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## APPENDIX C

### APPOINTMENT STANDARDIZATION METHODOLOGY

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#### TRICARE Management Activity Appointment Type Standardization

This document represents the methodology for standardization of the clinical appointments data fields for use throughout the Military Health System. This product evolved from the DoD-wide standardization effort of the Composite Health Care System (CHCS) data elements for appointment types and other data values as necessary to support standardized business practices in the clinical outpatient appointment process.

#### 1. Requirements of the Process

Right Patient	Right Provider	Right Place	Right Time
Enrollment status Patient Type Age Sex Time requirement Access Standard Location Clinical need	Provider linked to right location	Place linked to right clinical services	Provider defining availability (scheduling)

#### 2. Assumptions

- The appointment system will not be developed as a tool for workload or workforce accounting but will be consistent with workload requirements.
- Appointment names are standardized.
- Appointments may be reserved to ensure access to care by specific types of patient.
- Military Treatment Facility (MTF) and Appointing Contractors including Managed Care Support Contractors (MCSCs) may share the ability to appoint.
- MTFs are permitted to designate certain appointments as "MTF Book Only". One of the goals of the appointing process is to maximize the utilization of MTF capacity.
- MTFs will ensure beneficiaries are aware that one telephone number will function as the point of access for appointing and referrals.
- The appointing system is demand focused, not supply focused, and will strive to match supply to demand.
- Leadership supports standardization and Access to Care and the efforts to implement both.
- TRICARE Prime patients seeking care are properly enrolled
- The patient will be seen at the appropriate level of care.

#### 3. Appointment Process Objectives

- Identify visit type
- Assign the authority to arrange visits

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- Identify visit duration
- Identify procedures
- Match patient to provider skills
- Match patient needs to resources
- Allow for performance measurement
- Demonstrate effectiveness, efficiency, and customer satisfaction

#### 4. Standardized Data Elements

- Appointment types
- Booking Authority
- Time (appointment duration)
- Patient Access based on policy
- Appointment Detail fields
- Age delineation
- Gender delineation

#### 5. The Ten MHS Standard Appointment Types and Access Criteria

- PCM initial primary care only (4 weeks in calendar days)
- ACUT acute (24 hours to the minute or 1440 minutes)
- OPAC Open Access (same day patient calls for appointment)
- ROUT routine appointment (7 days to the minute or 10080 minutes)
- WELL wellness, health promotion (4 weeks in calendar days or 40320 minutes)
- SPEC initial specialty care only (4 weeks in calendar days or 40320 minutes)
- PROC procedure (28 days or provider designated duration within 28 days or 40320 minutes)
- EST established patient follow-up (provider designated duration)
- T-CON\* telephone consult
- GRP group/class (provider designated duration)

#### 6. Booking Authority

MTFs can use appointment types with the dollar sign (\$) as the last character on all ten standard appointment types to indicate that these slots are to be booked by MTF staff only, e.g. PCM\$, ROUT\$. Through arrangements with local appointing contractors or in a multi-market service area with a regional, centralized appointing function, standard appointment types with the dollar sign (\$) will not be booked unless they have MTF approval. MTFs should minimize the use of the dollar sign (\$) on appointment types to 10% or less of their available appointment slots to allow supporting organizations the ability to book as many appointments as possible, since this is their contracted function.

MTFs will not use the dollar sign (\$) suffix to prevent MTF personnel from booking these appointments or to make it a provider book only slot. The Provider Book Only (PBO) detail code can be used to accomplish this function.

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Appropriate business rules should be utilized to minimize the usage of dollar signs (\$) since it restricts access to care for patients.

MTFs wanting to maximize the number of web-enabled appointments should not use the dollar sign (\$) as this prevents these appointments from being booked via the TRICARE Online appointing capability.

#### 7. Patient Access Types

All MTFs will have the capability to reserve appointment slots in accordance with the TRICARE Policy for Access to Care and Prime Service Area Standards, dated 21 Feb 2006. Patient access types may be used for this as follows. Refer to Appendix N for definitions of the Patient Access Types:

- Active Duty
- Prime Enrollees Only; No Active Duty, no TRICARE Plus
- Active Duty and Prime, no TRICARE Plus
- Active Duty, Prime, TRICARE Plus, and Special Programs Patients
- No Active Duty
- No Prime
- No Active Duty, No Prime
- Graduate Medical Education
- Special Programs Patients
- TRICARE Standard/CHAMPUS

#### 8. MHS Enterprise Appointments and Referral Business Rules

The Access to Care business rules will be applied across the MHS. MTFs will support and coordinate appointment standardization. Refer to Appendix E for documentation of the business rules.

