2 MINUTE PEARLS
CHCS User Status and AHLTA Provider Mapping

- Lack of maintenance of CHCS file and tables can slow use of AHLTA, causing the system to look for and retrieve unnecessary information.

- CHCS file and table maintenance impacts MTF data quality, workload, and financial reimbursement.

- AHLTA mapping can slow use of AHTLA, as the system retrieves extra and unnecessary data.

- **Notes:**
    - **Every facility should have an active and continual process to keep the CHCS file and tables maintained and to have each user appropriately mapped in AHLTA to only those clinics that they actively work in.**
    - **This Pearl will show how AHLTA can be used to get a snapshot of current mapping and areas in CHCS that must be maintained.**
    - **CHCS and AHLTA maintenance is a combined clinical, administrative and technical responsibility. Clinical staff ensure that changes are reported and administrative/technical staff must ensure that appropriate processes and actions are in place for maintenance to occur.**

Why is this important?

- **Background**:
  - All individuals who have an AHLTA account are in the CHCS Provider file, User file, Clinic/Provider Profile and the Managed Care files in CHCS.

  - Typically multiple functional areas at a MTF are involved in and responsible for maintaining CHCS file and tables.

  - Maintenance of CHCS file and tables has not always been a coordinated or prioritized effort.

  - File and table maintenance has been and remains a CORE DATA Quality process that impacts multiple aspects of the MTF and MEDCOM performance metrics.

Why is this important?

- **Issues**:
  - Adding users to the file and tables is typically not an issue, since account creation is needed in order to get to work.
  - The Credentials Office and the department leadership, including health care administrators, are very aware of providers' departures.
  - The departure of non-providers and movement to different work centers is much harder to track. This often results in the file and tables not being maintained/updated.
  - Removal of staff from previous clinic profiles often does not occur.
  - Provider specialties are not always tracked and updated in the Provider file – Ex. Family Practice PGY3 graduate who is now a staff member retaining the same provider specialty of "Family Practice Physician Resident/Intern with License" to "Family Practice Physician". This can lead to significant financial impacts.

Impact

- **Bottom line**:
  - The maintenance of the CHCS file and table of individuals with AHLTA accounts impacts the efficiency of AHLTA, data integrity and financial reimbursement of the MTF.
  - CHCS file and table maintenance impacts MTF and MEDCOM data quality.
  - File and table maintenance must occur continuously and be a priority for every MTF.

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Recommendations

- All providers (defined as those with the ability to enter orders) will be completely inactivated in CHCS 180 days after ETS/PCS or employment termination.
  - Note: The 180 day grace period allows for inpatient chart closing and for prescriptions to remain active until the provider is made inactive.
- All providers should be active in clinics that they regularly work in and these clinics should be the clinics that they are mapped to in AHLTA.
- Non-providers will be completely inactivated from CHCS immediately upon PCS/ETS/Employment termination.
- Non-providers will only be active in CHCS and mapped in AHLTA to clinics that they work in regularly.
- The MTF should have an active and continual process to keep file and tables maintained.

Representative Impact

SERMC Business Process Reengineering (BPR)

Provider File Errors

- Eisenhower (FY07 with real appointment data)
  - 629 Provider Errors identified and resolved at EAMC (out of 35,538), 14 Remain unresolved due to MCSC process
  - 37,426 Missing Encounters in FY07
  - RVU value of 19993.91 if reprocessed ($1.3M) – real values
  - Eisenhower is no longer losing revenue due to provider file errors – NOW
- Fort Campbell (FY 07 with estimates)
  - 2555 Provider Errors (out of 17,230)
  - 10,519 Missing Encounters from Jan-Sept07
  - Actual RVU TBD
  - Estimate Using standard 99213 Weight (.92) at $71.81 = $594,939
- Fort Stewart (Jan-Sept only with estimates)
  - 685 Provider Errors identified and resolved (out of 11,443), 11 Remain Unresolved
  - 757 Missing Encounters from Jan – Sept07
  - Estimate Using 99213 Weight (.92) at $71.81 = $50,011
- Fort Jackson (Current Errors)
  - 1366 Provider Errors identified (out of 19,198)
- Fort Rucker
  - 106 Provider Errors identified (out of 6,796)
- Redstone Arsenal
  - 76 Provider Errors identified (out of 11,041)
- Fort Benning
  - 152 Provider Errors identified (out of 9,470)
- MEDCOM-wide query projects 1.6M encounters with a projected value of $16.9M (using 2007 MHS RVU Table) – during recent SATX Trip

Note: B* MEPRS Only Where Simple RVU = 0; All Data as of 12 March 08

> Bottom Line:
> Poor maintenance =
> Lost Workload (RVU) =
> Lost $$$$$$$

The following slides illustrate the two ways
AHLTA can be used by the clinical staff
to assess who is mapped to clinics and
who may need to be inactivated in CHCS.

