



Desktop Document Guide

CHCS Workload

Desktop Guide

Submitted in Response to:

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CHCS WAM Enhancements
Deliverable Item 8b

For:

CITPO Composite Health Care System Program Office
LTC Patrick Shannon
Outpatient Product Line Manager
5113 Leesburg Pike, Suite 701
Skyline Four
Falls Church, VA 22041-3206

By:

Science Applications International Corporation
Health Solutions Business Unit
10260 Campus Point Drive, San Diego, CA 92121
Brian Edom, Program Manager, Phone: (703) 575-6378
Soyhun Sung, Product Manager, Phone: (858) 826-7305

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CHCS Workload Desktop Guide

Usage Notes

The design of this document is intended to support online reading. Hypertext links in the text allow you jump to a section of interest. Click on [the blue underlined word or phrase to go to that topic](#).

The Workload Assignment Module (WAM) and Department of Defense Workload Assignment Module (DWAM) functionalities have replaced the term “Medical Expense and Performance Reporting System (MEPRS) code” with “Functional Cost Code (FCC)”. However, the remaining Composite Health Care System (CHCS) subsystems still use the term “MEPRS code” for system displays and data prompts. Therefore, this desktop guide uses both terms, depending on the subsystem being discussed.

For brevity, acronyms are not redefined in every section. [Refer to Appendix B for descriptions of the acronyms and abbreviations used in this document](#).

The screen shots in this document that display patient or provider data do not contain actual data, but are used for demonstration purposes only.

Record of Changes

This record is maintained throughout the life of the document and summarizes the changes between approved versions of this document. Each new version of the document submitted for approval receives a sequential number. For instance, the first new version of the document will be number 1.0. The old paragraph will designate the paragraph number and title where the information existed in the previous document if applicable. The revision comments will contain an explanation of the changes made and any new paragraph number and title if needed. The reference data will specify the project and date of that submittal.

Version No.	Revision Comments	REFERENCE DATA
1.0	Original Submittal.	DO #154, Navy Workload Assignment Module Data Quality Enhancements (Navy WAM SCRs), Deliverable Item 10 Submitted in Response to D/SIDDOMS II Contract DASW01-98-D-0032, SAIC D/SIDDOMS Doc. D2-NWDQ-5000, WAM Core and WAM Ancillary projects, 19 Sep 2003
2.0	<p>Updates were made to the following chapters to include information about the changes for the WAM Enhancements project.</p> <ul style="list-style-type: none"> -Chapter 1: MEPRS Realignment Utility and Site Definable MEPRS Inactivate/Reactive options were added. -Chapter 5: Information about the new Circuit-Rider and Remote Radiology functionality was added. -Chapter 6: Information about the new Laboratory enhancements was added. -Chapter 10: New WAM Enhancements were added. -Chapter 12: Modification to EAS and STARS ASCII files were added. -Appendix A: New WAM Exception Messages were added. 	Submitted in Response to: General Services Administration Contract GS-35F-4461G, Delivery Order No. N65538-06-F-0379, CHCS WAM Enhancements, Deliverable Item 8a, WAM Enhancements project, D2-NWDQ-5000A, 06 Aug 2007, DRAFT
3.0	<p>-The following Appendices were added:</p> <ul style="list-style-type: none"> • Instructions for building the new RAD remote workload transmitters and receivers were added in Appendix D. • Instructions for updated EAS IV ETU transfer templates to include partial data set files were added in Appendix E. • Instructions for setting up External Partnership Divisions were added in Appendix F. • Recommended Menu Options for MEPRS Coordinators were added in Appendix G. <p>-Chapter 1, 2, and 3 have been updated with review comments.</p> <p>-The sections of Remote Radiology and Circuit-Rider Radiology in Chapter 5 have been updated with review comments.</p> <p>-Throughout: Clarified which comments were service specific.</p>	Submitted in Response to: General Services Administration Contract GS-35F-4461G, Delivery Order No. N65538-06-F-0379, CHCS WAM Enhancements, Deliverable Item 8a, WAM Enhancements project, D2-NWDQ-5000A, 28 Sep 2007, final of Revision A

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1. Restructure of Medical Expense Performance Reporting System (MEPRS) by Defense Medical Information System Identification (DMIS ID)

The MEPRS codes and DMIS ID files are part of a group of files called the Common files in the Composite Health Care System (CHCS). Although CHCS Common files do not produce workload, they do provide the structural basis for much of CHCS workload reporting. Common files also provide the reporting structure for Expense Assignment System (EAS) and Standard Accounting and Reporting System/Field Level (STARS/FL) workload reporting through the WAM Core file, the Data Set ID (DSI) file, and the STARS/FL Master Data Element (MDE) file.

1.1 MEPRS Display with Associated DMIS ID

CHCS now allows the same site-definable (fourth-level) MEPRS code (i.e., BAAA, BGAA, and DAAA) in multiple divisions/DMIS IDs to be used within a military treatment facility (MTF) group. This impacts all of CHCS. CHCS software requires a MEPRS code to be unique within a division/DMIS ID. Additionally, the MEPRS picklists, the workload reports, and MEPRS reports now display and/or print the DMIS ID associated with the MEPRS code (e.g., BAAA/0124 or BAAA/6204). This enhancement resolves the issue of having only a limited number of available fourth-level characters (e.g., ***B) to assign to the DMIS IDs within an MTF group for larger sites.

1.2 Functional Cost Code (FCC) in DOD Workload Assignment Module (DWAM) and WAM

The DWAM and WAM functionalities have replaced the term “MEPRS code” with “FCC”. However, the remaining CHCS subsystems (e.g., Clinical, Pharmacy, and Laboratory) still use the term “MEPRS code” for system displays and data prompts.

Table 1-1 compares the terms.

Table 1-1. FCC Terminology Changes

Old Term	New Term	New Abbreviation
MEPRS code	Functional Cost Code	FCC
Performing MEPRS	Performing FCC	P FCC
Requesting MEPRS	Requesting FCC	R FCC

1.3 Improved MEPRS Screening Logic

Menu Paths:

CA → DAA → MPR → WFM → SDM (Site Definable MEPRS Table Maintenance)

CA → DAA → DWAM → SDMT (Site Definable MEPRS Table Maintenance)

When you enter a MEPRS code, the software checks whether the unique MEPRS code/DMIS ID combination exists for the division in which you are currently logged in.

When you create a Cost Pool MEPRS code/FCC, the following message displays to remind you to manually add Cost Pool codes to the DSI file:

“You must manually add Cost Pool codes as Performing/Requesting FCC codes to appropriate DSI(s) via the DWAM menu.”

When you are creating a MEPRS code/FCC that is associated with a manual Data Set ID (DSI), the following message displays to remind you to manually add Cost Pool codes to the DSI file:

“You must manually add the FCC code as Performing/Requesting FCC code(s) to appropriate DSI(s) as needed through the DWAM menu.

Now tasking to update the Data Set ID File...”

WAM TIPS

- You may create a MEPRS code/FCC only for the division in which you are currently logged in.
 - You cannot edit the 'DMIS ID' field for a MEPRS code once you have filed the entry.
 - You may no longer use the Spacebar-<Return> capability for the 'MEPRS code/Cost Pool code' fields.
-

1.4 MEPRS Code Business Rules

1. A unique MEPRS code is the combination of the MEPRS code and a DMIS ID.
2. An active MEPRS code in CHCS has a valid DMIS ID assigned to it.
3. CHCS treats any active MEPRS code without a DMIS ID as an inactive MEPRS code.
4. WAM does not report workload for inactive MEPRS codes.
5. A DMIS ID is a unique code. The DMIS ID Codes file has no duplicate codes.
6. The 'DMIS ID' field is view only and cannot be edited through the MEPRS Enter/Edit (SDM or SDMT) option after initial entry.
7. When a DGA* MEPRS code is entered or edited in the Hospital Location file, CHCS screens it at the group level, rather than at the division level.
8. Within WAM functionality, MEPRS codes are now referred to as “FCCs”. However, the term “MEPRS code” remains in use throughout the rest of CHCS.
9. The DMIS ID immediately follows a MEPRS code/FCC display in CHCS.
10. **Navy Only:** For STARS/FL, MEPRS codes for child divisions that lack an Operating Budget-Unit Identification Code (OB-UIC or DCWID) must be a unique fourth-level MEPRS code within the Parent division and any of its child divisions that lack an OB-UIC. For example, MTFs with civilian facilities MUST use unique fourth-level characters for the MEPRS codes relating to their civilian facilities. This is because the civilian facilities lack their own OB-UIC or DCWID.
11. Army: MTFs with civilian facilities must use unique fourth-level characters for the MEPRS codes relating to their civilian facilities. The MEPRS code must be unique within the Parent division and all its child divisions. This is due to the existing financial system where all child divisions using the same MEPRS codes (such as BAAA) will have the data roll up to one MEPRS code.
12. All Services: Refer to Appendix F (File and Table Steps for External Partnership Divisions) for the recommended steps for sites building a new External Partnership Divisions where there is an agreement to report professional services only in CHCS.

13. The Spacebar-<Return> capability has been disabled for the following options:

Menu Paths:

CA → **DAA** → CFT → CFM → HOS (Hospital Location File Enter/Edit)

CA → **PAD** → SDM → WDF (Ward Definition)

CA → MCM → **PAD** → SDM → WDF (Ward Definition)

CA → **PAS** → SCHED → FILE → EFIL (Enter/Edit MEPRS Codes/Cost Pool Codes)

CA → **DTS** → DM → SS → FILE → EFIL (Enter/Edit MEPRS Codes/Cost Pool Codes)

1.5 MEPRS Realignment Utility

MEPRS Coordinators or authorized users should use the MEPRS Realignment Utility to substitute one MEPRS code with another MEPRS code for a hospital location. The MEPRS Realignment will replace/substitute a MEPRS code with another designated MEPRS for a hospital location. As a result, the following occurs:

- any provider that has defined that location as a Primary Location or Clinic ID will now have the new MEPRS/DMIS pair for that location.
- If the location is a "clinic" location type and it is set up as the enrolling location for UIC Default PCMs, the new MEPRS/DMIS pair is now associated with that clinic.
- Patient Appointment (pending and past appointments),
- Schedulable Entities (future schedules),
- Order (future, pending and pre-active orders).
- Requesting MEPRS code is also converted in future, pending and pre-active orders if the Requesting location is the same as the Hospital location that has the MEPRS code modification. As a result of the substitution, the PAS historical workload from the date of the realignment back to the effective date entered for the realignment will be modified to reflect the new MEPRS/DMIS pair.
- Appointments and workload after the realignment will utilize the new MEPRS/DMIS pair for the associated clinics.

For a MEPRS realignment, the MEPRS Coordinator needs to work with Site Manager in order to coordinate with AHTLA so that both systems remain in synch. The coordination of the MEPRS realignment will help keep the data such as SADR, WWR, etc in synch. If the MEPRS code will be inactivated following the realignment, then EAS coordination is also needed.

Menu Path:

Secondary Menu → MREA (MEPRS Realignment)

WAM TIPS

- DOD MEPRS REALIGN security key is required for this option.
 - The replacement MEPRS code must have the same DMIS ID as the original MEPR code.
 - The default date is the beginning of the current month. You may enter a date as far back as the beginning of the fiscal year (i.e., 01 October).
 - If the effective date for the MEPRS Realignment is prior than the current month, re-initialize the WAM monthly templates, and if needed, retransmit EAS ASCII file to EAS-IV.
 - The MEPRS Realignment is recommended for non-peak time.
 - For a MEPRS realignment, the site needs to coordinate with AHTLA so that both systems remain in synch. If the MEPRS code is inactivated/reactivated, then EAS coordination is also needed as labor hours could be impacted.
-

MEPRS Coordinator should use this option with care. The MEPRS Realignment may take several hours as there is a conversion for each of the following files to substitute the old MEPRS/DMIS pair for the new MEPRS/DMIS pair for the selected hospital location(s)

- Patient Appointment (pending and past appointments based upon effective date)
- Schedulable Entities (future schedules)
- Order (future, pending, and pre-active orders)

Upon completion of the realignment, MEPRS Coordinators can check Category 13, CHCS MEPRS Activity for the messages generated post MEPRS Realignment. Refer to Appendix A for the list the messages and resolutions actions if applicable. A CHCS mail bulletin is also generated and sent to the mailgroup g.DA MEPRS COORD.

WAM TIPS

- Join the existing mail group DA MEPRS COORD to receive mail bulletins generated by MEPRS Realignment. Use the MailMan option called Group Membership to join a public mail group.
 - Upon completion of MEPRS Realignment, the DSI file is updated. Check the WAM Exception messages. For sample messages, refer to Category 13 and 14 in Appendix A.
-

1.5.1 New CHCS Software Business Rules for the MEPRS Realignment Utility

1. The MEPRS Realignment utility excludes locations associated with wards, radiology, pharmacy, and laboratory. The excluded hospital location types are WARDS, ADMITTING, LAB, and IMAGING. Pharmacy locations are built using location type of OTHER LOCATION.

Consult your DBA on the procedures to change a MEPRS code for one of these excluded locations.

2. The MEPRS Realignment utility can only substitute/replace a MEPRS code with another MEPRS code that is defined with the same DMIS ID.

3. The substitution of a MEPRS code is based upon the existing MEPRS business rules for a location type.
4. The MEPRS Realignment utility will not accept future effective dates for the MEPRS code modification. The default effective date will be the beginning of the current month. The effective date may be in the past, back to beginning of current fiscal year.
5. The MEPRS Realignment utility will realign the MEPRS code in the Patient Appointment file and Schedulable Entities file (for future schedules). If the effective date is in the past, historical workload in the Patient Appointment file will also be converted.
6. This utility will realign the Requesting MEPRS code in future, pending and pre-active orders if the Requesting location is the same as the Hospital location that has the MEPRS code modification.
7. To run the MEPRS Realignment Utility, the user must be logged into the division in which the substitution for the MEPRS/DMIS pair is located.
8. The MEPRS Realignment Utility cannot create a new MEPRS code "on the fly".
9. If the effective date of the MEPRS Realignment is prior to the activation date of the MEPRS code, the software will adjust the activation date of the MEPRS code to the effective date of the realignment.
10. The existing business rules for inactivating and reactivating a MEPRS code remain unchanged.
11. The existing business rules for the Hospital Location file remain unchanged.

1.6 Site-Definable MEPRS Inactivate/Reactivate Option

With the new option MEPRS Inactivate/Reactivate, the MEPRS Coordinator or authorized user may inactivate or reactivate a MEPRS code. This option will screen the MEPRS codes based upon the division in which you are logged.

Menu Path:

CA → DWAM → SMIA

WAM TIPS

- Require DOD MEPRS COORD INACT REACT security key in order to access option.
 - Screening logic follows existing business rules for MEPRS codes.
 - For a MEPRS realignment, the MEPRS Coordinator needs to work with Site Manager in order to coordinate with AHTLA so that both systems remain in synch. The coordination of the MEPRS realignment will help keep the data such as SADR, WWR, etc in synch. If a MEPRS code is to be inactivated/reactivated due to the Realignment, then EAS coordination is needed as labor hours may be impacted.
-

The main actions are described below.

(I)nactivate action is used to inactivate one MEPRS/DMIS pair. If there are no inactivation issues, then CHCS will display the inactivation date prompt. If there are inactivation discrepancy issues for the MEPRS/DMIS, the software will display the Discrepancy Report.

(R)eactivate action is used to reactivate a currently inactivated MEPRS/DMIS pair.

(D)iscrepancy Report action is used to print the Inactivation Discrepancy Report. This report lists those active MEPRS codes that a user cannot inactivate due to associated hospital locations, providers, or assigned enrollees.

1.6.1 Inactivate Action

This action is to be used to inactivate a MEPRS/DMIS pair. The MEPRS code that is available is based upon the division in which you are logged.

Scenario 1: There are no inactivation discrepancies. The existing inactivation rules for MEPRS codes remain unchanged. CHCS will update the DSI file for the inactivated MEPRS code. CHCS will also log the existing Category 13 WAM exception message when inactivating a MEPRS code (reference Appendix A). CHCS will also log a bulletin to the existing mail group DA MEPRS COORD.

Scenario 2: There are inactivation discrepancies and CHCS displays the MEPRS Inactivation Discrepancy report.

A MEPRS code cannot be inactivated if one or more locations are associated with the code. The report will also indicate if the location has enrollees assigned to it or if the location is defined in the Primary Location or Clinic ID fields for a provider. If the location is no longer valid, a location cannot be inactivated for these reasons:

- The associated clinic is set up as the enrolling location for UIC Default PCM.
- One or more providers have the location in the Primary Location field or Clinic ID field.

If the location is still valid but requires a different MEPRS code, you would need to perform a MEPRS Realignment for that location. Refer to Section 1.5 for additional information.

1.6.2 MEPRS Inactivation Discrepancy Report

The MEPRS Coordinator should use this report as a tool in resolving the issues in inactivating a MEPRS code. The report is for a single MEPRS/DMIS pair. It will list all active hospital locations associated with the MEPRS code. The second column will list all providers associated with a particular hospital location. The third column will provide an identifier for the provider. The report will list only one provider identifier and the order will be: EDI_PN, SSN, and the NPI. The last column will list the UIC of an associated Default PCM.

MEPRS Coordinators should use MEPRS Guidance/Policy in determining the correct replacement MEPRS code.

Division: INPATIENT DIVISION

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MEPRS INACTIVATION DISCREPANCY REPORT

MEPRS/DMIS: BAAB/0124
Description: INTERNAL MEDICINE CLINIC

=====

The MEPRS code cannot be inactivated for one or more of the below reasons:

- The below Hospital Locations are assigned MEPRS code: BAAB/0124.
- For any provider that has defined the location as a Primary Location or Clinic ID, then the provider will be listed along with either their EDI_PN, PID, NPI.
- If a clinic is set up as the enrolling location for UIC Default PCMs.

These discrepancies must be resolved before the code may be inactivated.

Following site policy, if an approved substitute MEPRS code is identified, authorized users may use the MEPRS Realignment Utility.

Hospital Location	Associated Providers (EDI_PN,PID,NPI ID)	Clinic's UIC Default PCM
NI CLINIC1 PS	Adam, Alistar (2223332123/E) Best, Candice (2234567890/E)	N44945, N9013N
PEDE DEMO FAMILY P	Smith, Dave (123-12-1234/S) Vaugh, Melinda Ann (1243212345/N)	
Clinic supports a PCM with Patients still assigned		
Clinic: PEDE DEMO FAMILY PRACTICE....X		
Provider Name	Patient Name	
NAEHLE,JULIA V	GLAZ,IVAN STEVEN	
	OROPEZA,RENEE X	
	SAALER,DAN X	
	SABEO,CHRISTOPHER Z	

1.6.3 Reactivation Action

This action will only list those site-definable MEPRS/DMIS pairs that are currently inactive. The pick list is based upon the division in which you are logged. On the DoD MEPRS INACT REACT screen, you press 'R' to reactivate a MEPRS/DMIS pair. The cursor is placed to the left of the first MEPRS/DMIS pair. As shown below, you may select one or multiple MEPRS/DMIS pairs.

WAM TIPS

- The default date is TODAY, which follows the existing business rules.
 - The reactivation date cannot be a future date, but it may be a past date, which is an existing business rule.
 - The MEPRS Coordinator needs to work with Site Manager in order to coordinate with AHTLA when reactivating a MEPRS code. This coordination will help keep both systems remain in synch and the reports that are produced such as SADR, WWR, etc.
-

Note that CHCS will trigger an update to the DSI file and log the existing reactivation message in the WAM Exception file based upon the existing business rules. Refer to Category 13 and 14 in Appendix A for sample messages.

1.7 Inactivation of Master MEPRS and Associated Fourth-Level MEPRS Codes via Annual Master MEPRS Date Update

CHCS has the capability to automatically inactivate site-definable (fourth-level) MEPRS codes as part of the annual Master (third-level) MEPRS Update. However the inactivation of site-definable (fourth-level) MEPRS codes via the data update will only occur if the TRICARE Management Activity (TMA)/Management Improvement Group (MMIG) can provide an appropriate third-level replacement code.

If the TMA/MMIG provides a replacement code, the Master MEPRS Update inactivates the fourth-level code and substitutes the replacement code in any associated hospital locations in the Hospital Location file. This enhancement reduces the number of site-defined MEPRS codes that have not been inactivated; thus reducing invalid data in workload reporting.

The MEPRS Coordinator or authorized user may now use the MEPRS Realignment software to replace a MEPRS code in a Hospital Location. Once complete, the old MEPRS code may be inactivated. Refer to Section 1.5.

1.7.1 Inactivation Business Rules

Note that the below rules are for the inactivation of site-definable MEPRS code via the MEPRS/WAM Core data update. The MEPRS Coordinator may also use the MEPRS Realignment utility to substitute an old MEPRS code with another MEPRS code. Refer to Section 1.5 regarding the MEPRS Realignment utility.

1. A MEPRS code may not be inactivated if it has been assigned to a hospital location.
2. A MEPRS code may not be inactivated if providers have that code defined as their default.
3. For fourth-level MEPRS codes that are associated with a hospital location, the TMA/MMIG must provide an appropriate third-level code to replace the fourth-level code to be inactivated. If not, the fourth-level codes are not inactivated via the data update.

For example, several years ago, the DBC code for Blood Bank was inactivated as part of the annual Master MEPRS Update. For that fiscal year (FY), the Navy instructed use of DBAA instead of DBCA. Sites had to inactivate the fourth-character DBCA and substitute DBAA in the Hospital Location file.

4. If the replacement fourth-level MEPRS code is inactive, the data update does not reactivate the code for the appropriate division. The reactivation of a MEPRS code could impact other systems (such as Labor Hours) that feed into EAS. The reactivation of a MEPRS code on one system could create a

data inconsistency between other systems. To reactivate a MEPRS code, refer to section 1.6 for information on the new MEPRS Inactivate/Reactivate option.

5. If the replacement fourth-level MEPRS code is not in the MEPRS file, the update does not add it to the MEPRS file. The creation of a MEPRS code could impact other systems (such as Labor Hours) that feed into EAS. The reactivation of a MEPRS code on one system could create a disconnection with other systems.
6. If a fourth-level MEPRS code is not associated with a hospital location or provider and should be inactivated, the update software inactivates that code.
7. The inactivation date of the fourth-level MEPRS code is TODAY+1.
8. The inactivation of a fourth-level MEPRS code automatically inactivates it throughout the DSI file. The inactivation date is TODAY+1.
9. For codes that could not be inactivated or for a currently inactive replacement code, the update provides a spooled Exception Report.
10. The installer of the Master MEPRS Update is responsible for providing the Conversion Monitor Exception Report and the release notes for the data update to all MEPRS Coordinators and Database Administrators (DBAs) for review and correction.
11. MEPRS staff must regenerate workload data for the current month for each affected division after the Master MEPRS Update.

WAM TIPS

- The Master MEPRS/WAM Core update is an annual update that is generally made available to all sites by 01 October.
 - The MEPRS Coordinator should keep in contact with the CHSC Site Manager/System Specialist on when this update is installed at their site. The MEPRS Coordinator should request the Conversion Monitor Exception Report and the release notes for the update.
-
-

1.7.2 Exception Messages

An exception message (Figure 1.1) is recorded on the Exception Report for the Master MEPRS Update when a replacement code is either not in CHCS or is inactive.

```
Master MEPRS Code AAZ was inactivated. Site must remove
MEPRS code AAZA/0124 from Hospital Location WARD1
and then inactivate that MEPRS code. The MMIG
suggested replacement code is ABZ, which is inactive or not
in the MEPRS file.
```

Figure 1.1. Exception Message: Replacement Code Not in CHCS or Inactive

If the TMA/MMIG could not predefine a replacement code for a MEPRS code and the code is associated with a Hospital Location, the update does NOT inactivate the fourth-level MEPRS code for that division. A different exception message (Figure 1.2) is recorded on the Exception Report.

```
Master MEPRS Code AAZ was inactivated. Site needs to remove  
MEPRS codes AAZA/0124 from Hospital Location WARD1  
before inactivating.
```

Figure 1.2. Exception Message: Cannot Predefine Replacement Code

CHCS creates a spooled file of these exception messages as part of the data update process. The spooled file lists any inactive replacement fourth-level MEPRS codes or states if the replacement fourth-level MEPRS code is not in the MEPRS file. The exception messages are sorted first by DMIS ID and then by MEPRS code.

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2. Fiscal Year (FY) Initialization Steps

Common Files provide the reporting structure for EAS workload and STARS/FL workload (Navy only) reporting through the WAM Core file, the DSI file, and the STARS/FL Master Data Element (MDE) file (Navy only). Note that STARS/FL is a Navy only system. Each year, the WAM files must be initialized for the new FY. Many steps are involved in the initialization process, which requires coordination and communication between the MEPRS Coordinator, the DBA or Management Information Department (MID), and the STARS/FL point of contact (POC) (Navy only).

Table 2-1 shows the mandatory initialization timeline.

Table 2-1. FY Initialization Timeline

Activity	Approximate Completion Date
Know/document your mission changes.	26 Sep
Review your site-definable MEPRS Codes Table (especially any new codes for new missions).	29 Sep
Load FY data updates onto CHCS.	05 Oct
Verify that the appropriate fourth-level MEPRS codes were inactivated with the Master MEPRS Update. If not, the DBA/MID should inactivate the code(s).	05 Oct
Navy Comptrollers or their designees must ensure that the WJONs are built in STARS/FL. (Child activities must use their own UICs. If a child lacks its own UIC, then WJONs may be built using the Parent OB-UIC.) (Navy only step.)	05 Oct
Validate your CHCS DMIS ID structure for the new FY.	10 Oct
Download and process the STARS/FL Master Data Element (MDE) file into CHCS. (Navy only step.)	16 Oct
Check the WAM Exceptions Report – Category 3, STARS/FL CAC/JON File Exceptions. (Navy only step.)	16 Oct
Run the CAC/JON – MEPRS File Compare (CCOM) option in CHCS. (Navy only step.)	16 Oct
Check the WAM Exceptions Report – Category 4, WAM File Synchronization Errors.	16 Oct
Create the DSI Exclusions (Optional). Use the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option to exclude (as necessary) certain DMIS IDs as Requesting FCCs <u>prior</u> to creating the DSI file for the new FY.	20 Oct
Create the DSI file for the new FY.	20 Oct
Check the WAM Exceptions Report – Category 14, CHCS DSI File Activity, for DSI file exception messages after the DSI Creation status is listed as COMPLETE.	20 Oct
Perform DWAM cleanup. These actions include adding manual and Cost Pool DSIs, and Cost Pools as Requesting FCCs.	20 Oct

Refer to Appendix G for a list of recommended options for a MEPRS Coordinator.

2.1 Know/Document Your Mission Changes

To get started and meet the objectives of FY initialization, you should know the answers to the following questions:

- Has your mission changed for the new FY?

- Are you adding new work centers (missions)?
- Are you losing work centers (missions)?

Refer to Table 2-1 for the mandatory initialization timeline.

2.2 Review Your Site-Definable MEPRS Table

The DBA and MEPRS Coordinator should review the site-definable (fourth-level) MEPRS codes/FCCs together.

Menu Path:

CA → DAA → MPR → INQ → SDP (Print Site Definable MEPRS Table)

Look for potential inactivations and any new codes that need to be added based upon your analysis from [Section 2.1, Know/Document Your Mission Changes](#). While reviewing your site-definable MEPRS codes, answer the following questions:

- Do any MEPRS codes on CHCS need to be inactivated?
CHCS treats a MEPRS code that lacks a DMIS ID as inactive. Therefore, workload is not collected for it.
- Does every MEPRS code have a DMIS ID assigned to it?
CHCS now allows multiple MEPRS codes per group, but a MEPRS code must be unique within the division/DMIS ID.
- For Navy MTFs with civilian facilities, are unique fourth-characters being used for the MEPRS codes that relate to their civilian facilities? For civilian facilities, the MEPRS must be unique within the Parent division and any of its child divisions that lack a chargeable UIC. If not, workload would not be collected correctly. [Refer to Section 2.5.2.1 for more information on Navy civilian contract hospitals](#).
- Army: MTFs with civilian facilities must use unique fourth-level characters for the MEPRS codes relating to their civilian facilities. The MEPRS code must be unique within the Parent division. This is due to the existing financial system where all child divisions using the same MEPRS codes (such as BAAA) will have the data roll up to one MEPRS code. Thus workload would be reported incorrectly.
- All Services: Refer to Appendix F (File and Table Steps for External Partnership Divisions) for the recommended steps for sites building a new External Partnership Divisions where there is an agreement to report professional services only in CHCS.

Remember: For the new FY, inactivate any fourth-level codes on CHCS that could not be inactivated during the third-level Master MEPRS Update. [Refer to Sections 2.3 and 1.6](#). If a MEPRS Realignment is needed, refer to Section 1.5.

WAM TIPS

- CHCS treats any MEPRS code/FCC without a DMIS ID as Inactive.
 - Verify that the DMIS ID assigned to a MEPRS code/FCC is correct.
 - The DMIS ID assigned to a MEPRS code/FCC may no longer be changed.
-

2.3 Load FY Data Updates onto CHCS

The site manager/software specialist and MID must load the latest DMIS ID update and the new FY WAM Core update. The WAM Core update contains the Master MEPRS Update and WAM Core Update. These updates are usually available around 01 October.

If the software specialist did not provide the Exception Report generated from the data update, please request it.

Remember: For the new FY, inactivate any fourth-level codes on CHCS that could not be inactivated during the third-level Master MEPRS Update. Refer to Section 1.6 for inactivations. If a MEPRS Realignment is needed, refer to Section 1.5.

2.4 Review the DMIS ID Analysis Report

After the DMIS ID Codes update has been loaded in CHCS, the SAIC site manager/software specialist, DBA, MID, and MEPRS Coordinator should review the DMIS ID Analysis Report.

Menu Path:

CA → Secondary Menu → DMIS → PREP → PDMI (Print DMIS ID Analysis Report)

This reports lists the differences between your CHCS division structure and the official DMIS ID Codes file. Examples of the differences could include a change in Group ID, a newly acquired child DMIS, or orphans.

Orphan divisions are "child" DMIS IDs that, because of distance or telecommunications issues, use a different CHCS database than their Parent. Orphan divisions should be built on both the Parent and the child CHCS database. On the Parent CHCS platform, the Orphan flag should be set to YES, and the Orphan CHCS Type should be set to Parent CHCS. On the Orphan CHCS platform, the Orphan flag should be set to YES, and the Orphan CHCS Type should be set to Foster CHCS.

The following information is for all serviced unless noted otherwise.
The DMIS ID Analysis Report lists the following four comment sections:

INPATIENT DIVISION

This section indicates that this DMIS ID is a Hospital.

POSSIBLE BREAKOUT

This section indicates that this DMIS ID is in the official DMIS ID Codes file, but was not found in the CHCS Medical Center Division file. While reviewing this section, answer the following questions:

- Is this an orphan?
- Do I regularly receive workload information for this DMIS ID through FAX or e-mail?
- Do users at these work centers also use another CHCS somewhere else?
- How will their workload get to STARS/FL (Navy only) and EAS (all services)?
- Is the official DMIS ID Codes file wrong?

INCORRECT DMIS ID/GROUP ID

This section indicates that the DMIS ID/Group ID/Division combination in CHCS does not match the official DMIS ID Codes file issued by TMA. Usually, this occurs because a DMIS ID was realigned at the start of the FY to be part of a different Group.

Important: This REQUIRES CORRECTIVE ACTION by the site.

INACTIVE DMIS ID

This section indicates that the official DMIS ID Codes file lists this DMIS ID as Inactive. If you believe the official file is wrong, initiate an online request to your Service POC for DMIS IDs to inactivate the code in the official DMIS ID file. For the Navy, the *Navy Data Quality Manual* contains instructions for this request process.

For all services, if the official file is correct, you need to inactivate this division on CHCS. The work centers in this division have either become part of the operations of another division/DMIS ID or are ceasing operation.

Important: This REQUIRES CORRECTIVE ACTION by the site.

Notes:

Every DMIS ID in your group needs a CHCS division in order to send workload data to STARS/FL (Navy Only).

For all services, ultimately, your CHCS division structure and the official DMIS ID Codes file must match.

Each Navy activity must have its orphans identified at Navy Medical Information Management Center (NMIMC) to ensure that rollup relationships are properly identified for all systems.

2.5 Standard Accounting and Reporting System/Field Level (STARS/FL) (Navy Only)

2.5.1 Ensure that Workload Job Order Numbers (WJONs) Are Built in STARS/FL (Navy Only)

The STARS/FL POC must update, as necessary, the standard WJONs (inpatient, outpatient, ancillary, branch clinics, etc.) in the STARS/FL JON Dictionary each FY.

WAM TIP

- If the standard WJONs are updated in STARS/FL, a revised MDE file will be available for downloading from the web site on the following day.
-

2.5.2 Download the Master Data Element (MDE) File (Navy Only)

- STARS/FL POC should download the MDE file from the website no later than 16 October.
- STARS/FL POC provides the downloaded MDE file to the SAIC site manager or system/software specialist.
- SAIC site manager or system/software specialist places the ASCII MDE file into the CHCS Import directory with the appropriate file name.
- SAIC site manager or system/software specialist ensures that the 'DOD CAC-JON UPDATE' process is scheduled to run in TaskMan.
- TaskMan processes the ASCII MDE file into CHCS that night.
- STARS/FL POC must check the WAM Exception file for any exceptions generated under Category 3, STARS/FL CAC/JON File Exceptions, after the MDE file is processed into CHCS.

WAM TIPS

- View the MDE file in any text editor. The MID can help you. You may also view the MDE file on the website prior to downloading.
- Include all necessary WJONs.
- Ensure that the UICs match in the 'OB-UIC' and 'WJON UIC' fields of the MDE file. For example, if data is for a branch clinic, the UIC of the branch clinic appears in both fields.
- Ensure that your download file is formatted correctly. Refer to Figure 2.1 for a sample file layout.
- Ensure no tabs are in the file. (The file contents are rejected if tabs are present). Refer to Figure 2.1 for a sample file layout.
- Ensure that the filename in the Import directory is your financial OB-UIC JON; e.g., for NMC Portsmouth, the file name would be 00183.JON.

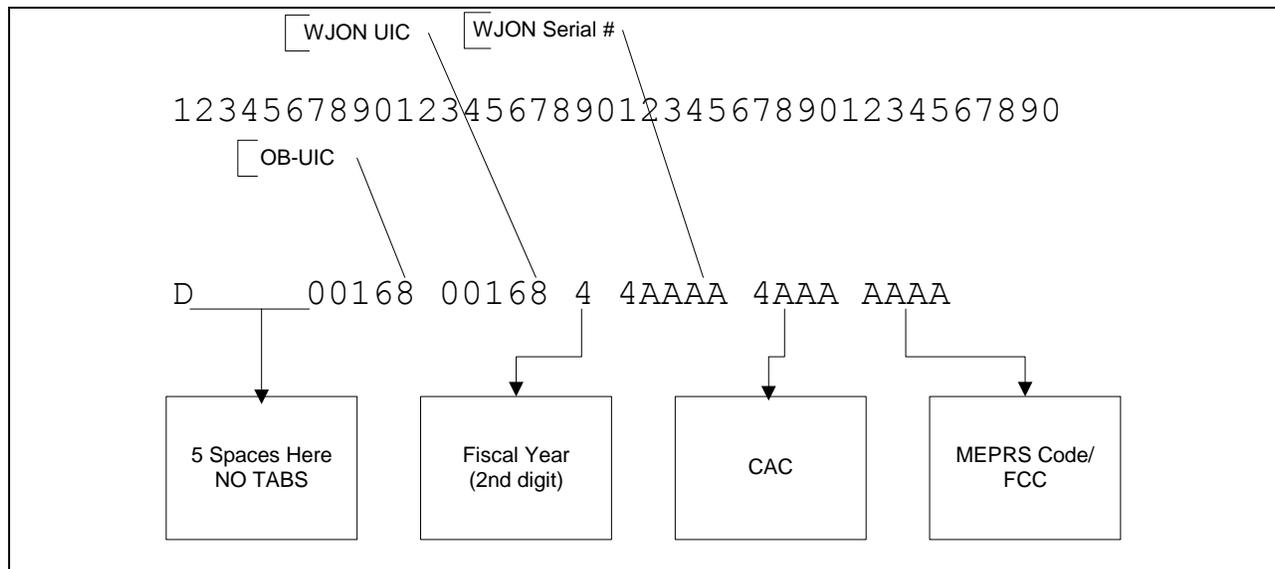


Figure 2.1. STARS/FL MDE ASCII File Format

2.5.2.1 Special MDE Instructions for Activities with Civilian Contract Hospitals (Navy Only)

Civilian contract hospitals have DMIS IDs assigned to them, but they do not have chargeable UICs assigned to them. Because they lack their own chargeable UICs, the STARS/FL POC needs to ensure the following:

- Ensure that the WJONs pertaining to these activities use the OB-UIC of the Parent MTF in the MDE file.
- Ensure that these activities have unique MEPRS codes at the fourth-level (e.g., AGAB) and that these MEPRS codes have the DMIS ID of the civilian contract hospital assigned to it in the MEPRS Codes file. The MEPRS code/FCC must be unique within the parent division and any of its child divisions that lack a chargeable UIC.

2.5.3 Check the WAM Exceptions Report – Category 3 STARS/FL (Navy Only)

- Check the WAM Exceptions Report under Category 3, STARS/FL CAC/JON File Exceptions (Navy Only).

Menu Path:

CA → WAM → 3 (Display Exceptions Report)

[Appendix A.3 lists the exception messages and the corrective actions to resolve them.](#)

- Resolve any exceptions.

WAM TIPS

- When printing the exceptions for Category 3, STARS/FL CAC/JON File Exceptions, print the exceptions for the entire Group.
 - Select ALL for the 'Severity of Exceptions' to report.
-

2.5.4 Run the CAC/JON – MEPRS File Compare (CCOM) Option (Navy Only)

The CAC/JON – MEPRS File Compare (CCOM) option identifies any mismatches between MEPRS codes/FCCs on CHCS and the data processed into CHCS from the MDE file. The MDE indicates the Cost Account Code/Job Order Number (CAC/JON) for which STARS/FL and the Summarized Management Analysis Resource Tool (SMART) expect to receive workload for the new FY. It lists the MEPRS codes/FCCs on CHCS that do not have a CAC/WJON built in CHCS.

Menu Path:

CA → DAA → DWAM → CCOM (CAC/JON – MEPRS File Compare)

The STARS/FL POC should follow the following steps:

- After the MDE file has been processed into CHCS, the STARS/FL POC must run the CAC/JON – MEPRS File Compare report.

WAM TIPS

- Run the CAC/JON – MEPRS File Compare (CCOM) option after the MDE file has been processed into CHCS. If you run it before MDE file processing, every FCC would generate an exception message.
 - To reduce the number of exception messages being viewed, limit the date range and the categories being viewed.
-

- Check the WAM Exceptions Report under Category 4, WAM File Synchronization Errors (Navy Only).