##### 8.1. Order of Search Precedence for Appointments by the Location of the Appointment:

For Prime patients seeking primary care: <ol style="list-style-type: none"><li>1. PCM – physician based in the enrolled place of care</li><li>2. PCM – physician based in any <b>other</b> place of care where the PCM practices</li><li>3. PCM – any PCM group member providing service in the enrollee’s assigned place of care or in a group member's place of care.</li><li>4. PCM – for OPS forces only, any provider in any place of care in any MCP Provider Group to which the patient’s assigned</li></ol>	For Non-Prime Patients seeking primary care: <ol style="list-style-type: none"><li>1. Primary Care physician—civilian or MTF</li><li>2. Next available MTF</li><li>3. Network physician</li><li>4. Non-network physician</li></ol>
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PCM is a member.	
For Prime patients seeking specialty care: <ol style="list-style-type: none"><li>1. MTF based physician or clinic requested by PCM</li><li>2. Next available MTF (based physician) within access standards</li><li>3. Network physician within access standards</li><li>4. Non-network physician within access standards</li></ol>	For Non-Prime patients seeking specialty care: <ol style="list-style-type: none"><li>1. Closest MTF</li><li>2. Next available MTF</li><li>3. Network physician</li><li>4. Non-network physician</li></ol>

#### 8.2. Specialty Care and Referral Process

- All TRICARE Prime patients seeking specialty care will have a referral except for emergency services. Limited Self-Referral will be permitted for certain known and predictable conditions based on the MTF service model. Allergy, Optometry, physical exams, immunizations, dental, psychiatry, audiology, and pap smears are examples of possible self-referral services at the MTF.
- All referral requests will be electronic via CHCS or AHLTA (or other approved system e.g. Fax from MCSC).

#### 8.3. Patient's Rights

- The patient may elect to use the Point of Service Option.
- Beneficiaries may waive the distance access standard for specialty care.
- The patient may waive the time access standard and request appointments outside of access standards for convenience or continuity of care reasons even though appointments are available within access standards.
- The patient's refusals and waivers will be documented electronically in CHCS (or other approved system). Stopped work on 092507

#### 8.4. Booking

- Clinic appointment templates, will be open for booking at least 30-45 days ahead at all times. Reference Appendix J for Open Access process.
- Basic CHCS Patient Demographic information, at a minimum, name, address, and telephone number will be updated at the time of appointment booking.
- Delinquent and non-count appointments are to be resolved daily by CHCS end-of-day processing.

#### 8.5. An appointment slot may be reserved using one of the Patient Access Types:

- Refer to Appendix N for detailed definitions and usage of Patient Access Types

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#### 8.6. Associated Appointment Process Business Rules

- Contractor and MTF appointment clerks will be able to view all available appointments in CHCS or any other approved system.
- Patients will be able to book allowed appointments on TRICARE On-Line.
- One telephone number will function as the beneficiaries' point of access for all appointing needs and referral needs. The beneficiary's call will be appropriately routed to the right telephone extension if the first point of contact is unable to serve the beneficiary's health care information or appointment needs. The routing will occur without requiring the patient to make an additional telephone call.
- The appointing process will work under the assumption of "PCM by Name" enrollment where applicable so that continuity of care is maximized for the beneficiary.

#### 9. Associated Appointing System Requirements

##### 9.1. Scheduling

- Scheduling supervisors will have the ability to define up to 4 detail codes for each appointment slot to indicate resources or restrictions for the appointment. Detail codes are optional.
- The patient access type is a type of detail code and is optional.
- Scheduling supervisors will be able to assign a patient access type to each appointment slot on a provider schedule.
- Patient Access Types will be five alphanumeric characters.
- Appointment durations will default from the clinic profile appointment type for non-count clinics and from the provider profile appointment type for count clinics, but the scheduling clerk may change the duration on the specific slot per provider instructions.

##### 9.2. Booking

- Managed Care Program (MCP) users will be able to search for appointment slots within the user selected Access standard (the Access to Care Category)
- Managed Care Program (MCP) users will be able to search for appointment slots based on Patient Access Types.
- Users with appropriate authority may override the Patient Access Type, appointment types, detail codes, gender, or age restrictions on a slot and book the appointment for a patient with a different appointment type, patient access type, gender, or age.
- The split and join features have been integrated with appointment booking screens for ease of use and allow booking clerks to change appointment durations as they book appointments.
- The clinic has the responsibility to define access on a continuous basis, i.e., the types of appointments, how many appointments, and for which types of beneficiary.

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- Each MTF has the ability to designate when an appointment will be released for booking and what the appointment definition will be.
- CHCS will highlight appointments that meet the patient's beneficiary type, age, gender, and Access to Care requirements (e.g. exact match booking).

#### 9.3. Age and Gender Delineation

- When searching for available appointments for a patient, CHCS will highlight appointments with providers who treat patients of that age, based on the age specifications in the detail codes.
- When searching for available appointments for a patient, CHCS will highlight appointments with providers who treat patients of that gender, based on the gender specifications in the detail codes.

#### 9.4. Time

- Providers are able to define the amount of time required (duration) per appointment or procedure.

#### 9.5. Appointment Detail Field

- The Appointment Detail Fields are permanent and searchable.
- Scheduling supervisors will be able to assign up to four appointment detail values to each appointment slot on a provider schedule.
- Valid detail entries will be those in a common file having the same controls as the appointment type file.
- Patient Access Types are detail codes and will be included in the Detail code file.
- These entries will be from two (2) to eight (8) characters in length.
- MCP users will be able to search for appointment slots based on appointment detail entries.
- The system will allow additional locally defined age detail codes only. Sites may recommend detail codes as a standard.
- Detail codes will not be used by sites to indicate specialty care at the MEPRS 4 level. Specialty care at the fourth MEPRS level should be designated by the creation of a clinic name (hospital location) to indicate the care, e.g., Red Team, Orthopedic Hand or Orthopedic Foot.
- All detail codes will be upper case.

**Note:** A current list of approved detail codes, their definitions, and an explanation of the detail code approval process are located at Appendix M.