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PAS APPOINTMENT STANDARDIZATION Phase II + SCRs IMPLEMENTATION UPDATE GUIDE CHCS S/W VERSION 4.630

D/SIDDOMS II

DOD MILITARY HEALTH SYSTEM
CITPO
CLINICAL INFORMATION TECHNOLOGY PROGRAM OFFICE

Delivery Order #091, FY00 CHCS Appointment Processing Standardization (APS), Deliverable Item 08

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PAS: Implementation Update Guide

Table of Contents

Section **Page**

HOW TO USE THIS DOCUMENT v

1. SUMMARY OUTLINE 1-1

1.1 NON STANDARD APPOINTMENT TYPE/DETAIL CODE SUMMARY REPORT 1-1
1.2 APS II+ CONVERSIONS 1-1
1.3 ACCESS TO CARE CATEGORY CHANGES 1-2

2. SUBSYSTEM CHECKLIST 2-1

2.1 USER TRAINING 2-1
2.2 IMPLEMENTATION ISSUES 2-1
2.3 INTEGRATION ISSUES 2-3
2.4 FILE AND TABLE CHANGES 2-3
2.5 SECURITY KEYS 2-4

3. CHANGES AND ENHANCEMENTS 3-1

3.1 NON-STANDARD APPOINTMENT TYPE/DETAIL CODE SUMMARY REPORT 3-1
3.1.1 Overview of Change 3-1
3.1.2 Detail of Change 3-1
3.1.3 File and Table Change 3-7
3.1.4 Implementation Issues 3-7
3.2 APS II+ CONVERSIONS 3-8
3.2.1 Overview of Change 3-8
3.2.2 Detail of Change 3-8
3.2.3 File and Table Change 3-14
3.2.4 Implementation Issues 3-15
3.3 ACCESS TO CARE CATEGORY CHANGES 3-15
3.3.1 Overview of Change 3-15
3.3.2 Detail of Change 3-15
3.3.3 File and Table Changes 3-17
3.3.4 Implementation Issues 3-17

LIST OF APPENDIXES

Appx	Title	Page
A	SECURITY KEYS	A-i
B	MASTER CHECKLIST	B-i
C	STANDARD APPOINTMENT TYPES	C-i
D	STANDARD DETAIL CODES	D-i
E	SAMPLE REPORTS	E-i
F	SIRS/SCR	F-I

How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.630. There is an IUG for each functionality. This IUG is applicable to the PAS subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.

2. SUBSYSTEM CHECKLIST - This is a step-by-step list of pre- and post-install implementation activities.

3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.

4. APPENDIXES - applicable information pertaining to the implementation of Version 4.630 including a Master Checklist.

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1. SUMMARY OUTLINE

This section is recommended as a handout for users. This document is intended to explain software changes included with the APS II+ enhancements. Related DOD, TMA policy changes and guidelines may be found in the Commander's Guide to Access Success on the TRICARE Access Imperatives web page at http://www.tricare.osd.mil/tai. Please review those documents for policy guidance.

1.1 NON STANDARD APPOINTMENT TYPE/DETAIL CODE SUMMARY REPORT

A new report, the Non Standard Appointment Type/Detail Code Summary Report, will display all non-standard appointment types and detail codes in use for all hospital locations with a Location Type of C (Clinic) or S (Same Day Surgery). This report will be loaded 45-60 days prior to the APS II + SCR enhancements conversions to aid all facilities in identifying non-standard Appointment Types and non-standard Appointment Detail Codes currently in use. It will apply to all medical clinics with a MEPRS code not equal to C***/DCA*.

Table updates to the Appointment Type file and the Appointment Detail code file will be provided to all facilities prior to the APS II+ release. Use of the new report prior to the APS II+ load will assist in identifying any non-standard appointment types and detail codes linked to clinics profiles, provider profiles, templates, schedules, and wait lists. Dental and Radiology clinics with the location type of "C" (MEPRS code = C***/DCA*) and that use PAS/MCP booking will be unaffected. Dental clinics with the location type "D" using the Dental Scheduler, DDSA, will also be unaffected.

1.2 APS II+ CONVERSIONS

The APS II+ software install will consist primarily of three "one time only" conversions. These conversions include:

- Appointment Type File Conversion
- Appointment Detail Code File Conversion
- Hospital Location File Conversion

The APS II+ release will permit PAS/MCP users in all medical clinics to select only active standard appointment types and/or standard/site-defined Age detail codes in all PAS/MCP functions. These functions include creating/editing templates and schedules, searching for available appointments in all PAS/MCP booking functions, and while entering or processing wait list requests. Dental and Radiology clinics with a location type of "C" and MEPRS code C***/DCA* may still use the non-standard Appointment types and non-standard Detail codes. Dental clinics with a Location Type of D (Dental) currently using the DDSA Scheduler Graphic User Interface (GUI) to schedule appointments will not be impacted by the release of APS II+

1.3 ACCESS TO CARE CATEGORY CHANGES

With the release of APS II+, the previous 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will change to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report and Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories. APS II+ will set the authorization date default of a routine consult order or referral at 28 days.

APS II+ will not affect the 30-day administrative closure of consults that have not been reviewed.

2. SUBSYSTEM CHECKLIST

2.1 USER TRAINING

___ Clinic Supervisors, Schedule creators. A 30 min presentation to review the standard appointment types and detail codes, the new Non-Standard Appointment Type/Detail Code Summary Report , new business rules, and Access to Care Standards changes. Alternatively, handouts may be given to this group.

___ Clinic Supervisors should review section 3.1 when the new report, Non-Standard Appointment Type/Detail Code Summary Report, is loaded to determine what they may need to clean up prior to the APS II+ install.

____ Booking Clerks. A 30 min presentation or handout reviewing the use of standard appointment types and detail codes, the changes to the access standards for the Specialty and Wellness categories.

2.2 IMPLEMENTATION ISSUES

Pre-APS II+ Load

____ PAS/Clinic supervisors should generate the Non-Standard Appointment Type/Detail Code Summary Report (see section 3.1) prior to the APS II+ load. This report will be loaded 45-60 days prior to the APS II+ load and will accurately reflect the usage of non-standardized Appointment Types and Detail Codes. The report should be run as often as necessary to insure corrections are done.

____ PAS/Clinic supervisors should ensure clinic profiles, provider profiles, schedules, templates, and wait list are scrubbed of non-standard appointment type and detail codes prior to the APS II+ load. Dental and radiology clinics are exempt.

____ Appointments already booked and using non-standard appointment types may not be edited via the schedules because of existing software rules. They may be edited in EOD Processing. Please refer to sections 2.2 post-install and 3.0 for details on how to correct them.

____ Clinic supervisors should review the enhancements of the APS II+ project and schedule training time for clinical users.

Post-APS II+ load

____ PAS/Clinic supervisors should generate the Non-Standard Appointment Type/Detail Code Summary Report to ensure clinic profile, provider profiles, schedules, templates and wait lists are free of non-standard appointment types and detail codes.

Note that the Non-Standard Appointment Type/Detail Code Summary Report will be generated via TaskMan after normal business hours (Refer to Section 3.1 for details).

____ The DBA or systems personnel should assign the SD MOD APPT security key to users who may have to add, edit or inactivate non-standard Dental and Radiology appointment types in the Appointment Type Enter/Edit option (APRO).

____ The DBA or systems personnel should assign the SD DETAIL CODE security key to users who add, edit, or inactivate site-defined AGE detail codes using the Appointment Detail Codes Enter/Edit option (DFIL) on the File/Table Maintenance Menu in Scheduling Supervisor.

____ Use of the Appointment types TCON, TCON$, TCONX is intended for those facilities already using them in their booking processes. They are NOT intended to replace TCON*.

____ Use of the Appointment Type TCON* is restricted to system usage. CHCS utilizes this appointment when Telephone Consults are entered through USV (Unscheduled Visits) or through the MCP Booking functions (BHCF).

***The TCON* Appointment Type should never be deleted. All clinic and provider profiles should contain this appointment type**. Providers must be in the CHCS user file for TCON* to work correctly.

____ Booked non-standard appointments in medical clinics (MEPRS other then C***/DCA*) cannot be modified in the schedules after they have been booked. They may be modified via EOD Processing. Front desk personnel may still check patients in for appointments with non-standard appointment types using the options IPC (Individual Patient Check-in) or MCD (Multiple Patient Check-in).

____ In End of Day processing (EOD), if a user carriage returns <cr> through all fields of an appointment with non-standard appointment types, CHCS will force them to change the appointment type to a standard one. However, if they select data elements and select only Appt status or any fields other then Appointment Type, they will not have to change the appointment type.

____ Dental and Radiology clinics (location type “C” and MEPRS code C***/DCA*) using PAS/MCP for booking will be unaffected and may continue their EOD processing as previously.

2.3 INTEGRATION ISSUES

____ Dental clinics using the DDSA Dental Scheduler (location type “D”) will be unaffected by this update and may continue to use their appointment types.