Menu Path:

CA → WAM → 3 (Display Exceptions Report)

[Appendix A.4 lists the exception messages and the corrective actions to resolve them.](#)

- Resolve any exceptions.

2.5.5 STARS/FL Password Maintenance (Navy only)

For the electronic transfer of Navy STARS/FL workload data to Defense Finance and Accounting System (DFAS), you must have a current, active User ID and workload password for the file transmission.

New passwords require a written application signed by the comptroller. SEAHELP can provide you with an electronic copy of the form if needed. For any password issues, contact the DFAS POC.

2.5.6 STARS/FL Workload to Defense Finance and Accounting System (DFAS) (Navy only)

The STARS/FL POC is responsible for ensuring that any errors or workload failing to process in STARS/FL through the batch process are manually corrected in STARS/FL prior to the closure of the month's business.

2.6 Create Data Set ID Exclusions/Inclusions

For any given Performing FCC/DMIS ID pair, you may specify the exclusion of Requesting FCCs in the DSI file based upon the selected DMIS ID code. Refer to Section 2.6.2 for the benefits of using this option prior to new Fiscal Year Initialization process (i.e., creation of new DSI file for new year).

Menu Path:

CA → DAA → DWAM → DXCL (Data Set Exclusions by DMIS ID Enter/Edit)

Security Key: DOD DSI EXCLUSION

If this optional step is desired, the MEPRS Coordinator should follow the following steps prior to FY Initialization of the DSI file:

1. Select the Performing FCC/DMIS ID.
2. Choose 'c' for the performing f(**C**)c action on the action bar.
3. Select the DMIS ID code(s) to exclude from the DSI file for the selected Performing FCC.
4. Choose 'e' for the (**E**)xclude DMIS IDs action on the action bar..
5. Choose the (**F**)ile/save changes action and then the (**Q**)uit action.

WAM TIPS

- Run the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option prior to creating the DSI file for new FY.
 - By using the DXCL option, the MEPRS Coordinator can greatly reduce the number of Requesting FCC codes that need to be inactivated.
-

2.6.1 Requesting FCC Exclusions/Inclusions Business Rules

1. Use the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option to exclude any DMIS IDs as Requesting FCC prior to creating the DSI file for the new FY. [The Data Set IDs Create (DCRT) option is used to create the new DSI file.]
2. Use this option only for DSIs with Performing FCCs. CHCS screens out standard DSIs (i.e., DSIs with no Performing FCC, such as OBD, DIS, TOT) as designated in the WAM Core file.

3. CHCS screens out non-system-generated DSIs (e.g., EHA) as designated in the WAM Core file.
4. If the current date is between 26 September and 30 September (a.k.a. Blackout Dates), you may only exclude DMIS IDs for the new FY and not the current FY. These special calendar dates are at the end of the current FY but the addition and inactivation of a MEPRS code or the use of the DXCL option during this timeframe are considered to be activities for the new FY by the software.

After 30 September, the DXCL option may still be used.

5. Orphan divisions may not access this option, since they are already restricted to their own DMIS IDs. A definition of an orphan division is in Section 2.4.
6. CHCS locks an entry at the Performing DMIS ID level so that multiple users cannot edit the data at the same time.
7. If you are logged into a Group division, you can select any Performing FCC/DMIS ID combination in the Group to exclude DMIS IDs.

WAM TIPS

- Any edits to the Data Set Exclusion file after the DSI file has been created will trigger a batch update to the DSI file.
- You should, when appropriate, edit the exclusions prior to the creation of the Data Set file. You may also edit (i.e., “reininclude”) the excluded Requesting DMIS IDs or exclude additional Requesting DMIS IDs after creation of the DSI file.

2.6.2 Benefits

As shown in Table 2-2, the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option should be used to exclude any DMIS IDs as Requesting FCC prior to creating the DSI file for the new FY. [The Data Set IDs Create (DCRT) option is used to create the DSI file.]

Table 2-2. Benefits of the DSI Exclusions by DMIS ID Option

Action	Result
No exclusions created <u>prior</u> to creating the DSI file for the new FY.	Every possible Requesting FCC permutation is created for each applicable DSI in the DSI file based upon the WAM Core file, MEPRS Code file, and business rules for creating the Data Set Create option.
User excludes DMIS IDs as Requesting FCCs for selected Performing FCCs <u>prior</u> to creating the DSI file.	MEPRS codes associated with the excluded DMIS IDs are NOT created as Requesting FCCs for the selected Performing FCC. The DSI file is smaller.
User adds a new exclusion <u>after</u> creating the DSI file.	Batch update to DSI file reflects new exclusion. Applicable Requesting FCCs are inactivated for selected Performing FCCs.
User deletes an existing exclusion <u>after</u> creating the DSI file.	Batch update to DSI file reflects removal of exclusion. Applicable Requesting FCCs are reactivated for selected Performing FCCs.

2.7 Create the Data Set ID File for the New FY

When all previous steps have been completed, the MEPRS Coordinator creates the DSI file. The file may be created for the new FY no earlier than 26 September and no later than 31 October. The following actions should be taken prior to creating the DSI file:

- [Verify with the SAIC site manager/software specialist that the official data update files \(e.g., MEPRS/WAM Core, DMIS ID for October, latest UIC, etc\) were loaded.](#) If the data update has not been loaded, request that the updates be loaded.
- [Complete the DMIS ID Analysis Report to ensure that your CHCS divisions, DMIS IDs, and Group IDs are correct. Refer to Section 2.4.](#)
- [Recheck the MEPRS codes/FCCs.](#)
- Ensure that WAM is turned on for each division in your Group.

Menu Path:

CA → WAM → 5 (System Definitions Parameters)

Security Key: DGNAS MANAGER

- Create DSI file for new FY, if appropriate.

Menu Path:

CA → DAA → DWAM → DCRT (Data Set IDs Create)

Security Key: DOD DSI CREATE

- Check the status of the creation of the DSI file.

Menu Path:

CA → DAA → DWAM → DDSP (Data Set IDs Creation Status)

The option now indicates if a DMIS ID has exclusions implemented (Figure 2.2).

```
DIVISION: INPATIENT DIVISION                                20 Oct 2003 1630
              DATA SET ID CREATION STATUS FOR FY03

DMIS: 0124          GROUP ID: 0124
                   DATA SET IDS CREATED FOR DMIS IDS:  0124 (exclusions implemented)
                                                         0378
                                                         0380
                                                         0381 (exclusions implemented)
                                                         0508

Current Status: COMPLETED
Begin Date/Time: 20 Oct 2003@1600
Completed Date/Time: 20 Oct 2003@1610
For list of exclusions, see Category 14, CHCS Data Set ID File Activity, in the WAM
Exception Report.
Status Change User: VANE,WERNER
Press <RETURN> to continue
```

Figure 2.2. Data Set ID Creation Status Screen

- Check the WAM Exceptions Report under Category 14, CHCS DSI File Activity, for DSI file exception messages after the DSI Creation status is listed as COMPLETE.

Menu Path:
CA → WAM → 3 (Display Exceptions Report)

[Appendix A.14 lists the exception messages and the corrective actions to resolve them.](#)

- Resolve any exceptions.

2.7.1 Data Set ID File Business Rules

1. CHCS limits the Requesting FCC to a division's own DMIS ID for inclusion for standard data sets when creating the DSI file for a division.
2. Standard data sets do not have a Performing FCC specified in the WAM Core file.
3. If the current date is between 26 September and 30 September (a.k.a. Blackout Dates), the existing business rule still applies. During these dates, the user can only create for the new FY and not the current FY. The software views the addition/reactivation/inactivation of a MEPRS code during this timeframe as an activity for the new FY. The creation of the DSI file during this timeframe is for the new FY. The s/w prevents the creation or re-creation of the DSI file for the current FY during this timeframe.
4. The Data Set IDs Create (DCRT) option is used to create system-generated DSIs (e.g., DAA, DBA, etc.), as indicated in the WAM Core file (#8185).
5. The Data Set IDs Enter/Edit (DEDT) option is used to create the manually created/generated DSIs (e.g., A*X, B*X, EHA), if needed, as indicated in the WAM Core file.
6. The activation date is the beginning of the current FY (e.g., 01 October 2003), and the inactivation date is the end of the current FY (e.g., 30 September 2004).
7. The DSI file should be created only once per FY. If recreated during the FY, the resulting DSI file is based on current exclusions in the WAM Data Set Exclusions file, the WAM Core file, and the MEPRS file. Any prior manual edits through the following options are lost:
 - a. Data Set IDs Enter/Edit (DEDT)
 - b. Data Set IDs Batch Inactivate Requesting FCC (DBAT)

- c. Data Set IDs Inactivate Unused Requesting FCC (DINA).

2.7.2 Role of the WAM Core File

The WAM Core file is very important to WAM functionality. It contains the business rules and guidelines for workload by branch of service for a FY. This file is updated annually in conjunction with the MEPRS Codes file. CHCS builds the DSI file based upon the guidelines in the WAM Core file. The software uses that information to check the MEPRS Codes file for active MEPRS codes/FCCs by division and creates the data as appropriate.

Reminder: If the 'DMIS ID' field is not populated, that MEPRS code/FCC is not used in the DSI file creation.

The WAM Core file generally lists the permissible Requesting FCC patterns as the first level of the FCC. For example, the Requesting FCC patterns for DSI "DAA" (PHR) are "A", "B", "C", "D", and "F". This means that any MEPRS code/FCC that starts with "A", "B", "C", "D", or "F" on the site-definable MEPRS Codes table is created as a Requesting FCC for that DSI (e.g., DBAA, DCAA, etc). After the DSI file has been created, MEPRS Coordinators are strongly encouraged to individually inactivate Requesting FCCs that are not actually used.

2.8 Perform DWAM Cleanup

The MEPRS Coordinator, Data Quality (DQ) Manager, and MID are involved in the DWAM cleanup activities. Start to edit your DSI file immediately after it has been created and all exceptions have been resolved.

2.8.1 Data Set IDs Enter/Edit (DEDT) Option

This option is used to manually create or inactivate DSIs for Cost Pools (e.g., A*X) and non-system-generated DSIs (e.g., EHA). This option is also used to create or inactivate Cost Pool codes as Requesting FCCs where appropriate.

Menu Path:

CA → DAA → DWAM → DEDT (Data Set IDs Enter/Edit)

Security Key: DOD DSI EDIT

2.8.1.1 Data Set IDs Enter/Edit (DEDT) Option Business Rules

1. To use this option, the DSI file must be created for the division in which the user is currently logged in.
2. The user must manually create DSI for Cost Pools (e.g., A*X) and non-system-generated DSIs (e.g., EHA).
3. If the user is logged into the Group division, all Performing FCC/DMIS combinations for the group DSI display.
4. If the user is logged into a child division, only the Performing FCC/DMIS combinations that match the DSI display.
5. The default inactivation date is TODAY+1.
6. The default reactivation date is the beginning (e.g., 01 October) and ending (e.g., 30 September) of the FY.

WAM TIPS

- Use the Data Set IDs Enter/Edit (DEDT) option to do the following:
 - Inactivate/reactivate individual Requesting FCCs within a DSI as required.
 - Create inpatient Cost Pool DSIs (e.g., A*X).
 - Create manual DSIs (e.g., EHA).
 - Add Cost Pool codes as Requesting DSIs within other DSIs.
 - For manual DSIs only, the DEDT option automatically generates the Requesting FCCs based upon the WAM Core file and the MEPRS file. The user must manually add the Requesting FCCs for Cost Pool DSIs.
 - For system-generated DSI codes, the DEDT option automatically generated the Performing and Requesting FCCs. If a system-generated DSI code is allowed to have a Cost Pool Requesting FCC code added, the user must add it manually.
-

2.8.2 Batch Inactivate Requesting FCCs with a DSI

Remember: The MEPRS Coordinator, DQ Manager, and MID are involved in the DWAM cleanup activities. Start to edit your DSI file immediately after it has been created and all exceptions have been resolved.

Menu Path:

CA → DAA → DWAM → DBAT (Data Set IDs Batch Inactivate Requesting FCC)

Security Key: DOD DSI EDIT

WAM TIP

- Use Data Set IDs Batch Inactivate Requesting FCC (DBAT) option to batch inactivate/reactivate Requesting FCCs within one DSI.
-

2.9 Worldwide Workload Report (WWR) Recalculation Synchronized with Initialization

In order to synchronize WWR and WAM workload, CHCS prompts you to recalculate the WWR whenever you initialize WAM for a prior month. [Refer to Section 3.1.1 for more information on this function.](#)

2.10 Frequently Asked Questions (FAQs)

1. What do the WAM exception messages mean and how do I resolve them?

Answer: [Refer to Appendix A for a list of the exception messages by category.](#)

2. Do I need to resolve the exception messages?

Answer: Yes, especially the (E)rror messages. [Refer to Appendix A for corrective actions.](#)

3. **Do I need to create the DSI file division by division?**

Answer: You could, but the preferred way is to log into the Parent division and create the DSI file for the entire Group. The Parent division is created first, followed by the child divisions that have WAM turned on.

4. **Do I need to do any special File-and-Table build activities for civilian facilities?**

Answer: For STARS/FL, MEPRS codes/FCCs for child divisions that lack an UIC (OB-UIC or DCWID) must be a unique fourth-level MEPRS code within the Parent division and any of its child divisions that lack an OB-UIC. For example, MTFs with civilian facilities MUST use unique fourth-level characters for the MEPRS codes relating to their civilian facilities.

Answer: All Services: Refer to Appendix F (File and Table Steps for External Partnership Divisions) for the recommended steps for sites building a new External Partnership Divisions where there is an agreement to report professional services only in CHCS.

Answer: For Army MTFs with civilian facilities, MTFs with civilian facilities MUST use unique fourth-level characters for the MEPRS codes relating to their civilian facilities. The MEPRS codes must be unique within the Parent division and all its child divisions. This is due to the existing financial system where all child divisions using the same MEPRS codes (such as BAAA) will have the data roll up to one MEPRS code.

5. **What option should I use to deactivate/reactivate many Requesting FCCs within one DSI?**

Answer: Use Data Set IDs Batch Inactivate Requesting FCC (DBAT) option.

6. **Can I deactivate a DSI?**

Answer: Yes, but only manual DSIs or Cost Pool DSIs may be deactivated at the DSI level. To deactivate a system-generated DSI (e.g., DGA), the MEPRS codes must be deactivated in the MEPRS Codes file. This also means that the MEPRS code/FCC is deactivated everywhere in CHCS.

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3. Generating Monthly Workload

3.1 Ordinary Way

3.1.1 Manage Workload Templates Option

Workload templates are created at the beginning of each month using the Initialization action within the Manage Workload Templates (4) option.

Note that the Monthly WAM initialization for October cannot be performed until the new FY WAM Initialization (i.e., the creation of the DSI file for new fiscal year) has been completed.

Menu Path:

CA → WAM → 4 (Manage Workload Templates) → I (Initialize action)

Security Key: DGNAS MANAGER

The Initialization action sets the framework for data collection in the WAM templates for the month and must be done before any data can be viewed or edited through the workload templates.

The Initialization action can also be used to regenerate data periodically throughout the month. However, typically, the System Definition Parameters option automatically performs this action. [Refer to Section 3.1.3.](#)

Initialization can also be run for prior months to capture the latest data before it is reported to EAS (for all services) or STARS/FL (Navy Only). WAM can be re-initialized for the current fiscal year months as well as the prior fiscal year months. In order to re-initialize workload for a prior month that has been already approved or transmitted, you will first need to change the status of the DSIs in the monthly templates to "Rejected" (X status).

WAM TIP

- You can now generate the WWR at the same time as you reinitialize the workload templates for a prior month. This simultaneous data-generation capability was added to help ensure consistent data reporting to EAS and WWR. Generation of the WWR on a different date than WAM could result in different values being reported.
 - You can now re-transmit workload to EAS IV for only one or more selected DSIs. In order to re-initialize a single DSI that has already been transmitted, you will first need to change the status of the DSIs in the monthly templates to "Rejected" (X status). Following initialization, you can then approve that DSI for transmission.
-

A prompt to recalculate the WWR displays whenever WAM inpatient or outpatient workload is initialized/re-initialized for a prior month. A new prompt to task the Initialization task to NOW, non-peak, or any specified date/time was also added.

Note: The following DSIs must be in the status of "I" (Initialized), "X" (Rejected), "V" (Verified), or NULL in order to recalculate the WWR:

- OBD (Occupied Bed Days)
- TOT (Total Visits)
- OUT (Outpatient Visits)
- DIS (Dispositions)
- ADM (Admissions)

– ICU DSIs (DJ*) (Intensive Care Unit)

When ancillary workload exceptions are not corrected in a timely manner, workload is lost. To help reduce the amount of lost workload, MEPRS staff will be notified when ancillary exceptions still exist when initialization is run for a prior month. You will see the message in the screen below when initializing workload for a prior month and there are still outstanding workload exceptions. You can then notify the appropriate ancillary department to inquire about the exceptions if that is the policy at your site. If MEPRS staff chooses to view the ancillary exception reports, they can be accessed in the following menu path:

Menu Path:

CA → WAM → 2 (Report Workload Menu) → 5 (Ancillary CHCS MEPRS Report Menu) → 9 (Laboratory Workload Exception Report) or 10 (Radiology Workload Exceptions Report), or 11 (Pharmacy Workload Exception Report)

The following prompt will be added to the Initialize Action on the Manage Workload Templates option. See the new prompt in screen below in bold font. This new prompt will only occur if a prior month is selected and there are outstanding ancillary exceptions.

Select DIVISION NAME: NAVY INPATIENT DIVISION// NAVY INPATIENT DIVISION
Select Workload MONTH/YEAR: Mar 2007// FEB 2007

There are outstanding LAB workload exceptions for this month. This could lead to lost workload. Do you want to continue? Y//

Requested start time: NOW// (19 Mar 2007@141644)
Task # 1839541 to initialize templates has begun.
Press <RETURN> to continue

WAM TIPS

- If the WWR is recalculated with WAM Initialization, a completion message is sent to the WWR COMPUTATION mail group.
 - The WWR COMPUTATION mail group should be initially set up as a self-enrollment mail group through the CHCS Mail Group Edit (MGE) option. Participants can then self-enroll through the Group Membership (GM) option.
 - Members of this group should include the WWR POCs responsible for reviewing WWR data and creating the ASCII file for transmission.
-

Menu Paths:

MM (MailMan) → MGE (Mail Group Edit)
MM (MailMan) → GM (Group Membership)

WAM TIPS

- An exception message is generated on the WAM Exceptions Report when Initialization is tasked and when it completes in Category 10, Template Status. [Appendix A.10 lists the exception messages and the corrective actions to resolve them.](#)
 - WWR ASCII file creation is reported as a WAM exception message under Category 15.
 - If a MEPRS Realignment is run and the effective date for the MEPRS Realignment is prior than the current month, re-initialize the WAM monthly templates, and if needed, retransmit EAS ASCII file to EAS-IV.
-

3.1.2 Initialization Business Rules

1. You cannot initialize workload data if an initialization task for the same month and division is currently in process or already tasked for the same day.
2. Workload is only initialized if the DSI status is set to "I" (Initialized), "X" (Rejected), "V" (Verified), or NULL.
3. Re-initialization will change any DSI that is in the "X" (Rejected) status to the "I" (Initialized) status. This allows for re-approval in Batch mode.

3.1.3 System Definition Parameters Option

Workload templates can be updated or regenerated throughout the current month by setting the 'Data Regeneration' field to YES in the System Definition Parameters option. This option regenerates data during non-peak hours (typically, 0200 daily). The data regeneration frequency may be set to every 7 to 15 days.

Menu Path:

CA → WAM → 5 (System Definitions Parameters)

Security Key: DGNAS MANAGER

3.2 Monthly Workload Controller/Generator

3.2.1 Workload Generation Controller (WGC) Description

New functionality has been added to simultaneously task subsystem MEPRS Reports, WAM template initialization, and WWR recalculation for a group for any prior month. This is a quick and efficient way to generate all necessary data to validate WAM data for a prior month. The Workload Generation Controller (8) option displays on the main WAM Menu.

Menu Path:

CA → WAM → 8 (Workload Generation Controller)

Security Key: DGNAS WAM GENERATION

WAM TIP

- Only authorized users who are assigned the DGNAS WAM GENERATION security key and logged into a lead division may access the Workload Generation Controller (8) option.
-

The WGC generates the following data for the entire Group: The reports are spooled.

- WAM Templates
- WWR
- LAB, RAD, and PHR MEPRS Group Reports
- PAD Monthly MEPRS Report
- PAS Monthly Statistical Report-Summary Format

Note: If EOD processing is still outstanding, the Delinquent EOD Processing Report prints instead.

- Roster of Kept APV Appointments

Upon completion of the Workload Generation tasks, a mail message is sent to the WAM GENERATION mail group. [Refer to Section 3.1.1 for information on how to enroll in Mail Groups.](#)

The mail message displays a completion message and instructions on accessing the reports. Figure 3.1 provides an example. CHCS assigns a default retention period of 7 days for the spooled reports.

```
Subj: Worldwide Workload Report  Fri, 22 Nov 2002 13:56:23  1 Line
From: POSTMASTER (Sender: ANDES,ANN) (Postmaster in SMEGR) in 'IN' basket.
    **NEW**
.....
Workload Generation for Jan 2002 has been completed for the following group:
0124
The following reports can be accessed through the spooler menu:
WGC0124_OCT02_LABMEPRS
WGC0124_OCT02_PHRMEPRS
WGC0124_OCT02_RADMEPRS
WGC0124_OCT02_PADMMR
WGC0124_OCT02_PASMSR (or if EOD is outstanding =>WGC0124_OCT02_EODDEL)
WGC0124_OCT02_APVROSTER

Select MESSAGE Action: IGNORE (in IN basket)//
```

Figure 3.1. WAM Generation Mail Message

Note: Existing menu options to produce these reports are unchanged. You can still generate these reports individually through their subsystem (refer to the various Ancillary and Non-Ancillary sections of this document for menu paths) or WAM Ancillary/Non-Ancillary Report options (WAM -> 2 -> 5/ 6).

WAM TIPS

- The Monthly Statistical Report has been added to the WAM Non-Ancillary Report Menu (refer to menu path below).
 - Contact your DBA if you are unsure how to print a spooled report.
-

Menu Path:

CA → WAM → 2 → 6 (Non-Ancillary Report Menu) → 9 (Monthly Statistical Report)

3.2.2 WGC Business Rules

1. WGC can only be used for a prior month.
2. You must be logged into a lead division to use the WGC.
3. The WGC can only be scheduled to run during non-peak hours (e.g., 1700 to 0400).
4. Only one WGC task can be scheduled per night, regardless of the reporting month, as the WGC is resource intensive.
5. You must have the DGNAS WAM GENERATION security key to access the Workload Generation Controller (8) option.
6. You must enroll in the WAM GENERATION mail group to receive WGC completion bulletins.
7. WGC does not generate the WWR ASCII file for transmission. The WWR POCs must still generate the file manually through the Create Worldwide Workload Report in ASCII format (CMF) option.

Menu Path:

CA → PAD → IRM → CMF (Create Worldwide Workload Report in ASCII format)

Security Key: DG WORKLOAD

8. WWR POCs should belong to the WAM GENERATION mail group.

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4. Order Entry

Clinical Order Entry

Clinical Order Entry refers to a privileged provider entering orders directly into the CHCS system or clinical staff entering orders on behalf of the privileged provider. In the second case, the privileged provider is referred to as the Authorizing HCP.

Menu Paths:

CA → **CLN** → N or P → ORE (Enter and Maintain Orders)

CA → **CLN** → N or P → DSK → OREN (Enter and Maintain Orders)

Ancillary Order Entry

Ancillary Order Entry refers to personnel in an ancillary department entering orders through the ancillary subsystem (e.g., LAB) on CHCS. Such orders may be handwritten, verbal, or secondary orders written in conjunction with a pre-existing order.

Menu Paths:

CA → **LAB** → LSP → OSO (One Step Order and Result Entry)

CA → **LAB** → LSP → OLG (Lab Order Entry/Sample Log-In)

CA → **LAB** → LRM → EMO (Enter/Maintain Lab Orders)

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)

4.1 Clinical and Ancillary MEPRS Codes Business Rules

1. Appointment linking has been expanded to all Order Entry pathways for **outpatient** orders.
2. The following MEPRS codes are not permitted Requesting MEPRS codes for **outpatient** Ancillary Order Entry: starting with an "A", "E", "G", "DJ", or "DG", and Cost Pool codes.
3. The following MEPRS codes are not permitted Requesting MEPRS codes for **outpatient** Clinical Order Entry: starting with an "A", "E", "G", "DA", "DB", "DC", "DI", "DJ", "DG", and Cost Pool codes.

Note: Clinical Order Entry screens out "DA", "DB", "DC and "DI", whereas Ancillary Order Entry does not.

4. For **inpatients**, the Requesting Location is set to the Inpatient Ward location, and the Requesting MEPRS code is set to the MEPRS code associated with the current inpatient episode. This occurs regardless of the Order Entry page that the user selects to write the orders.
5. The Appointment Selection screen does not display for inpatients.
6. Quick access (Spacebar-<Return>) has been disabled at the 'Requesting Location' and 'MEPRS Code' prompts in all Order Entry pathways.

7. The following MEPRS codes are not permitted for 'Hospital Location' entries in the Clinical User file (User Order Entry Preferences): starting with an "A", "E", "G", "DA", "DB", "DC", "DI", "DJ", "DG", or Cost Pool codes.
8. The 'Default MEPRS' field in the Clinical User file (Order Entry Preferences) now automatically populates based on the 'Default Location' entered. This field now cannot be edited.
9. The following MEPRS codes are not permitted for 'Location' entries in the Provider file (if the user is a Provider – Signature Classes 2-4): starting with an "E", "DJ", "DG", "G", or Cost Pool codes.
10. Ancillary locations should not be used as Requesting Locations. Order Entry users should try to associate the order with the true requesting work center (i.e., not a "D" code).
11. When ancillary users request ancillary services, a data anomaly is produced that requires manual correction in EAS IV. An example would be a pharmacy order requested by a radiologist.

WAM TIPS

- For inpatients, CHCS automatically uses the "A" MEPRS code from the Admission record for the Requesting MEPRS. User input is not needed.
 - For outpatients, select an appointment in order to associate the orders with the appointment clinic location and MEPRS code. If no appointment is available, after you enter the Authorizing HCP, the 'Requesting Location' prompt includes a default of either the 'Order Entry Default Location' of the HCP or the 'Location' from the Provider file.
-

4.2 Appointment Selection in Order Entry

The Appointment Selection screen (Figure 4.1) displays after you enter the patient name in a Clinical Order Entry or Ancillary Order Entry pathway. This screen allows you to link orders that are written to appointments. The appointment closest to TODAY is pre-selected so that you can just press <Return> to accept the value.

```
Scheduled Appointments for ANDES,DAVID A

Press <Return> to choose pre-selected appointment or use the SELECT key to de-select
appointment or select an alternate appointment.

Linking of orders provides workload credit to the clinic associated with the
appointment.

  Date/Time   Clinic/Div  HCP                MEPRS/DMIS  Type   Status   Reason
-----
Appointments with BERRY, JANE:
*07Mar@1232 ALLERG/N-I  BERRY, JANE      BABA/0124  ROUT  WALK-IN  TESTING
  07Mar@1233 ALLERG/N-I  BERRY, JANE      BABA/0124  ROUT  WALK-IN  NEW PT
  07Mar@1234 ALLERG/N-I  BERRY, JANE      BABA/0124  ROUT  WALK-IN  MED CHNG

Other Appointments:
  31Jan@1202 PCCFO/F-OU  SAGE, DEDE       BAAA/0124  ACUT  WALK-IN  FLU
  30Jan@0730 ALLERG/N-I  SIMMS, MARY      BABA/0124  ROUT  PENDING  FOLLOW UP
-----

eXit      Search    Help
Leave picklist and enter order entry session.
```

Figure 4.1. Appointment Selection Screen

4.2.1 Why Link Orders to Appointments?

- Workload for the orders entered is correctly attributed to the clinic visit. This improves MEPRS data quality.
- **Clinical Providers:** CHCS automatically changes PENDING appointments to KEPT if the appointment is for TODAY or in the past. This improves EOD statistics.
- **Clinical Providers:** If the authorizing HCP is profiled for the clinic, CHCS records that person as the appointment provider if the provider is NULL. This also improves EOD statistics.
- **Clinical Providers:** CHCS prompts the providers to update their Order Entry default location every time they select a different clinic. This keeps their defaults current.
- The Billing Department staff must enter the encounter date on claims for ancillary services. The date is more accurate if linking is used. This improves Itemized Billing data quality.
- Orders must be linked when Provider GUI is implemented at your MTF.

4.2.2 Appointment Selection Business Rules

1. The default date range of appointments displayed is +/-2 weeks.

WAM TIP

-
- The appointment date range can be modified for Clinical Order Entry and Ancillary Order Entry through the Clinical Site Parameters Maintenance (CSM) option.
-

Menu Path:

CA → CLN → Physician's Menu → MNG → TAB → CSM (Clinical Site Parameters Maintenance)

WAM TIP

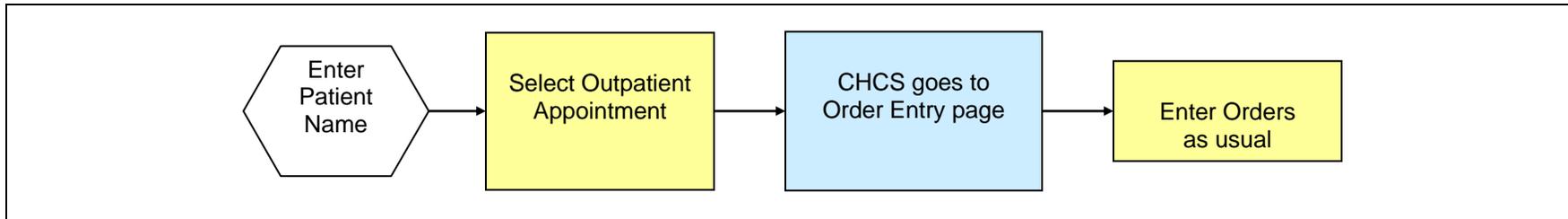
- Appointments are pre-selected based upon the following:
 - Provider
 - Clinic (appointment clinic matching against Order Entry default clinic)
 - The closest appointment date to TODAY.
-
2. The pre-selection logic is as follows:
 - a. If you are an HCP and appointments are listed in your name, the closest appointment date to TODAY in your name is pre-selected. If multiple appointments exist for the day, the appointment with the latest appointment time is pre-selected.
 - b. If you are an HCP but no appointments are listed in your name OR if you are not an HCP, CHCS checks for a match in the clinic (appointment clinic matching against the Order Entry default clinic). If a match is made, the appointment in the matching clinic with the closest appointment date to TODAY is pre-selected. If multiple appointments exist for that date, the appointment with the last appointment time is pre-selected.
 - c. If no match is found on HCP or clinic, the appointment with the closest appointment date to TODAY is pre-selected. If multiple appointments exist for that date, the appointment with the last appointment time is pre-selected.
 3. The appointments are sorted in reverse chronological order.
 4. If providers have appointments in their own names, those appointments are listed first.
 5. Appointments with invalid Requesting MEPRS codes for outpatients do not display.
 6. If no appointments are found, this screen does not display.
 7. **Clinical Providers:** Only appointments in clinics where you are profiled display for selection.
 8. **Other Clinical and Ancillary Staff:** After you enter the Authorizing HCP for the orders, CHCS verifies that the Authorizing HCP is profiled in the clinic selected. If not, a 'Requesting Location' prompt displays with the Default Location of the Authorizing HCP. If correct, press <Return> to accept.
 9. The Exit action on the action bar is the default for automatic exit from the screen when you press <Return>.
 10. Listed appointments can have the statuses of PENDING, KEPT, WALK-IN, SICK-CALL, TEL-CON, or OCC-SVC.
 11. CHCS searches for appointments in all divisions in CHCS.
 12. An expanded Search action allows a search over a broader date range for a particular patient.

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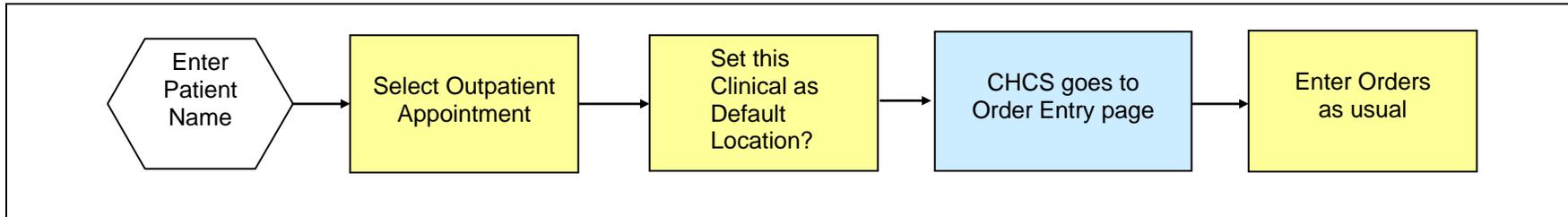
4.3 Order Entry Workflow Scenarios

4.3.1 Clinical Providers

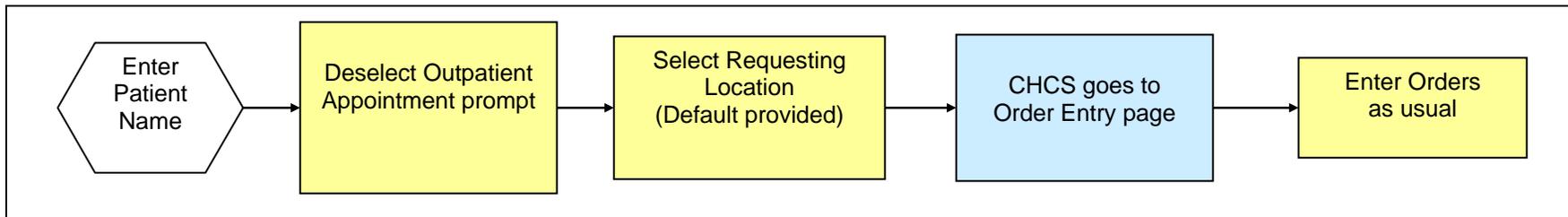
Scenario 1: Provider selects an appointment in the clinic that is the same location as the Order Entry default:



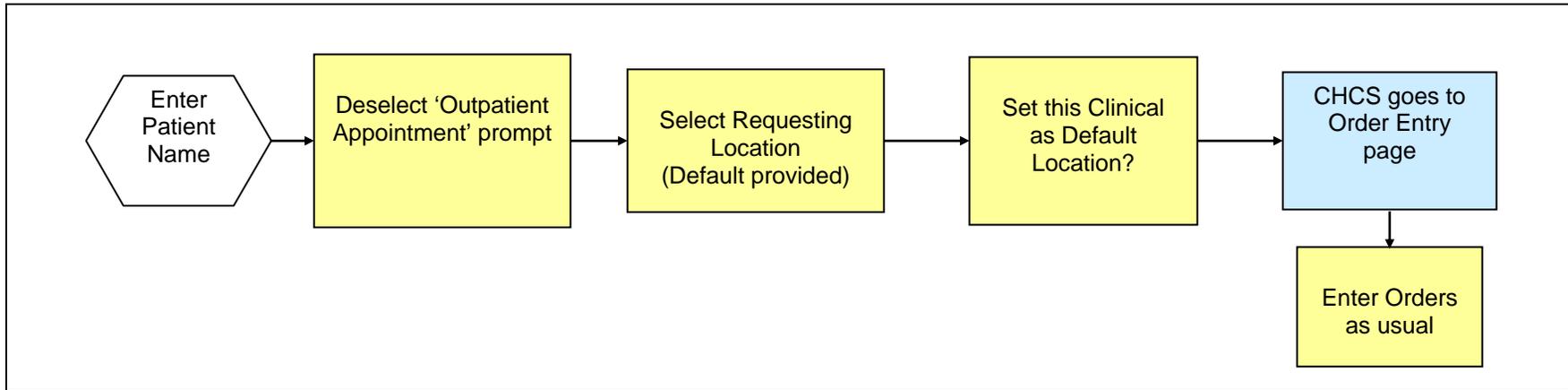
Scenario 2: Provider selects an appointment in the clinic that is a different location than the Order Entry default:



Scenario 3: Provider does not select an appointment, but selects a Requesting Location that is the same location as the Order Entry default:

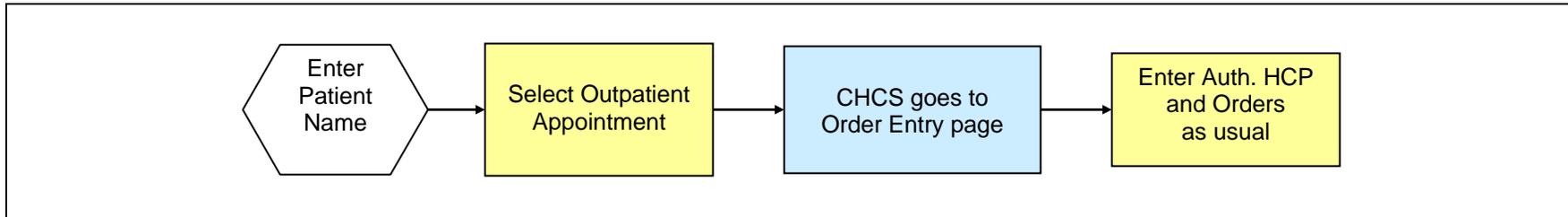


Scenario 4: Provider does not select an appointment, but selects a Requesting Location that is a different location as the Order Entry default:

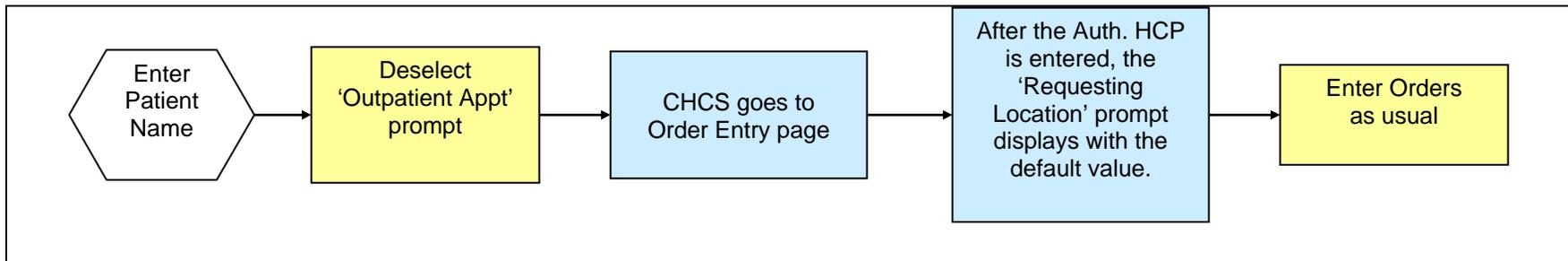


4.3.2 Other Clinical and Ancillary Staff

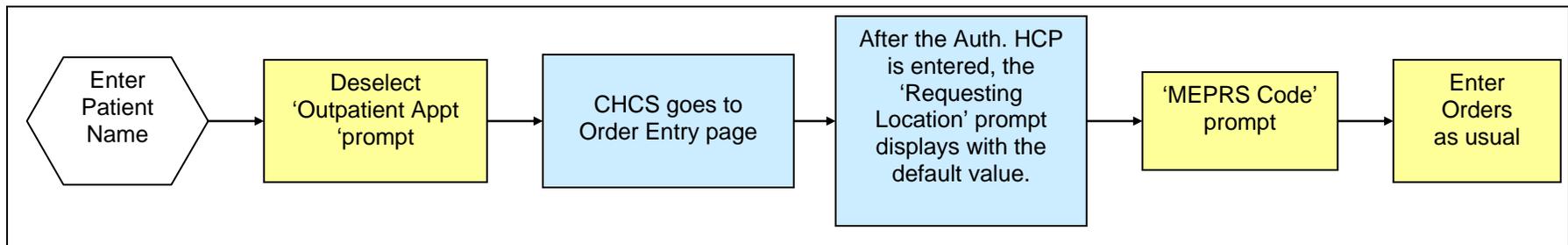
Scenario 1: User selects an appointment:



Scenario 2: User does not select an appointment, but the Authorizing HCP has a valid MEPRS code associated with the Order Entry Default or the 'Location' field of Provider file:



Scenario 3: User does not select an appointment, and enters a Requesting Location that does not has valid MEPRS code associated with the location:



4.4 Quick Reference Guide

Clinical Providers

- If you choose an appointment and the clinic of the appointment is different from your Order Entry default location, you are asked if you want to update your defaults. If you answer YES, this prompt does not display again until you choose an appointment from a different clinic.
- If you choose an appointment, press **<Return>** and enter orders.
- If you choose an appointment, the EOD processing for that appointment is done automatically if you are profiled for that clinic.
- If you do not choose an appointment, the EOD processing is done automatically. You only need to enter a Requesting Location if the default provided is incorrect.

