[[TITLE:MCP-RELEASE NOTES 4.61
[:NUMBER:SET=1
[:FRAME:
[[SEARCH:DIFFERENCES FROM PREVIOUS SOFTWARE VERSION
[:K:DIFFERENCES FROM PREVIOUS SOFTWARE VERSION

SAIC D/SIDDOMS Doc. DS-46DA-6027
26 May 1998

RELEASE NOTES: CHCS-4.61 - MCP

This release contains changes to existing software resulting from System Incident Reports (SIR) and Unit Development Folders (UDF).

Release notes are included in the OLUM and transmitted via separate messages by system or subsystem for functionality affected by this update.

1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any software installation concerns.

2. DIFFERENCES FROM PREVIOUS SOFTWARE VERSION

MANAGED CARE PROGRAM MENU
[[SEARCH:MEDICARE DEMONSTRATION
[:K:Medicare Demonstration

I. MEDICARE DEMONSTRATION

This project includes the following components:

A. Cancel Medicare Enrollments
B. Utilize Current Eligibility Information
C. Default of Enrollment End Date for Medicare Enrollees
D. Transmit Enrollment Related Transactions-Local Empanelment
E. Changes to Enrollment Mode
F. ASCII File Data for Medicare Enrollees

As part of the Medicare Demonstration enhancements, CHCS identifies and tracks the enrollments of those patients who are eligible for Medicare benefits and are enrolled into the TRICARE Senior Option program.

The system allows you to generate an ASCII file of key enrollment related fields for the Medicare enrollees with enrollment records after 01 Oct 1997.

CHCS assigns an Alternate Care Value(ACV) of D and transmits enrollments to DEERS in both DEERS Enrollment mode or Local

Empanelment mode. Previously, for sites in the Local Empanelment mode, only Active Duty enrollee transactions were transmitted to DEERS. With this enhancement CHCS will transmit both MCP Patient Types of Active Duty and Medicare.

This pilot program is currently unscheduled. The site for implementation has not been determined. Currently, the only DMIS ID that is accepted for Medicare transactions is DMIS ID 8888.

There is no change from the existing processing and discrepancy resolution activities in the processing of enrollment related transactions for Medicare enrollees. Site personnel are responsible for monitoring enrollment discrepancies.

If a DEERS eligibility check has been performed during the past five days, the system utilizes the patient's age, the DEERS MEDICARE value and the DEERS CHAMPUS field to project Medicare eligibility. If the patient's age, stored in CHCS, is 65 or older, the CHAMPUS field value from DEERS equals NO or NULL, and the MEDICARE field is E, O, or P, the system stores the default ACV of D (Medicare).

If a DEERS eligibility check is not available, the system utilizes only the patient's age stored in CHCS to project Medicare eligibility and assigns an ACV of D to Medicare enrollees who are 65 or older.

The system transmits enrollment related transactions to DEERS for any patient assigned an ACV of D when operating in DEERS Enrollment mode or Local Empanelment mode. The system prompts you to disenroll Medicare enrollees locally if there is a change in the MCP Enrollment mode, but does not transmit the disenrollment transactions to DEERS when there is a change in the mode parameter.

CHCS provides a default Enrollment End Date of 31 Dec 2000 for Medicare enrollees. You may edit the Enrollment End Date but the date may not be prior to the Enrollemnt Start Date or later than 31 Dec 2000. Date value to any date prior to the default date. The default enrollment end date logic will NOT apply to sites operating in Region 13 or 14.

A. Cancel Medicare Enrollments

DEERS staff has cancelled, from the DEERS database, all Medicare enrollments in anticipation of the Medicare Demonstration project. In addition, site personnel have been directed to disenroll or cancel all CHCS Medicare enrollments.

CHCS sites run a data clean-up utility after installing this enhancement to verify that all Medicare enrollments have been cancelled or disenrolled. The utility automatically cancels within CHCS any unresolved Medicare enrollments. Since all Medicare enrollments have been cleared from the DEERS database, CHCS does not transmit cancellation transactions as part of this process.

CHCS generates a conversion report at each site to identify patients who had a current Medicare enrollment record that was cancelled as part of the data cleanup utility process. The report is sorted by Sponsor SSN and displays the following:

Patient Name
FMP/SSN
Enrollment Start Date
Original Enrollment End Date
PCM
CHAMPUS Eligibility.

If there are 50 or more patient records cancelled via the utility, a report footer displays with the following message:

NOTE: BASED ON THE NUMBER OF MEDICARE ENROLLMENTS THAT WERE CANCELLED UPON INSTALLATION, PLEASE FILE A SAIC SUPPORT CALL. MCP SOFTWARE DEVELOPMENT STAFF MUST REVIEW THE DATA CONTAINED IN THIS REPORT. THE INSTALLATION OF THE MEDICARE DEMONSTRATION ENHANCEMENTS WILL NOT BE IMPACTED BY THE GENERATION OF THIS REPORT.

B. Utilize Current Eligibility Information

For detail see Menu Path: **M -> EMCP -> EENR**

C. Default of Enrollment End Date for Medicare Enrollees

For detail see Menu Path: **M -> EMCP -> EENR**

D. Transmit Enrollment Related Transactions-Local Empanelment

For detail see Menu Path: **PAS -> M -> FMCP -> FTAB -> PARA**

E. Changes To Enrollment Mode

For detail see Menu Path: **PAS -> M -> FMCP -> FTAB -> PARA**

F. ASCII File Data for Medicare Enrollees

To support data extraction associated with Medicare enrollees, systems external to CHCS (e.g., HEAR, CCHI, ID Cards) require the data file. This utility must be generated by a software specialist with programmer access. The ASCII file data is available to all CHCS sites. CHCS generates the file from a programmers prompt. The system prompts the user to enter a device:

```
>D EN^CPMEDSUM

DEVICE:  MEDSUM1.DAT
```

Records will be delimited with the character <CR>. Data elements within a record are delimited with the ^ character.

This routine only extracts historical, current, and future enrollments for enrollees with the ACV of D after 1 Oct 1997. There are no date range prompts. The file sorts the records in alphabetical order by patient name. Using the MCP status, you can use this information to identify or screen enrollees based on the desired MCP status.

[[SEARCH:USE CURRENT END OF
[:K:Use Current End of Eligibility
II. USE CURRENT END OF ELIGIBILITY

This enhancement implements the concept of Disenrollment Grace Period for active duty beneficiaries with an Alternate Care Value (ACV) of A (Active Duty/MCP Enrolled). CHCS defines the grace period as the time after an enrollment has expired but the beneficiary is still eligible for care while the system verifies renewal of enrollment. Prior to this enhancement, the enrollment of active duty beneficiaries expired after the enrollment end date.

This functionality is applicable in both Local and DEERS enrollment modes.

SIR/QF 25666 applies a Renewal Grace Period for CHAMPUS Eligible/MCP Enrolled beneficiaries with an ACV of E. These beneficiaries have a 20 day fixed grace period. This value is not changed by this enhancement.

SIR/QF 26510 regarding the Enrollment Start and End Dates functionality for Regions 13 and 14 is not changed by this enhancement. The Enrollment End Date is not updated by a DEERS Eligibility Check in Region 13 and 14.

The MCP Parameters Profile Enter/Edit option, the parameters Date to Perform Annual Eligibility Checks, and Day of Month to Perform Monthly Eligibility Checks are not affected by this enhancement.

The system transmits a DEERS Eligibility Check seven days prior and on the day the grace period expires. When the DEERS eligibility response is received, the system updates the MCP End Enroll Date with the DEERS Eligibility End Date.

The system does not disenroll a grace period beneficiary until an ineligible response to the eligibility request, submitted on the last day of the grace period, has been received from DEERS.

CHCS created a new field of AD Grace Period in the MCP Parameters file. This field contains the grace period parameter setting. A CHCS installation/downtime populates the new site-definable parameter named Active Duty Disenrollment Grace Period with a default value of 120 days. DEERS currently supports a fixed 120 day Eligibility Grace Period.

The site-defined parameter starts with zero days with a range of seven days minimum, 120 days maximum (the default value). The setting of zero allows sites not apply a grace period.

CP ENROLLMENT BULLETIN automatically performs DEERS Eligibility checks for active duty beneficiaries with the ACV of A seven days prior and on the day the grace period expires. After the check, the system updates the MCP End Enroll Date with DEERS Eligibility End Date. If the MCP End Enroll Date is still expired after update, the system reviews the Grace Period parameter prior to determining to disenroll.

When the Active Duty Beneficiary MCP End Enroll Date is not within the grace period and is still expired, the system changes the MCP Status to Disenrolled. The Disenrollment Reason becomes DE (Disenrollment/Expiration) and a disenrollment transaction is sent to DEERS. The disenrollment date for active duty and non-active duty is their end of eligibility date after the grace period has expired. The Enrollment End Date does not actually change from the original Enrollment End Date. This system calculation is transparent to you.

Beneficiaries with expired Enrollment End Dates within the grace period maintain the status of Enrolled and continue to display on reports.

The Grace Period processing of Active Duty/MCP Enrolled patients is performed by the CP ENROLLMENT Bulletin and requires no user intervention.

For greater detail regarding the MCP Parameter file see the following menu option:

Menu Path: **M -> FMCP -> FTAB -> PARA**

The following enrollment related reports include Grace Period enrollees in their enrollment statistics:

AD Family Members by Unit Enrollment Roster
M -> EMCP -> OENR -> ERPM -> ROST -> 1

Alphabetic Enrollment Roster by Service
M -> EMCP -> OENR -> ERPM -> ROST -> 2

Change in Eligibility Enrollment Roster
M -> EMCP -> OENR -> ERPM -> ROST -> 4

Disenrollees for Period by Reason
M -> EMCP -> OENR -> ERPM -> ROST -> 5

Disenrollment Summary by Reason
M -> EMCP -> OENR -> ERPM -> SUMM -> 1

Enrollment Summary Report
M -> EMCP -> OENR -> ERPM -> SUMM -> 2

Patient Category Enrollment Summary
M -> EMCP -> OENR -> ERPM -> SUMM -> 4

Previously, the system searched by Enrollment End Date to determine if a beneficiary should be included in enrollment related reports. The system now looks at the ACV to determine the Grace Period, which extends the Enrollment End Date. (NOTE: The enrollment end date does not actually change from the original enrollment end date. This system calculation is transparent to you.) If a beneficiary has an ACV value of A, the grace period is determined by the Grace Period parameter setting. If a beneficiary has an ACV value of E, 20 days are added to the Enrollment End Date.

Beneficiaries in Grace Period are included in the build utility listed below:

Family Batch Enrollment Labels Build Utility

M -> EMCP -> OENR -> ERPM -> LABL -> 1

[[SEARCH:PROVIDER PLACE OF CARE
[:K:Provider Place of Care Inactivation

III. PROVIDER PLACE OF CARE INACTIVATION

CHCS allows you to inactivate or reactivate a provider or a place of care in either Patient Appointment Scheduling (PAS) or Managed Care Program (MCP). In addition, CHCS allows you to inactivate providers and DBA Inactivate providers and hospital locations through the Data Administration Menu and Provider Merge Menu.

The ability to MTF Inactivate or DBA Inactivate a Provider, and DBA Inactivate a Hospital Location is limited to Database Administrators who hold the required security keys. For more information on DBA read the DAA release notes.

An authorized user can enter a past date, today's date or a future date as an inactivation date and inactivate either the provider or place of care regardless of any discrepancies found (i.e., pending appointments, wait list requests, or Primary Care Manager (PCM) assignments). You are prompted to generate the Discrepancy Avoidance Report(DAR), if any discrepancies are found. The system performs a discrepancy check to search for any pending appointments, wait list requests, or PCM assignments in either PAS or MCP and displays them on the DAR. If any of those appointments booked through MCP or PAS are associated with a referral (through enrollee lockout checks/functions in PAS), the referral number displays on the DAR.

All providers or places of care can be selected for the DAR when using the DAR Menu options. When the system prompts you to generate the DAR during an inactivation, the report shows only the provider or place of care being inactivated.

The system automatically generates a mail bulletin to the appropriate mail group (SDSMGR or CPZMGR) notifying its members of the discrepancies found. The members of the mail group are responsible for resolving those discrepancies (i.e., reschedule pending appointments linked to an inactivated provider, modify wait list requests, and reassign patients to a different PCM).

Previously in the PAS module, the system allowed you to enter a past date, today's date or a future date. When the inactivation date occurred and the record was filed, the inactivation occurred immediately. The system did not check for any pending appointments, wait list requests or PCM assignments linked to the inactivation.

Previously in the MCP module, the system only allowed you to enter an inactivation date in the future. The system then checked for pending appointments, wait list requests and PCM assignments linked to the inactivation. If any discrepancies were found, the system prompted you to generate a DAR. All discrepancies linked to the inactivation had to be resolved before the inactivation could occur.

Now in the PAS and MCP modules, inactivation/Reactivation of providers or places of care now occurs immediately on the inactivation/reactivation date. "Immediately" means as soon as the record is filed if entering today's date or a past date. For example, if you inactivate a provider today, then you can no longer create schedules, book appointments, make wait list requests, or do PCM assignments for the specified provider. If you enter a future date, "immediately" means on the occurrence of that date after the record is filed.

Entering any of the following data elements causes the system to inactivate or reactivate (if the inactivation date is deleted or a reactivation entered) the specified provider, clinic or place of care:

Data Element	File/Field
Inactivation Date	Hospital Location
Activation Status	Hospital Location
Inactivation Date	MCP Provider Group
POC Inactivation Date	MCP Provider Group
POC Reactivation Date	MCP Provider Group
POC Inactivation Reason	MCP Provider Group
POC Inactivation Date	MCP Provider Group
POC Reactivation Date	MCP Provider Group
POC Inactivation Reason	MCP Provider Group
MCP Inactivation Date	MCP Provider
Inactivation Reason	MCP Provider
POC Inactivation Date	MCP Place of Care
POC Reactivation Date	MCP Place of Care
POC Inactivation Reason	MCP Place of Care

When you inactivate a provider or a clinic/place of care, the system checks for any discrepancies in both PAS and MCP.

Provider Place of Care Inactivation affects the following options in the MCP:

- o PMCP Provider Network Management Menu
  - GNET Group Profile/Agreements Enter/Edit
  - ONET Outputs & Network Reports Menu
    - 3 Discrepancy Avoidance Report

- o FMCP File/Table for MCP Menu
  - PTAB Provider Network File/Table Maintenance Menu
    - PLAC Place of Care Enter/Edit
    - PROV Provider Enter Edit

See specific option for more detail.

Options affected in PAS Scheduling Supervisor Menu are:

- o PROF Profiles Menu
  - CPRO Clinic Profile Edit

- o ORDM Operational Rosters & Displays Menu
  - 8 Discrepancy Avoidance Report

See PAS Release Notes for more detail.

[[SEARCH:ENROLLMENT - External Network PCM
[:K:External Network PCM - New Developments
IV. ENROLLMENT - External Network PCM

When assigning active duty beneficiaries in batch assignment and interactive PCM assignment functions when you hold Security key CPZ PCM AGR LOCK and the PCM has capacity, CHCS now displays picklists with contractor network PCM with agreement types of Civilian Network Provider (NET) or Supplemental Care/Diagnostic Services (SUP) in addition to direct care PCM with agreement types of Medical Treatment Facility Staff (MTF) or Contract (CON) which do not require a security key.

This functionality will increase the number of PCM selections for active duty beneficiaries.

It is recommended that MCP enrollment Clerks and other users utilizing the Batch PCM Reassignment function have the security key.

A one-time conversion is run to change the Capacity field for NET and SUP from a noneditable 0 to a default of null, allowing you to enter the capacity and age range. The active duty capacity must be entered on the PCM Capacity Screen to set limits for active duty beneficiary categories since the default capacity is unlimited, the effect of null. The active duty capacity for the NET and SUP agreements should be reviewed and updated.

Menu Path:

PAS -> MAN -> PMCP -> GNET -> Enter Provider Group -> Page Down Key -> Provider -> e(X)ceptions -> Select Provider -> (M)ix ->select Agreement -> Enrollment Mix screen.

The options affected are:

- o EMCP Enrollment Processing Menu
  - EENR Enrollment Enter/Edit
  - BENR Batch Enroll Active Duty

UBER Update/Print/Enroll Potential AD Candidates

o BMCP Batch PCM Reassignment Menu
BPCM Batch PCM Reassignment
FPCM Family PCM Reassignment

o FMCP File/Table for MCP Menu
FTAB Facility File/Table Maintenance Menu
UICP UIC/PCM Maintenance Enter/Edit

Refer to the above options for more details.