This is provided to help create awareness <u>NOT</u> to make
the clinical staff solely responsible for changes.

Provider Mapping in the Appointments Module

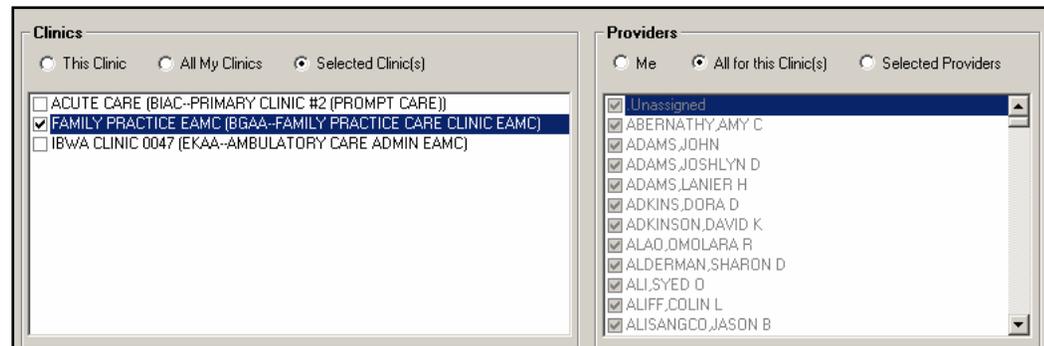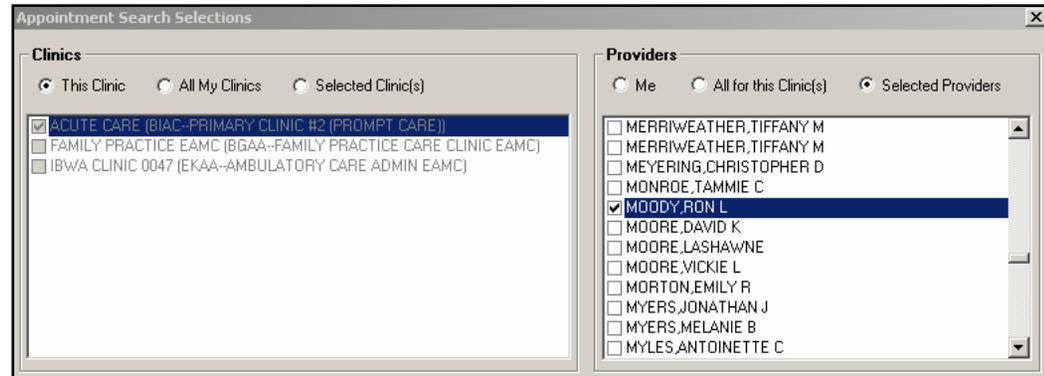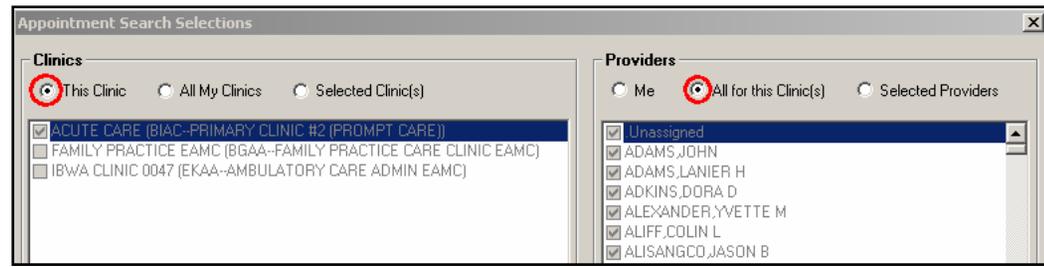- One way to check clinical mapping is to Click on the "Change Selections" button in the appointments module

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Provider Mapping in the Appointments Module

- The "Appointment Search Selection" box will open displaying the clinics that you're mapped to and a list of providers

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Provider Mapping in the Appointments Module

- Under "Clinics" Select "This Clinic" and under "Providers" select "All for this Clinic(s)"

- This will display an alphabetical list of mapped providers

- "Selected Clinic(s)" allows you to change to other clinics that to which you are mapped

