

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

The following is a summary of changes to the Commander's Guide to Access Success, formerly dated May 15, 2002. Since Appointment Standardization implementation is complete, most of the changes in this version of the *Commander's Guide to Access Success* address the transition of the Guide from an Implementation Guide to an Appointment Standardization and Access to Care sustainment Guide. Many of the Appointment Standardization implementation instructions have been deleted but some remain as examples of the implementation approach. **All changes are effective as of April 15, 2003. All changes are italicized in the body of the Guide. Deleted text about the implementation processes will not be tracked in this document unless the deleted text reflects a change in procedure.**

Users should keep the old copy of the Guide for reference and either download a new copy of the Commander's Guide or make the appropriate changes to their present copy as indicated below:

**All Pages** - Change the date at the bottom of each page to: "April 18 2002"

**All Pages** - Change "Tiger Team" to "Access Management Team".

**All Pages** - Change language to reflect activities to sustain Appointment Standardization and Access to Care Improvement.

**All Pages** - Nine standard appointment types have changed to *ten* standard appointment types. The Open Access (OPAC) appointment type is new.

**All Pages** - The 90 percent standard for appointment standardization compliance has changed to 100 percent with the release in June 2002 of the feature to lockdown standard medical appointment types and standard detail codes. All non-standard medical appointment types and detail codes are inactivated.

**All Pages** - The Appointment types with X extenders have been inactivated and are replaced by the capability to define the count or non-count workload indicator in templates and schedules for each appointment.

**All Pages** - Change Ambulatory Data System (ADS) to Ambulatory Data Module (ADM) to reflect the new module name.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

#### Page

**Table of Contents – Appendices:** Add the following:

**Add reports:**

- G STANDARD APPOINTMENT TYPES UTILIZATION REPORTS ON THE TRICARE OPERATIONS CENTER
1. MTF Standard Appointment Type Utilization Report
  2. MHS Standard Appointment Type Utilization Report
  3. Access Management Reports

**Delete Section:**

- I APS II and APS II + CONVERSION PROGRAMS

**Add sections:**

- I *ACCESS TO CARE OPTIMIZATION PROGRAM*
- L *SIX TOP PRIORITY APPOINTMENT STANDARDIZATION DEFINITIONS WITH ACCESS STANDARDS*

**Page ES-1, Executive Summary, Purpose,** change the following:

**From:**

The 1 October 2001 deadline for full implementation of Appointment Standardization is fast approaching, so it is important to take action now as the changes outlined in this guide are many and your performance in implementing these changes will be measured.

**To:**

*The regulations in the Defense Authorization Act, Code of Federal Regulations Title 32, Section 199.1, are law. The changes outlined in this guide are many and your performance in implementing and sustaining these changes will be measured.*

**Page ES-2, Executive Summary, Contents of This Guide,** change the following:

**From:**

... directions on what education is available and how to obtain assistance; and most important, full explanations of the new APS methodology, business rules and operational definitions.

**To:**

*...directions on the initial education approach; instructions on where to obtain assistance; and most important, full explanations of the APS methodology, business rules and operational definitions.*

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page ES-2, Executive Summary, Contents of This Guide**, change the following:

**From:**

Support the formation of an Access Management Tiger Team ...

**To:**

Support the formation of an Access Management Team ...

**From:** ... TRICARE Plus, and web-based appointing.

**To:** ... TRICARE Plus, web-based appointing, and *web-based Referral and Authorization*.

**From:**

Periodic reports on the results will be made available to the entire MHS on-line.

**To:**

*Periodic on-line Appointment Management and Access to Care reports on the results are currently available on the entire MHS.*

**Page ES-3, Section 5. HOW WILL PERFORMANCE BE MONITORED**, change the following:

**From:**

The standard for success for full implementation of APS will be that *90* percent of total appointments made in each MTF will use the designated standard appointment types.

**To:**

The standard for success for full implementation of APS will be that *100* percent of total appointments made in each MTF will use the designated standard appointment types. MHS is currently at the 99.9 percent level. *Dental appointment types remain non-standard but will be migrated to the standard appointment types in October 2003..*

**From:**

... beneficiary's request for an medical appointment ...

**To:**

... beneficiary's request (*or in the case of a consult/referral, the provider's request*) for a medical appointment ...

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page I-1, STEP TWO: (O) Organize a Team that Knows the Process,** change the following:

**From:**

MTF Commanders should first appoint an Access Management/APS Implementation and Sustainment Tiger Team Leader.

**To:**

*MTF Commanders and Services should first appoint an Access Management/APS Implementation and Sustainment Team Leader.*

**Page I-2, STEP THREE: (C) Clarify Current Knowledge of the Appointment Process,** change the following:

**From:**

How does the MTF book its appointments? Does it use the Patient Appointing System Booking (PAS BOK) or the Managed Care Program (MCP) Module?

**To:**

*How does the MTF book its appointments?*

**Page I-3, STEP THREE: (C) Clarify Current Knowledge of the Appointment Process,** add the following:

**Add:**

- *How does the clinic manage Open Access appointments to make sure slots are available in the future?*
- *What referrals do not have an initial appointment?*

**Add:**

*APPENDIX I: Access to Care Optimization Program*

**Page I-3, STEP FOUR: (U) Uncover the Differences Between The Present System and APS,** delete and add the following:

**Delete:**

APPENDIX K: Technical Solution for the Change: APS Phase I CHCS Enhancements  
APPENDIX L: Technical Solution for the Change: APS Phase II CHCS Enhancements

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page I-3, STEP FOUR: (U) Uncover the Differences Between The Present System and APS,** delete and add the following:

**Add:**

*APPENDIX D: TRICARE Operations Center Description and Services including the Template Analysis Tool and Access Management Reports*

*APPENDIX I: Access to Care Optimization Program*

**Page I-3, STEP FOUR: (U) Uncover the Differences Between The Present System and APS,** change the following:

**From:**

The team should review and become familiar with the following appendices in this guide. Careful analysis of these changes will help the team to understand how to plan the change to APS. This full understanding will preclude disruption to the system once the implementation begins.

**To:**

The team should review and become familiar with the following appendices in this guide. *Careful analysis of these guidelines will help the team to understand how to sustain Appointment Standardization and Access to Care Improvement.*

**Add:**

*APPENDIX I: Access to Care Optimization Program*

**Page I-4, STEP SIX: (P) Plan the Change,** add the following:

**Add:**

*APPENDIX I: Access to Care Optimization Program*

*APPENDIX J: Open Access Appointing*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page I-4, STEP SEVEN: (D) Do the Change,** change the following:

**From:**

A step by step process to complete the implementation of APS and to improve and accurately measure access will have to be undertaken.

**To:**

A step by step process to complete the implementation *and sustainment* of APS and to *continue to improve the processes* and accurately measure access will have to be undertaken.

**From:**

A point of contact list is provided for the Appointment Standardization Integrated Program Team (ASIPT) including TMA, TRICARE Regional Lead Agent Offices, and Service Headquarters representatives.

**To:**

*No TMA point of contact information is available at this time. Consult your Service Access Manager for information on Access Management.*

**Add:**

*APPENDIX I: Access to Care Optimization Program*

**Page I-5, STEP EIGHT: (C) Check the Results of Changes,** add and change the following:

**Add:**

*To help a site assess its access to care performance, four new reports will soon be available on the TRICARE Operations Center web page: the Appointment Management, Access to Care Summary, Detail Code, and Detail Code Summary Reports.*

**From:**

APPENDIX S: Appointment Standardization IPT Point Of Contact (POC) List

**To:**

APPENDIX S: *Appointment Standardization Point of Contact (POC) Information*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page I-6, STEP NINE: (A) Act to Hold, Gain or Improve APS and Access**, add and change the following:

**Add:**

*APPENDIX L: Six Top Priority Appointment Standardization System Change Requests*

**From:**

Once the MTF is comfortably operating with these procedures the MTF Commander can disband the Tiger Team. Prior to their dissolution the *Tiger Team* should record their findings for communications with higher headquarters and with MTF beneficiaries.

**To:**

Once the MTF is comfortably operating with these procedures the MTF Commander can *downsize the Access Management Team*. The *Access Management Team* should record their findings for communications with higher headquarters and with MTF beneficiaries.

**Page II-3, ESTABLISH AUTHORITY, Paragraph 3**, change the following:

**From:**

The TMA Appointment Standardization Program Manager will work closely with designated representatives from each MTF and the LAs to implement the program, track success, and address concerns.

**To:**

The TMA Appointment Standardization Program Manager *worked* closely with designated representatives from each MTF and the LAs to implement the program, track success, and address concerns. *Responsibility for the program has now transitioned to the Services.*

**Add:**

*In January 0f 2002, a policy letter was issued to authorize a tenth appointment type was added to support the Open Access booking model.*

**Page II-5, 2.2.1, Planning, Paragraph 2**, change the following:

**From:**

The site representatives are listed in Appendix S of this guide and on the TAI Web Site under Points of Contact (POC), and may be consulted for further information, lessons learned, and guidance. . See the POC list at <http://www.tricare.osd.mil/tai/poc.htm..>

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**To:**

*TMA point of contact information is no longer available. Consult your Service Access Manager for information on Access Management.*

**Page II-6 & 7, 2.2.4, Miscellaneous Pre-Implementation Procedures**, change the following to the end of the first paragraph.

**From:**

Use new extenders (\$ for MTF Book Only, and X for Non-count appointments) where appropriate. The X non-count appointment types are to be used temporarily until APS II is released. After APS II is released, count/non-count values will be determined in schedules and templates by the new Workload Type field on each appointment in the template or schedule. The Workload Type field will still default from the Clinic or Provider Profile as it always has but scheduling staff may change the default to a corrected value. Sites should phase out the X non-count appointment type after APS II and use this new capability to define non-count appointments. After the APS II + release, the 'X' appointment types will no longer be usable, except TCONX with TCON and TCON\$ which will be used to identify patient calls for appointments that did not result in an appointment.

**To:**

*Use the \$ extender (\$ for MTF Book Only) where appropriate. The X non-count appointment types were inactivated in the APS II release in November 2001. Now count/non-count values are determined by the new Workload Type field on each appointment in a template or schedule. The Workload Type field still defaults from the Clinic or Provider Profile as it always has but scheduling staff may change the default to a corrected value. The only 'X' appointment type that is currently available is TCONX which in conjunction with TCON and TCON\$ will be used temporarily to identify patient calls for appointments that did not result in an appointment. TCON, TCON\$, and TCONX will be inactivated in APS Phase III due out in October 2003. These appointment types will be replaced by a new feature in APS III that will enhance CHCS to allow an MTF to track patient calls that do not result in an appointment.*

**From:**

- Mandate MCP Booking. Use PAS only for self-referral clinics, unscheduled visits and for wait list appointments until APS II is installed. After APS II the new self-referral booking module will be used to book self-referral appointments.

**To:**

- Mandate MCP Booking. *MCP is now the only booking module supported by CHCS and also now may be used to book self-referral appointment. In APS III*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

*due out October 2003, a new booking module, Enrolled Elsewhere, will book beneficiaries who are enrolled to other facilities.*

**Page II-8, 2.3, History of the Implementation Strategy, change the following:**

**From:**

Implementation of the nine standard appointment types will make the transition to CHCS II easier.

There will be a conversion program to help sites move easily into APS II without the need to extensively rebuild templates and schedules. The sooner the site begins the change in mindset, the sooner access will improve for beneficiaries.

**To:**

Implementation of the *ten* standard appointment types will make the transition to CHCS II easier.