[[SEARCH:ENROLLMENT - Conditional Enrollments
[:K:Conditional Enrollments - New Developments
V. ENROLLMENT - Conditional Enrollments

The system will conduct automatic DEERS eligibility checks for beneficiaries with MCP status of Conditional Enrolled for a period of 120 days after MCP Enroll Date in 7-day increments. When appropriate, based on the eligibility response and 120-day Conditional Enrollment period criteria, the system will update the MCP Status to either Enrolled or Disenrolled. If DEERS does not return an eligible response within 120 days, the End Enrollment date will equal the MCP Enroll date. The disenrollment reason will become EC ENROLLMENT CANCELLED.

The automatic check will be performed when the site system specialist schedules the CP ENROLLMENT BULLETIN.

Menu Path: TM -> STT -> No -> CP ENROLLMENT BULLETIN

Interactive capabilities for Conditional Enrollment Processing and Interactive Eligibility Checks will remain available.

[[SEARCH:ENROLLMENT - Display DEERS
[:K:Display DEERS - New Developments
VI. ENROLLMENT - Display DEERS

The Defense Enrollment Eligibility Reporting System (DEERS) database contains the Primary Care Manager (PCM) phone number, PCM location, Alternative Care Value (ACV), and Defense Medical Information Systems Identification (DMIS ID) from DEERS for the patient not enrolled on local CHCS but enrolled on another CHCS system. This information is stored in the Patient file and displays when a remotely enrolled patient tries to access care in the local health care system.

Enrollment information in the patient's DEERS file including the ACV (code and description), DMIS ID (code and description), Region Code, PCM phone, PCM location, date of last DEERS check, Direct Care eligibility information displays on the Enrollment/ Empanelment

Information screen for Mini and Full Registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt allows the user to display the eligibility information in Mini Registration.

When a Patient Appointment and Scheduling (PAS) clerk attempts to book an appointment for an enrollee/empanelee using either the BOK or USV option, in a clinic which has enrollee lockout activated, a message and patient's PCM information displays alerting the PAS clerk that the patient should be appointed through his/her PCM or have a referral in CHCS authorizing care. The PCM's location, PCM telephone number, and the date of the patient's last DEERS eligibility check displays for the enrollee/empanelee. The PCM name displays only when the patient is locally enrolled/empaneled.

Previously, different messages displayed for Primary Care, Specialty Care, or Both (both Primary Care and Specialty Care. The messages displayed for locally enrolled patients only.

[[SEARCH:HEALTHCARE FINDER
[:K:Healthcare Finder - New Developments
VII.HEALTHCARE FINDER

The completed Referred By field of the Interview/Referral screen on the Appointment Referral Booking option contains the name of the provider who referred the patient. The referring provider is not necessarily the same as the patient's PCM. When the PCM is an individual provider, the PCM is the default value of this field. In all other cases there is no default value and you must enter the name of the patient's referring provider directly or by choosing from a help picklist. Previously, when an enrollee/empanelee's PCM was a group, the help picklist displayed an alphabetical list of all PCMs in the Provider Network.

Now, when a Patient is empaneled/enrolled and his/her PCM is a Group or Member of a Group, CHCS displays the first picklist in alphabetical order showing only those providers who are members of the patient's Provider Group. The list indicates the provider's status of active or inactive from the MCP Provider File. If you press <Return> without choosing one of the providers in the Group, the following prompt displays:

Do you want more help? YES//

You can access an additional alphabetical picklist of network and non-network MCP providers by choosing the default // YES.

The Partial Name help function that allows you to enter the first few characters of the provider's name to begin your list is still available.

[[SEARCH:PROVIDER NETWORK
[:K:Provider Network - New Developments
VIII.PROVIDER NETWORK

CHCS will now allow you to set capacity limits on the number of Medicare beneficiaries who may be assigned to individual provider Primary Care Managers (PCMs) and provider group PCMs. In addition to the five existing Beneficiary Categories under which capacity limits for PCM assignments are currently defined:

ADY Active Duty
AFM Active Duty Family Member
RET Retiree
RFM Retiree Family Member
OTH Other

there is now a sixth Beneficiary Category:

MED Medicare

which will include patients who are:

Medicare eligible
Over the age of 65
Are not CHAMPUS eligible.

To accommodate the additional Beneficiary Category, changes have been made to data entry, processing, and output of PCM Enrollment Mix information.

Since CHCS categorizes Medicare eligible patients according to their DEERS Medicare Status in the Medicare field of the Patient file, the value in this field must be current for the beneficiary to be correctly categorized.

Beneficiaries are assigned to PCMs based on the specific MCP Agreement Types(s) held by each PCM. A beneficiary who is grouped under the Medicare Beneficiary Category may be assigned only to PCMs who have entered into the following MCP Agreement Types:

MTF - MTF STAFF
CON - CONTRACT

Most of the enhancements are transparent. A conversion is run to establish a baseline to correct the Beneficiary Category counts of beneficiaries assigned to each Group PCM and each Individual PCM.

The searches for PCM assignment slots performed by the system are modified to accommodate the sixth Beneficiary Category. Beneficiaries who are grouped under the Medicare Beneficiary Category will only be assigned to PCMs who have remaining capacity for Medicare beneficiaries.

MCP clerks and supervisors who currently assign enrollees to PCMs will continue to use the existing Enrollment functional pathways.

Provider Network data will continue to be accessed through the appropriate Enrollment Mix screens through the GNET Group Profile/Agreements Enter/Edit option or the INET Individual Provider Profile/Agreements Enter/Edit option on the Provider Network Management Menu.

MCP -> PMCP -> GNET -> select a Provider Group -> Page dn -> (A)greements -> Enrollment (m)ix -> select an Agreement

or

MCP -> PMCP -> INET ->select a Provider -> Select a Group -> Agreement e(X)ceptions -> Enrollment (M)ix -> select an Agreement

The conversion is run during downtime to make the following file, table, and formatting changes:

1. The MED Medicare Beneficiary Category is added to the MCP Beneficiary Categories file.

2. The Medicare Beneficiary Category field is added to the PCM History multiple in the MCP Patient file for each Medicare enrollee and the value in that field is updated.

3. The Medicare Beneficiary Category is added to the Enrollment Mix for existing groups and providers in the MCP Provider Group file.

4. The number of patients assigned to each PCM is recalculated, under each Beneficiary Category, in order to establish a new baseline for each PCM.

5. The PCM Enrollment Mix screen is reformatted to add the Medicare Beneficiary Category. The Enrollment Mix screen reflects real time patient counts when the screen displays, regardless of whether the number of assigned beneficiaries in any given category exceeds the capacity. Updated PCM capacity restrictions are not retroactive for currently assigned beneficiaries. No automatic reassignment takes place. Provider Network maintenance requires an evaluation of the

numbers and, as policy dictates, manual reassignments must be made.

6. A list of beneficiaries whose Alternate Care Values (ACVs) do not match their patient category is automatically generated as a by-product of the conversion. This list is used to resolve discrepancies of patient data.

Subsequent to the conversion, when a beneficiary requests enrollment into the TRICARE Senior option, the system will employ the following search criteria:

1. CHCS checks to see if the beneficiary is Medicare eligible, as determined by the beneficiary's DEERS Medicare Status. The following values comprise the set of codes which define Medicare eligibility:

   E Eligible (over 65)
   N Not Eligible
   O Eligible (became eligible after 65)
   P Purchased
   Q Eligible (under 65)
   S Over 65, not eligible

2. If the beneficiary is Medicare eligible, the system then checks the beneficiary's age, and finally, checks to see if the beneficiary is CHAMPUS eligible.

   The following values comprise the set of codes which define CHAMPUS eligibility:

   C CHAMPUS ELIGIBLE
   F FOREIGN MILITARY
   N NOT ELIGIBLE

   a. A Medicare and CHAMPUS eligible beneficiary, regardless of age, continues to be grouped under the appropriate Beneficiary Category and is NOT grouped under the Medicare Category. These beneficiaries will be assigned an ACV of E.

      (1) After establishing the appropriate Beneficiary Category under which the beneficiary is grouped, the system checks for available PCM slots for that category. If slots are available, the system allows the user to enroll the beneficiary into one of the available slots; the counts for the enrollee patient load for the Beneficiary Category under which a beneficiary is grouped is incremented by one.

      (2) If there are no slots available which meet the search criteria, the system displays a warning message including

the Beneficiary Category:

THIS PCM HAS NO SLOTS TO WHICH THIS <RFM> BENEFICIARY MAY BE ASSIGNED.

The system prohibits filing the enrollment.

b. A Medicare eligible beneficiary, 65 years of age or older, and not CHAMPUS eligible, will be categorized under the new Medicare Beneficiary Category and will be assigned a ACV of D.

(1) When the system determines that a beneficiary is in the Medicare Beneficiary Category, it checks to see if there are any PCMs in the Network who have MTF or CON MCP Agreement Types, and if they have available slots as determined by their Enrollment Mix limitations.

(2) If slots are available, the system allows you to enroll the beneficiary under the Medicare Beneficiary Category; the counts for the Medicare enrollee patient load are incremented by one.

(3) If there are no slots available which meet the search criteria, the system displays the following warning message including the Beneficiary Category (MED):

THIS PCM HAS NO SLOTS TO WHICH THIS <MED> BENEFICIARY MAY BE ASSIGNED.

The system prohibits filing the enrollment.

c. CHCS will not allow the enrollment of Direct Care Only enrollees, including Medicare beneficiaries under the age of 65, unless the enrollees are CHAMPUS eligible.

MODIFICATIONS:

1. Reports

a. PCM Enrollment Mix Discrepancy Statistical Summary
b. PCM Enrollment Mix Discrepancy Report
c. Enrollment Roster by PCM
d. Available PCM Capacity Report
e. Provider Group Report

2. Routines Related to PCM Assignment

a. Batch PCM Reassignment
b. Family PCM Reassignment

c. Renew (Batch)
d. Disenrollment
e. Batch Disenroll
f. Reciprocal Disenrollment

OPTIONS AFFECTED:

o EMCP Enrollment Processing Menu
EENR Enrollment Enter/Edit
DENR Disenrollment
RENR Reciprocal Disenrollment Processing
OENR Output & Enrollment Maintenance Reports Menu
PRPM PCM Reports Menu
1 Available PCM Capacity by Provider Group
7 PCM Enrollment Mix Discrepancy Statistical Summary
8 PCM Enrollment Mix Discrepancy Report
MENR Multiple Batch Renewal and Disenrollment Functions
BMER Batch Renewal & Disenrollment Processing

o OMCP Outputs & Management Reports Menu
NPRM Network Provider Reports Menu
RPTM Reports for Provider Menu
2 Provider Group Report
PRPT PCM Reports Menu
1 Available PCM Capacity by Provider Group
2 Enrollment Roster by PCM
7 PCM Enrollment Mix Discrepancy Statistical Summary
8 PCM Enrollment Mix Discrepancy Report

o BMCP Batch PCM Reassignment Menu
BPCM Batch PCM Reassignment
FPCM Family PCM Reassignment

o PMCP Provider Network Management Menu
GNET Group Profile/Agreements Enter/Edit
INET Individual Provider Profile/Agreements Enter/Edit
ONET Outputs & Network Management Reports Menu
GMRM Group Management Reports Menu
2 Provider Group Report
4 PCM Enrollment Mix Discrepancy Statistical Summary
5 PCM Enrollment Mix Discrepancy Report

[[SEARCH:MCP AND DEERS ENHANCEMENTS
[:K:MCP and DEERS Enhancements for EBC
IX. MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

The Enrollment Based Capitation (EBC) project comprises a variety of enhancements which support the objectives of resource allocation of the TRICARE Prime enrollment population. To collect and report on this information, the system identifies the division to which a

patient is enrolled as well as the division which performed medical/clinical/ancillary services for an enrollee.

The existing TRICARE Capitation policy allocates funds to the military services based on estimated enrollment counts. To more accurately distribute funds based on the resources used by the TRICARE Prime enrolled population, the enhancements included in the EBC effort collect and analyze data to assist in allocating funds to support the TRICARE enrollment program. Data from multiple systems (CHCS, DEERS, ADS, MEPRS, CEIS) is consolidated and reported to LEAD Agents and MTF Commanders for distribution of capitation funds.

The following MCP enhancements support the EBC effort and record accurate enrollment data:

- CHCS modified the enrollee's division from user defined to the division associated with the assigned Primary Care Manager's(PCM) place of care. Refer to Section II, paragraph A, Enrolling Division Based on PCM Location.

- A new summary enrollment report counts enrollees in CHCS, in the same manner as in DEERS. Refer to Section II, paragraph B,

CHCS/DEERS Enrollment Synchronization Report.

IMPLEMENTATION NOTE:

- It is imperative that prior to installing this enhancement, each site coordinates the installation with DEERS staff (EDS). The EDS staff must allocate sufficient network interface connections to process the enrollment update transactions since sending numerous update transactions through the DEERS interface may affect their system.

- The system automatically creates a mail bulletin and sends it to the CPZMGR mail group. The site is responsible to add this mailgroup to the CP DEERS SYNC mail bulletin.

Data conversions are included in this enhancement and require downtime to load and run necessary conversions. Data dictionary changes are necessary for this enhancement.

To prevent sending unnecessary DEERS update transactions linked to the EBC enhancements, the following conversion order is necessary:

(1) Medicare Demonstration cancellation of ACV=D
(2) Assign enrolling division based on assigned PCM's place of care
(3) Transmit update transactions to DEERS if enrolling division has changed.

Enrollment update transactions must be sent to DEERS to align the enrolling division based on the PCM assignments. The number of update transactions sent to DEERS directly affects the system performance. The CHCS/DEERS interface must be operational when the EBC release is installed.

Site personnel must reconcile enrollment data to insure CHCS and DEERS enrollment data are aligned. This task should be completed prior to installing the EBC special release otherwise CHCS enrollment counts will not match DEERS enrollment statistics.

Enhancements to support EBC apply to all CHCS sites operating in either DEERS Enrollment mode or Local Empanelment mode.

A. Enrolling Division Based on PCM Location

CHCS sets the enrollment division as the division associated with the PCM's place of care. The system enters the enrolling division based on the place of care of the assigned PCM and does not allow you to directly edit this field. The enrolling division is a display only field.

This enhancement requires a data conversion to update the enrolling division based on the current PCM. As a result of the conversion, CHCS transmits DEERS updated transactions for sites operating in DEERS Enrollment mode (all enrollees) and Local Empanelment mode (Active Duty and Medicare) enrollees.

Site personnel should review existing file and table entries of existing PCMs and their associated place of care. Site personnel also should review (and correct) the places of care and the division associated with those hospital locations.

Prior to this enhancement, the default enrollment start and end dates for new enrollments at sites in Region 13 and 14 were determined based on the enrolling division that you entered. Since you can no longer define the enrolling division, the system utilizes your default division to identify sites in Region 13 and 14 and to offer the appropriate default start and end dates.

A PCM may have multiple places of care. You must view the place of care (F9 within enrollment processing in the inputs template(s) used to assign the PCM) and select the appropriate PCM place of care for an enrollee prior to assigning the PCM. Enrollment Clerks and MCSCs must be aware that with this enhancement they may no longer enter the enrolling division.

PCM assignment and enrollment related reports are not modified with the this enhancement. Prior to this enhancement, you were

screened from selecting an enrolling division based on their allowable divisions (defined in the User file). The system did not prevent you from selecting a PCM's place of care that was not in your allowable division. You can assign a PCM's place of care that is not in your allowable division. Enrollment reports continue to screen data based on your defined allowable divisions.

Process: When you enter a new enrollment through various enrollment options listed below, CHCS prompts you to enter the enrollment start and end dates and to assign a PCM. The system no longer prompts you to enter the enrollment division. CHCS automatically sets the enrolling division based on the division of the selected PCM's place of care.

The following functions are included in this enhancement:

- Auto Enrollment	PAD or PAS -> Mini Reg
- Batch Enroll AD	M -> EMCP -> BENR -> UBER
- Batch PCM Reassignment	M -> BMCP -> BPCM
- Batch Renewal	M -> EMCP -> MENR -> BMER
- Clean Up DMIS ID Update	M -> FMCP -> ETAB -> CLUP
- Disenrollment Cancellation	M -> EMCP -> DCAN
- Enrollee DMIS ID Update	M -> FMCP -> ETAB -> DMIS
- Enrollment Enter/Edit	M -> EMCP -> EENR
- Family PCM Reassign	M -> BMCP -> FPCM

For more detail or specific workflow refer to each option.