____ Dental and Radiology clinics (location type “C” and MEPRS code C***/DCA*) using PAS/MCP for booking may continue to use non-standard appointment types.

____ Users adding or editing non-standard appointment types for dental and radiology clinics must posses the new Security key SD MOD APPT.

2.4 FILE AND TABLE CHANGES

Pre-APS II+ Load

____ Systems personnel should verify that the Appointment Type file update with the new Appointment Types has been completed prior to installing the APS II+ software and running the conversions.

____ Systems personnel should verify that the Appointment Detail Code file update with the new Appointment Detail Codes has been completed prior to installing the APS II+ software and running the conversions.

Post-APS II+ Load

____ The Appointment Type file (#44.5) has one new field added. The Non-Medical Appointment Type field (44.5,6), if set to YES, is a flag indicating that the appointment type can be used by a clinic with the MEPRS code 'C***' or 'DCA*'.

____ Standard Appointment Types will be completely uneditable by any CHCS user.

____ Non-standard Appointment Types may be added/edited/inactivated by authorized users with the new SD MOD APPT security key. Only the field “Non-Medical Appt Type” may be edited from NO to YES or vice versa and may only be used in clinics with the MEPRS code “C*** or DCA*”.

____ Standard Appointment Detail Codes will be uneditable by CHCS Users.

____ Site defined Age-Range Detail Codes may be edited/added/inactivated by holders of the new security key, **SD DETAIL CODE**.

____ The 28 day standard for the Access to Care (ATC) Categories, Specialty and Wellness, is hard coded.

2.5 SECURITY KEYS

SD MOD APPT	Authorizes a user to add, edit or inactivate non-standard dental/radiology appointment types (i.e. Non-Medical Appt Type field set to YES) in the Appointment Type Enter/Edit option.
SD DETAIL CODE	Authorizes a user to add, edit, or inactivate site-defined AGE-Range detail codes using the Appointment Detail Codes Enter/Edit option on the File/Table Maintenance Menu in Scheduling Supervisor.
SDZ PAS FILE-TABLE MAINT	This is not a new key but is needed to access the File and Table menu and the option DFIL to add/edit/inactivate Age-Range Detail codes.

3. CHANGES AND ENHANCEMENTS

3.1 NON-STANDARD APPOINTMENT TYPE/DETAIL CODE SUMMARY REPORT

3.1.1 Overview of Change

A new report, the Non Standard Appointment Type/Detail Code Summary Report, will display all non-standard appointment types and detail codes in use for all hospital locations with a Location Type of C (Clinic) or S (Same Day Surgery). This report will be loaded 45-60 days prior to the APS II + SCR enhancements conversions to aid all facilities in identifying non-standard Appointment Types and non-standard Appointment Detail Codes currently in use. It will apply to all medical clinics with a MEPRS code not equal to C***/DCA*.

Table updates to the Appointment Type file and the Appointment Detail code file will be provided to all facilities prior to the APS II+ release. Use of the new report prior to the APS II+ load will assist in identifying any non-standard appointment types and detail codes linked to clinics profiles, provider profiles, templates, schedules, and wait lists. Dental and Radiology clinics with the location type of "C" (MEPRS code = C***/DCA*) and that use PAS/MCP booking will be unaffected. Dental clinics with the location type "D" using the Dental Scheduler, DDSA, will also be unaffected.

3.1.2 Detail of Change

This section discusses the new report and the table updates which will all be loaded prior to the APS II+ software load.

3.1.2.1 Table Updates

Prior to the APS II+ software deployment date, the following will be released to all sites and should be loaded:

A. **Appointment Type Table Update.**
This update will be release as special software in a change package prior to the release of the APS II+ software. A list of the Standard Appointment Types is contained in Appendix C.

1. This update will enable sites time to resolve any file/table issues with regard to non-standard appointment types still in use and transition to APS II+.

2. The Appointment Type file (#44.5) update will include the updated list of standardized medical appointment types to be used by all medical clinics with a Location Type of C (Clinic) or S (Same Day Surgery).

3. Dental clinics with a Location Type of D (Dental) currently using the DDSA Scheduler Graphic User Interface (GUI) to schedule appointments will not be impacted by the release of APS II+. Dental or Radiology Clinics with a Location Type of C (Clinic) and with a MEPRS Code of C*** or DCA*, respectively, will not be impacted either.All fields of the standard appointment types will be made uneditable.

6. For each new standard appointment type being added, the update will set the field "**Are Appointments Slots Searchable**?" to **YES.** T-CON* is the only standard appointment that is non-searchable.

7. One new Appointment Type (**OPAC Open Access Appt**) is being added to the standardized appointments. Please refer to the Commander's Guide to Access to Care for policy guidance on its use.

8. The Appointment Type, **TCONX**, is being treated as a Standard Appointment until such time as TMA policy may be modified.

9. Standard Appointment Types with the "$" extender are intended for use by the clinic only. Please refer to the Commander's Guide to Access to Care for policy guidance on its use.

10. **T-CON*** appointment type is used by CHCS when Telephone consults are generated. Please do not attempt to modify or inactivate this appointment type. All clinics profiles and provider profiles should contain this appointment type. Providers must be in the CHCS user file for Telephone Consults to work properly.

B. **Appointment Detail Code Table Update.**
This update will be release as special software in a change package prior to the release of the APS II+ software. It should be loaded prior to the APS II+ software load. A list of the Standard Appointment Detail Codes is contained in Appendix D.

1. This update will enable sites time to resolve any file/table issues with regard to non-standard appointment detail codes still in use.

2. The Appointment Detail Code file (#44.7) will be updated to include the updated standardized Appointment Detail Codes.

3. All fields in each standard appointment detail code will be made uneditable.

4. All standard appointment detail codes (new and existing) will have the field "**STATUS**" set to "**YES**".

3.1.2.2 Non-Standard Appointment Type/Detail Code Summary Report.

This report was developed to assist CHCS facilities in identifying any profiles, templates, schedules, and/or wait list requests currently linked to one or more non-standard appointment types and/or appointment detail codes. It should be generated prior to the APS II+ software load so that clinics may make corrections as needed.

A. The new report, the Non-Standard Appointment Type/Detail Code Summary Report, has been added to the Problem Avoidance Report Menu (refer to Screen 3.1-1) in the Scheduling Supervisors menus.

<u>MENU PATH</u>: CA→PAS→SC→MGRM→PMGR → #6 Non-Standard Appointment Type/Detail Code Summary Report

========== **Screen 3.1-1** ==========

1 Delinquent End-of-Day Processing Report
2 Problem Avoidance Report
3 Schedule Deficiency Monitor Report
4 Telephone Consult Report
5 Wait List Management Report
6 Non-Standard Appointment Type/Detail Code Summary Report ←New

Select Problem Avoidance Reports Menu Option: **6**

========== **End of Screen** ==========

B. **Background**

The Non-Standard Appointment Type/Detail Code Summary Report will:

1. Identify any profile, template, schedule or wait list request linked to one or more non-standard appointment type /detail code.

2. Be released 45-60 days prior ro the APS II+ load but after the table updates of the standard appointment types and detail codes

C. **Running the report.**

When you elect to generate the Non-Standard Appointment Type/Detail Code Summary Report, CHCS will display the Select Division: prompt (refer to screen 3.1-2). The default entry will be the division the user is logged into. The next screen displays an action bar (refer to screen 3.1-3) that allows you to generate the report for one clinic, multiple clinics, or all clinics within the specified Division.

After selecting the clinic/s for which to generate this report, CHCS will display the following message:

THIS IS A COMPLEX REPORT!
IT WILL ONLY BE PRODUCED AFTER NORMAL DUTY HOURS, AND
IT WILL NOT BE AVAILABLE UNTIL TOMORROW MORNING.

DO YOU WANT TO PROCEED WITH THIS REPORT? NO//

If you elect to proceed, the Non-Standard Appointment Type/Detail Code Summary Report will print after normal business hours.

The Non-Standard Appointment Type/Detail Code Summary Report will report as output any non-standard appointment types/detail codes linked to the specified clinic's clinic/provider profiles, templates, schedules, and/or wait list requests.

1. The division the user is signed on to will be the default division but may be changed by the person generating the report (refer to screen 3.1-2 below)

========== **Screen 3.1-2** ==========

```
Non-Standard Appointment Type/Detail Code Summary Report

Select DIVISION: NAVY INPATIENT DIVISION//
```

========== **End of Screen** ==========

An additional sort will be added via a follow on change package due to SIR 31629. If not seen immediately post load, the change package will be made available soon thereafter. The sort is added in order to permit a user to screen out Inactive clinics if desired.

After selection a division and pressing <return>, the user generating the report will see:

"Select DIVISION: NAVY INPATIENT DIVISION// NAVY INPATIENT DIVISION

Select to report (A)ctive, (I)nactive, (B)oth, or (Q)uit: "

If selecting (A)ctive, only the active clinics and providers will be seen. If selecting (I)nactive, he/she will report only the inactive clinic and associated providers will be seen.

