

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Request for Pen Changes to Attachment to the Policy for Standardized Appointment Types, 25 May 2000

In order to incorporate recent changes to the Appointment Standardization solution, it is requested that the following pen changes be made to the attachment accompanying the Policy for Standardized Appointment Types:

- Booking Authority. Bullet 1: Delete the words “..the first character in the appointment type field (short term) to indicate MTF Book Only” and replace with “...the last character in the appointment type field to indicate MTF Book Only, e.g. PCM\$, ROU\$.” so that the bullet shall read: *“The dollar (\$) sign will be used as the last character in the appointment type field to indicate MTF Book Only, e.g. PCM\$, ROU\$.”*

Bullet 2: Add the sentence “The \$ suffix is a short term solution.” The bullet shall read: *“The \$ suffix is a short term solution. Eventually, the MTF and the MCSC will have a partnership that provides all parties with the availability to book all appointments.”*

Justification. The \$ will be a suffix so that clerks searching for an appointment type are able select all appointments (MTF Book Only and Book by All) by entering only the first characters of the appointment type. For example, the entry, PCM, will select all appointments with appointment types PCM and PCM\$. Using this method will result in a larger selection of available appointments on the first attempt. The appointment types with the \$ suffix will eventually be phased out.

- Beneficiary Priority. Entire paragraph: Delete the entire paragraph that begins “All MTFs will prioritize ... No active duty, no Prime (NADP).” Replace the paragraph with the following so that the paragraph shall read:

*“All MTFs will have the capability to prioritize booking according to beneficiary priorities as follows:*

1. *Active Duty*
2. *Prime*

3. *Graduate Medical Education*
4. *No Active Duty*
5. *No Prime*
6. *No Active Duty, No Prime*”

Justification. The beneficiary priorities have been realigned to match the needs of the sites to support TRICARE access policies, TRICARE contract requirements for resource sharing, and Graduate Medical Education requirements. This change will support improved performance measures in assessing access to care.

- MHS Enterprise Appointment and Referral Business Rules: Paragraph a. For Prime patients seeking primary care: Add to the cell, “3. PCM – for OPS forces, any of the PCM’s group members who are a PCM and who provide service in the enrollee’s PCM places of care and within the enrolling MTF... “

Justification. A new requirement was included so that the PCM Booking functions in MCP will support appropriate booking of Operational Forces to their PCM when they are at their home station.

- MHS Enterprise Appointment and Referral Business Rules: Paragraph d. Booking, item 4: Delete the entire paragraph that begins “Appointment booking will be prioritized ... Patients booked through Resource Sharing agreements.” . Replace the paragraph with the following so that the paragraph shall read:

*“Appointment booking may be prioritized or reserved using the following beneficiary priorities:*

- *Active Duty*
- *Prime*
- *Graduate Medical Education*
- *No Active Duty*
- *No Prime*
- *No Active Duty, No Prime*”

Justification. The beneficiary priorities have been realigned to match the needs of the sites to support TRICARE access policies, TRICARE contract requirements for resource sharing, and Graduate Medical Education requirements. This change will support improved performance measures in assessing access to care.

- Associated CHCS (or other approved system) Requirements: Scheduling, Bullet 3 through 4: Delete all bullets beginning with “These entries will be four ... based on beneficiary priority field” Replace the bullets with the following so that the bullets shall read:

- *“These entries will be five alphanumeric characters.”*
- *Future “No Active Duty” and “No Active Duty, No Prime” will be slots reserved for patients to be seen through resource sharing agreements”*

Justification. The beneficiary priorities have been realigned and reformatted to match the needs of the sites to support TRICARE access policies, TRICARE contract requirements for resource sharing, and Graduate Medical Education requirements. This change will support improved performance measures in assessing access to care.

- Associated CHCS (or other approved system) Requirements: Scheduling, Bullet 5 through Bullet 7: Delete all bullets beginning with “The numbers one through five .... greater number than their own.” Add a subheader and replace the bullets with the following so that the bullets shall read:

***“Booking***

- *Managed Care Program (MCP) users will be able to search for appointment slots based on the beneficiary priority field.*
- *Users with appropriate authority may override the beneficiary priorities or age restrictions on a slot and book the appointment for a patient with a different priority or age.”*

Justification. TMA is mandating that sites use CHCS MCP to book and only MCP functions will include the application changes developed by the Appointment Standardization WIPT. Also

- Associated CHCS (or other approved system) Requirements: Age Delineation, Bullet 2, beginning with “When searching for available ... treat patients of that age.” and add the following:
  - *“When searching for available appointments for a patient, CHCS will highlight appointments with providers who treat patients of that age. “*

Justification. All appointments will be displayed so that the clerk can determine the total appointment availability in that clinic. A clerk may reconfigure appointments in certain circumstances with the appropriate security key when it is important to book an appointment.