CHCS runs a conversion upon installation to evaluate all current enrollments and to reset the enrolling division if it does not match the PCM's place of care division. If the enrolling division DMIS ID is updated as a result of this conversion, CHCS sends updated transactions to DEERS.

(1) Determine Enrolling Division Based on PCM Place of Care Division

See the following menu path for details regarding this option.

M -> EMCP -> EENR

(2) Affected Specialty Enrollment Processing Options

See the menu paths listed above, in Section A, for details regarding these options.

(3) Data Conversion

After installing the EBC software, the system automates the process of updating the enrolling division based on the division associated with the assigned PCM's place of care. The data conversion updates only those enrollment records which are considered currently enrolled based on the following MCP statuses:

E Enrolled
PE Pending Enrolled
ID Invalid Disenrolled

After the conversion, CHCS transmits DEERS enrolling division update transactions for those sites operating in DEERS Enrollment mode. For sites operating in DEERS Empanelment mode, CHCS transmits update transactions only for Active Duty and Medicare enrollees. The conversion process creates a temporary file to identify those patients who had an enrolling division change as a result of the conversions. The file will also identify those records which resulted in update transactions sent to DEERS.

Following the conversion, the system generates the Enrollment Division Conversion Report - Before. The report identifies the number of enrollment records that had an enrollment division update as a result of the data conversion. This report provides a count of enrollees that were converted and repointed to another division based on the PCM's place of care division.

An additional report, Enrollment Division Conversion Report - After, is available after the conversion is complete. This report provides a total count of all enrollees based on the PCM's place of care division. This is the enrolling division.

NOTE: The system only addresses currently enrolled records during the conversion.

B. CHCS/DEERS Enrollment Synchronization Report

DEERS is the system of record when you determine enrollment statistics for the EBC effort. Enrollment counts between CHCS and DEERS became discrepant after sites began to use the MCP enrollment module. Site personnel work toward synchronizing enrollment records between the two system and process manual corrections in each system.

To support the EBC enhancements, the new CHCS report provides

summary level enrollment statistics within CHCS. MCP supervisors should use this report to determine the number of enrollments in their system. Since CHCS supports more enrollment statuses than DEERS (Invalid Enrollment, Invalid Disenrollment, etc.), this new report captures enrollment statistics in a similar manner as DEERS.

To enable the report to reflect accurate enrollment counts, you must confirm that all DEERS update enrollment transactions (as a result of the EBC conversion) have been processed. You may view the number of transactions pending in the DEERS Transaction Queue file.

At sites operating in DEERS Enrollment mode, the report counts enrollees with the ACV of A, E, or D with the MCP status of Enrolled or Invalid Disenrolled.

At sites operating in Local Empanelment mode, the report counts enrollees with the ACV of A or D with the MCP status of Enrolled or Invalid Disenrolled.

To generate this report, you must have the option to print a spool file report. This option is usually placed on a secondary menu.

IMPLEMENTATION NOTE: The system automatically creates a mail bulletin and sends it to the CPZMGR mail group. The site is responsible to add this mail group to the CPDEERS SYNC mail bulletin.

Process: After the EBC special release, CHCS established a hard coded task job set to run the first of each month to calculate current enrollments. The same logic used to generate the DEERS ASCII file is used to generate the enrollment count on the first of every month. This report counts those enrollees currently assigned the MCP status of Enrolled (with future enrollment end date) or Invalid Disenrollment. The system sorts the data by the Enrolling DMIS ID and by ACV within each DMIS ID.

The report is titled the CHCS/DEERS Enrollment Synchronization Report and is a spooled document. The new option, CHCS/DEERS Enrollment Synchronization Report allows you to generate the report midmonth if needed.

For sites in DEERS Enrollment mode, the system assumes that current enrollees with the following ACV have been transmitted to DEERS and are counted in this report:

MCP Patient Type	Alternate Care Value

Active Duty	A	TRICARE PRIME (ACTIVE DUTY)
CHAMPUS Eligible	E	TRICARE PRIME (CHAMPUS)
Medicare	D	MEDICARE DEMONSTRATION

For sites in Local Empanelment mode, the following current enrollees will be counted in the report:

MCP Patient Type	Alternate Care Value	
Active Duty	A	TRICARE PRIME (ACTIVE DUTY)
Medicare	D	MEDICARE DEMONSTRATION

After the report has been generated, the system transmits a mail bulletin to the CPZMGR mail group to indicate that the spool report is available.

For detailed work flow see the following option:

Menu Path: **M -> OMCP -> OENR -> DRPM -> 5 CHCS/DEERS Enrollment Synchronization Report**

[[SEARCH:CHCS REGIONAL SCHEDULER PROJECT
[:K:CHCS regional Scheduler Project (CRSP)

X. CHCS REGIONAL SCHEDULER PROJECT (CRSP)

CRSP incorporates changes to existing software which provides a centralized CHCS Patient Appointment Scheduling (PAS) and MCP database. These sections are only applicable if your site has implemented CRSP.

Managed health care within the Department of Defense (DOD) is currently implemented regionally under the name TRICARE. Awarding regional health care management contracts is integral to the TRICARE managed care approach. To effectively manage health care for the beneficiary population, TRICARE Support Contractors (TSC) and the regional health care providers (HCPs) need access to patient appointment schedules at the regional location from any facility.

CRSP provides a centralized PAS and MCP database to support the TRICARE managed care requirement to search for, book, and cancel appointments from any CHCS terminal.

The regional scheduling network consists of the three CHCS local systems connected through an Asynchronous Transfer Mode (ATM) network to a single CHCS regional scheduling system. The system exchanges information from the local system to the regional system, or from regional to local through Health Level Seven (HL7) messages.

CRSP provides three levels of users:

Local
Regional
Enterprise.

As a local user, you always log onto your normal CHCS account. There is no change in the log-on procedures.

As an authorized regional user, you log onto your new CRSP account directly. However, you cannot access the local system. New log-on procedures are available for regional users.

In a regional operating mode, CHCS provides MCP and PAS scheduling functionality to one or more other CHCS applications operating in a local mode. As an "enterprise" user, you log on to a local system and then may execute MCP or PAS functionality through the regional scheduler menu option. The Regional Scheduler User Log-On (ULO) software manages system log-on activities.

As an enterprise user with local and regional privileges, you always log onto your local system first, jumping to regional if you logon to the local and provide the correct Kerberos password. You transfer from a local system to the regional system to exercise the regional MCP or PAS functions. You then return to your local-system session when you log-off or exit from the regional system. New log-on procedures are available for enterprise users.

As an enterprise user, a Kerberos password authorizes the jump from the local system to the regional system. Kerberos is a network authentication system. It allows entities communicating over networks to prove their identity to each other while preventing eavesdropping or replay attacks.

CRSP requires the following accounts:

User Type	Local System	Regional System
Local User	Existing CHCS Account	No Account
Regional User	No Account	Single Captive "CRSP" Account
Enterprise User	*Unique VMS Account	*Unique VMS Account

*VMS accounts are unique within a single machine. However, for the enterprise user, the VMS account at the local system must be the same as the VMS account at the regional system.

Log-on scenarios for local, regional, and enterprise users are as

follows:

a. Local User

1. Log onto the local system through the captive CHCS account, CHCS.

2. Enter your CHCS ACCESS and VERIFY code combination.

Username:	**CHCS**	
ACCESS CODE:	**metcalf**	(not displayed)
VERIFY CODE:	**wreed**	(not displayed)

b. Regional User

1. Log onto the regional system through the captive regional account, named CRSP.

2. Enter your CHCS ACCESS and VERIFY code combination.

Username:	**CRSP**	
ACCESS CODE:	**metcalf**	(not displayed)
VERIFY CODE:	**wreed**	(not displayed)

c. Enterprise User

1. You are prompted for your VMS user name.

2. Enter your unique VMS user name to log onto the system. You are prompted for your VMS password.

3. You are prompted for a secondary (Kerberos) password.

4. The Kerberos session is initiated after the Kerberos password is verified.

Username:	**metcalf**	
Password:	**crspcrit**	(not displayed)

Please enter your secondary password at the prompt.

This node is: wramaa
Kerberos Initialization for "metcalf1"

Password: **sandiego** (not displayed)

5. The following application menu with the jump option displays at the local system.

   Scheduling Supervisor Menu
   Clerk Scheduling Menu
   Emergency Room Menu
   Regional Scheduler System Menu

6. When you select the Regional Scheduler System Menu, the user has executed a "jump" to the regional system. The following Regional Scheduler System Main Menu displays.

   Scheduling Supervisor Menu
   Clerk Scheduling Menu
   Managed Care Program Menu

7. You are restricted to the local system if after three attempts you CANNOT provide a correct secondary Kerberos password or you DO NOT provide a secondary Kerberos password.

8. If you halt at the regional system, the user is automatically returned to his local system at the point prior to the "jump".

All MCP functions are performed on the CHCS regional scheduler system. These activities include the following:

Patient enrollment
Primary care manager (PCM) assignment
Provider network creation and administration
MCP primary and specialty care referral booking
MCP network reports
Mini registration
Waitlist processing
Patient and facility appointment cancellation
Cancellation/No Show notification.

NOTE: Full registration and John Doe registration are not supported at the regional scheduler level.

The CHCS local systems and the CHCS regional scheduler system share user, hospital location, provider, patient, other health insurance (OHI), order, record tracking, and common file data. Only the CHCS regional scheduler system stores MCP data.

The CHCS regional scheduler system conducts the following PAS activities:

- Creating and maintaining schedules/profiles/templates
- Booking scheduled appointments
- Appointment Order Processing
- Waitlist processing
- Patient and facility appointment cancellation
- Cancellation/No Show notification.
- Generating PAS reports
  - Workload statistical reports
  - Appointment rosters
  - Appointment utilization reports.

The CHCS regional scheduler system processes appointment orders (Ancillary (ANC), CON, and Clinical (CLN) orders) entered on a CHCS local system through Order Entry.

> NOTE: Appointment orders (i.e., requests) entered at one local system are considered to be requests for appointments at specific clinics in the same facility in which the appointment orders originated. Therefore, if the appointment order is entered at Bethesda, the appointment, linked to the order, may only be booked in clinics at Bethesda.

Presently, if you elect to process Appointment Orders, you may only sort the orders by all clinics or an individual clinic. The AOP option has been modified to allow you to select to process appointment orders by clinic or individual patient. If you elect to process appointment orders by patient, the system searches for all appointment orders across all the divisions for the specified patient. However, you will be able to process only those patients appointment orders linked to the division to which you have access. The appointment orders linked to non-accessible divisions will be low-lighted on the screen.

All PAS activities normally conducted by front desk personnel in individual clinics are performed at the local level. The local PAS front desk activities include the following:

- Booking unscheduled visits
  - Walk-ins
  - Sick-calls
  - Telephone consults
- Emergency room encounters
- Generating PAS reports
  (Not related to provider schedules or workload statistics)
- End of day processing

Patient appointment check-in

The system initialization and initial file conversion process establishes data links between the CHCS files stored on a CHCS local system and the same CHCS files stored on the CHCS regional scheduler system. The data links are maintained based on ongoing HL7 message communications. The data links between the CHCS local and regional scheduler systems map matching records. CHCS links data in the following files:

Department and Service
MEPRS Code
Hospital Location
Provider Class
Title
User
Provider
Patient
Insurance Company
Patient Appointment
Professional Category
Medical Center Division
Drug

When an appointment is booked at the regional level, the system sends an HL7 appointment message to the local medical treatment facility (MTF) to which the appointment is scheduled. If the specified patient is newly registered at the regional system, the system also triggers an Add a Person message followed by an HL7 appointment message. If the specified patient's registration data was updated, the system triggers an Update Person message followed by the HL7 appointment message. If the specified patient exists at the local MTF, the Update Person message overwrites any existing differences in non-critical data fields. After a patient is linked all data fields can be overwritten. When establishing the link, the system checks the following:

Name
FMP/SSN
DOB
ISSN
Sex

After the match is made, all other fields can be updated.

Appointment conflict checking occurs at the CHCS regional scheduler level.

If the patient exists at more than one MTF, the registration data updates the regional scheduler level, then sends patient update data

to the MTF where the patient has the appointment, and to the other MTF to which the patient is linked. Whenever a patient is registered at the local MTF, the system transmits registration data to the regional scheduler system. Thus, the regional scheduler system is a composite of all local MTFs. Patient Family Member (FMP)/Sponsor Social Security Number (SSN) is the unique identifier for linking patients. Supplementary analysis of other registration data is used to verify the identification.

If two patients at different MTFs are identified as potential duplicates at the regional level, the system issues a bulletin to the Patient Administration (PAD) supervisor. The PAD supervisor at the regional scheduler level resolves potential MTF duplications by notifying the MTF PAD supervisors of edits needed to resolve discrepancies. Once the differing patient data has been edited, the patient is linked to both MTFs.

NOTE: Linking patient records at two MTFs is not the same as resolving duplicate patients.

The PAS and MCP management mail groups (i.e., SDMGR and CPZMGR) are defined on the CHCS regional scheduler system but the system manager of the CHCS regional scheduler is responsible for adding members to these mail groups.

[[SEARCH:HMCP
[:K:Health Care Finder Menu

HMCP Health Care Finder Menu

The system now correctly displays the alert message NO PROCEDURE EXCEPTIONS FOUND only when there are no exceptions. (SIR 25685)

For those patients who have multiple Wait List requests and/or appointment orders, the system now correctly deletes a wait list request or appointment order when (D)elete/print appointment orders/wait lists requests is selected from the action bar. CHCS no longer displays a system error. (SIR 25204)

The options affected on the Health Care Finder Menu are:

o PCM Booking
o Appointment Referral Booking
o Non-Enrolled Booking

See the Clerk Scheduling Menu for other options affected by this change including Book Appointments and Unscheduled Visit.

A primary insurance policy for a patient expires when the date entered in the expiration date field has passed. An alert message displays the next time the patient insurance information screen is accessed. The

system now correctly displays this message only for the individual whose policy has expired. (SIR 25164)

The system no longer incorrectly displays an Entitlement Discrepancy Warning message on the CHCS/DEERS Data Discrepancy screen for active duty patients with current eligibility dates and a "V" sponsor status received from DEERS via the DEERS eligibility request. The "V" status indicates Reservist. (SIR 25339) (SCC 960800355)

The options affected on the HMCP Health Care Finder Menu are:

o PHCF PCM Booking
o AHCF Appointment Referral Booking
o NHCF Non-Enrolled Booking

The EENR Enrollment Enter/Edit option on the EMCP Enrollment Processing Menu is also affected.

Previously the MCP Referral number did not contain the century in the format. Although the MCP Referral number is a free text field this number is also used to generate the internal entry number (IEN) of the referrals being created. The system now expands this field to 11 spaces to include the full four-digit year in the MCP Referral number. Options affected are:

o PHCF PCM Booking
o AHCF Appointment Referral Booking
o NHCF Non-Enrolled Booking
o EHCF Enter Appointment Refusals

In addition, the expanded field will affect all Enrollee Lockout screens in which a referral is displayed. (SIR 25492)

PHCF PCM Booking

Providers with terminated agreements will no longer incorrectly show on picklists when selections are made for patients whose referral has fewer appointments than the authorized number. (SIR 18674)

The system now correctly removes from selection those providers inactivated at their place of care. (SIR 24656) (SCC 960400159)

The system now correctly performs the provider search for the correct date range. In addition, the system now correctly cross-references new providers in provider groups with inactivated members. (SIR 25489) (SCC 960700416)

AHCF Appointment Referral Booking

When a Patient is empaneled/enrolled, the patient's PCM is a Group or

Member of a Group, and you request help to see the picklist in the Referred By field of the Interview/Referral screen, CHCS now displays the first picklist in alphabetical order showing only those providers who are members of the patient's Provider Group. The list indicates the provider's status of active or inactive from the MCP Provider File. If you press <Return> without choosing one of the providers in the Group, the following prompt displays:

Do you want more help? YES//

You can access an additional alphabetical picklist of network and non-network MCP providers by choosing the default // YES.

The Partial Name help function that allows you to enter the first few characters of the provider's name to begin your list is still available.