2. After the active/inactive clinc has been selected, CHCS allows you to select One, Multiple or All Clinics within that Division (Refer to Screen 3.1-3).

========== **Screen 3.1-3** ==========

```
Non-Standard Appointment Type/Detail Code Summary Report

Division: NAVY INPATIENT DIVISION
Clinic:

-------------------------------------------------------------------------------
Select (O)ne, (M)ultiple, (A)ll Clinics, or (Q)uit:
```

========== **End of Screen** ==========

3. If you select (O)ne, the system will prompt you for the Clinic (Refer to Screen 3.1-4 below).

========== **Screen 3.1-4** ==========

```
Non-Standard Appointment Type/Detail Code Summary Report

Division: NAVY INPATIENT DIVISION
Clinic:

-------------------------------------------------------------------------------
Select CLINIC: Primary Care
```

========== **End of Screen** ==========

4. After you have entered the clinic for which to generate this report, the system will display the following message:

THIS IS A COMPLEX REPORT!
IT WILL ONLY BE PRODUCED AFTER NORMAL DUTY HOURS, AND
IT WILL NOT BE AVAILABLE UNTIL TOMORROW MORNING.

DO YOU WANT TO PROCEED WITH THIS REPORT? NO// .

If you elect to proceed, the system will schedule the Non-Standard Appointment Type/Detail Code Summary Report to be generated after normal business hours.

When you respond with **YES**, CHCS will display a message informing you of the time the report will be generated in addition to the Spool Document name, CHCS Division, date/time, and task number of the report (Refer to Screen 3.1-5). The tasked time used by CHCS will be at 2100. A sample report may be seen in Appendix E.

========== **Screen 3.1-5** ==========

```
*** The Non-Standard Appointment Type/Detail Code Summary Report
has been tasked to run tonight at 2100.

SPOOL DOCUMENT NAME: SD NONSTD N-IN 15Mar2002-0825

TASK #: 114344
```

========== **End of Screen** ==========

**** Please refer to Appendix E of this document for a sample report**.

5. When you select (M)ultiple Clinics (Screen 3.1-3), the system will display all of the clinics for the Division. You may then use the select key to choose the clinics you wish to include on the report (Refer to Screen 3.1-6 below).

========== **Screen 3.1-6** ==========

```
Non-Standard Appointment Type/Detail Code Summary Report

  Division: NAVY INPATIENT DIVISION
    Clinic:
-------------------------------------------------------------------------------
     ACUTE CARE MTF
  *ALLERGY CLINIC - NI
    APU CARDIOVASCULAR
    APU ORTHOPEDIC
  *CARDIOLOGY CLINIC - NI
  *CAST CLINIC – NI
    CARDIOVASCULAR SURGERY
+  DERMATOLOGY CLINIC
-------------------------------------------------------------------------------
```

Use the SELECT key to select the Clinic(s) on which to report

========== **End of Screen** ==========

After you have selected the clinics you wish to include on the report, or if you have chosen (A)ll Clinics from the Division (Screen 3.1-3 above), CHCS will display the message and generate the report as shown above.

3.1.2.3 Business Rules

1. The Non-Standard Appointment Type/Detail Code Summary Report may only be generated for one, multiple, or all clinics in a specified division.

2. The Non-Standard Appointment Type/Detail Code Summary Report may only be scheduled to run to run after normal business hours

3.1.3 File and Table Change

1. The Appointment Type file update, reflecting any and all new standard Appointment Types being implemented in the APS II+ software release, should have been installed.

2. The Appointment Detail Code file update, reflecting any and all new standard Appointment Detail Codes being implemented in the APS II+ software release, should have been installed.

3. Standard Appointment Types will be completely uneditable by any CHCS user.

4. Non-standard Appointment Types may be edited by authorized users with the SD MOD APPT security key. Only the field "Non-Medical Appt Type" may be edited from NO to YES or vice versa and may only be used in clinics with the MEPRS code "C*** or DCA*" (Dental/Radiology Clinics).

5. All standard appointment detail codes will have all fields uneditable.

6. All Standard Appointment Detail codes will have the field "**STATUS**" set to **ACTIVE**.

3.1.4 Implementation Issues

1. The Non-Standard Appointment Types/Detail Code Summary Report will be available 45-60 days prior to the load of the APS II+ software.

2. The above report should be generated immediately post-load to identify clinic profile, provider profiles, schedules, templates, and wait list still using non-standard appointment types. Dental and radiology clinics will not be affected.

3. Make any corrections via the following menu options:

    - Clinic Profile Edit option
    - Provider Profile Enter/Edit option
    - Create/Edit Daily Templatoption
    - Modify Sechedules option
    - Wait List Requests options

4. Rerun the report after corrections are made to verify discrepancies do not exist.

3.2 APS II+ CONVERSIONS

3.2.1 Overview of Change

The APS II+ software install will consist primarily of three "one time only" conversions. These conversions include:

- Appointment Type File Conversion
- Appointment Detail Code File Conversion
- Hospital Location File Conversion

The APS II+ release, will permit PAS/MCP users in all medical clinics to select only active standard appointment types and/or standard/site-defined Age detail codes in all PAS/MCP functions. These functions include creating/editing templates and schedules, searching for available appointments in all PAS/MCP booking functions, and while entering or processing wait list requests. Dental and Radiology clinics with a location type of "C" and MEPRS code C***/DCA* may still use the non-standard Appointment types and non-standard Detail codes. Dental clinics with a Location Type of D (Dental) currently using the DDSA Scheduler Graphic User Interface (GUI) to schedule appointments will not be impacted by the release of APS II+.

3.2.2 Detail of Change

A. These one-time conversions will run in the order presented below.

B. Please review the Business Rules in section 3.2.2.3 below

3.2.2.1 Conversions

When the APS II+ software is installed, the system will run the following "one time only" data conversions:

A. Appointment Type File Conversion

The Appointment Type file(#44.5) conversion will:

1. Identify all non-standard dental/radiology appointment types currently linked to any clinic (i.e., Location Type = C for Clinic or S for Same Day Surgery) with a MEPRS Code of C***/D*** in the Hospital Location file(#44).

2. For each non-standard dental/radiology appointment type identified in the Hospital Location file, the conversion will:

   a. Set the Status field to Active

   b. Set the Uneditable field to NO

c. Set the Medical Appt Type field to NO

d. Set the new Non-Medical Appt Type field to YES for each corresponding non-standard dental/radiology appointment type in the Appointment Type file (#44.5).

3. Identify all non-standardized medical appointment types (excluding non-standard dental/radiology appointment types previously identified) in the Appointment Type file(44.5) and will:

a. Set the Status field to Inactive

b. Set the Uneditable field to NO,

c. Set the Medical Appt Type field to NO

d. Set the new Non-Medical Appt Type field to YES for each non-standardized appointment type identified.

B. Appointment Detail Code File Conversion

The Appointment Detail Code file (#44.7) conversion will:

1. Identify all non-standardized appointment detail codes to ensure conformance with the Appointment Detail Code Standardization policy and set the Status field to Inactive and the Uneditable field to YES for all non-standardized appointment detail codes found.

2. Identify all site-defined Age Range detail codes that do not conform to the TMA approved standard Age detail code format and set the Status field to Inactive and the Uneditable field to YES for each Age detail code identified.

C. Hospital Location File Conversion

The Hospital Location file (#44) conversion will:

1. Set the Status field to Inactive for any non-standard appointment type currently linked to an individual clinic (except dental/radiology clinics) and/or its associated providers.

2. Delete any non-standard and/or site-defined Age detail code, not using the standard Age format, from each medical clinic's " most frequently used appointment detail code pick list.

3.2.2.2 New Fields

A. Appointment Type File

1. A new field, **Non-Medical Appt Type,** has been added to the Appointment Type Enter/Edit option (APRO) on the Profiles Menu in PAS (Refer to Screen 3.2-1).

   (MENU PATH: C→PAS→S→PROF→APRO Appointment Type Enter/Edit).

```
=================================== Screen 3.2-1 ===================================

                        APPOINTMENT TYPE ENTER EDIT

-----------------------------------------------------------------------------

                                   Name:      EXAM
                            Description:      ANNUAL EXAM
            Are Appt Slots Searchable ?:       YES
                                 Status:      ACTIVE
                               Category:      FOLLOW-UP
                             Uneditable:       NO
                     Medical Appt Type :       NO
                 Non-Medical Appt Type :       YES     ←New

================================= End of Screen ================================
```

Only users with the new **SD MOD APPT** security key will be able to add, edit or inactivate non-standard dental/radiology appointment types in the Appointment Type Enter/Edit options.

Users will be able to view standardized medical appointment types, but they will not be able to modify any of the fields for the selected standardized medical appointment type.

2. The field Non-Medical Appt Type must be set to YES for any non-standard appointment type used by dental/radiology clinics (MEPRS code = C***/DCA*) using PAS/MCP. This includes while creating or editing templates, schedules, booking scheduled or unscheduled visits, and while during End of Day (EOD) processing.