*A conversion program was developed to help sites move easily and quickly into APS without the need to extensively rebuild templates and schedules.*

*A future release, APS III, is planned for October 2003. Refer to Appendix L for a list of the System Change Requests that will be included in that release.*

**Page II-9, 2.4, Post-Implementation Strategy, change the following:**

**From:**

APS was rolled out in phases and is currently deployed. Preparation for APS Phase II will be in the planning phases until deployment in November 2001. MTFs will need to keep current on the status and provide feedback to TMA on those plans. MTFs should also provide any lessons learned from APS I so that the processes can be refined as the program rolls out. Feedback will play an important factor in the assessment of the success of the Appointment Standardization solution and to ensure compliance across the command and clinics.

**To:**

APS was rolled out in phases and is currently deployed. *MTFs continue to provide lessons learned from APS implementation so that the processes can be refined as the program moves into sustainment mode. Feedback will continue to play an important factor in the assessment of the success of the Appointment Standardization and Access Improvement solutions and to ensure compliance across the command and clinics.*

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page II-9 & 10, 2.4.2, Feedback Strategy,** change the following:

**From:**

The MTF Access Management Tiger Team members will be responsible for the analysis of the TOC Template Analysis Tool (TAT) data ...

**To:**

The MTF *Access Management Team* members will be responsible for the analysis of the TOC Template Analysis Tool (TAT) data, *Standard Appointment Type Utilization Reports, and Access Management Reports* ...

**From:**

Once approved, sites may implement the standard locally until MHS-wide deployment occurs. TMA will ensure that turn-around of the recommended new standards is timely (usually within 2 weeks). After APS II, sites may add new standard detail/appointment types to their master tables in order to use these as soon as they are approved.

**To:**

Once approved, *sites must wait to use the new appointment type and detail codes until they are released in a quarterly CHCS table update.*

**Page II-10, 2.4.3, Performance Measures and Tools,** change to the following:

**First bullet, From:**

The tool will also indicate by MTF and clinic the progress made in the transition to the use of the *ten* standard appointment types in the schedules.

**First bullet, To:**

The tool will also indicate by MTF and clinic *the current status of* the use of the *ten* standard appointment types in the schedules.

**Second bullet, From:**

In the future, TMA is proposing that walk-in appointments will be included as measures in the access measurements. When walk-in appointment measures are combined with measures of booked appointments and number of providers in the clinic, a site will be able to have an high-level indicator of provider productivity within a clinic based on the number of visits accommodated per provider each day. This will simply be a flag to indicate that further investigation is required.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

The TAT tool is available on the Web and all sites have access to their own reports. The reports are updated daily with current data. The Web address is <http://www.tricare.osd.mil/tools>.

#### **Second bullet, To:**

In the future, TMA is developing *four new Access Management reports on the TRICARE Operations Center web page: Detail Code Usage Report, Detail Code Summary Report, Access Management Report, and Access to Care Summary Report. The Access Management Report will include walk-in appointments as a separate measure in the access measurements.* When walk-in appointment measures are combined with measures of booked appointments and number of providers in the clinic, a site will be able to have an high-level indicator of provider productivity within a clinic based on the number of visits accommodated per provider each day. *This will simply be an indicator that further investigation is required. The Access to Care (ATC) Summary Report on the TOC will measure access using different criteria than the CHCS ATC Summary Report. However the CHCS ATC Summary Report will be modified in August 2003 to measure access to appointments using the same criteria as the TOC ATC Summary Report.*

*These TAT and TOC Reports are available on the Web and all sites have access to their own reports. The reports are updated daily with current data. The Web address is <http://www.tricare.osd.mil/tools>. The reports can be displayed by downloading the Snapshot Viewer to your computer.*

**Page II-10, 2.4.3, Performance Measures and Tools,** change to the following:

#### **Third bullet, From:**

- The MCP Utilization Summary Report is also available on the TAT Web Site. This report takes a snapshot of MCP and PAS BOK booking usage in CHCS. The report can be accessed on the TRICARE Operations Website at this URL: <http://www.tricare.osd.mil/tools/StdApptType/toc/SAT.htm>. The goal is that all MTFs should be using MCP greater than or equal to 90 percent of the time to book medical appointments, by 15 January 2001.

#### **Third bullet, To:**

- The *MCP Utilization Summary Report was formerly available on the TAT Web Site and provided a snapshot of MCP booking usage in CHCS. The goal that all MTFs should be using MCP Booking was achieved in the APS II release in November 2001 and therefore the report was inactivated.*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page II-10, 2.4.3, Performance Measures and Tools**, change to the following:

**Add to the last bullet:**

- *This data is also captured in the Access to Care Summary Report when a patient refuses an appointment within the access standard.*

**Page II-14, 2.5, Access Improvement Reengineering, Best Business Practices**, change the following:

**From:**

- Web appointing will be offered for routine (ROUT) and established (EST) PCM Primary Care appointments only.

**To:**

- *Initially Web appointing will be offered for routine (ROUT) and established (EST) PCM Primary Care appointments only, then in early 2003 ACUT, OPAC, PCM, WELL, and self-referral appointments will also be offered.*

**Page II-14, 2.5, Access Improvement Reengineering, Best Business Practices, bullet 5**, delete the following:

**Delete:**

- Regions 1, 2 and 11 have contracted a study of booking processes in their regions. The result will be the distribution of Call Centers into the TRICARE Service Centers at the MTFs. Appointing will be performed using a single regional phone number to capture call metrics then the call will be automatically routed to the appropriate MTF for booking.

**Page II-15, 2.6, Key Issues, At the MTF level, additional issues will be**, add the following bullet after bullet 3:

**Add:**

- *Rescheduling patients who called and did not get an appointment.*

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page II-16, 2.6, Key Issues, At the MTF level, additional issues will be, change bullet 14:**

**From:**

- All appointments must use the ten appointment types and standard detail codes

**To:**

- All *medical* appointments must use the ten appointment types. *If using detail codes, all medical and dental appointments must use only the standard values except age codes. Currently CHCS allows Dental to use their own appointment types. Dental is being encouraged to migrate to the use the Standard Appointment Types now including a new Dental DROUT appointment type. DROUT has a 21 day access standard. In October 2003, CHCS will lock out all Dental non-standard appointment types, add DROUT as a new standard appointment type for Dental use only, include a 21 day Access to Care Category, DROUTINE, require the use of standard appointment types, and inactivate all non-standard dental appointment types.*

**Page A-1, Appendix A, add to the end of the fifth paragraph:**

**Add:**

*APS III will be rolled out in October 2003 to track patient requests that do not result in appointments and to always display at least 28 days of appointments when searching for appointments.*

**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**Page A-2, Appendix A, Row 2, change as follows:**

**From:**

2	Lack of program-wide goals and performance measures to track DoD progress on a regional and system-wide basis to meet TRICARE access and quality program goals for care provided	MHS-wide APS and Access Improvement initiatives include <i>ten</i> standard appointment types, standard clinical resource coding, standard codes for slot reservations by beneficiary type, and Access to Care measurement tools. Standardization of CHCS appointing data will allow appointment processes to be measured and compared consistently across the entire MHS. Access will be measured prior to and after Appointment Standardization is implemented and the delta measured. Quality is addressed by the annual MHS Patient Satisfaction Survey and the monthly MTF Patient Satisfaction Survey.	CHCS APS I (Nov 2000) & CHCS APS II (Nov 2001)	Display ATC Summary Report on TOC Website. Issue policy that ATC data will be tracked. Report will be available in early 2003.
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## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**To:**

2	Lack of program-wide goals and performance measures to track DoD progress on a regional and system-wide basis to meet TRICARE access and quality program goals for care provided	MHS-wide APS and Access Improvement initiatives include <i>ten</i> standard appointment types, standard clinical resource coding, standard codes for slot reservations by beneficiary type, and Access to Care measurement tools. Standardization of CHCS appointing data will allow appointment processes to be measured and compared consistently across the entire MHS. Access will be measured prior to and after Appointment Standardization is implemented and the delta measured. Quality is addressed by the annual MHS Patient Satisfaction Survey and the monthly MTF Patient Satisfaction Survey. <i>In APS III track patients who called for an appointment but were not scheduled to see a provider.</i>	CHCS APS I (Nov 2000) & CHCS APS II (Nov 2001) & <i>APS III (2003)</i>	Display ATC Summary Report on TOC Website. Issue policy that ATC data will be tracked. <i>Report available in Jan 2003.</i>
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**Page A-6, Appendix A, Row 13, change as follows:**

**From:**

13	Inability to measure the number of patients who are unable to obtain appointments	Ability to track patient calls that do not result in a booked appointment. SCR submitted for CHCS APS III to cover this. Contractor must have a call tracking system to monitor dropped calls due to long wait period. MTF needs the same.	CHCS APS III	Fund SCR 1085, 1091 and establish standards for call centers
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**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**To:**

13	Inability to measure the number of patients who are unable to obtain appointments	Ability to track patient calls that do not result in a booked appointment. SCR submitted and funded for CHCS APS III to cover this. Contractor must have a call tracking system to monitor dropped calls due to long wait period. MTF needs the same.	<i>CHCS APS III (Oct 2003)</i>	<i>SCR 1085, 1091 currently funded and under development. Track patient calls that did not result in an appointment. ..</i>
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**Page B-1, Appendix B, Access Manager/Appointment Officer Responsibilities/Position Description**, change the following in the ninth bullet:

**From:**

- Monitors appointment standardization compliance and access metrics for all clinics within the MTF

**To:**

- Monitors appointment standardization compliance, *referral processing compliance*, and access metrics for all clinics within the MTF

**Page C-3, 6 Booking Authority**, delete the following:

**Delete:**

- The letter X will be used as the last character in the appointment type field to indicate a non-count appointment, e.g., PCMX, ROUTX, SPECX.
- The X extender is a short term solution. Eventually in APS II, CHCS will be modified to handle non-count workload in a different manner. In APS II + the X extender will be inactivated.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page C-5, 9.1 Scheduling**, change the following:

**First Bullet, From:**

- Scheduling supervisors will have the ability to define up to 3 detail codes for each appointment slot to indicate resources or restrictions for the appointment.

**First Bullet, To:**

- Scheduling supervisors will have the ability to define *up to 4 detail codes effective October 2003* for each appointment slot to indicate resources or restrictions for the appointment.

**Page C-6, 9.2 Booking**, change the following:

**From:**

- The browse function will continue to be used to modify the appointment duration. In APS III, the browse function will be integrated with appointment booking screens for ease of use.

**To:**

- The browse function will continue to be used to modify the appointment duration. In APS III, *the split and join features* of the browse function will be integrated with appointment booking screens for ease of use.

**Add:**

- *In the future (APS III) CHCS will highlight appointments that meet the patient's beneficiary type, age, and access to care requirements.*

**Page D-1, 1. TRICARE OPERATIONS CENTER DESCRIPTION**, change the following:

**From:**

The TRICARE Operations Center (TOC) is an organization whose work is funded by TMA. One of the functions of the TOC is to extract data from CHCS hosts, store the data in a central database, and provide on-line reports to each site on the results of the analysis of their data. TOC offers voluntary access to the MTF Template Analysis Tool (TAT) to interested MTFs, Intermediate Commands, Services and Lead Agents.