The system now correctly books appointments from the Wait List Request and updates the referral. In addition, the currently selected provider is saved with the Wait List Request at the time of the Wait List Request creation. (SIR 25185)

Same Day Surgery (SDS) appointments can now be searched through Appointment Referral Booking (AHCF) as any other MTF appointment. MTF booking is allowed rather than the addition of appointment slots. (SIR 27354) (SCC 971100321)

OHCF Output Products

The system will now enter data in the sponsor's rank field when printing the Care Authorization Form for an enrolled family member, MCP/CHAMPUS. (SIR 24786)

RHCF Health Care Finder Reports Menu

3 Provider Network List

The system now correctly recognizes inactivated providers and eliminates them from the report. (SIR 24375)

4 PCM Activity Report

The system now correctly compiles the totals for the PCM Activity Report by Specialty to reflect specialty agreements with specified capacity. Unlimited capacities are not counted in the total unless all agreement capacities for that specialty are unlimited. (SIR 19471)

NMCP Non-Enrolled Booking

The provider search now correctly looks at all providers regardless of

their IEN number or agreement start date. (SIR 26186)

EMCP Enrollment Processing Menu

A primary insurance policy for a patient expires when the date entered in the expiration date field has passed. An alert message displays the next time the patient insurance information screen is accessed. The system now correctly displays this message only for the individual whose policy has expired. (SIR 25164)

[[SEARCH:EENR Enrollment_Enter/Edit|_= |
[:K:Enrollment Enter/Edit
[[SEARCH:Enrollments in Regions 13 and 14
[:K:Enrollments Regions 13 and 14
[[SEARCH:MEDICARE_DEMONSTRATION|_= |
[:K:Medicare Demonstration EENR

EENR Enrollment_Enter/Edit

I. MEDICARE_DEMONSTRATION

A. Utilize Current Eligibility Information

Previously, CHCS utilized various data elements to project the MCP Patient Type which is used to transmit the ACV. If the patient's age was equal to or greater than 65 years, the system automatically defaulted the Patient Type of Medicare. The system did not utilize data received from DEERS via an eligibility response.

This enhancement includes an additional check to utilize data from a current eligibility response. Eligibility data is considered to be current if received within the last five days. If the CHCS patient age is 65 or older, the system utilizes the CHAMPUS eligibility field, stored in the Patient file, if the response is current. If the CHAMPUS field is NOT ELIGIBLE (N) or is NULL, the MEDICARE field is Eligible over 65 (E), Eligible after 65 (O), or Purchased (P), and the patient is 65 or older, the system defaults the Patient Type of Medicare and transmits the ACV of D to DEERS for all enrollment transactions. If a current eligibility check is not on file, CHCS uses only the CHCS patient age to determine Medicare eligibility. The Patient Type is a defaulted value and can be edited if appropriate.

If a beneficiary is CHAMPUS eligible, regardless of their Medicare eligibility, the system defaults an ACV of E in the enrollment module. TRICARE Prime is their primary benefit.

B. Default of Enrollment End Date for Medicare Enrollees

The system defaults the enrollment end date to 31 Dec 2000 for Medicare enrollees. This is a default value only and you may edit the enrollment end date. The system allows the user to not accept the default and enter any other date prior to the default date. CHCS makes an additional check to insure that the enrollment end date is after the enrollment start date. The enrollment end date default does not apply to sites in Region 13 or 14.

For greater detail see Managed Care Program Menu, Section I, Medicare Demonstration.

II. ENROLLMENT - External Network PCM

When assigning active duty beneficiaries, if you hold security key CPZ PCM AGR LOCK and the PCM has capacity, CHCS now displays picklists with contractor network PCM with agreement types of NET or SUP in addition to direct care PCM with agreement types of MTF or CON which do not require a security key.

Following mini registration through all pathways, you are prompted to enroll the active duty beneficiary in Managed Care. The system defaults to the PCM assigned to the UIC if it is defined in the UIC/PCM Maintenance Enter/Edit option. When the default PCM for the UIC defined has only the agreement type of NET or SUP and you do not hold the security key, the system displays the message:

USER DOES NOT HAVE THE SECURITY KEY TO ASSIGN ACTIVE DUTY BENEFICIARIES TO PROVIDERS WITH NET AND SUP AGREEMENT TYPES.PRESS RETURN TO CONTINUE.

When you press <RETURN> the system returns to **SELECT PCM**.

PCMs have five existing Beneficiary Categories under which capacity limits can be set. A new category designated

MED Medicare

has been added. This category will include patients who are Medicare eligible, over the age of 65, who are not CHAMPUS eligible. The addition of this new category will require a conversion to be run.

For a more detailed discussion, read the introductory section of these release notes.

[[SEARCH:MCP AND DEERS ENHANCEMENTS_FOR

[:K:MCP AND DEERS ENHANCEMENT FOR EBC-EENR

III.MCP AND DEERS ENHANCEMENTS_FOR ENROLLMENT BASED CAPITATION|-= |

CHCS runs a conversion upon installation to evaluate all current enrollments and to reset the enrolling division if it does not match the PCM's place of care division. If the enrolling division DMIS ID is updated as a result of this conversion, CHCS sends updated transactions to DEERS.

(1) Determine Enrolling Division Based on PCM Place of Care Division

In the Enrollment Enter/Edit option (EENR) the input template continues to display the enrolling division. However, the data in this field is display only after the PCM is assigned.

The initial display of the enrollment screen for a new enrollee does not display data in the enrolling division field. When viewing enrollment data for an existing enrollment, the enrolling division displays the division of the selected PCM's place of care.

After entering the enrollment start and end date, you are prompted to assign a PCM. Based on the search criteria entered, the system displays PCMs available to that enrollee. You must select from the list.

If the selected PCM has multiple places of care for a particular agreement type, you select the function key (F9) to view each place of care. The information provided allows you to select the correct place of care. The screen shows the Medical Center Division associated with the Place of Care and the full zip code.

After you select the PCM, the system automatically files the enrollment data and records the division of the PCM's place of care as the enrolling division. When you view the record, the enrolling division is display only. If another PCM is reassigned that changes the enrolling division, an update transaction is transmitted to DEERS (depending on the site enrollment mode).

[[SEARCH:REVISE ENROLLMENT DISCREPANCY

[:K:Revise Enrollment Discrepancy Processing

IV. REVISE ENROLLMENT DISCREPANCY PROCESSING

This project provides miscellaneous enrollment processing and reporting enhancements. The enhancements enable you to better utilize the data returned from a DEERS eligibility response to

indicate any data discrepancies between DEERS and CHCS prior to filing enrollment data. In addition, CHCS defaults the MCP statuses to Pending Enrolled for new enrollments until DEERS confirms the enrollment. CHCS defaults the MCP status for a disenrollment to Disenrolled until DEERS confirms the transaction. CHCS updates the status accordingly after validation by DEERS. If the disenrollment date is the current date when DEERS confirms the transaction, the status is not changed until the CP ENROLLMENT BULLETIN runs the next day (0200) The patient is considered enrolled until 2400 hours of the disenrollment date.

The enhancements implement similar enrollment processing rules for DEERS and CHCS.

CHCS has the following new features to address the enrollment related activities:

- Displays data inconsistencies, based on a DEERS eligibility response, prior to enrollment processing

- Stores the enrollment discrepancy code with the enrollment record to allow you to generate the Enrollment/Disenrollment Discrepancy report on demand

- Automatically runs the CP ENROLLMENT BULLETIN daily

- Immediately sets the enrollment status to Pending Enrollment (for enrollment transactions) until DEERS returns a successful response

- Immediately sets the enrollment status to Disenrolled (for disenrollment transactions)

- If the disenrollment date is today, CHCS does not disenroll a patient until the end of the day in which the enrollment expires

- Enhances enrollment reports to accurately reflect enrollment counts

- Automatically updates the DEERS Alternate Care Value (ACV), DMIS ID, PCM Location code and ACV Start/End Date in the Patient file base if a successful enrollment transaction is received from DEERS

- Updates the descriptions of ACV

- Displays the default start/end eligibility dates and displays the DMIS ID associated with the enrollment segment in the Interactive DEERS Eligibility Check option.

Most of the enhancements outlined in this project apply to sites operating in either DEERS Enrollment mode or Local Empanelment mode. How MCP statuses are processed depends on the enrollment mode. The MCP statuses default to an Invalid Enrollment or Invalid Disenrollment until confirmed by DEERS. This enhancement only applies to those patient types which are transmitted to DEERS. For DEERS Enrollment mode, the enhancement applies to all enrollees. For sites in Local Empanelment mode, this enhancement applies to Active Duty (ACV=A) and Medicare (ACV=D) enrollees.

The enrollment process in the Enrollment Enter/Edit option compares DEERS eligibility data to CHCS demographic data during online eligibility checks. The system notifies you of data inconsistencies in the following:

Date of birth
Sponsor status
Enrollment in another program.

The system allows you to correct these error(s) during enrollment. The system allows you to file an enrollment if data discrepancies exist.

The system automatically runs the MCP Enrollment Bulletin and transmits a message to site managers if the MCP nightly bulletin job does not run to completion. The option to reschedule this task remains available if the site needs to manually run the job. The sites should review the bulletin and assign the correct personnel to be notified if it does not run to completion.

The system stores enrollment/disenrollment discrepancy codes on the beneficiary record. This allows the discrepancy report to be run any time to display the discrepancy results.

The system sets the MCP Status on all new enrollments to Pending Enrollment which updates to either Invalid Enrollment or Enrolled based on the DEERS eligibility response.

The system reflects the new ACV.

A. Display Data Inconsistencies Between CHCS/DEERS

Menu Path: **M -> EMCP -> EENR**

When you select the Enrollment Enter/Edit option, the system prompts you to enter a new patient or select an existing

patient to enroll. The system then automatically processes a DEERS eligibility check. The DEERS interface returns a family member response if a patient match is found on the DEERS database (using the Sponsor SSN).

Previously in CHCS, the eligibility response displayed discrepant demographic data between CHCS and DEERS which you could use to correct CHCS data prior to the enrollment. If some of the demographic data elements were discrepant, (e.g., sponsor status), and they were not corrected, DEERS may not have accepted the enrollment. This resulted in an avoidable enrollment processing discrepancy. If the data element was selected to be updated, the system provided an entry point to edit those selected CHCS fields.

As part of this enhancement, the CHCS/DEERS Discrepancy Data screen displays additional data elements which can be used to easily compare data between the two systems. If a discrepancy in the date of birth (DOB) exists, the existing text displays and can be updated only in the discrepancy screen.

The enhanced Family Member screen displays the ACV start and ACV end date associated with the current enrollment episode. Previously, this data was included in a family eligibility response but was not displayed.

The enhanced CHCS/DEERS Discrepancy Data screen displays the data elements returned to CHCS in an eligibility response. CHCS highlights data elements that are considered a discrepancy. You have the option to correct this data but you will not be required to make a correction to continue.

The CHCS/DEERS Discrepancy Data screen includes the following enhancements:

- The ability to edit the Patient DOB

- Patient and sponsor related data separated by a blank line

- Added the CHCS Patient Category code and category. You must select from the existing CHCS Patient Category file if this field requires updates.

  You may update the CHCS Patient Category under the following conditions:

  o The patient is not an inpatient

- o DEERS returns the status of A (Active Duty) or B (Return to Active Duty) and the current CHCS patient category has the status of any value except ACTIVE DUTY

- o DEERS returns the status of R (Retired) and the current CHCS patient category has the status of any value except RETIRED

- o DEERS returns the status of P (TAMP) and the current CHCS patient category has the status of any value except OTHER or a patient category code of *24 or *25.

- CHCS UIC Code and text merged into one line

- ID related fields removed from discrepancy screen.

B. Store Enrollment Discrepancy Code with Enrollment Record

The enhanced Enrollment/Disenrollment Discrepancy Report includes new fields in the MCP Patient enrollment multiple to store the last DEERS enrollment discrepancy code received from an enrollment related transaction. The system stores the date the transaction is sent as well as the discrepancy code. Not all enrollment transactions result in a negative discrepancy code. Storing this information allows you to generate a report, on demand, of all enrollment records which currently have a discrepancy on file.

C. Update MCP Status Based Upon Successful DEERS Enrollment Response

To bring CHCS enrollment processing in line with DEERS enrollment processing, this enhancement modifies processing the default enrollment/disenrollment statuses. The system defaults the MCP status of Pending Enrollment until DEERS confirms (positive DEERS Discrepancy Code) the transaction. The system defaults the MCP status of Disenrolled until DEERS returns the disenrollment transaction. If the disenrollment date is today, CHCS does not update to Disenrolled until the end of the day in which the enrollment expires.

Previously, CHCS defaulted the MCP status of enrollment transactions to Enrolled if the enrollment start date was current or a past date. Similarly, the disenrollment status was immediately updated to Disenrolled when the disenrollment date was in the past. Both of these statuses implied that DEERS had confirmed the transaction and resulted in confusion if the status was later changed to an invalid status

The enhancement immediately updates the MCP status to Pending Enrollment until DEERS returns a successful response. A successful response then updates the MCP status to Enrolled. A negative DEERS response updates the MCP status to Invalid Enrollment. If you process a disenrollment for a past date, the system immediately updates the status to Disenrolled until a successful response is returned. The successful response updates the status to Disenrolled or Invalid Disenrollment depending on the response. Disenrollments with a future disenrollment date remain with an Enrolled status until the end of the day in which the enrollment expires and CHCS has received a successful response.

In addition to addressing the MCP enrollment status, the system immediately updates the MCP status based on the enrollment response for all MCP enrollment statuses except for those that expire on the current date. The CP ENROLLMENT BULLETIN, hardcoded to run at 2:00 AM every day, changes the status of those enrollees who where due to expire the previous day.

D. Update ACV and DMIS ID for Successful Enrollment Responses

Previously, CHCS stored DEERS eligibility and enrollment data in the Patient file. An ACV value was also stored in the MCP Patient file which was projected based on multiple elements.

Since eligibility requests are made prior to enrollment processing, the input screens did not display the ACV following a confirmed enrollment transaction. To avoid processing an additional eligibility response to update the ACV and DMIS ID in the Patient file after each enrollment transaction, the enhancement utilizes a successful enrollment or disenrollment response to update the ACV and DMIS ID.

In addition to the ACV and DMIS ID which is contained in successful enrollment related responses, CHCS updates, based on data contained in the MCP Patient file, the ACV Start Date, ACV End Date, and PCM Location Code.

After confirming an enrollment related transaction, CHCS updates the following DEERS fields in the Patient file. The update is based on a response received in the DEERS MCP Enrollment Response file.

ACV
DMIS ID
ACV Start Date
ACV End Date

PCM Location Code.

After confirming a reciprocal disenrollment transaction, CHCS updates the following DEERS fields in the Patient file:

ACV
DMIS ID
ACV Start Date
ACV End Date
PCM Location Code.

NOTE: CHCS does not update the DEERS eligibility date when enrollment values are modified as a result of this enhancement. The DEERS Eligibility date field remains as implemented, and continues to reflect the date the user requested a complete DEERS eligibility check.

E. Update Description of Alternate Care Value

The description of the following ACV entries will be modified. All historical, current, and future enrollments will reflect this new description.

Code	OLD DESCRIPTION	NEW DESCRIPTION
A	ACTIVE DUTY/MCP ENROLLED	TRICARE PRIME (ACTIVE DUTY)
B	CHAMPVA ELIGIBLE	CHAMPVA (OCONUS)
C	CHAMPUS DIRECT CARE ELIG	CHAMPUS
D	CP ENROLLED/CHAMPUS INELIG	MEDICARE DEMONSTRATION
E	MCP ENROLLED/DIR CARE CHAMPUS ELIG	TRICARE PRIME (CHAMPUS)
K	LUKE AFB/WILLIAMS AFB CAM	CATCHMEN AREA MGT
N	NOT ENROLLED/CHAMPUS INELIG	DIRECT CARE ONLY
S		CHCBP - CONT HLT CARE BEN PROG
U	ENROLLED IN USTF MANAGED CARE	USTF - UNIF SERV TREAT FACIL
V		CHAMPVA (CONUS)

The enhancement adds the following two entries to the standard file.

NOTE: The system does not use these entries within the CHCS enrollment functionality because they represent other non TRICARE related programs. You may see these codes when you are processing an eligibility request for a patient.

S CHCBP - CONT HLTH CARE BEN PROG
V CHAMPVA (CONUS).

The system inactivated the following ACV:

F NON CHAMPUS
G FORT SILL CAM
H FORT CARSON CAM
I CHARLESTON NAVAL HOSP MCP
J BERGSTROM AFB CAM
L PREFERRED/ACTIVE DUTY
M OTHER AND CHAMPVA
O ENROLLMENT INELIGIBLE
P ENROLLED IN CHAMPUS PRIME
W USTF MANAGED CARE 2.

F. Modify Enrollment Reports

See the following options for enhancement details.

ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT

Menu Path: **PAS -> M -> OMCP -> ERME -> ROST -> 1**

PATIENT CATEGORY ENROLLMENT SUMMARY

Menu Path: **PAS -> M -> OMCP -> ERME -> SUMM -> 4**

G. Enhance DEERS Interactive Eligibility Data Display

See the following options for enhancement details.

