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**RELEASE NOTES, INSTALLATION INSTRUCTIONS
Part 1**

**RELEASE NOTES:
WORKLOAD ASSIGNMENT MODULE (WAM):
AMBULATORY PROCEDURE VISITS (APV) ENHANCEMENTS**

D/SIDDOMS II



**Delivery Order #154, Navy Workload Assignment Module Data Quality
Enhancements (Navy WAM SCRs), Deliverable Item 11**

**Submitted in Response to:
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RELEASE NOTES: WAM: Ambulatory Procedure Visits (APV) Enhancements

Project Number: 300750

Version: Change Package with Extended Testing (CPET+) to the Composite Health Care System (CHCS) V4.63 baseline

1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS installation instructions that accompany the software.

CHCS Areas/Personnel Affected: The main subsystems affected: Clinical (CLN) and Patient Appointment & Scheduling/Managed Care Program (PAS/MCP). Others: Patient Administration (PAD), Data Administration (DAA), Ambulatory Data Module (ADM), and the Workload Assignment Module (WAM)

Implementation Considerations:

- Pre-requisite software:
 - CHCS V4.63 and all current change packages (CPs)
 - The WAM Core FY2004, v3.0 update (CHCS-SS_CORE_FY2004_4630-3.0 or the latest version of the WAM Core data update) must be installed immediately *after* the WAM APV software package (CHCS-SS_WAPV_4630-1.0). CHCS-SS_CORE_FY2004_4630-3.0 (or the latest version) must **NOT** be installed prior to installing the WAM APV software package
 - The WAM APV data update (CHCS-SS_APV_FY2004_4630-1.0 or the latest version of this update) must be installed immediately after the WAM APV software package (CHCS-SS_WAPV_4630-1.0). CHCS-SS_APV_FY2004_4630-1.0 or the latest version must NOT be installed prior to the installation of the WAM APV software (CHCS-SS_WAPV_4630-1.0).
 - After the WAM APV software and WAM Core FY2004 v3.0 update have been installed, the Data Set ID (DSI) file should **NOT** be re-created for the current fiscal year. However, the MEPRS Coordinator should re-initialize the WAM templates for the current month (Menu Path: WAM-4-I).
- This software product requires a downtime installation.
- Software Conversions:
 - Upon installation, a conversion will search the CHCS database to find and convert any obsolete Location Type codes to valid codes (Refer to Section 2.3.2.)
 - Another conversion will run to remove APV paging. This conversion will:
 - a. Move the ancillary (active and inactive) orders from the APV page to the outpatient page.
 - b. Maintain the link between the ancillary orders and the APR orders.

- c. Activate LAB, RAD, and RX (outpatient pharmacy/prescription) orders associated with future Ambulatory Procedure Request (APR) orders, as appropriate (those entered by a nurse or physician – Signature Class 1- 4).

All other order types associated with a future APR appointment (i.e., those not entered by a Clerk - Signature Class 0) will remain in a pre-active state until the appointment is marked KEPT.

2. DIFFERENCES FROM PREVIOUS SOFTWARE RELEASES

2.1. Overview

The contractor's examination of data issues in WAM workload collection resulted in the *Analysis of Data Quality Issues by CHCS Module Report* (Deliverable #GS-NWAM-4002), which was reviewed by the MEPRS Management Improvement Group (MMIG) and the Clinical Information Technology Program Office (CITPO). After the report's 118 recommendations were prioritized, these entities authorized the development of software enhancements for the Workload Assignment Module (WAM) in CHCS. Enhancements to the WAM Core and WAM Ancillary components were released in a previous change package to the CHCS V4.63 software. These Release Notes describe enhancements associated with the APV software, specifically the ability to document nursing Minutes of Service (MOS) provided in an Ambulatory Procedure Unit (APU) using the appropriate Medical Expense Performance and Reporting System (MEPRS) code.

2.2. External Interfaces

2.2.1 Expense Assignment System (EAS) IV

The content of the EAS ASCII file now reports MOS as weighted workload and occupied bed days (OBDs) as raw workload in the Inpatient Cost Pools Data Set ID (DSI). This file also includes Beneficiary Category (BeneCat) counts for DGA and DGE data sets.

2.2.2 Standard Accounting and Reporting System/Field Level (STARS/FL)

The STARS/FL ASCII file continues to report inpatient cost pool data as occupied bed days (OBDs) with no change to the format of the STARS/FL ASCII file.

2.3. Modifications to the CHCS Hospital Location File

2.3.1 New Location Type Codes

The Hospital Location file includes new location types for APV encounters, as described in Table 1. The use of APV-specific location types will facilitate the use of appropriate Performing MEPRS codes for collection of MOS, and order entry screening, and appropriate Requesting MEPRS codes when entering APV orders.

Table 1. New Hospital Location Types

Type of Location	Location Type Code	MEPRS Screening
Pre-Op Teaching Location	T	DGA* or DGE*
Recovery (Post-Procedure)	V	DGA*

The ‘T’ (Teaching) Location Type behaves as any other PAS Clinic location where providers have been assigned, schedules created and appointments booked to the assigned providers. However, these locations will automatically be set as Non-Count clinics.

Modifications were also made to the MEPRS screening on APU locations (also called APV Clinics) with a Location Type=S. The associated MEPRS Code must now be flagged as an APV MEPRS. Entry of a non-APV MEPRS Code is not permitted for APV locations/clinics.

2.3.2 Obsolete Location Type Codes

The following Location Type codes are now obsolete in CHCS and have been removed from the Hospital Location file:

- Non-Clinic Stop (N)
- Module (M)
- Admitting Area (A)
- *Pharmacy (P).

Upon installation of the software, a conversion will find any existing hospital locations that are using these codes and will convert them to Location Type = Z (Other Location).

***Note:** The CHCS Pharmacy software does not use Hospital Location file entries as performing pharmacies; pharmacy-specific “site files” are used instead. Therefore, removal of the Pharmacy Location Type code will have no impact on the CHCS pharmacy subsystem/module.

2.4. Ambulatory Procedure Profiles (APPs)

The APP facilitates the entry of nursing MOS through the MAPV option (Section 2.10). Since APPs are not specific to procedures, an APP can be created for a Division and will describe the Division’s operational flow of the APU process. Multiple APPs can be created for a Division since each separate combination of locations that describes a patient flow through the outpatient surgical process can result in a different profile.

APPs are created through a new menu option, ‘Ambulatory Procedure Profile (APP)’, which is available on the Ambulatory Procedure Visits Menu (VAP). The SD APV security key locks this menu and the APP option.

Key Points:

1. This enter/edit option allows for entry of an editable default location for pre-day of procedure teaching and guidance, a location for post-procedure nursing care, and a location for extended recovery.
2. The user's division will determine the locations displayed for each field and will include all locations within that division's Group DMIS.
3. Identification of default locations in the Ambulatory Procedure Profile is based on the assumption that for a particular APV procedure, the pre- and post-procedure locations for nursing care will be the same for the majority of cases.
4. Inquiry and print options are available through FileMan.

Workflow:

1. Access the APP option from the VAP Menu.

Menu Path: CA → PAS → CDSK → VAP → APP

The user's Division determines the locations displayed for each field and will include all locations within that Division's Group DMIS.

2. Enter the name of Ambulatory Procedure Profile (APP): **General Surgery**
The APP is identified by a free-text name that is 3 – 30 characters in length.
3. Are you adding General Surgery as a new Ambulatory Procedure Profile? Yes// <Return ->
The APP Enter/Edit screen displays. (Figure 1)

```
-----  
APP: TRIPLER ORTHO PROFILE                                APP Enter/Edit Screen  
-----  
  
Pre-Op Teaching Location:  
Post-Op Recovery Location:  
Extended Recovery Location:  
Inactive:  
  
-----  
File/exit      Edit      Abort  
File changes and exit
```

Figure 1. APP Enter/Edit Screen

Legend of Screen Data:

- Pre-Op Teaching Location** This is the location where a patient will receive pre-surgical guidance and testing. Only locations within the Group DMIS ID will be selectable. The location entered is designated as a Teaching location (Location Type = T) in the Hospital Location file. This location will use either a DGA* or DGE* MEPRS Code for capture of pre-op MOS.
- Post-Op Recovery Location** This is the location for patient care during recovery on the day of the procedure (this is where the patient goes after PACU). The location entered can be designated as an Ambulatory Procedure Unit (Location Type = S) or as a Recovery location (Location Type = V) in the Hospital Location file *if* the facility uses a centralized recovery area. MOS for either location type will be captured under the DGA* MEPRS Code.
- Extended Recovery Location** This location may be used in addition to, or in place of, the post-procedure location. MOS will be captured under the A*X* MEPRS code if the location is a Ward. Therefore, this is a “W” type location, which must have a cost pool code designated in the Ward Definition File.
- Inactive** Use of a profile may be discontinued. Enter ‘Yes’ if this APP is no longer in use by this division. Enter ‘No’, or leave this field blank, if this APP can be selected for an APR order.

Note: For cases where care may have occurred at locations other than the defaults designated in the APP, the location can be changed during entry of MOS in the MAPV option.

2.5. Ambulatory Procedure Request (APR) Orders

2.5.1 Overview

The APR order type allows the user to enter a request to schedule an appointment related to a surgical procedure. This order type can be entered through the Clinical Order Entry (CLN ORE) pathways; then, the appointment is booked through the Managed Care Program (MCP) module, AHCF option. The Unscheduled Visit (USV) option through MCP, can also be used to schedule walk-in APVs. This function creates an APR order in the background and links the appointment to the order. Future ancillary orders (e.g., MED, IV, DTS and NRS) can be entered for the procedure and are activated when the appointment is marked KEPT.