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Provider Mapping In the Reports Module
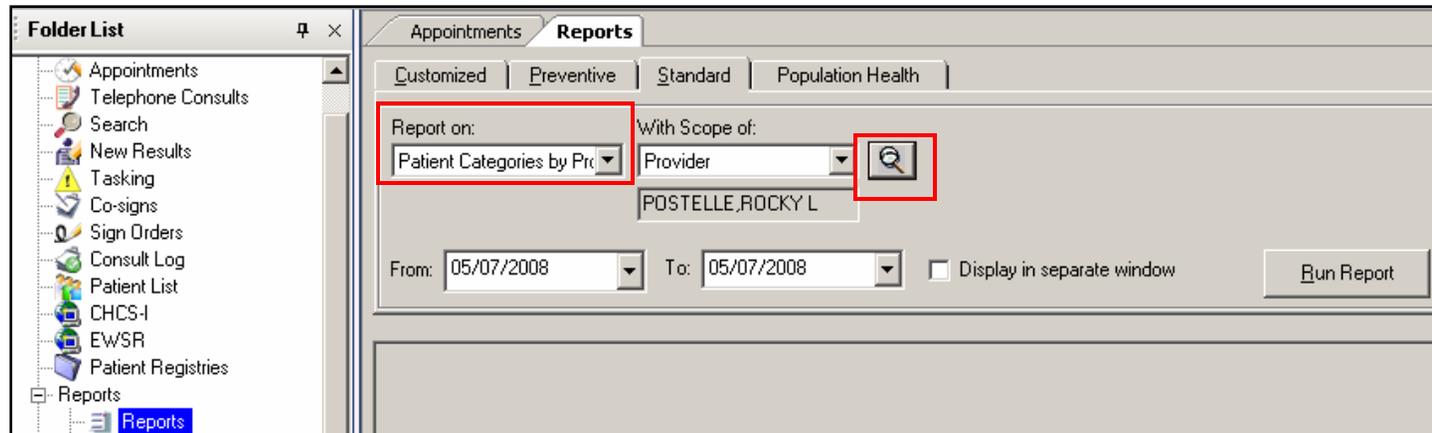
- Another way to check clinical mapping is to go to the Reports module and click on "Reports"

- Now click on the "Standard" tab, select "Patient Categories by Provider" from the drop down menu and then click the magnifying glass

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Provider Mapping in the Reports Module

- When the Provider Search window opens select your clinic from the drop down menu and click the "Find" button

- A list of mapped providers for the selected clinic will display

- The Providers' list displayed for this clinic may be organized by clicking the "Provider" column heading and can also be copied and pasted into an Excel™ spread sheet for convenience and monitoring.

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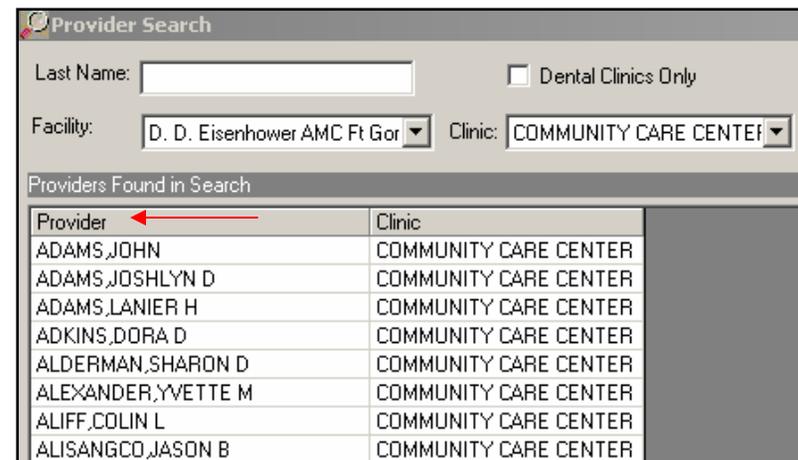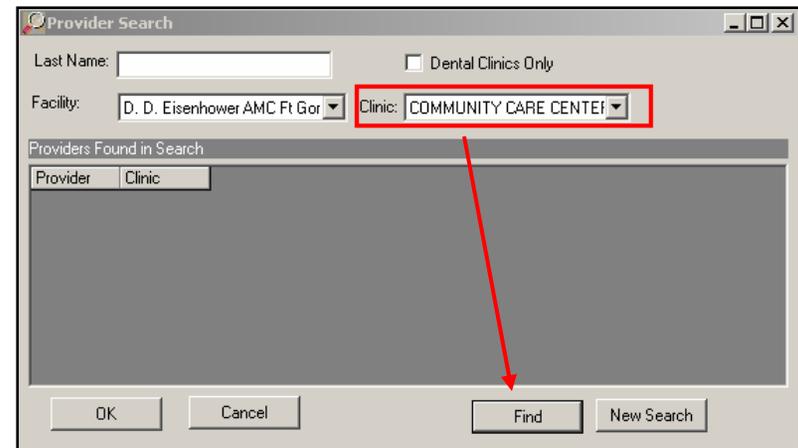
The following slides illustrate