INTERACTIVE DEERS ELIGIBILITY REQUEST

Menu Path: **PAS -> M -> EMCP -> IENR**

H. Automatically Run the CP ENROLLMENT BULLETIN

Menu Path: **EVE -> TM -> STT**

The Schedule/Unschedule TaskMan Tasks option allows authorized users (holders of the ZTMSCHEDULE security key) to generate reports or to run routines, such as the CP ENROLLMENT BULLETIN, at a predefined date/time and for a specific frequency. Sites define various MCP related task jobs through this option.

It is critical to enrollment processing that the CP ENROLLMENT BULLETIN and other enrollment related tasks be scheduled to run through this option. The TaskMan job updates the MCP Status based on eligibility responses and/or DEERS enrollment responses. It has been reported that some

sites do not always properly schedule the necessary enrollment related tasks through this option or the task is not automatically restarted when TaskMan is restarted.

To insure that the CP ENROLLMENT BULLETIN TaskMan job is scheduled to run, the software is enhanced to force the bulletin to run every day at 0200 through TaskMan. This time was selected since sites normally schedule other system-intensive task jobs to run at 2100 hours and responses from these jobs could update the MCP status. The job is hard coded at all CHCS sites to run at the same time regardless of the current enrollment mode.

The system tracks when the CP ENROLLMENT BULLETIN has run using TaskMan. If TaskMan has been brought down at a CHCS environment, the enhanced routine determines when the CP ENROLLMENT BULLETIN last ran successfully and automatically checks that the CP ENROLLMENT BULLETIN is retasked. If there is no existing TaskMan task, one will be created.

> NOTE: The enhancement places the ability to schedule the CP ENROLLMENT BULLETIN option under access control. Only the site manager has access to reschedule the task through the Schedule/Unschedule TaskMan Tasks option.

In both scenarios, CHCS transmits the following mail bulletin to members of the CPZMGR mailgroup to notify the site that TaskMan is down and that an existing task exists or that a new task was created:

> THE CP ENROLLMENT BULLETIN TASKMAN PROCESS WAS LAST RUN ON [DATE & TIME] THIS PROCESS HAS NOT RUN SINCE THAT DATE DUE TO TASKMAN BEING DOWN. TASKMAN WAS RESTARTED AND THE CP ENROLLMENT BULLETIN THE TASK JOB [#XXXXX] HAS BEEN SCHEDULED TO RUN ON [DATE & TIME]. THIS PROCESS WILL ADDRESS ENROLLMENT ACTIVITY SINCE [DATE & TIME].
>
> PLEASE MONITOR THE PROCESSING OF THIS TASK THROUGH THE SITE MANAGER TO VERIFY THAT THE TASK RAN TO COMPLETION.

If the CP ENROLLMENT BULLETIN does not run to completion due to a system error (e.g., bad date), CHCS transmits the following to those in the CPZMGR mail group:

> THE CP ENROLLMENT BULLETIN DID NOT RUN TO COMPLETION DUE TO A SYSTEM ERROR AND HAS ABORTED.
>
> PLEASE NOTIFY YOUR SITE MANAGER TO INVESTIGATE AND TO REPORT THIS ISSUE TO THE SUPPORT CENTER. THIS ISSUE WILL IMPACT THE PROCESSING OF EXPIRED ENROLLMENTS, PENDING

ENROLLMENTS AND ENROLLMENTS WITHIN THE GRACE PERIOD.

NOTE: As a result of the various enhancements incorporated in the Enrollment Based Capitation release, CHCS has modified the CP ENROLLMENT BULLETIN to handle the following scenarios:

- Check for expiring enrollments and transmit disenrollment transactions when appropriate

- Check for expiring grace period enrollees and transmit disenrollment transactions when appropriate

- Transmit AD eligibility checks on a monthly/annual basis

- Check eligibility and/or enrollment start date of pending enrollments and update MCP Status accordingly.

Refer to Section I, paragraph C, Update MCP Status Based Upon Successful DEERS Enrollment Response. The additional enhancement immediately updates an enrollee's MCP status based on an enrollment response for all MCP statuses except for those disenrollments that expire on the current date.

The system no longer incorrectly displays an Entitlement Discrepancy Warning Message on the CHCS/DEERS Data Discrepancy screen for active duty patients with current eligibility dates and a "V" sponsor status received from DEERS via the DEERS eligibility request. The "V" status indicates Reservist. (SIR 25339) (SCC 960800355)

See the HMCP Health Care Finder Menu for other options affected to include:

- o PHCF PCM Booking
- o AHCF Appointment Referral Booking
- o NHCF Non-Enrolled Booking.

The system displays the Alternate Care Value (ACV) in the Demographic Display screen and the CHCS/DEERS Discrepancy screen from the last DEERS eligibility transaction whenever the ACV end date is a future date. The system now correctly displays the ACV for patients never enrolled when there is no ACV end date on file. (SIR 25663)

During the Enrollment/Enter/Edit action, the system now allows you to copy Other Health Insurance (OHI) information from other family members. This includes the capability to copy the precertification fields. (SIR 25757) (SCC 960800747)

When you use the enrollment option and wish to disenroll a patient,

the system now directs you to cancel the enrollment via the disenrollment option. The default disenrollment reason EE - ENROLLED IN ERROR has been added. (SIR 25790)

The CP Enrollment Bulletin now allows a 20 day grace period before disenrolling beneficiaries with an ACV value of E. The MCP status remains ENROLLED. If the patient has not reenrolled within the 20-day period, he/she will be disenrolled. The original enrollment end date will be transmitted as the disenrollment date. (SIR 25666 SCC 960900832)

CHCS now correctly maintains an enrollment status of PENDING (PE) for patients who will be enrolled in the MCP program at a future enrollment date. Previously, the status was incorrectly changed to ENROLLED prior to the MCP enrollment date. (SIR 26039) (SCC 960700932)

CHCS correctly sends DEERS transactions for changes affecting DMIS ID, PCM location, enrollment cancellation and reenrollment. (SIR 26440)

A system error no longer occurs when performing PCM reassignment. (SIR 27109) (SCC 970997109)

When a division is changed, the system checks to see if any patients are assigned to that division. If any patients are found, the system changes them to the new enrolling division (the division with the patient's assigned PCM POC), and sends an enrollment update transaction to DEERS. (SIR 27203)

The enrolling division field has been moved to the top window of the MCP Renewal-- Continuation screen, defaults to the patient's assigned PCM POC, and cannot be edited on this screen. (SIR 27236) (SCC 971000356)

The Family action now works as designed, and the PCM's POC is set as the enrolling division for all family members assigned to the same PCM. (SIR 27239) (SCC 971000421)

When an MCP enrollment transaction is transmitted and the system encounters a "DEERS Files Closed" reject message from DEERS, CHCS keeps the patient's current status until a response other than "DEERS Files Closed" is received. (SIR 27314)

CHCS has made the following changes for Enrollments in Regions 13 and 14:

1. CHCS determines, from the region code defined for each DMIS ID, whether the enrolling division is within Region 13 or 14. For

each enrollment, CHCS verifies the region based on the DMIS ID value defined for the enrolling division.

2. The following occurs when the enrollment is within a division in Region 13 or 14:

   a. The enrollment start date for all beneficiary types defaults to today. You may edit the default and enter any start date (after 1 October 1992) that does not overlap any prior enrollment period in CHCS for the beneficiary.

   b. The end enrollment date for all beneficiary types defaults to beneficiary end of eligibility date. You may edit the default date and enter any end date later than the start enrollment date. The enrollment end date can be changed to a date later than the end eligibility date.

   c. When you do not perform a DEERS eligibility check, or if DEERS is down, before an enrollment (i.e., the eligibility check was batched), CHCS defaults the enrollment end date to one year (364 days) from the start date. This default may be edited.

   d. In other regions, for active duty, the enrollment end date is automatically updated with the eligibility end date when a DEERS eligibility check is performed. For regions 13 and 14, the enrollment end date will NOT be changed automatically when the DEERS eligibility check is performed. CHCS maintains the specifically entered end enrollment date.

3. The CHCS-DEERS interface will not change. Enrollment functionality will not be affected for all other regions. (SIR 26510) (SCC 970400796)

The system correctly changes the MCP status of conditionally enrolled patients from Conditional Enrolled to Enrolled when an Eligible response is populated in the Direct Care field from a DEERS eligibility check. (SIR 26575) (SCC 970400663)

The CP ENROLLMENT BULLETIN correctly transmits the ACV Plan type. The system correctly transmits the ACV code value to DEERS. CHCS is correctly sending the original disenrollment date for ACV=E patients. Previously, transmitting incorrect values caused a discrepancy code to be returned by DEERS. (SIR 26624) (SCC 970500252)

The system correctly considers DEERS Enrollment/Disenrollment discrepancy code 41 and 45 as bad code and rejects the transaction. (SIR 27004) (SCC 970800427)

CHCS now checks to determine if a positive DEERS response for a modified enrollment start date transaction is a future date. If the date is a future date and a positive response is received, the MCP status is reflected as Pending Enrollment. (SIR 27039) (SCC 970897039)

When you enroll a patient whose DOB differs in CHCS and DEERS, a system error no longer occurs when you update the CHCS data on the Family Member screen. (SIR 27040) (SCC 970897040)

ECAN Enrollment Cancellation

ENROLLMENT CANCELLATION REVISIONS

Prior to this enhancement, you could cancel a current enrollment through Enrollment Enter/Edit and Disenrollment Enter/Edit options. The MCP Enrollment Cancellation enhancement provides a new option to process enrollment cancellations.

The option allows you to retransmit cancellation transactions to DEERS if the previous cancellation transaction was not successful. CHCS identifies these records as having a MCP status of Invalid Disenrollment.

The enhancements transmit cancellation transactions to DEERS (depending on MCP enrollment mode) if the enrollment was successfully transmitted to DEERS (Enrolled, Pending Enrollment or Invalid Disenrollment). DEERS enrollment cancellation transactions are not transmitted for records which were not successfully enrolled in DEERS (Invalid Enrollment).

The new option allows you to process enrollment cancellation for the following enrollment statuses:

- A confirmed DEERS enrollment for a future date (Pending Enrollment)

- A confirmed current DEERS enrollment (Enrolled)

- A confirmed DEERS enrollment with an invalid disenrollment transaction (Invalid Disenrollment)

- An enrollment that was rejected by DEERS (Invalid Enrollment).

ECAN provides a more streamlined approach to enrollment cancellation by automatically setting the disenrollment reason to Enrollment Cancelled and updating the enrollment end date to equal the enrollment start date. You cannot edit these values. CHCS assigns the MCP Status of Disenrolled (D) to successfully cancelled

enrollment records.

The system considers successfully processing an enrollment cancellation an update to the enrollment record and reflects it as such on the Track User Report.

The option allows you to cancel an enrollment for an individual patient. Enrollment cancellation may not be processed for an entire family. The capability to cancel enrollments through all other MCP options (e.g., Batch Disenrollment) has been removed.

It is recommended that you perform an online eligibility check to verify enrollment information in DEERS prior to cancellation.

If the site is in Local Empanelment mode, enrollment cancellation transactions are sent to DEERS for Active Duty and Medicare enrollees. If the site is in DEERS Enrollment mode, enrollment cancellation transactions are sent to DEERS for all enrollees (Active Duty, Retirees, Family Members of Active Duty, Family Members of Retirees, and Other).

As with other enrollment related transactions, site personnel are responsible for addressing enrollment cancellation transactions which may return a discrepancy response from DEERS.

When an enrollment is cancelled through the Enrollment Cancellation option, the MCP status displays as Disenrolled as soon as it is processed. Invalid Disenrollment displays only when a discrepancy code is received from DEERS. (SIR 27038) (SCC 970897038)

DENR Disenrollment

Down-arrow now functions appropriately on the disenrollment screen, allowing users to select family members listed below the blank line. (SIR 27228) (SCC 971000016)

If the Disenrollment Reason Field is populated or the MCP Status field contains "D" (Disenrolled or Invalid Disenrolled), CHCS will not populate the Enrollment End Date with the Direct Care Eligible End date from the eligibility check. (SIR 27406)

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

DCAN Disenrollment Cancellation/Correction

DISENROLLMENT DATE TO BE CANCELLED

Previously, you could not access a historical enrollment record (MCP Status of Disenrolled) to edit or correct a disenrollment date. Correcting data associated with a historical enrollment record could only be accomplished manually in both CHCS and DEERS. This is a labor intensive method.

Disenrollment Cancellation/Correction (DCAN), allows you to access the historical enrollment record to cancel or correct the enrollment end date. You may correct the most current enrollment history in CHCS. Transactions are sent to DEERS when appropriate (based on Enrollment or Local Empanelment mode). For sites operating in DEERS Enrollment mode, the cancelled or corrected disenrollment date is transmitted to DEERS and validated to insure the change is acceptable. The DCAN option is only available when the last enrollment record MCP status is "Disenrolled." You use the Enrollment Enter/Edit option to correct the enrollment end date associated with a current enrollment record (Enrolled and Pending Enrollment).

The security key CPZ DISENROLL CANCEL-CORRECT locks access to this option. You must have this key to process a disenrollment cancellation or correction. You must have access to the CHCS enrolling division associated with the enrollment record to process the disenrollment cancellations or corrections. You cannot process disenrollment cancellation/corrections for patients who are currently enrolled at another facility based on the DEERS eligibility response.

Although it is recommended that you perform an online eligibility check to verify enrollment information in DEERS prior to cancelling or correcting the disenrollment date, the system allows you to batch the eligibility check.

As with other enrollment related transactions, the responsibility for addressing discrepancies resulting from transmitted disenrollment cancellations or disenrollment corrections to DEERS rests with site personnel. The Enrollment/Disenrollment Discrepancy Report contains the discrepancies associated with these actions.

PCM information is now updated in DCAN only when a disenrollment transaction is confirmed, to ensure that the original PCM data remains intact in the event the DCAN process is aborted. (SIR 27095) (SCC 971097095)

When changing a PCM, the system now verifies receipt of a successful disenrollment transaction prior to transmitting the PCM/DMIS update transaction. (SIR 27138) (SCC 9709972138)

RENR Reciprocal Disenrollment Processing

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

CENR Conditional Enrollment Processing

The system will conduct automatic DEERS eligibility checks for beneficiaries with MCP status of Conditional Enrolled. The automatic check will be performed when the site system specialist schedules the CP ENROLLMENT BULLETIN.

The system now correctly allows you to perform the interactive DEERS check via the (R)epeat action. (SIR 25297)

Conditional enrollments now are transmitted with the ACV of E (TRICARE Prime CHAMPUS) (SIR 27036) (SCC 970897036)

PENR Print/Display Enrollment History

When you register an active duty patient you may auto enroll the patient in the Managed Care Program (MCP). The system now captures the name of the person enrolling the active duty patient and the date of the enrollment. (SIR 24771)

The system now displays the DMIS ID field in the Display Enrollment History screen. (SIR 26164)

The system now correctly updates the enrollment history record when a reciprocal disenrollment response is received. The system displays correct enrollment history information on the enrollment history screen. (SIR 27590)

IENR Interactive DEERS Eligibility Request

Editing the patient name, sponsor SSN, and date of birth is no longer allowed on the DEERS Interactive Request screen if the patient's record exists (registered). Patient name, sponsor SSN, and date of birth can only be edited through registration options. (SIR 27167) (SCC 970997167)

The patient's DDS number, in addition to DOB, is now included in DEERS eligibility check transmissions to allow DEERS to distinguish between family members with DOBs in the same month and year but on different days. (SIR 27451)

OENR Outputs & Enrollment Maintenance Reports Menu

DRPM DEERS/Enrollment Maintenance Reports Menu
2 Enrollment/Disenrollment Discrepancy Report

ENROLLMENT/DISENROLLMENT DISCREPANCY PROCESS

A DEERS check must be performed for each beneficiary registered in CHCS to determine eligibility for health care. A DEERS check is also performed for a patient with an enrollment status of Invalid Enrollment or Invalid Disenrollment for which a discrepancy code has not been assigned. If a patient enrolled in MCP has an enrollment status other than Enrolled or Disenrolled (i.e., Invalid Enrollment or Invalid Disenrollment), the system generates a message that a discrepancy exists between the CHCS and DEERS databases. This message is stored in the new Discrepancy Code field in the Enrollment Record multiple in the MCP Patient file.

CHCS allows you to generate the Enrollment/Disenrollment Discrepancy Report, listing all enrollees with a current enrollment discrepancy. The report shows the discrepancy code number and description, and covers the most recent enrollment episode for patients enrolled in MCP.