Menu Paths:

1. CA -> CLN -> PHYSICIAN -> ORE Enter/Maintain Orders
2. CA -> CLN -> NURSING -> ORE Enter/Maintain Orders
3. CA -> PAS -> MCP -> CDSK -> USV Unscheduled Visit (Walk-In, Tel-Con, S-Call)
4. CA -> DTS -> CD -> CS -> USV Unscheduled Visit (Walk-In, Tel-Con, S-Call)

5. CA -> PAS -> MCP -> HMCP -> BHCF Health Care Finder Booking

2.5.2 Enhanced APR Order Screen

Figure 2 provides an example of the enhanced APR Order entry screen. The screen now includes the requested procedure/APU location,” which is the Ambulatory Procedure Profile (APP) for the APU.

```
JOHNSON,TARAN          20/000-00-0000          APR ORDER
AMBULATORY PROCEDURE REQUEST          030720-00040
-----
Requested APU Location: General Surgery
*Procedure Profile: (Optional field)
APU Physician: (Optional field)
APV Date/Time: (Required field)
APV Procedure: (Required field)
(This is a 78 character free text field. Enter the name of the APV Procedure)
Appointment Comment: (Optional field)
(This is a word processing field; the length of the text is unlimited. Enter
any appropriate comments regarding the APV procedure in this field.)
-----
File/exit   Abort   Edit
File changes and exit.
```

Figure 2. The APR Order Screen

Key Points:

1. Once the Requested APU is entered, the system will display the default APP, if only one APP has been defined for the Division. The APP is used to populate the Procedure Record with the default pre-op teaching and pre/post-op nursing locations used for patient care, based on the procedure location (e.g., Main OR).
2. The Procedure Record is created when the APR order is filed and is available at the action prompt by typing MAPV (for ‘APV Minutes of Service Enter/Edit’ option). It is also available on the Nursing main menu and MCP menus. Once the APR order is filed, CHCS creates an entry in the MAPV option. This allows the user to document MOS related to nursing care (e.g., pre-op care/teaching) delivered prior to scheduling the APV. If an APP is not defined for the Division, the field will be blank.
3. Entry of an APP location is not required and can be changed at any point prior to filing the order. Enter ‘??’ at the ‘Procedure Profile’ field to display all APPs defined for the Division. The user can select any of the displayed profiles.
4. The system will retain the link to the MAPV entry when the APR order is modified.

2.5.3 Linking APR Orders to Ancillary Orders

Filing an APR order no longer creates an APV page to the left of the Outpatient page on the Patient Order List (POL). After filing the order, the following prompt series displays:

```
Would you like to associate new orders with this APR?  Yes//
```

```
Select ORDER TYPE:
```

Key Points:

1. An authorized user can associate an APR order with all order types. This association allows the APV appointment to be linked to the related ancillary orders once the APV is scheduled.

Once the APV is scheduled, the appointment displays for selection and provides an opportunity to link order entered through in ORE from Clinical or Ancillary pathways.

2. Orders associated with the APR will reside in the Outpatient page. LAB, RAD, CLN, CON, ANC and RX orders linked to the APR order will be activated once the user quits out of the POL. All other orders (e.g. MEDS, IVs and DTS) linked to the APR will remain in a future state (PENDING activation) until the APR appointment is marked KEPT.

Per existing ORE business rules, once the appointment is marked KEPT, orders entered by a Nurse or Physician level user (Signature Class 1-4) will be activated and accessible for processing. Orders entered by a Clerk will remain PRE ACTIVE until signed by a Nurse or Physician.

3. Current APV functionality continues to be support the following Clinical and Ancillary functions in the absence of APV paging:
 - a. Due Lists and Diet Rosters
 - b. Pre-active MED and IV orders linked to an APR order continue to be accessible to Pharmacy for first-dose processing when the APV appointment is SCHEDULED by an authorized PAS user.
4. The 'Emergency Disposition (EDA)' action has been disabled at the ACTION prompt on the POL.
5. When a PAS Clerk schedules a new APV appointment through USV or BHCF, CHCS generates an APR order in the background. APR orders entered by a Clinical user are scheduled through the AHCF (AOP) menu option.
6. The enhanced communication link between the APR order and the APV appointment allows CHCS to provide "real time" updates to functional modules (e.g., PAS, ADM and Order Entry) as they occur.

Figure 3 provides an example of POL display text for a pre-active order linked to an APR order.

```

JOHNSON, TARAN      Age:58      20/000-00-0000      OUTPUT PRE-ACTIVE ORDERS
-----
  1 MED  VALIUM-TAB <ORAL ->  10MG 1000 {QD} PRN  for 1
        day Starting APV
        ~PENDING APR . . . . . SCHMID  20JUL@1442
-----
*OUTPAT*

ACTION:  PAO

```

Figure 3. POL Display Text: Pre-Active Order Linked to an APR Order

2.6. Enhancements to the POL Order Action List

2.6.1 New Option

As stated above, the MAPV option is now available to Clinical providers at the POL Action prompt.

Menu Paths:

1. CA → CLN → PHYSICIAN → ORE Enter/Maintain Orders
2. CA → CLN → NURSING → ORE Enter/Maintain Orders

2.6.2 New Order Entry Action

The Print APR Linked Orders (PAO) action has been added to the POL ACTION list. This action allows the user to search for and print orders that are associated with/linked to an APR order as shown in Figure 4. The displayed list includes all active or inactive APR orders written for the specified patient.

```

JOHNSON, TARAN      Age:58      20/000-00-0000      PRINT APR ORDERS
-----
Use SELECT key to choose an APR order to view linked ancillary orders.
-----
  APR  APPT.FOR: APU - ORTHO NO  on 01 Aug 2003
        {BUNIONECTOMY,LT}
        ~Pend.Appointment~ . . . . . SCHMID  1AUG@1206
*APR  APPT.FOR: APU - GENERAL SURGERY  on 20 Jul 2002
        {EXCISION MASS LEFT CHEST WALL}
        ~Scheduled for 24JUL@0730 . . . . . .SMITHF  20JUL@1055

```

Figure 4. Selecting APR Orders

The user must then select an APR to view/print the list of ancillary orders (Figure 5).

```

JOHNSON, TARAN           Age:58      20/000-00-0000           Appointment Orders
-----
PENDING APPT in GENERAL SURGERY - NAVY INPATIENT DIVISION with ADAMS,ED on 24 Jul 2003@1100
-----
  1 RAD  CHEST, PA/LAT~DIAGNOSTIC RADIOLOGY - NI
        ~AMB on 02 Jul 2003 . . . . . SCHMID  22JUL@1334
  2 LAB  WOUND CULTURE~SEND PATIENT TO LAB~WOUND
        on 02 Jul 2003@1413 . . . . . SCHMID  22JUL@1414
-----
Print   Search       Help    eXit
Print all orders associated with this appointment

```

Figure 5. Ancillary Order List Through the PAO Action

Table 2 provides the single line help text that displays under each action on the action bar.

Table 2. Help Text: Appointment Order Actions

Action	Help Text
Print	Print all orders associated with this appointment.
Search	Display all APR orders for this patient.
Help	Display action bar help.
eXit	Exit the picklist and return to order entry.

Key Points:

1. To select an action, enter the bold, capitalized letter or use the right (→) or left (←) arrow key to access the desired action, and then press <Return>.
2. Enter "?" on a highlighted action to display HELP text for that action.
3. If a PAS clerk designates an APV appointment as CANCELLED, NO-SHOW, or LWOBS (Left Without Being Seen), the appointment is returned to the AHCF (AOP) list to enable the PAS Clerk to reschedule the appointment.

In ORE, the POL is automatically updated to reflect the APR order status change from SCHEDULED to PENDING APPOINTMENT.

Ancillary orders will retain the link to the APR order and the future ancillary will be available for activation once the re-scheduled APV appointment is marked KEPT.

Note: The exception is an APV that has been marked KEPT prior to entering a new status of CANCEL, NO-SHOW or LWOBS during PAS End of Day processing. The APR order is considered complete once the appointment is marked KEPT, WALK-IN, S-CALL or ADMIN. Order entry will not accept further updates to the appointment status of the order.

2.7. Modifications to the Clinical (CLN) Order Type

Authorized providers can now select the new T (Teaching) Location Type when entering a CLN order.

2.8. Pharmacy Labels

Pharmacy labels can be printed for ward groups designated "CLINIC", "EMERGENCY ROOM", "APU", and will now include the new location types: T (Teaching Location) or V (Recovery Location).

2.9. Order Entry Screening

The MEPRS Code screening logic described in the following sections (2.9.1, 2.9.2, and 2.9.3) applies to the following:

- Four APV-related location types:
 - Ambulatory Procedure Unit = S (existing)
 - Pre-Op Teaching Location = T (new)
 - Recovery (post procedure) Location = V (new)
 - Ward =W (existing)

- **Order Entry options:**
 - Clinical Order Entry:**
 - CA -> CLN -> N or P -> ORE (Enter and Maintain Orders)
 - CA -> CLN -> N or P -> DSK -> OREN (Enter and Maintain Orders)
 - Ancillary Order Entry:**
 - CA -> LAB -> LSP -> EMO (Enter/Maintain Lab Orders)
 - CA -> LAB -> LSP -> OLG (Lab Order Entry/Sample Log-In)
 - CA -> LAB -> LRM -> REM -> OSO (One Step Order and Result Entry)
 - CA -> RAD -> OP -> EM (Enter and Maintain Orders)
 - CA -> RAD -> EP -> AP (Patient Arrival)
 - CA -> RAD -> EP -> DQ (Enter/Edit Departure/QA data)
 - CA -> PHR -> UDM -> IOE -> EMI (Enter/Maintain Inpatient Orders)
 - CA -> PHR -> IVM -> IOE -> EMI (Enter/Maintain Inpatient Orders).

2.9.1 Modifications to the Appointment Selection Screen

As part of the recent WAM Ancillary Enhancement release, CHCS now displays an Appointment Selection screen for outpatient Appointment/Order linking. When an APV appointment is selected, any orders written during that order entry session will have the Requesting Location and Requesting MEPRS code of the appointment (e.g., B**5).

The following screening logic within the Appointment Selection screen accommodates the new location types, while enforcing the use of appropriate MEPRS codes for APV-related activities:

- If an appointment in CHCS is within a clinic with a Location Type of “S”, the system will ensure that the MEPRS code has an APU flag before displaying the appointment on the Appointment Selection screen.
- If an appointment in CHCS is within a clinic with a Location Type of “T”, the system will suppress the appointment from displaying on the picklist. This is because the MEPRS code associated with a “T” type location will be DGE* or DGA*, both of which are invalid Requesting MEPRS code for order entry.