Other Clinical and Ancillary Staff

- You are also asked to choose an appointment.
- If you choose an appointment, you are asked to enter authorizing HCP. CHCS verifies that the Authorizing HCP is profiled in the clinic for the appointment you selected. If so, you may enter orders for the HCP.
- If you do not choose an appointment or the Authorizing HCP is not profiled for the clinic, CHCS tries to set the Requesting Location based on the defaults for the HCP.
- **Ancillary Staff:** If you are prompted for a Requesting Location, DO NOT enter your work center (LAB, RAD, or PHR location). To do so would create data problems for both workload and billing.

4.5 FAQs

1. May I enter Other Health Insurance (OHI) data if an appointment is marked as KEPT?

Answer: Yes. Go to the Patient Demographic screen to enter the data for an OHI-eligible patient.

2. Why does the Appointment Selection screen for the same patient look different for my coworker?

Answer: The Appointment Selection screen contains sorting and pre-selection logic to guide you to the correct answer.

If you are a Provider with appointments in your name, the screen sorts by Provider. The screen sorts by Clinic if the defined Order Entry Default Location matches the clinic of the appointments. If neither scenario is true, the screen sorts in reverse chronological order.

The pre-selected appointment follows similar logic. The Provider, Clinic, and Appointment Date all determine which appointment is pre-selected.

5. Radiology (RAD) Workload Management

WAM assimilates and displays workload in WAM by Performing FCC (P_FCC) and DSI. The P_FCC is a subset of the Functional Category (e.g., A – Inpatient Care, B – Outpatient Care, C – Dental Service, D – Ancillary Service, etc.), and each work center is assigned an FCC defined to the fourth level. The DSI defines the type of workload collected for each FCC.

- The P_FCC for Radiology is DCA and for Nuclear Medicine is DIA. Each Radiology location collects workload credit under the fourth-level FCC authorized by the facility (e.g., DCAA, DCAB, DIAA, etc.).
- The DSI for both DCA* and DIA* is a raw count and a weighted value for each procedure performed under the established WAM Radiology Workload Business Rules.

5.1 Radiology Business Rules for WAM

CHCS collects and stores Radiology workload data in the RAD Workload Data file for extraction and display through WAM. Business rules define the Radiology data eligible for extraction and display on WAM workload reports and transmission to EAS IV for further workload processing and reporting.

5.1.1 Business Rules

The Radiology Workload Business Rules (RWB) option on the Radiology Workload/MEPRS Reports Menu provides the business rules for Radiology workload data reporting and workload validation to the user. The first section of this option lists the following current business rules:

1. Every Radiology procedure must have an active, valid CPT code defined in the Radiology Procedure file to collect workload.
2. CHCS Radiology subsystem assigns a raw value of "1" for each PROCEDURE credit type accrued for performing the technical component of each Radiology exam performed.
3. CHCS Radiology subsystem assigns a raw value of "1" for each REPORT credit type accrued for the professional component of the Radiology exam.
4. When both components of a Radiology exam (PROCEDURE + REPORT) are performed in the same calendar month and by the same Performing MEPRS/DMIS ID combination, CHCS reports the components as separate workload (i.e., a total raw count of 2).
5. The MEPRS/DMIS ID defined for the Radiology location where the exam was arrived and departed through the Radiology Menu determines where the PROCEDURE workload is credited.
6. The 'Reporting DCA Code' and 'Reporting Division' (MEPRS and DMIS ID) defined in the Radiology Personnel file of the radiologist performing the work determine assignment of the REPORT credit.
7. The Radiology Workload/MEPRS Reports options include AMENDED status reports in monthly collectable workload reporting if, and only if, the AMENDED report is verified during the same month that the exam became COMPLETE.
8. Procedure workload is reported during the WAM reporting month if the exam status is EXAMINED, EXAM ONLY, REPORT ONLY, or COMPLETE. (See rule 6 for AMENDED reports.)
9. Radiology subsystem reports or sections of reports displaying WAM reportable only are identified as "Reported Workload".
10. Radiology subsystem reports or sections of reports including data on exams with the EXAM STATUS of INCOMPLETE, DICTATED, PRELIMINARY, REFERRAL, TRANSCRIBED, or AMENDED (Rule 6 applies) are identified as "Work Center Activity".
11. The MEPRS Group Report (MGR) collects raw amounts and weighted values for WAM-reported workload only.
12. PROCEDURE GROUPS and CHARGE type procedures are not collected as workload or included in activity report totals.
13. Only work performed for requesting MEPRS/DMIS ID that is listed as authorized FCCs on the FY WAM Core file is reportable as workload in WAM for that FY.

14. Only those procedures defined in the Radiology Procedure file as RADIOLOGY PROCEDURE type and with the applicable modifiers in the CPT/HCPCS file are eligible for workload credit.

5.1.2 Radiology Workload Business Rules (RWB) Option

Menu Path:

CA → RAD → WR → RWB (Radiology Workload Business Rules)

In addition to the current business rules listed above, the RWB option provides information pertaining to the WAM workload reconciliation process and the Radiology Workload Exception Report.

Business Rules

[Section 5.1.1 lists these.](#) The RWB option lists the business rules applicable to the identified data discrepancies and provides steps for correcting the source data to prevent future occurrences. Workload exceptions can be edited through the Radiology Workload Data Edit (WDE) option.

Workload Reconciliation

Three factors are important for comparing Radiology functional reports to WAM-collected data:

1. Only Radiology Workload/MEPRS Reports or sections containing the heading "Reported Workload" should be used in the workload validation and reconciliation process.
2. The Radiology Workload Exception Report displays workload that is not reported as workload in WAM. The display is by Performing Location MEPRS/DMIS ID, Requesting Location MEPRS/DMIS ID, raw count, and workload-weighted values or by exam number, workload type, and data discrepancy.
3. For accurate comparison of workload data, the reports used for WAM workload validation should be generated concurrent with WAM initialization.

WAM TIP

- The Radiology section is continually adding to the RAD Workload Data file. Reports generated more than a few minutes apart during the duty day could result in different data totals.
-

Radiology Workload Exception Report

This section of the RWB provides information on the Radiology Workload Exception (RWE) option on the Radiology Workload/MEPRS Reports Menu and the WAM Workload Reports Menu.

Menu Paths:

CA → **RAD** → WR → RWE (Radiology Workload Exceptions Report)

CA → **WAM** → 2 → 5 → 10 (Radiology Workload Exceptions Report)

The RWE option identifies workload extracted from the RAD Workload Exception file and identifies data discrepancies known to cause data errors in EAS IV workload reporting. If this type of data were sent to EAS IV through WAM, it would not be processed and would require manual correction. WAM no longer transmits data known to cause errors. Once the discrepancy is corrected the workload entry will move to the RAD Workload Data file for extraction by WAM.

5.1.3 Business Rules for the Remote and Circuit-Rider Radiologist

Remote Radiologist

The Radiology workload data collection process considers a "Remote Radiologist" as one that provides interpretation services and enters/verifies report text for exams performed at an MTF that resides on a CHCS system separate from the radiologist's assigned (home) workload reporting division.

Problem that existed:

Previously, when a radiologist is assigned to MTF A but logs into MTF B to enter/verify radiology reports and MTF B is on a different platform, the workload can only be credited to the correct division by manually subtracting the workload from MTF B and adding it to MTF A (via the EAS IV system). The CHCS WAM extraction utility collects report type workload for the professional component (PC) of the radiology exam. The workload is collected under the reporting division and MEPRS codes defined for the radiologist through the CHCS Radiology Personnel Enter/Edit option. The reporting division and associated DCA*/DIA* reporting MEPRS codes MUST be active entries on the MTF where the work is performed. For example, the radiologist assigned to National Naval Medical Center Bethesda that logs into NACC Groton CHCS to enter and verify radiology reports must be defined on the NCHNE CHCS under a local division. The resulting workload will be collected under the NACC, GROTON division (DCAA/0035 MEPRS code) when in fact it should be reflected under NNMC Bethesda division, DCAA/0052.

Solution:

The CHCS Radiology module has been modified to address the concept of the remote radiologist and to ensure that workload captured for that radiologist is credited under the correct reporting division.

When the remote radiologist enters/verifies a report on a separate CHCS platform than the platform of their home reporting division, the system will send workload data via HL7 messages using the GIS to the MTF where the home reporting division is defined for the radiologist. Also, a new file will be created, "RAD REMOTE WORKLOAD", in which the workload for the remote radiologist will be accumulated. This file can be used to run reports to determine how much workload is attributed to other MTFs based on these remote radiologists

Refer to Appendix D in this document for instructions on building RAD Remote Transmitters and Receivers. Refer also to the Interface Control Document for WAM RAD HL7 Messaging for further information on the interface messages, SAIC document number: GSA Doc. GS-CWAM-1000.

This workload will now be included in the report/crediting MTF's standard workload data that will be included in the Radiology Group MEPRS report, the new Remote Workload for Verified Reports (RRW) report and WAM workload.

The new business rules are as follows:

1. The radiologist must be defined on the CHCS system of the treating MTF with a local 'Reporting Division' in the PROVIDER file of the treating MTF to allow access to the radiology reporting functions. In addition, the remote radiologist will be defined with a 'Remote Reporting Division' that will be the reporting MTF.
2. At the site where the work is performed, the treating MTF workload and remote workload will be separated based on the 'Remote Reporting Division' value. The REPORT type workload generated by the radiologist entering/verifying report text for procedures performed at the treating MTF will be collected and stored in the RAD REMOTE WORKLOAD file and will also be sent back to the report/crediting MTF where the workload should be credited.
3. Remote workload stored in the RAD REMOTE WORKLOAD file will be excluded from local workload reporting at the treating MTF.

4. All of the remote workload that is collected at the treating MTF will be automatically transmitted (real-time) via HL7 message using the Generic Interface System (GIS) to the reporting MTF where the remote radiologist is assigned for inclusion in that MTF's reported WAM workload for radiology. This workload will also be stored in the RAD REMOTE WORKLOAD file at the treating MTF.
5. When processing the remote workload data from the HL7 message at the report/crediting MTF, the system will convert the performing and requesting MEPRS appropriately. Refer to Appendix D. for instructions on building the new RAD Remote Workload transmitters and receivers.
6. The radiology remote workload at the reporting MTF will be collected during the WAM extraction process at the same time that the local workload is collected.

Circuit-Rider Radiologist

The term "Circuit-Rider" is used in this document to define a radiologist that reads exams for a division other than their home reporting division in order to fulfill a borrowed labor agreement. Normally, when the radiologist reads exams for a second MTF (with a different Group ID) defined on the same CHCS as the radiologist's home division, the system converts the requesting MEPRS to the appropriate FC** code and collects the workload for the radiologist's home reporting division. However, with a borrowed labor agreement in place the work performed for the second MTF should be collected and reported under the DCA/DIA MEPRS for that division. Most likely the radiologist is physically located at the MTF where they have the labor agreement when they read the exams.

The new business rules are as follows:

1. This functionality is intended for Circuit-Rider Radiologists to provide support to other Parent DMIS organizations on the same CHCS host.
2. Circuit Rider Radiologists should be set up in Parent DMIS organization where they are physically performing the patient care, and are not authorized to report that workload in another Parent DMIS organization.
3. Only divisions on the host can be selected as Circuit-Rider divisions. Circuit-Rider divisions must be defined in the Radiology Personnel Enter/Edit option by the site DBA or Radiology Management.
4. The reporting DCA or DIA MEPRS code for the circuit-rider radiologist will default to the defined DCA* or DIA* for the workload reporting division that is selected at the time the report is entered.

It is critical to report workload accurately. The Workload for Verified Reports (RVW) report will allow a Provider to see all of their workload regardless of whether they were reporting for their Home division or a Circuit-Rider division. This can assist with the site and provider local productivity studies and models.

Menu Path:

CA → **RAD** → WR → RVW (Workload for Verified Reports)

WAM TIPS

- The professional component workload is generated when the report is verified. The circuit-rider radiologist must be very aware of where the workload will be collected at the time the report text is verified.
 - This functionality is intended for Circuit-Rider Radiologists to provide support to other Parent DMIS
-

organizations on the same CHCS host.

- Circuit Rider Radiologists should be set up in Parent DMIS organization where they are physically performing the patient care, and are not authorized to report that workload in another Parent DMIS organization.
 - Consult your service MEPRS office if there are questions about how workload should be reported.
-

5.2 Where Do RAD Data Elements Come From?

The CHCS Radiology subsystem uses key data elements to identify exam information. Some key data elements are defined through the CHCS common files or the Radiology System Maintenance Menu options and are not editable at the standard user level. However, much key data is populated by the HCP during Clinical Order Entry or by the Radiology clerk or technologist during Ancillary Order Entry. Most elements are not editable during the patient departure process.

5.2.1 Radiology Data Elements

Table 5-1 lists the key data elements used by CHCS to identify and collect Radiology workload, the file source for each data element, general rules applicable to data entry for each element, and when the data may be edited.

Table 5-1. RAD Key Data Elements

Data Element	Data Source	Rules	Workload Units Editable by End User
Performing MEPRS/DMIS ID (Procedure credit)	Radiology location → Division → MEPRS/DMIS ID Code	<ul style="list-style-type: none"> Each Division can have multiple RAD locations. The MEPRS code defined for the location must have the same DMIS ID as the location. Each Radiology location can only be associated to a single division 	During arrival or departure of the exam RAD → EP → AP or DQ
Performing MEPRS/DMIS ID (Report credit)	Interpreting Radiologist → Reporting Division	The DCA and DIA (if applicable) must be defined with the same DMIS ID of the Reporting Division.	No
Requesting MEPRS/DMIS ID	Requesting location → Division → MEPRS/DMIS ID Code	<ul style="list-style-type: none"> Clinical Order Entry: Linked to the patient appointment, entered by requesting HCP. Ancillary Order Entry: Linked to patient appointment or to requesting HCP Clinical User default MEPRS/DMIS ID. (If this field is blank or the code invalid, CHCS uses the 'Location' field of the Provider file) 	No
CPT Code	Radiology Procedure file → CPT Code	Each RAD procedure must have a valid CPT code assigned.	No
Beneficiary Category	Patient file → BenCat		No
Raw Count	Radiology Exam → Procedures → Status	<ul style="list-style-type: none"> The count is 1 for the PROCEDURE credit. The raw count is 1 for the REPORT credit. 	No
Weighted Values	Radiology Workload Data file → CPT Code	<ul style="list-style-type: none"> The CPT code modifier defines weighted values. Workload credit is not collected if the CPT code modifier cannot be derived. 	No

5.2.2 File-and-Table Build

WAM Radiology workload collection depends on accurate data defined in the CHCS Radiology files and tables. In addition to CHCS common file updates, key files may be edited throughout the year due to personnel changes or added/terminated facility Radiology services. To ensure data quality, key Radiology files must be reviewed annually, prior to WAM FY initialization.

- **Radiology Procedure file**

Run the Radiology Procedure CPT Exception Report. Coordinate with the your database administrator to ensure this report is generated each time the CHCS CPT/HCPCS Code file is updated. The Radiology Procedure CPT Exception Report is located on both the Radiology Workload/MEPRS Reports Menu and the WAM Workload Reports Menu.

Menu Paths:

CA → **RAD** → SM → COM → RCE (Radiology Procedure CPT Exception Report)

CA → **WAM** → 2 → 5 → 8 (Radiology Procedure CPT Exception Report)

You must edit procedures that the Radiology Procedure CPT Exception Report identifies as having an invalid or inactive CPT code. The defined CPT code must be active at the time of exam departure or report verification to avoid generating workload exceptions. CHCS uses codes defined in the *Fiscal Year Current Procedural Terminology Manual* of the American Medical Association (AMA). The CPT code is defined through the Procedure File Enter/Edit (PFE) option.

Menu Path:

CA → RAD → SM → PFE (Procedure File Enter/Edit)

- **Radiology Personnel file**

Each radiologist must have an assigned Reporting Division and MEPRS code for each service provided by the facility (e.g., DCA* for Radiology and DIA* for Nuclear Medicine). All workload credit for the professional component of the procedure is collected under the defined DCA and DIA DSI of the interpreting radiologist.

Menu Path:

CA → **RAD** → SM → RPE (Radiology Personnel Enter/Edit)

Most Radiologists and Resident Radiologists will have a single 'REPORTING DIVISION' defined. Regardless of where the exam is performed on the CHCS system the workload will be correctly credited based on the values defined through the Radiology Personnel Enter/Edit option. The following is an example of the fields defining the Radiologist.

```
PROVIDER: FLYER,RADIO R                RADIOLOGY PERSONNEL EDIT
NAME: FLYER,RADIO R                    OE INACTIVATION DATE:
RAD CLASSIFICATION: RADIOLOGIST
REPORTING DIVISION: NAVY INPATIENT DIVISION
DCA REPORTING MEPRS: DCAA/0124
DIA REPORTING MEPRS: DIAA/0124
REMOTE REPORTING DIVISION:
CIRCUIT-RIDER Y/N: NO
CIRCUIT-RIDER DIVISION(S):
```

5.2.3 File and Table Build for the Remote Radiologist

In the Radiology Personnel Enter/Edit option, the remote radiologist will populate an additional field defining the remote reporting division. The 'REMOTE REPORTING DIVISION' will define the division/MTF which will receive the workload credit for the work performed by the remote radiologist.

Example

When Radiology Services at NACC Groton performs an exam the radiologist from NNMC Bethesda will log into the NACC Groton CHCS system to report on the exam. In this example, NACC Groton is the "Treating MTF" where the exam was performed and NNMC Bethesda is the "Reporting MTF" which is the MTF defined for the radiologist's remote reporting division.

Recent changes will allow the workload performed by the remote radiologists to automatically transfer from the treating MTF CHCS system to the CHCS system where the remote reporting division is defined. The workload will be collected for the radiologist's home division and extracted by WAM with the rest of the radiology workload for transmission to EAS IV.

The following example shows how the remote radiologist described in the example above would be defined on the NACC Groton CHCS. In this case the radiologist is assigned to NNMC Bethesda and must be defined on the NACC Groton CHCS through the Radiology Personnel Enter/Edit option as a remote radiologist.

NACC Groton CHCS (RPE)

NAME: RADDOC,JANE
RAD CLASSIFICATION: RADIOLOGIST
REPORTING DIVISION: NACC GROTON
DCA REPORTING MEPRS: DCAA/0035
DIA REPORTING MEPRS: DIAA/0035

REMOTE REPORTING DIVISION: 0067 NNMC Bethesda, MD.
CIRCUIT RIDER Y/N: NO
CIRCUIT RIDER REPORTING DIVISION(S):

This same radiologist will be defined in the NNMC Bethesda division just as the other, non-remote, radiologists in that division.

Refer to Appendix D. for instructions on building the new RAD Remote Workload transmitters and receivers.

5.2.4 File and Table Build for the Circuit-Rider Radiologist

There are also new fields in the PROVIDER File for the Circuit-Rider Radiologist. These fields will be used to define the circuit-rider's authorized divisions and performing DCA/DIA MEPRS codes in each division for workload collection and reporting.

Previously only the Radiology Manager or System Administrator had access to define the 'Reporting Division' for the radiologist each time it needed to be changed. Once the alternate division(s) have been defined by the Radiology Manager or System Administrator in the Radiology Personnel File, recent WAM Enhancements will provide the mechanism for Circuit-Rider radiologist's to report workload accurately

Critical Notes:

- This functionality is intended for Circuit-Rider Radiologists to provide support to other Parent DMIS organizations on the same CHCS host.
- Circuit Rider Radiologists should be set up in Parent DMIS organization where they are physically performing the patient care, and are not authorized to report that workload in another Parent DMIS organization.

Menu Path:

CA → **RAD** → SM → RPE (Radiology Personnel Enter/Edit)

There are two new prompts displayed on the RPE screen for Circuit-Riders (refer to the Figure below). The first prompt, 'Circuit-Rider? Y/N' will allow staff to designate whether or not the provider is a Circuit-Rider. If 'YES' is entered, the second new prompt will become active. If the default of 'NO' is entered, the radiologist will not be designated as a Circuit-Rider in the provider profile and there will be no change to the current reporting process. The second prompt, 'Circuit-Rider REPORTING DIVISION(S)' defines the circuit rider divisions for the Radiologist.

NCAC Radiology Personnel Enter/Edit (NNMC Bethesda Division)

NAME: RADIOLOGIST,JAMES T OE INACTIVATION DATE:
RAD CLASSIFICATION: RADIOLOGIST
REPORTING DIVISION: NNMC BETHESDA MD. <Primary default
DCA REPORTING MEPRS: DCAA/0067 <Primary default
DIA REPORTING MEPRS: DIAA/0067 <Primary default

REMOTE REPORTING DIVISION:
CIRCUIT RIDER Y/N : YES
CIRCUIT RIDER REPORTING DIVISION(S):
WALTER REED AMC DCA MEPRS: DCAA/0037 DIA MEPRS: DIAA/0037

Figure 5.1 Defining the Circuit-Rider Radiologist

When the radiologist accesses a CHCS Radiology module Exam Reporting Menu option, the radiologist who is not defined as a "circuit rider" in the PROVIDER file will continue to have only one reporting division defined for their profile and there will be no change to the current reporting process.

When a "Circuit Rider" radiologist with multiple reporting divisions on the same CHCS host accesses a CHCS Radiology module Exam Reporting Menu option, they will receive a prompt for the Workload Reporting DIVISION that will apply to this work session the following new prompt as shown in the screen below:

Select Exam Reporting Menu Option: RE Report Enter/Edit

*** You are defined as a 'Circuit-Rider Radiologist'. The WORKLOAD DIVISION selected below is where your workload will be credited until you select a new Workload Division. ***

Select WORKLOAD DIVISION: ARMY INPATIENT DIVISION//

Figure 5.2 Circuit-Rider Radiologist Workload Division Prompt

Any workload accrued during the current session will be credited to the division selected at the 'Workload Division' prompt. When the radiologist changes the reporting division at this prompt the system will automatically update the Reporting Division and Reporting DCA and DIA MEPRS codes in the provider file. All work performed by the radiologist will continue to report for that division until the radiologist changes the prompt to a different division.

WAM TIP

- It is extremely important that the radiologist understands ONLY those radiologists working under an active borrowed labor agreement for an MTF defined on the same CHCS host as their home reporting division should be defined as a Circuit-Rider Radiologist. If there is any question about where their workload should accrue they should contact the MEPRS office.

It is critical to report workload accurately. The Workload for Verified Reports (RVW) report will allow a Provider to see all of their workload regardless of whether they were reporting for their Home division or a Circuit-Rider division. This can assist with the site and provide with local productivity studies and models.

Menu Path:

CA → RAD → WR → RVW (Workload for Verified Reports)

- Radiology Location file**

Each imaging location must have either the DCA* or DIA* MEPRS code defined. Radiology workload is not collected for Radiology services for any other Performing MEPRS code. Radiology procedures performed by locations using any other code generate workload exceptions.

Menu Path:

CA → RAD → SM → ELP (Enter/Edit Radiology Location Parameters)

5.3 Validating Monthly Workload

On the first business day of a new month, the Radiology manager should validate the workload reported by WAM for the prior month. When validating workload in WAM, the correct Radiology report should be used for comparison.

5.3.1 Radiology Functional Reports

Figure 5.3 lists the options on the Radiology Workload/MEPRS Reports Menu.

PFT	Procedure Activity/Workload Facility Totals
PLT	Procedure Activity/Workload - Rad. Loc. Totals
PAL	Procedure Activity by Radiology Location
FTR	MTF Activity Totals by Req. Acct. & Func. Category
LTR	Radiology Location Activity Totals by Req. Acct.
PTR	Location Procedure Totals by Requesting Acct.
MGR	MEPRS Group Report
RWE	Radiology Workload Exceptions Report
WDE	Workload Data File Edit
RWB	Radiology Workload Business Rules
RFD	Repeat Film Detail/Summary Report by Repeat Reason
RFS	Repeat Film Summary Report by Proc, Techn. or Room
RUW	Workload for Unverified Reports
RVW	Workload for Verified Reports
RTW	Workload by Transcriptionist
RRW	Remote Workload for Verified Reports

Figure 5.3. Radiology Workload/MEPRS Reports Menu

The Radiology manager should understand the type of data provided by each report option. The total work activity within the Radiology section provides the information needed to determine schedules and technologists assigned for

daily operation of the section. For reporting, WAM and EAS IV only collect workload when each component of the procedure is completed.

5.3.1.1 Activity vs. Workload Reports

Radiology functional reports provide information to the Radiology manager on both exam activity within the section and actual workload credit generated during the report period. Radiology raw counts are collected based on the EXAM STATUS at the time of report generation.

Work Center Activity

Radiology exam data is not eligible for reporting in WAM, since current exam status is considered work center activity. These reports include data for exams still in progress at the time of the report generation and are clearly identified in the report title. Functional reports or report sections that include work center activity data display the following statements in the report header and page footer:

HEADER: "Work Center Activity"

FOOTER: "Work Center Activity may include data that is not eligible for WAM workload reports."

Reported Workload

WAM collects workload data in the RAD Workload Data file and extracts workload raw counts and calculates weighted values for only those statuses assigned to the final stage in the performance cycle of each procedure component; EXAMINED or EXAM ONLY for the technical component (Procedure Credit) and COMPLETE, REPORT ONLY and AMENDED for the professional component (Report Credit). CHCS Radiology reports or sections that display only WAM-reportable workload data contain the following statements in the report or section header and footer:

HEADER: "Reported Workload"

FOOTER: "Reported Workload includes only data that is reportable on WAM workload reports."

Table 5-2 lists the possible exam statuses of data displayed on Radiology functional reports.

Table 5-2. RAD Data Displayed by Exam Status

Exam Status	Work Center Activity	Reported Workload	
		Procedure Credit	Report Credit
AMENDED	X		X
COMPLETE	X	X	X
DICTATED	X		
EXAM ONLY	X	X	
EXAMINED	X	X	
INCOMPLETE	X		
PRELIMINARY	X		
REPORT ONLY	X		X
TRANSCRIBED	X		

5.3.1.2 Functional Reports vs. WAM

WAM displays Radiology workload on the EAS Data Set Workload Report by DSI (e.g., DCA for Radiology and DIA for Nuclear Medicine).

Menu Path:

CA → WAM → 2 → 1 (EAS Data Set Workload Report)

- Each reporting division has a unique UIC.

- Data Set (DCA or DIA)
- Performing FCC/DMIDS ID (DCAA/0124)
- Requesting FCC/DMIS ID (AAAA/0124)
- CPT code and modifier (7102032 = Chest, portable; Procedure credit)
- Raw count, per BenCat (CAT 1 = Active Duty Military)
- Total Weighted Values (calculated from the CPT code + modifier)

CHCS Radiology CPT Code Modifiers and Weighted Values

In addition to the weight values assigned to the exam and reporting portions of a procedure, a calculated weight may be assigned by the modifier(s) to represent increased levels of effort in exam performance. Refer to Table 5-3.

Table 5-3. Valid RAD CPT Code Modifiers

Modifier	Definition
32	Exam Weight for Procedure
26	Reporting Weight of the Procedure
00	Total Weight Value for the Procedure
50	Bilateral / Weight Is Doubled
51	Exam Only - Bilateral
22	Portable/ Weight Is Doubled
99	Bilateral and Portable

Note: CPT codes with ONLY the “00” modifier defined in the CPT/HCPCS file do not credit a raw count to the procedure. These types of procedures have only one component. Therefore, separate Procedure and Report component modifiers cannot be derived. For this reason, these types of procedures display only as work center activity on Radiology functional reports and are not eligible for reporting in WAM.

Table 5-4 summarizes the weighted value calculations used for Radiology workload determined by the CPT code and applicable modifiers (derived from the exam information entered during departure).

Table 5-4. RAD Calculated Weighted Values

Credit Type	Calculation
Exam (E)	Provided in CPT file (#8151)
Reporting (R)	Provided in CPT file (#8151)
Total (“00” modifier)	Value in CPT/HCPCS file
Portable Exam	2E
Portable Reporting	R
Portable Total	2E +R
Bilateral Exam	2E
Bilateral Reporting	2R
Bilateral Total	2E+2R
Bilateral & Portable Exam	4E
Bilateral & Portable Reporting	2R
Bilateral & Portable Total	4E+2R

Note: In WAM, the “50”, “51”, “22”, or “99” modifier replaces the “32” or “26” modifier when one of the conditions above applies.

5.3.2 WAM Validation Process

The EAS Data Set Workload Report should be validated through comparison to Reported Workload only. Work Center Activity includes data on exam components that are still in progress (e.g., reports in the transcribed exam status) and should not be compared to WAM.

5.3.2.1 Radiology Functional Reports

Menu Path:

CA → RAD → WR (Radiology Workload/MEPRS Reports)

The following Radiology functional reports or sections may be used for WAM workload validation:

- **Procedure Activity/Workload Facility Totals (PFT), Section II Only**

Displays exam data in three sections and contains total raw and weighted values, sorted by procedure, for both inpatients and outpatients. The report displays the CPT code and calculated weighted values for each procedure. Section I displays Work Center Activity for the report period. Section II displays WAM reported workload by exam status. Section II of this report may be used for workload validation in WAM. Section III displays procedures and groups not included in report totals.

- **Procedure Activity/Workload – Rad. Loc. Totals (PLT), Section II Only**

Collects and displays both work center activity and reported workload sorted by Performing Division and Radiology Location. Section I displays Work Center Activity for the report period. Section II displays WAM reported workload by exam status. Section II of this report may be used for workload validation in WAM.

- **MEPRS Group Report (MGR)**

Includes WAM reported workload data only. Workload sort is by Performing Location MEPRS/DMIS ID, Requesting Location MEPRS/DMIS ID, and CPT code for the entire reporting group or a single division.

5.3.2.2 WAM Workload Report

Generate the EAS Data Set Workload Report for your division (or group) for comparison with the Radiology functional reports listed above.

Menu Path:

CA → WAM → 2 → 1 (EAS Data Set Workload Report)

The workload totals reported through the EAS Data Set Workload Report should match the reported workload totals of the functional reports above. The Radiology manager or designated Radiology WAM POC should validate Radiology workload weekly in preparation for timely verification of the reporting month workload on the first duty day of the next month. Table 11-1 lists the validation sequence and status progression. As the Radiology POC compares and validates data, the workload templates are changed, indicating to the WAM/MEPRS Coordinator that the data in WAM corresponds to the workload totals in the Radiology workload reports and should be transmitted to EAS IV (and STARS/FL for Navy).

WAM TIP

- The MEPRS Coordinator initializes WAM by the first duty day of each month and initializes CHCS every seven days. Correcting workload exceptions just prior to initialization ensures accurate, complete workload data on the EAS Data Set Workload Report used in the validation process.

5.4 Radiology Workload Exception Report

Workload exceptions are exams performed within the reporting period that do not meet the current WAM Business Rules or that contain data discrepancies in the key data fields. The Radiology Workload Exceptions Report identifies exams not acceptable to EAS IV by data discrepancy category. This report should be generated daily and workload exceptions corrected to ensure accurate, complete workload extraction for reporting in WAM. Workload exceptions that are editable must be corrected through the Workload Data File Edit (WDE) option.

5.4.1 Exception Category Formats

1. Access the Radiology Workload Exceptions Report (RWE) option on the Workload/MEPRS Reports Menu.

Menu Path:

CA → RAD → WR → RWE (Radiology Workload Exceptions Report)

This option allows you to display workload not reported through WAM to the EAS system for one or all divisions within your Group ID for the report month selected. This is an 80-column report that sorts data in the first three categories by Performing Division, Performing Location, and data discrepancy. Refer to Figure 5.4.

```

GROUP: NMC PORTSMOUTH                               Printed: 13 Jun 2003@1332  Page: 1

                Radiology Workload Exceptions Report (RWE)
                Month: Jun  Year: 2003
                *** Exceptions: Radiology Workload Not Requested by EAS ***
-----
Performing Division
Data Discrepancy
  MEPRS/DMIS Performing Location
    Exam No  Procedure                Workload Type  Date/time      Discrepancy
-----
NAVY INPATIENT DIVISION

** CPT Code: Inactive or Invalid Code **
DCAA/0124  DIAG. RADIOLOGY-NI
03000402  ANKLE, RT                      PROCEDURE    09 Jun 2003@1258
03000419  US,NECK                            PROCEDURE    09 Jun 2003@1301  99204
03000419  US,NECK                            REPORT       09 Jun 2003@1341  99204

```

Figure 5.4. Radiology Workload Exceptions Report –Categories 1-3

The fourth category displays WAM workload exceptions sorted by Performing Division, Performing Location, and Requesting Location. The workload exceptions are listed by type (procedure or report credit) raw counts and total weighted values. Refer to Figure 5.5.

```

GROUP: NAVY INPATIENT GROUP                Printed: 27 Jan 2003@1006  Page: 2

                Radiology Workload Exceptions Report (RWE)
                Month: Jan   Year: 2003
*** Exceptions: Radiology Workload Not Requested by EAS ***

                **** Performing Division ****
-----
Performing Division
Data Discrepancy
  MEPRS/DMIS Performing Location
  Requesting MEPRS not defined for this Performing MEPRS
-----
NAVY INPATIENT DIVISION

** WAM: Requesting MEPRS/DMIS ID Inactive or Invalid Code **
  DIAA/0124  NUCLEAR MEDICINE - NI
  DIAC/0124  NUCLEAR MEDICINE - NI
                Procedure Count:      3      Weighted Values: 12.60
                Report Count:         1      Weighted Values:  3.50

                Workload Exceptions:    4      Weighted values: 16.10

                *** End of Report ***

```

Figure 5.5. Radiology Workload Exceptions Report – Category 4

2. Identify workload exceptions to be edited by exam number and data discrepancy.

For example, on Figure 5.4, exam 03000402 is identified with a CPT code category exception. The discrepancy in this example indicates the 'CPT Code' field is blank for this procedure. Refer to the current *Fiscal Year Current Procedural Terminology Manual* of the AMA or ask your local outpatient record coder to determine the correct code to assign this procedure.

5.4.2 Exception Messages

The Radiology user may edit data identified in the first three categories through the Workload Data File Edit (WDE) option. The screen displays the exam number, procedure, workload type, workload date/time, and discrepancy for each exception.

PROCEDURE or REPORT credit exceptions are collected individually and stored in the RAD Workload Exceptions file. Exception data does not display as reported workload on Radiology reports or in WAM until all discrepancies have been corrected. Once the discrepancies are corrected, notify the MEPRS Coordinator to reinitialize the monthly workload so that the data is collected for the reporting month in which the work was performed.

- **CPT Code: Inactive or Invalid Code**

- The CPT defined for the procedure in the Radiology procedure file is inactive or invalid on the current CPT/HCPCS Code file at the time the workload is generated.

```
03000656 RENAL CYST PUNCTURE          PROCEDURE  31 Jul 2003@1504  78726
```

- The code defined for the procedure in the Radiology Procedure file is a HCPCS code.

```
03000655 CARDIAC SERIES, FLOURO      PROCEDURE  31 Jul 2003@1504  C1143
03000655 CARDIAC SERIES, FLOURO      REPORT     31 Jul 2003@1505  C1143
```

- The numeric entry of the CPT code ranges from 99201 to 99499, indicating the incorrect assignment of an Evaluation & Management Code.

```
03000658 US, CAROTIDS                PROCEDURE  31 Jul 2003@1503  99211
```

- **Performing Location: MEPRS/DMIS ID Mismatch or Inappropriate Code**

- The Performing Location DMIS ID does not match the MEPRS/DMIS ID defined for that location in the Radiology Location file (Procedure type workload credit).

DCAA/0124 DIAG. RADIOLOGY - EROOM
03000450 RENAL CYST PUNCTURE REPORT 31 Jul 2003@1513 **DCAB/6204**

- The Reporting Division of the interpreting radiologist is undefined in the Radiology Personnel file (Report workload credit).

DCAA/0124 DIAGNOSTIC RADIOLOGY - NI
03000514 FOOT,LT REPORT 31 Jul 2003@1514 **DCAA/**
03000657 CHEST, PA (FOR C-RIB) REPORT 31 Jul 2003@1508 **DCAA/**

- The MEPRS code of the Performing Location is inconsistent with the DSI (DCA or DIA).

BDAA/0124 UROLOGY X-RAY-NI
03000648 IVP PROCEDURE 31 Jul 2003@1446 **BDAA/**

- **Requesting Location: MEPRS/DMIS ID Mismatch or Inappropriate Code**

- MEPRS codes that start with an "A", "E", "G", "DJ", "DG", or Cost Pool codes are not permitted Requesting MEPRS codes for outpatient Ancillary Order Entry. The following MEPRS codes are not considered as valid Requesting MEPRS codes for outpatient Clinical Order Entry: "A", "E", "G", "DA**", "DB**", "DC**", "DG**", "DI**", "DJ**", and Cost Pool codes.

DCAA/0124 DIAGNOSTIC RADIOLOGY - NI
03000566 CHEST, AP PROCEDURE 02 Jul 2003@1210 **AAAA/0380**
03000579 CHEST, AP PROCEDURE 09 Jul 2003@0927 **EKAA/0124**
DCAA/0124 ULTRASOUND - NI
03000658 US,CAROTIDS PROCEDURE 31 Jul 2003@1503 **DJAA/6204**

- The Requesting Location DMIS ID does not match the DMIS ID of the MEPRS code defined for the location.