**To:**

The TRICARE Operations Center (TOC) is an organization whose work is funded by TMA. One of the functions of the TOC is to extract data from CHCS hosts, store the data in a central database, *use standard, validated, consistent measures*, and provide on-line reports to each site on the results of the analysis of their data. The TOC offers voluntary

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

access to the MTF Template Analysis Tool (TAT) to interested MTFs, Intermediate Commands, Services and Lead Agents. *The TOC also provides miscellaneous Appointment Standardization Reports such as the Standard Appointment Type Utilization Reports (also referred to as the MEPRS 3 Appointing Reports) and four new reports released in February 2003 and summarized below: Detail Code Report, Detail Code Summary Report, Access Management Report, and Access to Care Summary Report. Refer to Appendix G of this document for the technical specifications describing the content and format of these four reports.*

**Appendix D-2 and D-3, Point of Contact**, change to:

**To:** *TMA Regional Operations, TRICARE Operations Center*

**Page D-3, Appendix D, 4. ACCESS MANAGEMENT REPORTS**, add the following section:

#### **4. ACCESS MANAGEMENT REPORTS**

*Four new Access to Care performance reports are available on the TRICARE Operations Center Web Page as of February 2003. These reports will ensure that appointing performance and access to care at all MTFs are measured consistently and accurately. The detailed specifications for each of the four reports are included in Appendix G for your information.*

##### **I. Detail Code Usage Report**

**PURPOSE:** *This report will give clinic level managers the ability to compare the degree of change among detail codes in their clinic, comparing provider scheduled appointments to what was actually booked for those appointments for the report time period.*

**VALUE ADDED:** *Clinic managers should be able to more accurately establish schedules and predict demand for particular services ahead of time and decrease the need to change detail codes when the appointment is actually booked. This report shows the level of usage and degree of change of individual detail codes for a facility (Division) at the clinic level. It allows a site to compare the scheduled appointments in the CHCS Schedule Entity file to the actual booked appointment in the Patient Appointment file for the same schedule period. One of the guiding principles of appointment standardization is to encourage appointment personnel to use detail codes to track what the appointment*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

*slot was actually used for. In other words, if the appointment in the provider's schedule has detail codes that do not match what the appointment is actually going to be used for then, on a regular basis, appointment personnel should change that booked appointment's detail codes to reflect the actual usage.*

***BACKGROUND:*** *The Appointment Standardization program mandated the use of standard detail codes to ensure the reservation of special equipment or resources for an appointment, or to indicate special restrictions on the appointment. An analysis of the use of standard detail codes will help the MTFs develop better provider schedules to meet patient care needs.*

**DISCUSSION:** This report is presented in downloadable spreadsheet format. The metrics on the usage of standard detail codes are updated monthly and are available aggregated by Region, Service, MTF, and by MEPRS3 code.

- **Data Source:** CHCS Schedulable Entity File
- **Update Frequency:** Weekly
- **Report Focus:** Includes counts of detail codes used on appointments by individual detail code and MEPRS3 code by Service, Region, and/or MTF.
- **Report Format:** 1 page per MEPRS 3 level clinic per 1 month time period, for the past month in spreadsheet format
- **Availability:** Reports are posted to the TMA WWW site (<http://www.tricare.osd.mil/tools>)
- **MTF Cost:** Zero - Once the TOC has access to a local CHCS host, the MTF has no additional work. Processing of the data and WWW posting are automated from a central TMA location.

**DAILY STATISTICS:** 104 CHCS Hosts; 397 MTFs; 4500 Clinics; ~4.5M Appointments

**POINT OF CONTACT:** *TMA Medical Health Services Operations (MHSO)*

## ***II. Detail Code Usage Summary Report***

***PURPOSE:*** *This report will give MTF and Major Command level managers the ability to compare the degree of change among detail codes at a facility, comparing scheduled appointments at a facility to what was actually booked for the same time period.*

***VALUE ADDED:*** *MTF and Major Command managers should be able to more accurately establish schedules and predict demand for particular services ahead of time and decrease*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

*the need to change detail codes when the appointment is actually booked. This report shows the level of usage and degree of change of individual detail codes for a facility (Division) and allows for a comparison of the scheduled appointment in the CHCS Schedule Entity file and the actual booked appointment in the Patient Appointment file for the same time period. One of the guiding principles of appointment standardization is to encourage appointment personnel to use detail codes to track what the appointment slot was actually used for. In other words, if the scheduled appointment has detail codes that do not match what the appointment is actually going to be used for, then appointment personnel should on a regular basis change the booked appointment's detail codes to reflect the actual usage.*

**BACKGROUND:** *The Appointment Standardization program mandated the use of standard detail codes to ensure the reservation of special equipment or resources for an appointment, or to indicate special restrictions for an appointment. An analysis of the use of standard detail codes will help the MTFs develop better provider schedules to meet patient care needs.*

**DISCUSSION:** This report is presented in downloadable spreadsheet format. The metrics on the usage of standard detail codes are updated monthly and are available aggregated by Region, Service, MTF, and by MEPRS3 code.

- **Data Source:** CHCS Schedulable Entity File
- **Update Frequency:** Weekly
- **Report Focus:** Includes counts of detail codes used on appointments by individual detail code, by MTF, and by Service or Region
- **Report Format:** 1 page per Service or Region per 1 month time period, for the past month in spreadsheet format
- **Availability:** Reports are posted to the TMA WWW site (<http://www.tricare.osd.mil/tools>)
- **MTF Cost:** Zero - Once the TOC has access to a local CHCS host, the MTF has no additional work. Processing of the data and WWW posting are automated from a central TMA location.

**DAILY STATISTICS:** 104 CHCS Hosts; 397 MTFs; 4500 Clinics; ~4.5M Appointments

**POINT OF CONTACT:** *TMA Medical Health Services Operations (MHSO)*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

#### *III. Access Management Report*

**PURPOSE:** *This report will allow sites to assess patient access to a clinic's services for each type of beneficiary and, if care was not given, the number of appointments involved and the reason. The report shows the distribution of booked appointments to each beneficiary category, i.e., Active Duty (TRICARE Prime and non-enrolled), TRICARE Prime (CHAMPUS), TRICARE Plus, Non Prime, and Other.*

**VALUE ADDED:** *MTF and Major Command managers should be able to:*

- *more accurately predict demand for particular services ahead of time*
- *predict the frequency of appointments that are booked yet do not result in encounters with the provider*
- *decrease the need to correct appointment data when the appointment is actually booked.*
- *identify problem areas in the booking process and take appropriate corrective action based on the metrics in this report*

**BACKGROUND:** *One of the objectives of the Appointment Standardization program is to help sites analyze their scheduling and appointing processes in order to make corrections to improve patient access. This report integrates data from scheduling and from appointment booking to provide an integrated view of both schedule planning and appointment booking at the clinic level with an overall view of the workload performed.*

**DISCUSSION:** This report is presented in downloadable spreadsheet format. The metrics on the status of the appointments are updated weekly and are available aggregated by Region, Service, MTF, and by MEPRS3 code.

- **Data Source:** CHCS Patient Appointment File and the Schedulable Entity File.
- **Update Frequency:** Weekly with a Monthly Summary
- **Report Focus:** Includes counts of appointments by MEPRS3 clinic codes, by beneficiary category, by Service, Region, or MTF
- **Report Format:** 1 page per MEPRS 3 level clinic per 1 month time period, for the past month in spreadsheet format
- **Availability:** Reports are posted to the TMA WWW site (<http://www.tricare.osd.mil/tools>)
- **MTF Cost:** Zero - Once the TOC has access to a local CHCS host, the MTF has no additional work. Processing of the data and WWW posting are automated from a central TMA location.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**DAILY STATISTICS:** 104 CHCS Hosts; 397 MTFs; 4500 Clinics; ~4.5M Appointments

**POINT OF CONTACT:** *TMA Medical Health Services Operations (MHSO)*

#### ***IV. Access To Care Summary Report***

***PURPOSE:*** *This report will allow MTFs to assess patient access to each clinic's services overall and by type of beneficiary (Program Category) for the date range and MTF(s) selected for the report. This report measures how well the clinic is meeting the DoD Access to Care standards for patient requests, including appointments for primary care, appointments for primary care consults/referrals, and appointments for specialty care consults/referrals. Every booked appointment is counted to assess the clinic's total booking activity and patient access, including kept, patient cancellations, facility cancellations, leave without being seen, and no-show appointments.*

***VALUE ADDED:*** *MTF and Major Command managers should be able to:*

- *more accurately predict patient access to specific clinic services ahead of time*
- *assess access by type of beneficiary*
- *plan more effectively*
- *identify problem areas in booking, and take appropriate corrective action*

***BACKGROUND:*** *This report meets the government requirement to measure access to military health care for TRICARE Prime enrollees. Access is measured for MTF care across the five government standard access categories: acute (24 hours), routine (7 calendar days), wellness (28 calendar days), specialty (28 calendar days) in addition to a future category to measure all other care.*

***DISCUSSION:*** This report is presented in downloadable spreadsheet format. The metrics on the access to care categories are updated weekly and are available aggregated by Region, Service, MTF, MEPRS3 code, and beneficiary category (TRICARE Active Duty, TRICARE Prime (Non-Active Duty), TRICARE Plus, Medicare, and Direct Care). The beneficiary categories are derived from the Alternate Care Value (ACV) in DEERS.

- **Data Source:** CHCS Patient Appointment File and GP Consult Tracking file
- **Update Frequency:** Weekly with a Monthly Summary
- **Report Focus:** Includes counts of booked appointments by access to care category, beneficiary category, and MEPRS3 code and by MTF, Service, or Region. All booked appointments are counted even if the patient elected not to keep the appointment, e.g. patient was no-show, leave without being seen, or cancelled the appointment.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

- Report Format: 1 page per MEPRS3 clinic per 1 month time period, for the past month in spreadsheet format
- Availability: Reports are posted to the TMA WWW site (<http://www.tricare.osd.mil/tools>)
- MTF Cost: Zero - Once the TOC has access to a local CHCS host, the MTF has no additional work. Processing of the data and WWW posting are automated from a central TMA location.

**DAILY STATISTICS:** 104 CHCS Hosts; 397 MTFs; 4500 Clinics; ~4.5M Appointments

**POINT OF CONTACT:** *TMA Medical Health Services Operations (MHSO)*

#### **Appendix E, entire section:**

##### **Delete:**

Remove APS I and APS II designations throughout Appendix E in order to present a single set of business rules.

**Page E-2, Appendix E, Appointment Standardization Business Rules, 1.1 Clinic Profiles,** change to read:

##### **From:**

Following the APS II installation, the nine former temporary appointment types (approved by the ASIPT) should be removed from templates and schedules and inactivated in the Appointment Type Master table, e.g., PCMX, ROUTX, WELLX, ESTX, etc. Sites will now use the Workload Type field in templates, schedules, and on booked appointments to determine the count/non-count value of the appointment.

##### **To:**

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

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

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

Page E-2 & E-3, Appendix E, Appointment Standardization Business Rules, 1.2 Appointment Types, change to:

**From:**

- Appointment types added after the new standard appointment types are released in APS I will be temporary unless recommended and approved as a standard by TMA. If not incorporated into the standard, temporary or non-standard appointment types will be inactivated after a safety period following the release of APS III. If they need to be standard, please refer them to your APS WIPT member at the LA.
- Sites must set the new Medical Appointment Type flag to YES for each standard appointment type in the Appointment Type File is to be used in templates and schedules. Dental will set this flag to NO.
- Only the appointment types with the Medical Appointment Type flag set to YES may be used for templates, schedules, and on help lists.
- The Standard Appointment Type flag will be set to YES by the system for each appointment type that is designated by the IPT as standard. Sites will not be able to modify this flag.
- Some sites have opted to convert to the standard appointment types simply by changing the name of the appointment types in the master Appointment Type file to the standard name, i.e., NEW to PCM, FOL to EST. This is a quick, easy method. This method will work under two conditions only: (1) all the divisions and clinics on your CHCS host have agreed to convert on the same day or (2) clinics and divisions that elect not to convert on the same day are not using the non-standard appointment types whose names are being changed to the standard.
- Existing appointment types that are already assigned to active schedule and template slots should not be converted to the new standard appointment type names until all clinics and divisions on the CHCS host are ready to convert. If any clinics or divisions are on a different conversion schedule and use the appointment types whose names are being changed, they will be converted automatically by mistake. Under these circumstances, assign the new standard appointment types to future templates and schedule slots and phase out the non-standard appointment types as visits are completed.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

- Dental may use the standard appointment types or may use their own existing appointment types. Standard appointment types for dental care will be coordinated with the Dental Program Manager.
- Wait List appointments should also be converted to the standard appointment types and non-standard types should be phased out.