2.9.2 Screening at the Requesting Location Prompt

If an appointment is not selected for linking in Order Entry, CHCS will display the Requesting Location prompt with either the authorizing provider’s Order Entry default from the Clinical User file or the ‘Location’ from the Provider file. The following screening logic applies:

- If a user enters a Requesting Location that is defined as a Location Type of “S”, the system will verify that the associated MEPRS code is flagged as an APU MEPRS. If not, then the system will display a MEPRS code prompt for the user to enter. Only APU MEPRS codes will be accepted at this prompt.
- If a user enters a Requesting Location that is defined as a Location Type of “T”, the system will display a MEPRS code prompt for the user to enter. Only MEPRS codes starting with an “A”, “FC”, “B**0” or an APU MEPRS code will be accepted.
- If a user enters a Requesting Location that is defined as a Location Type of “V” or “W”, the system looks for an APR Order for that patient for today and uses the Requesting MEPRS for any new orders written. However, if no APR orders exist for today, then the system will display a MEPRS code prompt for the user to enter. Only APU MEPRS codes will be accepted at this prompt.

Note: Effective with the WAM Ancillary Enhancements release, the ‘Requesting Location’ prompt no longer displays for Inpatients. The Requesting Location value is automatically set to the Inpatient Ward location and the Requesting MEPRS code is set to the MEPRS code associated with the current inpatient episode.

2.9.3 APV Appointments Marked as KEPT

When the user has selected an APV appointment to link orders to (Location Type=S), and the APV appointment is scheduled for today, the system will automatically change the status of a pending appointment to “KEPT” in PAS, along with the Date/Time of the status change.

Note: This process will only occur when the CLN OE pathway is used and if the authorized provider is profiled for the selected appointment clinic.

2.10. Modifications to the APV Minutes of Service Enter/Edit (MAPV) Option

Authorized users can access the MAPV option to document pre-op teaching and pre- and post-op MOS for a specified patient. This option has been enhanced to allow:

- APR searches by Patient name
- APR searches by Tracking number
- APR searches by Order number
- APR searches by Location and Date
- Entry/edit start/stop times related to each APP location
- Entry of CPT code(s) or description(s)
- Printing of procedure record to include order and MOS information
- Entry of APR orders
- Entry a Pre-Admission/Observation episodes
- Creation of an unscheduled non-count visit associated with pre-operative teaching location.
- Scheduling capabilities for the new “T” (Teaching) Hospital Location Type.

Menu Paths:

PAS: CA -> DTS -> CD -> CS -> VAP -> MAPV
CA -> PAS -> CDSK -> VAP -> MAPV

CLN: CA -> CLN -> PHYSICIAN -> ORE -> Action: MAPV ← **New menu option**
CA -> CLN -> NURSING -> ORE -> Action: MAPV ← **New menu option**
CA -> CLN -> NURSING -> APV ← **New menu option**

2.10.1 MAPV Search by Patient Name

When the MAPV option is accessed through pathways other than ORE, CHCS displays the following prompt:

Select PATIENT NAME(P), LOCATION(L), ORDER(O)# or TRACKING(T)#:

1. Enter **P** at this prompt to specify a search for APRs by patient name.
2. Enter a **Patient Name** (or unique identifier).

Per existing CHCS Patient Lookup functionality, the following choices are available. Enter –

- partial last name, partial first name
- name, phonetic last name
- FMP/SSN
- FMP [space] last 4 digits of the SSN
- Former Name
- Last name and last 4 digits of the SSN
- Last initial and last 4 digits of the SSN.

Once the patient name/identifier is entered, the MAPV enter/edit screen displays (Figure 6) with the active APR orders and Pre-Admission/Observation locations in reverse chronological order.

JOHNSON, TARAN		AGE: 26y	20/000-00-0000	MAPV enter/edit		
Date	APU/Location	Status	MEPRS	Tracking#	Order#	
* 24Jun03	GENERAL SURGERY		PENDING	B**	2003-00989876	030624-00145
27Apr03	ORTHOPEdic APU		KEPT	B**	2003-00875487	030427-00025
01Jan03	APS APU CLINIC		CANCEL	B**	2003-00132234	030101-00024
22Dec02	Pre-Op Teaching Loc			ABAA	2002-00045455	

Select '*' an APU/Location to Edit.

Edit **New** **Pre-admit** **Status** **pRint** **Help** **eXit**
 Edit the selected entry

Figure 6. MAPV Enter/Edit Screen

Note: This screen will also display when MAPV is accessed from the ORE Patient Order List (POL).

This list is sorted by:

APV appt date/time

OR

Order Start date/time if APR is not booked

OR

MAPV entered/created date/time if Pre-Admit activity.

3. Press <Select> to choose an APU or Pre-Admission location.

An asterisk (*) will display to the left of the selection.

Available actions on this screen include:

- **E**dit – Edit the selected entry
- **N**ew – Enter a new APR for this patient
- **P**re-admit – Enter a Pre-Admission/Observation encounter (Screen #10)
- **S**tatus – Enter/edit the appointment status for the selected patient/procedure
- **p**Rint – Print the patient’s procedure record or picklist
- **H**elp – Obtain information for this option
- **e**Xit – Exit this option.

To select an action, enter the bold, capitalized letter OR use the right (→) or left (←) arrow key to access the desired action, and then press <Return>.

Enter "?" on a highlighted action for specific help for that action.

4. Choose the desired action.
5. Exit the MAPV enter/edit screen.

2.10.2 MAPV Search by Location

1. Enter at Select PATIENT NAME(P), LOCATION(L), ORDER(O) or TRACKING(T)#: L (to search for APRs by Location).
2. Enter the name of the location.
3. Enter the date.

The APV Minutes of Service Enter/Edit screen displays (Figure 7) a list of patients in chronological order based on the appointment time.

```

                                APV MINUTES OF SERVICE ENTER/EDIT
                                APU: GENERAL SURGERY                MEPRS: BEA5
Appointment Date: 24 Jul 2003
-----
  Time  Patient Name      FMP/SSN  Provider  Status  Tracking#
* 0730  JOHNSON, TARAN      20/0000  ADAMSE   PENDING 2003-00989876
  0730  ALLEN, TIM           02/0000  SMITH    KEPT    2003-00813234
  0900  WILLIAMS, JAMES      20/0000  ADAMSE   PENDING 2003-00045487

Select '*' a patient and an action to continue
-----
Edit   Print   Help   Status  eXit
Edit the selected entry

```

Figure 7. APV Minutes of Service Enter/Edit Screen

Locations available for selection are limited to the B**5 and B*** locations.

Available actions include:

- **Edit** – Edit the selected entry
- **Print** – Print the patient list associated with this location. If a patient is selected, then the specified patient record will print when this action is invoked.
- **Status** – Enter/edit the appointment status for the selected patient/procedure
- **Help** – Obtain information for this option
- **EXit** – Exit this option.

4. Choose the desired action.
5. Exit the screen.

2.10.3 MAPV Search by Tracking Number

A tracking number is created when an APR order is entered on CHCS or when a Pre-Admit/Observation entry is made through the MAPV option.

1. Enter at Select PATIENT NAME(P), LOCATION(L), ORDER(O) or TRACKING(T)#: **T**
(to search for APRs by Tracking #).
2. Enter the Tracking #.

The APV Minutes of Service Enter/Edit screen displays with a list of patients in chronological order based on the appointment time.

3. Choose the desired action.
4. Exit the screen.

2.10.4 MAPV Search by Order number

1. Enter at Select PATIENT NAME(P), LOCATION(L), ORDER(O) or TRACKING(T)#: **O**
(to search for APRs by Order).
2. Enter the Order Number.

The MAPV enter/edit screen displays (Figure 8) and provides detailed information about the APR order.

```
JOHNSON,TARAN          20/000-00-0000          MAPV enter/edit
Tracking number: 2003-00989876          Order number: 030624-00145
-----
Requested APU Location: GENERAL SURGERY
Procedure Location: GENERAL SURGERY
APU Physician: ADAMS,ED
APV Date/Time: T@0730
APV Procedure:
    I&D, abscess right arm
Appointment Comment:
    Mr. Johnson is a well developed 21 y/o male who
    presented today with a 2cm abscess of the
    + anterior aspect of his right forearm.  He stated that

CPT:
Enter CPT codes or descriptions

-----
Mos  Cpt  View Comments  Print  Help  eXit
View appointment order comment
```

Figure 8. Order Information Display

Key Points:

1. The Order information is view-only.
2. Available actions include:
 - **Mos** – Enter/edit Nursing Minutes of Service
 - **Cpt** – Enter/edit pre-ADM CPT codes or descriptions
 - **View Comment** – View additional order information
 - **Print** – Print the procedure information
 - **Help** – Obtain information about this option
 - **Exit** – Exit this option.
3. The View Comment action only displays when the Appointment Comment text for the APR order exceeds the number of lines displayed on the page.
4. The Cpt action allows the user to enter specific CPT codes associated with the procedure, print a procedure cover record or record minutes of service. These Pre-ADM CPT codes will be transmitted to the Ambulatory Data Module (ADM) to be referenced during coding. When the record is coded, ADM will transmit the ‘official’ CPT codes to the APR entry in the MAPV option.

Note: CPT codes received from ADM:

- will overwrite those initially entered through the MAPV option.
- are display-only (i.e., not editable through MAPV).

5. The Cpt action also allows the user to enter one or more CPT codes or partial descriptions related to the procedure.

2.10.5 MAPV – Enter a New Ambulatory Procedure Request (APR)

1. Access the MAPV screen (Figure 6)

Menu Paths:

CA -> DTS -> CD -> CS -> VAP -> MAPV
CA -> PAS -> CDSK -> VAP -> MAPV
CA -> CLN -> PHYSICIAN -> ORE -> Action: MAPV
CA -> CLN -> NURSING -> ORE -> Action: MAPV
CA -> CLN -> NURSING -> APV

2. Choose the New action (to enter or document nursing care related to an APR that *has not been* entered on CHCS).

Note: Users must complete all required (*) fields for the APR order before entering the MOS.

