
APPENDIX E

STANDARD SYSTEM BUSINESS RULES

The business rules for appointing under the Access to Care guidelines are presented below. The rules are organized by function to allow easier reference.

1. FILE AND TABLE

The following business rules apply to the processes required to successfully build files and tables for Managed Care Program (MCP) Booking.

1.1. Clinic Profiles

1.1.1. MTFs should coordinate clinic location name changes with the MEPRS staff at the MTF.

1.1.2. For a clinic, whose workload is ALL COUNT workload, create a separate clinic location for the clinic (if not already done). Set the Workload Indicator in the Clinic Profile to count and all the Workload Indicators for the clinic's appointment types to count. The system will treat the entire clinic's workload as count.

1.1.3. For a clinic, whose workload is ALL NON-COUNT, create a separate clinic location for the clinic (if not already done). Set the Workload Indicator in the Clinic Profile to non-count. The system will treat all workload for the clinic as non-count by default. Count appointments are not allowed.

1.1.4. For a clinic with MIXED COUNT AND NON-COUNT workload, set the Workload Indicator in the Clinic Profile to count. Non-count appointments are allowed.

1.1.5. MTFs will use the Workload Type field in templates, schedules, and on booked appointments to determine the count/non-count value of the appointment.

1.1.6. CHCS/EWSR will accommodate clinic specific detail code help lists. MTFs may associate specific detail codes with each clinic. This capability is solely for the purpose of defining a smaller Detail Code help list for the clinic to be used when building schedules and templates to indicate the detail codes that are used by the clinic. This capability does not restrict in any way the detail codes that may be assigned to appointment slots for the clinic in the Template and Schedule Build options. All detail codes are allowed.

1.1.7. If a clinic will be able to enter self-referrals, the Self-Referrals Allowed field in the Clinic Profile must be set to YES. The Clinic Specialty field in the Clinic Profile should be populated with the self-referral specialty to authorize that type of care in

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

that clinic. Multiple specialties are allowed and all are considered self-referral for that clinic.

1.1.8. MTFs should identify those clinics that support self-referrals. Examples of self-referral care are: Allergy, Alcohol & Drug, Audiology, Community Health, Family Advocacy, Mental Health, Nutrition, Occupational Health, Orthopedics, Optometry, Otolaryngology (EENT), Physical Therapy, Psychology, Psychiatry, Social Work, and Substance Abuse.

1.2. Appointment Types

1.2.1. For Medical Appointment types, CHCS and EWSR will support only the ten standard Appointment types in templates, schedules, and on help lists. Dental clinics will now also be restricted to the ten standard medical appointment types plus one dental appointment type, DROUT. Ancillary clinics will continue to be able to create and use their own appointment types for provider templates, schedules, and booking.

1.2.2. The Standard Appointment Type flag in the Appointment Type Table will be set to YES by the system for each medical appointment type that is designated by the IPT as standard. MTFs will not be able to modify this flag or the appointment type.

1.2.3. Wait List appointments will also use only the standard appointment types.

1.2.4. Ten standard appointment types are allowed (for schedulable medical appointments only). Patient access standards are indicated. Appointment types will be used as follows.

1.2.4.1. For Primary Care Only

1.2.4.1.1. PCM 28 day access

1.2.4.1.2. ROUT 7 day access

1.2.4.2. For Specialty Care Only

1.2.4.2.1. SPEC 28 days/provider designated

1.2.4.2.2. ROUT 7 days for Mental Health self referral only

1.2.4.3. For Both Primary and Specialty Care

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

1.2.4.3.1. ACUT	24 hour access
1.2.4.3.2. OPAC	Same Day
1.2.4.3.3. WELL	28 day access
1.2.4.3.4. PROC	28 days/provider designated
1.2.4.3.5. EST	provider designated
1.2.4.3.6. GRP	provider designated
1.2.4.3.7. TCON	N/A

1.2.4.4. Only five standard appointment types are recommended for Dental appointments.

1.2.4.4.1. ACUT	Acute (24 hours)
1.2.4.4.2. DROUT	Dental Routine (21 days)
1.2.4.4.3. SPEC	Specialty (28 days)
1.2.4.4.4. WELL	Wellness (28 days)
1.2.4.4.5. PROC	Procedure (28 days or provider designated)

1.3 Detail Codes

1.3.1. MTFs may only add site defined age codes to the Detail Code file. This applies to all clinics, including Dental and Ancillary.

