3.4 Establishing appointment types and durations

10.1.3.5 Setting up and changing detail codes

10.1.3.6 Assignment of workload type (count and non-count appointments)

10.1.3.7 Assigning the maximum number of patients per slot

10.1.3.8 Setting up the maximum number of overbooks per day, per slot

10.1.3.9 MTF and clinic addresses and phone numbers

10.1.3.10 Referral management settings/requirements.

10.1.4. MTF leadership will ensure the ATC Reporting Flag is set to "Yes" in each of their primary and specialty care (B-MEPRS accounts) clinic profiles.

10.1.5. Limited Self-Referrals by patients are allowed for certain preventive services/care based on the MTF service model. The Self-Referral flag will be set to "Yes" in the clinic profile for participating clinics. Self-Referral flags also impact the MTF's ability to offer self-referral care to TOL users.

10.2. Appointing Information System Booking Authority and Security Key Administration.

10.2.1. MTF leadership will establish who will have authority to book and cancel appointments in the appointing information system(s). Leadership should ensure regular review and update of security keys for all MTF appointing information system users.

10.2.2. MTF leadership will identify appropriate personnel to use various appointment information system security keys. These may need to be reviewed at the clinic level and include:

10.2.2.1. Changing appointment types

10.2.2.2. Changing and/or adding detail codes

10.2.2.3. Changing gender, age designations on appointment slots

10.2.2.4. Booking appointments outside ATC standards

10.2.2.5. Instantaneously creating and booking appointments

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10.2.2.6. Deleting appointment slots

10.2.2.7. Freezing and unfreezing appointments slots

11. Referrals /Consults.

11.1. All specialty care and Right of First Refusal (ROFR) referrals/consults will be managed IAW current referral management policy and guidance. Specialty care referrals/consults will be appointed to the MTF/Direct Care System (DCS) within prescribed ATC Standards or referred to the local network.

11.2. Referral/consult appointments will be booked in Appointment Order Processing (AOP) as per the following table in order to link the appointment with the referral/ consult:

Consult/ Referral Priority Entered by Provider	ATC Category/ assigned by MTF information system	ATC Standard assigned by MTF information system	Standard appointment type that can be booked
STAT, ASAP, Today, 24 HRS	Acute	within 24 Hours or 1440 minutes	All Types
48 HRS, 72 HRS	Routine	within 7 calendar days or 10,080 minutes	All Types
Routine	Specialty	within 28 calendar days or 40,320 minutes	All Types
For 2 nd , 3 rd , etc. appointment on a consult, user selects ATC	Any ATC Category including the Future ATC Category	No Standard	All Types

12. Telephone Administration and Support to Appointing.

12.1. MTF leadership will ensure telephone appointment personnel are adequately trained and appointment lines are adequately staffed to accept incoming telephone requests for appointments and achieve first call resolution.

12.2 Use of Standardized Automated Call Distribution (ACD) Systems will be operated IAW

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Service Policy.

13. Nurse and Medical Technician Run Clinics/Nurse Role in Support of ATC. MTFs which desire to establish Nurse and Medical Technician run clinics will follow guidance as established by their parent Service.

14. After Hours Care. MTF leadership will develop guidelines and procedures to ensure after hours care is provided IAW with current MHS policy that states "After normal duty hours, a Primary Care Manager (PCM) should be available to triage Prime beneficiaries, either directly or to provide back-up consultation to an advice nurse." Patients will be educated on these policies and subsequent local supporting procedures.

16. Health Care Access for TRICARE Prime Beneficiaries Not Enrolled to the MTF or in a Transition Status.

16.1. TRICARE Prime beneficiaries are eligible for care in any MTF, regardless of enrollment site. MTF leadership will establish guidelines to ensure appointment access to TRICARE Prime enrolled members that may be in a student status, travel status, transitioning enrollment between MTFs, transferring enrollment between regional support contractors, or in a terminal/appellate leave status.

16.2. Leaders of MTFs located in multi-market areas will develop guidelines to ensure that clear lines of responsibility are delineated in delivering care to TRICARE Prime beneficiaries enrolled to other multi-market MTFs in their area. The goal is to maximize continuity of care.

16.3. If the MTF cannot provide care for these enrolled elsewhere beneficiaries within its direct care system, either because these beneficiaries or the MTF cannot contact the assigned PCM for consultation or to gain care from the MTF to which they are enrolled, the MTF should ensure that a referral is input authorizing care to be provided by network/contract resources for these beneficiaries.