3. Enter the Authorizing HCP.
4. Enter the APU location.

The MAPV enter/edit screen displays and includes the APU location (Figure 9). The cursor is positioned at the “Procedure Location” field.

```
JOHNSON,TARAN          20/000-00-0000      MAPV enter/edit
Tracking number: 2003-01008852
-----

*Requested APU Location: ORTHOPEDICS APU
Procedure Location: ORTHO - MAIN OR
APU Physician: WHITE,ALFRED
*APV Date/Time: T
*APV Procedure:
      BUNIONECTOMY,LEFT
Appointment Comment:
-----

File/edit   Abort   Edit
File changes and exit.
```

Figure 9. Entering a New APR Order

Per current MCP functionality, the order will be activated when entered on CHCS, but must be signed by the ordering or authorizing HCP.

After filing, CHCS will generate the APR order in the background and create an entry through the MAPV option. Figure 10 provides an example of the 'view only' data after the APR order has been filed.

```
JOHNSON,TARAN          20/000-00-0000          MAPV enter/edit
Tracking number: 2003-00989876      Order number: 030624-00145
-----
Requested APU Location: ORTHOPEDICS APU
Procedure Location: ORTHO - MAIN OR
APU Physician: WHITE,ALFRED
APV Date/Time: T
APV Procedure:
    Arthroscopy, Rt Knee
Appointment Comment:

CPT:
Enter CPT codes or descriptions

-----
Mos   Cpt   Print   Help   Exit
Enter/edit Nursing Minutes of Service
```

Figure 10. MAPV Data After APR is Filed

2.10.6 MAPV – Entering Minutes of Service

Once a record is selected, choose the 'Mos' action (Figure 10).

The MAPV enter/edit screen displays (Figure 11) and allows the user to enter Minutes of Service and Locations related to the patient's episode of care.

```
JOHNSON,TARAN          20/000-00-0000          MAPV enter/edit
Tracking number: 2003-00989876      Order number: 030624-00145
-----
Pre-op Teaching Location(s):
CENTRAL SCREENING

Pre-op Location:
    GENERAL SURGERY

Post-op Recovery Location(s):
    OUTPATIENT SURGERY

Extended Recovery Location(s):
    WARD 4B

-----
preScreen  Pre-op  pOst-op  exTended  pRint  Help  eXit
Enter/edit Pre-op Teaching locations/times
```

Figure 11. Entering Minutes of Service (MOS)

Key Points:

1. Available actions related to entering minutes of service include:
 - **preScreen** – Enter/edit Pre-op Teaching information (default action)
 - **Pre-op** – Enter/edit Pre-op Nursing information
 - **pOst-op** – Enter/edit Post-op Nursing information
 - **exTended** – Enter/edit Extended Recovery information
 - **pRint** – Print the patient procedure record
 - **Help** – Obtain information about this option
 - **eXit** – Exit this option.
2. CHCS will screen for the appropriate MEPRS/location type for each location category: T, S, V, or W.
3. The APU associated with the APR order will display in the 'Pre-op Location' field.

Note: Only one location is allowed for a Pre-op location. Multiple locations may be added for:

- Pre-op Teaching Locations
- Recovery Locations
- Extended Recovery Locations.

4. When the preScreen action is selected, the system will expand the first location type under the 'Pre-op Teaching Location', as shown in Figure 12.

JOHNSON, TARAN	20/000-00-0000	MAPV enter/edit
Tracking number: 2003-00989876	Order number: 030624-00145	

Pre-op Teaching Location: Central Screening - NNMC		DGA*
Intervention		
Start Date/Time	Stop Date/Time	MOS (View only)
T@1530	T@1600	30

Figure 12. Expanded Data – First Location Type Under Pre-op Teaching Location

This screen will display when the user presses <Return> at a selected location. One or more sets of Nursing Intervention Start/Stop times can be entered or edited for each location. After entering a Stop time, the system will position the cursor below the last Start time so that the user can enter another arrival date/time. The calculated minutes of service will display as 'view only.' After entering MOS, the user is returned to the screen shown in Figure 11.

5. The system will create a non-count unscheduled appointment for the patient when the Pre-op Teaching location is edited and an arrival time is entered. Refer to the flowchart in Figure 13.

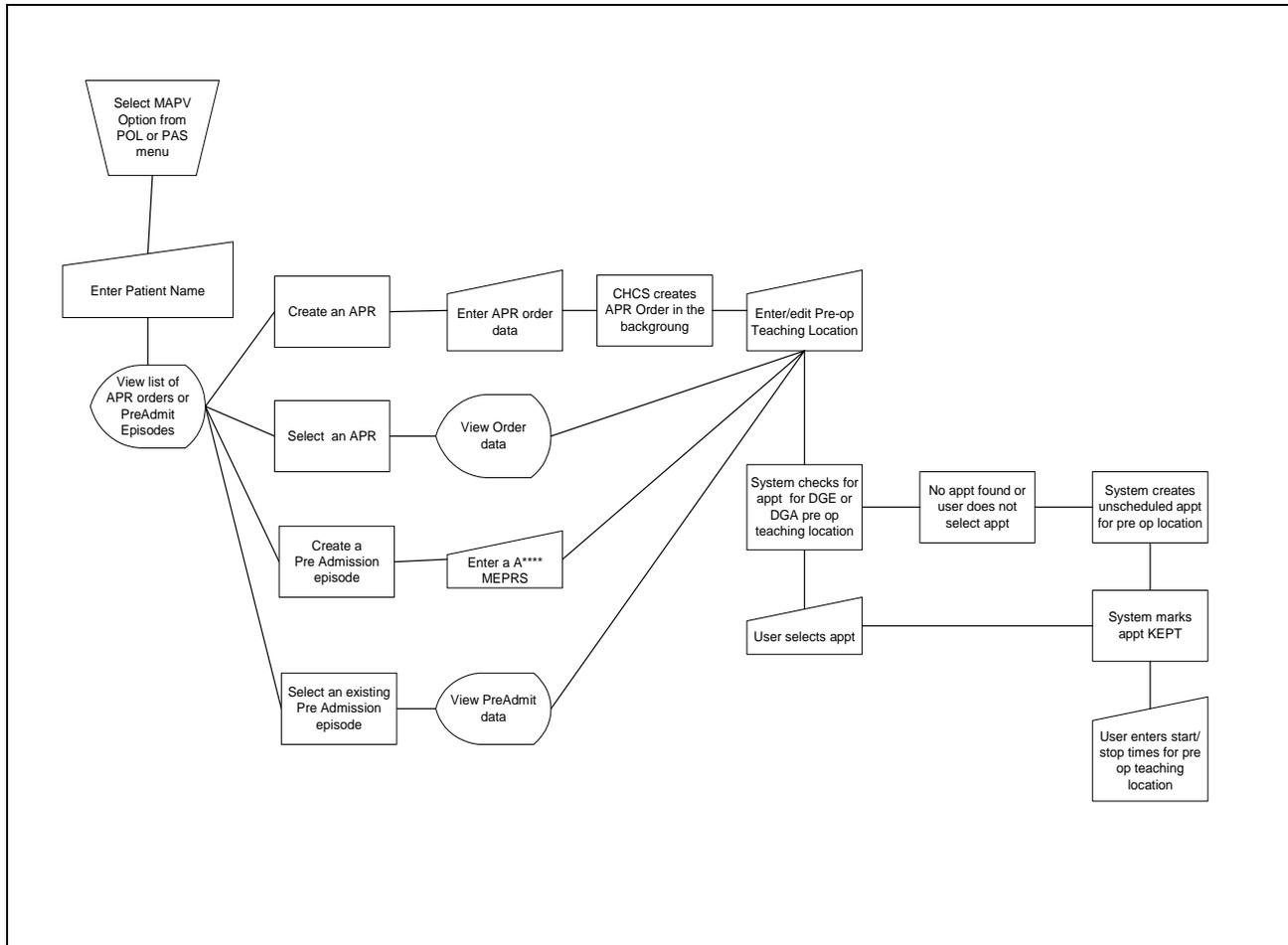


Figure 13. Unscheduled Non-Count Pre-Op Teaching Appointment

6. If the patient has a scheduled appointment for the selected Pre-op Teaching location, the system will prompt the user to confirm that the MAPV event is related to the appointment under the following conditions:

- a. The user enters an arrival/start date/time that corresponds to the appointment date
- b. The appointment will display for the user even if it has been marked KEPT.

If a YES response is entered, the appointment will be marked KEPT if it has not already been marked. (Figure 14).

```

JOHNSON,TARAN          20/000-00-0000          MAPV enter/edit
Tracking number: 2003-00989876          Order number: 030624-00145
-----
Pre-op Location Teaching: CENTRAL SCREENING          DGEA

Intervention
Start Date/Time          Stop Date/Time          MOS
T-7@1430          T-7@1500          30

Date/time Patient Departed the Facility:
    
```

Figure 14. MAPV Enter/Edit Screen: MOS for Appointment Marked KEPT

If NO is entered, a non-count unscheduled visit will be created for this encounter (if the “T” location is configured with Providers and associated schedules are created). The user will be prompted to enter a Pre-op Teaching Provider and an appt type.

If no file and table has occurred for the “T” location type, a non-count appointment *will not* be created.

On the day of the procedure, the MAPV user can mark the APV appointment KEPT in the Pre-op Location screen (Figure 15). The Arrival date/time will default to a ‘NOW’ date/time, which can be modified by the user. The appointment status and arrival time will automatically be updated for the Pre-op Location when the patient is ARRIVED through PAS.

```

JOHNSON,TARAN          20/000-00-0000          MAPV enter/edit
Tracking number: 2003-00989876          Order number: 030624-00145
-----
Pre-op Location: GENERAL SURGERY - NNMC          B**5

Appt          Arrival          Appointment
Status          Time          Time
KEPT          T@0530          T@0730

Intervention
Start Date/Time          Stop Date/Time          MOS
T@0615          T@0715          60

Date/time Patient Departed the Facility:
    
```

Figure 15. MAPV Enter/Edit Screen: Pre-op Location MOS Enter/Edit

7. The APV length of stay will be calculated based on the 'Arrival' time as the starting time.

The dates entered for the Pre-op location arrival and departure dates must equal the appointment date. Minutes of service cannot be calculated unless Intervention Start /Stop times for Pre-op locations or Start/Stop date/times are entered for any of the other locations. The prompt 'Date/Time Patient departed the Facility' can be used in the Pre-op Location screen to end an APV encounter where the procedure has been cancelled or postponed.