1.3.2. Multi-Service platforms should coordinate age detail code builds with all MTFs serviced by the platform.

1.3.3. MTFs should develop their own age codes and include them in the Detail Code Table. Age codes indicate the appropriate age of the patient. The standard format for the age code is an age range, e.g. 0-12, 17-65, 0-3D, 1W-4W, 0-6M, 3M-6M, 65-120. The

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

age is in years unless otherwise indicated with a D (days); a W (weeks); or an M (months). The lower age precedes the upper age limit and must be separated by a hyphen.

1.3.4. Detail codes for clinical care should only be used to identify sub-specialty care when a clinic performs that care intermittently, not as their sole mission. Detail codes are not intended to replace the clinic hospital location names or MEPRS codes for sub-specialty care.

1.3.5. The Workload Type Field (count or non-count) must be assigned to each appointment slot in templates and schedules to indicate appropriate workload for that care and provider combination.

1.4. Security Keys

1.4.1. Scheduling Supervisors tasked to create and maintain medical clinic profiles must have the new SD APPT STAND security key. This security key will allow the Scheduling Supervisor to enter/edit Appointment Types and Detail Codes linked to a specified clinic in the MCP module on CHCS and EWSR.

1.4.2. Booking clerks tasked to correct detail codes and appointment types when booking appointments must have the SD APPT STAND security key. This security key will also control the ability of a clerk to book appointments that are outside the access standard.

1.4.3. The SD APPT STAND security key will control splitting and joining of appointments by allowing or disallowing a user to override the appointment type and detail codes during booking to make the new appointment(s) fit the patient demographics and access standard.

1.4.4. A clerk with the responsibility for maintaining workload data must be assigned the new SD WK LOAD security key. This security key will allow a user to correct the Workload Type information on an appointment in templates, schedules, on booked appointments, and at End-of-Day processing.

1.4.5. Clerks will require the SD CHG AGE GNDR security key to book a patient who does not match the age and gender criteria for an appointment as indicated by age and gender detail codes. This security key is activated across all clinic and MTFs on the host.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

2. SCHEDULES AND TEMPLATES.

The following business rules apply to the processes required to successfully build provider templates and schedules.

2.1. Assigning Detail Codes

2.1.1. MTFs may create their own age detail codes. However it is critical that these codes be coordinated and standardized across the MTFs on the host.

2.1.2. MTFs may propose new standard detail codes. Refer to Appendix M for new detail code proposal and approval processes.

2.1.3. MTFs should review the use of the ten standard Patient Access Types (see Appendix N).

2.1.4. MTFs are able to modify their templates and schedules to include the appropriate detail codes on each slot. The detail codes appear on the Appointments Display screen when selecting and booking an appointment.

2.1.5. Access to the slot comment field during booking is inconvenient but available. In CHCS, if the slot comment contains a comment, a tilde (~) will appear in front of the appointment on the list of available appointments during booking. The slot comment is viewable on a secondary window when the user selects a specific appointment and presses F9. In EWSR, a column will indicate Yes or No if there are comments and the user clicks on the underlined Clinic Name to view the comments. Reporting will be inconsistent if slot comments are used improperly.

2.1.6. Detail codes are optional on the schedules, templates, and in booking searches. However the slot comment field should not be used in place of detail codes for the purpose that detail codes are designed. TOL will require that all detail codes be stored in one of the four detail code fields.

2.2. Batch Assigning Slot Characteristics

2.2.1. Appointment detail codes, appointment duration, and appointment type may be batch assigned to multiple appointment slots when creating the slots in templates and schedules.