#### **To:**

- *For Medical Appointment types, CHCS will support only the ten standard Appointment types. 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.*
- *When booking medical appointments, only the appointment types with the Medical Appointment Type flag set to YES may be used for templates, schedules, and on help lists*
- *When booking dental appointments, only the appointment types with the Dental Appointment Type flag set to YES (DROUT) may be used for templates, schedules, and on help lists.*
- *Ancillary clinics will set the Medical and Dental Appointment flags to NO.*
- *The Standard Appointment Type flag will be set to YES by the system for each appointment type that is designated by the IPT as standard. Sites will not be able to modify this flag.*
- *Wait List appointments will also use only the standard appointment types.*
- *Only five standard appointment types are recommended for Dental appointments..*
  - *ACUT - Acute (24 hours)*
  - *DROUT - Routine (21 days)*
  - *SPEC - Specialty (28 days)*
  - *WELL - Wellness (28 days)*
  - *PROC - Procedure (28 days or provider designated)*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page E-3, Appendix E, Appointment Standardization Business Rules, 1.3 Detail Codes, all bullets, change to:**

**From:**

- Sites will be able to add new detail codes to the Detail Code table as soon as APS I is installed. After APS II + is released, sites may only add site defined age codes.
- Until detail codes are fully implemented in APS II, detail codes may be entered into the slot comment field as free text delimited by semicolons where they will be viewable during appointments booking.
- TMA recommends that the standard Patient Access Types be added to the Detail Code table as soon as possible in order to ensure that these planned standard values are not duplicated under a different code at the site. Refer to the TRICARE Access Imperatives Web page for a list of the Patient Access Types, [www.tricare.osd.mil/tai/](http://www.tricare.osd.mil/tai/) or Appendix N in this document.
- Regions should develop their own age codes and include them in the Detail Code Table as soon as possible. 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 age is in years unless otherwise indicated with a D, which indicates days; a W, which indicates weeks; or a M which indicates months. The lower age precedes the upper age limit. Age codes must be added to the detail code file before the APS II release is loaded and the detail code conversion is run..
- 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 for sub-specialty care.
- When APS II is loaded, a conversion will automatically run to move the first three valid detail codes from the slot comment field into the new detail code fields in the templates and schedules. With a standard appointment type, this will relieve sites from having to rebuild templates and schedules with the release of APS II. Duration and workload type will also be converted.
- A conversion will initialize the new Workload Type Field on appointment slots in templates and schedules.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**To:**

- **Sites may only add site defined age codes to the Detail Code file. This applies to all clinics, including Dental and Ancillary.**
- Regions 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 age is in years unless otherwise indicated with a D, which indicates days; a W, which indicates weeks; or a M which indicates months. The lower age precedes the upper age limit *and must be separated by a hyphen.*
- 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 for sub-specialty care.**
- *The new Workload Type Field has been initiated on each appointment slot in templates and schedules.*

**Page E-4, Appendix E, Appointment Standardization Business Rules, 2.1 Assigning Detail Codes, add to bullets 3 and 4:**

**Add:**

- *If the slot comment for an appointment contains data, a tilde (~) will appear in front of the appointment on the list of available appointments during booking.*
- *A fourth detail code will be implemented in the upcoming CHCS APS II release in October 2003. Detail codes in the slot comment field should be transferred to the new fourth detail code. TOL will require that all detail codes be stored in one of the four detail code fields.*

**Page E-5, Appendix E, Appointment Standardization Business Rules, 2.2 Batch Assigning Slot Characteristics, bullet 2, add:**

**Add:**

- The appointment duration will no longer be derived exclusively from the appointment type. The appointment duration will still be initially *defaulted as follows: from the appointment type in the clinic profile for non-count clinics and from the appointment type in the provider profile for count clinics.* However

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

users may now override the default duration for the appointment slot and specify the actual minutes required by the provider for the appointment.

**Page E-5, Appendix E, Appointment Standardization Business Rules, 2.3 Template Creation, bullets 4 thru 7, change to read:**

**From:**

- The appointment duration will continue to be set in the Clinic Profile based on the appointment type.
- Templates will have new flexibility. Each slot may define the new appointment types, the appointment duration, the booking authority, and up to 3 detail codes for the visit. The detail codes include a Patient Access Type: Active Duty only, Prime only, GME only, no Active Duty, No Prime, no Active Duty or Prime, Special Programs Patients, Active Duty and Prime, and Active Duty, Prime, and Special Programs Patients.
- The appointment duration will be defaulted from the Clinic Profile and may be overridden by the provider or schedule clerk.

**To:**

- The appointment duration will continue to be set in the Clinic Profile *and Provider Profile* based on the appointment type.
- Templates will have new flexibility. Each slot may define the new appointment types, the appointment duration, the booking authority, *the workload type, and up to 4 detail codes for the visit.* The detail codes include a Patient Access Type: Active Duty only; Prime only; GME only; no Active Duty; No Prime; no Active Duty or Prime; Special Programs Patients *and TRICARE Plus*; Active Duty and Prime; *TRICARE Standard*; and Active Duty, Prime, *TRICARE Plus*, and Special Programs Patients.
- *The appointment duration will be defaulted from in the Clinic Profile to the Provider Profile and then to the appointment slot for each appointment type and may be overridden by the provider or schedule clerk.*

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 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 with the SD WK LOAD security key.*

**Page E-5, Appendix E, Appointment Standardization Business Rules, 2.4 Schedule Creation, bullets 1, 4, 5, 6, and 7, change to read:**

**From:**

- Schedules should be released a minimum of 30 days ahead or per TRICARE contract requirements. Slots should be OPEN.
- The appointment duration will be set initially in the Clinic Profile based on the appointment type.
- Schedules will have new flexibility. Each slot may define the new appointment types, the appointment duration, the booking authority, and up to 3 detail codes for the visit (including a patient access type: Active Duty only, Prime only, GME only, no Active Duty, No Prime, no Active Duty or Prime, Special Programs Patients, and TRICARE Standard).
- The appointment duration will be defaulted from the Clinic Profile and may be overridden by the provider or scheduling clerk.

**To:**

- Schedules should be released a minimum of *30 - 45 days* ahead or per Service direction and/or TRICARE contract requirements. Slots should be OPEN.
- The appointment duration will continue to be set in the Clinic Profile *and Provider Profile* based on the appointment type.
- Schedules will have new flexibility. Each slot may define the new appointment types, the appointment duration, the booking authority, *the workload type*, and *up to 4 detail codes* for the visit (including a patient access type: Active Duty only; Prime only; GME only; no Active Duty; No Prime; no Active Duty or Prime; Special Programs Patients *and TRICARE Plus*; Active Duty and Prime; *TRICARE Standard*; and Active Duty, Prime, *TRICARE Plus*, and Special Programs Patients).
- *The appointment duration will be defaulted from the Clinic Profile to the Provider Profile and then to the appointment slot for each appointment type and may be overridden by the provider or schedule clerk.*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 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 with the SD WK LOAD security key.*

**Page E-8, Appendix E, Appointment Standardization Business Rules, 3.1 Patient Identification and Registration, bullet 4, change to read:**

**From:**

- Verify the priority for care in the MTF, i.e., Active Duty, Prime, Non-Prime, NATO, ineligibles, etc.

**To:**

- Verify the priority for care in the MTF, i.e., Active Duty, Prime, *TRICARE Plus*, Non-Prime, NATO, ineligibles, etc.

**Page E-9, Appendix E, Appointment Standardization Business Rules, 3.3 Access Management, bullet 6, add:**

**Add:**

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

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

Page E-9, Appendix E, Appointment Standardization Business Rules, 3.4 Searching for an Appointment, bullet 2, add:

**Add:**

- Select the ATC category based on the patient's requested urgency for care or based on nurse triage. 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.*

<u>ATC Category</u>	<u>ATC Standard</u>
ACUTE	24 hours (1440 minutes)
ROUTINE	7 days (10,080 minutes)
WELLNESS	28 days (40,320 minutes)
SPECIALTY	28 days (40,320 minutes)
FUTURE	provider designated
<i>DROUTINE</i>	<i>21 days (Dental only, Oct 2003)</i>

Page E-10, Appendix E, Appointment Standardization Business Rules, 3.4 Searching for an Appointment, bullet 12. delete:

**Delete:**

- Before the National Enrollment Database (NED) is implemented, the search capability in MCP matches the provider's agreement types (MTF, contract, network provider, AD, etc.) with the patient's beneficiary category and eligibility. If the provider agreement indicates that the provider does not treat that type of beneficiary, the provider's appointments will not display on the available appointment list for the patient. After NED, this rule will no longer apply.

Page E-11, Appendix E, Appointment Standardization Business Rules, 3.5 Booking an Appointment (General), bullet 1 and 7, change to read:

**Bullet 1,**

**Add:**

*DROUTINE* → *DROUT*                      *21 days (Dental only,  
Oct 2003)*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page E-11, Appendix E, Appointment Standardization Business Rules, 3.5 Booking an Appointment (General), bullet 1 and 7, change to read:**

**Bullet 7, From:**

- When the slot comment field or a detail code contains a Patient Access Type (Active Duty, Prime, GME, No Active Duty, No Prime, No Active Duty or Prime, Special Programs Patients, or TRICARE Standard), the clerk should only allow patients who qualify for that patient access type to be booked to the appointment unless instructed to override the access type.

**To:**

- When the slot comment field or a detail code contains a Patient Access Type (Active Duty; Prime; *Active Duty and Prime*; GME; No Active Duty; No Prime; No Active Duty or Prime; Special Programs Patients *or TRICARE Plus*; TRICARE Standard; *or Active Duty, Prime, TRICARE Plus, and Special Program Patients*), the clerk should only allow patients who qualify for that patient access type to be booked to the appointment unless instructed to override the access type.

**Page E-14, Appendix E, Appointment Standardization Business Rules, 3.8 Referral Booking, bullet 5, change the following:**

**From:**

- The CHCS default start time to stop time for a consult order is currently 30 days from the patient request. Based on a local MTF decision, this value may be changed by correcting the CHCS site parameter to the new number of days. The DoD policy is that the default should be 28 days.

**To:**

- The CHCS default start time to stop time for a consult order is currently *28 days* from the patient request. The DoD policy is that the default should be 28 days.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page E-14, Appendix E, Appointment Standardization Business Rules, 3.11 Self-Referral,** change the following:

**From:**

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

**To:**

- 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.