8. The changes described above will also occur in End-of-Day (EOD) Processing so that MAPV and EOD work in a consistent manner.

Examples:

- a. If an APV appointment status is 'PENDING', the MAPV and EOD user can mark the appt: KEPT, WALK-IN, SICK C (Sick Call), CANCEL, NO SHOW or LWOBS.
- b. If the APV appointment status is PENDING and the MAPV and EOD user marks the appointment as CANCEL, NO SHOW or LWOBS, the system will reset the APR order to PENDING APPOINTMENT and allow the order to be rescheduled.

Note: The Arrival and Intervention Start Time must be on the same date as the APV appointment date. If the user enters an Arrival time or an Intervention Start time under Pre-op Location, the appointment Status will be marked KEPT.

- c. If the APV appointment status is KEPT, WALK-IN, SICK CALL (all of which = KEPT) and PAS calls ORE to complete the APR order and activate the ancillary orders, the MAPV and EOD user can only mark the appointment as: CANCEL, LWOBS, or NO SHOW.

These APRs cannot be rescheduled. Through the MAPV option, the APPT STATUS and ARRIVAL time will either be un-editable or bypassed once an appointment is marked cancelled.

If the user presses <Return> through the PENDING appointment status and enters an arrival time:

- The Arrival time must be prior to (or the same as) the appt date/time. A future date/time is not allowed.
- If an Arrival time is entered, the appointment status will be updated to KEPT if the previous status was PENDING.

If the APR does not have a booked appointment and the user enters an Intervention Start time, the system will display the following prompt when the user exits the Pre-Op Location screen:

Do you want to create a walk-in appointment for this patient? Yes//

- If a NO response is entered, no appointment is created.
 - If YES is entered, the system will prompt for an APU provider (if not defined in the order) and an appt type. The system will use the Intervention Start Time as the Walk-in time and the MAPV Arrival date/time.
9. The Post-op location allows the user to enter Nursing Start and Stop times. Post-op MOS cannot be entered unless an arrival time has been entered for the patient. The MOS will be calculated when the Stop Time is entered. After the user enters the Stop Time, cursor will be positioned at the 'Date/time Patient Departed the Facility' field. This is used to complete the APV.

2.10.7 MAPV – Enter/Edit Pre-Admission Encounter

This action allows the user to document the MOS for time spent at an APU for Observation patients and VA-support patients. This does not include patients cared for on Wards, other than to allow the 'Weighted' field of the Inpatient Cost Pool DSI to be edited in WAM per the last Core file received.

Observation MOS Business Rules:

- Allow A***, B**0 and FC** to be entered at the MEPRS code prompt in the Pre-Admit Action.
- A "T"-type location must be entered in the Pre-Op Teaching location prompt.
- A Non-Count visit can be scheduled or created for this location
- If no File and Table build is done for this location, no appointment will be created.
- Start and Stop times can be entered or edited. This data will be captured on the same workload reports as Pre-Admits (RAPV and WAM).
- This will require an updated Core File to indicate minor changes to the DGA and DGE DSIs.

Workflow:

1. Select the **Pre-Admit** action from the action bar on the initial MAPV enter/edit screen (Figure 6).
2. Enter a MEPRS code: [A***, B**O or FC**]
3. Add ABAA as a Pre Admission episode for JOHNSON,TARAN? Yes// <Return>
4. Enter a Pre-op Teaching location: [T location with DGE* or DGA* MEPRS]
The MAPV Enter/Edit screen displays (Figure 16) and shows the teaching location.

```
JOHNSON,TARAN          20/000-00-0000          MAPV Enter/Edit
Tracking number: 2003-01002565                ABAA
-----
Pre-op Teaching Location:

      CENTRAL SCREENING - NNMC

-----
preScreen      Help      eXit
Enter/edit Pre-op Teaching locations/times
```

Figure 16. Pre-Admission Teaching Location

2.10.8 MAPV – Print Procedure Record

The Print Procedure Record is a modified version of the original APR Record/Cover Sheet. This record will print for either an APR or a pre-Admission profile. The procedure record can also be used for recording MOS for each APR-related location.

Menu Paths:

PAS	CA -> PAS -> MCP -> CDSK -> VAP -> CAPV (Ambulatory Care Record Cover Sheet)
	CA -> PAS -> MCP -> CDSK -> VAP -> MAPV
DTS	CA -> DTS -> CD -> CS -> VAP -> MAPV
CLN	CA -> CLN -> PHYSICIAN -> ORE -> Action: MAPV CA -> CLN -> NURSING -> ORE -> Action: MAPV CA -> CLN -> NURSING -> APV

Select the **pRint** action in the MAPV option to print the Procedure Record (Figure 17).

NAVY INPATIENT DIVISION	23 Jun 2003@1301	Page: 1
Personal Data - Privacy Act of 1974 (PL 93-579)		
* * * PROCEDURE RECORD/COVER SHEET * *		

Patient Name: JOHNSON,TARAN	APV#: 2003-00989876	
Order#: 030624-00145	Pt SSN: 000-00-0000	
FMP/SSN: 20/000-00-0000	Contact#: 800-555-1212	
Emergency Contact:	Billing Status: Non-Billable	
Third Party Insurance: No	Insurance Co. Name:	
Type of Care: APV ___ Observation ___ Pre-Admit ___		
Living Will/Advance Directive on file at MTF: Yes ___ No ___ N/A ___		

APU/Location: GENERAL SURGERY	MEPRS Code: B**5	
Appt date/time: T@0730	Appt Status: KEPT	
Provider Name: ADAMS,ED		
Pre op Teaching: [Pre op Teaching location displays here]		
Start Date/Time: T-5@1330	Stop Date/Time: T-5@1400	MOS: 30
Pre op: [Pre op location displays here]		
Start Date/Time: T@0530	Stop Date/Time: T@0715	MOS: 105
Post op Recovery: [Post op location displays here]		
Start Date/Time: T@1000	Stop Date/Time: T@1200	MOS: 120
Extended Recovery:		
Start Date/Time:	Stop Date/Time:	MOS:

Primary Diagnosis:		Code:
Other Diagnoses:		Code:
Primary Procedure: I&D ABSECSS, WOUND		Code:
Other Procedures:		Code:

20/000-00-0000	JOHNSON,TARAN	USAF ACTIVE DUTY
10 Oct 1963	Age: 39	H: 555-555-5555
Loc: GENERAL SURGERY	W: 858-555-5555	Gender: F
Spon: JOHNSON,TARAN	Rank: FO3	Grade: CAPTAIN
Unit: SCOTT AFB	RR: LOCATION IN ANOTHER	Zip: 00000

Figure 17. PROCEDURE RECORD/COVER SHEET

2.11. Ambulatory Data Module (ADM)

APV encounters are coded through the Ambulatory Data Module in CHCS. ADM also stores an APV Flag for each encounter, which must be linked to the new APV software.

Note: The flag will be set to YES when the encounter record is created – *if* there is data in the APV IEN field (#68) in the Patient Appointment file (44.2). ADM users cannot modify the ‘APV Flag’ field.

Before an ADM encounter is created, users can enter and edit Current Procedural Terminology (CPT) codes through the MAPV functionality. This allows users to enter APV data before an appointment is booked or before the patient is actually seen in the clinic. ADM will read CPT data from the MAPV record at the time the ADM encounter is created. Once an ADM encounter is created, CPT codes can only be modified through ADM; however, users can view the CPT codes stored in ADM.

2.12. APV MOS Reporting

2.12.1 New MOS ASCII Report Option: APV Industry Average & Actual MOS Comparison (IAPV)

Appendix A provides an overview of Industry Average MOS. The ability to compare MTF-collected MOS for an APV to an industry average requires knowledge of the procedure that is performed and expressed as a CPT code. The *APV Industry Average & Actual MOS Comparison Report* in CHCS can be used to make these comparisons. The flat file of this report, an ASCII format, allows the user to import data into a commercial spreadsheet program. This report, *APV Industry Average & Actual MOS Comparison*, is for information only and does not affect data capture for WAM.

The new menu option for this report is available on the Ambulatory Procedure Visits Menu (VAP) menu.

2.12.1.1 Rules for MOS Extraction from Industry Average File (8151.2)

1. Find a CPT code that corresponds to the CPT entered by the user to create the report.
2. Look up the CPT code in the 'APV MOS Industry Average' file in CHCS (Four fields contain MOS.):
 - If all four fields are populated with MOS, check for the highest combined numerical value for the pair and select that pair to use for the report.
 - If only one pair is populated, use that pair (pairs are divided into: In-Office APV and Out-of-Office APV).
 - If both pairs of values are equal, select the Out-of-Office data pair.
 - If there are zeroes in all four fields, report "0.00" (zero minutes) in the report.
 - If the CPT code is not found in any of the four fields, then populate the report fields with: "0.00" (zero minutes).

2.12.1.2 Designating a CPT Code as an Industry APV Procedure from the APV Industry CPT File (8151.3)

1. Find a CPT code that corresponds to the CPT entered by the user to create report.
2. Look up the CPT code on the APV Industry CPT file.

- If a CPT code is found, add the acronym, “APV”, in parenthesis next to the CPT code reported in the ‘APV MOS Industry Average’ line in the report.

Example: CPT 23455 (APV).

- If a CPT code is not found, no action is needed.

2.12.2 Generating the APV Industry Average & Actual MOS Comparison Report

1. Access the APV Industry Average & Actual MOS Comparison (IAPV) option.

Menu Path: CA -> PAS -> CDSK -> VAP -> IAPV

This option allows the user to print the report and create a flat file in CHCS and also verify whether a CPT code is a recognized industry APV procedure.