If modifying the slots, a user must select slots that have identical characteristics in order to batch assign a change to them.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

2.2.2. When slots are modified, CHCS deletes the reconfiguration data for only the modified slots. In CHCS, if reconfiguration is needed, the user should rebuild the reconfiguration criteria from scratch on the modified appointments only. EWSR will rebuild reconfiguration data from the appointment type in the Provider Profile for the appointment(s) modified.

2.2.3. The appointment duration will be initially defaulted from the appointment type in the Clinic Profile for non-count clinics and from the appointment type in the Provider Profile for count clinics. Users may override the default duration for the appointment slots being created in templates and schedules and specify the actual minutes required by the provider for the appointments.

2.3. Template Creation

2.3.1. Recommend the maximum use of templates when a provider or clinic regularly replicates standard schedules. This assumes the clinic or provider knows the mix of patients seen over each time period

2.3.2. Modify templates instead of creating new templates

2.3.3. MTFs should establish standard naming conventions for templates

2.3.4. The appointment duration will continue to be set in the Clinic Profile and Provider Profile based on the appointment type.

2.3.5. In templates, each slot may define appointment types, the appointment duration, the authorized beneficiary categories, the workload type, and up to 4 detail codes for the visit. The detail codes include a Patient Access Type as follows: Active Duty only; Prime only; Active Duty and Prime only; GME only; no Active Duty; No Prime; no Active Duty and no Prime; Special Programs Patients and TRICARE Plus; TRICARE Standard; and Active Duty, Prime, TRICARE Plus, and Special Programs Patients.

2.3.6. The appointment duration is defaulted for each appointment type from the Clinic Profile to the Provider Profile and then to the appointment slot in the template with that appointment type. The duration may be overridden by the provider or schedule clerk.

2.3.7. The workload type will be defaulted by appointment type from the Clinic Profile for non-count clinics and from the Provider Profile for count clinics and may

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

be overridden by a provider or schedule clerk who are assigned the SD WK LOAD security key.

2.4. Schedule Creation

2.4.1. Schedules should be released a minimum of 30-45 days ahead. Slots should be OPEN.

2.4.2. Determine who should enter age restrictions on schedules.

2.4.3. The appointment duration will continue to be set in the Clinic Profile *and* Provider Profile based on the appointment type.

2.4.4. Each schedule slot may define the new appointment types, the appointment duration, the authorized beneficiary categories, the workload type, and up to 4 detail codes for the visit (including a Patient Access Type as follows: Active Duty only; Prime only; Active Duty and Prime; GME only; no Active Duty; No Prime; no Active Duty and no Prime; Special Programs Patients and TRICARE Plus; TRICARE Standard; and Active Duty, Prime, TRICARE Plus, and Special Programs Patients.

2.4.5. The appointment duration will be defaulted from the Clinic Profile to the Provider Profile and then to the appointment slot for each appointment type in the schedule and may be overridden by the provider or schedule clerk.

2.4.6. The workload type will be defaulted by appointment type from the Clinic Profile for non-count clinics and from the Provider Profile for count clinics and may be overridden by a provider or schedule clerk who is assigned the SD WK LOAD security key.

2.5. Identification of Self-Referral Specialties

2.5.1. The following specialties may be provider referred Specialty clinics, candidates for Self-Referral clinics, or included in Primary Care. Generally use the SPEC as the primary appointment type for these clinics. The ROUT appointment type may be used for Mental Health.

2.5.1.1. Allergy

2.5.1.2. Alcohol & Drug

2.5.1.3. Audiology

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

2.5.1.4. Community Health

2.5.1.5. Family Advocacy

2.5.1.6. Mental Health

2.5.1.7. Nutrition

2.5.1.8. Occupational Health

2.5.1.9. Occupational Therapy

2.5.1.10. Orthopedics

2.5.1.11. Optometry

2.5.1.12. Otolaryngology (EENT)

2.5.1.13. Physical Therapy

2.5.1.14. Psychology

2.5.1.15. Psychiatry

2.5.1.16. Social Work

2.5.1.17. Substance Abuse

2.5.2. The following clinics may be considered Primary Care clinics however, they would not normally have an enrolled population.