Previously, CHCS allowed you to generate the Enrollment/Disenrollment Discrepancy Report, listing invalid enrollment/disenrollment responses from DEERS reported on the previous day. If the report was not printed within the purge parameter, the invalid responses from DEERS were deleted and all record of the errors was lost. No secondary sorts were available when you printed the report.

The enhancement allows you to generate the report by entering the following:

- Date range for enrollment start dates
- Date range for enrollment transaction dates
- Select all existing discrepancies.

The primary sort for the report is by enrolling division name. You may also sort by the following:

- ACV
- MCP status
- Discrepancy code
- Alpha order
- Unit
- Beneficiary Category type.

The report displays the date the enrollment was entered, the last

date the record was modified, and totals of discrepancies for both MCP status and ACV for all enrollments within a division.

Processing patient information with the new Disenrollment Cancellation/Correction (DCAN) option may result in a discrepancy. If this occurs, CHCS returns the MCP status to Disenrolled. The system does not list the discrepancy in the report since the enrollment does not have an MCP status of Invalid Enrollment or Invalid Disenrollment.

The picklist displays the following discrepancy codes which are valid for patients who have an enrollment discrepancy:

00 More Reciprocal Disenrollment Data to Receive
01 SSN Not Found in DEERS Database - Verify SSN
03 DEERS Files Closed
06 Invalid Disenrollment Flag
09 Invalid PCM Contractor Code
10 Invalid Transaction Type
11 Invalid MTF Site Code
12 Invalid Sponsor SSN
13 Invalid Patient DOB
14 Invalid Family Sequence Number
15 Invalid Patient FMP
16 Invalid DDS
17 Invalid UCA
35 Invalid Cancel - Start And End Dates Not Equal
37 Invalid Cancel - DMIS Does Not Match
38 Invalid Enrollment Date Change - Patient Not Enrolled
39 Invalid Enrollment - Not Eligible For Plan
40 Invalid Enrollment - Plan Type Not A, D, or E
41 Invalid Cancel - Cancelling DMIS Does Not Match
42 Invalid DMIS Does Not Match
43 Invalid Enrollment Date Change - Patient Not Enrolled
44 Invalid Disenrollment - Invalid Plan Type
45 Invalid Disenrollment - DMIS does Not Match
46 Invalid Enrollment - Start Date Prior to Oct 1 1992
47 Invalid Disenrollment Date Change - Patient Not Currently Enrolled
48 Invalid Update - Not Currently Enrolled
49 Invalid Update - Not Eligible
50 Invalid Site ID
51 Invalid Site - Not CCP Site
53 Invalid Disenrollment Date
55 Invalid Site For Enrollment
57 Invalid Enrollment Eligible Code
58 Invalid Enrollment - Patient Not Eligible For CCP
59 Invalid DOB/DDS
60 Invalid DMIS Number
77 Terminal ID Required

A2 Successful Reciprocal Disenrollment; Invalid
AA No More Reciprocal Disenrollment Data To Receive
ZZ External DEERS Database Experienced A System

You may also access this option through the following menu path:

M -> OMCP -> DEMR -> 2 Enrollment/Disenrollment Discrepancy Report

The Enrollment/Disenrollment Discrepancy Report may now be queued to a spool device, screen or a slave printer. A completed transaction between DEERS and CHCS (99) does not display on the report. (SIR 27021) (SCC 970897021)

The term "effective dates" is changed to "enrollment start and stop dates." These dates now correctly display in the report. An additional selection option in this report displays historical discrepancies (invalid enrollment and disenrollment). (SIR 27022) (SCC 970897022)

The following discrepancy codes: A3, A4, A5, 37, 45, 54 and 56 now appear on the Enrollment/Disenrollment Discrepancy Report. (SIR 27046) (SCC 970997046)

Inactive ACV codes no longer display on the picklist when you select multiple ACVs for the Enrollment/Disenrollment Discrepancy Report sort criteria. (SIR 27057) (SCC 970897057)

5 CHCS/DEERS Enrollment Synchronization Report

MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

You may generate the report on demand using the new option CHCS/DEERS Enrollment Synchronization Report on the DEERS Enrollment Maintenance Menu.

After you select the option, the system generates the report based on MCP statuses on that date. Since the generation of the report data may take more than a few minutes, you should queue the report to run. This allows you to continue working in other enrollment processing functions.

Refer to the Managed Care Program Menu option, Section IX, MCP and DEERS Enhancements for Enrollment Based Capitation, Paragraph B, CHCS/DEERS Enrollment Synchronization Report for greater detail.

NOTE: The following describes the workflow for automatically generating the CHCS/DEERS Enrollment Synchronization Report.

Menu Path: **Print Spool File** (secondary menu option)

After the EBC special release is installed the system automatically creates a task to run the first of every month to generate the CHCS/DEERS Enrollment Synchronization Report. This insures that enrollment counts (for enrollments transmitted to DEERS) are generated on the same date as the DEERS ASCII file.

After completion, members of the CPZMGR mail group receive the following mail bulletin to indicate that the report is completed. CHCS purges the report automatically six months after it is generated.

THE DEERS ENROLLMENT SYNCHRONIZATION REPORT FOR 1 JUL 1997 IS AVAILABLE.

THE SPOOL FILE REPORT NAME IS: CP DRS SYNC-01JUL97-0302-503

To print the report you should enter the spool file referenced in the mail bulletin at the Print Spool File option.

If a bulletin is not received (the report did not run to completion), you must reschedule the next monthly automatic CHCS/DEERS Enrollment Synchronization Report using the Automatic DEERS Enrollment Synchronization Report option. This is a secondary menu option (CP AUTO DEERS ENR SYNCH RPT). Should this problem occur, produce the report through the manual menu option described above.

ERPM Enrollment Reports Menu
LABL Family Batch Enrollment Labels Menu

When you create labels for MCP using the Family Batch Enrollment Labels option, the label build program now incorporates the correct patient Unit Ship ID. (SIR 26917) (SCC 9709462)

ROST Enrollment Rosters Menu
2 Alphabetic Enrollment Roster by Service

The system now displays all enrollees sorted by the Unit Identification Code (UIC). (SIR 25554) (SCC 96000800627)

SUMM Enrollment Summaries Menu
4 Patient Category Enrollment Summary

The system will now correctly sort and total the Patient Category by Service section of this report. (SIR 24082)

This report will now list all A11s separately as USA Active Duty Enlisted and USA Active Duty Officer. (SIR 24408) (SCC

960201160)

PRPM PCM Reports Menu

1 Available PCM Capacity by Provider Group

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

7 PCM Enrollment Mix Discrepancy Statistical Summary

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

8 PCM Enrollment Mix Discrepancy Report

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

[[SEARCH:BENR
[:K:Batch Enroll Active Duty

BENR Batch Enroll Active Duty

Help text/option description is now available for this option. (SIR 27167) (SCC 970997167)

IBER Identify Potential Active Duty Candidates

This option now excludes those records for which a user has entered a block reason of INELIGIBLE. Also, an additional, permanent block reason, RETIRED, has been added and is permanently stored in the Patient file. The block reason is checked each time the identify process is run and no longer finds these records. Also, when identifying only candidates with medical activity, the default date is now one year. (SIR 27167) (SCC 970997167)

UBER Update/Print/Enroll Potential AD Candidates

I. ENROLLMENT - External Network PCM

When you hold security key CPZ PCM AGR LOCK and the PCM has

capacity, CHCS now displays picklists with contractor network PCM with agreement types of NET or SUP in addition to direct care PCM with agreement types of MTF or CON which do not require a security key.

If you do not hold the security key to assign active duty beneficiaries to the UIC default PCM, the system will display the following message after you select the Enroll Candidates option:

USER DOES NOT HAVE SECURITY KEY TO ASSIGN ACTIVE DUTY BENEFICIARIES TO PROVIDERS WITH NET AND SUP AGREEMENT TYPES. THIS BATCH JOB WILL ASSIGN ACTIVE DUTY BENEFICIARIES FOR THE AGREEMENT TYPES OF MTF AND CON.

DO YOU WISH TO CONTINUE? NO//

If you accept the NO default the system returns you to the action bar.

If you respond YES the process continues. The batch job only assigns active duty beneficiaries to PCMs for the agreement types of MTF and CON.

II. MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

Prior to the enhancement this option allowed you to define the default division for enrollment processing. The enhancement removed this field from the selection screen.

The system now correctly batch enrolls all candidates into MCP when you create subsets of candidates sorted by criteria. Previously each successive subset overwrote the preceding subset. (SIR 25829)

Help text/option description is now available for this option. (SIR 27167) (SCC 970997167)

PBER Print Batch Enrollment Report

The DEERS ELIGIBILITY CODE field displayed in this report now displays the value associated with a set of codes, rather than the pointer to the Update Candidate file, now obsolete. (SIR 27167) (SCC 970997167)

DBER Delete Potential Candidate List

This option now correctly deletes every entry. (SIR 23455)

Help text/option description is now available for this option. (SIR 27167) (SCC 970997167)

MENR Multiple Batch Renewal and Disenrollment Functions
BMER Batch Renewal & Disenrollment Processing

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

When you renew enrollments using the (M)ultiple Patients option, a system error no longer occurs when you perform multiple searches for patients using the first three SSN digits. (SIR 26090)

A system error no longer occurs when a user disenrolls patients through batch processing. (SIR 27249) (SCC 971000301)

CMCP Cancellation by Patient

A system error no longer occurs when an appointment is canceled through CMCP after having been booked through AHCF from an appointment referral with a future treatment start date (minimum of T+1). (SIR 27130) (SCC 970700539)

OMCP Outputs & Management Reports Menu

The system now checks the group agreement to see if a provider has an exception to the agreement or is a non-participant during the group agreement. (SIR 19329)

The options affected on the Outputs & Management Reports Menu are:

o HRPT Health Care Finder Reports Menu
  3 Provider Network List

o NPRM Network Provider Reports Menu

o PROM Provider Rosters Menu
  2 Expiration Date Provider Agreement
  4 Provider Alphabetic Agreement Roster
  5 Provider List by Specialty
  6 Specialty Provider Agreement Roster
  7 ZIP Code Agreement Roster

o RPTM Reports for Provider Menu
  4 Specialty Provider Agreement Summary

CHCS now correctly runs reports without system errors, allocation failures, or runaway TaskMan jobs. The errors previously occurred at sites that contain large numbers of MCP patients or provider data. (SIR 20786)

The options affected on the Outputs and Management Reports Menu are:

o ERME Enrollment Reports Menu
  LABL Family Batch Enrollment Labels Menu
    3 Incomplete Patient Address Report

o NPRM Network Provider Reports Menu
  PROM Provider Rosters Menu
    3 Group Member Roster

  RPTM Reports for Provider Menu
    2 Provider Group Report

ERME Enrollment Reports Menu
LABL Family Batch Enrollment Labels Menu
1 Family Batch Enrollment Labels Build Utility

The system now correctly builds and prints the Family Batch Utility list. Previously, some patients were incorrectly omitted from the list. (SIR 26465) (SCC 970200367)

When you create labels for MCP using the Family Batch Enrollment Labels option, the label build program now incorporates the correct patient Unit Ship ID. (SIR 26917) (SCC 9709462)

2 Family Batch Enrollment Labels Print Utility

The line feed is now correctly modified to accommodate the line feed modification in SIR 23461. (SIR 23486) (Companion SIR 23461)

3 Incomplete Patient Address Report

CHCS now correctly runs reports without system errors, allocation failures, or runaway TaskMan jobs. The errors previously occurred on sites that contain large numbers of MCP patients or provider data. (SIR 20786)

(See the OMCP Outputs & Management Reports Menu for other options affected by this change)

This report no longer goes into a loop when you attempt to print a large number of records. (SIR 26303) (SCC 961200723)

ROST Enrollment Rosters Menu
3 Case Management Program Enrollment Roster

CHCS no longer produces a system error when you attempt to generate the Case Management Program Enrollment Roster and cases are not defined. The system now responds NO EXCEPTION PROVIDERS FOUND WITH FUTURE CASE MANAGEMENT DATA. (SIR 25196)

6 Enrollment Roster Exception Conditions

The selection for (A)ll Divisions, (A)ll Exceptions Providers, and a specific date range now produces a display message to notify the user when no exceptions providers exist. Previously the system displayed an error message. (SIR 25600)

SUMM Enrollment Summaries Menu
2 Enrollment Summary Report

The system now correctly runs the Enrollment Summary Report when the report is selected for ALL Divisions, and both Section 1 (Category) and Section 2 (PCM). Previously, this selection created a system error. (SIR 26464) (SCC 970200238)

4 Patient Category Enrollment Summary

CHCS now correctly runs the Patient Category Enrollment Summary report when you select one division, all patient categories. Previously this selection produced a system error. (SIR 23331)

HRPT Health Care Finder Reports Menu
3 Provider Network List

The system now checks the group agreement to see if a provider has an exception to the agreement or is a non-participant during the group agreement. (SIR 19329)

(See the OMCP Outputs & Management Reports Menu for other options affected by this change)

NPRM Network Provider Reports Menu
PROM Provider Rosters Menu

The system now checks the group agreement to see if a provider has an exception to the agreement or is a non-participant during the group agreement. (SIR 19329)

The options affected on the Provider Rosters Menu are:

o 2 Expiration Date Provider Agreement
o 4 Provider Alphabetic Agreement Roster

o 5 Provider List by Specialty
o 6 Specialty Provider Agreement Roster
o 7 ZIP Code Agreement Roster

(See the OMCP Outputs & Management Reports Menu for other options affected by this change)

3 Group Member Roster

CHCS now correctly runs reports without system errors, allocation failures, or runaway TaskMan jobs. The errors previously occurred on sites that contain large numbers of MCP patients or provider data. (SIR 20786)

(See the OMCP Outputs & Management Reports Menu for other options affected by this change)

RPTM Reports for Provider Menu
2 Provider Group Report

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

CHCS now correctly runs reports without system errors, allocation failures, or runaway TaskMan jobs. The errors previously occurred on sites that contain large numbers of MCP patients or provider data.

(See the OMCP Outputs & Management Reports Menu for other options affected by this change) (SIR 20786)

4 Specialty Provider Agreement Summary

The system now checks the group agreement to see if a provider has an exception to the agreement or is a non-participant during the group agreement. (SIR 19329)

(See the OMCP Outputs & Management Reports Menu for other options affected by this change)

PRPT PCM Reports Menu
1 Available PCM Capacity by Provider Group

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

The Available PCM Capacity by Provider Group now correctly prints when only the Provider Group is set up as a PCM, but none of the individual Providers within the group is set up as PCMs. (SIR 26558) (SCC 970100720)

2 Enrollment Roster by PCM

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this roster when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

CHCS allows you to enter the name of a Group Provider (e.g., KB FAMILY MEDICINE) after selecting One PCM for the Enrollment Roster by PCM report. (SIR 26641) (SCC 970200160)

3 PCM Activity Report

The system now correctly compiles the totals for the PCM Activity Report by Specialty to reflect specialty agreements with specified capacity. Unlimited capacities are not counted in the total unless all agreement capacities for that specialty are unlimited. (SIR 19471)

The system now correctly recognizes inactivated providers and eliminates them from the report. (SIR 24369)

A system error no longer occurs when you book an appointment using the Non-Enrolled Booking (NMCP) option and then use the PCM Activity Report option, selecting the individual PCM item. (SIR 27052) (SCC 970997052)

7 PCM Enrollment Mix Discrepancy Statistical Summary

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

8 PCM Enrollment Mix Discrepancy Report

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

DEMR DEERS/Enrollment Maintenance Reports Menu
2 Enrollment/Disenrollment Discrepancy Report

ENROLLMENT/DISENROLLMENT DISCREPANCY PROCESS

See information regarding enhancements for the Enrollment/Disenrollment Discrepancy Report under the following menu path:

M -> EMCP -> OENR -> DRPM -> 2 Enrollment/Disenrollment Discrepancy Report

The Enrollment/Disenrollment Discrepancy Report may now be queued to a spool device, screen or a slave printer. A completed transaction between DEERS and CHCS (99) does not display on the report. (SIR 27021) (SCC 970897021)

The term "effective dates" is changed to "enrollment start and stop dates." These dates now correctly display in the report. An additional selection option in this report displays historical discrepancies (invalid enrollment and disenrollment). (SIR 27022) (SCC 970897022)

The following discrepancy codes: A3, A4, A5, 37, 45, 54 and 56 now appear on the Enrollment/Disenrollment Discrepancy Report. (SIR 27046) (SCC 970997046)

RMCP Registration Menu
RREG Registration & DEERS Menu
MRDM Mini Registration

ENROLLMENT - Display Deers

Enrollment information in the patient's DEERS file including the ACV (code and description), DMIS ID (code and description), Region Code, PCM phone, PCM location, date of last DEERS check, Direct Care eligibility information displays on the Enrollment/ Empanelment Information screen for mini registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt allows the user to display the eligibility information in Mini Registration.