2. Select MEDICAL CENTER DIVISION NAME: TRIPLER// **TRIPLER**
[Allows entry of any division a user is authorized to access.]
3. Select APV Report Start Date: 04 Nov 2003// **<Return>**
[Defaults to 01 last complete month]
4. Select APV Report End Date: 04 Dec 2003// **<Return>**
[Defaults to last day of last complete month]
5. Enter a (C)linic, select (A)ll Clinics, or (Q)uit: A// **<Return>**
6. Select (O)ne CPT Code, (A)ll CPT Codes or (Q)uit: A// **<Return>**
7. Select (P)rint report, create (F)lat file, (B)oth, or (Q)uit: P// **<Return>**
8. Requested start time: NOW// **<Return>**
9. Device: **<Return>**

The ‘APV Industry Average & Actual MOS Comparison Report’ displays. (Figure 18)

```

TRIPLER ARMY MEDICAL CENTER                                04 Dec 2003@1524

Personal Data - Privacy Act of 1974 (PL 93-579)
APV Industry Average & MOS Comparison Report
Date Range: 04 Nov 2003 - 04 Dec 2003

Group DMIS ID: 0052
Division/Division DMIS ID: TRIPLER/0052
Hospital Location: PLASTIC SURG APU
=====
CPT Code                Industry Avg Pre-Op      Industry Avg Post-Op
43458                   Nursing MOS              Nursing MOS
                        19.00                   3.00
=====
APV Tracking #
Appt. Date
Performing MEPRS        Actual Pre-Op           Actual Post-Op
                        Nursing MOS             Nursing MOS
=====
200311200005
20Nov03                 0.00                   130.00
=====
Clinic Actual MOS Averages: 0.00                   130.00
Industry MOS Average:   19.00                   3.00

```

Figure 18. Sample APV Industry Average & MOS Comparison Report

Note: APV reporting software can access ADM encounter data via the link between ADM and PAS. The Appointment field (#.01) in the KG ADC Data file (100501) is a pointer to the Patient Appointment file (44.2).

2.12.2.1 Flat File Format

Data from the *APV Industry Averages & MOS Comparison Report* can be formatted into a flat file through the IAPV option. The name of the ASCII file conforms to operating system requirements:

```
APVMOS_GroupDMIS_ChildDMIS_DDMMYY_DDMMYY.HHMMSS.DAT.
```

This file will benefit site personnel in creating a database of actual MOS captured by procedure for their facilities and will allow for eventual creation of site or service default APV MOS values.

The APV MOS by CPT Flat File Creation can be printed to a .DAT file for import into a commercial spreadsheet program or printed to a device. The following prompt allows the creation of the flat file in the IAPV option:

```
Select (P)rint report, create (F)lat file, (B)oth, or (Q)uit: P// F
```

The following ASCII file will be created:

DISK\$LOG:[CHCS.APPL.EXPORT]0052_0052_APVMOS_04Nov03_04Dec03_20031204151453.DAT

Figure 19 provides a sample Flat File Layout.

Group DMIS ID	Division Name/ DMIS ID	CPT Code	IAPV Report Date Range	APU Location	APV Tracking #	Appt. Date	Industry Average Pre-Op Nursing MOS	Industry Average Post-Op Nursing MOS	Actual Pre-Op Nursing MOS	Actual Post-Op Nursing MOS
0124	Navy Inpatient/ 0124	23650 (APV)	01JUN03 to 31JUN03	General Surgery	2003-726435	03JUN03	90	35	80	65
0124	Navy Outpatient/ 6204	23650	01JUN03 to 31JUN03	General Surgery	2003-786394	23JUN03	60	90	65	85

Figure 19. APV Industry Average & MOS Comparison Report: Flat File Layout

Note: For the purpose of this document, this format has been compressed.

2.13. APV Reports

2.13.1 Renamed and Modified Roster of Kept APV Appointments Report

The former 'Roster of Kept APV Appointments' has a new title: 'Roster of Nursing MOS (RAPV)', which more accurately describes the data that is collected. The report:

- now includes patient totals for each MEPRS code for which MOS have been entered for an APV encounter. Totals for clinics and divisions are also included.
- can be used for verifying capture of MOS for WAM reporting.

Previously, users could only print this report by Group or Division. Now, the ability to print by hospital location (clinic) is also a choice.

1. Access the RAPV option.

Menu Path:

CA → DTS → DM → SS → MGRM → RAPV (Roster of Nursing MOS)

CA → PAS → MGRM → RAPV (Roster of Nursing MOS)

2. Select (G)roup, (D)ivision, (H)ospital Location, or (Q)uit: **G**

3. Select (O)ne, (M)ultiple, (A)ll Groups or (Q)uit: **A**
4. Do you want to print a (D)etail or (S)ummary Report, or (Q)uit: D// **D**
5. Sort by APV (T)racking Number, (P)atient Name, (H)ospital Location, or (Q)uit: T// **T**
6. Include Pre-Op Teaching MOS for inpatient surgical procedures? YES// **Y**
7. Report Month & Year OR '^' to enter specific date range: Nov 2003// **<Return>**

Appendix B provides a sample 'Roster of Nursing MOS' Return.

2.13.2 New 'Roster of Incomplete APV Tracking Times (NAPV)' Report

The 'Roster of Incomplete APV Tracking Times' report allows the user to identify incomplete APV encounters, i.e., encounters that do not have APV Tracking Times entered through MAPV. If the MOS have not been entered for the Pre-Op Location and the Post-Op location, the APV appointment is considered pending. This report can be generated for a user-specified date range and will display APV appointments for the user's division. The user can elect to view data for an individual clinic or all clinics.

1. Access the NAPV option.

Menu Path:

CA → DTS → DM → SS → MGRM → NAPV
CA → PAS → MGRM → NAPV

2. Select (G)roup, (D)ivision, (H)ospital Location, or (Q)uit: **G**
3. Select (O)ne, (M)ultiple, (A)ll Groups or (Q)uit: **A**
4. Sort by APV (T)racking Number, (P)atient Name, (H)ospital Location, or (Q)uit: T// **T**
5. Report Month & Year OR '^' to enter specific date range: Nov 2003// **<Return>**

Appendix C provides a sample 'Roster of Incomplete APV Tracking Times' report.

2.14. WAM Reporting

Previously, WAM collected data for the system-generated DGA Data Set ID (DSI). DGA calculation has been modified so that DGA data can now be collected for the multiple hospital location types now used for APV episodes. With this release, MOS can be entered in CHCS for the DGE DSI; therefore, this DSI is now system-generated.

In addition, since the MOS that APV patients spend recovering on Wards are now collected, the Inpatient Cost Pools DSI now reports this workload using the APU MEPRS codes as the Requesting FCC/MEPRS. The Inpatient Cost Pools DSI will continue to report inpatient workload as well. As a result, Inpatient Cost Pools DSI will report time as both Occupied Bed Days (OBDs) and MOS in WAM.

2.14.1 DGA Reporting

2.14.1.1 DGA Calculation

The current algorithm used to calculate APV MOS in the PAS subsystem has been revised. Start and stop times can be entered for each of the location types included in Table 3; and, a patient may have multiple start and stop times for each location or location type. The following location types can have DGA MOS entered.

Table 3. DGA-Related Location Types

Location Type Name	Location Type Defined in the Hospital Location File	Possible Requesting FCC/MEPRS Codes
Ambulatory Procedure Unit (existing)	S	APU flagged FCC/MEPRS code
Teaching Location	T	APU flagged FCC/MEPRS code or "A", "B**0", "FC" FCC/MEPRS codes
Recovery (post procedure) Location	V	APU flagged FCC/MEPRS code

As stated above, Pre-op Teaching locations can provide education and pre-screening for future APV patients, as well as patients who are in a pre-inpatient admission or "observation" category. Patients may not have an APV appointment defined for a "T"-type location, as it is optional.

Note: Minutes of Service is the "Weighted" value and 'Number of patients' is the Raw value.

Upon Initialization of WAM, all of the DGA data for inpatient pre-screening, observation patients, and APV patients that have been entered for the above location types (for the reporting month) will be calculated and reported to WAM.

2.14.1.2 DGA WAM Workload Template Modifications

Reporting enhancements have made BeneCat data easier to validate. This data will be reported to EAS IV; however, there is no change in the template display since this DSI will be non-editable.

2.14.1.3 ASCII File Reporting for DGA

Currently, Weighted and Raw values are reported in the EAS ASCII file. BeneCat data will now be reported in the ASCII file for the Raw amount. The existing EAS ASCII file format is unchanged and there is no change in STARS/FL ASCII file reporting.

2.15. DGE Reporting

2.15.1 DGE Calculation

Effective with this release, DGE data will be captured in CHCS. Entered into the MAPV screen, the PAS subsystem will collect, calculate the MOS, and report the data to WAM for APV patients. Use of DGE is optional for APV pre-op teaching, “observation” patients, and inpatient pre-op patients. DGE data, e.g., start and stop times can only be entered for Pre-op Teaching (T) location types.

Since DGE data is now system-generated, BeneCat data, Weighted and Raw values, will be reported to EAS IV. There is no change in the EAS IV template display/format or the STARS/FL ASCII file format.

2.15.2 Teaching Location FCC/MEPRS Correction

An “APV Requesting FCC/MEPRS Correction” process will be invoked upon WAM Initialization for a reporting month. For every patient seen in a “T” location type that had an “A” MEPRS code assigned as the Requesting FCC, the PAS subsystem will check the Patient file for admissions that occurred any time during the reporting month, starting with the day of the appointment. For the first admission found, the “A” MEPRS code that was assigned to the “T” type location MOS will be compared to the Inpatient Clinical Service MEPRS code. If they differ, the value in the Patient file will override the value for the “T” location MOS. This MEPRS code correction will occur whenever DGA or DGE DSIs are initialized.

2.15.3 Inpatient Cost Pools Reporting

2.15.3.1 Inpatient Cost Pools Calculation

CHCS now tracks the time an APV patient spends in recovery on a Ward. The MAPV screen will be used to document the time spent on a Ward defined with a Cost Pool. Start and stop times can be entered for the Ward Location Type. A patient may have multiple start and stop times for the specified location or location type. Table 4 provides a description of the Ward Location Type.

Table 4. Description of “Ward” Location Type

Location Type Name	Location Type Defined in the Hospital Location File	Possible Requesting FCC/MEPRS Codes
Ward	W	Inpatients = A*X* FCC/MEPRS code APV patients = APU flagged FCC/MEPRS code

The MOS that an APV patient spends recovering on Ward locations will be reported to WAM in the Inpatient Cost Pools DSI with an APU-flagged Requesting FCC/MEPRS. Inpatient workload will continue to be reported in the Inpatient Cost Pools DSI. Therefore, the Inpatient Cost Pools DSI will now report MOS for both APVs and Inpatients (Weighted field) and OBDs for Inpatients (Raw field).