3. Whenever a new non-standard dental/radiology appointment is added to the Appointment Type file, CHCS will automatically set the new **Non-Medical Appt Type** to **YES** and the **Medical Appt Type** field to **NO**.

4. Medical Clinics (MEPRS Code NOT equal to C***/DCA*) may only use Standard Appointment Types (Please see Appendix C) while creating/editing templates, schedules, booking appointments, processing wait list, or during End of day (EOD) processing.

5. No CHCS user will be able to add, edit, or inactivate standardized appointment types used by medical clinics.

6. The Medical Appt Type and the Non-medical Appt Type fields will be uneditable.

B. Appointment Detail Codes

With the release of APS II+, users with the new SD Detail Code security key will be allowed to add, edit, or inactivate site-defined AGE RANGE detail codes using the Appointment Detail Codes Enter/Edit (DFIL) option on the File/Table Maintenance Menu in PAS (Refer to Screen 3.2-2).

(MENU PATH: C→PAS→S→FILE→DFIL Appointment Detail Codes Enter/Edit).

```
=================================== Screen 3.2-2 ===================================

                          APPOINTMENT DETAIL CODE

-----------------------------------------------------------------------------

                   Code:      6M-1
            Description: Six months to a Year
             Uneditable:         No
                 Status:      ACTIVE

================================= End of Screen ================================
```

1. No CHCS user may add, edit, or inactivate Standard Appointment Detail Codes entries in the appointment detail code file (44.5).

2. Only authorized users who possess the new security key, **SD DETAIL CODE**, will be able to add, edit, or inactivate site defined detail code codes using the standard age format. Other Non-Standardized appointment detail codes may be viewed but not modified.

3. Only site-defined Age Range detail in the correct format may be added to the Appointment Detail Code file via the menu option **DFIL (PAS> Scheduling Supervisor> FILE > DFIL**). The format to use must be as follows:

   0-12 : Numbers alone indicate age range in years
   3M-6M : Number + M = Age range in months
   1W-4W : Number + W = Age range in weeks.
   1D-14D : Number + D = Age range in days.

   3M-1 : 3 months to 1 year
   3W-6M : 3 weeks to 6 months
   10D-4W : 10 days to 4 weeks.

4. All Age Range Detail codes must contain a hyphen (-).

5. A number must precede each alpha character.

6. The low and high numbers are inclusive and the low age precedes the upper age limit.

7. Combinations of months, days, weeks, and years codes are acceptable as shown above.

C. Appointment Processing

1. Pending appointments with a non-standard appointment types/detail codes may be checked in via the **IPC (Individual Patient Check-in**) or **MPD (Multiple Patient Check-in)** options without having to modify that non-standard appointment type/detail code.

2. If **EOD (End of Day) processing** is used to check in patient and the user does not select Data elements but returns through all fields, CHCS will force the user to change the non-standard appointment type/detail code to a standard appointment type/detail code. If the user does select Data Elements to do EOD Processing and selects Appt Status as an element to process, CHCS will not force him/her to change the non-standard appointment type/detail code.

3. Dental/radiology clinics (MEPRS Code = C***/DCA*) will have the option of selecting standard and/or non-standard appointment types when creating templates/schedules, booking appointment, and EOD processing as long as the Appointment Type is linked to that dental/radiology Clinic/Provider profiles.

D. Appointment Type Profile List (LPRO)

A new field, **Non-Medical Appt Type,** has been added to the Appointment Type Profile List option on the List Profiles Menu (LPRO) option in PAS. (Refer to Screen 3.2-3).

(MENU PATH: C→PAS→S→PROF→LPRO 5 Appointment Type List).

========== **Screen 3.2-3** ==========

```
APPOINTMENT TYPE PROFILE LIST                        12 Feb 2002@1106    PAGE 7

                                SEARCHABLE           MEDICAL        NON-MEDICAL
                                   APPT                APPT              APPT
NAME    DESCRIPTION    SLOTS?       STATUS  CATEGORY     TYPE  ←New       TYPE
=====================================================================

EVAL    EVALUATION      YES       ACTIVE   FOLLOW-UP        NO     YES
EXAM    ANNUAL EXAM     YES       ACTIVE   FOLLOW-UP        NO     YES
```

========== **End of Screen** ==========

When you elect to display/print the Appointment Type List, the system will report as output whether or not each appointment type in the Appointment Type file is a Medical or Non-Medical appointment type.

3.2.2.3 Business Rules

1. As part of the Installation, the APS II+ data conversions are “one time only” data conversions and will be run in the same order as presented in this documentation.

2. Each conversion will run to completion before the next conversion is run.

3. The system will set the new Non-Medical Appt Type field in the Appointment Type file to YES for all non-standard dental/radiology appointments identified during the Appointment Type file conversion.

4. The Non-Medical Appt Type field in the Appointment Type file must be set to YES before the dental/radiology clinics (MEPRS Code = C***/DCA*) can use that appointment type when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during End of Day Processing.

5. Medical clinics (MEPRS Code not equal to C***/DCA*) may only use standardized appointment types when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during the End of Day Process.

6. If a pending appointment is linked to a non-standard appointment type and/or detail code, the front desk clerk may use the Individual Patient Check-In option to check the patient in for the scheduled appointment without having to modifying the non-standard appointment data.

7. If the front desk clerk uses End-of –Day Processing to check patients in for scheduled appointment, the system will prompt the user to enter the appropriate standard appointment type/detail code for the appointment being processed.

8. Dental/radiology Clinics (MEPRS Code = C***/DCA*) will have the option of selecting standard medical and/or non-standard dental/radiology appointment types when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during the End of Day Process as long as the appointment type selected is linked to the dental/radiology Clinic/Provider Profiles.

9. No CHCS user may add, edit, or inactivate the standardized medical appointment type entries in the Appointment Type file.

10. Only an authorized user with the new SD MOD APPT security key will be able to add, edit or inactivate a non-standard dental/radiology appointment type (i.e., Non-Medical Appt Type field set to YES.)

11. When a new non-standard dental/radiology appointment type entry is added to the Appointment Type file, the system will automatically set the new Non-Medical Appt Type field to YES and the Medical Appt Type field to NO.

12. The Medical Appt Type field and the Non-Medical Appt Type field will be non-editable.

13. No CHCS user may add, edit, or inactivate the standardized appointment detail codes entries in the Appointment Detail Code file.

14. Only an authorized user with the new SD Detail Code security key will be able to add, edit or inactivate site-defined Age detail codes, using the standard Age format.

15. With the release of APS II+ and as part of the standardization of appointment types and appointment detail codes, the screening logic for Appointment Types and Detail Codes will be modified throughout the PAS/MCP modules to ensure that the user may only select the appropriate appointment type/s and/or detail code/s based on the new business rules being implemented for APS II+.

16. Once APS II+ is installed and the conversions have run to completion, if the sites have not updated their provider templates and/or schedules based on the new business rules being implemented with APS II+, users will not being able to use their templates to create schedules and/or find any available appointments, which are still linked to non-standard appointment types and/or detail codes.

17. All error messages referencing the Medical Appt Type flag will be modified to reflect the standardization of appointment types. Additional error messages will be added to reflect the standardization of appointment detail codes.

18. If there are pending appointments booked prior to the APS II+ release and those pending appointments are linked to non-standard appointment types/detail codes, the user will still be able to process them. If the user selects the Individual Patient Check-In or Multiple Patient Check-In By Default option to process these pending appointments, the user will not be required to change either the appointment type and/or the detail codes linked to the pending appointments. However, if the user elects to use EOD Processing option to check patients in, and does not select the Appt Status as the data element to modify, the user will be forced to change the non-standard appointment type and/or detail code prior to filing the appointment data.

19. In addition, with the release of APS II+, the 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories.

3.2.3 File and Table Change

a. The Appointment Type File (#44.5) has a new field, Non-Medical Appt Type (44.5,6). This field will be set to YES for dental/radiology clinics (MEPRS Code C***/DCA*) and will be set to NO for Standard Appointment Type.

b. Standard Appointment Types will be uneditable by any CHCS user.

c. Users with the new security key, **SD MOD APPT**, may add, edit, or inactivate non-standard dental/radiology appointment types (i.e. Non-Medical Appt Type field set to YES) via the option APRO (Appointment Type Enter/Edit) .

d. The standard appointment detail codes will be uneditable by CHCS users.

e. Non-standard site defined Age Range Detail codes may be added, edit, or inactivated by authorized users with the new security key, **SD DETAIL CODE**.

f. Age-range Detail codes must be entered in a specific format. Please refer to section 3.2.2.2.B above.

g. He status field of any non-standard appointment type in use by medical clinics (MEPRS Code NOT equal to C***/DCA*) and its associated providers will be set to Inactive.

h. Any non-standard and/or Age Range detail code not using the specified format of this section will be deleted from medical clinic most frequently used appointment detail code list.