the areas in CHCS that must be maintained

```
chcstlnt - KEA! 420
File  Edit  View  Tools  Options  Help

User: MISSILDINE,PATRICIA A                                        Add/Edit User


 NAME:  MISSILDINE,PATRICIA A                    ACTIVE AHLTA ACCOUNT: YES
 SSN:                    DOB: 29 Jan         GENDER: FEMALE
 INITIAL: PAM      NICK NAME:
 EMAIL: PATRICIA.MISSILDINE@SE.AMEDD.ARMY.MIL
 TITLE: MEDICAL CLERK                        TELEPHONE: 3780
 PROVIDER: MISSILDINE,PATRICIA A
 Want to edit ACCESS CODE (Y/N):
 Want to edit VERIFY CODE (Y/N):
 PRIMARY MENU OPTION: SD PAS MAIN MENU
 FILE MANAGER ACCESS CODE: rdSs&R
 TERMINATION DATE:                           TIMED READ (# OF SECONDS): 600
 SCREEN TYPE: C-VT320
 MULTIPLE SIGN-ON: ALLOWED                   TYPE-AHEAD: ALLOWED
 AUTO MENU: SCROLLING MENUS                  DEFAULT DEVICE:
 PROHIBITED TIMES FOR SIGNON:


 DELETE GROUPS AT TERMINATION: YES     DELETE KEYS AT TERMINATION: NO
 DELETE MAILBOX AT TERMINATION: YES    DELETE DESKTOP AT TERMINATION: YES


 DEFAULT INSERT MODE:


 Help = HELP      Exit = F10     File/Exit = DO              INSERT ON

Select 8,2 to 8,34 on page 1
```
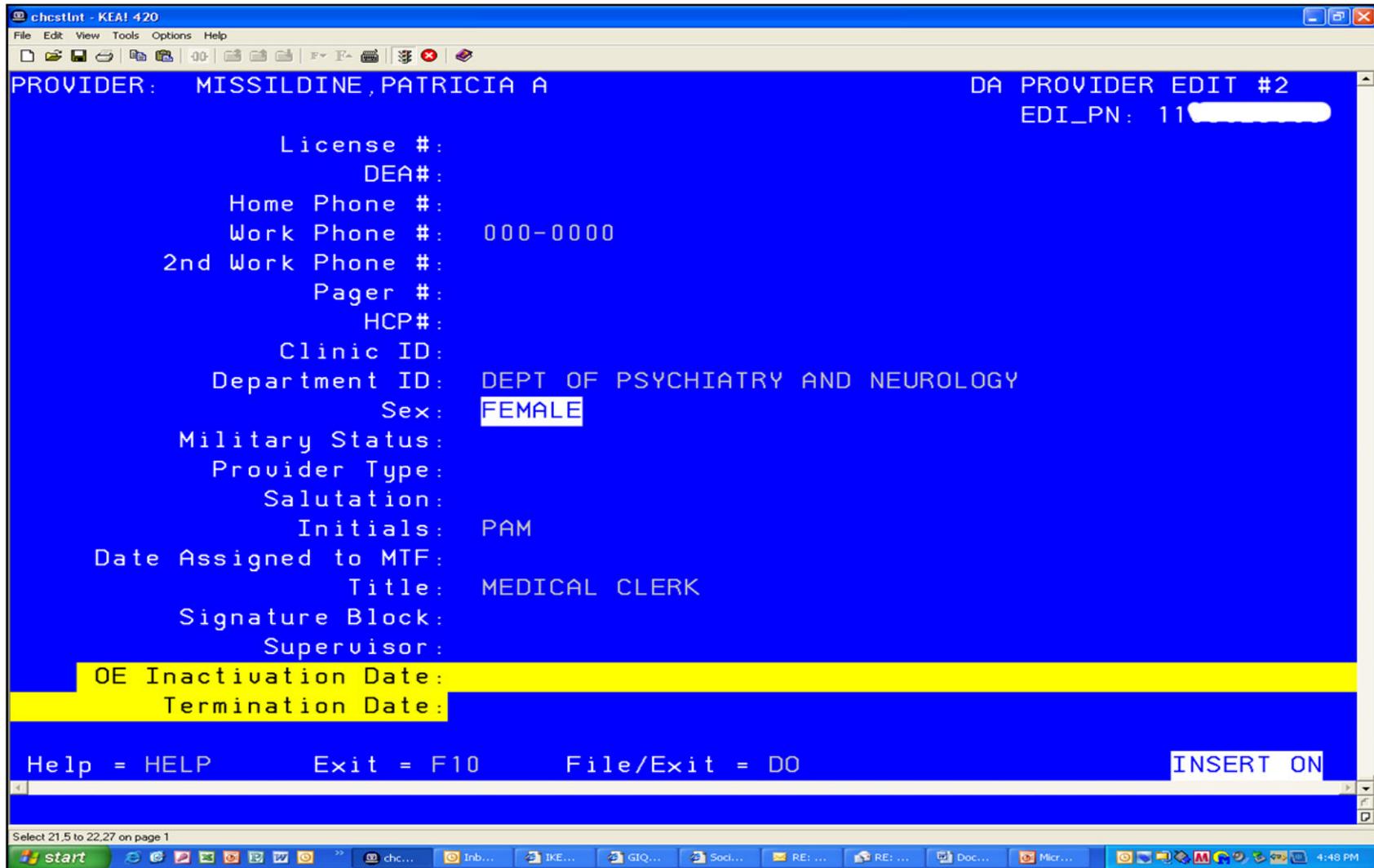
USER FILE: This user is in the provider file with Advanced Allied as their provider class (non provider)