BMCP Batch PCM Reassignment Menu
APCM Assignment Reports Menu

ERPT Enrollment/Patient Assignment Notification

When you generate the Enrollee/Patient Assignment Notification the system now places the patient's address on the form so it correctly appears in the window of the envelope when the form is folded. (SIR 26055) (SCC 961100438)

URPT UIC Maintenance Report

The system now correctly reassigns patients when you use the Batch Reassign by UIC option. Previously CHCS produced a system error when you selected this option. (SIR 26304)

BPCM Batch PCM Reassignment

I. PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

II. MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

This functionality is not affected. The enrolling division is automatically updated based on the division associated with the PCM's place of care. This option allows you to assign an enrollee to the same PCM but at a different place of care.

A system error no longer occurs when you batch reassign patients to another PCM. (SIR 26914) (SCC 970600792)

FPCM Family PCM Reassignment

I. ENROLLMENT - External Network PCM

When assigning active duty beneficiaries, if you hold security key CPZ PCM AGR LOCK and the PCM has capacity, CHCS now displays a picklist with contractor network PCM with agreement types of NET or SUP in addition to direct care PCM with agreement types of MTF or CON which do not require a security key.

II. PROVIDER NETWORK

The Medicare Beneficiary Category is added to this option when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

III. MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

This functionality is not affected. The enrolling division is automatically updated based on the division associated with the PCM's place of care. This option allows you to assign an enrollee to the same PCM but at a different place of care.

The system now correctly allows you to reassign a PCM using the PCM search action. Previously this action produced a system error. (SIR 25544)

[[SEARCH:PMCP
[:K:Provider Network Management Menu

PMCP Provider Network Management Menu

GNET Group Profile/Agreements Enter/Edit

PROVIDER PLACE OF CARE INACTIVATION

A. Inactivate/Reactivate an MCP Provider's Profile for a Place of Care.

Although this method of inactivation is not recommended, you may inactivate a provider at an MCP place of care using this option. You actually access the Provider Profile (PPRO) from the PAS software through this option. The Provider Profile contains shared data and screen templates between PAS and MCP for the provider. When you inactivate a provider within the Provider Profile through GNET, you inactivate the provider for all MCP groups for that specified place of care, as well as in PAS. You cannot enroll or book to this provider in MCP or PAS. Inactivation through this option is not recommended because you may inadvertently inactivate the provider in both PAS and MCP when the intention was to inactivate the provider only within that Place of Care for that particular group.

The following sequence of operations enables you to inactivate/reactivate a provider for a Place of Care.

1. Enter the name of the provider group at the Select Provider Group prompt. The system displays the PROVIDER GROUP PROFILE screen.

2. Press <Next Screen>. Select (P)rovider action and then the (E)dit Profile action from the appropriate action bar.

3. The system displays a list of the providers in the selected provider group. Select the provider. Press <Return> to advance through the fields or press <Next Screen> until the system prompts you to select the Place of Care on the Individual Provider Profile screen.

4. Select the appropriate Place of Care. The system displays a series of data screens pertaining to the selected place of care. Press <Return> to advance through these fields or press <Next Screen> until the system prompts:

   DO YOU WANT TO ENTER/EDIT THE PAS PROVIDER PROFILE INFORMATION NOW? YES//

   Press <Return>. Select the (A)ctive Appointment Types action, the system displays the CP NET HCP screen.

5. Press <Return> to advance through the fields to the Inactivation Date field. Setting this field inactivates the selected provider profile for all appointment types on the inactivation date.

6. Enter a past date, today's date or a date in the future. On the inactivation date entered, the provider's profile inactivation becomes effective immediately after you file the record. You cannot enter MCP appointments or enter wait list requests. The provider no longer appears on Provider booking picklists for the place of care for which the provider's profile was inactivated. This type of inactivation does not affect any PAS/MCP Workload Reports.

7. The system checks for any discrepancies linked to the inactivation. If any discrepancies are found, the system prompts you to generate a DAR. The report lists any pending appointments/wait list requests or PCM assignments linked to the specified provider at the specified place of care.

8. The system generates mail bulletins to the CPZMGR mail group when the inactivation takes place and reminds you to generate the DAR. The discrepancies identified must be resolved for the specified provider.

9. After the provider has been inactivated and the Inactivity Period (as defined in the Facility Profile) has passed, the system notifies the SDSMGR/CPZMGR mail group through a mail bulletin when inactivated PAS providers' profiles, templates, and schedules are to be deleted. At the same time, the system sets the Purge Notification Date to T+7. The Purge Notification is the date after which an inactivated provider's profiles, templates and schedules are deleted by the SD WEEKLY CLEANUP routine. The SD WEEKLY CLEAN UP routine runs weekly to delete profiles, templates and schedules of all

inactivated providers that have the Purge Notification Date in the Provider file set accordingly. Once these templates, schedules and profiles have been deleted, the system sends another bulletin to the SDSMGR mail group notifying the members of the deletions.

10. You reactivate the provider's profile by deleting the Inactivation date previously set prior to the system deleting the specified provider's profiles, templates and schedules.

B. MCP Provider Inactivation/Reactivation at the MCP Group Level Inactivate/Reactivate an MCP Provider in One Provider Group.

The following sequence of operations enables the user to inactivate/reactivate and MCP provider in one provider group:

1. The system prompts you to enter the name of the provider group at the Select Provider Group prompt. The PROVIDER GROUP PROFILE screen displays. Press <Next Screen>.

2. Select (I)nactivate/reactivate then (I)nactivate Provider from the appropriate action bars. Select the MCP provider to inactivate from the displayed list of providers linked to the provider group.

3. The PROVIDER INACTIVATION FROM A GROUP screen displays and allows you to enter the inactivation date and the reason for the provider's inactivation.

4. Enter a past date, today's date or a date in the future. The provider inactivation becomes effective immediately after the record is filed based on the date entered. You cannot book MCP appointments, enter wait list requests, or assign patients to the specified provider as their PCM. The provider no longer appears on any Provider picklists for any place of care linked to the MCP Provider Group from which the provider was inactivated.

5. The system checks for any discrepancies linked to the inactivation and prompts you to generate a DAR if any discrepancies are found. The report lists any pending appointments, wait list requests or PCM assignments for the specified provider linked to the inactivation.

6. The system generates a mail bulletin to the CPZMGR mail group when the inactivation takes place and reminds you to generate the DAR. The discrepancies identified must be resolved for the specified provider.

7. You reactivate the provider by selecting the (R)eactivate Provider action from the Inactivation/Reactivation action bar. The system displays the same Provider Inactivation from a Group screen and allows you to delete the Inactivation Date for the specified provider.

C. Inactivate/Reactivate an MCP Place of Care Profile

Although this method of inactivation is not recommended, you may inactivate an MCP Place of Care profile using the GNET Group Profile/Agreements Enter/Edit option. When inactivating a Place of Care through GNET, you are inactivating the location for all MCP groups that share the same Place of Care within MCP or PAS. Inactivating through this option is not recommended because you may inadvertently inactivate the Place of Care for all MCP Provider groups when the intention was to inactivate the Place of Care for a specific group only.

The following sequence of operations enables the user to inactivate/reactivate an MCP Place of Care profile.

1. The system prompts you to enter the Provider Group at the Select Provider Group prompt. Enter the provider group. The system displays the PROVIDER GROUP PROFILE screen. Press <Return> to advance through the fields. Select the appropriate MCP place of care linked to the specified provider group you wish to inactivate. The system displays a series of data screens pertaining to the selected place of care. Press <Return> to advance through these fields or press <Next Screen> until the system prompts you to edit the PAS Clinic Profile Information. Respond YES to the prompt and select the (A)ctive Appointment Types action, the system displays the SD Clinic Profile screen.

2. Press <Return> to advance through the fields to the Activation Status field. Setting this field to Inactivated inactivates the selected place of care profile not only in MCP but also in PAS.

3. The place of care profile inactivation becomes effective immediately after the record is filed. You cannot book MCP appointments or enter wait list requests in the place of care that has its profile inactivated. This place of care no longer appears on any clinic/place of care picklists. This type of inactivation does not affect any PAS/MCP Workload Reports.

4. The system checks for any discrepancies linked to the profile inactivation and prompts you to generate a DAR if any discrepancies are found. The report lists any pending MCP appointments or wait list requests for all providers linked to the place of care with the inactivated profile.

5. The system generates a mail bulletin to the CPZMGR mail group when the inactivation takes place and reminds the user to generate the DAR. The discrepancies identified must be resolved for the specified providers.

6. You reactivate this place of care profile by changing the Activation Status to Activated.

D. MCP Place of Care Inactivation/Reactivation at the Provider Level (Inactivate/Reactivate an MCP Place of Care for One Provider)

The following sequence of operations enables the user to inactivate/reactivate an MCP place of care for one provider.

1. The system prompts you to enter the name of the provider group at the Select Provider Group prompt. When the selected provider group displays on the PROVIDER GROUP PROFILE screen, press <Next Screen>.

2. Select the (I)nactivate/Reactivate action and then the (P)rovider Place of Care action to inactivate an MCP place of care for an individual provider within an MCP Provider Group.

3. The system prompts you to select the place of care to inactivate. The system then prompts you to select the provider to inactivate. Select the provider. The system displays the Inactivation/Reactivation Place of Care screen and prompts you to enter the Inactivation Date, the Reactivation Date, if any, and the reason for the inactivation/reactivation.

4. Enter a past date, today's date or a date in the future. On the inactivation date set, the place of care is no longer linked to the specified provider. A PCM in the inactivated place of care can no longer be assigned patients. The specified provider no longer appears on the PCM picklists for the inactivated place of care. In addition, you cannot book appointments or enter wait list requests for the specified provider at the inactivated place of care. The specified provider no longer appears on any Health Care Finder provider search picklist (PCM Booking, Appointment Referral Booking, Enrolled Booking)

for the inactivated place of care. The provider still appears on picklists for different Places of Care.

5. The system checks for any discrepancies linked to the inactivation and prompts the user to generate a DAR if any discrepancies are found. The report lists any pending appointments, wait list requests or any PCM assignments linked to the specified provider at the specified place of care.

6. The system generates a mail bulletin to the CPZMGR mail group when the inactivation takes place and reminds the user to generate the DAR. The discrepancies identified must be resolved for the specified provider.

7. You reactivate the place of care by setting the POC Reactivation Date to an appropriate date.

E. MCP Place of Care Inactivation/Reactivation at the Provider Group Level - (Inactivate/Reactivate an MCP Place of Care in One Provider Group)

The following sequence of operations enables you to inactivate/reactivate an MCP place of care in one provider group.

1. The system prompts you to enter the name of the provider group at the Select Provider Group prompt. When the selected provider group displays on the PROVIDER GROUP PROFILE screen, press <Return>.

2. Select the (I)nactivate/Reactivate action and then the (G)roup Place of Care action to inactivate an MCP place of care for an individual provider within an MCP Provider Group.

3. The system prompts you to select the place of care to inactivate. After this selection the system displays the Inactivation/Reactivation of Place of Care screen and prompts you to enter the Inactivation Date, the Reactivation Date, if any, and the reason for the inactivation/ reactivation.

4. Enter a past date, today's date or a date in the future. On the inactivation date, the MCP place of care is inactivated immediately after the record is filed for the specified provider group and for all the providers who practice there. If any providers in the specified provider group were PCMs in the inactivated place of care, you no longer can make PCM assignments for those

providers at that place of care. None of the providers linked to the inactivated place of care appears on the PCM picklists for the inactivated place of care. In addition, you cannot book MCP appointments through either PCM or Appointment Referral booking or enter wait list requests for any providers at the inactivated place of care.

5. The system checks for any discrepancies linked to the inactivation and prompts you to generate a DAR. The report lists any pending MCP appointments, wait list requests or PCM assignments linked to providers at the inactivated place of care.

6. The system generates a mail bulletin to the CPZMGR mail group when the inactivation takes place and reminds you to generate the DAR. The discrepancies identified must be resolved for providers in the group linked to the inactivated place of care.

7. You reactivate the place of care by setting the Reactivation Date for the specified group place of care to the appropriate date.

For more information regarding this enhancement see Provider Place of Care Inactivation under the Managed Care Program Menu in these Release Notes.

II. PROVIDER NETWORK

CHCS will now allow you to set capacity limits on the number of Medicare beneficiaries who may be assigned to individual provider PCMs and provider group PCMs. In addition to the five existing Beneficiary Categories under which capacity limits for PCM assignments are currently defined:

ADY Active Duty
AFM Active Duty Family Member
RET Retiree
RFM Retiree Family Member
OTH Other

there is now a sixth Beneficiary Category:

MED Medicare

which will include patients who are:

Medicare eligible
Over the age of 65
Are not CHAMPUS eligible.

To accommodate the additional Beneficiary Category, changes have been made to data entry, processing, and output of PCM Enrollment Mix information.

For a more detailed discussion, read the introductory section of these release notes.

The system now correctly limits the length of free text fields for "PM HOURS FROM," "PM HOURS TO," "ENROLLMENT END DATE," and "REFERRAL NUMBER." (SIR 23547)

The system now correctly removes from selection those providers inactivated at their place of care. (SIR 24656) (SCC 960400159)

The system now allows you to lower the PCM's capacity without leaving the enrollment mix screen. You must have a security key to complete this change if the altered capacity number is lower than the number of patients currently assigned to the PCM (SIR 26167) (SCC 961100967)

The system allows you to create a Place of Care when the Hospital Location Type is S. (SIR 26638) (SCC 9705004260

INET Individual Provider Profile/Agreements Enter/Edit

PROVIDER NETWORK

CHCS will now allow you to set capacity limits on the number of Medicare beneficiaries who may be assigned to individual provider PCMs and provider group PCMs. In addition to the five existing Beneficiary Categories under which capacity limits for PCM assignments are currently defined:

ADY Active Duty
AFM Active Duty Family Member
RET Retiree
RFM Retiree Family Member
OTH Other

there is now a sixth Beneficiary Category:

MED Medicare

which will include patients who are:

Medicare eligible
Over the age of 65
Are not CHAMPUS eligible.

To accommodate the additional Beneficiary Category, changes have been made to data entry, processing, and output of PCM Enrollment Mix information.

For a more detailed discussion, read the introductory section of these release notes.

The system allows you to create a Place of Care when the Hospital Location Type is S. (SIR 26638) (SCC 9705004260

ONET Outputs & Network Management Reports Menu
GMRM Group Management Reports Menu
1 Group Member Roster

The system now correctly recognizes inactivated providers and eliminates them from the report. (SIR 24373)

The system now generates the roster without a system error when (A)ll groups is selected. (SIR 24553)

2 Provider Group Report

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

The system now correctly recognizes inactivated providers and eliminates them from the report. (SIR 24374)

3 Provider List by Specialty

The system now correctly recognizes inactivated providers and eliminates them from the report. (SIR 24372)

4 PCM Enrollment Mix Discrepancy Statistical Summary

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

5 PCM Enrollment Mix Discrepancy Report

PROVIDER NETWORK

The Medicare Beneficiary Category is added to this report when the conversion is run to add Medicare as the sixth Beneficiary Category for PCM capacity limits.

AMRM Agreement Reports Menu

The system now recognizes and suppresses inactivated providers. (SIR 18924)

The options affected on the Agreement Reports Menu are:

- o Provider Alphabetic Agreement Roster
- o Specialty Provider Agreement Roster
- o Specialty Provider Agreement Summary
- o Discount Provider Agreement Roster
- o Expiration Date Provider Agreement Roster
- o ZIP Code Agreement Roster

MMRM Miscellaneous Network Reports Menu
3 Discrepancy Avoidance Report

PROVIDER PLACE OF CARE INACTIVATION

The DAR is available in both PAS and MCP. The discrepancy checks identify any pending appointments whether they are booked in PAS or MCP and display on the DAR.

The following sequence of operations enables you to generate a DAR for a provider or clinic.

1. The system prompts you to Select (C)linic, (P)rovider, or (B)oth.

2. Select the (C)linic action. The system prompts you to enter the name of the clinic for which you wish to generate the DAR. All providers or places of care may be selected for the DAR when using the DAR Menu options.

3. If you select the (P)rovider action, the system prompts you to enter the name of the provider for which you wish to generate the DAR.