3.2.4 Implementation Issues

A. Patients booked to non-standard appointment type prior to the conversion may still be checked in via IPC (Individual Patient Check-in) or MCD (Multiple Patient Check-in) without having to change the appointment type.

B. If using EOD Processing to check a patient in and the user selects Data Elements and Appt Status, CHCS will not force the user to change to a non-standard appointment type. If Data Elements is not selected to process the appointment and the user returns through all fields, CHCS will force them to change the non-standard appointment type to a standard appointment type.

3.3 ACCESS TO CARE CATEGORY CHANGES

3.3.1 Overview of Change

With the release of APS II+, the 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories. Other Access to Care Categories remain the same.

3.3.2 Detail of Change

When you are in the booking process, the Access to Care Category is a required field. When you are at the ATC Category prompt and you type "**??**", the system will display the Access to Care categories and the number of days of appointments available to you. The Specialty and Wellness categories have been changed from 30 days to 28 days. (Refer to Screen 3.3-1).

(MENU PATH: CA→PAS→MAN→HMCP→BHCF→Patient's Name→PCM (or Non-Enrollee) Booking→Access to Care Category→"??").

```
=================================== Screen 3.3-1 ===================================

-------------------------- Select Access to Care Category : ??

   ACUTE                        24 Hours---------------------------
   FUTURE REQUEST               90 Days
   ROUTINE                       7 Days
   SPECIALTY                    28  Days    ←Changed
   WELLNESS                     28  Days    ←Changed

================================= End of Screen ================================
```

When a provider orders a “Routine” priority consult, the authorization date will default to 28 days from the current date. In the following example, a cardiology consult is being ordered on March 22, 2002. The authorization date defaults to April 19, 2002. See Screen 3.3-2 derived from the Clinical ORE menu option.

(MENU PATH: CA→CLN→PHY→ORE→patient name→New→Consult→Cardiology

```
================================== Screen 3.3-2 ==================================

BROWPAT3,THREE           Age:26    20/800-75-1228              CONSULT ORDER
CARDIOLOGY CONSULT                                              020322-00007
==============================================================================
Consulting Clinic: CARDIOLOGY CLINIC - NI
Consulting HCP:
Reason for Consult:
 Chest pain


Provisional Diagnosis:


Priority:          ROUTINE
No. of Visits:     1      Referral Authorized until:  19 Apr 2002 (28 days
from order date)
Request Advice From Specialist Only: NO

================================= End of Screen ================================
```

When a user adds a “Routine” priority referral, the authorization date will default to 28 days. In the following example, the referral is being entered on March 22, 2002. The authorization date defaults to April 19, 2002 (Refer to Screen 3.3-3).

```
=================================== Screen 3.3-3 ===================================

MCP Referral: 20020000052                 Referral Date/Time: 22 Mar 2002@1113

                                         REFERRAL ENTER/EDIT
     Patient: SMITH,JOHN                       FMP/SSN: 20/800-75-1228
     Pat SSN: 800-75-1228                  Sex/DOB/Age: M/28 Dec 1975/26Y
     Pat Cat: USCG ACTIVE DUTY                Home Zip:
  Home Phone:                               Duty Phone:
  Work Phone:
                                          Primary OHI:
================================================================================
     Referred by: AARON,DOCTOR           Referral from: CARDIOLOGY  Clinic
        Priority: ROUTINE        # of Visits Requested:  1
    ATC Category: WELLNESS                   Appt Type:
Clinic Specialty:                             Duration:
  Prov Specialty:                           Start Date:  22 Mar 2002
   Place of Care:                            Stop Date:  19 Apr 2002←(28 DAYS)
        Provider:                           Start Time: 0001
       Spec Type:                            Stop Time: 2400
        Location:                         Days of Week:
        Language:                        Prefer Gender:

================================= End of Screen ==================================
```

Note: The change in the Access to Care Wellness and Specialty categories does not affect the administrative closure of consults which have not been Reviewed.

3.3.3 File and Table Changes

The 28 day standard for the Access to Care Categories is hard coded.

3.3.4 Implementation Issues

The changes in the ATC categories of Wellness and Specialty by the APS II+ project enhancements does not affect administrative closure of consults.

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APPENDIX A:

SECURITY KEYS

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APPENDIX A: SECURITY KEYS

SD MOD APPT	Authorizes a user to add, edit or inactivate non-standard dental/radiology appointment types (i.e. Non-Medical Appt Type field set to YES) in the Appointment Type Enter/Edit option.
SD DETAIL CODE	Authorizes a user to add, edit, or inactivate site-defined AGE detail codes using the Appointment Detail Codes Enter/Edit option on the File/Table Maintenance Menu in Scheduling Supervisor.
SDZ PAS FILE-TABLE MAINT	This is not a new key but is needed to access the File and Table menu and the option DFIL to add/edit/inactivate Age-Range Detail codes.

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APPENDIX B:

MASTER CHECKLIST

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APPENDIX B: MASTER CHECKLIST

____ Clinic Supervisors, Schedule creators. A 30 min presentation to review the standard appointment types and detail codes, the new Non-Standard Appointment Type/Detail Code Summary Report , new business rules, and Access to Care Standards changes. Alternatively, handouts may be given to this group.

____ Appointment Type/Detail Code Summary Report, is loaded to determine what they may need to clean up prior to the APS II+ install.

____ Booking Clerks. A 30 min presentation or handout reviewing the use of standard appointment types and detail codes, the changes to the access standards for the Specialty and Wellness categories.

IMPLEMENTATION ISSUES

Pre-APS II+ Load

____ PAS/Clinic supervisors should generate the Non-Standard Appointment Type/Detail Code Summary Report (see section 3.1) prior to the APS II+ load. This report will be loaded 45-60 days prior to the APS II+ load and will accurately reflect the usage of non-standardized Appointment Types and Detail Codes. The report should be run as often as necessary to insure corrections are done.

____ PAS/Clinic supervisors should ensure clinic profiles, provider profiles, schedules, templates, and wait list are scrubbed of non-standard appointment type and detail codes prior to the APS II+ load. Dental and radiology clinics are exempt.

____ Appointments already booked and using non-standard appointment types may not be edited via the schedules because of existing software rules. They may be edited in EOD Processing. Please refer to sections 2.2 post-install and 3.0 for details on how to correct them.

____ Clinic supervisors should review the enhancements of the APS II+ project and schedule training time for clinical users.

Post-APS II+ load

____ PAS/Clinic supervisors should generate the Non-Standard Appointment Type/Detail Code Summary Report to ensure clinic profile, provider profiles, schedules, templates and wait lists are free of non-standard appointment types and detail codes.

Note that the Non-Standard Appointment Type/Detail Code Summary Report will be generated via TaskMan after normal business hours (Refer to Section 3.1 for details).

____ The DBA or systems personnel should assign the SD MOD APPT security key to users who may have to add, edit or inactivate non-standard Dental and Radiology appointment types in the Appointment Type Enter/Edit option (APRO).

____ The DBA or systems personnel should assign the SD DETAIL CODE security key to users who add, edit, or inactivate site-defined AGE detail codes using the Appointment Detail Codes Enter/Edit option (DFIL) on the File/Table Maintenance Menu in Scheduling Supervisor.

____ Use of the Appointment types TCON, TCON$, TCONX is intended for those facilties already using them in their booking processes. They are NOT intended to replace TCON*.

____ Use of the Appointment Type TCON* is restricted to system usage. CHCS utilizes this appointment when Telephone Consults are entered through USV (Unscheduled Visits) or through the MCP Booking functions (BHCF).

***The TCON* Appointment Type should never be deleted. All clinic and provider profiles should contain this appointment type**. Providers must be in the CHCS user file for TCON* to work correctly.

____ Booked non-standard appointments in medical clinics (MEPRS other then C***/DCA*) cannot be modified in the schedules after they have been booked. They may be modified via EOD Processing. Front desk personnel may still check patients in for appointments with non-standard appointment types using the options IPC (Individual Patient Check-in) or MCD (Multiple Patient Check-in).

____ In End of Day processing (EOD), if a user carriage returns <cr> through all fields of an appointment with non-standard appointment types, CHCS will force them to change the appointment type to a standard one. However, if they select data elements and select only Appt status or any fields other then Appointment Type, they will not have to change the appointment type.

____ Dental and Radiology clinics (location type “C” and MEPRS code C***/DCA*) using PAS/MCP for booking will be unaffected and may continue their EOD processing as previously.

INTEGRATION ISSUES

____ Dental clinics using the DDSA Dental Scheduler (location type “D”) will be unaffected by this update and may continue to use their appointment types.

____ Dental and Radiology clinics (location type “C” and MEPRS code C***/DCA*) using PAS/MCP for booking may continue to use non-standard appointment types.

____ Users adding or editing non-standard appointment types for dental and radiology clinics must posses the new Security key SD MOD APPT.

FILE AND TABLE CHANGES

Pre-APS II+ Load

____ Systems personnel should verify that the Appointment Type file update with the new Appointment Types has been completed prior to installing the APS II+ software and running the conversions.