2 Minute Pearls
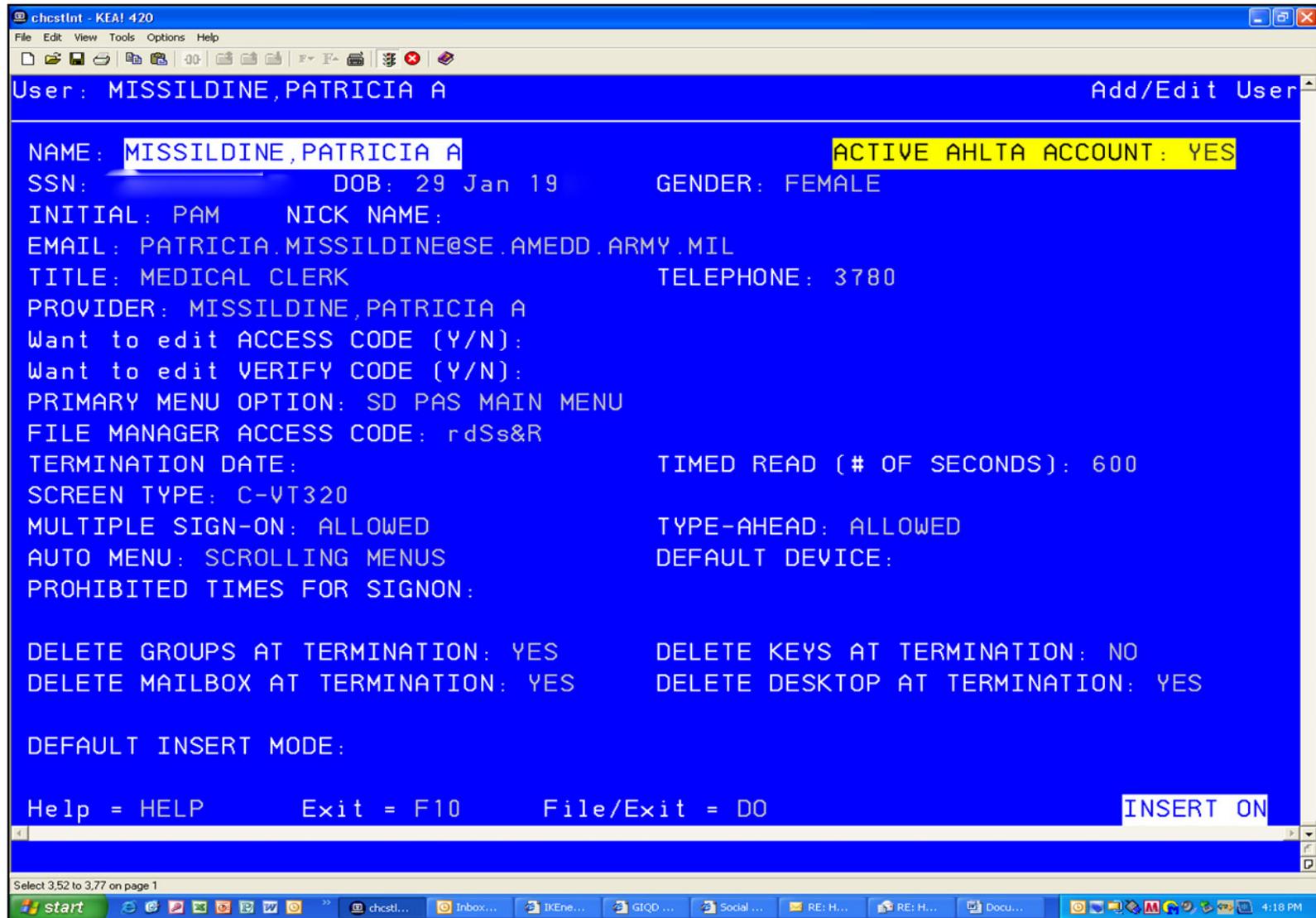
USER FILE: This user also has an AHLTA account which will need to be terminated

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Provider Flag is set to NOT A PROVIDER)

CHCS User Status and
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chcstlnt - KEA! 420
File  Edit  View  Tools  Options  Help

PROVIDER:    MISSILDINE,PATRICIA A                          DA PROVIDER EDIT #2
                                                            EDI_PN:  11