- Appointment Detail Field. Bullet 2: Delete the words “..an appointment detail tag..” and replace with “...up to three appointment detail values...” so that the sentence shall read: *“Scheduling supervisors will be able to assign up to three appointment detail values to each appointment slot on a provider schedule.”*

Justification. These changes are needed in order to reflect design changes made during the Preliminary Design Review for the initial release of the CHCS Appointment Standardization software. These design changes include the use of up to three detail codes for an appointment slot to permit more flexibility in defining the resources scheduled for a particular slot.

- Appointment Detail Field. Bullet 5: Delete “PAS users...” and replace with “MCP users”. The bullet shall read: *“MCP users will be able to search for appointment slots based on appointment detail entries.”*

Justification. TMA is mandating that sites use CHCS MCP to book and only MCP functions will include the application changes developed by the Appointment Standardization WIPT. In addition clerks with special security keys will be allowed in special cases to override beneficiary priorities and book an appointment.

- Appointment Detail Field. Bullet 6: Delete “...up to twenty (20)...”. The bullet shall read: *“The system will allow additional locally defined detail codes if deemed necessary for appointment specificity.”*

Justification. These changes are needed in order to reflect design changes made during the Preliminary Design Review for the initial release of the CHCS Appointment Standardization software. These design changes include temporary lifting of any limit on the number of site created detail codes until the new detail codes are thoroughly tested at tertiary care sites.

- Appointment Detail Field. Add as Bullet 7: The new bullet will read *“Detail values will not be used by sites to indicate specialty care at the MEPRS 4 level. Specialty care at the fourth MEPRS level should be designated by the creation of a clinic name to indicate that care.”*

Justification. This bullet is included in order to clarify the use of the detail codes. The detail code is not intended to be used as a substitute for a clinic name or a sub-specialty.

J. Jarrett Clinton, MD, MPH  
Acting Assistant Secretary

Attachment:  
As stated

May 25, 2000 Revised August 7, 2000

**MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)**

**THROUGH:** Executive Director, TRICARE Management Activity

**FROM:** Lieutenant Colonel David Corey, TMA/MHSO/HSOS  
(703) 681-681-1740 Ext. 5616

**SUBJECT:** Pen Changes to Attachment to Policy for Standardized Appointment Types

**DISCUSSION:** These pen changes to the attachment to the Policy for Standardized Appointment Types reflect both functional changes and technical changes to the Appointment Standardization solution.

The functional changes include revised beneficiary priority types, and a requirement to support PCM booking for Operational forces. The beneficiary priority types have been realigned to match the needs of the sites to support TRICARE access policies, TRICARE contract requirements for resource sharing, and Graduate Medical Education requirements. These priorities will support improved performance measures in assessing access to care. The ability to appropriately appoint Operational Forces to their PCM at their home station will facilitate access to care for those forces.

The technical changes were agreed to during the June Preliminary Design Review of the initial release of the CHCS Appointment Standardization application. These changes include inactivation of the PAS Booking option, the capability to specify multiple detail codes for a slot, and suspension of the requirement to limit the number of detail codes that a site can create. The suspension of the PAS Booking option will consolidate the appointment functionality under one booking process and eliminates dual functionality. Multiple detail codes will permit more flexibility in defining the resources scheduled for a particular slot. The proposal to temporarily suspend the limitation on the number of detail codes defined by the sites will be implemented until the new detail codes are thoroughly tested at tertiary care sites.

**RECOMMENDATION:** That the ASD (HA) sign the memorandum.

**WWW RELEASE:** TMA APPROVAL: YES / NO

**COORDINATION:**

Dir (HSOS)	_____	XO	_____
DepCOO (MHSO)	_____	Chief of Staff	_____
COO (TMA/MHSO)	_____		
Dir (HPA&E)	_____		
Dir (IMT&R)	_____		
Dep Exec Dir, TMA	_____		