____ Systems personnel should verify that the Appointment Detail Code file update with the new Appointment Detail Codes has been completed prior to installing the APS II+ software and running the conversions.

Post-APS II+ Load

____ The Appointment Type file (#44.5) has one new field added. The Non-Medical Appointment Type field (44.5,6), if set to YES, is a flag indicating that the appointment type can be used by a clinic with the MEPRS code 'C***' or 'DCA*'.

____ Standard Appointment Types will be completely uneditable by any CHCS user.

____ Non-standard Appointment Types may be added/edited/inactivated by authorized users with the new SD MOD APPT security key. Only the field “Non-Medical Appt Type” may be edited from NO to YES or vice versa and may only be used in clinics with the MEPRS code “C*** or DCA*”.

____ Standard Appointment Detail Codes will be uneditable by CHCS Users.

____ Site defined Age-Range Detail Codes may be edited/added/inactivated by holders of the new security key, **SD DETAIL CODE**.

____ The 28 day standard for the Access to Care (ATC) Categories, Specialty and Wellness, is hard coded.

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APPENDIX C:

STANDARD APPOINTMENT TYPES

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APPENDIX C: STANDARD APPOINTMENT TYPES

This is the current list of Appointment Types provided to SAIC as of March 22, 2002.

Appt Type	Description	MTF Booking Only
ACUT	Acute Appt	
EST	Established/Follow Up Appt	
GRP	Group Appt with Multiple Pts	
OPAC	Open Access Appt	
PCM	Initial Primary Care Appt	
PROC	Procedure Appt	
ROUT	Routine Appt	
SPEC	Initial Specialty Care Appt	
WELL	Wellness/Health Promotion Appt	
TCON	Telephone Consult	
ACUT$	Acute Appt	Yes
EST$	Established/Follow Up Appt	Yes
GRP$	Group Appt with Multiple Pts	Yes
OPAC$	Open Access Appt	Yes
PCM$	Initial Primary Care Appt	Yes
PROC$	Procedure Appt	Yes
ROUT$	Routine Appt	Yes
SPEC$	Initial Specialty Care Appt	Yes
WELL$	Wellness/Health Promotion Appt	Yes
TCON$	Telephone Consults	Yes
TCONX	Telephone Consults	
APV	Ambulatory Procedure Visit	
EROOM	Emergency Room	
N-MTF	Non-MTF Appt	
T-CON*	Telephone Consult	

Appointment Types with the "$" are intended for booking by the clinic only. The "x" should indicate a non-count appointment type.

Telephone Consult Overview

The following is an overview of the basic business rules and the process flow of how telephone consults entered into the system, and what happens to the data when the provider answers a Telephone Consult..

Telephone Consult Business Rules:

The provider must be provider in the clinic.

1. The provider must have the appointment type T-CON* as an active appointment type in his/her Provider Profile.

2. The provider must be a CHCS User.

Telephone Consults Entered By Front Desk Clerks:

1. Front desk clerks using the USV Unscheduled Visits option in PAS may enter telephone Consults. The front desk clerk enters clinic, provider, patient and a clerk note stating the patient's reason for the telephone consult (e.g., Patient having an allergic reaction to the new meds ordered.).

2. As soon as the front desk clerk files the Tel-Consult, the system creates a new Patient Appointment record for the newly entered Telephone Consult, sets the appointment status to OCC-SVR, and sends the newly created telephone consult to the appropriate provider's Unanswered Telephone Consults queue.

3. The provider may then access the newly created Telephone Consult using the TEL Telephone Consults option on the Physicians menu in the Clinical Subsystem.

4. The provider then selects the telephone consult from the Unanswered Telephone list, adds a provider note, determines whether the workload should be COUNT or NON-COUNT, and then elects to print a hard copy of the telephone consult to an output device and to sent a soft copy of the telephone consult to his/her mail basket. This last action completes the telephone consult. (Note: If the provider adds a provider note but <u>does not</u> elect to print/mail the telephone consult, the telephone consult will be identified in the system as an Unanswered. Telephone Consult and will remain in the provider's list of Unanswered Telephone Consults.

5. Once the telephone consult has been completed, the system then updates the appropriate Patient Appointment record linked to the newly completed Telephone Consult in the following manner:

    - Both the **Telcon Workload** field and the new APS2 **Workload Type** field set to either count or non-count as determined by the provider when completing the Telephone Consult.

- The **Appointment Status** is changed from **OCC-SVR** to **TEL-CON**

6. In End of Day Processing, the front desk clerk should **not** change the **Appointment Status** and/or the **Workload Type** fields linked to a Telephone Consult.

Telephone Consults Entered by the Provider

1. A provider may create a new Telephone Consult for a patient using the TEL Telephone Consult option on the Physicians menu in the Clinical Subsystem.

2. Once the provider has elected to create a new Telephone Consult, the provider then adds a provider note, determines whether the workload should be COUNT or NON-COUNT, and prints a hard copy of the telephone consult to an output device and to sent a soft copy of the telephone consult to his/her mail basket. This last action completes the telephone consult.

3. Once the telephone consult has been completed, the system then creates a new Patient Appointment record for the newly completed Telephone Consult to include the following data:

   - Both the **Telcon Workload** field and the new APS2 **Workload Type** field are set to either count or non-count as determined by the provider when completing the Telephone Consult.

   - Sets the **Appointment Status** field to **TEL-CON**

Workload Reporting

1. When reporting workload for telephone consults, the system determines the workload count for all Telephone Consults from the data stored in the Telcon Workload field in the Patient Appointment record for each Telephone Consults.

2. When reporting workload for all other appointments (Scheduled Visits, Walk-Ins and Sick-Calls, the system determines the workload count from the data stored in the Workload Type field in the Patient Appointment record for each appointment being processed that is not a Telephone Consult.

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APPENDIX D:

STANDARD DETAIL CODES

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APPENDIX D: STANDARD DETAIL CODES

This is the current list of Appointment Detail Codes provided SAIC as 22 March 2002.

1TT	First Trimester
2TT	Second Trimester
3TT	Third Trimester
ACG	After Care Group
AD	Alcohol and Drug
ADEI	Alcohol and Drug Early Intervention
ADHD	Attention Deficit and Hyperactivity Disorder or Attention Deficit Disorder
ADSC	Alcohol and Drug Screening Only
ADTX	Alcohol and Drug Treatment 2 Week Program Only
ANGER	Anger Management Education
ANPST	Anergy Panel (stick)
ANRD	Anergy Panel Reading
AQUA	AQUA Pool
ASTHMA	Asthma Evaluation or Education Appointments
ASTIG	Treatment of Astigmatism
AUENT	Audiometric Diagnostic
BCP	Birth Control
BEESN	Bee Sting
BEPC	Birth and Early Parenting Class
BF>	Weight Exceeding Body Fat Standards
BFC	Breast Feeding Class
BIO	Biopsy
BK	Back Pain or Problem
BOTOX	Botulinum Toxin Type A Injections
BPAD	Active Duty Only
BPAP	Active Duty and Prime Enrollees
BPAPS	Active Duty, Prime Enrollees, and Special Programs Patients
BPGME	Graduate Medical Education
BPNAD	No Active Duty
BPNAP	TRICARE Standard, Space Available, and Other Patients - No AD or Prime
BPNPR	No Prime Enrollees
BPPR	Prime Enrollees Only, No Active Duty
BPSP	Special Programs Patient
BPTS	TRICARE Standard Patient Only

BRON	Bronchoscopy
BTL	Bilateral Tubal Ligation
CARD	Cardiac Counseling/Care
CATH	Catheter
CAVH	24 hour Dialysis Treatment
CB	Cross Book
CCEP	Comprehensive Clinical Evaluation Program for Persian Gulf Illnesses
CHOL	Cholesterol
CIRC	Circumcision
CLEFT	Cleft Lip and Palate
CMDPSY	Command Directed Psychological Evaluations
CNM	Certified Nurse Midwife
COB	Complicated OB Patient Only
COLON	Colonoscopy
COLPO	Colposcopy, abnormal pap required
CORSCR	Cornea Scrape/Rescrape
COSMETIC	Referrals for Non-Covered Cosmetic Procedures
COUNS	Counseling Only
CPAP	Continuous Positive Airway Pressure
CYSTO	Cystoscopy
DERM	Dermatology Evaluation
DEXA	DEXA Bone Scan
DIL	Dilation
DM	Diabetes
DOSIM	Methocholine & CPEX
DSGCH	Dressing/Bandage Change
DVIOL	Domestic Violence Class
DXE	Dobutamine Stress Test
E&I	Female Endocrine and Infertility Patient Only
EAR	Ear Recheck
ECG	Electrocardiogram
ECHO	Echocardiogram
EDU	Education or Class
EEG	Electroencephalography
EFMP	Exceptional Family Member Program
EGD	Scope of Esophagus and Lower Stomach
EMGM	Nerve Conduction Studies
ENG	Electronystagmography Testing