                   License #:
                       DEA#:
             Home Phone #:
             Work Phone #:      000-0000
         2nd Work Phone #:
                    Pager #:
                      HCP#:
                  Clinic ID:
              Department ID:    DEPT OF PSYCHIATRY AND NEUROLOGY
                        Sex:    FEMALE
            Military Status:
              Provider Type:
                 Salutation:
                   Initials:    PAM
       Date Assigned to MTF:
                      Title:    MEDICAL CLERK
             Signature Block:
                  Supervisor:
        OE Inactivation Date:
            Termination Date:


    Help = HELP       Exit = F10      File/Exit = DO            INSERT ON

Select 21,5 to 22,27 on page 1
start                                                                    4:48 PM
```
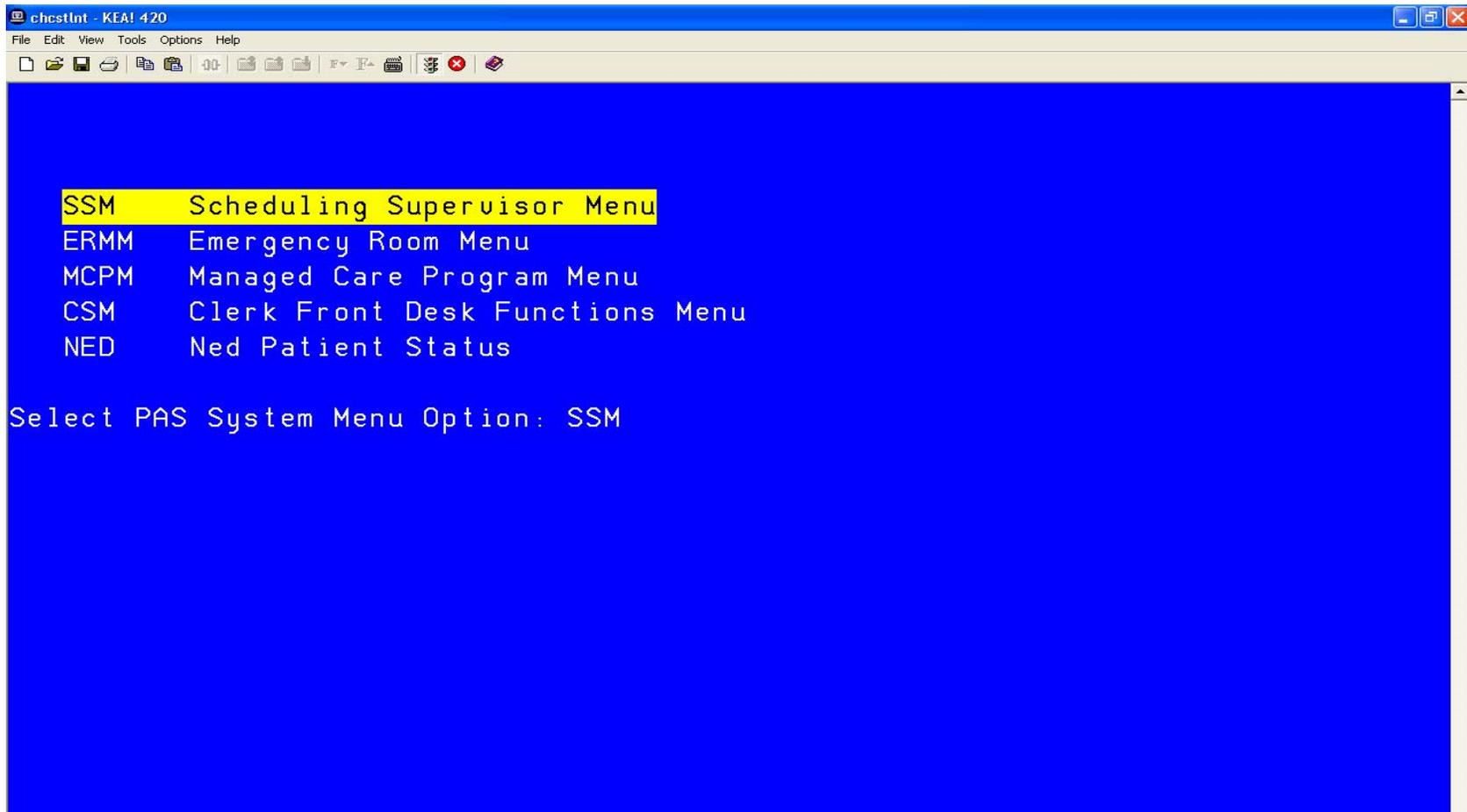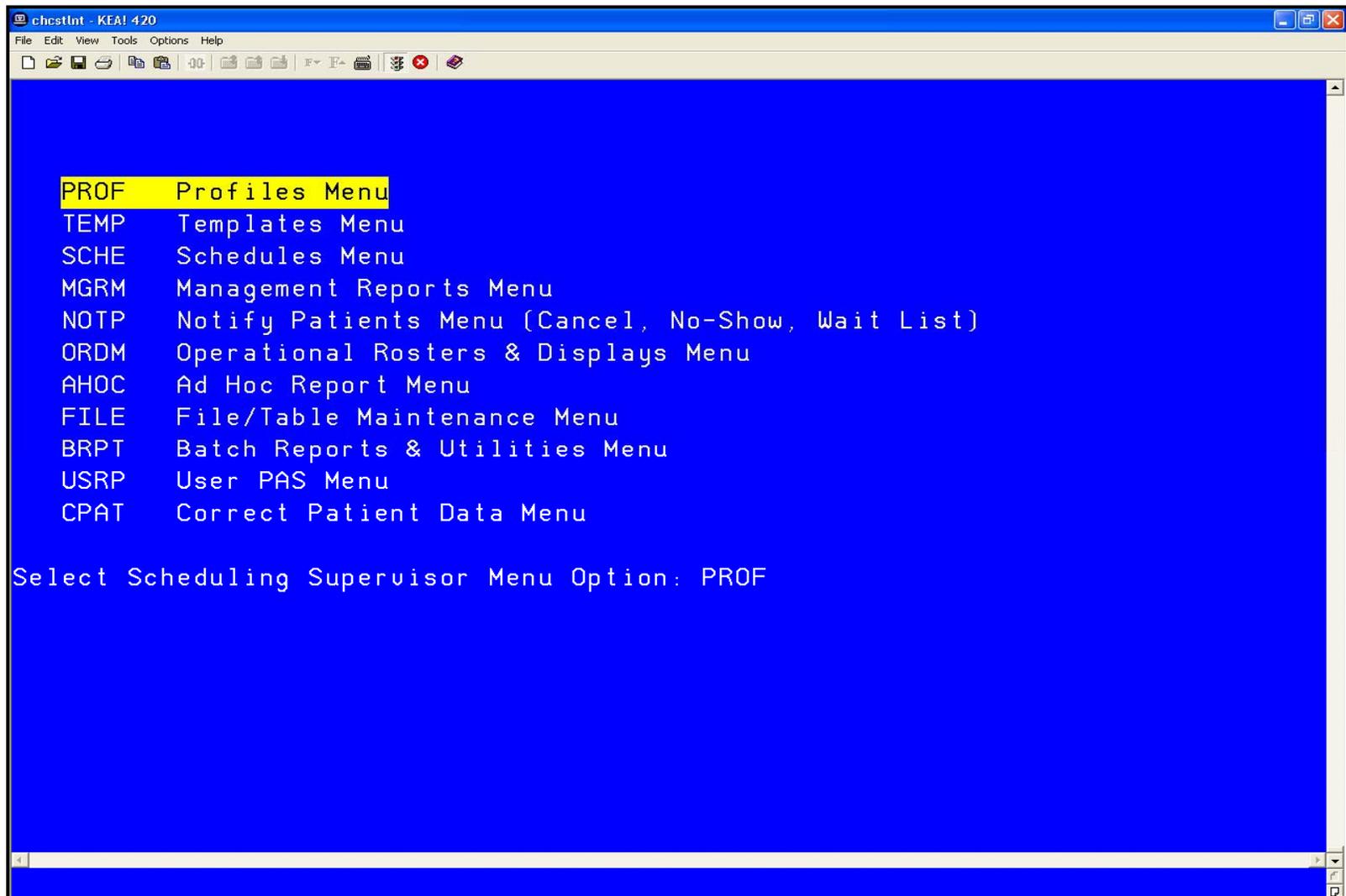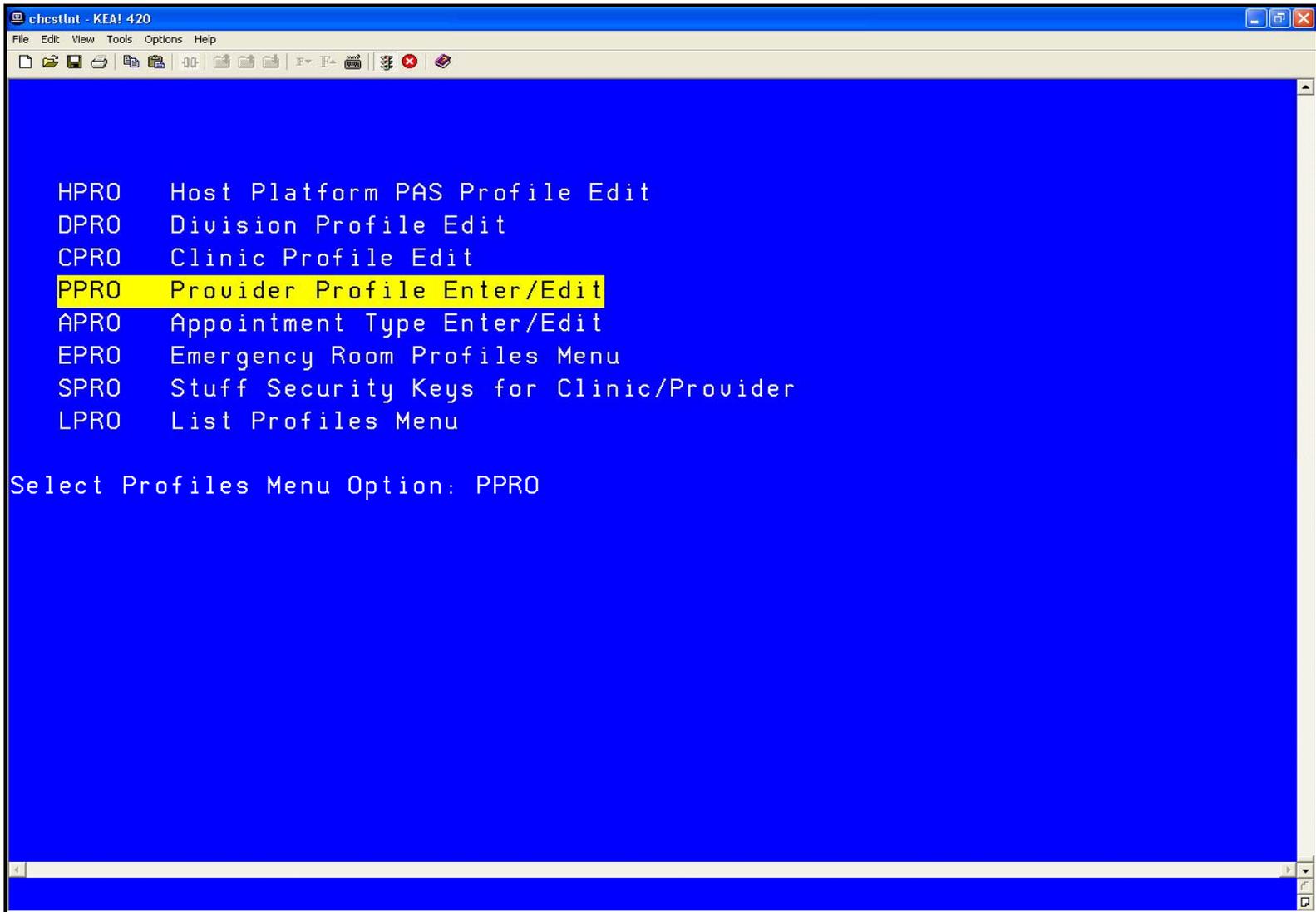