16.4. MTF Eligibility Determination function personnel shall ensure Active Duty Service Members (ADSMs) departing their final duty stations are briefed about how they should access health care services while in terminal or appellate leave status. MTF Eligibility Determination function personnel should proactively provide options and instructions on accessing care and enrollment procedures to TRICARE Prime beneficiaries identified to be in transition status due to out-processing, changing enrollment sites, or spending greater than 30 days away from the MTF where the beneficiaries are enrolled. These may be beneficiaries geographically separated from their sponsors, to include spouses and children of deployed Active Duty, fulltime college students attending school away from their enrolled MTF, and retirees on extended vacations.

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17. Management of Mental Health Access.

17.1. The management of mental health access will be IAW Health Affairs Policy 07-022, TRICARE Prime Access Standards for Mental Health Care, dated 9 October 2007.

17.2. MTFs will establish processes to ensure that initial requests for emergent care will be provided on an immediate basis, as dictated by the threat.

17.3. Urgent mental healthcare will be provided within 24 hours or less.

17.4. 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.

17.4.1. Routine mental healthcare will be provided within one week/7 calendar days of the patient's request. Beneficiaries will retain the option of deferring this routine mental health assessment past this 7-day standard.

17.4.2. Appointing staffs need to be aware that these routine mental healthcare requests need to be appointed within 7 days from the patient's request, and can be appointed to the patient's Primary Care, Behavioral Health, or Mental Health Clinics.

17.4.3. Mental Health Clinics should use the ROUT or ROUT\$ appointment type in their templates and schedules and use the Routine ATC Category to book these initial mental health self-referral requests.

17.5. Specialty care mental health referrals will be managed IAW with current Service and MHS referral management policy and guidance.

17.6. Active Duty Service Members must still have preauthorization prior to obtaining non-emergent mental healthcare outside the Direct Care System. All other Prime beneficiaries may still use their unmanaged eight mental health visits in the TRICARE network before obtaining preauthorization.

REFERENCES AND SUPPORTING INFORMATION

References:

32 Code of Federal Regulations, 199.17, Parts I and II.

ASD (HA) Policy Guidance for Referral Management, dated 5 May 2004 and 29 July 2004 (references (c) and (d))

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ASD (HA) 06-007, TRICARE Policy for Access to Care and Prime Service Area Standards, 21 February 2006

ASD (HA) 07-022, TRICARE Prime Access Standards for Mental Health Care, 9 October 2007

DOD TMA Medical Management Guide, January 2006

Commander's Guide for Access Success, 15 August 2003

AFI 41-210, Patient Administration Functions, 22 March 2006

Air Force Policy on Open Access (OA) Appointing for Primary Care, 6 January 2007

AFMS Open Access Implementation and Sustainment Guide and Checklist, 6 January 2007

AFMS Primary Care Element (PCE) Policy Guidance, dated March 2004

Air Force Referral Management User's Guide 4.0, June 2006

Group Practice Manager (GPM) Position Description, 15 December 2006

Health Care Integrator (HCI) Position Description, 15 December 2006

Standardization of Automatic Call Distribution Systems, 17 August 2006

Ten Percent for Primary Care Appointments Booked on TOL, 12 July 2006

Revised Flight Surgeon MEPRS Codes and Mission Essential Tasks/Activities for Line Support, 23 May 2005

Policy Letter on the Implementation of DoDI 6025.20, Medical Management Programs in the Direct Care System and Remote Areas, 22 June 2006

AFMS ATC Bulletin Number 6, Appointment Schedule Automatic Reconfiguration, 14 January 2005

AF Policy on Providing Network/Contractor Furnished Urgent/Routine Medical Care Services

Websites:

AFMS Knowledge Exchange (AFKX) Health Benefits page: <https://kx.afms.mil/healthbenefits>

Access Improvement Module website: <https://aim.afmoa.af.mil/>

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Biometric Data Quality Assurance Service (BDQAS) website:

<http://www.pdhealth.mil/guidelines/downloads/AFBehavioralHealthCodingHandbook05.pdf>

CHCS Training Materials: <https://kx.afms.mil/healthbenefits>

AFMS ATC Bulletins: <https://kx.afms.mil/healthbenefits>

AFMS Referral Management: <https://kx.afms.mil/referralmanagement>

AFMS Group Practice Management: <https://www.afms.mil/gpm>

Medical Management website: <http://www.mhsophsc.org/public/home.cfm>

P2R2 website: <https://p2r2.afmoa.af.mil/chartview.cfm>

Population Health Portal: <http://www.mhsophsc.org/public/home.cfm>

TOL Education Materials: <https://kx.afms.mil/healthbenefits>

TRICARE Operations Center (TOC) website: <http://www.tricare.osd.mil/tools>

TRICARE Operations Manual (TOM): <http://manuals.tricare.osd.mil/>

TRICARE website: <http://www.tricare.mil/>

TRICARE Online: <http://www.tricare.mil/>

AHLTA issues related to ATC: <http://citpo.ha.osd.mil/index.html>