The following calculation will be used to determine MOS for the inpatient data, which will be reported as the weighted value:

$$\text{Inpatient Data MOS} = (\text{Inpatient Occupied Bed Days (OBD)} \times 1440)$$

2.15.4 Inpatient Cost Pool: WAM Workload Template Modifications

Editing for non-“A” FCC/MEPRS codes is now allowed for the ‘Weighted’ field of the Inpatient Cost Pools DSI. The WAM templates for Inpatient Cost Pools DSI were modified to display both raw and weighted values at the Requesting FCC level.

Note: The Raw value will be zero for APU FCC/MEPRS codes, since OBD data is not tracked for APV patients.

2.15.5 ASCII File Reporting for Inpatient Cost Pools

Weighted values are now reported in the EAS ASCII file, along with Raw and BeneCat values. The existing EAS ASCII file format remains unchanged, as does STARS/FL ASCII file reporting.

2.15.6 APU Flag Trigger for DSI Creation and Maintenance

To support the collection and reporting of workload related to APV encounters, the creation and maintenance of the Data Set ID (DSI) file (#8185.1) in DWAM was modified for the Inpatient Cost Pools (A*X), DGA, and DGE DSIs.

DSI DGE is now system-generated. The A*X and DGA DSIs must use the APU flag in the MEPRS Codes file and the Business Rules in the WAM Core file to determine whether to

include APU FCC/MEPRS codes in the DSI file. Refer to Section 2.16 for additional information.

Upon WAM Initialization, the Data Set ID (DSI) file is checked for Requesting FCCs. Per current functionality, any modifications will be identified and the templates will be updated as needed.

2.16. DWAM Options Affected

2.16.1 Data Set IDs Enter/Edit (DEDT)

This option is used to create manual DSIs (i.e., Inpatient Cost Pool DSIs) in the Data Set ID file and to edit DSIs.

Menu Path: CA -> DAA -> DWAM -> DEDT

When the Inpatient Cost Pool DSI (A*X) is created, “A” and “FC” Requesting FCCs must be manually added for the DSI. The system automatically adds all APU flagged MEPRS codes for Inpatient Cost Pool DSIs once the Performing FCC code has been added and filed. No other non-“A” MEPRS codes will be allowed as Requesting FCCs for Inpatient Cost Pool DSIs.

Per existing functionality, for the system-generated DSIs, DGA and DGE, users can only inactivate or reactivate Requesting R-FCCs via this option.

2.16.2 Data Set IDs Create (DCRT)

This option is used to create system-generated DSIs for a Group or a Division – typically at the beginning of a Fiscal Year. The DGA and DGE DSIs are now system-generated.

Menu Path: CA -> DAA -> DWAM -> DCRT

After accessing the DCRT option, the system checks for the APU flag in the MEPRS file and for the APU indicators in the WAM Core file when adding APU flagged MEPRS to the DGA DSI.

When a Requesting FCC pattern (e.g., “B”, “C”) is flagged as “APU” and the associated DSI has Rule#30 in the WAM Core file, the system will restrict that Requesting FCCs to only those FCCs that are APU flagged for that Requesting FCC pattern. Any other allowable Requesting FCC pattern (e.g., “A” or “FC”) per the WAM Core file will be automatically created as Requesting FCCs for DGA in the DSI file.

For other DSIs (e.g., DAA, DGE), APU flagged MEPRS will be treated the same as non-APU MEPRS. That is, they will be added as Requesting FCCs if the code matches the allowable Requesting FCC pattern in the WAM Core file.

If the APU Flag for an FCC is set to “YES” for a pre-existing FCC after Fiscal Year Initialization and Data Set ID Creation has occurred, the automatic maintenance of Data Set IDs will update existing Inpatient Cost Pool and DGA Data Sets to include the APU FCC (activation

date will be set to the beginning of the FY, with the inactivation date set at the end of the FY). The opposite will occur for DSIs A*X and DGA when an APU Flag is removed from an APU flagged FCC throughout the year (inactivation date will be set to T+1). For the other DSIs, such as DAA or DGA, the R-FCC is not affected by the removal of the APU flag for a FCC.

In addition, if a user creates a DSI after FY Initialization (by creation of the Performing FCC on CHCS), CHCS will automatically add APU flagged MEPRS codes as Requesting FCCs for the DGA DSI. The other DSIs (e.g., DGE, DAA) will be updated as long as the code matches the allowable Requesting FCC pattern per the WAM Core file.

2.16.3 Site Definable MEPRS Table Maintenance

This option is used to create and maintain MEPRS/FCC codes.

Menu Paths: CA -> DAA -> DWAM -> SMDT
CA -> DAA -> MPR -> WFM -> SDM

The APU flag is a field accessed through this option. Whenever an APU flag is added or deleted to a MEPRS code, logic will be added to trigger an update to the Data Set ID (DSI) file for the following DSIs: Inpatient Cost Pool DSIs (A*X) and DGA. This will result in a Requesting FCC either being added or inactivated from the Data Set ID file for the DSI. The update to the Data Set ID file will result in a new DSI if the user is creating the first instance of a Performing FCC for the Data Set. The removal of an APU flag will not cause the inactivation in the other DSI, such as DGE and DAA.

A new message has been added to the WAM Exception Report to indicate any edits to the APU flag of an MEPRS/FCC code, as well as which user made the edit.

Example for: Category 13, CHCS MEPRS File Activity

```
(N) Group 0052 -BAA5/0052 -APU flag added -by VANN,ANDREW -01/09/04@0735  
(N) Group 0052 -BAA6/0052 -APU flag del. -by VANN,ANDREW - 01/09/04@0735
```

Example for: Category 14, CHCS DSI File Activity

```
(N) New FCC BAA5/0052 Added - Completed FY04 DSI file updated - 01/09/04@0735  
(N) New FCC BAA5/0052 APU flag added - by VANN,ANDREW  
(N) New FCC BAA5/0052 Added - Started FY04 DSI file updated - 01/09/04@0735  
(N) FCC BAA5/0052 APU flag del - Completed FY04 DSI file updated -01/09/04@073  
(N) FCC BAA5/0052 inactivated - DMIS 8626  
(N) FCC BAA5/0052 inactivated - DMIS 0534  
(N) FCC BAA5/0052 APU flag del - Started FY04 DSI file updated - 01/09/04@073
```

2.16.4 Inactivate/Reactivate File Entries (ACT)

This option is used to inactivate or reactivate Common file entries, such as MEPRS codes.

Menu Path: CA -> DAA -> CFT -> CFM -> ACT

CHCS determines whether the MEPRS code is flagged as an APU MEPRS, and if so, adds or reactivates (if inactivated) the MEPRS/FCC as a Requesting FCC to the Data Set ID file for the following DSIs: Inpatient Cost Pool DSI (A*X) and DGA. The other DSIs (e.g., DGE and DGA) will be updated appropriately per existing inactivation/reactivation functionality.

Appendix A. APV CPT Industry Average Minutes of Service (MOS)

The *APV CPT & Industry Standard MOS for Same Day Surgery Procedures* identifies a Current Procedural Terminology (CPT) code as an “industry recognized ambulatory surgical procedure” and also displays time values defined in minutes for Pre-op and Post-op nursing care MOS as industry averages.

Source Data Information:

Following is a detailed description of source data used to compile the APV CPT Industry Average MOS table:

1. APV designated CPT codes will be derived from the Ambulatory Surgical Center (ASC) table from the Centers for Medicare and Medicaid Services (CMS) – formerly known as HCFA – or the Ambulatory Surgical Center Base Eligibility Public Use File, January 1, 2002, which is described as follows.

Contents:

Section 934 of the Omnibus Reconciliation Act of 1980, enacted on December 5, 1980, amended sections 1832(a)(2) and 1833 of the Social Security Act (the Act) to authorize the Secretary to specify, in consultation with appropriate medical organizations, surgical procedures that, although appropriately performed in an inpatient hospital setting, can also be performed safely on an ambulatory basis). Part B of Medicare will pay a facility fee when these procedures are performed in a Medicare participating ASC.

The ASC Base Eligibility file lists the Level I and Level II Healthcare Common Procedure Coding System (HCPCS) procedure codes for which Medicare pays an ASC facility fee. This file also indicates the ASC payment group applicable to each procedure code.

The CMS revises the ASC list to reflect annual CPT changes made by the American Medical Association (AMA). These changes are made on a calendar year basis, effective January 1. On a fiscal year basis, effective October 1, CMS adjusts ASC payment rates for inflation and updates the wage index values that carriers use to adjust payments for geographic differences. The program memoranda issuing these changes are posted on the CMS website at www.hcfa.gov/pubforms/progman.htm.

2. The second data source is derived from the *Direct Practice Expense Values Used To Create Resource-Based Practice Expense Relative Value Units For Calendar Year 2001*. The data is defined as follows:

Contents:

This file contains resource inputs used in establishing resource-based practice expense values for more than 7,000 physician services. There are three different types of practice inputs: clinical staff, medical supplies, and medical equipment. The source of the resource inputs is from one of the following:

- a. Clinical Practice Expert Panels (CPEPs) convened in 1995 to develop estimates of the different types of resource inputs necessary to perform medical services
- b. A crosswalk to a related service developed based upon a clinical opinion by CMS
- c. The AMA’s Relative Value Update Committee (RUC)
- d. Refinement of the CPEP inputs by the AMA’s Practice Expense Advisory Committee (PEAC)
- e. CMS ‘s clinical judgment
- f. A medical specialty society.

File Organization:

The files contain one unique record for each combination of procedure code, Clinical Practice Expert Panels (CPEP), and resource input type (clinical staff, medical equipment and medical supplies). In addition, there is a summary all of the practice expense inputs information into a measure of costs for clinical staff, medical equipment and medical supplies at the procedure code level.

2003 inputs MDB is a Microsoft Access database that contains four tables. Three of the tables include a list of the inputs used for clinical staff, medical supplies, and medical equipment. A fourth table summarizes the practice expense input information into costs at the procedure code level.