DCAA/0124 DIAGNOSTIC RADIOLOGY - NI
03000563 CHEST, AP REPORT 24 Jul 2003@1515 **BDAC/0121**

- **WAM: Requesting MEPRS/DMIS ID Inactive or Invalid Code**

The fourth category displayed on the Workload Exception Report displays information on exams containing data discrepancies NOT editable by the Radiology user. This category identifies reportable workload that does not display in WAM or is not extracted to EAS due to inconsistency with the WAM Core file or the division file. The entries in this exception category do have a data discrepancy to correct, and the user must manually edit the workload into EAS IV.

- The requesting MEPRS/DMIS ID is not defined as a requesting MEPRS/DMIS ID in the division file.
- The requesting MEPRS/DMIS ID has been inactivated as a requesting MEPRS/DMIS ID in the division file.
- The requesting MEPRS/DMIS ID is not defined as a requesting FCC on the FY CHCS WAM Core file.

This category, sorted by Radiology Performing Location, identifies procedure and report workload by raw count and total weighted values. Refer to Figure 5.5.

The user must contact the facility Resource Management Office and/or the MEPRS Coordinator to report this type of discrepancy.

5.5 Correcting Source Data

5.5.1 Workload Data File Edit (WDE) Option

This Radiology Workload Data Edit (WDE) option allows you to correct editable workload exceptions and data discrepancies identified through the Radiology Workload Exceptions Report (RWE) option. You may edit data in the 'CPT Code', 'Performing Location MEPRS/DMIS', or 'Requesting Location MEPRS/DMIS' fields only. For additional help and instructions for editing data, use the Radiology Workload Business Rules print option.

WAM TIP

- You must be logged into the workload Performing division in order to edit workload data discrepancies.

You must be familiar with the WAM Business Rules applicable to Radiology data, Radiology key data elements, and CHCS file and tables related to Radiology workload reporting. Only the CHCS user can prevent future occurrences of workload exceptions.

5.5.2 Corrective Action – Correcting a CPT Code Data Discrepancy

- Access the Workload Data File Edit (WDE) option on the Workload/MEPRS Reports Menu.

Menu Path:
CA → RAD → WR → WDE (Workload Data File Edit)
Security Key: RAD WAM EDIT

The Radiology Workload Edit screen (Figure 5.6) allows you to edit the workload and correct the exception.

- Enter the exam number.

The following example corrects the first CPT code discrepancy shown in Figure 5.4:

Select RAD WORKLOAD EXCEPTION EXAM NUMBER: **03000402** 03000402 SALE, THOMAS A
... ANKLE, RT EXAMINED

```

RAD WORKLOAD EDIT                                RAD-WORK-EDIT
Exam Number: 03000402                            Credit Type: PROCEDURE
Patient: SALE, THOMAS A                          Req. HCP: TARP, DANIELE
=====
Req. Location: MAIN HOSPITAL (QA) - NI            Req. MEPRS/DMIS ID: BACA/0124
Per. Location: DIAGNOSTIC RADIOLOGY - NI         Per. MEPRS/DMIS ID: DCAA/0124

Procedures:                                     CPT Code
-----
ANKLE, RT                                       [REDACTED]

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

Figure 5.6 Radiology Workload Edit Screen

Editable fields are highlighted and the cursor is located on the first highlighted field. In the example, the 'CPT Code' field for this procedure is blank.

- Enter the correct data and press **<Return>**, or use the down-arrow key to move the cursor to the field to be edited.

- (1) If all exceptions identified with this workload credit have been resolved, the following message displays and the entry is filed:

"All workload exceptions have been resolved for this entry. Data will now be available for workload reporting."

(2) If all exceptions are NOT resolved, the message displays:

"The following unresolved workload exceptions have been identified:

CPT Code - < procedure name>
Requesting MEPRS
Performing MEPRS"

WAM TIPS

- If an exam contains more than one exception, all edits can be made on the same screen.
 - Correcting the 'Req. MEPRS/DMIS ID' and 'CPT Code' fields for the Procedure credit entry corrects the associated REPORT credit entry only if it is in the Exception file at that time.
-

b. Choose the Edit action to correct the remaining exceptions. When you have finished editing, choose the File/exit action and press **<Return>**.

3. Determine the correct action to prevent future occurrences for this type of discrepancy.

In the example above, go directly to the Radiology Procedure file and enter the correct CPT code for that procedure.

The RWB option provides the user with the corrective actions and preventive steps for each type of discrepancy identified. Maintaining the required CHCS files and tables is extremely important to ensure data quality in your functional reports as well as WAM.

WAM TIPS

- Once all editable exceptions have been corrected, the workload does not display on the EAS Data Set Workload Report for validation until WAM is reinitialized.
 - Running the Workload Exception Report and correcting the workload data daily or weekly ensures that all reportable data is available in WAM prior to validation with workload reports.
 - **CPT code discrepancies.** The Workload Exceptions Report displays the name of the procedure and can be used to determine the correct CPT code to enter. Consult the *Fiscal Year Current Procedural Terminology Manual* of the AMA or your facility ancillary-coding POC prior to trying to edit the data discrepancy.
 - **Requesting Location discrepancies.** Access the Exam Inquiry option and enter the exam number shown on the Workload Exceptions Report to find the name of the requesting clinic/ward location and requesting HCP. This information can help determine the correct MEPRS/DMIS ID.
 - **Performing Location discrepancies.** REPORT workload is credited based on the Reporting Division and Reporting MEPRS code of the interpreting radiologist. Determine the correct information prior to editing.
 - When in doubt about the correct data required for a Requesting Location or Performing Location discrepancy, consult your DBA and/or MEPRS Coordinator.
 - **Multiple data discrepancies.** Exams may be identified in more than one exception category. Identify all discrepancies for each entry prior to editing. You may resolve one, some, or all exceptions during the same editing session. Workload entries are not available for workload reporting until all data discrepancies have been corrected.
-

5.6 WAM Monthly Template Initialization Modifications

The WAM monthly initialization utility on the report/crediting MTF will include workload from the RAD REMOTE WORKLOAD file that is associated with the report/crediting MTF.

Once the RAD REMOTE WORKLOAD file is successfully processed at the report/crediting MTF and the Performing and Requesting MEPRS codes have been converted, the data will be available for inclusion into Radiology MEPRS Reports and the WAM Module. The WAM Initialization process will be modified to include workload from the RAD REMOTE WORKLOAD file that is appropriate for the WAM reporting Division and Month being initialized. The WAM workload will then be available for upward reporting in the EAS IV ASCII file (and the STARS ASCII file for Navy sites only). If there is an issue with the processing of the RAD REMOTE WORKLOAD DATA file, it will appear on the WAM Exception Report. Refer to the section below for the modifications to the WAM Exception Report.

- The Display Exceptions Report option allows users to display/print a report containing error, notification and warning messages identified during WAM processing. A new Exception Category (#16) will be created for the Radiology Remote Workload Processing. This will display any errors generated during the upload of the data from the HL7 message to the RAD REMOTE WORKLOAD file at the report/crediting MTF. (i.e. the radiologist could not be identified on the report/crediting MTF, or the MEPRS could not convert appropriately)

Menu Paths:

CA > WAM => 3 (Display Exceptions Report) or

CA > WAM=> 2 (Report Workload Menu) => 4 (Display Exceptions Report)

Some sample exception message categories are listed below:

- 4 WAM File Synchronization Errors
- 5 CAC/JON Processing in DWAM
- 6 SAS Processing in DWAM
- 7 Invalid MEPRS in DWAM
- 8 Workload Deviations
- 9 Workload Delinquencies
- 10 Template Status
- 11 STARS/FL ASCII File Creation
- 12 EAS ASCII File Creation
- 13 CHCS MEPRS Activity
- 14 CHCS SAS Detail File Activity
- 15 CHCS Worldwide Workload Report and SIDR Transmission Log
- 16 CHCS Radiology Remote Workload Processing <-New Category**

Exception messages are classified as either (E)rrors, (N)otifications or (W)arnings. Category 16 will be created to list one new error message type pertaining to the processing of Radiology Remote Workload.

Here are the four possible types of exception messages that could be seen in WAM under the new Category 16:

CHCS Radiology Remote Workload Processing

1) Scenario: Provider does not exist on the reporting platform:

(E) Please report this to your System Administrator END

(E) This workload will not be reported to WAM

(E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031

(E) Provider is not on this platform.

(E) MSG ID N00259-1762914

(E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

2) Scenario: No Reporting Division Found for Provider

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) No Reporting Division Found for Provider
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

3) Scenario: Performing MEPRS code cannot be found

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) Performing MEPRS code cannot be found
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

4) Scenario: Requesting MEPRS code cannot be found

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) Requesting MEPRS code cannot be found
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

New Radiology Report for Remote Workload

Remote Workload for Verified Reports

This new report will allow sites to display/print a detailed or summary report containing workload information about verified radiology exam reports for remote radiologists who are interpreting exams on a different platform than their home reporting division. This report will assist radiology management in tracking the reports interpreted for remote locations.

The menu path and new option name for the Remote Workload for Verified Reports option is shown below:

This report can be generated for any division that contains remote workload. You may include one or all divisions on the report, one or all radiologists, and you may specify a date range. The detailed report contains data such as exam number, date verified, and the count and non-count reporting and total weighted values. The summary report contains data such as the number of times each procedure was reported and the count and non-count reporting and total weighted values.

Note that the RVW (Workload for Verified Reports) only has report workload for local Radiologists (the report was read on this platform), and the RRW (Remote Workload for Verified Reports) only has report workload that was read remotely (the report was read on another MTF platform).

The user will encounter the following prompts:

Menu Path: CA > RAD > WR > RRW (Remote Workload for Verified Reports)

Select Workload/MEPRS Reports Menu Option: RRW Remote Workload for Verified Reports

Select DIVISION: ALL//

Select TYPE OF REPORT: Detail//

Select RADIOLOGIST: ALL//
Start with Date: T-30// (14 Apr 2007)
End with Date: TODAY// (14 May 2007)

A sample detailed report is shown on the following page.

A sample detail report:

Personal Data - Privacy Act of 1974 (PL 93-579)
Remote Workload of VERIFIED Reports by Radiologist
Workload Verified on a Remote Platform Only
for 03 Feb 2007 - 14 May 2007

REPORTING DIVISION: ARMY INPATIENT DIVISION
TREATING MTF: NAVY INPATIENT DIVISION

Report Date: 14 May 2007@1124
Page: 1

Date Rpt. Verified	Treating MTF Exam Num.	Patient Name	Exam Date/Time	Procedure	Count		Non-Count	
					Rpt. Wgt.	Total Wgt.	Rpt. Wgt.	Total Wgt.

INTERPRETING RADIOLOGIST: TURNER,MICHAEL								
12 Mar 2007@0837	07000029	GARY,ARTHUR C	12 Mar 2007@0834	BARIUM ENEMA	.69	.69		
14 Mar 2007@0840	07000059	GARY,ARTHUR C	14 Mar 2007@0821	HIP, LT	.21	.21		
SUBTOTAL FOR: TURNER,MICHAEL				No. Reports:	2	.9	.9	0 0

*This workload was accrued from a Remote MTF Platform. Exam and Patient information does not exist on this CHCS platform.

A sample summary report:

Personal Data - Privacy Act of 1974 (PL 93-579)
Summary Remote Workload of Verified Reports
Workload Verified on a Remote Platform Only
for 03 Feb 2007 - 14 May 2007

REPORTING DIVISION: ARMY INPATIENT DIVISION
TREATING MTF: NAVY INPATIENT DIVISION

Report Date: 14 May 2007@1124
Page: 1

Proc. Code	Procedure Name	No. times Reported	Count Workload		Non-Count Workload	
			Sum of Rpt. Weights	Sum of Total Weights	Sum of Rpt. Weights	Sum of Total Weights

INTERPRETING RADIOLOGIST: TURNER,MICHAEL						
1360	HIP, LT	1	.21	.21	0	0
3010	BARIUM ENEMA	1	.69	.69	0	0
Subtotal for: TURNER,MICHAEL		2	.9	.9	0	0

*This workload was accrued from a Remote MTF Platform.

5.7 FAQs

1. How is Radiology workload reported for Requesting Locations with FCC* and FCD* MEPRS codes?

Answer: Radiology workload collection can be confusing because the separate components are often performed in locations with different DMIS and/or Group IDs. This is especially true for location support under the functional category of Special Programs (Functional Cost Code "FC"). Workload data quality in this area relates directly to three CHCS file-and-table factors:

- a. To correctly report Healthcare Services Support, each division within a Reporting Group ID must have the FCC* and FCD* MEPRS code defined in the division Site-Definable MEPRS Table (SD MEPRS). This is true for all Special Program codes. If a division provides ancillary services support to FCE* (Support to Other Federal Agency) or FCGA (Support to Non-MEPRS Reporting Activity), etc., the appropriate MEPRS codes must be defined for that division.
- b. Workload assignment for each component of the Radiology procedure depends on the number of Group IDs defined on your CHCS platform.

If multiple reporting Groups are defined on the CHCS database, WAM uses the 'DMIS ID' field in the MEPRS Codes file to find the appropriate FCC* or FCD* MEPRS code of the Performing Group to report workload.

- (1) **PROCEDURE Credit:** CHCS finds the DMIS ID of the MEPRS defined for the imaging Performing Location (P-MEPRS/DMIS ID) and compares it to the MEPRS/DMIS ID of the Requesting Location (R-MEPRS/DMIS ID). When the R-MEPRS/DMIS ID is outside the Group ID of the P-MEPRS/DMIS ID, WAM assigns the workload credit to the FCC* or FCD* MEPRS code with the same DMIS ID of the P-MEPRS/DMIS ID.
- (2) **REPORT Credit:** Workload credit for the professional component of the procedure is based on the reporting division DMIS ID and reporting MEPRS defined for the interpreting radiologist in the Radiology Personnel file. Since the radiologist does not have a specific Performing Location assigned, WAM compares the R-MEPRS/DMIS ID Group ID to the Group ID of the MEPRS/DMIS ID defined for the radiologist and reports the workload credit under the appropriate FCC*, FCD*, etc., code for the Performing DMIS ID.

Since requests for Radiology support are often received from locations not defined on the CHCS database, each reporting group should have one "generic" FCC* and FCD* location defined for each division. When a request for service is received from a location NOT defined on the database, the user can enter the "generic" Requesting Location (e.g., Support to Other MTF, Civilian Health and Medical Program of the Uniformed Services - CHAMPUS Support, Veterans Administration - VA Hospital, etc.) with the appropriate code defined.

Remember: Your CHCS database defines most local, external providers (FCC* work). When you enter the name of the Requesting HCP, CHCS defaults to and uses the location defined for that outside provider in the CHCS Provider file as the R-MEPRS/DMIS ID.

- c. In regard to WAM data quality, sites with multiple FCC* or FCD* codes defined within the same division or Group ID that use unique fourth characters to denote specific locations probably have inaccurate workload reporting.

Example:

Assume that Group/DMIS ID 0121 is an Army MTF, Group/DMIS ID 0124 is a Navy MTF, and Group/DMIS ID 0120 is Air Force. All are defined on the same CHCS platform.

In the SD MEPRS Table, the Army division has defined FCDA/0121 as "Support to Other MTF" and FCDB/0121 as "Support to Navy MTF".

When a provider at the Navy or Air Force facility enters an order through CHCS and DMIS 0121 performs it, CHCS recognizes the workload as FCDA/0121 (Support to Other MTF). However, if for any reason, the order is entered at a DMIS 0121 location and the clerk enters the Requesting Location as FCDB/0121, the workload is credited under the FCDB/0121 (Requesting MEPRS). When the workload is reported, the user cannot distinguish true support to the Navy MTF,

because reporting shows up in two places: 1) FCDA/0121 (for requests entered through Order Entry) and 2) FCDB/0121 (for orders entered by the technician at MTF 0121).

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6. Laboratory (LAB) Workload Management

Workload is assimilated and displayed in WAM by FCC and DSI. The FCC is a subset of the functional category (e.g., A – Inpatient Care, B – Outpatient Care, C – Dental Service, D – Ancillary Service, etc.), and each work center is assigned an FCC defined to the fourth level. The DSI defines the type of workload collected for each FCC.

- The FCC for Laboratory Clinical Pathology is DBA and for Laboratory Anatomic Pathology is DBB. Each Laboratory location collects workload credit under the fourth-level FCC authorized by the facility (DBAA, DBAB, DBBA, etc.).
- The DSI for both DBA* and DBB* is a raw count and weighted values for each lab test performed under the established WAM Laboratory Workload Business Rules.

6.1 Laboratory Business Rules for WAM

CHCS collects and stores Laboratory workload data in the CHCS LAB Workload Data file for extraction and display through WAM. Business rules define the Laboratory data eligible for extraction and display on WAM workload reports and transmission to EAS IV for further workload processing and reporting.

New Business Rules:

1. When a Requesting MEPRS code is assigned for workload that is performed for outside sources (Method of Processing is defined as SHIPPED IN or MAILED IN), the following logic will be used:
 - a. If the Additional Medical Treatment Facility (AMTF) has a MEPRS Code in the Division multiple for the division, that MEPRS code will be used.
 - b. If there isn't a MEPRS code defined at the division level, but there is one at the top level of the AMTF entry that is for the correct division, that MEPRS code will be used.
 - c. If the AMTF does not contain a MEPRS code, or the one there is incorrect for the division of the performing location, the MEPRS code in the Remote location for the division will be used.
 - d. If there is no AMTF entry for the Referral location (i.e. another MTF), then the MEPRS code in the Remote location for the division will be used.
2. When the lab performing a lab test is a CHCS lab, CHCS will attribute the CPT workload to MEPRS codes based on the type of facility that submitted the test request.

<u>Type of Requesting Facility</u>	<u>Workload MEPRS</u>
Another CHCS (different Group DMIS ID)	FCD*
Civilian	FCC*
Veteran's Administration	FCE*

3. MEC Workload Editing:
 - a. To edit workload on an accession through MEC, the user must select the Edit option and the CPT code (test) entered must have an existing entry for that accession/CPT code combination in the CPT Workload Data file; the user must enter the CPT code for an ordered and resulted test on the selected accession.
 - b. In MEC, the parameters that may be edited on the selected accession/CPT Code combination are: CPT modifier, Result category ('P'atient, re'F'erral, 'O'ther, 'Q'C/Std, 'R'epeat), Requesting Location, order status (Routine or Stat), and the Counts.
 - c. Editing existing workload entries includes changing of the "Counts" by entering either a positive or a negative number. Entering a zero will void the workload collected for that entry.
 - d. To add workload to an accession through MEC, the user must select the Add option and the data entered will be added as new workload into the Lab CPT Workload file, regardless of whether the CPT code (test) entered is one of the ordered tests or is not one of the ordered tests.

- e. To Edit or Add workload to Non-Human specimens, the patient / accession being edited must have been registered through the Non-Human Registration (NHR) option. Registration of non-human specimens through Mini-Registration (MRG) or other Order / Entry pathways will not set the Pseudo-patient field to Non-Human and workload collected will not have the Workload Type set to Non-Human; subsequent MEC Editing or Adding of workload to an accession that is not Non-Human will continue to be reported in the Repeats column.

6.1.1 Workload Collection When Results Are Filed

Workload is collected when the test results are initially filed. A nightly batch job is no longer required for processing.

Lab workload data is captured when the Laboratory results are initially filed, and is available to WAM when initialized through the WAM functionality.

6.1.2 Laboratory Workload Designation as DBA* or DBB*

Laboratory workload designation as Clinical Pathology (DBA*) or Anatomical Pathology (DBB*) has been made easier for the lab users. The MEPRS code for each laboratory is defined at the Lab Work Element in the Hospital Location file. Since different MEPRS codes are allowed for Clinical Pathology and Anatomic Pathology, the accession areas for the different types of tests were defined in different work elements. Laboratory users who process both types of specimens can now obtain the correct MEPRS code by selecting different accession areas without switching work elements.

- A 'MEPRS Code' field has been added to the Accession Area file and is used during workload collection. The MEPRS code is limited to DB** codes defined for the division in which the accession area is located. Since accession areas include a subscript field that must match the subscript field in the Lab Test file, the Accession Areas for Clinical Pathology and Anatomic Pathology tests must be separate.

Menu Path:

CA → LAB → LSM → ELA → LSA → AAE (Accession Area Add/Edit)

- When lab test results are filed, CHCS checks the 'MEPRS Code' field in the Accession Area file for the Accession Area in which the test is performed. If the 'MEPRS Code' field is populated, CHCS uses that Performing MEPRS when collecting workload.
- If the field is not populated, CHCS uses the entry for MEPRS code in the Hospital Location file for the Lab Work Element for which the accession area is defined for the Performing MEPRS.

Menu Path:

CA → DAA → CFT → CFM → HOS (Hospital Location Add/Edit)

6.1.3 Requesting Location MEPRS Code for Mail-Ins

- A 'MEPRS Code' field has been added to the 'Division' multiple of the Additional Medical Treatment Facility file. The data from this field is used for the MEPRS code for the Requesting Location when the specimen is received from an outside laboratory.

Menu Path:

CA → DAA → CFT → CFM → CS → AMT (Additional Medical Treatment Facility File Add/Edit)

- If the specimen was shipped in and no MEPRS code is defined in the Additional Medical Treatment Facility file for the division in which the test was performed, the MEPRS code from the REMOTE entry in the Hospital Location file is used as the Requesting MEPRS.

6.1.4 Simplified Definition of Mail-In Referring Locations

Definition of mail-in referring locations has been simplified by using a location type of REMOTE rather than a specific string in the location abbreviation.

- Mail-in Registration no longer searches for the REMOT string in the abbreviation of entries in the Hospital Location file; it uses the new location type of REMOTE.
- The Lab Interoperability functionality tracks the Shipped Out/Shipped In and Mailed Out/Mailed In status of the accessions in the Send Out Processing Log. When collecting workload, CHCS checks the status in the Send Out Processing Log.
 - If the accession was shipped in or mailed in, the workload collected is the CPT code with a modifier of “32”.
 - If the accession was shipped out or mailed out, the workload collected is the CPT code with a modifier of “90”.

6.2 Where Do LAB Data Elements Come From?

The CHCS Laboratory subsystem uses key data elements to identify specimen information. Some are defined through the CHCS Common Files or the Laboratory System Maintenance Menu options and are not editable at the standard user level. However, during Clinical Order Entry, the HCP populates much key data, and during Ancillary Order Entry, the Laboratory clerk or technologist entering an order populates dates.

6.2.1 Laboratory Data Elements

Table 6-1 lists each key data element used by CHCS to identify and collect Laboratory workload, the file source for each data element, general rules applicable to data entry for each element, and when the data may be edited.

Table 6-1. LAB Key Data Elements

Data Element	Data Source	Rules	Workload Units Editable by End User
Performing DMIS ID	Medical Center Division file		No
Performing MEPRS	Hospital Location file for Lab Work Element		No
Requesting DMIS ID	<ul style="list-style-type: none"> Regular orders: 'MEPRS Code' field in Hospital Location file for Requesting Location. Mail-in Orders: 'MEPRS Code' field in the Additional MTF file. <p>If the location entered when placing an order has no entry, the user is prompted for MEPRS during Order Entry.</p>	Required for placement of order.	Yes
Requesting MEPRS	<ul style="list-style-type: none"> Regular orders: 'MEPRS Code' field in Hospital Location file for Requesting Location. Mail-in Orders: 'MEPRS Code' field in Additional MTF file. 	Required for placement of order. If MEPRS code is not in the queried file, the user must enter it during Order Entry. Data entry in the field should be required and limited to FCD* codes.	Yes
CPT Code	Lab Test file	Not required to file entry in the Lab Test file (no workload is collected if not populated). Assign CPT code at the MTF level or LWE in the Lab Test entry. It can also be a multiple.	Yes
Lab Section	This file contains names of the sections of the laboratory where the tests are performed. The section is defined in the Lab Test file to accommodate the workload counting programs.	Required field at the MTF level of the Lab Test file.	No
Beneficiary Category (BenCat)	Patient Category file	BenCat is derived from PATCAT file at time of initialization and reporting to WAM.	No
Raw Count	Lab Result Entry options	Collected when Lab Test Result is initially filed.	Yes
Weighted Count	CPT Code file		No

6.2.2 File-and-Table Build

Ancillary workload data for Laboratory is collected and reported only when an Active CPT code is assigned to the test in the Lab Test file or the Site/Specimen within the Lab Method. If an Active CPT code is not defined in at least one of the 'CPT Code' fields in the Lab Test file, workload is not collected.

To ensure data quality and workload capture, key Laboratory files must be reviewed twice annually, prior to WAM FY initialization.

WAM TIPS

- CPT Code file updates are processed in CHCS twice annually, and each site is responsible for reviewing these ancillary-related CPT code files after each CPT update.
 - The validity of the CPT code is checked against the Date of Service, which for the Laboratory is the specimen Collection Date, at the time of the patient event; e.g., when the result is initially filed. If the CPT code assigned to test is not valid on the Collection Date, the patient event is lost to workload reporting, and to Outpatient Itemized Billing (OIB), unless it is corrected through the Manual Edit of Workload Data (MEC) option.
-

You can use the following reports to check for Laboratory tests that do not have an Active CPT code assigned. Entries on these reports have not collected any workload and the lost workload can only be captured by using the Lab Manual Edit of Workload (MEC) option to (R)esolve these workload exceptions.

Tests displayed on the Laboratory Workload Exception Report (WEX) must have a CPT code assigned and Inactive CPT codes removed from the CPT code fields in the Lab Test file. Once an Active CPT code is assigned to the test, future test resulting will cause workload to be collected and the weight assigned, if any, to the entered CPT code is also captured.

Lab Test CPT Exception Report

Menu Paths:

CA → **LAB** → LSM → PLF → LBT → LTC (Lab Test CPT Exception Report)

CA → **WAM** → 2 → 5 → 7 (Lab Test CPT Exception Report)

CA - LAB - LAS - WRM - WEX

The Lab Test CPT Exception Report displays as follows:

1. By Division
 2. Lab tests without a CPT code in the MTF level
 3. Lab tests without a CPT code by the work element where test is being performed.
 4. Lab tests without a CPT code.
 5. Lab tests with an Inactive CPT code.
- **Lab Method CPT Exception Report**

Menu Paths:

CA → **LAB** → LSM → PLF → LBT → LMC (Lab Method CPT Exception Report)

CA → **WAM** → 2 → 5 → 8 (Lab Method CPT Exception Report)

The Lab Method CPT Exception Report prints Lab Methods that contain Inactive CPT codes defined at the Site/Specimen level.

You must edit tests or methods that the exception reports identify as having a missing or Inactive CPT code. The defined CPT code defined must be Active on the specimen Collection Date at the time the test result is initially filed; otherwise, workload exceptions are generated. The CHCS uses codes defined in the *Fiscal Year Current Procedural Terminology Manual* by the AMA. The CPT code is defined through

the Lab Test File Add/Edit (LTE) option or directly to the Site/Specimen through the Lab Method Add/Edit (LMF) option..

Menu Path:

CA → LAB → ELA → LTA → LTE (Lab Test File Add/Edit)
CA - LAB - LSM - ELA - LTA - LMF

6.3 Validating Monthly Workload

On the first business day of a new month, the Laboratory manager should validate the workload reported by WAM for the prior month. When validating workload in WAM, the correct Laboratory report should be used for comparison. Workload data needs to be reviewed for accuracy in WAM by a Laboratory POC who is knowledgeable about Laboratory workload collection and statistics. The Laboratory POC changes the workload template status templates. This indicates to the WAM/MEPRS Coordinator that the WAM template data transmitted to EAS IV (and STARS/FL for Navy) corresponds to the workload totals in the Laboratory workload reports.

[Table 11-1 describes the monthly status changes needed to prepare WAM data for EAS IV \(and STARS/FL for Navy\) transmission.](#)

To quickly verify the status of workload for a month, the DSI (DBA or DBB) Status Report can be run for a Group (lead divisions only) or a Division.

Menu Path:

CA → WAM → 2 (Report Workload Menu) → 2 (DSI Status Report)

6.4 LAB Group MEPRS Report

Menu Paths:

CA → **WAM** → 2 → 5 → 2 (Group MEPRS Report)
CA → **LAB** → LAS → LMM → GMR (Group MEPRS Report)
CA → **MCM** → LB → LAS → LMM → GMR (Group MEPRS Report)

- The LAB Group MEPRS Report displays MEPRS codes with the corresponding DMIS ID (i.e., DBAA/0124).
- The LAB Group MEPRS Report prints only for the Group where the user is logged in.

6.5 LAB Workload Exception Report

The Workload Exception Report (WEX) option allows you to display workload not reported through WAM to EAS for one or all divisions within your Group ID for the report month selected. This is an 80-column report that sorts data by Performing Division, Performing Location, and data discrepancy.

Menu Path:

CA → LAB → LAS → WRM → WEX (Workload Exception Report)

The LAB Workload Exceptions Report identifies Lab workload not collected by data-discrepancy category. This report should be generated daily and workload exceptions corrected to ensure accurate,

complete workload extraction for reporting in WAM. Workload exceptions that are editable must be corrected through the Manual Edit of Workload Data (MEC) option.

The Laboratory user may edit data on the selected accession through the Manual Edit of Workload Data (MEC) option. The user may edit the CPT Code, CPT modifier, workload type, Requesting Location and workload count.

Workload exceptions do not display as reported workload on Laboratory workload reports or in WAM until the discrepancies have been corrected through the MEC option. Once corrected, the data is collected for the reporting month in which the work was performed.

- **CPT Code: Inactive CPT Code**
 - If the CPT defined for the procedure in the Laboratory Test file is Inactive, in the current CPT/HCPCS Code file on the Date of Service, which for the Lab is the Specimen Collection Date.
- **Lab Section: No Lab Section defined for this test**
 - There is no Lab Section defined in Lab Test file for the Work Element or the MTF. User should enter a Lab Section in Lab Test file, then correct workload through MEC option.
- **Performing Location: MEPRS/DMIS ID Mismatch or Inappropriate Code**
 - If the Performing Location MEPRS/DMIS ID is Inactive in the MEPRS Code file.
 - If the MEPRS code of the Performing Location is "E****" or "G****".
- **Requesting Location: Inactive or Invalid MEPRS Code**
 - If the Performing Location MEPRS/DMIS ID is inactive in the MEPRS Code file.
 - If the MEPRS code of the Performing Location is "E****" or "G****".
 - If the MEPRS code has no DMIS ID.
 - If the DMIS ID does not match the DMIS ID of the MEPRS code defined for that location.

Entries on the WEX exception report that are older than 24 months are automatically purged after 24 months.. This keeps the report from growing indefinitely in size and still allows access to data that could be useful for workload collection for WAM. [The purge process is a background task \(Purge Lab X-refs and Globals\) that should automatically be running at all sites.](#)

6.6 Correcting Source Data

6.6.1 Manual Edit of Workload Data (MEC) Option

This option allows you to correct editable data discrepancies. You may edit the 'CPT Code', 'CPT modifier', the 'Requesting Location MEPRS/DMIS', the 'workload type', and the 'workload count' fields.

6.6.2 Corrective Action

Workload exceptions can be corrected through the Manual Edit of Workload Data (MEC) option. This process requires the user to be familiar with the WAM Business Rules applicable to Laboratory data, Laboratory key data elements, and CHCS file and tables related to Laboratory workload reporting. The Workload Exceptions Report (WEX) identifies data discrepancies; only the CHCS user can prevent future occurrences.

Step 1: Generate the Workload Exceptions Report (WEX) to identify workload exceptions.

Menu Path:

CA → LAB → LAS → WRM → WEX (Workload Exceptions Report)

Step 2: Edit workload through the Manual Edit of Workload Data (MEC) option.

Menu Paths:

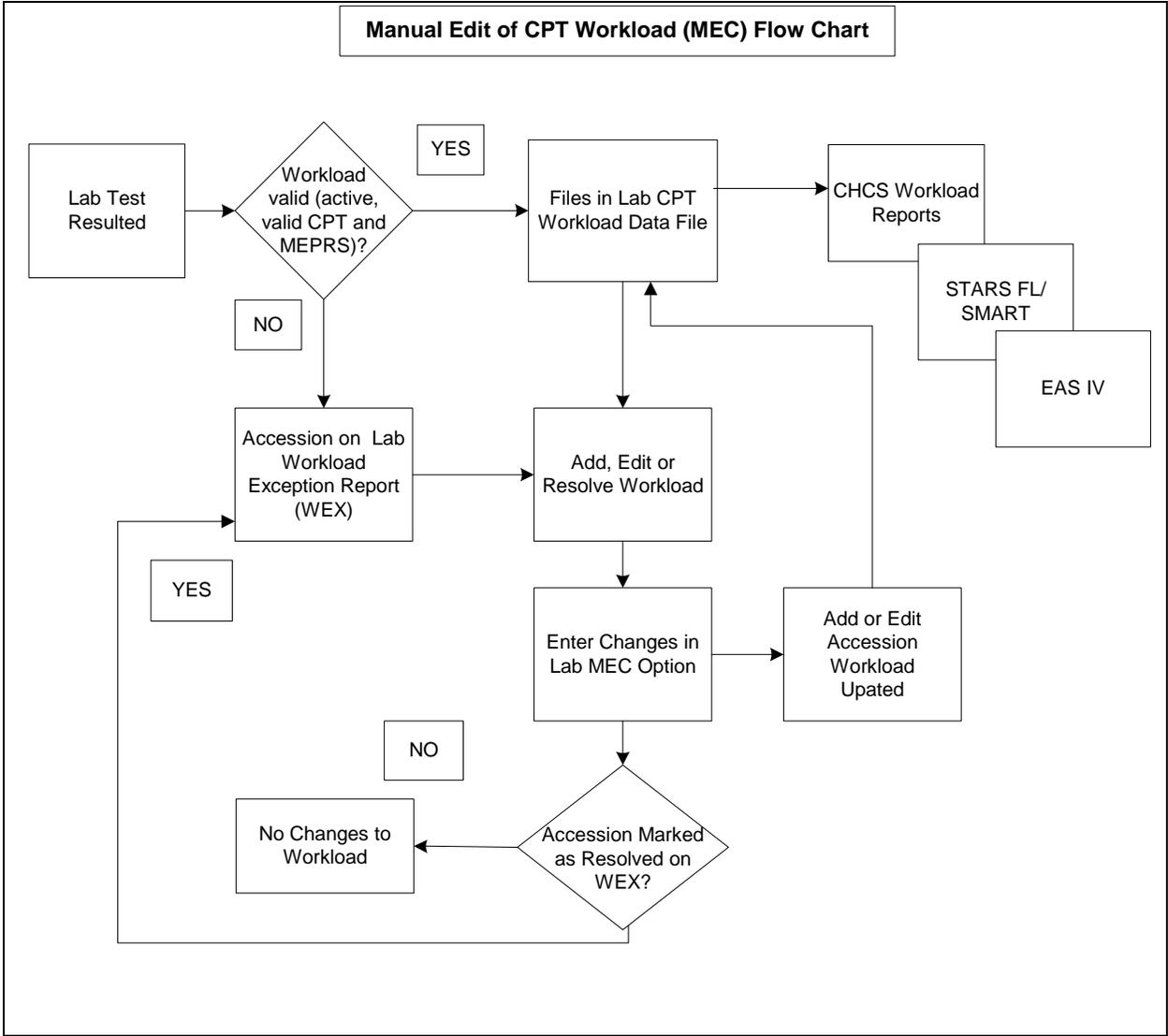
CA → LAB → LRM → REM → MEC (Manual Edit of Workload Data)

CA → LAB → LAS → WRM → MEC (Manual Edit of Workload Data)

6.6.3 MEC Option Modifications

When the MEC option is used to change the Requesting Location or any other editable parameters, the system will use the PAT CAT from the original order, and not recapture the current value in the Patient file. .

The user can now elect to either Edit existing workload add new workload through the MEC option by selected accession. When the Edit option is selected, the system will update the existing workload entry with the edits and will not add a new entry in the Lab Workload Date file When the Add option is selected and the original Requesting Location or other parameters are changed, the system adds a new entry in the Lab CPT Workload Data file.



When the MEC user enters the accession on which they wish to edit workload, the selected accession displays showing the ordered test or tests. There may be more than one ordered test on the selected accession or the ordered test may be a panel, and each test with a CPT code defined, when resulted will have a separate workload entry filed in the Lab CPT Workload Data file and the Lab MEPRS file. When the ordered test is a panel test on which a CPT code is defined at the panel level, only one CPT code will be collected and only one entry with a count of 1 will be filed in the Lab workload files.

To allow editing of existing workload, a new prompt will be added to the MEC option immediately following the display of the selected accession: **(E)dit Workload, (A)dd new workload, or (R)esolve Exception? E //**

The screen below displays an example of the MEC option and the location of the new prompt.

Menu Paths: CA > LAB > LRM > REM > MEC
LAB > LAS > WRM > MEC

```
*** Workload Manual Entry ***

Select Date/Time: N (16 Mar 2007@0937)
Select Accession Date: 9MAR07 (09 Mar 2007)
Select Accession Area: IMM IMMUNOLOGY/SEROLOGY IMM
Select Accession Number: 2367 070309 IMM 2367

Patient: BROWNE,MIKEY
HCP: MANUS,LEONARD MEPRS Code: DBAA
Req. Location: N MAIN Priority: ROUTINE
Tests Ordered: RAPID PLASMA REAGIN

(E)dit Workload, (A)dd new workload, or (R)esolve Exception? E //
```

When the user elects to Edit existing workload on the selected accession and enters a CPT code (test) of one of the displayed ordered tests, the system will search the Lab CPT Workload Data file to find the existing entry and if the corresponding entry is found, user edits of any parameters during that MEC session will be applied to that existing workload entry; no new workload entry will be added to the workload file.

To edit workload on an accession through MEC, the selected CPT code (test) must have an existing entry for that accession/CPT code combination in the CPT Workload Data file; the user must enter the CPT code for an ordered and resulted test on the selected accession. The parameters that may be edited on the selected accession and CPT Code (test) are: CPT modifier, Result category ('P'atient, re'F'erral, 'O'ther, 'Q'C/Std, 'R'epeat), Requesting Location, order status (Routine or Stat), and the Counts. Editing existing workload entries includes changing of the "Counts" by entering either a positive or a negative number. Entering a zero will void the workload collected for that entry.

The possibility exists for the CPT Workload Data file to have more than one entry for the same Accession/CPT code combination. This could occur, for example, when a test has the same CPT code defined for the ordered test multiple times in the Lab Test file or when a test result is initially filed, followed by an MEC edit session where the user adds workload on the same Accession/CPT code. When more than one entry is found in the Lab CPT Workload Data file on the MEC selected Accession/CPT code combination, user entered edits will be applied to the first workload entry generated to the workload file at the time the test results were filed.

If the user elects to Add workload, the system will continue as usual in that MEC session, and user edits will be entered as new workload in the Lab workload files, regardless of whether the CPT code (test) entered is one of the ordered tests or is not one of the ordered tests. There will be no changes within the MEC functionality for adding new workload.

If the user elected to Edit workload and enters a CPT code for a test on which no existing workload entry is found, the user will be prompted: **No workload found for selected CPT Code (test) on this accession. Do you wish to add workload? Y //**

If the user accepts the default of YES, the system will continue as usual in that MEC session, and user edits will be entered as new workload in the Lab workload files.

If the user changes from the default of YES by entering a NO, they will be returned to the prompt: **(E)dit workload, (A)dd new workload, or (R)esolve Exception? Y //**

Note that to Edit or Add workload in MEC on Non-Human specimens, the patient / accession being edited must have been registered through the Non-Human Registration (NHR) option. Registration of non-human specimens through Mini-Registration (MRG) or other Order / Entry pathways will not set the Pseudo-patient field to Non-Human and workload collected will not have the Workload Type set to Non-Human; subsequent MEC Editing or Adding of workload to an accession that is not Non-Human will continue to be reported in the Repeats column and will not be reported on the Lab MEPRS reports and will not be reported to WAM.

If the user elects to Resolve an exception on the selected accession, the system will continue as usual in that MEC session, and user edits will be entered as new workload in the Lab workload files, regardless of whether the CPT code (test) entered is one of the ordered tests or is not one of the ordered tests. If a corresponding entry is found for the selected accession / CPT code (test) combination on the Workload Exception Report (WEX), that entry will be set to "Resolved"

An example of this new prompt is displayed in the following screen.