EP	Auditory Brainstem, Visual, Upper/Lower Somatosensory Evoked Potentials
ERCP	Endoscopic Retrograde Cholangiopancreatography
EVAL	Evaluation - in depth
EXERC	Exercise Therapy
EYEDZ	Eye Disease
EYEEX	Eye Exam
FAM	Family Therapy or Meeting
FCC	Child Care Provider Mental Health Screening
FE	Female Patient Only
FLAP	Flaplift
FLEXS	Esophogastoduodenoscopy/Flexible Sigmoidoscopy
FLT	Flight Physical Exam
FNA	Fine Needle Aspiration
FOOT	Foot or Ankle Evaluation
GAST	Gastric Bypass Surgery Psychological Evaluation
GDB	Gestational Diabetes Patient
GENE	Genetics Consult
GYN	Gynecology Appointments Only
HAE	Hearing Aid Evaluation
HAND	Hand Patient Only
HBT	Hydrogen Breath Test
HC	House Calls
HCATH	Cardiac Catherization
HCDC	Hearing Conservation Patient
HEAD	Headache Education
HOLT	Holter Monitor
HSG	Hysterosalpingogram
HTN	Hypertension Patient
IDC	Independent Duty Corpsman
IMDEF	Immunodeficiency
INJECT	Shot only
INS	Insertions
ISOK	Isolinetic Testing
IUD	Placement of IUD
IVP	Intravenous Pyelogram
KNEE	Knee School for Patient with Knee Pain
LASER	Laser
LASEYE	Laser Eye Surgery

LASIK	Laser-in-situkeratomileusis
LBX	Liver Biopsy
LES	Leishmaniasis Treatment
LIFE	Life Skills Group
LP	Lumbar Puncture
MA	Male Patient Only
MANO	Manometry
MANO/PH	Manometry/24 Hr pH Study
MC	Medicare Eligible
MEB	Evaluation Board Physical Exam
MEDEX	Lumbar Extension Machine, Sports Medicine Only
MH	Mental Health
MINOR	Excision of Skin Tags, Moles, Warts, or Subcutaneous Nodules
MOBEX	Mobilization Intervention & Exercise Therapy, Sports Medicine Only
MOHS	MOHS Surgery
NBO	Newborn Physical Only (3-7 days after discharge)
NECK	Neck Patient
NO	Universal Exclusion - used with other detail codes, i.e., No;THAL, No;WB
NOPAP	Gynecology Appointment Only, No Paps
NP	Nurse Practitioner
NPCL	New Prenatal Class
NPSYC	Neuropsychological Testing Only - No ADHD
NST	Non Stress Test (fetal monitoring during pregnancy)
NUTR	Nutrition Education
OAE	Newborn Hearing Screening
OB	Pregnancy or Obstetrics
ONC	Cancer Patient or Treatment Only
OSS	Overseas Screening
PA	Physician’s Assistant
PACE	Pacemaker
PAP	Pap Smear
PARA	Abdominal Paracentesis
PARENT	Parenting Class
PBO	Provider Book Only
PDS	Pathfinding/Drill Sergeant Test
PE	Physical Exam
PEG	Percutaneous Endoscopic Gastrostomy
PFT	Pulmonary Function Test/Spirometry

PHA	Preventive Health Assessment
PHOTO	Photos
PLASMA	Plasma
PNB	Prostate Needle Biopsy
POAE	Pediatric Otoacoustic Emission Test
POP	Post Operative Follow-up
PP	Post-Partum Patient Only
PPD+	Positive Purified Protein Derivative (PPD) or Other Tuberculosis Test Evals
PREOP	Check-in for Surgery / Pre-operation Rounds
PRK	Photo Refractive Keratectomy
PRT	Physical Readiness Test Screens
PULM	Pulmonary Patient Only
PVA	Psychological Vocational Assessment
PVR	Post-Void Residual
REHAB	Rehabilitation Therapy
RET	Retinal Screening
RMV	Removals
RPD	Readiness Post Deployment
RPG	Retrograde Pylelogram
RPRE	Readiness Pre-Deployment Health
RTM	Rehabilitation Team Meeting
RUG	Retrograde Urethrogram
RX	Medication
SCH	School Physical
SCOLI	Scoliosis
SCS	Skin Cancer Screening
SEA	Sea Duty Screening
SKT	Skin Test
SLEEP	Sleep
SPD	Special Duty Evaluation
SPE	Separation or Retirement Physical Exam
SPRINT	Sprint Test
ST	Exercise Stress Test
STRESS	Stress Management Education Program
TECH	Provider is a Technician
TEE	Trans-esophageal Echocardiogram
TELMED	Tele-Medicine Conference
THAL	Thallium Stress Test

TILT	Tilt Test, Test for Syncope
TOBCES	Tobacco Cessation
TRACTION	Traction Physical Therapy
TRPLT	Transplant
TRUS	Transrectal Ultrasound
URODY	Urodynamics
UROGYN	Urogynecology
US	Ultrasound
VAS	Vasectomy
VF	Visual Field Exam
VIP	Very Important Patient
VT	Venom Test
WB	Well Baby
WCE	Work Capacity Evaluation
WEA	Web and MCP Bookable
WOUND	Wound Care

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APPENDIX E:

SAMPLE REPORTS

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APPENDIX E: SAMPLE REPORTS

NON-STANDARD APPOINTMENT TYPE/DETAIL CODE SUMMARY REPORTS:

This report can be broken down into 5 sections.
Section 1 displays non-standard appointments types in the clinic profile.
Section 2 displays non-standard appointments types in the provider profile.
Section 3 displays non-standard appointments types in the provider templates.
Section 4 displays non-standard appointments types in the provider schedules
Section 5 displays non-standard appointments types in the Wait List Requests.

NMC PORTSMOUTH 28 Feb 2002@1443 Page 1

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)
Active CLINIC and PROVIDER only
****Clinic Profile****

Division: NAVY OUTPATIENT DIVISION
Department: PRIMARY CARE DEPARTMENT
Clinic: Primary Care Clinic

Name	Description	Status
Appointment Types		
FOL	FOLLOW UP	ACTIVE
NEW	NEW APPOINTMENT	ACTIVE
Detail Codes		
1-4W	THIS IS AN INVALID CODE	INACTIVE
3M-2W	TESTING FOR INVALID CODES	INACTIVE
TEST	THIS IS JUST A TEST	INACTIVE

NMC PORTSMOUTH 28 Feb 2002@1443 Page 2

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)
Active CLINIC and PROVIDER only
******Provider Profiles******

Division: NAVY OUTPATIENT DIVISION
Department: PRIMARY CARE
Clinic: Primary Care Clinic

Provider: **JAMES,LAWRENCE**

APPT TYPE		Status
NEW	NEW APPOINTMENT	ACTIVE
FOL	FOLLOW UP	ACTIVE
RET	RETURN VISIT	ACTIVE

Provider: **AMAYA, RICHARD**

Appt Type		Status
NEW	NEW PATIENT	ACTIVE
FOL	FOLLOW UP	ACTIVE

NMC PORTSMOUTH 28 Feb 2002@1443 Page 3

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)
Active CLINIC and PROVIDER only
****Provider Templates****

Division: NAVY OUTPATIENT DIVISION
Department: PRIMARY CARE DEPARTMENT
Clinic: Primary Care Clinic

Provider Start Appt Time	Type	Wkl Typ	#per Slot Dur	Detail Codes	Slot Comment
VIDOSIC,DANIEL					
Daily Template ID: FRI DV CAR					
0800	NEW	C	1 30	3M-2W	Testing
0830	NEW	C	1 30	MEB	Testing
0900	NEW	C	1 30	MEB	Testing
0930	NEW	C	1 30	MEB	Testing

NMC PORTSMOUTH 28 Feb 2002@1443 Page 4

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)
Active CLINIC and PROVIDER only
****Provider Schedules****

Division: NAVY OUTPATIENT DIVISION
Department: PRIMARY CARE DEPARTMENT
Clinic: Primary Care Clinic

Provider Start Time	Appt Type	Wkl Typ	Open/ Book	Dur	Detail Codes	Slot Comment	Stat
KINLAW,VALERIE							
07 Apr 2002 - SUNDAY							
0800	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
0830	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
0900	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
0930	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
1000	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
1030	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
1100	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN
1130	NEW	C	1/0	30	CHOL MEB	TESTING	OPEN

NMC PORTSMOUTH 28 Feb 2002@1443 Page 5

Personal Data - Privacy Act of 1974 (PL 93-579)
Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)
Active CLINIC and PROVIDER only
****Wait List Requests****

Division: NAVY OUTPATIENT DIVISION
Department: PRIMARY CARE DEPARTMENT
Clinic: Primary Care Clinic

Provider Patient Name Home Phone	FMP/SSN Work Phone	Prio	Type	Detail Codes
VIDOSIC,DANIEL				
BABB,WENDELL D H:	20/074-62-5352 W:	2	NEW	MEB
CAGLE,ARTHUR W JR H:	20/239-19-2114 W:	2	NEW	SLEEP
GABLE,CORDELL J H:	02/257-33-5721 W:	6	NEW	CHOL

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APPENDIX F:

SIRS/SCRS

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The following SIRS and SCRS have been included in this project. The last two SIRS may be included in follow on change packages.