Only the following selected data elements will be extracted and matched by CPT code to the ASC table for the compilation of the APV CPT Industry Average MOS Table. The equipment, medical supplies and summary files are excluded from this table.

Table A-1. Data Elements in the Clinical Staff Table

Procedure Code	Procedure Code.
Source	Identifies the source of the resource inputs: the PEAC, RUC, a clinical judgment by CMS, a crosswalk by CMS or a medical specialty society.
CPEP	Identifies the number of the CPEP that valued the service. If the service has been refined, the source will indicate “PEAC” or “RUC” and the value for CPEP will indicate “RUC.”
Staff Type Code	The code for type of clinical staff.
Rate	Rate per minute for the clinical staff type.
Description	A description of the clinical staff type.
Pre-Service Time In-Office	Clinical staff time associated with pre-service period when the service is performed in a non-facility setting.
Intra-Service Time In-Office	Clinical staff time associated with the intra-service period when the service performed in a non-facility setting.
Post-Service Time In-Office	Clinical staff time associated with the post-service period when the service is performed in a non-facility setting.

Pre-Service Time Out-of-Office	Clinical staff time associated with pre-service period when the service is performed in a facility setting.
Intra-Service Time Out –of- Office	Clinical staff time associated with the intra-service period when the service performed in a facility setting.
Post-Service Time Out –of-Office	Clinical staff time associated with the post-service period when the service is performed in a facility setting.

CHCS will include a file of APV-designated CPT codes and another file for Industry Averages for pre-operative nursing MOS and post-operative MOS.

Notes:

The APV CPT CHCS file (8151.3) will contain all the APV designated CPT codes.

The CPT Industry Average MOS CHCS File (8151.2) will contain the data elements listed in the table below.

The Procedure Code, Staff Type Code of 1130 only, Description (RN/LPN/MTA), Pre-Time NF (Non- Facility), Post-Time NF, Pre-Time F (Facility), The Post- Time F. The equipment, medical supplies and summary files are excluded from this file.

The time for pre- and post-operative care will be extracted by CPT code and by staff classification (RN/LPN/MTA) from the Access file called “Labor”.

Table A-2. Data Elements to be Used From the Labor File (MOS)

Procedure Code	Procedure Code.
Staff Type	The code for type of clinical staff.
Description	A description of the clinical staff type.
Pre-Time NF	Clinical staff time associated with pre-service period when the service is performed in a non-facility setting.
Post-Time NF	Clinical staff time associated with the post-service period when the service is performed in a non-facility setting.
Pre-Time F	Clinical staff time associated with pre-service period when the service is performed in a facility setting.
Post-Time F	Clinical staff time associated with the post-service period when the service is performed in a facility setting.

The industry average MOS will be updated annually based on the following guidelines (example refers to 2004 file):

- The zip file is called 2004 Practice Expense Inputs from the CMS web page.
- Once unzipped, the above file contains two (2) files. The “Access (MDB) file called 2004 Final Rule Practice Expense Inputs” is the file that is used.
- The “Access (MDB) file called 2004 Final Rule Practice Expense Inputs” file has four sub-files: Labor, Supplies, Equipment and Summary. The "Labor" sub-file is used.

Appendix B. Sample 'Roster of Nursing MOS' Report

Group ID: 0124 NMC PORTSMOUTH		26 February 2004@0746					Page 1
Division: NAVY INPATIENT DIVISION		Personal Data - Privacy Act of 1974 (PL 93-579)					
ROSTER OF NURSING MOS							
by APV Tracking Number							
APV Date Range: Jan 2004 - Jan 2004							
APV Tracking #	Patient Name	FMP/Sponsor SSN	Bene Cat	MEPRS/DMIS	Hospital Location	Provider	
2004-01210004	ANDREWS, ELLEN	98/145-14-5145	5	BAA5/0124	ANN APV	THIGPIN, DANIEL	
Appt Date/Time: 21 Jan 2004@1707							
Arrival Date/Time: 21 Jan 2004@1707							
Pre-Op:	ANN APV		MOS: 38	MOS MEPRS/DMIS: DGAB/0124			
Post-Op Recovery:	ANN APV		MOS: 70	MOS MEPRS/DMIS: DGAB/0124			
Departure Date/Time: 21 Jan 2004@2015							
2004-01210005	PATIENT, CORA	20/801-34-1212	1	BAA5/0124	ANN APV	THIGPIN, DANIEL	
Appt Date/Time: 21 Jan 2004@2144							
Arrival Date/Time: 21 Jan 2004@2144							
Pre-Op:	ANN APV		MOS: 45	MOS MEPRS/DMIS: DGAB/0124			
Post-Op Recovery:	ANN APV		MOS: 30	MOS MEPRS/DMIS: DGAB/0124			
Extended Recovery:	NI 4B OR		MOS: 65	MOS MEPRS/DMIS: AAXA/0381			
Departure Date/Time: 22 Jan 2004@0355							
2004-01220019	FOGLE, CHARLIE FRANKLI	20/275-54-8635	1	BAA5/0124	MAIN APU	CHANDLER, WILLIAM	
Appt Date/Time: 22 Jan 2004@1730							
Arrival Date/Time:							
Pre-Op Teaching:	TEACHING LOCATION - NI		MOS: 60	MOS MEPRS/DMIS: DGEA/0124			
Pre-Op:	MAIN APU		MOS: 15	MOS MEPRS/DMIS: DGAA/0124			
Post-Op Recovery:	RECOVERY FROM APV		MOS: 4	MOS MEPRS/DMIS: DGAB/0124			
Extended Recovery:	RECOVERY B		MOS: 1	MOS MEPRS/DMIS: AAXA/0124			
Departure Date/Time: 22 Jan 2004@1735							

Group ID: 0124 NMC PORTSMOUTH
 Division: NAVY INPATIENT DIVISION

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Personal Data - Privacy Act of 1974 (PL 93-579)
 ROSTER OF NURSING MOS
 by APV Tracking Number
 APV Date Range: Jan 2004 - Jan 2004

=====

LOCATION TOTALS: ANN APV

Requesting CLINICAL SERVICE/MEPRS CODE: BAA5/0124 (INTERNAL MEDICINE CLINIC)

Pre-Op:	ANN APV	Patient Count: 2	MOS: 83	MOS MEPRS/DMIS: DGAB/0124
Post-Op Recovery:	ANN APV	Patient Count: 0	MOS: 100	MOS MEPRS/DMIS: DGAB/0124
Extended Recovery:	NI 4B OR	Patient Count: 1	MOS: 65	MOS MEPRS/DMIS: AAXA/0381
TOTAL FOR: ANN APV		3	248	

LOCATION TOTALS: MAIN APU

Requesting CLINICAL SERVICE/MEPRS CODE: BAA5/0124 (INTERNAL MEDICINE CLINIC)

Pre-Op Teaching:	TEACHING LOCATION - NI	Patient Count: 1	MOS: 60	MOS MEPRS/DMIS: DGEA/0124
Pre-Op:	MAIN APU	Patient Count: 1	MOS: 15	MOS MEPRS/DMIS: DGAA/0124
Post-Op Recovery:	RECOVERY FROM APV	Patient Count: 1	MOS: 4	MOS MEPRS/DMIS: DGAB/0124
Extended Recovery:	RECOVERY B	Patient Count: 1	MOS: 1	MOS MEPRS/DMIS: AAXA/0124
TOTAL FOR: MAIN APU		4	80	

Group ID: 0124 NMC PORTSMOUTH
 Division: NAVY INPATIENT DIVISION

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Personal Data - Privacy Act of 1974 (PL 93-579)
 ROSTER OF NURSING MOS
 by APV Tracking Number
 APV Date Range: Jan 2004 - Jan 2004

=====

DIVISION WORKLOAD TOTALS: NAVY INPATIENT DIVISION

MOS MEPRS/DMIS	REQUESTING LOCATION	MEPRS/DMIS	PATIENT COUNT	TOTAL MOS
AAXA/0124	BAA5/0124		1	1
AAXA/0381	BAA5/0124		1	65
TOTAL FOR AAX			2	66
DGAA/0124	BAA5/0124		1	15
DGAB/0124	BAA5/0124		3	187
TOTAL FOR DGA			4	202
DGEA/0124	BAA5/0124		1	60
TOTAL FOR DGE			1	60

Grand Total APV appointments in 0124 NMC PORTSMOUTH (selected divisions only): 3
 Grand Total MOS in 0124 NMC PORTSMOUTH (selected divisions only): 328

Appendix C. Roster of Incomplete APV Tracking Times

Group ID: 0052 TRIPLER AMC
Division: TRIPLER

08 December 2003@0759 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)
ROSTER OF INCOMPLETE APV TRACKING TIMES
by APV Tracking Number
APV Date Range: Nov 2003 - Nov 2003

```
=====
```

APV Tracking #	Patient Name	FMP/Sponsor SSN	Pat Cat	MEPRS/DMIS	Hospital Location	Provider
2003-11100005	DARKIN, EDWARD	03/111-44-7777	F41	BBA5/0052	TRIPLER-SAME DAY SURGERY	STANNARD, CATHERINE

Appt Dt/Tm: 18 Nov 2003@0800
Appointment Status: PENDING

```
-----
```

2003-11100006	DEAK, RICHARD	03/166-44-8888	F41	BEA5/0052	TRIPLER-ORTHOPEDICS APU	STANNARD, CATHERINE
---------------	---------------	----------------	-----	-----------	-------------------------	---------------------

Appt Dt/Tm: 10 Nov 2003@1524
Appointment Status: WALK-IN

Pre-Op: **APV Tracking Times Incomplete**
Post-Op Recovery: **APV Tracking Times Incomplete**
Departure Date/Time: **APV Tracking Times Incomplete**

```
-----
```

2003-11110001	FEARINS, KEVIN R	20/200-66-1111	F11	BBB5/0052	TRIPLER-CARDIOLOGY APU	SCHAMBERT, DANIEL
---------------	------------------	----------------	-----	-----------	------------------------	-------------------

Appt Dt/Tm: 11 Nov 2003@0900
Appointment Status: KEPT

Post-Op: **APV Tracking Times Incomplete**
Departure Date/Time: **APV Tracking Times Incomplete**

```
-----
```

Press <RETURN -> to continue