```
*** Workload Manual Entry ***

Select Date/Time: N (16 Mar 2007@0937)
Select Accession Date: 9MAR07 (09 Mar 2007)
Select Accession Area: IMM IMMUNOLOGY/SEROLOGY IMM
Select Accession Number: 2367 070309 IMM 2367

Patient: BROWNE,MIKEY
HCP: MANUS,LEONARD MEPRS Code: DBAA
Req. Location: N MAIN Priority: ROUTINE
Tests Ordered: RAPID PLASMA REAGIN

(E)dit Workload, (A)dd new workload, or (R)esolve Exception? E //

Enter a CPT code name or number: 800// 82947
82947 GLUCOSE, BLOOD; QUANTITATIVE (I)

No workload found for selected CPT Code (test) on this accession. Do
you wish to add workload? Y //

Enter a modifier: 00//
```

Since MEC will now be editing existing workload entries in the Lab CPT Workload file as well as adding workload, new business rules will be implemented. The new business rules applicable to MEC are as follows:

- | |
|---|
| a. To edit workload on an accession through MEC, the user must select the Edit option and the CPT code (test) entered must have an existing entry for that accession/CPT code combination in the CPT Workload Data file; the user must enter the CPT code for an ordered and resulted test on the selected accession. |
| b. In MEC, the parameters that may be edited on the selected accession/CPT Code combination are: CPT modifier, Result category ('P'atient, re'F'erral, 'O'ther, 'Q'C/Std, 'R'epeat), Requesting Location, order status (Routine or Stat), and the Counts. |
| c. Editing existing workload entries includes changing of the "Counts" by entering either a positive or a negative number. Entering a zero will void the workload collected for that entry. |
| d. To add workload to an accession through MEC, the user must select the Add option and the |

data entered will be added as new workload into the Lab CPT Workload file, regardless of whether the CPT code (test) entered is one of the ordered tests or is not one of the ordered tests.

e. To Edit or Add workload to Non-Human specimens, the patient / accession being edited must have been registered through the Non-Human Registration (NHR) option. Registration of non-human specimens through Mini-Registration (MRG) or other Order / Entry pathways will not set the Pseudo-patient field to Non-Human and workload collected will not have the Workload Type set to Non-Human; subsequent MEC Editing or Adding of workload to an accession that is not Non-Human will continue to be reported in the Repeats column.

The processes of editing to correct existing workload, adding new workload, or resolving workload exceptions will take place as background processes and will be transparent to the users.

CHCS will also retain the PAT CAT from the original order when the user edits, adds, or resolves workload through the MEC option. CHCS will no longer capture the current PAT CAT value from the Patient file.

6.6.4 Laboratory Workload Exception Report Modifications

The Laboratory Workload Exception Report is generated through the Laboratory Workload Exception Report (WEX) option on the Laboratory's Workload Report Menu (WRM). This report assists laboratory staff in identifying laboratory accessions with file/table corrections needed in order to report accurate workload. The Lab Workload Exception Report prints exceptions when encountered in the user's division only.

Modifications have been made this report to clarify the exception messages reported. When the accessions are subsequently corrected through the MEC option, workload will be captured in the Lab Workload Data file, and the accession will be flagged as Resolved on the WEX report.

The current Laboratory exceptions will be expanded to provide the users more detailed information for correcting the exceptions.

Sample Laboratory Workload Exceptions Report

Menu Path: CA > LAB > LAS > WRM >WEX

```
Laboratory Workload Exceptions Report
      19 May 2006 - 15 Mar 2007
-----
PERFORMING DIVISION                                R = Resolved
  Data Discrepancy
    MEPRS/DMIS Performing Location
      Accession Number   Test Name           CPT Code   Workload Date/Time
-----
No CPT Code defined in Lab Test file for MTF or performing Work Element
  DBAA MAIN LAB (NAVY IP)
    060519 TOX 60        PHENOBARBITAL           none       26 May 2006@0940 R

Inactive CPT Code defined in Work Element performing test or in MTF CPT field
  DBAA MAIN LAB (NAVY IP)
    060614 VI 246       CYTOMEGALOVIRUS CULTUR  87198     15 Jun 2006@1235
    060614 VI 247       CYTOMEGALOVIRUS CULTUR  87198     15 Jun 2006@1236

Requesting MEPRS Codes inactivation date is in a month prior to current month
  DBAA MAIN LAB (NAVY IP)
    060630 CH 3035      WESTERN BLOT TEST       none      30 Jun 2006@0631
    060630 IMM 2022     WESTERN BLOT TEST       none      30 Jun 2006@0652
    060630 IMM 2025     WESTERN BLOT TEST       none      30 Jun 2006@0655
    060630 IMM 2026     WESTERN BLOT TEST       none      30 Jun 2006@0917
2006@0655
    060630 IMM 2026     WESTERN BLOT TEST       none      30 Jun 2006@0917
```

Entries on the exception report that are older than 24 months will be purged. This will keep the report from growing indefinitely in size and still allow access to data that could be useful for workload collection for WAM. The purge will be set up as a task that can be run at site-definable times.

This chart displays the expanded exception descriptions.

Current Exception	Expanded Exception Description
CPT Code: No CPT Code defined	No CPT Code defined in Lab Test file for Work Element or MTF. Enter CPT code in Lab test file, then add workload through MEC option.
CPT Code: Inactive CPT code	Inactive CPT Code in Lab Test file for Work Element or MTF. Replace inactive CPT Code in Lab Test file, then add workload through MEC option.
Lab Section: No Lab Section defined for this test	No Lab Section defined in Lab Test file for Work Element or MTF. Enter Lab Section in Lab Test file, then correct workload through MEC option.
MEPRS Code: Inactive MEPRS code	Inactive Requesting MEPRS / DMIS ID Code. Please correct accession workload entry through MEC option.
MEPRS Code: Invalid MEPRS code	Invalid Requesting MEPRS / DMIS ID. Please correct accession workload entry through MEC option.
MEPRS Code: No MEPRS code defined for this patient	No MEPRS code defined for this accession. Please contact the DBA.
Performing Location: MEPRS/DMIS ID Mismatch or Inappropriate Code	Invalid MEPRS/DMIS ID for Performing Location. Please contact the DBA.
CPT Code: Modifier not defined for this CPT Code	No modifier defined for this CPT Code. Please contact the DBA.

6.7 MEPRS Code Screening in LAB

6.7.1 MEPRS Code Screening for Secondary Tests

A secondary laboratory test may be performed for internal laboratory purposes. The secondary test is defined in the secondary multiple of the Lab Method, where users are able to enter an alternate MEPRS code to be associated with the order for the secondary test. The users are also able to define a different HCP in the secondary test multiple, which would be the HCP to whom the secondary order would be attributed, as well as a different Requesting Location. The MEPRS code, the HCP, and the Location fields are optional in the secondary test multiple, and if they are not populated, the secondary order is attributed to the Requesting Location and the Requesting HCP associated with the original order. The user is also able to define whether the secondary test should be ordered and accessioned automatically.

The secondary test multiple can be accessed directly through the Lab Method file (LMF) option and the Lab Method multiple within the Lab Test file (LTE) option, both at the MTF Lab Method level and the LWE Lab Method multiple, if a lab method is also defined at that level.

The screen below displays the first screen in the Lab Method Add/Edit (LMF) option, where the secondary multiple is selectable.

Menu Paths: CA > LAB > LSM > ELA > LTA > LMF
CA > LAB > LSM > ELA > LTA > LTE

```
***LAB METHOD ADD/EDIT***  
LRMETHOD  
  
Lab Method: GLUCOSE  
Result Type: NUMERIC  
Secondary Test: (multiple)  
  ACETONE  
  
Lab Test Used in Calculation: (multiple)  
  
Formula:  
  
Result Codes:  
  
Select Site/Specimen:  
  PHARYNX  
+ BLOOD
```

The next screen shows the positions of the MEPRS code, HCP, and Location fields within the secondary test multiple.

```
Lab Method: GLUCOSE                                LRMETHOD -- CONT  
  
Secondary Test: ACETONE  
Expression:  
LRX>300  
  
HCP:                                Loc:  
MEPRS Code:  
Automatic Order: YES                        Automatic Accession: YES  
  
Help = HELP      Exit = F10      File/Exit = D0
```

CHCS will now disallow entry of a MEPRS code, HCP or Location different from that of the original order by removing the MEPRS code, HCP, and Location fields from the secondary test multiple. The user will continue to have the capability to have the secondary test automatically ordered and accessioned. The screen below shows the new display of the secondary test multiple.

```
Lab Method: GLUCOSE                                LRMETHOD -- CONT  
  
Secondary Test: ACETONE  
Expression:  
LRX>300
```

```
Automatic Order: YES                Automatic Accession: YES

Help = HELP      Exit = F10      File/Exit = D0
```

6.7.2 MEPRS / CPT Screening

6.7.2.1 Quality Control (QC) tests

Laboratories must run quality control (QC) samples with the patient samples to ensure accurate result reporting. When defining a QC test in the Quality Control Add/Edit option (CAE), users can enter a MEPRS code into the MEPRS Code field, as the code to which workload should be attributed for the tests run on that control. MEPRS codes can also be entered during QC results entry through the Quality Control Results Entry option (QCE), and once an accession is generated for a control, MEPRS codes can be entered through other results entry pathways (ERW, BRE)). Currently, any type of MEPRS codes can be entered in these QC MEPRS Code fields.

To prevent Lab personnel from assigning inappropriate MEPRS Codes, CHCS has limited MEPRS codes that can be entered for QC testing to DB** MEPRS codes within the user's logged-in division. CHCS has limited MEPRS codes that can be defined for QC in the Quality Control Add/Edit option (CAE), where users are resulting QC tests in the Quality Control Results Entry option(QCE) and in other results Entry options (ERW, BRE).

Due to the limitations that current business rules place on MEPRS codes that can be used when laboratory tests are ordered, screening will also be added to the LAB option to Add a Test to an Accession (ATA). CHCS will disallow entry of "E", "DJ", "DG", A*H* MEPRS and Cost Pool Codes when users add a test to an accession.

6.8 Enhanced Help Text for Modifiers

The AMA CPT modifiers used within the Laboratory functionality are: 00, 26, 32, and 90. The CPT modifiers are used to further qualify the conditions under which the test was performed. The CPT Code file is a standard file and within the CPT Edit option, for each of the modifiers, the user may select and enter or edit only the Print Name and the Site Cost fields.

On entering the CPT Code Edit (EDT) option, the cursor goes immediately to the first modifier listed for the selected test/code. If the user asks for help with single or double question marks for any of the listed modifiers, the help text that displays is inadequate. CHCS will now offer the enhanced help shown below to more comprehensively describe the use of CPT code modifiers.

```
CPT/HCPCS: 82947                DOD CPT EDIT

      CPT Code: 82947

      A.M.T. Flag:

Select MODIFIER:
26
?? < Press RETURN >
90
```

00
[Help Text]

To edit the Print Name and Site Cost for the CPT Code and a specific Modifier, place the cursor next to the desired modifier and press RETURN.

Modifier 00:

All CPT codes are 7 digit numbers. The first 5 digits are specific to individual tests and the 6th and 7th digits are added to the base code to further qualify the conditions under which the test was performed. The default modifier is 00, indicating there are no conditions under which the test was performed that qualify for other modifiers to the base CPT code. In CHCS, the 00 "modifier" implies that the test was not sent out to or referred in from another laboratory.

Example: xxxxx00

Modifier 26:

The 26 modifier applied to the base CPT code indicates that a Pathology Consultation/Interpretation was required on the test results. When a Pathology Consultation/Interpretation is performed, the CPT code is collected once for the laboratory's performance of the test, usually with a 00 modifier, unless other qualifiers apply, and collected a second time for the Pathologist's consultation or interpretation, with the 26 modifier. EXAMPLES: xxxxx00 and xxxxx26 or xxxxx90 and xxxxx26 or xxxxx32 and xxxxx26.

Modifier 32:

The 32 modifier, as used for the purposes of collecting CPT workload on the CHCS system, indicates that the test was requested from a Requesting Location outside that of the Group of the performing laboratory and is therefore considered 'referral' work. The CPT code collected at the performing lab will be modified with a 32 modifier to designate it as referral work.

EXAMPLE: xxxxx32

Modifier 90:

The 90 modifier indicates that the test was sent out to be performed at a different laboratory from the one that initially received the test request and specimen, and the submitting lab has the test defined as a send out in the Lab Test file. If eligible to collect workload, the submitting lab will collect the CPT code for this test with a 90 modifier.

EXAMPLE: xxxxx90

6.9 Enhanced Workload Reporting

6.9.1 QC and Repeats Activity

Removal of QC and Repeats counts from Lab workload reported to WAM was completed as part of the WAM ANCILLARY ENHANCEMENTS project.

Although Quality Control specimens and Repeats are considered a normal cost of doing business within the laboratory and should not be counted as workload, the volume of these tests is important for internal laboratory management. Within the Laboratory subsystem, counts for QC and Repeat tests are not included in workload data on the Lab MEPRS reports or in data submitted to WAM, and on the Lab workload statistical reports, QC and Repeat counts are not included in the workload total columns. On the workload statistical reports they are printed in separate columns with a comment at the end of the reports stating: "The **workload counted** in the QC and Repeats columns is for internal Lab information only and is not included in the Lab MEPRS Reports and WAM data."

CHCS will now provide users with the capability to print the Lab workload statistical reports to either include or exclude counts for QC and Repeat tests. This will provide flexibility to the WAM/MEPRS users or the Laboratory management users, accessing the report data for different purposes, without the inconvenience to the lab users to print and review an additional report.

To accommodate both WAM/MEPRS users and Lab users, there will be a prompt added to the Lab workload statistical reports so users may elect to either include or exclude QC and Repeats from the reports. Note that the user will only be able to print both the QC and the Repeat data or neither; the user will not be able to select only QC or only Repeats.

The following screen illustrates the new prompt for inclusion or exclusion of QC and Repeats on the Lab workload statistical reports.

Menu Path: CA > LAB > LAS > WRM > SDR

```

* Workload Statistics Detail Report *

Print report by:
  (D)ivision
  (L)ab Work Element: Lab Work Element

Select Lab Work Element: ALL// N
Select Lab Work Element: MAIN LAB (NAVY IP)
                        MLAB LAB NAVY INPATIENT DIVISION DBAA/0124
Select Lab Work Element:

Print report for ALL lab sections? YES// (YES)

Report to include 'S'tat vs. Routine or 'A'll Categories? A// ll Categories

Report to include QC and Repeats? N//

Earliest date: -30 (06 Feb 2007)
Latest date: T// (08 Mar 2007)

[ This report is formatted for compressed print. (132 char/line) ]

DEVICE:
```

The columns under which the QC and Repeat counts display on the Lab workload statistical reports will also have the weighted values columns removed. The QC and Repeats columns will now display the Counts only.

The comment at the end of the lab workload statistical reports will be updated to change the word "workload" to "counts" The statement will now read: "The **counts displayed** in the QC and Repeats columns are for internal Lab information only and are not included in the Lab MEPRS Reports and WAM data". This statement will display only if the user has elected to print the reports with the QC and Repeats data included.

The following screen is an example of an updated Lab workload statistics report.

Menu Path: CA > LAB > LAS > WRM > SDR

MAIN LAB (NAVY IP)		Personal Data - Privacy Act of 1974 (PL 93-579)										27 Feb 2007@0728 Page 1		
		WORKLOAD STATISTICS DETAIL REPORT FOR: CHEMISTRY MAIN LAB												
		For: 22 Feb 2007 - 27 Feb 2007												
Report requested by: JANUS,SHIRLEY														
-----Lab Work Element: MAIN LAB (NAVY IP)-----														
CPT Code	Proc Name	Current Weight	--Inpatients--		--Outpatients--		--Referral Pts--		--Other--		--Totals--		(Not In Totals)	
			Count	Units	Count	Units	Count	Units	Count	Units	Count	Units	-QC/Std-	-Repeats-
			Count	Units	Count	Units	Count	Units	Count	Units	Count	Units	Count	Count
8294700	GLUC,WB	2.00	0	0.0	1	2.0	0	0.0	0	0.0	1	2.0	0	0
8294700	GLUC,WB	2.00	1	2.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0
8294726	GLUC,WB	2.00	1	2.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0
8294732	GLUC,WB	2.00	0	0.0	0	0.0	1	2.0	0	0.0	1	2.0	0	0
8294790	GLUC,WB	2.00	0	0.0	1	2.0	0	0.0	0	0.0	1	2.0	0	0
8294700	GLUC,WB	2.00	0	0.0	0	0.0	0	0.0	1	2.0	1	2.0	0	0
8294700	GLUC,WB	2.00	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	0
8294700	GLUC,WB	2.00	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	2
CHEMISTRY MAIN LAB TOTALS:			2	4.0	2	4.0	1	2.0	1	2.0	6	12.0	4	2
Shift 1:			2	4.0	2	4.0	1	2.0	1	2.0	6	12.0	4	2

* * * NOTE * * *

The **counts displayed** in the QC and Repeats columns are for internal Lab information only and are not included in the Lab MEPRS Reports and WAM data.

6.9.2 Non-Human Tests Count as Workload

Removal of QC and Repeat counts from Lab workload reported to WAM was completed as part of the WAM ANCILLARY ENHANCEMENTS project. Therefore, Lab work performed on non-human specimens, which was included in the Repeats column of the Lab workload statistical reports, was no longer included in the data reported to WAM.

Since non-human testing is considered valid workload, it will now be counted and will display on the Lab workload statistical reports in a separate column with a heading of OTHER. **Only specimens registered through the Non-Human Registration (NHR) option will be reported as Non-Human workload in the OTHER column on the LAB workload reports.** Non-human workload will also be included in the data displayed on Laboratory MEPRS reports and will be reported to WAM.

A new Result Category of Non-Human will be added to the MEC option. Workload counts entered under this category equate to those displayed on the Lab statistical workload reports under the heading of OTHER. When the MEC user selects the Non-Human Result Category on an accession not generated through the NHR option, the following alert message will display and the user will not be able to select the Non-Human Result Category. The user will be returned to the prompt for Result Category.

Invalid entry for this accession; accession being edited was not registered as Non-Human.

Enter a valid category for the accession selected for workload editing.

Result category ('P'atient, re'F'erral, 'N'on-Human, 'Q'C/Std, 'R'peat):

The screen below illustrates the new format of the lab workload statistical reports.

Menu Path: CA > LAB > LAS > WRM > SDR

MAIN LAB (NAVY IP)		Personal Data - Privacy Act of 1974 (PL 93-579)										27 Feb 2007@0728 Page 1			
		WORKLOAD STATISTICS DETAIL REPORT FOR: CHEMISTRY MAIN LAB													
		For: 22 Feb 2007 - 27 Feb 2007													
Report requested by: JANUS,SHIRLEY															
-----Lab Work Element: MAIN LAB (NAVY IP)-----															
CPT Code	Proc Name	Current Weight	--Inpatients--		--Outpatients--		--Referral Pts--		--Other--		--Totals--		(Not In Totals)		
			Count	Units	Count	Units	Count	Units	Count	Units	Count	Units	-QC/Std-	-Repeats-	
			Count	Units	Count	Units	Count	Units	Count	Units	Count	Units	Count	Count	
8294700	GLUC,WB	2.00	0	0.0	1	2.0	0	0.0	0	0.0	1	2.0	0	0	
8294700	GLUC,WB	2.00	1	2.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0	
8294726	GLUC,WB	2.00	1	2.0	0	0.0	0	0.0	0	0.0	1	2.0	0	0	
8294732	GLUC,WB	2.00	0	0.0	0	0.0	1	2.0	0	0.0	1	2.0	0	0	
8294790	GLUC,WB	2.00	0	0.0	1	2.0	0	0.0	0	0.0	1	2.0	0	0	
8294700	GLUC,WB	2.00	0	0.0	0	0.0	0	0.0	1	2.0	1	2.0	0	0	
8294700	GLUC,WB	2.00	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	0	
8294700	GLUC,WB	2.00	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	2	
CHEMISTRY MAIN LAB TOTALS:			2	4.0	2	4.0	1	2.0	1	2.0	6	12.0	4	2	
Shift 1:			2	4.0	2	4.0	1	2.0	1	2.0	6	12.0	4	2	

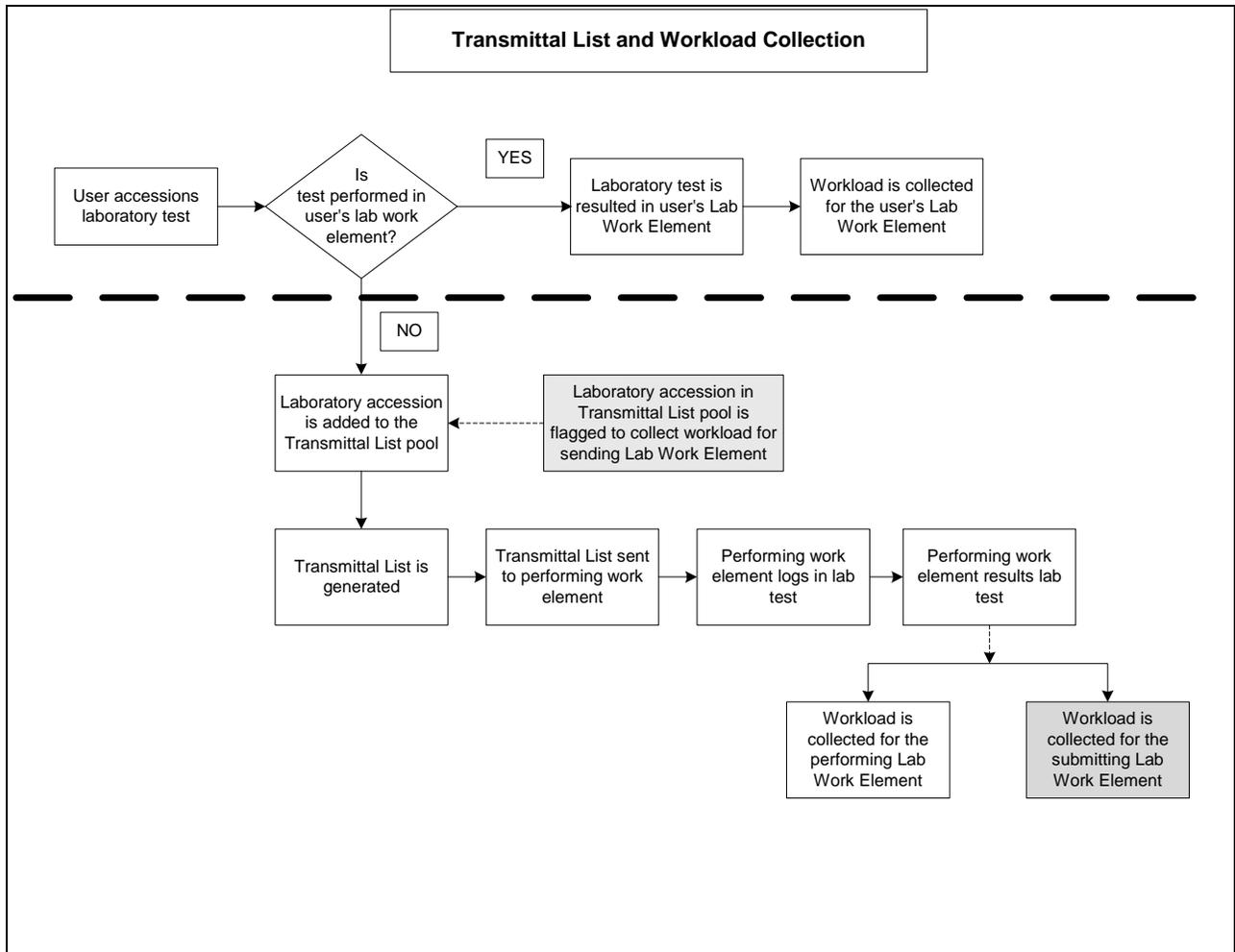
* * * NOTE * * *

The counts displayed in the QC and Repeats columns are for internal Lab information only and are not included in the Lab MEPRS Reports and WAM data.

6.9.3 Support Workload Credit for Submitting Lab on Same CHCS Host

When a laboratory work element has a test defined as a Sendout and the laboratory that performs the test is not on the same CHCS platform (Lab Interoperability functionality), the laboratory work element at the Submitting laboratory collects send out workload credit. However, when a Sending laboratory and Receiving laboratory are on the same platform (Transmittal List or Associated Lab functionality), the Sending laboratory receives no workload credit; the full credit is given to the Receiving laboratory.

CHCS has been modified as illustrated in the following dataflow:



When the Sending laboratory and the Receiving laboratory are in different divisions and/or work elements on the same CHCS platform, CHCS will be modified to collect workload credit for the Sending Laboratory at the same time workload is collected for the lab that performs the test – when the test results is filed on CHCS. This same rule will apply whether the accession is sent via Transmittal List, Transfer Accession Number (TAN option), or to an Associated Lab.

In the CHCS Lab Test file, a test can be designated to be performed in one or multiple work elements.

Menu Path: CA → LAB → ELA → LTA → LTE

Lab Test: GLUCOSE

LRSINGLE -- CONTINUATION

Lab Collection Sample: BLOOD
 Select Collection Sample: (multiple)
 BLOOD
 CSF
 + TISSUE

Select MTF Lab Method: (multiple)
 GLUCOSE
 GLUCOSE-2

Select Lab Work Element: (multiple) 7
 MAIN LAB (NAVY IP)
 CLINICAL PATH LAB (ARMY IP)
 MAIN LAB (NAVY OP)
 ANATOMIC PATH LAB (ARMY IP)

The Transmittal List functionality provides a method for a laboratory that does not perform a particular lab test to generate and send a list of accessioned laboratory orders to another laboratory work element on the same CHCS platform that does perform the test. The system automatically adds such tests to the transmittal pool. Currently, when the Receiving laboratory files the result for the lab test, workload will be collected only for the Receiving laboratory, and no workload is collected for the laboratory that initially processed the specimen (the Sending laboratory).

Software modifications for this enhancement will flag accessions in a transmittal pool so that workload will be generated for the Sending laboratory if the Receiving laboratory is in a different division and/or work element than the Sending laboratory, consistent with the -90 modifier functionality for Send-Out tests for Laboratory Interoperability between different CHCS platforms. This process is illustrated in the data process flow above. The highlighted processes are the proposed software modifications.

If an accession is sent to another accession area that resides in a Work Element within the same division as the Sending Laboratory, workload will be collected by both the Sending location and the Receiving location;. If the accession is transferred to another accession area that resides in a Work Element in a different division than the original laboratory work element, workload will also be collected by both the Sending and the Receiving location.

A field in the CHCS Lab Work Element file indicates if an alternate laboratory used for transferring an accession is an Associated Lab:

Menu Path: CA > LAB > LSM > ELA > LSA > LWE

Lab Work Element Add/Edit
Name: MAIN LAB (NAVY IP)
Responsible Pathologist: JONES,PATRICIA
CLIA#:
Shift 1 Start Hour: 7
Shift 2 Start Hour: 15
Shift 3 Start Hour: 23
Associated Lab: STAT LAB (NAVY IP)
Number of Transmittal Lists: 1
Transmittal/Shipping POC: SMITH,JOHN

Populating this field indicates that a Transmittal List is not required, even when transferring an accession from one Laboratory Work Element to another Laboratory Work Element. For example, this scenario can occur between a Routine Laboratory and a Stat Laboratory.

Workload will be collected as follows for Associated Labs:

- For any given pair of Associated Labs, if an accession and its associated test(s) are logged in at a lab where the test is not performed and then delivered to another lab to be performed and the Associated Labs are in different divisions or work elements, workload will be collected at both the Sending and Receiving lab.
- For any given pair of Associated Labs, if an accession and its associated test(s) are logged in at a lab where the test is not performed and then delivered to another lab to be performed and the Associated Labs are in the same division, workload will only be collected at the Receiving lab.
- For any given pair of Associated Labs, if an accession and its associated test(s) are logged in at the same lab where the test is performed, the system will not treat it as a send/receive situation. In this case, workload will only be collected for the lab where the test is performed.

Previously for send out testing, only the Receiving laboratory bills for the lab test. In order to prevent duplicate billing on the same CHCS platform, the entry for the Sending laboratory will be suppressed to prevent billing by either MSA, DD7A or by Outpatient Itemized Billing to TPOCS. Billing will continue to originate only from the Receiving laboratory.

6.9.4 Centralized Collection of Lab Workload Data

Lab workload data is currently captured concurrently in two files: the laboratory CPT Workload Data file and the Laboratory MEPRS Data file. The data between the two files correlates in the laboratory reports generated from each file, but a potential exists for discrepancies. Workload transmitted to WAM is currently generated from the Lab CPT Workload Data file.

To insure consistency with workload data generated to the Laboratory workload statistical reports and the Laboratory MEPRS reports as well as the data generated to WAM, CHCS will now capture Lab workload data in the CPT Workload Data file only. This file will be enhanced to generate the Lab MEPRS Reports as well as the Lab statistical workload reports. The workload transmitted to WAM will continue to be generated from the Lab CPT Workload Data file.

6.9.5 LAB Work Performed for Outside Sources

When CHCS is a performing laboratory, the requesting workload should count under a different MEPRS code depending upon the type of facility that requested the work.

The Lab Interoperability (LIO) interface provides bi-directional order entry, accessioning and results reporting between CHCS MTFs, CHCS and the Veteran's Administration (VA), and CHCS and commercial reference laboratories. Modifications have been made to ensure that LIO workload reporting properly distinguishes the type of facility requesting the work. An additional report will also be developed to inform the Laboratory staff how many specimens are processed from each outside source.

Screening has been added to the MEPRS code fields in the Medical Treatment Facility Enter/Edit (AMT) option and for Remote locations that are defined in the Hospital Location File Enter/Edit (HOS) option in order to guide the user that is setting up or modifying File and Table build to support LIO. Capture of LIO workload will also be enhanced.

The new business rules are as follows:

- 1) When the lab performing a lab test is a CHCS lab, CHCS will attribute the CPT workload to MEPRS codes based on the type of facility that submitted the test request.

<u>Type of Requesting Facility</u>	<u>Workload MEPRS</u>
Another CHCS (different Group DMIS ID)	FCD* (Note that Remote locations can be defined with F***)
Civilian Lab	FCC*
Veteran's Administration	FCE*

- 2) When a Requesting MEPRS code is assigned for workload that is performed for outside sources (Method of Processing is defined as SHIPPED IN or MAILED IN), the following logic will be used:
 - a) If the Additional Medical Treatment Facility (AMTF) has a MEPRS Code in the Division multiple for the division, that MEPRS code will be used.
 - b) If there isn't a MEPRS code defined at the division level, but there is one at the top level of the AMTF entry that is for the correct division, that MEPRS code will be used.
 - c) If the AMTF does not contain a MEPRS code, or the one there is incorrect for the user's division, the MEPRS code in the Remote location for the division will be used.
 - d) If there is no AMTF entry for the Referral location (i.e. another MTF), then the MEPRS code in the Remote location for the division will be used.

6.9.5.1 MEPRS Code Screening in the AMTF File

Additional MEPRS screening was added in the Additional Medical Treatment Facility Enter/Edit (AMT) option. This option allows users to define entries that are not part of the standard set of entries in the Medical Treatment Facility file. Two examples of these types of facilities are VA and Civilian. Refer to the screen below that displays all the types of Non-DOD Facility Code choices allowed.

Menu Paths: CA > DAA > CFT > CFM > CS > AMT or CA > LAB > LSM > ELA > LSA > ADD

ADDITIONAL MEDICAL TREATMENT FACILITY: 170	DOD ADD MTF EDIT
FACILITY CODE: 170 NAME: A/VistA	
NON DOD FACILITY CODE: VETERANS ADMINISTRATION	
V VETERANS ADMINISTRATION C CIVILIAN P PUBLIC HEALTH AND INDIAN HEALTH M FOREIGN MILITARY B OTHER R RECORD RETIREMENT CENTER	
Make choice = SELECT Exit = F10	
CITY: SAN ANTONIO STATE: TEXAS PHONE: LAB PHONE: LAB POC: JOHN MCDONALD EIN/SSN?: EIN/SSN: INACTIVE FLAG:	

If the AMTF entry has been defined with a Non-DOD Facility Code of V (Veterans Administration), then the MEPRS code that can be defined in the AMTF file at either the division level, or at the top level of the file, the system will limit entries to FCE* MEPRS codes. Refer to screens below that display where the MEPRS code can be entered. The MEPRS code is highlighted in yellow.

ADDITIONAL MEDICAL TREATMENT FACILITY: 170	DOD ADD MTF EDIT
FACILITY CODE: 170 NAME: A/VistA	
NON DOD FACILITY CODE: VETERANS ADMINISTRATION MEPRS CODE: FCEA/0124	
Select DIVISION: NAVY INPATIENT DIVISION	
STREET ADDRESS 1: 3228 ANY PLACE STREET ADDRESS 2: ZIP CODE: CITY: SAN ANTONIO STATE:	

When the user selects a division or adds a new division, a second screen is presented. The MEPRS code can be defined for the division. The MEPRS code is highlighted in the screen below. The same screening will be applied to this MEPRS code.

DIVISION: NAVY INPATIENT DIVISION DOD ADD MTF EDIT -- CONTINUATION

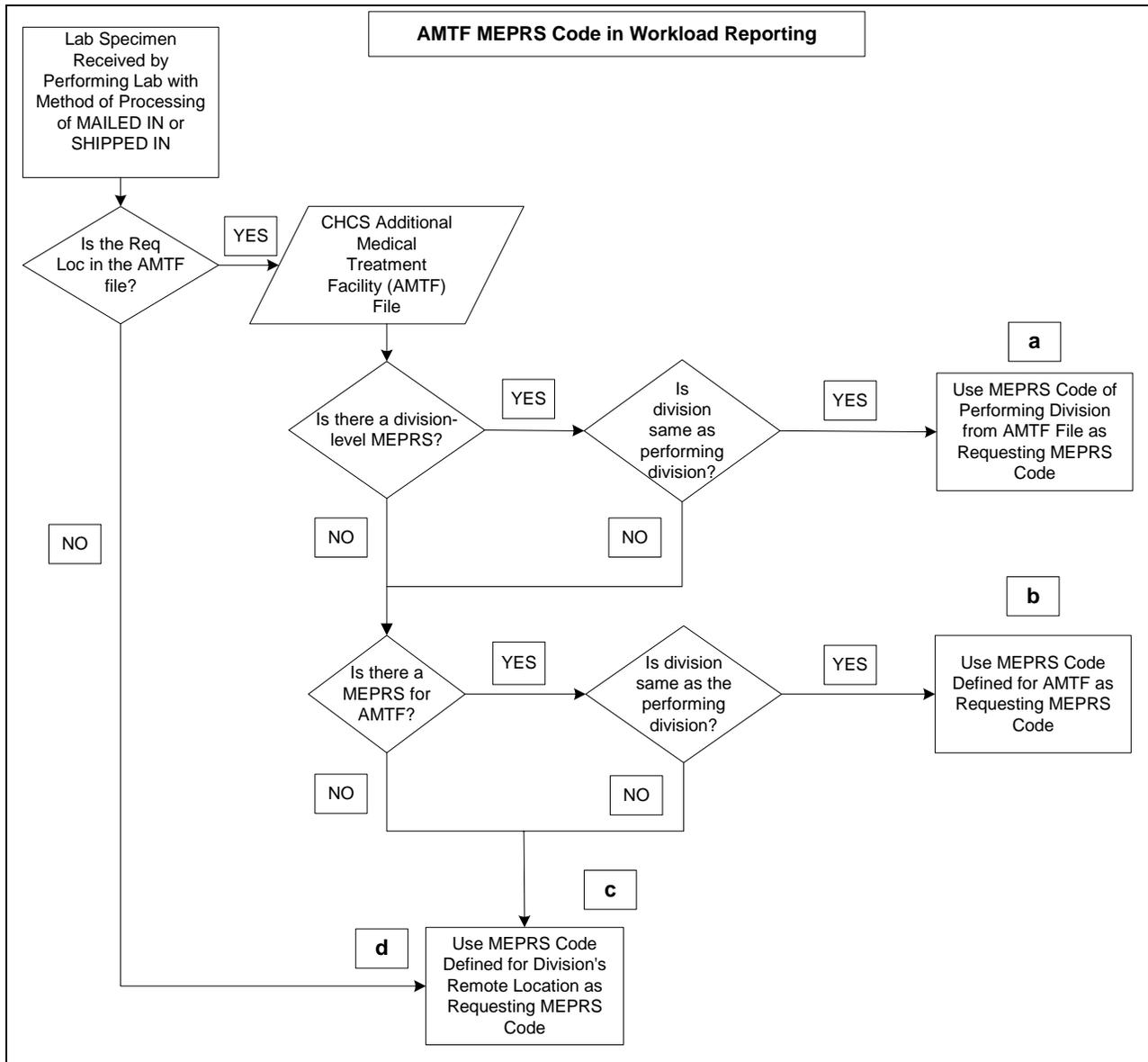
DIVISION: **NAVY INPATIENT DIVISION**
CLIENT NUMBER:
CLIA#:
MEPRS CODE: **FCEA/0124**

In a similar manner, if the AMTF entry has been defined with a Non-DOD Facility Code of C (Civilian), then the MEPRS code that can be defined in the AMTF file at either the division level, or at the top level of the file, the system will limit entries to FCC* MEPRS codes.

6.9.5.2 Use of the AMTF MEPRS Code in Workload Reporting

When laboratory workload is processed from outside sources and the Method of Processing defined as MAILED IN or SHIPPED IN, the following logic will be utilized to determine the Requesting MEPRS code for the work.

- a) If the Additional Medical Treatment Facility (AMTF) has a MEPRS Code in the Division multiple for the division, that MEPRS code will be used.
- b) If there isn't a MEPRS code defined at the division level, but there is one at the top level of the AMTF entry that is for the correct division, that MEPRS code will be used.
- c) If the AMTF does not contain a MEPRS code, or the one there is incorrect for the division, the MEPRS code defined for the Remote location in the Hospital Location file for that division will be used.
- d) If there is no AMTF entry for the Referral location (i.e. another MTF), then the MEPRS code in the Remote location for the division will be used.



6.9.5.3 MEPRS Code Screening for Remote Locations

Remote location types are defined in the Hospital Location file. This location type is used with the LIO functionality, and the MEPRS code that is defined for this location type is used for the Requesting MEPRS code for accessions that are processed for other MTFs. Currently, users can select any MEPRS code within the division. This project will add screening so that only F*** MEPRS codes can be defined for Remote location types.

Menu Path: CA > DAA > CFT > CFM > HOS

6.9.5.4 Performing Lab Processing Report

Some sites process specimens for a number of different CHCS Labs, as well as other sources, such as VA facilities. A Performing Lab Processing Report will be created in the LAB subsystem and will identify the submitting location and the number of tests resulted. This report will assist laboratory management in tracking the processing performed for outside sources. These outside sources will include other labs on the same CHCS platform, labs on different CHCS platforms, or VA labs. Only tests with Workload Type of 'Referral' will be included in this report.

This report can be generated by Submitting location (i.e., by work element (for labs on same platform), external MTFs, or Reference Labs) or by Service (i.e., Navy, Army, Air Force). Any date range can be selected for the report. Submitting locations from outside the platform will be listed separately from the Referring locations on the platform. A summary or detail format can be selected. The detailed version will list all tests performed.

The following sections will be listed on the report:

Section I: Submitting locations that reside on another CHCS platform

Section II: Non-CHCS Submitting locations

Section III: Submitting locations that reside on this CHCS platform

The user will encounter the following prompts:

Menu Path: CA > LAB > LAS > WRM > PLP (Performing Lab Processing Report)

```

** Performing Lab Processing Report **

Print report by Performing:
  (D)ivision
  (L)ab Work Element: Lab Work Element

Select Lab Work Element: ALL// N
Select Lab Work Element: MAIN LAB (NAVY IP)           MLAB   LAB   NAVY
INPATIENT DIVISION      DBAA/0124
Select Lab Work Element:

Include the following Submitting Labs:
  (A)ll Submitting Labs
  (S)ervice (Select by Branch of Service)
  (V)A Labs only
  (M)TF Selection: M

Select MTF: Wright Patterson
Select MTF:

(S)ummary or (D)etail: D// Detail

Earliest date: T// T-30 (26 May 2007)
Latest date: T// (25 Jun 2007)

DEVICE:
```

A sample report is shown below.