PROVIDER FILE: The **OE Inactivation Date**: Will be "**T**"+ **180** days for orders to process.
Termination Date: Is final (the end of the OE Inactivation Date) **and must be entered manually. MTF should have a process to validate Inactivation occurred**

Patient Appointment System: The Provider Profile must also reflect an Inactivation Date which is "T" + 180 days to remove the provider from the clinic.

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File  Edit  View  Tools  Options  Help

                    INDIVIDUAL PROVIDER PROFILE

Provider: MOODY,RON LOUIS
------------------------------------------------------------------------
   Groups with which this provider is associated


   APV FAMILY PRACTICE MTF
   CONNELLY HEALTH
   FPE4
   TMC4












Select (P)rovider Profile enter/edit, Pro(V)ider Capacity, (G)roup add/delete,
       P(R)actice Parameters, (D)elete Provider from all Groups, or (Q)uit: R//
```

MANAGED CARE FILES: Removing all groups will remove the user's access to those clinics in AHLTA and reduce the number of providers listed there.

Providers should only be in clinics where they regularly work. This requires ongoing clean-up – particularly at GME sites.

Summary

- Everyone needs to take an active role in maintaining the core data in AHLTA

- Assignment of administrative staff to perform and maintain CHCS user status and AHLTA mapping will pay great dividends

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For More Information…

- AMEDD AHLTA Homepage
  - https://www.us.army.mil/suite/page/406 (AKO password required)

- AHLTA Video Tutorials
  - AKO: https://www.us.army.mil/suite/page/406 (AKO password required)
  - Build 3.3 Web-training:

    http://www-nmcp.mar.med.navy.mil/AHLTA/AHLTA%20Training%20Tools/index.html

  - I would appreciate any feedback or suggestions you have for future *AHLTA 2 Minute Pearls*. Please contact me at the following: **LTC Ron Moody, MD (AHLTA Program Office)**
    Email: Ron.Moody@us.army.mil