**Page E-15, Appendix E, Appointment Standardization Business Rules, 3.10 Appointment Refusal, bullets 1 and 3,** change the following:

**Add:**

*This refusal reason is only available under the above conditions and cannot be entered otherwise.*

**From:**

- The current refusal codes are:

**To:**

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

**Page E-16, Appendix E, Appointment Standardization Business Rules, 3.13 Enrolled Elsewhere,** add the following:

**Add:**

**3.13 Enrolled Elsewhere Booking (Available October 2003)**

- *This new booking option will display automatically for patients who are not enrolled to any MTF on the CHCS host.*
- *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.*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page F-2, Appendix F, Appointment Standardization Recommended Metrics, 1.1 Proposed Data Collection/Analysis Methodology**, add the following:

**Add:**

*The TRICARE Operations Center provides web based reports to consistently measure Access Improvement and Appointment Standardization successes across the MHS.*

**Page F-3, Appendix F, Appointment Standardization Recommended Metrics, 1.2 PERFORMANCE MEASURES OVERVIEW**, delete second row as follows:

**From:**

<b>D. MTF Compliance on Appointment Standardization and Access Improvement</b>	<b>Data Source</b>
1. # of appointments by appointment type and appointment status used in clinics in an MTF	TOC
2. # of appointments booked by a clinic in an MTF using MCP and # using PAS	TOC
3. Schedule oversight - distribution of appointments by type, status, and volume over time	TOC

**To:**

<b>D. MTF Compliance on Appointment Standardization and Access Improvement</b>	<b>Data Source</b>
1. # of appointments by appointment type and appointment status used in clinics in an MTF	TOC
2. Schedule oversight - distribution of appointments by type, status, and volume over time	TOC

**Page F-5, Appendix F, Appointment Standardization Recommended Metrics, 1.3 EXPLANATION OF EACH PROPOSED METRIC, 1.3.2 APS Metric #2 — Number and percentage of acute appointments scheduled within 24 hours**, change to read:

**From:**

**Definition:** The appointment types for acute care are ACUT and ACUT\$ (Acute MTF Book Only).

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**To:**

**Definition:** The appointment types for acute care are ACUT, ACUT\$, *OPAC*, and *OPAC\$* (Acute MTF Book Only).

**Add to Definition:**

*Open Access appointments are to be booked the same day that the patient calls for an appointment.*

**From:**

**Qualifiers:** If a triage mechanism is in place, triage personnel must determine that acute care is necessary before the appointment is booked. If a beneficiary waives the 24-hour access standard and the waiver is documented using the CHCS Patient Refusal Option, or if an appointment is booked within 24 hours but cancelled by the beneficiary, the appointment will not be included in the total # not scheduled within 24 hours. If the provider or clinic cancels the appointment and does not reschedule within the original 24-hour window, the appointment shall be counted as not meeting the access standard.

**To:**

**Qualifiers:** If a triage mechanism is in place, triage personnel must determine that acute care is necessary before the appointment is booked. If a beneficiary waives the 24-hour access standard and the waiver is documented *using the CHCS Patient Refusal Option, or the facility cancels an appointment and reschedules immediately using the CNOT cancel option, the appointment will not be included in the total # not scheduled within 24 hours.* If the provider or clinic cancels the appointment and does not reschedule within the original 24-hour window, the appointment shall be counted as not meeting the access standard. *An appointment still meets the access standard if the scheduled visit is within the 24-hour window to the minute but the beneficiary is no-show, patient cancel, or leave without being seen..*

**Page F-6, Appendix F, Appointment Standardization Recommended Metrics, 1.3 EXPLANATION OF EACH PROPOSED METRIC, 1.3.3 APS Metric #3 — Number and percentage of routine appointments scheduled within 7 days, change to read:**

**From:**

**Qualifiers:** If a beneficiary waives the 7-day access standard and the waiver is documented using the CHCS Patient Refusal Option, or if an appointment is booked within 7 days but cancelled by the beneficiary, these appointments will not be included in the total # not scheduled within 7 days.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**To:**

**Qualifiers:** If a beneficiary waives the 7-day access standard and the waiver is documented *using the CHCS Patient Refusal Option, or the facility cancels an appointment and reschedules immediately using the CNOT cancel option, these appointments* will not be included in the total # not scheduled within 7 days. If the provider or clinic cancels the appointment and does not reschedule within the original 7-day window, the appointment shall be counted as not meeting the access standard. *An appointment still meets the access standard if the scheduled visit is within the 7-day window to the minute but the beneficiary is no-show, patient cancel, or leave without being seen.*

**Page F-7, Appendix F, Appointment Standardization Recommended Metrics, 1.3 EXPLANATION OF EACH PROPOSED METRIC, 1.3.4 APS Metric #4 — Number and percentage of wellness appointments scheduled within 28 days, change to read:**

**From:**

**Qualifiers:** If a beneficiary waives the 28-day access standard and the waiver is documented using the CHCS Patient Refusal Option or other approved system's documentation of waiver, or if an appointment is booked within 28 days but cancelled by the beneficiary, these appointments will not be included in the total # not scheduled within 28 days.

**To:**

**Qualifiers:** If a beneficiary waives the 28-day access standard and the waiver is documented *using the CHCS Patient Refusal Option, or the facility cancels an appointment and reschedules immediately using the CNOT cancel option, these appointments* will not be included in the total # not scheduled within 28 days. If the provider or clinic cancels the appointment and does not reschedule within the original 28-day window, the appointment shall be counted as not meeting the access standard. *An appointment still meets the access standard if the scheduled visit is within the 28-day window to the minute but the beneficiary is no-show, patient cancel, or leave without being seen.*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

Page F-8, Appendix F, Appointment Standardization Recommended Metrics, 1.3 EXPLANATION OF EACH PROPOSED METRIC, 1.3.5 Metric #5 — Number and percentage of specialty care appointments scheduled within 28 days, change to read:

**From:**

**Qualifiers:** If a beneficiary waives the access standard, or if an appointment is booked within the access standard but cancelled by the beneficiary, these appointments will not be included in the total # not scheduled within 28 days (unless specified differently by specialist).

**To:**

**Qualifiers:** If a beneficiary waives the access standard *using the CHCS Patient Refusal Option, or the facility cancels an appointment and reschedules immediately using the CNOT cancel option*, these appointments will not be included in the total # not scheduled within 28 days or the time frame specified by the referring provider. *If the provider or clinic cancels the appointment and does not reschedule within the original access window, the appointment shall be counted as not meeting the access standard. An appointment still meets the access standard if the scheduled visit is either within the 28-day window to the minute or within the referring provider priority but the beneficiary is no-show, patient cancel, or leave without being .*

Page F-14, Appendix F, Appointment Standardization Recommended Metrics, 1.3 EXPLANATION OF EACH PROPOSED METRIC, 1.3.14 Metric #14 Number of patients requesting appointments but not scheduled for an appointment, add:

**Add:**

**1.3.14 APS Metric #14 — Number of patients requesting appointments but not scheduled for an appointment (Available October 2003)**

**Rationale:** This measure will allow data collection to refine information reported on access standards compliance for the acute, routine, wellness and specialty type appointments offered by MTFs and MCS contractors.

**Definition:** Number of patients requesting an appointment by Access to Care Category who did not receive an appointment.

**Qualifiers:** None

**Frequency:** Monthly - Drill down to Clinic

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Source Data System/File/Report:** CHCS/ PAS Files/ ATC Summary Report

**Target/Threshold/Benchmark:** Local policy

**Page G-1, Appendix G, Standard Appointment Types Utilization Reports, 1. MTF Standard Appointment Types Utilization Report, How to Get the Report, change to read:**

**New TOC web link address:**

<http://www.tricare.osd.mil/tools/>

**Page G-2, Appendix G, Standard Appointment Types Utilization Reports, 2. MHS Standard Appointment Type Utilization Report, How to Get the Report, change to read:**

**New TOC web link address:**

<http://www.tricare.osd.mil/tools/>

**Page G-3, Appendix G, Standard Appointment Types Utilization Reports, 3. MCP Utilization Summary Report, report section deleted:**

**Delete section:**

**3. MCP Utilization Summary Report**

**Page G-3, Appendix G, Standard Appointment Types Utilization Reports, add four new reports:**

**Add the following four reports:**

### **3. ACCESS MANAGEMENT REPORTS**

*Four new Access to Care performance reports have been designed and will appear on the TRICARE Operations Center Web Page in early 2003. The specifications for each of the four reports are included in this chapter for your information. These reports will ensure that appointing performance and access to care at all MTFs are measured consistently and accurately.*

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page H-1, APPENDIX H, STANDARD APPOINTMENT TYPE OPERATIONAL DEFINITIONS WITH ACCESS STANDARDS, Introduction, change to read:**

**From:**

The MTF Book Only (\$ extender) versions of the standard appointment types are permanent, e.g., PCM\$, ROUT\$. The non-count (X extender) versions, e.g., PCMX, ROUTX, SPECX, of the standard appointment types were permitted as temporary solutions until the installation of APS II. Sites should now phase them out and use the permanent solution, i.e., correction of the Workload Type on the appointment slot.

**To:**

*The MTF Book Only (\$ extender) versions of the standard appointment types are permanent, e.g., PCM\$, ROUT\$, etc.. To indicate count or non-count workload on appointments, sites should now use the new feature (the permanent solution) to enter/correct the Workload Type directly on the appointment slot.*

**Page H-6, APPENDIX H, STANDARD APPOINTMENT TYPE OPERATIONAL DEFINITIONS WITH ACCESS STANDARDS, 8. TCON (Telephone consults between provider and patient), change to read:**

**From:**

The TCON appointment type is currently not activated and is reserved for future use TBD. All telephone consults should use the T-CON\* appointment type in the Provider Profiles for telephone consults.

**To:**

*The TCON, TCON\$, and TCONX appointment types are currently reserved for temporary use to track patient calls that did not result in an appointment. The appointment type defines the access to care standard requested by the patient, e.g., TCON for acute, TCON\$ for wellness, and TCONX for specialty care. These 3 appointment types will be inactivated in APS III in October 2003.*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page H-6, APPENDIX H, STANDARD APPOINTMENT TYPE OPERATIONAL DEFINITIONS WITH ACCESS STANDARDS, 10. OPAC (Open Access Appointments),** change to read:

**From:**

The OPAC appointment type is designated for patients who require a routine or acute office visit with their Primary Care Manager (PCM) or a specialist who call in today. Some sites may wish to include wellness appointments.

**To:**

*The OPAC appointment type is designated for acute, routine, or follow-up appointments that will be scheduled for patients the day they call for a visit with their Primary Care Manager (PCM) or a specialist. Some sites may wish to book wellness appointments as OPAC appointments.*

**Add:**

*If the patient refuses all appointments offered today, the booking clerk should record a patient refusal for the call to avoid getting a 'not met' count against the clinic.*

**Page H-8, APPENDIX H, STANDARD APPOINTMENT TYPE OPERATIONAL DEFINITIONS WITH ACCESS STANDARDS, STANDARD APPOINTMENTS TYPES WITH ACCESS STANDARDS,** change the following:

**From:**

The following table lists the standard appointment types. The second column shows the MTF Book Only version of the standard appointment types. The third column shows the Non-Count version of the standard appointment types. The fifth column shows the standard number of days within which patients may expect to be seen.