```

=====
NAVY INPATIENT DIVISION                               16 Jul 2007@1338   Page 1
      Performing Lab Processing Report - Detailed
      For: 16 Jun 2007 - 16 Jul 2007
Performing Work Element: MAIN LAB (NAVY IP)
Section I: Submitting locations that reside on another CHCS platform
      Submitting Location: NAVAL AMBULATORY CARE CENTER GROTON
CPT Code   Lab Test Name                               Count
-----
8233132    CALCIUM                                       1
                                         SUBTOTAL: 1
-----
      Submitting Location: TRIPLER AMC
CPT Code   Lab Test Name                               Count
-----
8204032    RATIO A/G                                             2
8243532    CHLORIDE                                              1
8415532    RATIO A/G                                             2
                                         SUBTOTAL: 5
-----
SECTION I TOTAL: 6
  
```

```

NAVY INPATIENT DIVISION                               16 Jul 2007@1338   Page 2
      Performing Lab Processing Report - Detailed
      For: 16 Jun 2007 - 16 Jul 2007
Performing Work Element: MAIN LAB (NAVY IP)
Section II: Non-CHCS Submitting locations
      Submitting Location: VA/VistA
CPT Code   Lab Test Name                               Count
-----
8007632    CHEM 20                                               1
8407532    ALKALINE PHOSPHATASE                                9
8452032    UREA NITROGEN                                        2
8836526    ALKALINE PHOSPHATASE                                9
8836532    ALKALINE PHOSPHATASE                                9
                                         SUBTOTAL: 30
-----
SECTION II TOTAL: 30
  
```

```

NAVY INPATIENT DIVISION                               16 Jul 2007@1347   Page 3
      Performing Lab Processing Report - Detailed
      For: 18 Mar 2007 - 16 Jul 2007
Performing Work Element: MAIN LAB (NAVY IP)
Section III: Submitting locations that reside on this CHCS platform
      Submitting Location: CLINICAL PATH LAB (ARMY IP)
CPT Code   Lab Test Name                               Count
-----
8616132    COMPLEMENT C2                                        2
                                         SUBTOTAL: 2
-----
      Submitting Location: MAIN LAB (NAVY OP)
CPT Code   Lab Test Name                               Count
-----
8919032    EOSINOPHILS                                          1
                                         SUBTOTAL: 1
-----
SECTION III TOTAL: 3
  
```

6.9.5.5 Submitting Lab Processing Report

Some sites send specimens out for processing to different CHCS Labs, as well as other sources, such as VA facilities or Commercial Labs. A Submitting Lab Processing Report will be created in the LAB subsystem and will identify the performing location and the number of tests submitted for outside processing. This report will assist laboratory management in tracking the numbers of tests sent out for

processing and to whom. These outside sources will include other labs on the same CHCS platform, labs on different CHCS platforms, or non-CHCS labs such as VA or Commercial labs. Only tests with a Modifier of '90' will be included in this report. Tests with a Workload Type of 'QC' or 'Repeat' will not be included in this report

This report can be generated by Performing location (i.e., by work element (for labs on same platform), external MTFs, or Reference Labs) or by Service (i.e., Navy, Army, Air Force). Any date range can be selected for the report. Performing locations from outside the platform will be listed separately from the Performing locations on the platform. A summary or detail format can be selected. The detailed version will list all tests submitted.

The following sections will be listed on the report:

Section I: Performing locations that reside on another CHCS platform

Section II: Non-CHCS Performing locations

Section III: Performing locations that reside on this CHCS platform

The menu path and new option name for the Submitting Lab Processing Report is shown below:

The user will encounter the following prompts:

Menu Path: CA > LAB > LAS > WRM > SLP (Submitting Lab Processing Report)

```

** Submitting Lab Processing Report **

Print report by Submitting:
  (D)ivision
  (L)ab Work Element:  Lab Work Element

Select Lab Work Element:  ALL// N
Select Lab Work Element:  MAIN LAB (NAVY IP)           MLAB   LAB   NAVY
INPATIENT DIVISION      DBAA/0124
Select Lab Work Element:

Include the following Performing Labs:
  (A)ll Performing Labs
  (S)ervice (Select by Branch of Service)
  (V)A and Commercial Labs only
  (M)TF Selection: V

(S)ummary or (D)etail: D// Detail

Earliest date: T// T-30 (26 May 2007)
Latest date: T// (25 Jun 2007)

DEVICE:
```

A sample report is shown below.

```

=====
NAVY INPATIENT DIVISION                               16 Jul 2007@1338   Page 1
      Submitting Lab Processing Report - Detailed
      For: 16 Jun 2007 - 16 Jul 2007
Submitting Work Element: MAIN LAB (NAVY IP)
  Section I: Performing locations that reside on another CHCS platform
    Performing Location: NAVAL AMBULATORY CARE CENTER GROTON
CPT Code   Lab Test Name                               Count
-----
8233132    CALCIUM                                     1
                                         SUBTOTAL: 1
```

Performing Location: TRIPLER AMC

CPT Code	Lab Test Name	Count
8204032	RATIO A/G	2
8243532	CHLORIDE	1
8415532	RATIO A/G	2
		SUBTOTAL: 5

SECTION I TOTAL: 6		

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Submitting Lab Processing Report - Detailed
For: 16 Jun 2007 - 16 Jul 2007

Submitting Work Element: MAIN LAB (NAVY IP)
Section II: Non-CHCS Submitting locations
Performing Location: VA/Vista

CPT Code	Lab Test Name	Count
8007632	CHEM 20	1
8407532	ALKALINE PHOSPHATASE	9
8452032	UREA NITROGEN	2
8836526	ALKALINE PHOSPHATASE	9
8836532	ALKALINE PHOSPHATASE	9
		SUBTOTAL: 30

SECTION II TOTAL: 30		

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Submitting Lab Processing Report - Detailed
For: 18 Mar 2007 - 16 Jul 2007

Submitting Work Element: MAIN LAB (NAVY IP)
Section III: Submitting locations that reside on this CHCS platform
Performing Location: CLINICAL PATH LAB (ARMY IP)

CPT Code	Lab Test Name	Count
8616132	COMPLEMENT C2	2
		SUBTOTAL: 2

Performing Location: MAIN LAB (NAVY OP)		
CPT Code	Lab Test Name	Count
8919032	EOSINOPHILS	1
		SUBTOTAL: 1

SECTION III TOTAL: 3		

=====

6.10 FAQs

1. How are mail-out and mail-in workloads collected?

Answer: When the Send-Out flag in the Lab Test file is set to YES and results are filed for that test, CHCS collects the CPT code with a "90" modifier. A small amount of workload is collected to give you credit for collecting and processing the specimen. Since the Performing facility enters the order through mail-in registration, CHCS knows this is a mail-in. When results are filed, the CPT code is collected with a "32" modifier. The workload credit is usually the same for a "32" as for a "00" modifier. The SDR Report lists the CPT codes and workload for mail-ins in the Referrals column.

2. What are the FCC* and FCD* workloads?

Answer: Workload is collected under your FCD* MEPRS code when the Requesting Location is a military facility on the same platform but has a MEPRS code outside your group. FCC* MEPRS codes should be defined in the Hospital Location file for nonmilitary facilities (e.g., other civilian facilities, CHAMPUS Support, VA Hospital, etc.). These entries are used as the Requesting Location when placing an order on CHCS.

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7. Pharmacy (PHR) Workload Management

7.1 Where Do PHR Data Elements Come From?

- Workload in Pharmacy is generated through label generation for Prescriptions (RX), new Unit Dose orders, Sterile Products (intravenous - IVs), and Bulk and Clinic issues, including narcotic issues. Workload is accumulated for existing Unit Dose orders when the Cart List is printed.
- An inpatient order includes the Requesting MEPRS code associated with the Clinical Service contained in the Patient file, unless the patient's location is an ICU.
- If an inpatient's ward/bed assignment is an ICU, the Requesting MEPRS is associated with the Referring Clinical Service.
- An outpatient order includes the Requesting MEPRS code associated with a linked appointment. If no appointment is linked, the MEPRS is associated with the Requesting Location.
- The Pharmacy Workload Exception Report (EXC) displays workload that is not counted under the following conditions:
 - The MEPRS code begins with "DJ", "DG", "E", or "G".
 - The MEPRS code has been inactivated.
 - The workload for new RXs written as discharge medications for an inpatient can be associated with an "A" MEPRS code. The workload for those RX refills is assigned to the MEPRS code associated with the prescribing physician's location. If that MEPRS code begins with an "A", the workload is placed on the Pharmacy Workload Exception Report.

WAM TIP

- In order to be counted, workload on the Pharmacy Workload Exception Report must be corrected.
-
-

7.2 Validating Monthly Workload

7.2.1 Pharmacy MEPRS Group Report (MGR) Option

Menu Path:

CA → PHR → PRM → GER → MGR (Pharmacy MEPRS Group Report)

This report has been modified to conform to WAM Business Rules:

- Contain the MEPRS code/DMIS ID of the Performing division.
- Report issues to Pharmacy locations as workload.
- Calculate workload to two decimal places (no rounding).
- Limit the reporting period to the previous month.

7.2.2 Pharmacy Medical Expense Performance Report (MEP) Option

Menu Path:

CA → PHR → PRM → GER → MEP (Pharmacy Medical Expense Performance Report)

This report has been modified to conform to WAM Business Rules:

- Contain the MEPRS code/DMIS ID of the Performing division.
- Report issues to Pharmacy locations as workload.
- Calculate workload to two decimal places (no rounding).

7.3 Pharmacy Workload Exception Report

The Pharmacy Workload Exception Report (EXC) contains workload assigned to invalid and/or inactive MEPRS codes/DMIS IDs. This occurs most often in refill processing. However, it also reports data that is incorrect for Unit Dose orders, Sterile Products, new RX, and Bulk or Clinic issues.

1. Access the Pharmacy Workload Exception Report (EXC) option on the General Pharmacy Reports Menu.

Menu Path:

CA → PHR → PRM → GER → EXC (Pharmacy Workload Exception Report)

2. Press **<Return>** to accept the default start/end date of the previous month or specify a month.

Select PHR Exception Report MONTH/YEAR: Jun 2003// **MAY 2003** May 2003

3. Requested the report by Division or by Group.

Select (D)ivision, (G)roup, or (Q)uit: D// **<Return>**

Select DIVISION NAME: NAVY INPATIENT DIVISION// **NAVY INPATIENT DIVISION**

The Pharmacy Workload Exception Report displays workload attributed to invalid/inactive MEPRS codes, sorted by workload type, exception type, and date of transaction (Figure 7.1).

NAVMEDCEN PORTSMOUTH VA

1

PHR Workload Exceptions Report
Group: NAVY INPATIENT DIVISIO4
Division: NAVY INPATIENT DIVI4
Month: Jul Year: 2003

```

=====
Exception Reason
Requesting/DMIS ID
Transaction ID                               Workload Date       Date Corrected
=====
                                           BULK ISSUE

INACTIVE MEPRS
BACA/0381 CARDIOLOGY CLINIC-NAVY
ISSUE # 18                                   17 Jul 2003

                                           CLINIC ISSUE

INACTIVE MEPRS
BACA/0381 CARDIOLOGY CLINIC-NAVY
ISSUE # 17                                   17 Jul 2003

                                           PRESCRIPTIONS/FILLS

INVALID MEPRS
CAAA/0120 DENTAL CARE-AIR FORCE
NA3309 Fill#: 1                             11 Jul 2003         18 Jul 2003
NA3327 Fill#: 1                             17 Jul 2003
NA3329 Fill#: 1                             17 Jul 2003

INACTIVE MEPRS
BACA/0381 CARDIOLOGY CLINIC-NAVY
NA3329 Fill#: 2                             17 Jul 2003

                                           STERILE PRODUCTS

INACTIVE MEPRS
AAAG/0124 INTERNAL MEDICINE
Order# 030717-00022                         17 Jul 2003         18 Jul 2003

*** End of Report ***

```

Figure 7.1. Pharmacy Workload Exception Report

7.4 Correcting Source Data

The Correct Workload Data (CWD) option allows supervisory-level Pharmacy users to correct workload reported in the Pharmacy Workload Exception Report (EXC). When workload attributed to invalid/inactive MEPRS is corrected through this option, the workload counts can be regenerated and submitted.

WAM TIP

- If this task is performed regularly, the errors resulting from historically invalid MEPRS codes should diminish over time, since the new screening functionality prevents the creation of new errors.

1. Access the Correct Workload Data (CWD) option on the Supervisory Functions Menu.

Menu Path:

CA → PHR → SFM → CWD (Correct Workload Data)

Security Key: None

2. Specify the type of workload to be corrected.

ENTER THE TYPE OF WORKLOAD YOU WANT TO CORRECT (N,R,C,B,I,U): ??

Enter a double question mark (??) to display Help Text describing the choices.

N = New Prescription

R = Refill

C = Clinic Issue

B = Bulk Issue

I = IV

U = Unit Dose

ENTER THE TYPE OF WORKLOAD YOU WANT TO CORRECT NEXT (N,R,C,B,I,U): N

3. Enter RX number to be corrected: **NA3186** NA3186

MEPRS Code/Location prompts display (Figure 7.2).

```
Prescription # NA3186, Fill #1                05/06/03
Requesting MEPRS: AAAA      INTERNAL MEDICINE-NAVY
Requesting Division:      NAVY INPATIENT DIVISION      0124
Reject Reason:           INVALID FOR OUTPATIENT

SELECT NEW REQUESTING LOCATION OR MEPRS CODE:
```

Figure 7.2. Correct Workload Data Prompt

4. Enter a valid MEPRS Code/Location to correct the workload (Figure 7.3).

```
SELECT NEW REQUESTING LOCATION OR MEPRS CODE: biaa      0124      EMERGENCY MEDICAL
CLINIC-NAVY
1      EMERGENCY ROOM - NI      CLINIC      NAVY INPATIENT DIVISION      BIAA/0124
2      EMERGENCY ROOM - NO      CLINIC      NAVY OUTPATIENT DIVISION      BIAA/0124
Choose 1-2: 1 EMERGENCY ROOM - NI

WORKLOAD COUNTED      DATE      RAW COUNT
Prescription NA3186, Fill #1      3030506      1
Enter Prescription number to be corrected:
```

Figure 7.3. Corrected Workload Data

7.5 Prescription Fill Replacement MEPRS File

7.5.1 Inactivation of MEPRS Codes Through the ACT Option

Menu Path:

CA → DAA → CFT → CFM → ACT (Inactivate/Reactivate File Entries)

When a MEPRS code in the MEPRS Code file is inactivated through the Inactivate/Reactivate File Entries (ACT) option, the authorized user is prompted to enter an optional 'Replacement MEPRS code'. The replacement code entered is linked to the inactivated code in the Prescription Fill Replacement MEPRS

file. If a MEPRS code is reactivated through the ACT option, the associated entry is deleted from the Prescription Fill Replacement MEPRS file.

As a part of Pharmacy refill processing, the validity of the Requesting MEPRS code is checked. If the code is inactive, the Replacement file is searched for a code that can be automatically substituted for the inactive code. If no replacement code is linked, the workload is not counted and the transaction is reported on the Pharmacy Workload Exception Report.

7.5.2 Edit MEPRS Code Replacement Table for Prescriptions (EMRT) Option

Menu Path:

CA → DAA → DWAM → EMRT

Security Key: DOD RX MEPRS REPLACEMENT

The Prescription Fill Replacement MEPRS file can be edited through the Edit MEPRS Code Replacement Table for Prescriptions (EMRT) option (Figure 7.4). Selected Pharmacy users could be allowed to access EMRT as a Secondary Menu option.

INACTIVE			REPLACEMENT		
MEPRS/DMIS	INACTIVATION DATE	DESCRIPTION	MEPRS/DMIS	ACTIVATION DATE	DESCRIPTION
ABBA/0124	05/23/03	CARDIOVASCULAR	ABAA	08/07/03	General Surgery
BHAC/0124	04/08/03	Prim Care Team	BHAA	08/01/03	Primary Care Clinic

pgdN Pgup Enter/Edit Delete Quit

Figure 7.4. Edit MEPRS Code Replacement Table for Prescriptions Screen

7.6 New Screening for RX Option

ICU MEPRS codes (e.g., AAC*, ABC*, ADC*, ADE*, AAH*, DJ, DG, and G) are not valid Requesting MEPRS codes for RX entry and are not accepted by CHCS.

7.7 FAQs

1. **How do the Pharmacy MEPRS Reports determine FCD workload?**

Answer: FCD workload is broken out when the Group ID of the Requesting Location does not match the Group ID of the Performing Location. For example, a prescription written at Hickam AFB but refilled and processed at Madigan AMC would be counted as FCD workload.

2. **Why would Pharmacy workload not be reported for a particular pharmacy site?**

Answer: If workload is not being reported for a particular pharmacy site, the File-and-Table build for that site should be reviewed. Outpatient sites, Unit Dose sites, IV rooms, and Narcotic vaults must be assigned the correct Performing MEPRS code and DMIS ID associated with the location in order for workload to be counted correctly. If those locations were not assigned any MEPRS codes or assigned an incorrect MEPRS code, workload could be missed or counted incorrectly.

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8. Patient Appointment & Scheduling/Managed Care Program (PAS/MCP) Workload Management

8.1 PAS/MCP Business Rules for WAM

1. Count workload is reported for only MEPRS codes defined as B*** or FBN*.
2. Clinics may have a Clinic Type of Count only when the assigned MEPRS is B*** or FBN*.
3. A Count clinic visit is defined as an appointment with an appointment status of KEPT, WALK-IN, SICK CALL, or TEL-CON.
4. The Clinic Workload Report (Part 4) is the only PAS report that captures the Requesting Service MEPRS codes.

8.2 Where Do PAS/MCP Data Elements Come From?

Refer to Table 8-1.

Table 8-1. PAS/MCP Key Data Elements

Data Element	Rule
Clinic Type	<ul style="list-style-type: none"> • The 'Clinic' Type field in the Clinic Profile determines whether the clinic workload is counted on the workload reports. • Permissible values are Count or Non-Count. • If this field is set to Non-Count, instead of Count, all workload for that clinic is reported as Non-Count Workload on all PAS Statistical Workload Reports, WAM, and the WWR.
Workload Type	<ul style="list-style-type: none"> • Similar to Clinic Type, but at the Appointment Type level. • The 'Workload Type' field determines whether an appointment type should be reported as Count or Non-Count workload. If this field is set to "Count", any appointment with the Count appointment type in a Count clinic is reported as Count workload. • The appointment with the Count appointment type in a Non-Count clinic is reported as Non-Count workload regardless of the workload type.
Appointment Status	<ul style="list-style-type: none"> • The PAS Statistical Workload Reports only report workload for appointments with a status of KEPT, WALK-IN, SICK CALL, or TEL-CON. • Appointments with an appointment status of OCC-SVC are reported under Non-Count section of the PAS Statistical Workload Reports.
Patient Status	<p>When a patient is checked-in for a scheduled or unscheduled visit, CHCS automatically checks the 'Patient Status' field in the Patient file. If the patient is an inpatient when the appointment is Kept, a prompt displays, "Are you from the Attending Service?"</p> <ul style="list-style-type: none"> • If YES, CHCS automatically links the appropriate inpatient MEPRS code to the KEPT appointment. This appointment is reported as an inpatient Non-Count visit in the Non-Count section of the PAS Statistical Reports. It is not reported on the Data Sets TOT or the WWR. • If NO, the visit is reported as an inpatient visit in the Count workload.

Data Element	Rule
Requesting MEPRS	<ul style="list-style-type: none"> • The Requesting MEPRS in PAS reports is not the same as the Requesting MEPRS in WAM. In PAS, the Requesting MEPRS is the MEPRS code of the clinic that referred the patient to this clinic for specialty care. • If the 'Prompt for Requesting Service' field in the Clinic Profile is set to YES, CHCS prompts the user for the Requesting Service MEPRS code when scheduling an appointment and entering an unscheduled visit on CHCS, • Only those clinics that do a majority of their work through referrals should set the 'Prompt for Requesting Service' field to YES. • The Clinic Workload Report (Part 4) is the only PAS report that captures the Requesting Service MEPRS codes. Since entry of the Requesting Service is optional and represents the Service that referred the patient, the totals of the Clinic Workload Report differ from the workload totals in other parts of the same report. • This value has no relationship to workload counts in the WWR or WAM Data Sets OUT and TOT.
MEPRS Codes	<ul style="list-style-type: none"> • When an authorized CHCS user books an appointment, enters an unscheduled visit, checks in a patient, or performs EOD processing, CHCS prompts the user for a MEPRS code. The default value is the MEPRS code from the Hospital Location. • For an inpatient status and when the clerk indicates that the appointment is related to the Inpatient Episode of Care, CHCS automatically sets the MEPRS code to the A**** MEPRS currently assigned as the patient's Clinical Service. In this case, the MEPRS code is not editable.

8.3 Validating Monthly Workload

The PAS Monthly Statistical Report follows the same business rules as WAM. The report has been enhanced to allow users to sort workload by Beneficiary Category (BenCat). This enhancement permits easier validation of workload counts for Data Sets TOT and OUT.

WAM TIP

- The PAS Monthly Statistical Report can now be generated with Summary information. The Summary information prints the Division Summary without the other detailed data, such as counts by BenCat or counts by Appointment Type. This is the most efficient print option for validation of monthly workload.
-

Menu Paths:

CA → **PAS** → Scheduling Supervisor Menu → MGRM → SMGR → 8 (Monthly Statistical Report)

CA → **WAM** → 2 → 6 → 9 (Monthly Statistical Report)

8.4 Correcting Source Data

PAS statistical reports cannot be generated until all End-of-Day (EOD) processing has been completed. If EOD processing is incomplete, CHCS generates the Delinquent End-of-Day Processing Report.

Appointments are considered delinquent when the following actions occur:

- Appointment status is still pending.
- An unscheduled visit is entered for a walk-in patient, the appointment status is set to WALK-IN or SICK CALL, and the provider has not been entered for the unscheduled visit.

8.5 FAQs

1. **Why does the PAS Monthly Statistical Report now show my clinic as having Non-Count appointments? Previously, it reported them as “Count” appointments even though WAM did not count them.**

Answer: The PAS subsystem has been modified to permit “Count” clinics only when the MEPRS code starts with “B” or “FBN.”

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9. Patient Administration (PAD) Workload Management

9.1 PAD Business Rules for WAM

1. Workload is only reported for standard inpatient data record (SIDR) MEPRS codes defined as A***.
2. The Beneficiary Category is reported based on the Patient Category at admission.
3. The day of admission is counted as a bed day. The day of disposition is not counted as a bed day.
4. A same-day admission and disposition is counted as 1 bed day.
5. Intensive Care Unit (ICU) Hours of Service are only reported when the patient's admission, transfer, or disposition location is an ICU ward location.
6. ICU ward locations must have the ICU ward location flag set to YES.
7. ICU ward location MEPRS codes must be defined as AAC*, ABC*, AAH*, ADC*, or ADE*.

9.2 Where Do PAD Data Elements Come From?

Refer to Table 9-1.

Table 9-1. PAD Key Data Elements

Data Element	Data Source
Admissions	
Requesting FCC	Admitting Clinic Service
DMIS ID	DMIS ID linked to the Admitting Clinic Service
Beneficiary Category	Derived based on the Patient Category assigned at the time of admission
Raw Amount – Sys Gen	Number of Admissions by FCC and Beneficiary Category for the report month
Dispositions	
Requesting FCC	Dispositioning Clinic Service
DMIS ID	DMIS ID linked to the Dispositioning Clinic Service
Beneficiary Category	Derived based on the Patient Category assigned at the time of admission
Raw Count – Sys Gen	Number of Dispositions by FCC and Beneficiary Category for the report month
Occupied Bed Days	
Requesting FCC	Current MEPRS code assigned to the patient as of 2400 hours
DMIS ID	DMIS ID linked to the requesting FCC based on the Admitting Division
Beneficiary Category	Derived based on the Patient Category assigned at the time of admission
Raw Count – Sys Gen	Number of bed days by FCC and Beneficiary Category
ICU – Hours of Service	
Requesting FCC	Referring MEPRS code associated with an ICU ward location
DMIS ID	DMIS ID linked to the requesting MEPRS based on the Admitting Division
Beneficiary Category	Derived based on the Patient Category at the time of admission
Hours of Service	Calculated based on time patient spent in ICU ward location
Billed Claims	Number of claim forms generated for inpatient TPC claims
TPC: Number of Claims Billed	
Requesting FCC	Admitting, 2 nd Clinic Service, 3 rd Clinic Service, and Dispositioning Clinic Service
DMIS ID	DMIS ID linked to the requesting MEPRS based on the Admitting Division
Billed Claims	Number of claim forms generated for inpatient TPC claims

9.3 Validating Monthly Workload

9.3.1 Worldwide Workload Report (WWR) vs. WAM

The WWR should be used as the primary report for validating the WAM counts. Although the WWR does not include Inpatient Cost Pools and TPC Claims billed and ICU Hours of Service, it follows the same business rules for calculating workload as WAM and can be used to validate Occupied Bed Days and Admissions.

Menu Paths:

CA → **PAD** → IRM → WLR (Worldwide Workload Report-Print/Reprint)

Security Key: DG WORKLOAD

CA → **WAM** → 2 → 6 → 2 (Worldwide Workload Report-Print/Reprint)

Security Key: DG WORKLOAD

The WWR can also be generated with WAM Initialization from the following WAM Initialization options for prior months:

CA → **WAM** → 4 (Manage Workload Templates) → I (Initialize action)

Security Key: DGNAS MANAGER

CA → **WAM** → 8 (Workload Generation Controller)

Security Key: DGNAS WAM GENERATION

WAM TIPS

- If the WWR is recalculated with WAM Initialization, a completion message is sent to the WWR COMPUTATION mail group.
 - The WWR COMPUTATION mail group should be initially set up as a self-enrollment mail group through the CHCS Mail Group Edit (MGE) option. Participants can then self-enroll through the Group Membership (GM) option.
 - If the WWR is recalculated with WAM Workload Generation Controller, a completion message is sent to the WAM GENERATION mail group.
-

9.3.2 Monthly MEPRS Report (MMR) vs. WAM

The MMR is an additional means for validating WAM counts. The MMR follows the same business rules as WAM for calculating workload and can be used to validate admissions, dispositions, and occupied bed days.

Menu Paths:

CA → **PAD** → ORM → MOUT → 9 (Monthly MEPRS Report)

CA → **WAM** → 2 → 6 → 7 (Monthly MEPRS Report)

9.3.3 WWR vs. ICU Hours of Service Report

The ICU Hours of Service Report is a means for validating the WAM workload counts for ICU Hours of Service. The ICU Hours of Service Report follows the same business rules for calculating workload as WAM.

Menu Paths:

CA → **PAD** → IRM → ICU (Hrs of Svc in ICU's by Ref MEPRS Cln Svc Report)

CA → **WAM** → 2 → 6 → 3 (Hrs of Svc in ICU's by Ref MEPRS Cln Svc Report)

9.4 Correcting Source Data – Corrections Management Function

The Corrections Management function within CHCS allows historical admission, disposition, and transfer (ADT) data to be corrected. This includes the associated MEPRS code for a specific inpatient episode of care. Corrections of historical ADT data result in adjustments to WAM workload calculations, but only if WAM has been re-initialized.

Menu Path:

CA → PAD → ADT → COR (Corrections and ADT View)

Security Key: DG VIEW ADT

9.5 FAQs

1. **Why are my ADT clerks having trouble entering the inpatient MEPRS codes for a civilian hospital under contract for inpatient care?**

Answer: The PAD ADT options now require you to “log in” (switch to) to the specific division of the civilian contract hospital to do these actions.

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10. Editing WAM Workload Counts

10.1 Why Limit Use of the WAM Edit Workload Option?

Although authorized users are able to edit certain types of ancillary and non-ancillary data in the WAM subsystem through the Edit Workload (CA → WAM → 1) option, editing this data at the “source” is preferred. If ancillary staff members edit data at the subsystem level, non-WAM reports and interfaces can share the corrected data, greatly reducing the data inconsistencies between subsystem reports and WAM workload and improving overall CHCS data quality.

WAM TIPS

- Workload corrected at the subsystem level qualifies the event for billing, thereby improving MTF reimbursements.
 - The Workload Editing Business Rules now require you to edit data at the most detailed level appropriate for the DSI so that manually edited data can be sent in Record Type 2 for inclusion in EAS IV. This may be at the beneficiary-category level for such DSIs as outpatient visits or at the CPT-code level for other DSIs, such as LAB. Therefore, editing in WAM will become more time consuming. [Refer to Section 10.2 for more information on editing in WAM.](#)
 - The capability to edit source data at the subsystem level has been expanded accordingly. The LAB, RAD, and PHR subsystems now contain Edit Workload options. They also contain Workload Exception Reports to show workload unacceptable in WAM. These reports list the category of the problem and give a unique identifier, so that you can easily access and edit the data through the Edit Workload options at the subsystem level.
-

Subsystem-Level Edit Workload Options

Menu Paths:

CA → **RAD** → WR → WDE (Workload Data File Edit)

Security Key: RAD WAM EDIT

CA → **LAB** → LAS → WRM → MEC (Manual Edit of Workload Data)

CA → **PHR** → SFM → CWD (Correct Workload Data)

CA → **PAS** → Managed Care Program Menu → CDSK → EOD (End-of-Day Processing/Editing)

CA → **PAD** → ADT → COR (Corrections and ADT View)

Security Key: DG VIEW ADT

Refer to the subsystem-specific sections of this document (Sections [5](#) through [9](#)) for more information.

10.2 WAM Editing at the Detail Level

10.2.1 Workload Editing Business Rules

1. DSIs may be edited only at the level of detail required for inclusion into EAS IV. Editing at a higher level is not permitted.
2. The EAS ASCII file no longer differentiates between manually edited and system-generated data. Both data types are transmitted to EAS as Record Type 2 for integration into EAS IV.

3. The EAS Data Set Workload Report distinguishes between the manually edited and system-generated data.
4. The CHCS WAM Core file specifies which DSIs may be edited. The Core file is updated each FY; editing rules may also change.
5. Manually created DSIs may only be edited at the Requesting FCC level.
6. Manual edits to WAM workload generates WAM Exception messages. These exception messages report both the details of the edits and the user who performs them. [Refer to Section 10.3 for more information on these messages.](#)
7. DSIs that are in the status of “A” or “T” cannot be edited. They need to be changed to “X” for workload editing following approval or transmission. [Refer to Section 11 for more information on WAM DSI statuses.](#)

10.2.2 The Edit Workload Option

Menu Path:

CA → WAM → 1 (Edit Workload)

Security Key: DGNAS WAM CPT EDIT

The Edit Workload option allows authorized users to both view and edit DSIs (if deemed “editable” in the WAM Core file). This option also allows you to change the status of the DSIs.

Note: Terminology in this option has changed from SAS codes to DSIs and from MEPRS codes to FCCs. Selecting one or more DSIs allows you to access the Workload Template screen.

Remember: Workload editing now requires that you edit at the most detailed level possible. This new rule impacts the editable, system-generated DSIs.

10.2.2.1 Editing DSIs with Beneficiary Category Data

In Figure 10.1, a currently editable and system-generated DSI has associated beneficiary category (BCat) data. You must edit each beneficiary category; the raw amount is totaled automatically.

NAVY INPATIENT DIVISION
 DMIS ID/UIC: 0124/N00183 Date: 07 Nov 2002@1052
 Fiscal Month/Year: Oct 2002 Template Status: I
 CAC: WJON:

DSI: OUT Description: OUTPATIENT VISITS
 Performing FCC: N/A
 Performance Factor/Workload Total: 37

FCC/DMIS	BCat#1 Amount	BCat#2 Amount	BCat#3 Amount	BCat#4 Amount	BCat#5 Amount	BCat#9 Amount	BCat Raw Amt
BAA5/0124(4BAA)	1	0	0	0	0	10	11
BAAX/0124(4BAA)	0	0	0	0	7	0	7
BABB/0124	0	1	5	0	0	0	6
BAKA/0124	0	0	0	0	0	0	0
BBAA/0124	9	0	4	0	0	0	13
+ BDCA/0124	0	0	0	0	0	0	0

Next Screen Prev Screen Edit/View sTatus DSI Quit
 Allows editing or viewing of Requesting FCC workload Press F10 to quit

Figure 10.1. Workload Template Screen

10.2.2.2 Editing DSIs with CPT Code Data

The LAB DSIs (“DBA” and “DBB”) can be edited at the CPT-code level using either of two methods:

1. To edit a CPT code that already has system-generated data, select the Requesting FCC. A secondary screen (Figure 10.2) displays. Choose the Edit/View action to edit the beneficiary-category data for any CPT code.

NAVY INPATIENT DIVISION
 DMIS ID/UIC: 0124/N00183 Date: 12 Nov 2002@1127
 Fiscal Month/Year: Oct 2002 Template Status: I
 CAC: 4DBA WJON: 0018334DBAA

DSI: DBA Description: CLINICAL PATHOLOGY: RAW & WEIGHTED PROCEDURES
 Performing FCC: DBAA/0124
 Performance Factor/Raw Workload Total: 142
 Performance Factor/Weighted Workload Total: 109.80

FCC/DMIS	CPT Code	BCat#1 Amount	BCat#2 Amount	BCat#3 Amount	BCat#4 Amount	BCat#5 Amount	BCat#9 Amount	BCat Raw Amt
AAAA/0124	8215000	1	0	0	0	0	10	11
	8100000	0	0	0	0	7	0	7
	8231000	0	1	5	0	0	0	6
	8706000	0	0	0	0	0	0	0
	8830200	9	0	4	0	0	0	13
	8831200	0	0	0	0	0	0	0
+								

Next Screen Prev Screen Edit/View sTatus DSI CPT Quit
 Allows editing or viewing of Req FCC workload by CPT and BCat Press F10 to quit

Figure 10.2. Secondary Editing Screen

2. To either edit workload for an existing CPT code or add workload for a new CPT code, choose the CPT action to access a new CPT Enter/Edit screen (Figure 10.3).

Menu Path:

CA → WAM → 1 (Edit Workload) → Select LAB DSI → C (CPT action)

LAB weighted workload is calculated based on the raw workload amount. The raw workload amount is the sum of the beneficiary categories for the Requesting FCC.