31191 APS2:EOD DOES NOT ALLOW T-CON COUNT WKLOAD CHANGE

When a provider answers a telephone consult, the system automatically updates the appropriate Patient Appt Record. When the Patient Appt record is updated, the system should automaticaly set the new Workload Type field to the current value of the Telcon Workload field. The Telcon Workload field is set by the provider when answering the Telephone Consult. Neither the new Workload Type field nor the Telcon Workload field is editable.

31192 APS2: PRINT SCHEDULES DOES PRINT PAGE BREAK CORRECTLY

If a user elects to print schedules for a provider who only has schedules Tues only and elects to print 2 months worth of data, the system prints the each Tues schedule directly under each other without printing the appropriate header for each Schedule Date.

31194 APS2:DEFAULT WKLOAD TYPE FROM PROVIDER PROFILE

Currently, when creating templates and schedules, the sytem defaults the Workload Type field from the Clinic Profile not the individual Provider Profiles. This SCR would add a new field to the Providers Appt Type multiple in the Hospital Location file and modify the screening logic to default the Workload Type for the appt type from the Provider Profile instead of the Clinic Profile.

31203 APS2: SYS ERROR WHEN USER PAGES DOWN IN MSCH OPTION

The following system error occurs in MSCH Maintain Schedules option, if the user modifies the appointment type and duration fields and then presses the Page Down key instead of carriage returning through the remaining fields on the screen

```
%DSM-E-UNDEF, undefined variable SDNCMMT -DSM-I-ECODE, MUMPS error code: M6
 %DSM-I-ATLABEL, CHNG1+3^SDYSMOD:1       S

SDNCMMT=$S($G(SDDELCMT):"@",$G(SDSELECT)=1&(SDNCMMT=""):"@",1:SDNCM
MT)
```

31211 APS2: ALLOW USER TO MODIFY # OF PT PER SLOT

When the user elects to modify a schedule slot, if the schedule slot already has an appointment linked to it, the system will not allow the user to modify the number of patients per slot. The site is requesting this change. The system should allow the user to increase the number of patients

per slot or decrease the number of patients per slot as long as the number of patients per slot is not less than the number of patients already booked to the schedule slot.

31212 APS2: CAN'T ENTER SELF-REFS FOR ENROLLED PT WITH NO PCM ASSIGNED

If a patient is enrolled in MCP but has not had a PCM assignment, the system will prevent the user from entering a Self-Referral using the new SHCF Self-Referral Booking option. The user should be able to book any patient into a clinic that allows Self-Referral Booking.

31220 ISAC: APS2 CONVERSION TO CREATE 1 NODE FOR SCHEDS ON HOLD OR FROZEN

Schedules that were frozen or placed in a HOLD status prior to the APS2 software load and later released after the APS2 software installation occurred are missing the provider information stored in Node 1 of the Schedulable Entity file. When the user attempts to modify, print, or access the newly released schedule the following system error occurs:

TARGVAL+19^SDEXTRIG:1

31231 APS2:SYS ERROR IF NO TARGET DATE ENTERED FOR WL REQUEST

If a user enters a wait list request and instead of carriage returning through the target date field presses the page down key, the system will generate the following system error:

%DSM-E-UNDEF, undefined variable SDTD -DSM-I-ECODE, MUMPS error code: M6
%DSM-I-ATLABEL, BODY+24^SDWLADD:1 S ^SDPT("AW2",SDCL,SDTD,SD0)=""

31232 APS2: DELETE SCHEDULE CREATES DUPLICATE SCHEDULE IN DISPLAY LIST

Menu Path: PAS-S-SCHE-MSCH-MMSC DELETE INDIVIDUAL SLOTS ACTION User enters clinic, provider, and a date range for the entire month. System displays the individual schedule days and the daily schedule slots for each day in the month. If the user elects to delete an entire schedule day from the month's schedule, the system will delete the selected day but will replicate the last day of the date range entered. For example, instead of displaying the schedule slots for the 30th of January once, the system displays the schedule for Jan 30th twice. If the user exits the option and then reenters the original search criteria, the schedule for 30January will only be displayed once. In addition, if the user selects 2 days worth of schedules to be deleted (14 Jan 2002 and 15 Jan 2002) only the first schedule date will be deleted. Anytime one or more days are deleted from a monthly schedule, the system replicates the last schedule date.

31243 DA-44: APS2: ADD NEW FIELD WORKLOAD TYPE UNDER PROVIDER-APPT TYPE LEV

Add a new field WORKLOAD TYPE to the Provider/Appointment Type multiple in the Hospital Location file.
This is companion to PAS SIR 31194.

31313 DELETING APPT SLOT COMMENTS SHOULD NOT LEAVE SLOT STATUS AS 'BOOKED'

Using the menu option Modify/Add/Delete Schedules, if a user selects multiple appointment slots to modify, then chooses to only delete the slot comments and updates no other fields (particularly the Max number of patients per slot); the system is setting the slot status to BOOKED without actually having appointments linked to the slots. The system should not do this.

31330 PAS: PROVIDER CHANGE; UNABLE TO TRANSFER BOOKED APT TO ORIG PROVIDER

When using the PMSC (Provider Change) option, the user is unable to transfer the a booked appt slot from one provider & then back to the original provider. The schedulable entity ien field in the patient appointment file does not get updated.

This Sir is also expected to address the sys err:
TARGVAL+17^SDEXTRIG:2

31358 PAS; DEFAULT WKLOAD FROM PROVIDER PROFILE FOR WALK-IN APPT

If a user (who does not have the sd wk load security key) enters a walk-in appointment, the workload is (incorrectly) defaulting from the clinic profile (instead of the provider profile).

31380 PAS: TEMPLATE FOR SCHEDULE SHOULD CHECK STOP TIME

When the user enters a template (for a schedule), and enters a start time and the # of slots, the system should check the stop/end time to ensure it does not exceed 2400 (for the day).

31482 PAS_APS2+: NSTD APPT TYPES NOT BEING REPORT ON REPORT

Non-std appt types at the Clinic Profile level where the medical appt type flag is set to Yes are not being reported in the Clinic Profile section of the report. the software should check the Uneditable field in the Appointment Type field. If it is not set to YES, the software should report the appointment type as a non-standard appointment type.

31530 *SCR: PAS: APS II PLUS SCRS

APS II Plus SCRs include
- Table Updates and Problem Avoidance Report
- Conversions
- Software Enhancements
  - Appointment Type Enter/Edit
  - Appointment Profile List
  - Appointment Detail Code Enter/Edit
  - Clinic Profile Edit

Screening Logic
Error Messaging
28-Day Access to Care Standard

31532 PAS_APS2P: NON-STD DENTAL/RADIOLOGY APPT TYPES NOT ALLOWED IN EOD

In the End-of-Day processing option, when processing an appointment containing a valid non-standard dental/radiology appointment type for a dental or radiology clinic, the system is incorrectly identifying these appointment types as invalid. For dental and radiology clinics, the EOD option should allow appointments containing valid non-standard dental/radiology appointment types to be processed.

31537 UTL_APS2P: APPT DETAIL CODE CONVERSION ACTIVATES INACT STD DET CODES

The APS2+ Appt Detail Code File Conversion is incorrectly setting the status of inactive detail codes NOR and VERT to "Active". Former standard detail codes NOR and VERT are not part of the current list of standard detail codes. Their status should remain "Inactive".

31569 PAS: APS2 - AGE DETAIL CODE SHOULD ALLOW SAME VALUE IN FROM-TO (3M-3M)

The age detail code should allow the following values for the FROM-TO entry: 3M-3M, 7D-7D, 1-1, 4W-4W.

31595 APS:WORKLOAD FOR INPAT VISIT NOT REPORTED CORRECTLY

Currently, if an inpatient visit to an outpatient clinic is related to the inpatient's episode of care, the system is incorrectly reporting the clinic visit as count workload based on the Workload Type field for the appointment type in the Provider Profile and linked to the patient appointment record being edited. If the Inpatient Visit is Related to the Inpatient's Episode of Care, the system should automatically set the MEPRS Code field to an A MEPRS CODE linked to the Inpatient Record and set the Workload Type to Non-Count.

31629 PAS: NON STANDARD APPT TYPE AND DETAIL CODE SUMMARY REPORT

Provide the capabilities to allow the user to print the Non-Standard Appointment Type and Detail Code Summary report by Active Clinic/ Provider, Inactive Clinic/Provider or Both.

Report action-bar: Select to report (A)ctive, (I)nactive, (B)oth, or (Q)uit:
The primary intent of this Sir is to output data for active providers in active clinics [when Active is selected from the action-bar]).

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