<b>STANDARD CODE</b>	<b>(permanent) MTF BOOK ONLY CODE</b>	<b>(obsolete) NON-COUNT APPT</b>	<b>DESCRIPTION</b>	<b>ACCESS STANDARD</b>
ACUT	ACUT\$	ACUTX	non-emergent, urgent care	24 hours
ROUT	ROUT\$	ROUTX	new non-urgent health care problem	7 days
PCM	PCM\$	PCMX	initial primary care visit only	28 days
WELL	WELL\$	WELLX	health maintenance, preventive care	28 days

**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

<b>STANDARD CODE</b>	<b>(permanent) MTF BOOK ONLY CODE</b>	<b>(obsolete) NON-COUNT APPT</b>	<b>DESCRIPTION</b>	<b>ACCESS STANDARD</b>
SPEC	SPEC\$	SPECX	initial appointment to a Specialist	28 days
PROC	PROC\$	PROCX	appointments for medical procedures that are not Ambulatory Visits	Provider designated, but not more than 28 days
EST	EST\$	ESTX	PCM appointments that are provider designated, follow-up, or other than acute, wellness, or initial PCM visit	Provider designated
GRP	GRP\$	GRPX	care provided in a group setting for therapy counseling, or teaching sessions	Provider designated
TCON	TCON\$	TCONX (still active)	telephone consults	N/A
OPAC	OPAC\$	N/A	open access appointment	Same day patient calls
APV	N/A	N/A	ambulatory procedure visit – used for outpatient same day surgery visit	N/A
EROOM	N/A	N/A	default value for an emergency room visit	N/A
N-MTF	N/A	N/A	an appointment with a civilian provider that is recorded in CHCS for analysis	N/A
T-CON*	N/A	N/A	a telephone consult that needs to be answered by the provider	N/A

**To:  
STANDARD APPOINTMENT TYPES WITH ACCESS STANDARDS**

The following table lists the standard appointment types with their access standards.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

The second column shows the MTF Book Only version of the standard appointment types.

*The third column shows additional temporary versions of the standard appointment types and explains their use.*

*The fifth column indicates the Access to Care Category that applies to the appointment types. The sixth column shows the standard number of days within which patients may expect to be seen.*

STANDARD CODE (1)	(permanent) MTF BOOK ONLY (2)	(temporary) OTHER APPT (3)	DESCRIPTION (4)	<i>ACCESS TO CARE CATEGORY (5)</i>	ACCESS STANDARD (6)
ACUT	ACUT\$		non-emergent, urgent care	<i>ACUTE</i>	24 hours
OPAC	OPAC\$		open access appointment	<i>ACUTE</i>	Same day patient calls
ROUT	ROUT\$		new non-urgent  health care problem	<i>ROUTINE</i>	7 days
PCM	PCM\$		initial primary care visit only	<i>WELLNESS</i>	28 days
WELL	WELL\$		health maintenance, preventive care	<i>WELLNESS</i>	28 days
SPEC	SPEC\$		initial appointment to a Specialist	<i>SPECIALTY</i>	28 days
PROC	PROC\$		Appointments for medical procedures that are not Ambulatory Visits	<i>SPECIALTY</i>	Provider designated, but not more than 28 days

**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

<b>STANDARD CODE (1)</b>	<b>(permanent) MTF BOOK ONLY (2)</b>	<b>(temporary) OTHER APPT (3)</b>	<b>DESCRIPTION (4)</b>	<b><i>ACCESS TO CARE CATEGORY (5)</i></b>	<b>ACCESS STANDARD (6)</b>
EST	EST\$		PCM appointments that are provider designated, follow-up, or other than acute, wellness, or initial PCM visit	<i>FUTURE</i>	Provider designated
GRP	GRP\$		care provided in a group setting for therapy counseling, or teaching sessions	<i>FUTURE</i>	Provider designated
APV	N/A		ambulatory procedure visit – used for outpatient same day surgery visit	<i>N/A</i>	N/A
EROOM	N/A		default value for an emergency room visit	<i>N/A</i>	N/A
N-MTF	N/A		an appointment with a civilian provider that is recorded in CHCS for analysis	<i>N/A</i>	N/A

**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

<b>STANDARD CODE (1)</b>	<b>(permanent) MTF BOOK ONLY (2)</b>	<b>(temporary) OTHER APPT (3)</b>	<b>DESCRIPTION (4)</b>	<b><i>ACCESS TO CARE CATEGORY</i> (5)</b>	<b>ACCESS STANDARD (6)</b>
TCON	TCONS\$	TCONX (still active)	Telephone consults - used to track patient calls that did not result in appointments. TCON indicates an acute call; TCONS\$ indicates a wellness call, and TCONX indicates a specialty care call. <i>All will be inactivated in APS III in Oct 2003.</i>	<i>N/A</i>	N/A
T-CON*	N/A	N/A	a telephone consult that needs to be answered by the provider	<i>N/A</i>	N/A
<i>DROUT (Oct 2003)</i>	<i>N/A</i>	<i>N/A</i>	<i>A routine dental appointment.</i>	<i>DROUTINE (Oct 2003)</i>	<i>21 days</i>

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page I-1, APPENDIX I, APS II and APS II + CONVERSION PROGRAMS**, replace current section with new section:

**Delete Section:**

APS II and APS II + CONVERSION PROGRAMS

**Add New section:**

ACCESS TO CARE OPTIMIZATION PROGRAM

**Page J-4, APPENDIX J, OPEN ACCESS APPOINTING, II. How is Open Access Administered?, paragraph 3**, add the following:

**Add:**

*Alternatively, in Region 2 all appointments for an Open Access clinic are OPAC including follow-up and wellness appointments and all care is delivered the same day. Good backlog is indicated by the recording of appointment refusals when patients elect care on a future day..*

**Page J-4 - J-5, APPENDIX J, OPEN ACCESS APPOINTING, II. How is Open Access Administered?,,paragraph 4**, change the following:

**From:**

Open Access appointment schedules will use only two standard appointment types: the new Open Access (OPAC) appointment type and the Established (EST) appointment type to reserve slots for good backlog. Appointments for Procedures (PROC) and Wellness (WELL) for annual GYN exams may also be needed.

**To:**

*Open Access appointment schedules will use only one standard appointment type: the new Open Access (OPAC) appointment. The objective is to see any patient for any care the day the patient calls for an appointment. If the patient refuses an appointment offered today and is booked another day, then an appointment refusal is logged for the patient and the appointment is only counted as a refusal, not as a 'not met' for the clinic. If there is no appointment available today and the patient is booked on another day, then the appointment is counted as a 'not met' for the clinic's access measurement. Until clinics have worked out the open access schedules and booking procedures, appointments for Established (EST), Procedures (PROC), and Wellness (WELL) for annual GYN exams may be needed. A new detail code will be included in APS III (due out October 2003) to help sites manage and schedule appointments for good backlog, GDBL..*

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**Page J-7, APPENDIX J, III. Appointment Standardization Business Rules for Open Access, bullet 6, add the following:**

**Add:**

*Schedules may use the GDBL detail code to manage appointing for 'good backlog'.*

**Page J-8, APPENDIX J, OPEN ACCESS APPOINTING, III. Appointment Standardization Business Rules for Open Access, bullet 10, add the following:**

**Add:**

*Refer to Appendix G, Standard Appointment Types Utilization Reports, for a detailed description of these reports.*

**Page J-8, APPENDIX J, OPEN ACCESS APPOINTING, IV. OPAC - Open Access Appointment Type Definition and Scenario, paragraph 1, change to read:**

**From:**

The OPAC appointment type is designated for patients who require an acute or routine office visit with their Primary Care Manger (PCM) or a specialist who call in today. Some sites may wish to include wellness appointments. ...

**To:**

The OPAC appointment type is designated for patients *who call in today and require an office visit with their Primary Care Manger (PCM) or a specialist. All types of appointment are included under the OPAC appointment type, e.g. acute, routine, wellness, and follow-up.*

**Page J-8, APPENDIX J, OPEN ACCESS APPOINTING, IV. OPAC - Open Access Appointment Type Definition and Scenario, delete:**

**Delete:**

The Open Access appointment **is not** an acute, routine, or follow-up type appointment.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

Page J-14, APPENDIX J, OPEN ACCESS APPOINTING, VI. Some Recommended Steps to Implement Open Access, delete the following items:

Delete and move remaining rows up from 13 on:

13	In Open Access clinics, use EST for those appointments that will not be booked as Open Access appointments, i.e. the good backlog.
15	If an Open Access appointment (OPAC appointment type) is used for other than Open Access appointments then it is recommended that sites change the appointment type to the appropriate standard appointment type, e.g., ROUT, WELL, EST, or PROC, either when booking the appointment or during End of Day (EOD) processing. This will allow sites to track their access to care using the Access to Care Summary Report in CHCS. For sites using only EST, PROC, and OPAC, this may not be necessary.

APPENDIX L, Six Top Priority Appointment Standardization System Change Requests, add this as a new section.

Add section:

*SIX TOP PRIORITY APPOINTMENT STANDARDIZATION SYSTEM CHANGE  
REQUESTS*

APPENDIX M, Standard Detail Codes, add or change the following detail codes:

Add:

4a	ACUP	Accupuncture	<i>Accupuncture: Used to identify patients who are seeking accupuncture treatment that requires special equipment and skills.</i>
21a	BF	Breast Feeding	<i>Breast Feeding: Appointment reserved for mothers to see a Certified Lactation Consultant on breast or breastfeeding related issues or conditions.</i>

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes:

**From:**

27	BPAPS	Active Duty, Prime Enrollees, and Special Programs Patients	Active Duty, Prime, and Special Programs: This category includes Active Duty, Prime, TRICARE Plus, TRICARE Senior Prime, and Special Programs Patients. Refer to BPAD, BPPR, and BPSP operational definitions for each category.
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**To:**

27	BPAPS	<i>Active Duty, Prime Enrollees, TRICARE Plus, and Special Programs Patients</i>	<i>Active Duty, Prime, TRICARE Plus, and Special Programs Patients: This category includes Active Duty, Prime, TRICARE Plus, and Special Programs Patients. Refer to BPAD, BPPR, and BPSP operational definitions for each category.</i>
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# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes:

**From:**

29	BPNAD	No Active Duty	No Active Duty: Uniformed Services Personnel (regardless of where or whether they are enrolled), Federal Employees Health Benefit Program (FEHBP), guard and reserve on active duty, NATO family members, USFHP enrollees (except by specific authorization), Secretarial Designees, and other status of forces agreement active duty members may not be booked into this slot. Anyone else may be booked into this slot, including TRICARE Standard, TRICARE Extra, and Uniformed Services family members, retirees, retiree family members and TRICARE Senior Prime <i>and</i> TRICARE Plus enrollees. This access type is intended to support the region's need to reserve slots for resource sharing providers whose contracts specify that they may not treat Active Duty.
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**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**APPENDIX M, Standard Detail Codes, add or change the following detail codes (continued):**

**To:**

29	BPNAD	No Active Duty	No Active Duty: Uniformed Services Personnel (regardless of where or whether they are enrolled), Federal Employees Health Benefit Program (FEHBP), guard and reserve on active duty, NATO family members, USFHP enrollees (except by specific authorization), Secretarial Designees, and other status of forces agreement active duty members may not be booked into this slot. Anyone else may be booked into this slot, including TRICARE Standard, TRICARE Extra, and Uniformed Services family members, retirees, <i>retiree family members and TRICARE Plus enrollees</i> . This access type is intended to support the region's need to reserve slots for resource sharing providers whose contracts specify that they may not treat Active Duty.
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**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes (continued):

**From:**

31	BPNPR	No Prime Enrollees	No Prime Enrollees: Non-Active Duty Prime enrollees from the local MTF or remote MTFs, contractor enrollees, TRICARE Senior Prime, <i>and TRICARE Plus</i> may not be booked into this slot. Active Duty may be booked to these appointments. All other beneficiaries, including Medicare patients, TRICARE Standard, NATO, NATO family members, Secretarial Designees, etc. may be booked to these appointments. The intent of this access type is to reserve appointments for Medicare, Space A, and other special needs patients and to support the region's need to reserve slots for resource sharing providers whose contracts specify that they may not treat Prime patients.
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**To:**