```

NAVY INPATIENT DIVISION
DMIS ID/UIC: 0124/N00183          Date: 04 Jul 2003@1527
Fiscal Month/Year: Jun 2003      Template Status: I
CAC:          WJON:

DSI: DBA   Description: CLINICAL PATHOLOGY: RAW & WEIGHTED PROCEDURES
                Performing FCC: DBAA/0124
                Performance Factor/Raw Workload Total: 235
                Performance Factor/Weighted Workload Total: 462.82

    Requesting FCC/DMIS:          BBAA/01244
                CPT Code:          81000
                CPT Modifier:      90
    BeneCat #1 Raw Amount:        1
    BeneCat #2 Raw Amount:        2
    BeneCat #3 Raw Amount:        0
    BeneCat #4 Raw Amount:        0
    BeneCat #5 Raw Amount:        0
    BeneCat #9 Raw Amount:        0
                Total Raw Amount:   3
                Weighted Value:     1.5

Next Screen   Prev Screen   Edit/View   sTatus   DSI   CPT   Quit
    
```

Figure 10.3. CPT Enter/Edit Screen

10.2.2.3 Business Rules for Editing DSIs with CPT Data

1. Weighted workload is not editable in WAM. EAS IV has the capability to override weighted values if a CPT update affects weighted values.
2. You need the DGNAS WAM CPT EDIT security key to access this screen.
3. You can edit workload for existing CPT codes or enter workload for new CPT codes from this screen.
4. CHCS checks to ensure that the CPT code was valid during the reporting month.
5. Weighted workload is calculated based on the raw count.

10.2.2.4 Inpatient Cost Pool Data Set Business Rules

1. Additional Requesting FCCs have been allowed: "B", "C" and FC** MEPRS codes have been added in order to capture Minutes of Service (MOS) in outpatient settings.
2. MOS will be captured for the time that APV patients spend recovering on Wards and reported in this DSI.
3. OBDs will be in the Raw field, but now MOS will be collected in the weighted field. The system will calculate MOS from OBDs for "A" Requesting FCCs.
4. The Raw field (OBDs) will be non-editable in WAM. The Weighted field (MOS) will be editable in WAM.
5. CHCS will expand the reporting for the A*X DSI to allow all Requesting FCCs for the Group to be defined for this DSI.

10.3 Tracking WAM Edits

10.3.1 WAM Exceptions Report

Menu Path:

CA → WAM → 4 (Display Exceptions Report)

Category 10 (Template Status) of the Exception Report lists new WAM Edit messages that include the following data:

- Date/Time that the edit was filed
- Name of User who made the edit
- Reporting Month/Year
- DSI, Performing FCC/Performing DMIS ID
- Requesting FCC/Requesting DMIS ID
- Edit amount (including BCat # and CPT # if appropriate for the DSI)

10.3.1.1 Sample WAM Editing Messages

The messages differ slightly, depending on whether beneficiary-category or CPT-code data is available for the DSI:

Manually Edited DSI

```
(N) DSI EHA Editing ended 05/23/03@1857 for month 05/03
(N) P-EHAA/0124 R-AAAA/0124 Raw: +3 R-AAAD/0124 Raw: +5 R-AAAB/0124 Raw: +4
(N) DSI EHA Editing started 05/23/03@1857 for 05/03 by PETERS,JESSE
```

Beneficiary Category DSI

```
(N) DSI OUT Editing ended 05/23/03@1445 for month 04/03
(N) P-****/0124 R-BAA5/0124 BCat2 Raw: +2 BCat3 Raw: +3
(N) DSI OUT Editing started 05/23/03@1444 for 04/03 by PETERS,JESSE
```

CPT/Beneficiary Category DSI

```
(N) DSI DBA Editing ended 05/23/03@1858 for month 05/03
(N) P-DBAA/0124 R-BABA/0124 CPT8231000 BCat1 Raw: +1 Wtd: +.5
(N) DSI DBA Editing started 05/23/03@1857 for 05/03 by PETERS,JESSE
```

DSI with Editable Weighted Values, But No CPT or Beneficiary Category

```
(N) DSI DGA Editing ended 05/23/03@1858 for month 05/03
(N) P-DGAA/0124 R-AAAA/0124 Raw: +5 Wtd: +43
(N) DSI DGA Editing started 05/23/03@1857 for 05/03 by PETERS,JESSE
```

10.3.2 EAS Data Set Workload Report

Menu Path:

CA → WAM → 2 → 1 (EAS Data Set Workload Report)

The EAS Data Set Workload Report (Figure 10.4) separates system-generated and manually edited WAM into separate columns. This report is used to compare the workload in WAM to the subsystem MEPRS reports for validation.

10.4 WAM Edits in the ASCII File to EAS

Manually edited data is now sent to EAS IV as Record Type 2 and is processed in EAS IV as if it were system-generated data. No further editing of this data in EAS is required. Data is no longer sent to EAS as Record Type 5.

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UIC: N00183 NAVY INPATIENT DIVISION 04 Jul 2003 1555
DMIS ID: 0124 Page: 1

DATA SET WORKLOAD REPORT
Month: May Year: 2003 (Last Data Gen 07/02/03@1054)

DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
TOT														
	BAA5	0124			7	0	3	1	0	0	11	0.00	0	0.00
	BAAA	0124			1	0	1	0	0	0	0	0.00	2	0.00
	BAAP	0124			4	1	0	0	0	0	0	0.00	5	0.00
	BABA	0124			1	1	1	0	2	0	5	0.00	0	0.00
	BAGA	0124			7	35	1	16	1	0	60	0.00	0	0.00
	BALA	0124			1	0	0	0	0	0	1	0.00	0	0.00
	BAPA	0124			2	0	0	0	0	0	2	0.00	0	0.00
	BBAA	0124			3	1	1	1	1	0	7	0.00	0	0.00
	BEAA	0124			0	0	3	0	0	0	3	0.00	0	0.00

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.
Press <RETURN> to continue or '^' to quit

Figure 10.4. EAS Data Set Workload Report

11. Approving Monthly Workload

Workload data is reviewed and edited for accuracy (as described in [Sections 5](#) through [10](#)). Then status changes are made to the workload templates to prepare the data for transmission to EAS IV (and STARS/FL for Navy). Table 11-1 describes the typical monthly status changes needed to prepare WAM data for this transmission.

Table 11-1. Monthly Status Changes to Workload Templates

Status Symbol	Description	Frequency	Task Responsibility
I Initialized	CHCS has invoked the data-build process to prepare the workload templates for display.	First day of each month and every 7 days throughout the month.	WAM/MEPRS Coordinator
V Verified Current Month Only	The template data has been viewed. Compare WAM data to MEPRS Reports in the Laboratory Menu. If they match, set the template to "V". If it does not match, investigate discrepancies with Lab Exceptions, CPT, and MEPRS Reports.	Site preference; ancillary staff usually checks data every 7 days.	Ancillary POC
W Waiting Facility Coordinator's Approval	The template has been reviewed and is awaiting approval. The status can only be changed to "W" for a prior month. This ensures that data is captured for the entire month. System-generated data is not reinitialized when a template is in this status, but data can be edited.	First day of the following month.	Ancillary POC
A Approved for Transmission	The workload is ready for transmission. System-generated data is not reinitialized when a template is in this status, and templates cannot be edited.	First day of the following month.	WAM/MEPRS Coordinator
X Rejected to Work center	You may only change to "X" from the "W", "A", or "T" status. This allows system-generated data to be regenerated upon initialization. Data can also be edited.	As needed.	WAM/MEPRS Coordinator
T Transmitted	This is a View-Only status. The workload templates cannot be edited and system-generated data is not updated upon Re-initialization.	CHCS sets this status upon the creation of the ASCII file.	CHCS (system generated)

Note: DSIs in the "X" (Rejected) status are automatically changed back to the "I" (Initialized) status upon re-initialization.

To quickly verify the status of workload for a month, the DSI Status Report can be run for a Group (lead divisions only) or a Division.

Menu Path:

CA → WAM → 2 (Report Workload Menu) → 2 (DSI Status Report)

11.1 “I” to “A” Approval for MEPRS Coordinator

WAM TIPS

- MEPRS Coordinators may set the status of a DSI directly to “A” without first setting it to “W” in the WAM Edit Workload (1) and Manage Workload Templates (4) options. This helps to streamline the monthly approval process, especially for smaller sites in which the same person typically changes the status to “W” and “A”.
-

Menu Paths:

CA → **WAM** → 1 (Edit Workload)

CA → **WAM** → 4 (Manage Workload Templates) → A (Approve action)

CA → **WAM** → 4 (Manage Workload Templates) → B (Batch Approve action)

Security Keys:

DGNAS MANAGER (for Manage Workload Templates option)

DGNAS MEPRS COORDINATOR (to allow “I” to “A” approval)

11.2 Approve Action

Menu Path:

CA → WAM → 4 (Manage Workload Templates) → A (Approve action)

Security Key: DGNAS MANAGER

The (A)pprove action in the Manage Workload Templates option lists the DSI workload templates that are in the “W” status (or “I” and “W” statuses for authorized MEPRS Coordinators) for a selected month/division. The templates can be reviewed and the status changed to “A”, if appropriate, using the (C)hange Status action. Refer to Figure 11.1.

NAVAL AMB CARE CTR,GROTON
 DMIS ID/UIC: 0035/N61726 Date: 14 Jul 2003@1705
 Fiscal Month/Year: Jun 2003 Template Status: W
 CAC: 4DAA WJON: 6172634DAAA

DSI: DAA Description: PHARMACY: RAW & WEIGHTED PROCEDURES
 Performing FCC: DAAA/0035
 Performance Factor/Raw Workload Total: 134
 Performance Factor/Weighted Workload Total: 134.00

FCC/DMIS	Weighted Workload	Raw Workload	FCC/DMIS	Weighted Workload	Raw Workload
AAAA/0035	0.00	0	AAAF/0035	0.00	0
AAAJ/0035	0.00	0	AAAL/0035	0.00	0
AABA/0035	0.00	0	ABAH/0035	0.00	0
ABAL/0035	0.00	0	ABEH/0035	0.00	0
ABEL/0035	0.00	0	ABFH/0035	0.00	0
ABFL/0035	0.00	0	ABGH/0035	0.00	0
ABGL/0035	0.00	0	ABKH/0035	0.00	0
+ ABKL/0035	0.00	0	ACAH/0035	0.00	0

Next Screen Prev Screen View Change Status Quit
 Displays the next Performing FCC for this DSI

Figure 11.1. Approve Action Screen

11.3 Batch Approve Action

Menu Path:

CA → WAM → 4 (Manage Workload Templates) → B (Batch Approve action)

Security Key: DGNAS MANAGER

The new (B)atch Approve action on the Manage Workload Templates option streamlines the approval process. It allows you to change the status of all DSI workload templates for a selected month and division from "W" to "A" (or from "I" to "A" for authorized MEPRS Coordinators) with minimal keystrokes. Templates do not display individually for review.

Note: All DSIs for the selected month must be in the appropriate status for the batch process to proceed.

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12. Creating ASCII Files for Transmission to EAS IV and STARS/FL

All DSIs for the Group must be reviewed and changed to the status of "A" (Approved for Transmission) in order to create either the EAS IV (all services) or STARS/FL ASCII (Navy only) file for a reporting month. [Refer to Section 11 for information on the workload approval process.](#) The Data Set Status Report can help to verify your template statuses. Also, if you attempt to create the ASCII file and not all templates are approved, a message displays with the divisions within the group are not approved (Figure 12.1).

```
Select Workload MONTH/YEAR: Jun 2003// APR 2003   Apr 2003
Job is terminated.  DSIs are not all approved for the following division(s):
0124
```

Figure 12.1. Division Not Approved Message

WAM TIPS (these tips apply to all services, except for the first tip)

- **Navy Only:** Create the STARS/FL ASCII file before creating the EAS IV ASCII file. Once the EAS IV file is created, the template status changes from "A" (Approved for Transmission) to "T" (Transmitted).
- The default time for ASCII file creation for both STARS and EAS has been changed to NOW.
- If the STARS or EAS ASCII file for a selected month and division is currently being processed or is already tasked for the same day, you may not retask the file creation.
- Although the status is changed to "T" (Transmitted), the file may not have gone to the EAS IV or STARS systems yet. The files are sent through a system electronic transfer utility (SY_ETU), and the actual transmission time is site-specific (typically, 0200 daily).
- To verify that the file was sent to the receiving system, contact your site software specialist. The site software specialist can check the SY_ETU log to verify that it was sent successfully.
- If your e-mail address is recorded in the transmission parameters, the SY_ETU sends an e-mail notification of both successful and unsuccessful file transmissions. Contact your system specialist if you wish to receive these notifications.
- The STARS/FL file previously only sent the changed data upon retransmission. It now will send all data upon retransmission.
- The EAS IV file previously sent all data upon retransmission. It now will provide an option to retransmit one, multiple or all DSIs.
- If a MEPRS Realignment is run and the effective date for the MEPRS Realignment is prior than the current month, re-initialize the WAM monthly templates, and if needed, retransmit the EAS and STARS ASCII files.

12.1 EAS IV ASCII Files

Menu Path:

CA → WAM → 6 (Create Monthly Workload ASCII File to EAS)

Security Key: DGNAS MANAGER

To create or recreate the EAS IV ASCII file for a reporting month and Group, simply follow the option prompts.

Note: All DSIs for the Group must be in the “A” (Approved for Transmission) or “T” (Transmitted) status for the file to be created or recreated.

- **Navy Only:** The STARS/FL ASCII file must be created first. A reminder displays if you attempt to run the EAS IV file first.
- After this option is run, an exception message is created in the WAM Exceptions Report in Category 12, EAS ASCII File Creation. [Appendix A.12 lists the exception messages and the corrective actions to resolve them.](#)

Menu Paths:

CA → WAM → 3 (Display Exceptions Report)

CA → WAM → 2 → 4 (Display Exceptions Report)

- If an update is necessary, the EAS IV file can be recreated and retransmitted. Remember to change the status of the DSIs to “X” (Rejected) and re-initialize to pick up data updates prior to retransmission if needed.
- The EAS IV file previously sent all data upon retransmission. It now will provide an option to retransmit one, multiple or all DSIs.

The following prompt has been added to the Create Monthly Workload ASCII File to EAS option for re-transmittals. See new prompts in screen below in bold font. Logic will be included to only include the selected DSI(s) in the EAS ASCII file. These new prompts will not occur if this is the initial transmission for a month.

Refer to Appendix E for instructions on updating the EAS IV ETU transfer templates to include partial data set files.

Menu Path: CA > WAM > 6 (Create Monthly Workload ASCII File to EAS

```
Select Workload MONTH/YEAR: Feb 2007//   Feb 2007

Generate file for (A)ll, (M)any, (O)ne DSI or (Q)uit: A// M

Select DSI: DAA
Select DSI:

Requested start time: NOW//   (19 Mar 2007@122507)

ASCII file SY_EXP_DIR:X0124702.19B
has been successfully assigned Task number 1839535.