2.5.2.1. Preventive Medicine

2.5.2.2. Communicable Diseases

3. MANAGED CARE PROGRAM (MCP) HEALTH CARE FINDER BOOKING

The following business rules apply to the processes required to successfully book appointments using the CHCS or EWSR MCP module.

3.1. Patient Identification and Registration

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.1.1. Identify the patient and verify eligibility for care according to DEERS. Failure to do so can result in the patient being booked incorrectly, i.e., an enrollee is not booked to their PCM.

3.1.2. The booking clerk shall verify and correct the patient phone number and address at each encounter.

3.1.3. Verify the TRICARE Prime status according to DEERS. If not current, the patient will be booked incorrectly in CHCS and EWSR since CHCS and EWSR determine the correct booking module from the HCDP code.

3.1.4. Verify and ensure the priority for care in the MTF, i.e., Active Duty, Prime, TRICARE Plus, Non-Prime, NATO, Foreign Nationals, ineligibles, etc.

3.1.5. Examples of acceptable DEERS eligibility overrides are:

3.1.5.1. Newborns

3.1.5.2. Patient has a valid ID card but registration is not yet recorded in DEERS

3.1.5.3. Secretarial Designees

3.1.6. If a user overrides the ineligibility and enters the override reason, the patient may be booked using the MCP Non-Enrollee Booking function.

01 Care denied. - Not Treated

02 Patient presented a valid DD Form 1172 and a valid ID card.

03 Patient recently became eligible for benefits (less than 120 days) and presents card issued within 120 days (Patient not on DEERS).

04 Sponsor recently entered Active Duty for a period of greater than 30 days.

05 Newborn infant less than 1 year old.

06 Patient has valid ID card issued within 120 days (Patient on DEERS but shown ineligible).

07 Emergency Care – Eligibility and billing determination still required. MTF to maintain audit trail.

08 Sponsor's Duty Station Outside the 50 United States or within APO/FPO Address.

09 Survivors of Deceased Sponsors. One time exception.

10 DEERS enrollment exception. Billing determination required.

99 SSN erroneously keyed. Disregard ineligible response.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.2. Access Management

3.2.1. Identify the appropriate ATC category/search function and the corresponding appointment type based on the type of care requested by the patient.

3.2.2. A patient may choose PCM continuity over the access standards. It is recommended that the patient be encouraged to choose PCM continuity.

3.2.3. If a patient prefers access standards over continuity of care every effort must be made to provide an appointment within the access standards.

3.2.4. If a patient waives the access standard, the clerk MUST document the appointment refusal in CHCS or EWSR.

3.2.5. MTFs should conduct a periodic review of all templates and schedules. Delete all templates that are no longer needed.

3.2.6. Referrals should be tracked to ensure that the patient receives an appropriate appointment within the access standard defined by the provider.

3.3. Searching for an Appointment

3.3.1. Ask the patient if they need to see the physician or just talk to the physician (a telephone consultation) to solve their problem. This is an MTF option for demand management.

3.3.2. Select the ATC category/search function based on the patient's requested urgency for care. The following table reflects the ATC standards for patients to receive care. These standards are applied to the minute, e.g. 24 hours from an acute request made at 10 AM must be booked by 10AM the next day to meet the access standard.

ATC Category	ATC Standard
ACUTE	24 hours (1440 minutes)
ROUTINE	7 days (10,080 minutes)
WELLNESS	28 days (40,320 minutes)
SPECIALTY	28 days (40,320 minutes)
FUTURE	No standard or provider designated
DROUTINE	21 days (Dental only, Oct 2003)

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.3.3. Booking clerks should be familiar with the appointing system process on the order of precedence for an appointment search for PCM booking . Refer to Appendix C, Appointment Standardization Methodology, page C-3, para 8.1., the order of search precedence for appointments.