31	BPNPR	No Prime Enrollees	No Prime Enrollees: Non-Active Duty Prime enrollees from the local MTF or remote MTFs, <i>contractor enrollees, and TRICARE Plus</i> may not be booked into this slot. Active Duty may be booked to these appointments. All other beneficiaries, including Medicare patients, TRICARE Standard, NATO, NATO family members, Secretarial Designees, etc. may be booked to these appointments. The intent of this access type is to reserve appointments for Medicare, Space A, and other special needs patients and to support the region's need to reserve slots for resource sharing providers whose contracts specify that they may not treat Prime patients.
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**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes (continued):

**From:**

32	BPPR	Prime Enrollees Only, No Active Duty	Prime Enrollees Only, No Active Duty: Family members of Uniformed Services Personnel, retirees, retiree family members, and TRICARE Senior Prime, and TRICARE Plus who are enrolled in TRICARE to any local or remote MTF, are the only patients permitted to be booked for appointments reserved by this access type. This group also includes enrollees with contractor PCMs. This group does not include NATO family members and enrollees to the Uniformed Services Family Health Plan (USFHP), or Federal Employees Health Benefit Plan (FEHBP) except by specific authorization. The intent of this type is to allow sites to ensure access for any Non-Active Duty TRICARE Prime enrollee to care that is appropriate for that type of beneficiary.
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**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**APPENDIX M, Standard Detail Codes, add or change the following detail codes (continued):**

**To:**

32	BPPR	Prime Enrollees Only, No Active Duty	Prime Enrollees Only; No Active Duty: Family members of Uniformed Services Personnel, <i>retirees, and retiree family members who are enrolled in TRICARE to any local or remote MTF</i> , are the only patients permitted to be booked for appointments reserved by this access type. This group also includes enrollees with contractor PCMs. <i>This group does not include TRICARE Plus, NATO family members and enrollees to the Uniformed Services Family Health Plan (USFHP), or Federal Employees Health Benefit Plan (FEHBP) except by specific authorization.</i> The intent of this type is to allow sites to ensure access for any Non-Active Duty TRICARE Prime enrollee to care that is appropriate for that type of beneficiary.
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**From:**

33	BPSP	Special Programs Patients	Special Programs Patients: Beneficiaries enrolled in special local programs may be booked to these appointments. This access type is designed to ensure that a site's special program access requirements can be met by appointing. In the long term, this patient access type may be replaced by TRICARE Plus.
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## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes (continued):

**To:**

33	BPSP	<i>Special Programs Patients and TRICARE Plus</i>	<i>Special Programs Patients: Beneficiaries enrolled in special local programs and in TRICARE Plus may be booked to these appointments. This access type is designed to ensure that a site's special program access requirements can be met by appointing.</i>
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**Add:**

42a	CM	<i>Case Management</i>	<i>Case Management: Reserved for an individual appointment to evaluate, counsel, or assist in patient-specific health care needs or coordination of care.</i>
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**Add Dental detail codes:**

52a	DCONS	<i>Dental Consultation</i>	<i>Dental Consultation: Reserved for a patient who requires a dental consultation ...</i>
52b	DENDO	<i>Endodontics</i>	<i>Endodontics: Reserved for a patient who ...</i>

**Add Dental detail codes:**

52d	DEVAL	<i>Dental Evaluation</i>	<i>Dental Evaluation: Reserved for a patient who</i>
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## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes (continued):

**Add Dental detail codes:**

53a	DEXAM	Dental Examination	Dental Examination: Reserved for a patient who
53b	DEXPR	Dental Exam/Prophylactic Cleaning	Dental Exam/Prophylactic Cleaning: Reserved for a patient who ...

**Add Dental detail codes:**

55a	DOMFS	Oral Maxillofacial Surgery	Oral Maxillofacial Surgery: Reserved for a patient who
55b	DOPER	Operative Dentistry	Operative Dentistry: Reserved for a patient who
55c	DORTHO	Orthodontics	Orthodontics: Reserved for a patient who

**Add Dental detail codes:**

56a	DPEDO	Pediatric Dentistry	Pediatric Dentistry: Reserved for patients who
56b	DPERIO	Periodontics	Periodontics: Reserved for patients who
56c	DPO	Dental Post-Operative Visit	Dental Post-Operative Visit: Reserved for patients who
56d	DPRO	Dental Prophylactic Cleaning	Dental Prophylactic Cleaning: Reserved for patients who
56e	DPROS	Prosthodontics	Prosthodontics: Reserved for patients who
56f	DSC	Dental Sick Call	Dental Sick Call: Reserved for patients who

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes, add or change the following detail codes (continued):**

**Add Dental detail code:**

57a	<i>DTMD</i>	<i>Temporomandibular Disorders</i>	<i>Temporomandibular Disorders: Reserved for patients who</i>
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**Add:**

70a	<i>ER</i>	<i>Emergency Room Follow-up Appointments</i>	<i>Emergency Room Follow-up Appointments:</i>
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**Add:**

85a	<i>GDBL</i>	<i>Good Backlog Appointments</i>	<i>Good Backlog Appointments: Reserved for patients who prefer an appointment on a future day in an Open Access clinic.</i>
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**Add:**

99a	<i>INF</i>	<i>Infant Care</i>	<i>Infant Care: Reserved for appointments for care related to newborn development, healthcare, safety, and parenting.</i>
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**Add:**

109a	<i>LEEP</i>	<i>Loop Electro-surgical Excision Procedure</i>	<i>Loop Electro-surgical Excision Procedure: Reserved for colposcopy patient that may require specialized surgical service in a clinic or a same day surgery setting.</i>
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**Add:**

121a	<i>MOVDIS</i>	<i>Movement Disorder</i>	<i>Movement Disorder: Reserved for a patient who requires evaluation by a fellowship trained movement disorder specialist for a possible surgical procedure such as deep brain stimulation or botulina toxin injections.</i>
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## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes**, add or change the following detail codes:

**Add:**

133a	ORTHO	Orthopedics	<i>Orthopedics - Reserved for patients who need to see an orthopedics specialist in a Primary Care clinic.</i>
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**Add:**

144a	PRENAT	Prenatal	<i>Prenatal: Reserved for individual or group appointment for intake of new obstetrics patient that includes interview, assessments, lab work, prenatal vitamins, establishment of record, referral(s), and/or scheduling of physical.</i>
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**Add:**

160a	RP1	Research Protocol 1	<i>Research Protocol 1: Infectious disease research protocols that require specialized service by qualified providers.</i>
160b	RP2	Research Protocol 2	<i>Research Protocol 2: Infectious disease research protocols that require specialized service by qualified providers.</i>
160c	RP3	Research Protocol 3	<i>Research Protocol 3: Infectious disease research protocols that require specialized service by qualified providers.</i>
160d	RP4	Research Protocol 4	<i>Research Protocol 4: Infectious disease research protocols that require specialized service by qualified providers.</i>

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

160e	RP5	<i>Research Protocol 5</i>	<i>Research Protocol 5: Infectious disease research protocols that require specialized service by qualified providers.</i>
160f	RP6	<i>Research Protocol 6</i>	<i>Research Protocol 6: Infectious disease research protocols that require specialized service by qualified providers.</i>
160g	RP7	<i>Research Protocol 7</i>	<i>Research Protocol 7: Infectious disease research protocols that require specialized service by qualified providers.</i>
160h	RP8	<i>Research Protocol 8</i>	<i>Research Protocol 8: Infectious disease research protocols that require specialized service by qualified providers.</i>
160i	RP9	<i>Research Protocol 9</i>	<i>Research Protocol 9: Infectious disease research protocols that require specialized service by qualified providers.</i>
160j	RP10	<i>Research Protocol 10</i>	<i>Research Protocol 10: Infectious disease research protocols that require specialized service by qualified providers.</i>

**Add:**

175a	STROKE	<i>Stroke</i>	<i>Stroke: Reserved for patients who require special evaluation by a stroke fellowship doctor who may use special equipment such as a transcranial doppler ultrasound.</i>
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**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**APPENDIX M, Standard Detail Codes, add or change the following detail codes:**

**Add:**

<i>181a</i>	<i>TOUR</i>	<i>Hospital Orientation</i>	<i>Hospital Orientation: Reserved for individual or group appointment orienting patient and significant others, e.g. Labor, Delivery, Mother-Baby Unit, Nursery, policies and procedures.</i>
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**Add:**

<i>187a</i>	<i>VAERS</i>	<i>Vaccine Adverse Event Reporting</i>	<i>Vaccine Adverse Event Reporting: Reserved for patients treated under the Vaccine Adverse Event Reporting System.</i>
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**APPENDIX M, Standard Detail Codes, add the following detail codes to the Procedure and Test Code Table:**

**Add:**

<i>ACUP</i>	<i>Accupuncture</i>
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**Add Dental Detail Codes:**

<i>DENDO</i>	<i>Endodontics</i>
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**Add Dental Detail Code:**

<i>DEXPR</i>	<i>Dental Exam/Prophylactic Cleaning</i>
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**Add Dental Detail Codes:**

<i>DOMFS</i>	<i>Oral Maxillofacial Surgery</i>
<i>DOPER</i>	<i>Operative Dentistry</i>
<i>DORTHO</i>	<i>Orthodontics</i>

**APPOINTMENT STANDARDIZATION**

**COMMANDER'S GUIDE TO  
ACCESS SUCCESS**

**CHANGE SHEET 6**

**APPENDIX M, Standard Detail Codes, add the following detail codes to the Procedure and Test Code Table (continued):**

**Add Dental Detail Codes:**

<i>DPEDO</i>	<i>Pediatric Dentistry</i>
<i>DPERIO</i>	<i>Periodontics</i>
<i>DPRO</i>	<i>Dental Prophylactic Cleaning</i>
<i>DPROS</i>	<i>Prosthodontics</i>

**Add Dental Detail Code:**

<i>DTMD</i>	<i>Temporomandibular Disorders</i>
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**Add:**

<i>LEEP</i>	<i>Loop Electro-surgical Excision Procedure</i>
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**Add:**

<i>MOVDIS</i>	<i>Movement Disorder</i>
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**Add:**

<i>STROKE</i>	<i>Stroke</i>
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**APPENDIX M, Standard Detail Codes, add the following detail codes to the Education and Evaluation Codes Table :**

**Add:**

<i>BF</i>	<i>Breast Feeding</i>
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**Add Dental Detail Code:**

<i>DCONS</i>	<i>Dental Consultation</i>
<i>DEVAL</i>	<i>Dental Evaluation</i>
<i>DEXAM</i>	<i>Dental Examination</i>
<i>DPO</i>	<i>Dental Post-Operative Visit</i>
<i>DSC</i>	<i>Dental Sick Call</i>

**Add:**

<i>ER</i>	<i>Emergency Room Follow-Up Appointment</i>
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# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**APPENDIX M, Standard Detail Codes**, add the following detail codes to the **Education and Evaluation Codes Table** (continued):

**Add:**

<i>RP1</i>	<i>Research Protocol 1</i>
<i>RP2</i>	<i>Research Protocol 2</i>
<i>RP3</i>	<i>Research Protocol 3</i>
<i>RP4</i>	<i>Research Protocol 4</i>
<i>RP5</i>	<i>Research Protocol 5</i>
<i>RP6</i>	<i>Research Protocol 6</i>
<i>RP7</i>	<i>Research Protocol 7</i>
<i>RP8</i>	<i>Research Protocol 8</i>
<i>RP9</i>	<i>Research Protocol 9</i>
<i>RP10</i>	<i>Research Protocol 10</i>

**Add:**

<i>TOUR</i>	<i>Hospital Orientation</i>
<i>VAERS</i>	<i>Vaccine Adverse Event Reporting</i>

**APPENDIX M, Standard Detail Codes**, add the following detail codes to the **Multi-Use/Miscellaneous Code Table**:

**Add:**

<i>CM</i>	<i>Case Management</i>
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**Add:**

<i>GDBL</i>	<i>Good Backlog Appointments</i>
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**Add:**

<i>INF</i>	<i>Infant Care</i>
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**Add:**

<i>ORTHO</i>	<i>Orthopedics</i>
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**Add:**

<i>PRENAT</i>	<i>Prenatal</i>
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# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**PAGE N-1, APPENDIX N, PATIENT ACCESS TYPES, Paragraph 1,** change to read:

**Delete:**

All references to TRICARE Senior Prime. This program has been discontinued..