4. If you select the (B)oth action, the system prompts you to enter the specified clinic and then, the name of the provider for which you wish to generate the DAR.

5. The system prompts you for the output device and generates

the DAR.

For more information regarding this enhancement see Provider Place of Care Inactivation under the Managed Care Program Menu in these Release Notes.

[[SEARCH:FMCP
[:K:File/Table for MCP Menu

FMCP File/Table for MCP Menu

ETAB Enrollment File/Table Maintenance Menu

DMIS Enrollee DMIS ID Update

MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

The MCP functionality reflects the enhancement to determine the enrolling division based on the PCM selection. Prior to the enhancement, you selected the enrolling division or automatically set the enrolling division based on your default division. In this option, prior to the enhancement, you could select to update enrollment transactions to DEERS for an enrolling division or all divisions. CHCS now allows you to select a single enrolling division.

CLUP Clean Up DMIS ID Update

MCP AND DEERS ENHANCEMENTS FOR ENROLLMENT BASED CAPITATION

The MCP functionality reflects the enhancement to determine the enrolling division based on the PCM selection. Prior to the enhancement, you selected the enrolling division or automatically set the enrolling division based on your default division. There is no affect on the use of this functionality.

FTAB Facility File/Table Maintenance Menu

PARA MCP Parameters Profile Enter/Edit

I. MEDICARE DEMONSTRATION

A. Transmit Enrollment Related Transactions-Local Empanelment

For sites operating in Local Empanelment mode as well as DEERS Enrollment mode, the system transmits the following DEERS enrollment transactions for Medicare Enrollees (ACV=D):

Enrollment Cancellation
Enrollment
Disenrollment
Reciprocal Disenrollment

Reciprocal Disenrollment/Enrollment
Enrollment Start Date Update
Enrollment End Date Update
Enrollment DMIS ID/PCM Location Code Update
Enrollment End Date Cancellation
Reciprocal Disenrollment (from losing site).

B. Changes To Enrollment Mode

The MCP Parameter option includes additional prompts in the event that sites change the enrollment mode to or from DEERS Enrollment/Local Empanelment mode. Note that non active duty enrollees (Active Duty Family Members, Retirees, Retiree Family Members) must be disenrolled when you change this field in the MCP Parameter option.

With this enhancement the sites may now choose not to disenroll Medicare patients when the enrollment parameter is changed. If you choose to disenroll Medicare patients, CHCS does not send disenrollment transactions to DEERS. CHCS updates the MCP status on the CHCS local system to Disenrolled.

PARA is a secured function. You must hold the CPZ PARAMETERS security key to change the enrollment mode.

For greater detail see Managed Care Program Menu, Section I, Medicare Demonstration.

II. USE CURRENT END OF ELIGIBILITY

CHCS added the Parameter Active Duty Disenrollment Grace Period in the MCP Parameters Profile Enter/Edit option. This parameter is set to a maximum 120-day default.

If the number of days in the Active Duty Grace Period parameter is reduced, a routine runs eligibility checks. These eligibility checks cover beneficiaries whose Eligibility End Date occurred during those grace-period days which are no longer covered by the new grace period parameter. For example, if the parameter is reduced from 120 days to 30 days, the routine checks the eligibility of those beneficiaries with Enrollment End Dates that occurred within the 31 to 120 day window. The system then updates the MCP End Enroll date with DEERS Eligibility End date.

UICP UIC/PCM Maintenance Enter/Edit

ENROLLMENT - External Network PCM

When you hold the security key CPZ PCM AGR LOCK, CHCS displays agreement types of MTF, CON, SUP and NET for the selected provider. When you do not hold the security key, the system displays only agreement types of MTF and CON for the provider selected. If you select a provider who is assigned only NET or SUP and you do not hold the security key, the system does not display the provider. The system returns you to the **SELECT PCM** prompt.

MCSC Managed Care Support Contractor Interface Menu

MANAGED CARE SUPPORT CONTRACTOR II

The DOD is transitioning from standard fee-for-service financing of care purchased from civilian providers under Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) to managed care contracts. The contracts establish regional preferred provider networks and assign PCMs who are responsible for providing all primary care to the patient and for referrals for any necessary specialty services.

As part of the MCSC project, the PAS/MCP software was modified to ensure consistency in inactivating/ reactivating PAS/MCP providers and places of care throughout CHCS. For more information, refer to Release Notes-PROVIDER PLACE OF CARE INACTIVATION-PAS/MCP.

MCSC I proposed using a commercial off-the-shelf (COTS) interface engine to interface potentially incompatible protocols between CHCS and MCSC systems using an HL7 interface for uni- and bidirectional messages. The interoperability of these systems is critical to the success of patient referrals within the network and the optimal use of available resources. The MCSC on-board portion of the MCSC HL7 interface is included as part of the release but will not be activated.

The redefined MCSC project uses File Transfer Protocol (FTP) to batch transfer the files, in fixed length ASCII format, unidirectionally from CHCS to the MCSC system. The system batch transfers fixed length ASCII records to the MCSC system using FTP through the CHCS Electronic Transfer Utility (ETU) at least once every 24 hours. The new MCSC interface is referred to as MCSC II.

The capability to initialize the MCSC system with patient, OHI, enrollment, provider network, and Standard File data from CHCS through fixed length flat record files is also required. Additions and updates to patient, enrollment, OHI, referral, provider network, and appointment data occur through normal use of CHCS. Triggers to create related records detect additions and updates to active data elements within each record specification. CHCS records

the events in a queue file. A continuous background job processes the events recorded in the queue and creates the appropriate record. The events are processed in first-in-first-out (FIFO) order. Creating the record removes the event from the queue. If no entries are in the queue, the background job hibernates for 10 minutes. It reactivates and checks the queue for entries to process; if none is found, it again hibernates.

After the record is created, the system immediately places it into an appropriate file in ASCII format designed for the MCSC system. Records will be added to appropriate files associated with the particular record types. CHCS stores the files in the export directory. From here they are available for batch transfer through the CHCS ETU. The ETU can be tasked to retrieve and batch transfer the files up to a maximum frequency of once per hour. The Composite Health Care System Program Office (CHCSPO) has predefined the transfer schedule for Region 1, 2, and 5.

When the ETU task to retrieve the files is initiated, the system closes all open files and includes them in the batch transfer. New files are opened to capture new records as they are created. This process ensures that the MCSC system receives all records that have been created up to the time of the batch transfer. For details regarding ETU capabilities and operation, refer to Electronic Transfer Utility documentation.

MCSP Interface Parameters Enter/Edit

The new MCSC File Interface Parameters screen allows you to activate/inactivate the MCSC file interface as well as specify which records to create, by functional area as shown below. The MCSC for each region in conjunction with the CHCS Program Office determines which records (by functional area) will be transferred. The site software specialist sets the parameters for tasking the ETU to retrieve and transfer the files to the MCSC system.

Patient
OHI
Enrollment
MCP referral information
Provider Network Data
Appointment

The following sequence of operations enables you to enter and modify MCSC File Interface Parameters:

1. When you enter the option, the system displays the MCSC Interface Parameters screen.

MCSC INTERFACE PARAMETERS

MCSC File Interface Status: **INACTIVE**

Create Patient Data Records: **NO**
Create OHI Data Records: **NO**
Create Enrollment Data Records: **NO**
Create MCP Referral Data Records: **NO**
Create Provider Network Data Records: **NO**
Create Appointment Data Records: **NO**

Create Data Records When Events Are Triggered: **NO**

2. At installation, the system defaults the MCSC File Interface Status as INACTIVE. Define the status as ACTIVE.

3. Define by functional area each data record type you want the system to create by entering YES.

4. Create data records when events are triggered:

   Answer NO to capture triggered events in the event queue but not create data records. Answer YES to capture triggered events in the event queue and to create the appropriate data records for transfer to the MCSC system.

   This parameter should be set to NO during the initialization phase and set to YES after the initialization records have been created and successfully transferred to the MCSC system. When set to YES, all events captured in the event queue will be processed immediately for batch transfer to the MCSC system.

5. Exit screen.

MCSI Initialize MCSC System

Using the MCSC initialization option, the MCP supervisor or File/Table Point of Contact (POC) creates the files for transfers to initialize the MCSC system. CHCS creates files for DOD and CHCS standard files, the entire MCP provider network, patient, OHI, and enrollment as applicable for patients with medical activity within the last two years who have an MCP status of E, ID, or PE. The system places the records in the appropriate files for transfer to the MCSC system through the ETU.

The system checks for appointments; appointment referrals; wait list requests; admissions; and clinical, nursing, laboratory, pharmacy, or radiology orders. If any such activity has occurred for a patient, Patient Add/Update and OHI Add/Update records will be created as applicable. OHI Add/Update records will be created for non-active duty patients with medical activity within the last two years who have OHI data associated with them in CHCS. Enrollment Add/Update records will be created for all patients that have a current MCP status of Enrolled, Pending Enrolled, or Invalid Disenrollment. The system creates the records and places them in the appropriate files for transfer to the MCSC system through the ETU. Initialization files may be created, transferred, and received in any order.

Any CHCS site initializing the MCSC system with DOD and CHCS standard files should load all special release data updates currently approved for operational deployment prior to initializing standard files.

The following sequence of operations enables you to create records for transfer to initialize the MCSC system:

1. Enter the MCSI Menu to display the Initialize MCSC System screen. CHCS displays an action bar as follows:

   SELECT DOD/CHCS (S)TANDARD FILE, PROVIDER (N)ETWORK, (P)ATIENT, (A)LL RECORDS OR (Q)UIT:

   Press **S**, **N**, **P**, or **A** and press <Return> to create designated records for file transfer (go to Step 2),

   or press **Q** and press <Return> to exit this option.

2. When you select **S**, **N**, **P,** or **A**, the system displays the following message:

   THIS ACTION WILL CREATE ASCII RECORDS CONTAINING (...DESCRIPTION OF RECORD...) FOR TRANSFER TO THE MCSC SYSTEM. RECORDS CREATED MUST BE TRANSFERRED USING THE ELECTRONIC TRANSFER UTILITY (ETU). CONTACT YOUR SOFTWARE SPECIALIST TO TASK THE ETU. THE CREATION AND TRANSFER OF FILE DATA SHOULD OCCUR ONLY ONCE AND MUST BE COORDINATED WITH THE MCS CONTRACTOR BEFORE CONTINUING.

   THIS ACTION WILL REQUIRE EXTENDED PROCESSING TIME AND IS SCHEDULED TO BEGIN RUNNING AT 2100 HOURS. YOU WILL RECEIVE A MAIL BULLETIN WHEN THE CREATION OF RECORDS IS COMPLETE.

PRESS <RETURN> TO CONTINUE

3. When you continue, the middle window of the screen displays the files from which CHCS creates the records. The bottom window displays the following message:

   ASCII RECORDS WILL BE CREATED FOR THE DATA IN THE FILES LISTED ABOVE.
   OK TO CREATE THESE ASCII RECORDS? NO//

   Note:

   USE <NEXT SCREEN> AND <PREVIOUS SCREEN> TO VIEW RECORDS OR PRESS <RETURN> TO CONTINUE.

   also appears on this screen when you select (A)ll.

4. Press Y and press <Return>. The system returns you to the Initialize MCSC System screen and the action bar in Step 1.

CHCS sends you a mail bulletin when the job is complete and ready for transfer to the MCSC system through ETU. A separate bulletin is sent for each type of record created (i.e., DOD and CHCS standard files, provider network, patient/OHI/enrollment.) If all records are created at once, three separate bulletins will be sent when the create job is complete. The first sentence of the bulletin will reflect which record types were created.

IMPLEMENTATION NOTE: The mail bulletin is sent to the CPZMGR mail group. The site is responsible to add this mail group to the CP MCSC INITIALIZE SYSTEM mail bulletin.

PTAB Provider Network File/Table Maintenance Menu
PLAC Place of Care Enter/Edit

PROVIDER PLACE OF CARE INACTIVATION

MCP Place of Care Inactivation/Reactivation at the Network Level - (Inactivate/Reactivate an MCP Place of Care in all Provider Groups)

The following sequence of operations enables you to inactivate/ reactivate an MCP place of care in all provider groups.

1. Inactivate an MCP MTF place of care at the MTF Level by using the PLAC Place of Care Enter/Edit option on the Provider Network File/Table Maintenance Menu.

2. The system prompts you to select the MCP place of care. Select

the place of care. The system displays the Select (E)dit profile, (I)nactivate/Reactivate, or (Q)uit action bar. Select the (I)nactivate/Reactivate action. The system displays the Inactivation/Reactivation of Place of Care From All the Groups screen and prompts you to enter the Inactivation Date, the Reactivation Date, if any, and the Reason for Inactivation/Reactivation for the specified place of care.

3. Enter a past date, today's date or a future date. On the inactivation date set for the MCP place of care, that place of care is inactivated immediately after the record is filed for the all provider groups in the network and for all providers within those groups that are linked to the inactivated place of care. If any providers in any provider groups were PCMs in the inactivated place of care, you can no longer make PCM assignments for those providers at that place of care. None of the providers linked to the inactivated place of care appears on the PCM picklists for the inactivated place of care. In addition, you cannot create schedules, book appointments or enter wait list requests for any providers at the inactivated place of care.

4. The system checks for any discrepancies linked to the inactivation and prompts you to generate a DAR if any discrepancies are found. The report lists any pending appointment, wait list request, PCM assignments, and referral numbers linked to providers at the inactivated place of care.

5. The system generates a mail bulletin to the CPZMGR mail group when the inactivation takes place and reminds you to generate the DAR. The discrepancies identified must be resolved for providers in the provider groups linked to the inactivated place of care.

6. You reactivate the place of care by setting the Reactivation Date for the specified place of care to the appropriate date.

   For more information regarding this enhancement see Provider Place of Care Inactivation under the Managed Care Program Menu in these Release Notes.

PROV Provider Enter/Edit

PROVIDER PLACE OF CARE INACTIVATION

MCP Provider Inactivation/Reactivation at the Network Level - (Inactivate/Reactivate an MCP Provider in all Provider Groups)

The following sequence of operations enables you to inactivate/reactivate an MCP provider in all provider groups.

1. Inactivate an MCP Provider at the MTF Level by using the PROV Provider Enter/Edit option on the Provider Network File/Table Maintenance Menu.

2. The system prompts you to select the MCP provider. Select the appropriate MCP provider. The system displays the Select (E)dit profile,(I)nactivate/Reactivate, or (Q)uit action bar. Select the (I)nactivate/Reactivate action. The system displays the Inactivate Provider from All Groups screen and prompts you to enter the Inactivation Date, and the reason for the inactivation.

3. Enter a past date, today's date or a date in the future. On the inactivation date entered, the provider inactivation becomes effective immediately after the record is filed. The specified MCP provider is inactivated in all MCP Provider Groups in MCP. You cannot book MCP appointments, enter any wait list requests, or assign patients to the specified provider as their PCM. The provider no longer appears on any Provider picklists throughout MCP.

4. The system checks for any discrepancies linked to the inactivation and prompts you to generate a DAR if any discrepancies are found. The report lists any pending MCP appointments, wait list requests or PCM assignments linked to the specified provider at any place of care in any provider group.

5. The system generates a mail bulletin to the CPZMGR mail group when the inactivation is to take place and reminds you to generate the DAR. The discrepancies identified must be resolved for the specified provider.

6. You may reactivate the provider by deleting the Inactivation Date.

For more information regarding this enhancement see Provider Place of Care Inactivation under the Managed Care Program Menu in these Release Notes.

The system now gives the correct MCP provider Information message when you edit the provider. (SIR 24669)

The system now gives the correct MCP provider Information message when you edit the provider UPIN# field. (SIR 24892)

AUDI Audit Trail for Provider Network Menu
PRDC Provider Data Changes

CHCS no longer produces a system error when multiple providers are selected for the Provider Data Changes option. (SIR 19912)

Miscellaneous

CHCS now prints the ad hoc report from the MCP Provider Group file without a system error. (SIR 23638) (SCC 961200063)

Menu Path: **FM -> PFE -> MCP Provider Group**

The system will now correctly cross-reference provider's agreement expired field in the MCP Archive, Provider Lookup cross reference. (SIR 24845)

FileMan will now correctly prompt you for the MCP Disenrollment Reason Code. (SIR 25024)

The CP ENROLLMENT BULLETIN now runs automatically every day without being scheduled manually. (SIR 27087) (SCC 970997087)

3. SUBSYSTEMS AFFECTED BY THIS RELEASE

The following release notes are being distributed for this release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (INCLUDING MASCAL), PAS, PHR, RAD, R/IT, TOL, and WAM.

[]