3.3.4. CHCS or EWSR will display available appointments based on the following criteria: ATC category, clinic specialty, provider, place of care, and requested date range. Searching by appointment type or specific detail codes is also supported.

3.3.5. If the clerk selects the location as search criteria, then the user must also select a specialty type.

3.3.6. If a clinic specialty is selected, a provider must also be selected and the provider must support the specialty in order to obtain a list of appointments.

3.3.7. Selecting the specialty type will result in a broader search than using the clinic specialty.

3.3.8. Select the PCM appointment type for a Prime initial PCM visit only.

3.3.8. Select the SPEC appointment type for a Specialty initial visit only.

3.3.9. Select EST to find an appointment for follow-up primary care or specialty care.

3.3.10. Select MCP Booking for care available in the MTF to search for an MTF appointment before referring to the network. Non-MTF appointment booking is a self referral option not a PCM clinic option.

3.3.11. The fastest search is the selection of the exact place of care. and EWSR will display all available appointments for that clinic. However this search will result in fewer appointment options for the patient. This search option requires the clerk to know the MTF clinics well in order to find the appropriate care wherever it is available.

3.3.12. Searches will take longer if too many search criteria are selected. Booking clerks should limit the search criteria to only those fields needed to find an appropriate appointment. Selecting many fields can result in no appointments shown.

3.3.13. Selecting the location (zip code combinations) may take longer. Zip code combinations should have only the zip codes of the facilities you want to search. The more zip codes included, the longer the search will take.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.3.14. If the search consistently fails to find appointments in a clinic that has appointments, it may be a File and Table Build deficiency. Refer the problem to your MTFMCP File and Table points of contact.

3.3.15. The Booking Authority security key is assigned to a provider and appointment type. If a clerk does not have that security key the clerk will not be able to view or book the appointments with that provider. Use this security key carefully. Make sure TOL users are included as valid users or patients booking on TOL will never see the appointments regulated by this security key.

3.3.16. Detail Codes (including patient access types) and duration are included in the list of searchable criteria.

3.3.17. The system will first display the appointments that exactly match the Access to Care Category and search criteria as well as the patient demographics. If the Exact Match appointments do not meet the patient's needs, the clerk may press return to select the All Appointments option to view appointments of all types out 28 days. The user may be required to modify the appointment type and/or detail codes on appointments in the All Appointments list in order to book them.

3.4. Booking an Appointment (General)

3.4.1. Select an appointment that has an appointment type that is consistent with the ATC category and matches the access standard as follows:

<u>ATC Category</u>	<u>Appointment Type</u>	<u>ATC Standard</u>
ACUTE	→ ACUT	24 hours
ACUTE	→ OPAC	Same Day
ROUTINE	→ ROUT	7 days
WELLNESS	→ WELL, PCM	28 days
SPECIALTY	→ SPEC	28 days
SPECIALTY	→ PROC	28 days or provider designated within 28 days
FUTURE	→ EST, GRP	provider designated
DROUTINE	→ DROUT	21 days (Dental only, Oct 2003)

3.4.2. Book the appointment and, if necessary, correct the appointment type to match the ATC category, e.g., correct the appointment type from WELL to ACUT for an

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

ACUTE category. If you don't have the security key to do this, refer it to a clerk who has this privilege.

3.4.3. It is recommended that appointments be joined or split (See Browse option below) to offer flexibility and reflect reality. Always correct the appointment type and appointment duration to accurately reflect the planned visit. Control of the security key to permit a clerk to join or split an appointment is the responsibility of the MTF.

3.4.4. Consult local definitions of appointing rules to determine when to change an appointment type.

3.4.5. If the detail fields do not contain a Patient Access Type and the slot comment does not restrict who can use the appointment, then the appointment is available to be booked to anyone.

3.4.6. When a detail code contains a Patient Access Type (Active Duty; Prime; Active Duty and Prime; GME; No Active Duty; No Prime; No Active Duty and no Prime; Special Programs Patients or TRICARE Plus; TRICARE Standard; or Active Duty, Prime, TRICARE Plus, and Special Program Patients) or a slot comment restricts who can use an appointment, the clerk should only allow patients who qualify to be booked to the appointment unless instructed to override the access type.