**From:**

BPSP Special Programs Patients

**To:**

BPSP Special Programs Patients *and TRICARE Plus*

**From:**

BPAPS Active Duty, Prime, and Special Programs

**To:**

BPAPS Active Duty, Prime, *TRICARE Plus*, and Special Programs

**Several of the Patient Access Types have been redefined to remove TRICARE Prime as a Prime category as follows.**

**PAGE N-1, APPENDIX N, PATIENT ACCESS TYPES, 2. Operational Definitions, bullet 2,** change to read:

**From:**

Prime (*BPPR*) — Family members of Uniformed Services Personnel, retirees, retiree family members, TRICARE Senior Prime, and TRICARE Plus who are enrolled in TRICARE to any local or remote MTF, are the only patients permitted to be booked for appointments reserved by this access type. This group also includes enrollees with contractor PCMs. This group does not include NATO family members and enrollees to the Uniformed Services Family Health Plan (USFHP), or Federal Employees Health Benefit Plan (FEHBP) except by specific authorization.

**To:**

Prime (*BPPR*) — Family members of Uniformed Services Personnel, retirees, *and retiree family members, who are enrolled* in TRICARE to any local or remote MTF, are the only patients permitted to be booked for appointments reserved by this access type. This group also includes enrollees with contractor PCMs. This group does not include NATO family members and enrollees to the Uniformed Services Family Health Plan (USFHP),

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

*TRICARE Plus*, or Federal Employees Health Benefit Plan (FEHBP) except by specific authorization.

**PAGE N-2, APPENDIX N, PATIENT ACCESS TYPES, 2. Operational Definitions, bullet 3, add:**

**Add:** Active Duty and Prime (*BPAP*) — This category includes Active Duty and Prime patients. *This group represents the combination of BPAD and BPPR groups.*

**PAGE N-2, APPENDIX N, PATIENT ACCESS TYPES, 2, Operational Definitions, bullet 5, change:**

**From:**

No Active Duty (*BPAD*) — ... Anyone else may be booked into this slot, including TRICARE Standard, TRICARE Extra, and Uniformed Services family members, retirees, and retiree family members, TRICARE Senior Prime, and TRICARE Plus enrollees.

**To:**

No Active Duty (*BPAD*) — ... Anyone else may be booked into this slot, including TRICARE Standard, TRICARE Extra, and Uniformed Services family members, retirees, retiree *family members*, and *TRICARE Plus enrollees*.

**PAGE N-2, APPENDIX N, PATIENT ACCESS TYPES, 2, Operational Definitions, bullet 6, add:**

**From:**

No Prime (*BPNPR*) — Non-active duty Prime enrollees from the local MTF or remote MTFs, contractor enrollees, TRICARE Senior Prime, and TRICARE Plus may not be booked into this slot.

**To:**

No Prime (*BPNPR*) — Non-active duty Prime enrollees from the local MTF or remote MTFs, contractor *enrollees*, and *TRICARE Plus* may not be booked into this slot.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**PAGE N-2, APPENDIX N, PATIENT ACCESS TYPES, 2. Operational Definitions, bullet 8,** change to read and delete last sentence:

- **From:**  
Special Programs Patients (*BPSP*) — Beneficiaries enrolled in special local programs may be booked to these appointments. This access type is designed to ensure that a site's special program access requirements can be met by appointing. In the long term, this patient access type may be replaced by TRICARE Plus.
- **To:**  
Special Programs Patients (*BPSP*) — Beneficiaries enrolled in special local programs *including TRICARE Plus* may be booked to these appointments. This access type is designed to ensure that a site's special program access requirements can be *met by appointing*.

**PAGE N-2, APPENDIX N, PATIENT ACCESS TYPES, 2. Operational Definitions, bullet 9,** change to read:

**From:**

Active Duty, Prime, and Special Programs (*BPAPS*) — This category includes Active Duty, Prime, TRICARE Plus, TRICARE Senior Prime, and Special Programs Patients.

**To:**

Active Duty, Prime, and Special Programs (*BPAPS*) — This category includes Active Duty, Prime, *TRICARE Plus, and Special Programs Patients*.

**PAGE O-2, APPENDIX O, APS Education,** change to read:

**From:**

This CBT can be located at the URL: <http://fieldservices.saic.com/training.asp>.

**To:**

*This CBT can be located at the URL: <https://chcswebsrvr.spawar.navy.mil/>. This is a secure website and you will be required to register and receive a user id and password to access the CBT. The website requires 128-bit encryption.*

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**From:**

This CBT can be located at the URL: <http://fieldservices.saic.com/training.asp>. This CBT will be upgraded in August 2001 to include APS II enhancements. Check the TAI web site for instructions on down loading this CBT.

**To:**

This CBT can be located at the URL: <https://chcswebsrvr.spawar.navy.mil/>. This is a secure website and you will be required to register and receive a user id and password to access the CBT. The website requires 128-bit encryption.

**Page P-1, APPENDIX P, APS Marketing and Benefits, 1. Marketing and Communication, bullet 7, add:**

**Add:**

*Refer to four new Access Management Reports on the TRICARE Operations Center (TOC) web page for consistent access performance metrics on all MTFs:*  
<http://www.tricare.osd.mil/tools>.

**Page P-3, APPENDIX P, APS Marketing and Benefits, 2. Benefits of Appointment Standardization, bullet 3, change to read:**

**From:**

ATC categories are used to identify the need and measure access results: acute (24 hours), routine (7 days), wellness (28 days), specialty (28 days), and future (90 days).

**To:**

ATC categories are used to identify the need and measure access results: acute (24 hours), routine (7 days), wellness (28 days), specialty (28 days), *and future (no standard)*.

**Page P-4, APPENDIX P, APS Marketing and Benefits, 2. Benefits for the MTF Commander, bullet 4, change to read:**

**From:**

Management at the Executive, Department, and Clinic levels all benefit from the availability of performance measurement tools such as the Template Analysis Tool (TAT) and ATC Summary Report that assist them in improving patient service and utilization of resources.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**To:**

Management at the Executive, Department, and Clinic levels all benefit from the availability of performance measurement tools such as the Template Analysis Tool (TAT), *the ATC Summary Report, Detail Code Usage Reports, and Access Management Reports by facility* on the TRICARE Operations Center web page that assist them in improving patient service and utilization of resources at <http://www.tricare.osd.mil/tools>.

**Page Q-4, APPENDIX Q, MTF MASTER TASK CHECK LIST FOR APPOINTMENT STANDARDIZATION AND ACCESS IMPROVEMENT, first row, change to read:**

**From:**

Train clerks on ATC Summary Report on the TOC.

**To:**

Train staff on *ATC Summary Report, Access Management Report, and Detail Code Utilization Reports on the TOC.*

**Page R1-R14, APPENDIX R, RECOMMENDED GUIDANCE TO APPOINTMENT PERSONNEL ON ACCURATE ACCESS TO CARE SEARCHES, replace entire appendix.**

**Replace:**

Appendix R completely revised.

**Page S1 - S3, APPENDIX S, APPOINTMENT STANDARDIZATION IPT POINT OF CONTACT (POC) LIST**

**Change to:**

*This section has been deleted in accordance with the policy on Removal of Personally Identifying Information of DoD Personnel from Unclassified Web Sites, dated 28 December 2001. At this time, no alternate point of contact is available. Consult your Service Access Managers or Lead Agents with any questions.*

**Page T1-T3 , APPENDIX T, FREQUENTLY ASKED QUESTIONS, revised as follows.**

**Revised:**

Remove all implementation and conversion references from this section.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page T1-T3 , APPENDIX T, FREQUENTLY ASKED QUESTIONS, question 9**, revised as follows:

**From:**

*TMA Response:* In Regions 1, 2, and 5 all MTFs currently use the slot comments to provide instructions to the MCSC clerks. In general clinics already adhere to some standard codes in the slot comment field but also develop some of their own. Under APS, the detail code puts those instructions into a standard coded format so they can be easily referenced and analyzed. Clinics should still be able to have their own codes, but they should be standardized first so all clinics MHS-wide use the same code for the same information. It is TMA's goal to keep the list of detail codes reasonable and recognizable.

**To:**

*TMA Response:* The slot comment is now free to be used for any needed comments. Currently the slot comment is also used for freezing and unfreezing an appointment and erases the data in the slot comment field. In October 2003, a fourth detail code will be added to CHCS to give sites more flexibility in their schedules. Also in APS III, the slot comment will no longer be used for freezing and unfreezing appointments. A new Reconfiguration capability will be used to unfreeze appointments and the unfreeze date will be stored on the appointment record for reference.

**Page U-1 - APPENDIX U, E-HEALTH REQUIREMENTS AND INTERACTION WITH APS**, change to read:

**From:**

- The next iteration of TOL due to be released in 2003 will add OPAC, PCM, and ACUT appointment types.

**To:**

- The next iteration of TOL due to be released in 2003 will add OPAC, PCM, *WELL*, and ACUT appointment types.

## APPOINTMENT STANDARDIZATION

### COMMANDER'S GUIDE TO ACCESS SUCCESS

#### CHANGE SHEET 6

**Page U-3 - APPENDIX U, E-HEALTH REQUIREMENTS AND INTERACTION WITH APS,** change to read:

**From:**

If the patient requests a Routine (ROUT) appointment, then Web appointing will select the Future ATC Category. If the patient requests an Established (EST) appointment, then Web appointing will select the Future ATC Category. Up to 45 days of appointments will display.

**To:**

*Initially, if the patient requests a Routine (ROUT) appointment, then Web appointing will select the Future ATC Category. If the patient requests an Established (EST) appointment, then Web appointing will select the Future ATC Category. Up to 45 days of appointments will display.*

*In the future, if the patient requests an ACUT or OPAC appointment, then the Web appointing will select the Acute ATC Category with a 24 hour standard. If the patient requests a ROUT appointment, then the Web appointing will select the Routine ATC Category with a 7 day standard. If the patient requests a PCM or WELL appointment, then the Web appointing will select a Wellness ATC category with a 28 day standard. If the patient requests an established (EST) appointment, then the Web appointing will select a Future ATC Category with no access standard.*

**Page U3 - APPENDIX U, E-HEALTH REQUIREMENTS AND INTERACTION WITH APS,** change to read:

**From:**

Non-count ROUT and EST appointments may be excluded from Web appointing by putting WEA on count appointments only.

**To:**

*Non-count appointments may be excluded from Web appointing by putting WEA on count appointments only.*

**Page U6 - APPENDIX U, E-HEALTH REQUIREMENTS AND INTERACTION WITH APS,** change to read:

**From:**

For sites using the WEA detail code, the application will display and book on the web only those Primary Care Clinic appointments that use a WEA detail code. The WEA can appear in any order of the three detail codes.

# APPOINTMENT STANDARDIZATION

## COMMANDER'S GUIDE TO ACCESS SUCCESS

### CHANGE SHEET 6

**To:**

For sites using the WEA detail code, the application will display and book on the web only those Primary Care Clinic appointments that use a WEA detail code and *have an ACUT, OPAC, ROUT, PCM, WELL, or EST appointment type*. The WEA can appear in any order of the three detail codes.