3.4.7. Refer the appointment to a clerk who has the security key to correct the detail code. Consult local definitions of appointing rules to determine when to change a detail code. Book the appointment and correct the detail code to match the care scheduled for the patient.

3.5. PCM Booking

3.5.1. The accurate build of the PCM files and tables is very important to the success of PCM booking. For PCM By Name, the organization of the PCM group is critical to successful booking when the PCM is not available.

3.5.2. When booking to a PCM in an alternate place of care, identify the correct ATC category and corresponding appointment type based on the patient request

3.5.3. When booking to PCM team members in the enrollee's assigned place of care, identify the appropriate ATC category and appointment type based on the patient's request.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.5.4. When booking to a provider within the enrolling MTF who does not belong to the enrolling PCM Group, a referral is required, except for Operational Forces (refer to paragraph 3.9 below).

3.5.5. The AOP option will display on the PCM Booking action bar for each patient who has a consult order. If AOP appears, it is very important to use AOP to book the appointment for the referral. If a walk-in is entered instead, it is very difficult to close out the corresponding referral.

3.5.6 A Primary Care referral is required when booking an appointment for a Prime patient who belongs to the enrolling MTF but not the PCM Group they are not enrolled to. Referral Booking or self-Referral Booking may be used in this instance. .

3.6. Non-Enrolled Booking

3.6.1. The following patients are examples of non-enrollees who should be booked through the Non-Enrollee Booking function: all ineligible or patients whose DEERS check is incomplete, NATO, Secretarial Designees, over 65 and non-TRICARE Plus, non-enrolled retirees, non-enrolled family members (Space available), GME patients, Special Programs patients, dependant parents/in-laws, reservists on active duty less than 180 days and not deployed, foreign nationals, midshipmen, Specialized Treatment Services (all eligible beneficiaries), and Department of Defense Dependent School (DODDS) teachers.

3.6.2. FEHBP and USTF enrollees should not be seen in the MTF except by special signed agreement.

3.6.3. In EWSR Foreign Nationals will match to appointments reserved for Active Duty and AD Family Members as appropriate.

3.6.4. For specialty care, make sure the patient is booked to the correct specialty clinic.

3.6.5. All non-enrollee appointment refusals will be documented.

3.6.6. The decision to offer telephone consults versus future appointments to non-enrollees is a local or regional responsibility.

3.6.7. TRICARE Standard and TRICARE Extra beneficiaries should not be booked to PCM appointment types.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.6.8. Clinics may be required to reserve a fixed percentage of their available appointments for the "at risk" population, i.e., those patients who receive care that the TRICARE contractor has financial responsibility for, including TRICARE Standard, TRICARE Extra, and space available patients.

3.7. Referral Booking

3.7.1. Referral booking contains two separate functions: Booking a referral that has an associated Consult, and creating a referral for Primary Care.

3.7.2. Specialty appointments will usually be booked by a HCF (the Consult Tracking option).

3.7.3. Before creating a referral for care, ensure that no existing Consult Order exists for the care.

3.7.4. The CHCS and EWSR default start time to stop time for a consult order is currently 28 days from the date and time the consult is entered into the system by the provider. The DoD policy is that the default should be 28 days.

3.7.5. Before changing start/stop dates for Consult Orders, regional issues should be considered as well as the impact on ATC measures and performance for each clinic.

3.7.6. When a new Consult Order is incomplete, inadequate, or unacceptable, train the staff in alternative procedures.

3.7.7. When modifying an existing referral, develop local policy and train the clerks on the data elements that may be changed.

3.7.8. Train the provider on the importance of entering the number of authorized visits on the referral and the Advice Only flag (for Evaluation vs. Evaluation and Treat).

3.7.9. Providers should be trained on the use of the start and stop dates on the referral.

3.7.10. The Reason for Referral field should always be completed and should include all clinical information provided by the referring provider.

3.7.11. The MTF and Region should develop guidelines on when to enter or modify the review status and the review comment on a Consult Order.

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

3.7.12. In Consult Tracking, when performing the consult review, the reviewing official should enter the clinic name in the comments if they know where the patient should get the care or the clinic specialty if the care is to go downtown.

3.7.13. Use of the CPT and ICD codes is optional per local determination but if mandated, the clerk should make sure the values are correct.

3.7.14. After the initial appointment for a referral or consult order, the time elapsed for the remaining visits is provider designated.

3.8. Operational Forces Booking

3.8. 1. When an operational forces member (enrolled to their ship or mobile unit) returns to home base, this feature allows these forces to be booked to their unit/ship PCM or to any provider in any place of care in any MCP Provider Group that the patient's PCM is assigned to, even though the patient is enrolled to a different DMIS ID from the home base MTF.

3.8. 2. In order for this feature to work correctly, sites must ensure that the enrollee's MCP enrollment place of care is defined and the new Ops Forces Booking Allowed flag is set to YES on that MCP place of care record.

3.9. Appointments Refusal

3.9.1. If a patient refuses an appointment that is within the access standards, CHCS and EWSR require that the refusal be documented in the Appointment Refusal option with the reason "ATC Declined - Patient Preference". This documentation will prevent the appointment from being counted as outside the clinic's access standards. This refusal reason is only available under the above conditions and cannot be entered otherwise.

3.9.2. All patient refusals must be documented with appropriate standard refusal codes. Sites may not add new refusal reasons to this list.

3.9.3. The current standard refusal codes when a patient is offered several appointments and refuses all offered appointments are:

3.9.3.1. Requested Provider not available

3.9.3.2. Appointment date/time unacceptable

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

- 3.9.3.3. Unhappy with MTF service/provider(s)
- 3.9.3.4. Unhappy with Group/Provider
- 3.9.3.5. Distance too great to travel
- 3.9.3.6. Wanted a civilian appointment
- 3.9.3.7. Cost share too high
- 3.9.3.8. ATC Declined - Patient Preference
- 3.9.3.9. ATC Request Late - Patient called late for appointment

3.10. Self-Referral Booking

3.10.1. The Self-Referral Allowed indicator must be set to YES in the clinic's Profile in order for the clinic to use the self-referral function to book appointments.

3.10.2. The following specialties may be considered for self-referral:

- 3.10.2.1. Allergy
- 3.10.2.2. Alcohol & Drug
- 3.10.2.3. Audiology
- 3.10.2.4. Community Health
- 3.10.2.5. Family Advocacy
- 3.10.2.6. Mental Health
- 3.10.2.7. Nutrition
- 3.10.2.8. Occupational Health
- 3.10.2.9. Occupational Therapy
- 3.10.2.10. Orthopedics

APPENDIX E

STANDARD SYSTEM BUSINESS RULES

- 3.10.2.11. Optometry
- 3.10.2.12. Otolaryngology (EENT)
- 3.10.2.13. Physical Therapy
- 3.10.2.14. Psychology
- 3.10.2.15. Psychiatry
- 3.10.2.16. Social Work
- 3.10.2.17. Substance Abuse

3.11. Wait List Requests

3.11.1. When matching a Wait List Request that includes detail codes to a clinic appointment slot that has no detail codes, CHCS and EWSR will book the Wait List request to the appointment slot provided each of the Wait List Request detail codes match a detail code defined on the Clinic Profile.

3.12. Enrolled Elsewhere Booking

- 3.12.1. The Enrolled Elsewhere Booking allows the following types of patient to be booked to any PCM and/or to any specialist in the MTF without a referral.
- 3.12.2. Active Duty who are not enrolled to any MTF will be booked in this option.
- 3.12.3. Prime patients who are enrolled to an MTF on another CHCS host will be able to be booked as an enrollee without a PCM on this CHCS host.
- 3.12.4. Prime patients enrolled to a Civilian PCM.
- 3.12.5. Patients who are temporary Active Duty.