Press <RETURN> to continue
```

Note: Manually edited data is no longer transmitted in Record Type 5 of the EAS ASCII file. Record Type 2 of the ASCII file now includes both system-generated and manually edited data for inclusion into EAS IV. [Refer to Section 10.4 for more information.](#)

12.2 STARS/FL ASCII Files

Menu Path:

CA → WAM → 7 (Create Monthly Workload ASCII File to STARS/FL)

Security Key: DGNAS NAVY MANAGER

STARS/FL ASCII files are created for Navy sites only. To create the STARS/FL file, access the Create Monthly Workload ASCII File to STARS/FL (7) option and follow the prompts. The file is sent to the export directory. Later, it is sent to NMIMC through the SY_ETU, based on a site-defined time (typically, 0200 daily) to be loaded into the SMART system.

- After this option is run, an exception message is created in the WAM Exceptions Report in Category 11, STARS/FL ASCII File Creation. [Appendix A.11 lists the exception messages and the corrective actions to resolve them.](#) This message does not verify that the file was sent, only that it was created and placed in the export directory for transmission.
- If an update is necessary, the STARS/FL file can be recreated. Previously only data that has been modified since the initial transmission was sent. Now all data is sent for retransmissions.

12.3 FAQs

1. **What if the EAS (all services) or STARS/FL (Navy only) file that I created is deleted prior to transmission?**

Answer: You may simply recreate the EAS file using the Create Monthly Workload ASCII File to EAS (6) option. The STARS/FL file can also be recreated using the Create Monthly Workload ASCII file to STARS/FL (7) option.

2. **My data has changed, but I already transmitted both the EAS (all services) and STARS/FL (Navy only) ASCII files. How can I update the files?**

Answer:

- a. Reject DSIs where data has been updated; e.g., set the template status to "X" (Rejected). You must do this individually for each DSI.
- b. Re-initialize for the month. You must do this separately for each division in your group, unless you are using the WAM Generation Controller after-hours.
- c. After validating the workload, approve all DSIs. If you hold the DGNAS MEPRS COORDINATOR security key, you can change from an "I" (Initialized) status to an "A" (Approved) status in one (B)atch Approve action. You need to do this for each division. If you do not hold the security key, you can change each DSI to the "W" (Waiting Facility Coordinator's Approval) status and then use the (B)atch Approve action to approve them.
- d. **Navy Only:** Create the ASCII file for STARS/FL. The STARS/FL file previously only sent the changed data upon retransmission. It now will send all data upon retransmission.
- e. Create the EAS ASCII file. The EAS IV file previously sent all data upon retransmission. It now will provide an option to retransmit one, multiple or all DSIs.

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Appendix A. WAM Exception Messages

This appendix describes the WAM exception messages by category of workload-related activities. It details each message, including new messages and corrective actions. These messages describe all WAM-related workload activities with two exceptions: editing workload within the WAM templates and changing WAM DSI statuses. WAM exception messages are limited to 78 characters, and as such, are somewhat cryptic.

A.1 Category 1, EAS ASD File Exceptions (Obsolete)

This category is no longer used and should never be generated in the system. If it is generated, log a Support Center call immediately.

A.2 Category 2, EAS SAS FILE EXCEPTIONS (Obsolete)

This category is no longer used and should never be generated in the system. If it is generated, log a Support Center call immediately.

A.3 Category 3, STARS/FL CAC/JON File Exceptions (Navy Only)

The Navy STARS/FL POC pulls the MDE file from the M8 website and the SAIC site manager or system/software specialist places the MDE file into the CHCS Import Directory. The SAIC site manager or system/software specialist ensures that the DOD CAC-JON UPDATE is scheduled to run daily in TaskMan. TaskMan is looking for the format of the file name to be [Your OB UIC].JON to process.

Note: If the MDE file was placed into the Import Directory and the DOD CAC-JON UPDATE ran, but no messages were placed into this category, the MDE file was not named properly. Check the file name.

- A.3.1 (N) STARS/FL file 00183.JON - started at 10/20/03@1620
(N) STARS/FL file 00183.JON - completed at 10/20/03@1622

Meaning: The in-bound processing of the MDE file into CHCS always generates two (N)ote messages: 1) the start and 2) the completion. All other messages are listed between the start and completion messages and are either (E)rror or (W)arning messages.

Corrective Action: No action required for the start and completed messages.

A.3.2 (E) STARS/FL file 00183.JON not processed – WAM functionality off for division

Meaning: This message is generated if WAM is turned off for the CHCS Parent division. In order for the file to be processed into CHCS, WAM must be turned on for the Parent division.

Corrective Action: Turn on WAM for the Parent division using the System Definition Parameters (5) option. Set the 'WAM Functionality Activation' field to YES. Either wait for the file to process that night or request the system/software specialist to task the DOD CAC-JON UPDATE to run NOW.

Menu Path:

CA → WAM → 5 (System Definition Parameters)

A.3.3 (E) Cannot open STARS/FL MASTER FILE input file 00183.JON

Meaning: This message is generated when CHCS finds the MDE file in the CHCS Import Directory, but cannot open it. CHCS cannot read the file because the protections on the file are too restrictive.

Corrective Action: The SAIC site manager/system specialist must lower the protections on the file. Then either wait for the file to process that night, or request the SAIC site manager/system specialist to task the DOD CAC-JON UPDATE to run NOW.

A.3.4 (E) STARS/FL Rec Rejected – 00183.JON – 00182 – 4 - 4AAAA – Bad OB-UIC 00182

Meaning: This message is generated when CHCS locates a bad UIC in a data record. CHCS validates the UIC listed in each data record of the MDE file. [Refer to Figure 2-1 for the format layout of the MDE ASCII file.](#) For every UIC listed in the MDE file, CHCS performs the following tasks:

- Search for that UIC in the official DMIS ID Codes file.

Note: UIC = DCWID

- Verify that the UIC (00182 in the message example) is for a DMIS ID that is part of the Group.
- Verify that the DMIS ID is built as an active division on CHCS.

Corrective Action: This problem is probably caused by a typo in the MDE file for the UIC. If the UIC is valid, the associated DMIS ID code in the DMIS ID Codes file is either inactive or not used to define a division on CHCS. If you believe the UIC is correct, work with your DBA to determine if the problem is within CHCS or within the DMIS ID Codes file. If the problem is in the DMIS ID Codes file, log a Support Center call requesting a data repair. Requests for changes to the DMIS ID Codes file should always be coordinated through NMIMC and the Navy Bureau of Medicine and Surgery (BUMED).

A.3.5 (E) STARS/FL Rec Rejected – 00183.JON – 00183 – 4 – 4AAB – Bad WJON-SN

Meaning: This message is generated when CHCS finds a bad WJON in a data record during validation of each record in the MDE file. In the example above, the WJON listed in the MDE file is not five characters but should be.

Corrective Action: Correct the MDE file and have the SAIC site manager/system specialist put the corrected file back into the Import Directory. For additional information on the file layout of the MDE file, refer to Figure 2.1 _STARS/FL MDE ASCII File or [Section 2.5.2, Download the Master Data Element \(MDE\) File.](#)

A.3.6 (E) STARS/FL Rec Rejected – 00183.JON – 00183 – 4 – 4AAVC – CAC not in Core file

Meaning: CHCS attempts to find the CAC code for each record in the MDE data record in the WAM Core file on CHCS. If CHCS cannot do so, this message is generated. In this example, the CAC code listed in the MDE file for this record is not in the annual WAM Core file. You can verify this by using the MS Word version of the WAM Core file distributed to you by SEAHELP. Do a Microsoft Word Search (4AAV in the example). If not found, it is not in the Core file.

Corrective Action: Not all MEPRS codes/FCCs are represented by CAC codes in the WAM Core file. If a code is not represented, you report workload for this CAC to STARS/FL through the monthly workload files. If you think the WAM Core file is incorrect, contact SEAHELP immediately. Otherwise, you can either ignore the message or remove that data record from the MDE file and then reprocess the MDE file.

A.3.7 (E) STARS/FL Rec Rejected – 00183.JON – 00183 – 4 – 4AAVA – Bad MEPRS/FCC in WJON

Meaning: Each WJON code in the MDE file contains a MEPRS code/FCC. CHCS attempts to find each MEPRS code/FCC in the CHCS MEPRS Codes file. CHCS check whether the FCC code is active for the division associated with the UIC code in the data record. CHCS generates the message above if it cannot find it. This message is created under several different scenarios:

- Position 2-4 (AAV in the example) is the third-level MEPRS and either does not exist or is not active in the Master MEPRS Table on CHCS.
- Position 2-5 (AAVA) is the fourth-level MEPRS and either does not exist or is not an active MEPRS code/FCC for the division associated with the UIC code on CHCS.

Note: For STARS/FL, MEPRS codes/FCCs for child divisions that lack an UIC (OB-UIC or DCWID) must have a unique fourth-level MEPRS code within the Parent division and any of its child divisions that lack an OB-UIC. For example, MTFs with civilian facilities MUST use unique fourth-level characters for the MEPRS codes/FCCs relating to their civilian facilities.

Corrective Action: This message indicates that you either have a typo in the WJON code listed in the MDE file or are missing a MEPRS/DMIS ID pair on the CHCS MEPRS Code table.

A.3.8 (E) STARS/FL Rec Rejected – 00183.JON – 00183 – 4 – 4AAVS – Bad WJON UIC 00184

Meaning: CHCS checks that the WJON UIC matches the OB-UIC for each data record in the MDE file. If it does not match, this message is generated.

Corrective Action: These two values should always match in every data record in the MDE file. Correct the MDE file and reprocess it into CHCS.

A.3.9 (W) STARS/FL Rec Rejected – 00183.JON – 00183 – 4 – 4ABAN – Bad MEPRS/FCC ABAN

Meaning: This message is generated when a data record in the MDE file references a MEPRS code/FCC that either does not exist on CHCS for the division associated with the OB-UIC listed for that data record, or the MEPRS code/FCC does not match positions 2-4 of the WJON.

Corrective Action: The corrective action is one of the following:

- Consider whether to add the FCC/DMIS ID pair in the MEPRS Codes file in CHCS. This should be the least likely action if you already compared your CHCS MEPRS Code table to your EAS IV ASD table.
- The MDE file has a typo (e.g., using WJON 4ABAM and MEPRS code/FCC ABAN). Correct the MDE file and reprocess it into CHCS.

A.3.10 (W) STARS/FL Rec Rejected – 00183.JON – 00183 – 4 – 4AAAA – Bad CAC Code in WJON-SN

Meaning: The above message is generated if the CAC code in the MDE file does not match positions 1-4 of the WJON.

Corrective Action: Correct the MDE file and reprocess it into CHCS.

A.3.11 (E) STARS/FL Rec Rejected-00183.JON-00183-4-4AASZ-No MEPRS Parent for 1384

Meaning: This message is generated for a data record in the MDE file when the associated DMIS ID associated with the MEPRS code/FCC is lacking a value in the 'EAS (MEPRS) Parent' field in the DMIS ID Codes file on CHCS. In the example, CHCS was checking on the validity of AASZ and found that the associated DMIS ID 1384 was lacking an EAS (MEPRS) Parent value in the DMIS ID file.

Corrective Action: If the MEPRS is not correct, correct the MDE file and reprocess into CHCS. If the problem is in the DMIS ID Codes file, log a Support Center call requesting a data repair. Requests for changes to the DMIS ID Codes file should always be coordinated through NMIMC and BUMED.

A.3.12 (W) STARS/FL Summary – 00183.JON 198 recs read

Meaning: This message is generated when the MDE file processes into CHCS correctly and without any errors.

Corrective Action: No action is required.

A.3.13 (W) STARS/FL Summary – 00183.JON 188 recs processed, 10 recs rejected

Meaning: This message is generated when CHCS processes in the MDE file. This is a status message that shows the total number of records processed and the number of records rejected.

Corrective Action: No action is required. This is a summary message. Other messages describe the specific problems encountered.

A.3.14 (E) STARS/FL Rec Rejected - 00183.JON - 00183 - 3 - 4AAAA - Bad FY 3

Meaning: This message is generated when a data record has the FY listed incorrectly. In this case, the FY was 3 in the data record when it should have been 4 for FY 2004.

Corrective Action: Correct the MDE file to change the 'FY' field from 3 to 4. Save the file as text and return the corrected file to the SAIC site manager/system specialist for reprocessing into CHCS through the Import Directory

A.3.15 Various (E)rror Messages Due to Incorrectly Formatted MDE Files

A variety of error messages occur when the MDE file is formatted incorrectly; this is usually due to tab control characters or the incorrect number of spaces between fields. In all cases, the messages look like they are not formatted properly.

Examples:

- (E) STARS/FL Rec Rejected – 68095.JON – D – 4 – 095 4 – Bad OB-UIC D
- (E) STARS/FL Rec Rejected – 68095.JON – 4BEA – D - 4 – Bad OB-UIC 4BEA
- (E) STARS/FL Rec Rejected – 68095.JON – 8095 – BLAB – Bad OB-UIC 8095
- (E) STARS/FL Rec Rejected – 68095.JON – 4OCA - - 68 – Bad OB-UIC 4OCA
- (E) STARS/FL Rec Rejected – 68095.JON – 095 4– 4 ALAA – Bad OB-UIC 095 4

Corrective Action: Using the text version of the MDE file, verify the format. For additional information on the file layout of the MDE file, refer to Figure 2.1. STARS/FL MDE ASCII File or [Section 2.5.2, Download the Master Data Element \(MDE\) File](#). Also, do an MS Word Search for the tab (^t) character. Make corrections as required, save as text, and return the file to the SAIC site manager/system specialist for reprocessing into CHCS through the Import Directory.

A.4 Category 4, WAM File Synchronization Errors (Navy Only)

This category records the exceptions that were recorded as part of running the CAC-JON – MEPRS File Compare option on the DWAM Menu. This process must be run after you have processed the MDE file into CHCS and resolved all exception messages recorded in Category 3, STARS/FL CAC/JON File Exceptions (Navy Only) ([refer to Appendix A.3](#)).

The MEPRS/CAC-JON Compare process is designed to serve as a final check on the WJONs and CAC codes imported into CHCS as part of FY Initialization. CHCS compares the existing CHCS MEPRS Table to the WJONs and CACs imported for the new FY. Exception messages identify active CHCS MEPRS codes/FCCs without corresponding WJON/CAC data.

The start and completion date times of the process are always recorded as exception messages. See the examples below.

- A.4.1 (N) Group 0124 - MEPRS file to STARS/FL file compare - started 10/16/03@1645
- (N) Group 0124 - MEPRS file to STARS/FL file compare - completed 10/16/03@1647

Meaning: These information messages are generated when the CAC-JON – MEPRS File Compare option is run. CHCS then prints exception messages between the start and completion exception messages.

- A.4.2 (W) Group 0124 – MEPRS/FCC AABA/0124 does not have matching WJON/CAC code
- (W) Group 0124 - MEPRS/FCC DEAA/ does not have matching WJON/CAC code

Meaning: These messages are generated when you have an active MEPRS code/FCC on CHCS, but do not have a corresponding WJON and CAC code for the new FY. An exception message is generated for each active MEPRS code without WJON/CAC code information. If the MEPRS code/FCC does not have an assigned DMIS ID in the MEPRS Codes file, a space displays after the MEPRS code/FCC.

Corrective Action: MEPRS codes/FCCs that start with “A”, “B”, or “FBN” are the most critical ones to resolve. If you determine that you do not need a WJON/CAC for a code starting with “A” or “B”, the code on CHCS is probably obsolete and should be inactivated on CHCS. Work closely with your DBA to ensure that obsolete MEPRS codes/FCCs are inactivated on CHCS. Failure to inactivate obsolete MEPRS codes/FCCs will adversely affect your DSI file and subsequent WAM data for the remainder of the FY.

For other codes, ask the following questions:

- Does CHCS provide system-generated workload data for this MEPRS code? If not, you probably don’t need WJON/CAC information in CHCS for that code.
- Is a CAC code listed in the WAM Core file for this code? You could do an MS Word Search for the corresponding CAC code in the MS Word version of the WAM Core file distributed by NMIMC. If no

CAC code is in the WAM Core file, BUMED does not expect to receive system-generated workload data for that WJON/CAC combination. Good examples are the "D" MEPRS codes.

- Should a WJON have been established in the JON dictionary on STARS/FL?

If in reviewing the exception messages you identify MEPRS codes that are valid and require WJON/CAC codes, ensure that you first establish the WJON in the JON dictionary in STARS/FL. BUMED will then create a new MDE file for download within 24 hours. The new file can be given to the software specialist for processing into CHCS.

A.5 Category 5, CAC/JON Processing in DWAM (Navy Only)

This category contains all exception messages when the WAM user manually enters new data or edits existing data through the CAC/JON Enter Edit (CEDT) option on the DWAM Menu. These messages serve as warnings and indicators, rather than errors. As such, they are extremely useful when trying to reconstruct the past.

Important: Ensure that the CAC/JON records on CHCS reflect the data stored in the STARS/FL JON dictionary.

Note: Each set of messages in this category starts with an indicator of the CAC/JON record that was modified.

A.5.1 (W) CAC/JON modified - OB-UIC 00183 FY 4 WJON-SN 40AAB - 10/17/03@1345

Meaning: This message is generated when a CAC/Jon was modified. Subsequent messages then provide details about changes to the data record.

Corrective Action: No action is required.

A.5.2 (W) Inactivated OB-UIC 00183 – 4 – 4AAAA – inact. Date 10/17/03

Meaning: This message is generated when a CAC/JON was inactivated.

Corrective Action: No action is required.

A.5.3 (W) COST CENTER modified to XX – OB-UIC 00183 FY 4 WJON-SN 4AAAA (W) CAC/JON modified - OB-UIC 00183 FY 4 WJON-SN 4ABAA - 10/17/03@1000

Meaning: This pair of messages is generated when the 'Cost Center' field is modified for a data record.

Corrective Action: No action is required unless the edit was an error.

A.5.4 (W) CAC/JON added – OB-UIC 00183 FY 4 WJON-SN 4IAAA - 10/17/03@1035

Meaning: This message is generated when a new WJON/CAC is added to CHCS through the CAC/JON Enter Edit (CEDT) option on the DWAM Menu.

Corrective Action: No action is required unless the edit was an error.

A.6 Category 6, DSI Processing in DWAM

Like Category 5, this category reflects modifications to the DSI file that are the result of manual edits using the Data Set IDs Enter/Edit (DEDT) option on CHCS.

A.6.1 (W) DSI EHA related data has been modified (W) Inactivated DSI EHA – 0124 – inact. Date 10/15/03

Meaning: These informational messages are generated when inactivating a single Requesting MEPRS within a manual or Cost Pool DSI.

Corrective Action: No action is required.

A.6.2 (N) DSI EHA related data has been modified for FY 03 - 10/25/03@1202 (N) Changed DSI EHA - 0382 inact. date to 10/26/03

Meaning: These messages are generated when the inactivation date for a manual or Cost Pool DSI is changed. *This is already inactive (rare but possible).*

Corrective Action: No action is required.

**A.6.3 (N) DSI EHA related data has been modified for FY 03 - 10/25/01@1217
(N) Reactivated DSI EHA - 0382 inact. date 10/01/03**

Meaning: These messages are generated when reactivating a manual or Cost Pool DSI.

Corrective Action: No action is required.

A.6.4 (N) DSI DAA - 0124 - AAAJ Req. FCC inactivated for FY03 - 22 Oct 2003@1253

Meaning: These informational messages are generated when inactivating a single Requesting FCC within a DSI through the Data Set IDs Enter/Edit (DEDT) option or inactivating multiple Requesting FCCs within a DSI through the Data Set IDs Batch Inactivate Requesting FCC (DBAT) option.

Corrective Action: No action is required.

**A.6.5 (N) DSI A*X has been added for FY 04 - 10/20/03@1318
(N) New Code - Performing FCC AAXA added – DSI A*X - DMIS 0124
(N) New Code - Req. FCC AABA added - DSI A*X - DMIS 0124 - Perf. FCC AAXA
(N) New Code - Req. FCC AAAA added - DSI A*X - DMIS 0124 - Perf. FCC AAXA
(N) New Code - Req. FCC AADA added - DSI A*X - DMIS 0124 - Perf. FCC AAXA**

Meaning: These informational messages are generated when an Inpatient Cost Pool DSI was created with one Performing Cost Pool code and three Requesting FCCs.

Corrective Action: No action is required.

A.6.6 (N) DSI A*X - 0124 - AAXA Per. FCC inactivated for FY03 - 22 Oct 2003@1302

Meaning: These information messages are generated when a Performing FCC is inactivated within an Inpatient Cost Pool DSI through the Data Set IDs Enter/Edit (DEDT) option.

Corrective Action: No action is required.

A.7 Category 7, Invalid FCC in DWAM

This category records all attempts to add a DSI, Performing FCC, or Requesting FCC through the Data Set IDs Enter/Edit (DEDT) option that were unsuccessful because the attempts did not pass a data-validity check in the software.

Rather than reviewing the exception messages, more important is understanding the data-validity checks encoded within the software. *If any of these rules are violated, whether on purpose or because of a typo, CHCS generates an exception message in this category.*

- You may manually create Cost Pool DSIs and non-system generated DSIs only through the Data Set IDs Enter/Edit (DEDT) option.
- You may inactivate a Performing FCC within a DSI only if the Performing FCC is a Cost Pool code (**X) and a Cost Pool DSI (i.e., A*X), or if it is a Performing FCC of a non-system-generated DSI (such as EHA).
- You may add Cost Pool codes as Performing FCCs only within the Cost Pool DSIs. All other FCCs are rejected as Performing FCCs within any other DSI.
- You may add Cost Pool codes as Requesting FCCs only within other DSIs. CHCS rejects all other FCCs.
- You may inactivate DSIs and/or Requesting FCC only for non-Cost Pool DSIs.
- The only way to inactivate a Performing FCC within a regular DSI is to inactivate the MEPRS code/FCC on the CHCS MEPRS Code Table.
- All inactivations at the DSI, Performing FCC, and/or Requesting FCC-level must be for a future date, but within the FY.

WAM TIP

- ICU codes (AAH, AAC, etc.) are not valid Requesting MEPRS codes/FCCs in any DSI.
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- A.7.1 (W) FCC BHAA code must be equal to pos 2-5 of the WJON-SN and valid for group.
(W) FCC code OABA is not an entry in the MEPRS Code file.**

A.8 Category 8, Workload Deviations

Workload deviation ranges are set in the WAM Site Parameters file for each division as a percentage. Exception messages are triggered when the percentage deviation for a Performing FCC from one month to the next is exceeded. The intent of these messages is to notify managers and MEPRS Coordinators of large deviations in monthly workload data that may indicate procedural or data-quality issues.

Three messages are possible, as shown below:

- A.8.1 (W) DSI devi range exceeded - DSI ADM - Raw/Stat - Rpt Month 10/03
(W) DSI devi range exceeded - DSI DBA - Perf DBAA - Raw/Stat - Rpt Month 10/03
(W) DSI devi range exceeded - DSI DCA - Perf DCAA - Weighted - Rpt Month 10/03**

Meaning: Example 1 is generated for a DSI without a Performing FCC that has a deviation in the raw count. Example 2 is generated for a DSI with a Performing FCC that has a deviation in the raw count. And Example 3 is generated for a DSI with a Performing FCC that has a deviation in the weighted workload.

Corrective Action: Analysis is required to determine the source of the deviation. Possible analysis:

- If the deviation is for RAD or LAB workload, was a recent CPT Table update installed?
- Do other workload measurements (e.g., WWR or MEPRS Group Reports) validate the current workload counts?
- Has the DBA recently inactivated or created new MEPRS codes?

A.9 Category 9, Workload Delinquencies

An exception message is generated at the time of template initialization for each MEPRS code showing the number of delinquent appointments in PAS for the month. Appointments are defined as delinquent if the appointment status is PENDING or the appointment does not have a Provider specified. The messages are generated for each affected DSI (OUT and TOT).

- A.9.1 (W) 3 EOD process incomplete – DSI OUT – Req BGAA – Rpt Month 10/03 (02 Nov 03)**

Corrective Action: Inform the clinic manager and/or DQ Manager immediately when EOD processing has not been completed for a prior month.

A.10 Category 10, Template Status

These exception messages are generated each time WAM templates are initialized for a month by Division/DMIS ID. Separate messages are generated to show the start date/time, the user who requested the initialization, and the end date/time.

- A.10.1 (N) Data generation for division 0124 month 10/03 - ended 10/20/03@1400
(N) Requested by SAEGER,LELA
(N) Data generation for division 0124 month 10/03 - started 10/20/03@1405**

Meaning: These messages are normally for information only. However, if a start message is generated but an end message not generated within a reasonable length of time, the system/software specialist should be notified.

Corrective Action: Notify your system/software specialist to investigate this as a possible system problem.

A.10.2 Manually Edited DSI

(N) DSI EHA Editing ended 10/23/03@1857 for month 10/03
(N) P-EHAA/0124 R-AAAA/0124 Raw: +3 R-AAAD/0124 Raw: +5 R-AAAB/0124 Raw: +4
(N) DSI EHA Editing started 10/23/03@1857 for 10/03 by PETERS,JESSE

Meaning: These exception messages are for information only, generated each time a user edits a WAM template. Depending on the DSI that was edited, the message may vary in content.

Corrective Action: No action is required.

A.10.3 Beneficiary Category DSI

(N) DSI OUT Editing ended 10/23/03@1445 for month 10/03
(N) P-****/0124 R-BAA5/0124 BCat2 Raw: +2 BCat3 Raw: +3
(N) DSI OUT Editing started 10/23/03@1444 for 10/03 by PETERS,JESSE

Meaning: These exception messages are for information only, generated each time a user edits a WAM template. Depending on the DSI that was edited, the message may vary in content.

Corrective Action: No action is required.

A.10.4 CPT/Beneficiary Category DSI

(N) DSI DBA Editing ended 10/23/03@1858 for month 10/03
(N) P-DBAA/0124 R-BABA/0124 CPT8231000 BCat1 Raw: +1 Wtd: +.5
(N) DSI DBA Editing started 10/23/03@1857 for 10/03 by PETERS,JESSE

Meaning: These exception messages are for information only, generated each time a user edits a WAM template. Depending on the DSI that was edited, the message may vary in content.

Corrective Action: No action is required.

A.10.5 DSI with Editable Weighted Values, But No CPT or Beneficiary Category

(N) DSI DGA Editing ended 10/23/03@1858 for month 10/03
(N) P-DGAA/0124 R-AAAA/0124 Raw: +5 Wtd: +43
(N) DSI DGA Editing started 10/23/03@1857 for 10/03 by PETERS,JESSE

Meaning: These exception messages are for information only, generated when a WAM user edits a DSI. Now that DSIs are edited at the lowest level of granularity, the content of the message varies depending on whether BeneCat or CPT counts are reported for that DSI. The messages list the user who made the edits, what the edits were, which month was edited, and the date/time of the edit.

Corrective Action: No action is required.

A.11 Category 11, STARS/FL ASCII File Creation

These exception messages are generated showing the start and completion of STARS ASCII file creation, as well as the user who requested the ASCII file creation. They include the filename of the ASCII file.

A.11.1 (N) Creation of ASCII file WRK00183.03R was successful - ended 10/17/03@1556
(N) Requested by VAHN,GARY
(N) Creation of ASCII file WRK00183.03R is in progress - started 10/17/03@1555

Meaning: These messages are normally for information only. However, if a start message is generated but an end message is not generated within a reasonable length of time, the system/software specialist should be notified.

Corrective Action: Notify your system/software specialist to investigate this as a possible system problem.

A.11.2 (W) File WRK00168.FEB has no detail record and was deleted, not transmitted.

Meaning: A message is generated if a STARS ASCII file is created without detail data. When an ASCII file was created consisting of only header and trailer records, CHCS automatically deletes it without transmission.

Corrective Action: Ensure data is available for the DSIs for the report month.

A.11.3 (W) File WRK00168.OCT has been retransmitted. Recommend retrans WWR data.

Meaning: This message is generated when a STARS/FL file is regenerated and retransmitted. This message indicates that a potential disconnect exists between STARS/FL workload data and WWR workload data.

Corrective Action: Coordinate with the person responsible for possible WWR recalculation and transmission.

A.11.4 (E) ASCII file WRK00168.FEB cannot be opened – started 02.02.04@1701

Meaning: This message is generated when the system could not properly create the ASCII file due to directory protection issues at the virtual memory system (VMS) level.

Corrective Action: Notify your system/software specialist immediately.

A.12 Category 12, EAS ASCII File Creation

**A.12.1 (N) Creation of ASCII file X0124306.21G was successful - ended 10/21/03@1637
(N) Requested by JOHNSON,SUZANNE
(N) Creation of ASCII file X0124306.21G is in progress - started 10/21/03@1637**

Meaning: These informational messages show the start and completion of EAS ASCII file creation, the name of the user who requested the file creation, and the filename of the ASCII file.

Corrective Action: No action is required unless the end message is not created within a reasonable length of time. If the end message is not generated, notify the software specialist to investigate this as a possible system problem.

A.12.2 (W) File W0124010.17A has no detail record and was deleted, not transmitted.

Meaning: This message is generated if an EAS ASCII file is created without detail data. When an ASCII file was created consisting of only header and trailer records, CHCS automatically deletes it without transmission.

Corrective Action: Ensure that data is available for the DSIs for the report month and that TaskMan is running.

A.12.3 (W) File X0124010.17A has been retransmitted. Recommend retrans WWR data.

Meaning: This message is generated when an EAS file is regenerated and retransmitted. This message indicates that a potential disconnect exists between EAS workload data and WWR workload data.

Corrective Action: Coordinate with the person responsible for possible WWR recalculation and transmission.

A.12.4 (E) ASCII file W0124010.17A cannot be opened – started 02.02.03@1701

Meaning: This message indicates that the system could not properly create an ASCII file due to directory protection issues at the VMS level.

Corrective Action: Notify your system/software specialist immediately.

A.13 Category 13, CHCS MEPRS Activity

CHCS automatically updates the DSI Detail file for the FY when changes are made in the CHCS MEPRS Codes Table. For every change in the MEPRS Codes Table, messages are written to Category 13 (showing the change to the MEPRS Codes Table) and to Category 14 (showing corresponding automatic changes to the DSI Detail file).

A.13.1 (N) 0124-BABB added-DMIS 0124-11/01/03@1528

Meaning: This message is generated when a new MEPRS code is created. The message indicates the division and the date/time it was created.

Corrective Action: No action is required.

A.13.2 (E) 0124-BABB added – DMIS 0386 lacks MPARENT – 11/01/00@1528

Meaning: This message is generated when a new MEPRS code is created on CHCS, but the DMIS ID lacks a MEPRS Parent in the official DMIS ID Codes file.

Corrective Action: If the problem is in the DMIS ID Codes file, log a Support Center call requesting a data repair. Requests for changes to the DMIS ID Codes file should always be coordinated through NMIMC and BUMED.

A.13.3 (E) 0124 – BABB added – DMIS 0386 – MPARENT not equal GROUP ID - 11/01/00@1528

Meaning: A new MEPRS code is created on CHCS, but the MEPRS Parent does not match the Group ID in the official DMIS ID Codes file

Corrective Action: If the problem is in the DMIS ID Codes file, log a Support Center call requesting a data repair. Requests for changes to the DMIS ID Codes file should always be coordinated through NMIMC and BUMED.

A.13.4 (N) 0124-BABB inactivated- 0124-11/01/00@1533

Meaning: This message is generated when a MEPRS code is inactivated on CHCS.

Corrective Action: No action is required.

A.13.5 (N) 0124-CAA reactivated-0124-06/11/01@1417

Meaning: This message is generated when a MEPRS code is reactivated on CHCS.

Corrective Action: No action is required

A.13.6 (N) 0124-BAAQ-DMIS changed to 0382-12/29/00@0716

Meaning: This message is generated when the DMIS ID associated with a MEPRS code is changed to a different value.

Corrective Action: No action is required.

A.13.7 Messages Generated by MEPRS Realignment Utility

(N) BAAC/0124 - substituted in Hospital Location file-completed 05/05/07@1010

(W) Affected locations: Internal Medicine#2,

(W) Affected location: Internal Medicine#3

(W) BAAC/0124 substituted in Hospital Location file by BAAA/0124

(N) Requested by User,Suzy

(N) BAAC/0124 – substituted in Hospital Location file–started 05/05/07@1000

Meaning: These messages are generated when a MEPRS Realignment was performed. A MEPRS code associated with a hospital location was changed to a different value. The affected MEPRS code and locations are listed along with the user who requested the MEPRS Realignment.

Corrective Action: No action is required.

A.14 Category 14, CHCS DSI File Activity

CHCS automatically updates the DSI Detail file for the FY when changes are made in the CHCS MEPRS Codes Table. For every change in the MEPRS Codes Table, messages are written to Category 13 (showing the change to the MEPRS Codes Table) and to Category 14 (showing corresponding automatic changes to the DSI Detail file).

**A.14.1 DMIS 0380 excluded-DAA–DAAA/0124–FY03 Data Set data updated–12/18/02@
DMIS 0380 for DAA – DAAA/0124 – Exclusion Edits by Lance,Steve**

Meaning: These informational messages are generated when a DMIS ID is excluded from a DSI for a Performing FCC through the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option. The messages

include the date/time and the user making the edits. If the edit is made after the DSI file has been created, CHCS automatically updates the DSI file.

Corrective Action: No action is required.

**A.14.2 DMIS 0381 re-included-DBA-DBAA/0124-FY03 Data Set data – 12/18/02@1130
DMIS 0381 for DAA – DAAA/0124 – Exclusion Edits by Andrew,Stu**

Meaning: These informational messages are generated when a DMIS ID is re-included to a DSI for a selected Performing FFC through the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option. The messages include the date/time and the user making the edits. If the edit is made after the DSI file has been created, CHCS automatically updates the DSI file.

Corrective Action: No action is required.

**A.14.3 (N) Group 0124 - started creation for FY01 at 02/05/01@0759
(N) Group 0124 - completed DSI file creation for FY01 at 02/05/01@0759**

Meaning: These informational messages are generated when the DSI file is created for the FY. Other information-only messages might be created and displayed on the user's terminal screen during DSI file creation for situations encountered during the creation process. These are situations that prevent the DSI file from being created.

Corrective Action: No action is required.

**A.14.4 (N) New FCC DCAT/0124 Added - Completed FY03 DSI file updated - 08/22/03@0848
(N) DMIS 0381 – DSI data not created; Division is inactive**

Meaning: This informational message is generated during creation of the DSI file. In the example, DMIS 0381 cannot have DSI data created because the division is inactive in the Medical Center Division file.

Corrective Action: If this is correct and the division should be inactive, turn off WAM for this division. If you feel that the division should be active, contact your DBA.

A.14.5 (E) DMIS 0381 – Div. DSI data not created; MEPRS Parent is blank for DMIS ID

Meaning: This error message is generated when trying to create the DSI file. In the example, DMIS 0381 cannot have DSI data created because the DMIS ID for the division does not have a value in the 'EAS (MEPRS) Parent' field in the DMIS ID Codes file.

Corrective Action: If this is correct, turn off WAM for this division. If you feel that the division should have an MEPRS Parent value, log a SEAHELP ticket. The DMIS ID Codes file may be wrong.

A.14.6 (E) DMIS 0381 – Div. DSI data not created; MEPRS Parent not equal to Group ID

Meaning: This error message is generated when trying to create the DSI file. In the example, DMIS 0381 cannot have DSI data created because a mismatch exists between the 'MEPRS Parent' field and the 'DMIS Parent (Group ID)' field in the DMIS ID codes for that DMIS.

Corrective Action: If this is correct, turn off WAM for this division. If you feel that the division should have an MEPRS Parent value, log a SEAHELP ticket. The DMIS ID Codes file may be wrong.

A.14.7 (E) WAM functionality not turned on for Group 0124

Meaning: This error message is generated when trying to create the DSI file and WAM is turned off for the Group/Parent division. The DSI data must be generated first for the Group division, before any data can be created for the child divisions.

Corrective Action: Turn on WAM for the Group and then try again to create the DSI file.

A.14.8 (E) WAM functionality not turned on for DMIS 0381

Meaning: This message is generated during DSI creation. In the example, the child division with a DMIS of 0381 has WAM turned off. Therefore, no DSI data can be generated for this division.

Corrective Action: If this is correct, do nothing. If this is not correct, turn on WAM for the division.

A.14.9 (E) Group 0124 – DSI file not created; New FY WAM Core file not installed

Meaning: This message is generated when the WAM Core file for the new FY has not been installed on CHCS, preventing the DSI file for the new FY from being generated.

Corrective Action: Check with the site manager or system/software specialist about the update. Request that the update be installed.

A.14.10 (N) MEPRS BABB inactivated - 0124 - FY01 DSI data updated - 11/01/00@1533

Meaning: When a MEPRS code is inactivated on the CHCS MEPRS Codes Table, the DSI Detail file is automatically updated. This message is generated for information only.

Corrective Action: No action is required.

A.14.11 (N) MEPRS CAAA reactivated - 0124 - FY01 DSI data updated - 06/11/01@1417

Meaning: When a MEPRS code is reactivated on the CHCS MEPRS Codes Table, the DSI Detail file is automatically updated. This message is generated for information only.

Corrective Action: No action is required.

A.14.12 (N) New MEPRS BABB Added - DMIS 0124 - FY01 DSI data updated - 11/01/00@1528

Meaning: When a new MEPRS code is added to the CHCS MEPRS Codes Table, the DSI Detail file is automatically updated. This message is generated for information only.

Corrective Action: No action is required.

A.14.13 (N) MEPRS BAAQ modified - 0124 deleted - FY01 DSI data updated - 12/29/00@0716

Meaning: When the DMIS ID associated with a MEPRS code is deleted from the CHCS MEPRS Codes Table, the DSI Detail file is automatically updated. This message is generated for information only.

Corrective Action: No action is required.

A.14.14 (N) New DSI code 391 - 0124 - MEPRS EKAB See DSI Print

Meaning: When the DMIS ID associated with a MEPRS code is changed, the DSI Detail file is automatically updated. If that update process creates a new DSI, this message is generated for information only.

Corrective Action: No action is required.

**A.14.15 (N) 0124 - Auto-Inact of RMEPRS for Zero Wkld 11/00-01/01 - Start 02/13/01@1622
(N) Group 0124 - DMIS 6204 - DSI 331 - RMEPRS Inactivated for Zero Workload
(N) 0124 - Auto-Inact of RMEPRS for Zero Wkld 11/00-01/01 - End 02/13/01@1622**

Meaning: The Data Set IDs Inactivate Unused Requesting FCC (DINA) option on the DWAM Menu automatically inactivates Requesting MEPRS with DSIs if no workload was generated against it for the past three months. These messages are generated when that option is invoked and show the start/end of the process and the details of the codes inactivated within the DSIs.

Corrective Action: No action is required.

**A.15 Category 15, CHCS Worldwide Workload Report and SIDR
Transmission Log**

The following messages are generated when the WWR is generated and when the SIDR is transmitted.

A.15.1 (N) WWR Jul03 DIV 0124 WKLD0107N0124T03.DAT calc07Aug03@1458 gen08/07/03@1508

Meaning: This message is generated when the user creates the ASCII file for the WWR. The message shows the date/time of the WWR data calculation.

Corrective Action: If the date/time of the WWR data calculation is different from that of WAM template generation, the MEPRS Coordinator should regenerate monthly WAM data.

A.15.2 (N) SIDR Oct 2003 Div 0124 Transmittal 11/04/03@1619

Meaning: This message is generated when the SIDR ASCII file is transmitted.

Corrective Action: No action is required.

A.16 Category CHCS Radiology Remote Workload Processing

Here are the four possible types of exception messages that could be seen in WAM under the new Category 16:

CHCS Radiology Remote Workload Processing

1) Scenario: Provider does not exist on the reporting platform:

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) Provider is not on this platform.
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

2) Scenario: No Reporting Division Found for Provider

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) No Reporting Division Found for Provider
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

3) Scenario: Performing MEPRS code cannot be found

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) Performing MEPRS code cannot be found
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

4) Scenario: Requesting MEPRS code cannot be found

- (E) Please report this to your System Administrator END
- (E) This workload will not be reported to WAM
- (E) Remote Workload received from Facility Code HP0124 on Exam Number: 07000031
- (E) Requesting MEPRS code cannot be found
- (E) MSG ID N00259-1762914
- (E) DMIS ID 0028-RAD REMOTE WORKLOAD processing error-START 07/12/07@0916

Meaning: These messages are generated when there is an error processing the Radiology Remote Workload.

Corrective Action: Correct Radiology File and Table and re-submit.

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Appendix B. Acronyms and Abbreviations

Acronym/ Abbreviation	Definition
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z	
A	
ADM	1. Ambulatory Data Module 2. admission(s)
ADT	admission, disposition, and transfer (inpatient activities)
AFB	Air Force Base
AMC	Army Medical Center
Appt	appointment
AP	Anatomic Pathology
APV	Ambulatory Procedure Visit. An APV refers to immediate (day of procedure) pre-procedure and immediate post-procedure care in an ambulatory setting. Care is required in the facility for less than 24 hours. The nature of the procedure and the medical status of the patient using the ambulatory care units combine for a requirement for short-term but not inpatient care, which is more appropriately rendered in a specialized area, such as an Ambulatory Procedure Unit (APU) or extended care area rather than in an outpatient clinic.
ASCII	American Standard Code for Information Interchange
B, C	
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BCat BenCat BeneCat	Beneficiary Category
BUMED	Bureau of Medicine and Surgery. Navy Headquarters Organization that establishes policy and program guidance for Navy Medicine.
CHCS	Composite Health Care System. CHCS is an integrated health care management information system by which multiple and diverse work centers may access a single patient database.
CAC	Cost Account Code (Navy Only)
CAT	Category (e.g., Beneficiary Category)
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CPT	Current Procedural Terminology (codes). CPT is a proprietary code set developed by the American Medical Association (AMA) to identify procedures and services performed by physicians. CPT is the national coding standard within the Health Insurance Portability and Accountability Act (HIPAA). Each procedure and service is associated with a five-character numeric code.
D	
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DBA	Database Administrator

Acronym/ Abbreviation	Definition
DEERS	Defense Enrollment Eligibility Reporting System
DFAS	Defense Finance and Accounting System
DIS	disposition(s)
DMIS ID	Defense Medical Information System Identification (code)
DoD, DOD	Department of Defense
DQ	Data Quality
DSI	Data Set ID (previously known as Stepdown Assignment Statistic – SAS)
DWAM	DOD Workload Assignment Module
E	
Return to Top of Page	
EAS	Expense Assignment System. Resource Information Technology Program Office (RITPO)-sponsored application used to capture and process clinical workload data and associated costs for Medical Expense Performance Reporting System (MEPRS) management reporting.
EAS IV	Expense Assignment System, Version 4
EOD	End of Day (processing)
ETU	Electronic Transfer Utility. CHCS file-transfer capability used to transfer a variety of CHCS data files on a periodic basis to external systems or enterprise databases. Also known as SY_ETU.
F, G	
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FAQs	Frequently Asked Questions
FCC	Functional Cost Code
FY	fiscal year
GUI	graphical user interface
H	
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HCP	healthcare provider. Healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.
HCPCS	<ol style="list-style-type: none"> 1. Health Care Financing Administration Common Procedure Coding System. CPT Codes are also referred to as HCPCS Level I codes, as HCPCS is the term used to represent three different sets of codes grouped into related levels that permit identification of the procedures, services, and supplies necessary to meet the operational needs of Medicare and Medicaid. 2. HCPCS (Level II Codes)

Acronym/ Abbreviation	Definition
	HCPCS Level II codes are a collection of approximately 3200 additional codes, established by Health Care Finance Administration (HCFA), that identify certain medical and surgical supplies, certain drugs, certain durable medical equipment, and certain procedures and professional services generally provided by non-physicians. HCPCS Level II codes are five-character codes that start with a letter indicating a class of codes and then contain four numeric digits.
I	
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ICU	Intensive Care Unit
IV	intravenous. Sterile Product used within the Pharmacy subsystem of CHCS.
J, K, L	
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JON	Job Order Number
LAB	Laboratory (subsystem of CHCS)
M	
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MailMan	CHCS Mail Manager
MCP	Managed Care Program (subsystem of CHCS)
MDE	Master Data Element
MEPRS	Medical Expense Performance Reporting System. A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by Department of Defense (DoD) fixed military treatment facilities/dental treatment facilities (MTFs/DTFs). Within these specific objectives, the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology.
MGR	MEPRS Group Report
MHS	Military Health System
MID	Management Information Department
MMIG	Management Improvement Group (MEPRS)
MMR	Monthly MEPRS Report (Patient Administration – PAD subsystem equivalent of the MEPRS Group Report – MGR option)
MTF	<ol style="list-style-type: none"> 1. military treatment facility 2. medical treatment facility A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

Acronym/ Abbreviation	Definition
N	
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NMC	Navy Medical Center
NMIMC	Navy Medical Information Management Center
O	
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OB-UIC	Operating Budget-Unit Identification Code. The OB-UIC value may be found in the DMIS ID Codes file as the 'DCWID' field (e.g., OB-UIC = DCWID).
OBD	occupied bed day(s)
OCC-SVC	Occasion of Service. A specific act or service involved in the medical care of a patient, that does not require the assessment of the patient's condition nor the exercising of independent judgment as to the patient's care, such as a technician drawing blood, taking an x-ray, or administering an immunization, issuance of medical supplies and equipment, i.e., colostomy bags, hearing aid batteries, wheel chairs or hemodialysis supplies, applying or removing a cast and issuing orthotics. Pharmacy, Anatomic Pathology, Radiology, and Special Programs procedures or services are also occasions of service and not counted as visits.
OE	Order Entry. May be either Clinical Order Entry or Ancillary Order Entry.
OHI	Other Health Insurance
OIB	Outpatient Itemized Billing
OUT	outpatient visit(s)
P, Q	
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PAD	Patient Administration (subsystem of CHCS)
PAS	Patient Appointment & Scheduling (subsystem of CHCS)
P_FCC	Performing Functional Cost Code
PHR	Pharmacy (subsystem of CHCS)
POC	point of contact
R	
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RAD	Radiology (subsystem of CHCS)
RITPO	Resource Information Technology Program Office. Program Office responsible for the management, development and deployment of Resource Information Systems, such as Expense Assignment System (EAS).
RWB	Radiology Workload Business Rules (menu option)

Acronym/ Abbreviation	Definition
RX	Prescription (outpatient medication)
S	
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SAS	Stepdown Assignment Statistic (obsolete; now called Data Set ID - DSI)
SCR	System Change Request
SEAHELP	Navy-only Help Desk at NMIMC, where Navy users phone-in WAM or workload problems
SIDR	Standard Inpatient Data Record
SMART	Summarized Management Analysis Resource Tool (Navy Only)
STARS/FL	Standard Accounting and Reporting System/Field Level
SY_ETU	System Electronic Transfer Utility. CHCS file-transfer capability used to transfer a variety of CHCS data files on a periodic basis to external systems or enterprise databases.
T	
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TaskMan	Task Manager (CHCS functionality)
TEL-CON	Telephone Consult
TMA	TRICARE Management Activity. Department of Defense (DoD) organization responsible for the policy and guidance for the Military Health System (MHS) and implementation of TRICARE.
TOT	total visits
TPC	Third Party Collections. Department of Defense (DoD) program that provides the authority for military treatment facilities/dental treatment facilities (MTFs/DTFs) to bill third-party payers for medical and dental services provided to DoD beneficiaries. TPC billing authority does not include active duty, foreign military, or civilians treated in MTFs/DTFs.
U, V	
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UIC	Unit Identification Code
VA	Veterans Administration
VMS	virtual memory system
W, X, Y, Z	
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WAM	Workload Assignment Module

Acronym/ Abbreviation	Definition
WGC	Workload Generation Controller
WJON	Workload Job Order Number
WWR	Worldwide Workload Report
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z	

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Appendix C. Consolidated List of WAM Tips

C.1 Restructure of MEPRS by DMIS ID

- You may create a MEPRS code/FCC only for the division in which you are currently logged in.
- You cannot edit the 'DMIS ID' field for a MEPRS code once you have filed the entry.
- You may no longer use the Spacebar-<Return> capability for the 'MEPRS code/Cost Pool code' fields.

C.2 FY Initialization Steps

- CHCS treats any MEPRS code/FCC without a DMIS ID as Inactive.
- Verify that the DMIS ID assigned to a MEPRS code/FCC is correct.
- The DMIS ID assigned to a MEPRS code/FCC may no longer be changed.
- If the standard WJONs are updated in STARS/FL, a revised MDE file will be available for downloading from the web site on the following day.
- View the MDE file in any text editor. The MID can help you. You may also view the MDE file on the website prior to downloading.
- Include all necessary WJONs.
- Ensure that the UICs match in the 'OB-UIC' and 'WJON UIC' fields of the MDE file. For example, if data is for a branch clinic, the UIC of the branch clinic appears in both fields.
- Ensure that your download file is formatted correctly. Refer to Figure 2.1 for a sample file layout.
- Ensure no tabs are in the file. (The file contents are rejected if tabs are present). Refer to Figure 2.1 for a sample file layout.
- Ensure that the filename in the Import directory is your financial OB-UIC JON; e.g., for NMC Portsmouth, the file name would be 00183.JON.
- When printing the exceptions for Category 3, STARS/FL CAC/JON File Exceptions, print the exceptions for the entire Group.
- Select ALL for the 'Severity of Exceptions' to report.
- Run the CAC/JON – MEPRS File Compare (CCOM) option after the MDE file has been processed into CHCS. If you run it before MDE file processing, every FCC would generate an exception message.
- To reduce the number of exception messages being viewed, limit the date range and the categories being viewed.
- Run the Data Set Exclusions by DMIS ID Enter/Edit (DXCL) option prior to creating the DSI file for new FY.
- By using the DXCL option, the MEPRS Coordinator can greatly reduce the number of Requesting FCC codes that need to be inactivated.
- Any edits to the Data Set Exclusion file after the DSI file has been created will trigger a batch update to the DSI file.
- You should, when appropriate, edit the exclusions prior to the creation of the Data Set file. You may also edit (i.e., "reinclude") the excluded Requesting DMIS IDs or exclude additional Requesting DMIS IDs after creation of the DSI file.
- Use the Data Set IDs Enter/Edit (DEDT) option to do the following:
 - Inactivate/reactivate individual Requesting FCCs within a DSI as required.
 - Create inpatient Cost Pool DSIs (e.g., A*X).

- Create manual DSIs (e.g., EHA).
- Add Cost Pool codes as Requesting DSIs within other DSIs.
- For manual DSIs only, DEDT option automatically generates the Requesting FCCs based upon the WAM Core file and the MEPRS file. The user must manually add the Requesting FCCs for Cost Pool DSIs.
- For system-generated DSI codes, the DEDT option automatically generated the Performing and Requesting FCCs. If a system-generated DSI code is allowed to have a Cost Pool Requesting FCC code added, the user must add it manually.
- Use Data Set IDs Batch Inactivate Requesting FCC (DBAT) option to batch inactivate/reactivate Requesting FCCs within one DSI.

C.3 Generating Monthly Workload

- You can now generate the WWR at the same time as you reinitialize the workload templates for a prior month. This simultaneous data-generation capability was added to help ensure consistent data reporting to EAS and WWR. Generation of the WWR on a different date than WAM could result in different values being reported.
- If the WWR is recalculated with WAM Initialization, a completion message is sent to the WWR COMPUTATION mail group.
- The WWR COMPUTATION mail group should be initially set up as a self-enrollment mail group through the CHCS Mail Group Edit (MGE) option. Participants can then self-enroll through the Group Membership (GM) option.
- Members of this group should include the WWR POCs responsible for reviewing WWR data and creating the ASCII file for transmission.
- An exception message is generated on the WAM Exceptions Report when Initialization is tasked and when it completes in Category 10, Template Status. [Appendix A.10 lists the exception messages and the corrective actions to resolve them.](#)
- WWR ASCII file creation is reported as a WAM exception message under Category 15.
- Only authorized users who are assigned the DGNAS WAM GENERATION security key and are logged into a lead division may access the Workload Generation Controller (8) option.
- The Monthly Statistical Report has been added to the WAM Non-Ancillary Report Menu.
- Contact your DBA if you are unsure how to print a spooled report.

C.4 Order Entry

- For inpatients, CHCS automatically uses the “A” MEPRS code from the Admission record for the Requesting FCC. User input is not needed.
- For outpatients, select an appointment in order to associate the orders with the appointment clinic location and MEPRS code. If no appointment is available, after you enter the Authorizing HCP, the ‘Requesting Location’ prompt includes a default of either the ‘Order Entry Default Location’ of the HCP or the ‘Location’ from the Provider file.
- The appointment date range can be modified for Clinical Order Entry and Ancillary Order Entry through the Clinical Site Parameters Maintenance (CSM) option.
- Appointments are pre-selected based upon the following:
 - Provider
 - Clinic (appointment clinic matching against Order Entry default clinic)
 - The closest appointment date to TODAY.

C.5 RAD

- The Radiology section is continually adding to the RAD Workload Data file. Reports generated more than a few minutes apart during the duty day could result in different data totals.
- The MEPRS Coordinator initializes WAM by the first duty day of each month and initializes CHCS every seven days. Correcting workload exceptions just prior to initialization ensures accurate, complete workload data on the EAS Data Set Workload Report used in the validation process.
- You must be logged into the workload Performing division in order to edit workload data discrepancies.
- If an exam contains more than one exception, all edits can be made on the same screen.
- Correcting the 'Req. MEPRS/DMIS ID' and 'CPT Code' fields for the Procedure credit entry corrects the associated REPORT credit entry only if it is in the Exception file at that time.
- Once all editable exceptions have been corrected, the workload does not display on the EAS Data Set Workload Report for validation until WAM is reinitialized.
- Running the Workload Exception Report and correcting the workload data daily or weekly ensures that all reportable data is available in WAM prior to validation with workload reports.
- **CPT code discrepancies.** The Workload Exceptions Report displays the name of the procedure and can be used to determine the correct CPT code to enter. Consult the *Fiscal Year Current Procedural Terminology Manual* of the AMA or your facility ancillary-coding POC prior to trying to edit the data discrepancy.
- **Requesting Location discrepancies.** Access the Exam Inquiry option and enter the exam number shown on the Workload Exceptions Report to find the name of the requesting clinic/ward location and requesting HCP. This information can help determine the correct MEPRS/DMIS ID.
- **Performing Location discrepancies.** REPORT workload is credited based on the Reporting Division and Reporting MEPRS code of the interpreting radiologist. Determine the correct information prior to editing.
- When in doubt about the correct data required for a Requesting Location or Performing Location discrepancy, consult your DBA and/or MEPRS Coordinator.
- **Multiple data discrepancies.** Exams may be identified in more than one exception category. Identify all discrepancies for each entry prior to editing. You may resolve one, some, or all exceptions during the same editing session. Workload entries are not available for workload reporting until all data discrepancies have been corrected.

C.6 LAB

- CPT Code file updates are processed in CHCS twice annually, and each site is responsible for reviewing these ancillary-related CPT code files after each CPT update.
- The validity of the CPT code is checked at the time of the patient event; e.g., when the result is filed. If the CPT code assigned to test is not valid at that time, the patient event is lost to workload reporting, and to Outpatient Itemized Billing (OIB), unless it is corrected through the Manual Edit of Workload Data (MEC) option.

C.7 PHR

- In order to be counted, workload on the Pharmacy Workload Exception Report must be corrected.
- If this task is performed regularly, the errors resulting from historically invalid MEPRS codes should diminish over time, since the new screening functionality prevents the creation of new errors.

C.8 PAS/MCP

- The PAS Monthly Statistical Report can now be generated with Summary information. The Summary information prints the Division Summary without the other detailed data, such as counts by BenCat or counts by Appointment Type. This is the most efficient print option for validation of monthly workload.

C.9 PAD

- If the WWR is recalculated with WAM Initialization, a completion message is sent to the WWR COMPUTATION mail group.
- The WWR COMPUTATION mail group should be initially set up as a self-enrollment mail group through the CHCS Mail Group Edit (MGE) option. Participants can then self-enroll through the Group Membership (GM) option.
- If the WWR is recalculated with WAM Workload Generation Controller, a completion message is sent to the WAM GENERATION mail group.

C.10 Editing WAM Workload Counts

- Workload corrected at the subsystem level qualifies the event for billing, thereby improving MTF reimbursements.
- The Workload Editing Business Rules now require you to edit data at the most detailed level appropriate for the DSI so that manually edited data can be sent in Record Type 2 for inclusion in EAS IV. This may be at the beneficiary-category level for such DSIs as outpatient visits or at the CPT-code level for other DSIs, such as LAB. Therefore, editing in WAM will become more time consuming. [Refer to Section 10.2 for more information on editing in WAM.](#)
- The capability to edit source data at the subsystem level has been expanded accordingly. The LAB, RAD and PHR subsystems now contain Edit Workload options. They also contain Workload Exception Reports to show workload unacceptable in WAM. These reports list the category of the problem and give a unique identifier, so that you can easily access and edit the data through the Edit Workload options at the subsystem level.

C.11 Approving Monthly Workload

- MEPRS Coordinators may set the status of a DSI directly to “A” without first setting it to “W” in the WAM Edit Workload (1) and Manage Workload Templates (4) options. This helps to streamline the monthly approval process, especially for smaller sites in which the same person typically changes the status to “W” and “A”.

C.12 Creating ASCII Files for Transmission to EAS IV and STARS/FL

- **Navy Only:** Create the STARS/FL ASCII file before creating the EAS IV ASCII file. Once the EAS IV file is created, the template status changes from “A” (Approved for Transmission) to “T” (Transmitted).
- The default time for ASCII file creation for both STARS and EAS has been changed to NOW.
- If the STARS or EAS ASCII file for a selected month and division is currently being processed or is already tasked for the same day, you may not retask the file creation.
- Although the status is changed to “T” (Transmitted), the file may not have gone to the EAS IV or STARS systems yet. The files are sent through a System Electronic Transfer Utility (SY_ETU), and the actual transmission time is site-specific (typically, 0200 daily).
- To verify that the file was sent to the receiving system, contact your site software specialist. The site software specialist can check the SY_ETU log to verify that it was sent successfully.
- If your e-mail address is recorded in the transmission parameters, the SY_ETU sends an e-mail notification of both successful and unsuccessful file transmissions. Contact your system specialist if you wish to receive these notifications.

- The STARS/FL file previously only sent the changed data upon retransmission. It now will send all data upon retransmission.
- The EAS IV file previously sent all data upon retransmission. It now will provide an option to retransmit one, multiple or all DSIs.

C.13 WAM Exception Messages

- ICU codes (AAH, AAC, etc.) are not valid Requesting MEPRS codes/FCCs in any DSI.

Appendix D. Instructions for building the RAD Remote Workload Transmitters and Receivers

NOTES:

- Please consult with your Radiology Department and your DBA to determine if your site has Remote Radiologists. If so, you will need to determine if your site will be receiving Remote Radiology workload, or transmitting Remote Radiology workload, or both.
 - If the site is only receiving radiology workload and not transmitting it, then they will only have to set up a receiver.
 - If the site is only transmitting radiology workload and not receiving it, then they will only have to set up a transmitter.
 - If the site is both receiving and transmitting Remote Radiology workload, then both a receiver and transmitter will need to be set up.
 - If the site transmits radiology workload to more than 1 CHCS host platform, more than 1 transmitter will need to be set up (one transmitter is needed per CHCS host platform).
 - Please coordinate the interface set up with the System Administrators at partnering sites where you transmit workload to, or receive workload from.
1. **Setup the WAM RAD REMOTE TRANSMITTER** – This will need to be done on the environment that will be transmitting remote workload back to the facility reporting the workload.

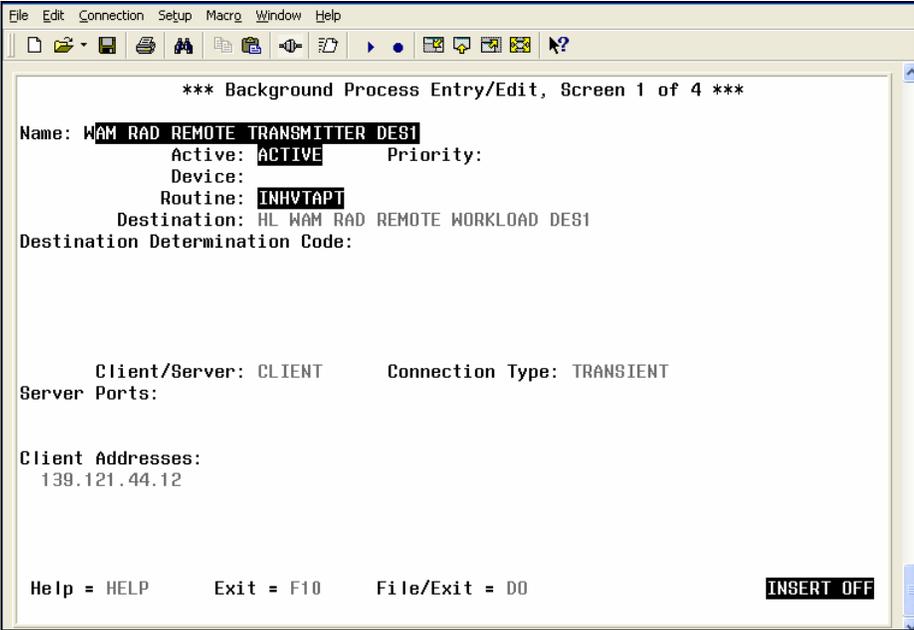
Note: If this site is only receiving radiology workload and not transmitting it, then you do not have to setup the transmitter at this time and can skip to step 2.

This can be done through the following menu path:
SM->INT->GIS->FTM->BPE

Select BACKGROUND PROCESS: **WAM RAD REMOTE TRANSMITTER DES1**
(This process will already exist. The site will only need to define their Client Addresses and Ports. The name of the destination process can be changed to whatever the site would like to name it. This destination process is your Primary Destination. **There can only be one primary destination.** Any additional destination processes are considered secondary destinations and will need to have the Primary Destination Field populated. (Step 5)).

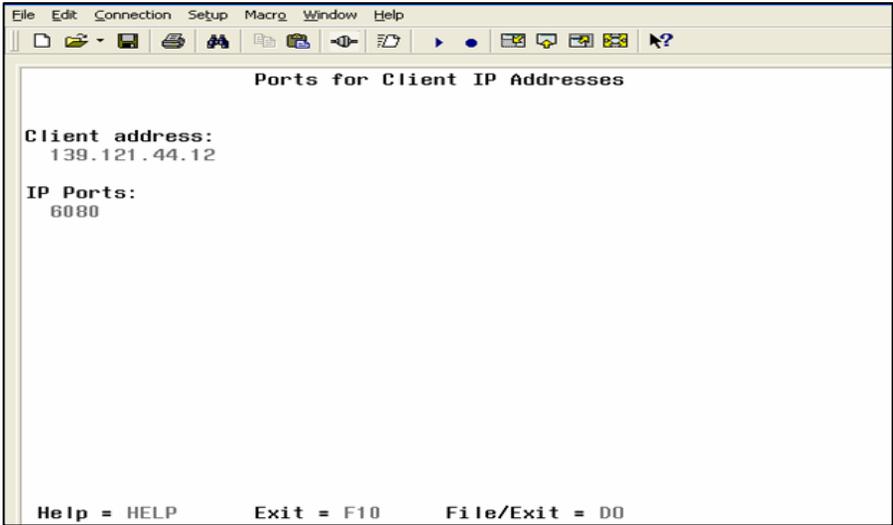
NOTE: Both **WAM RAD REMOTE TRANSMITTER DES1** and **WAM RAD REMOTE TRANSMITTER DES2** will already exist. If additional transmitter processes need to be defined, they will need to be created. The **WAM RAD REMOTE TRANSMITTER DES1** process, or whatever the site decides to call this process, is the Primary Destination process.

You will see the following screen:



Enter data into the following fields as shown above

- Client Addresses – <Enter the IP Address of the server that the remote workload will be sent to. If the site has multiple IP addresses, then you can put in alternate IP Addresses. The transmitter will try to connect to the first one and if it cannot make a connect then it will go to the next one in the list>
- Once you add the IP address, the following screen will display to prompt you for the IP Ports. Enter the appropriate Port numbers.



Note :

If more than two transmitter processes are needed then any additional entries will be new to the system and you will have to populate the following fields (Active, Routine, Destination,

Client/Server, Connection Type, Addresses and Ports)

Example :

Name: **WAM RAD REMOTE TRANSMITTER DES3**

Active : **Active**

Routine : **INHVTAPT**

Destination : **HL WAM RAD REMOTE WORKLOAD DES3**

Client/Server : **Client**

Connection Type : **Transient**

Client Addresses : **<enter the IP Address of where the remote workload will be going>**

Ports : **<enter the Port number>**

- 2. Setup the WAM RAD REMOTE RECEIVER** – This will need to be done on the environment that will be receiving workload from another facility. These are the receivers that correspond with the transmitters that you just setup in Step 1.

NOTE: If you are not receiving remote radiology workload but only transmitting the workload then you can skip to step 3.

This can be done through the following menu path:

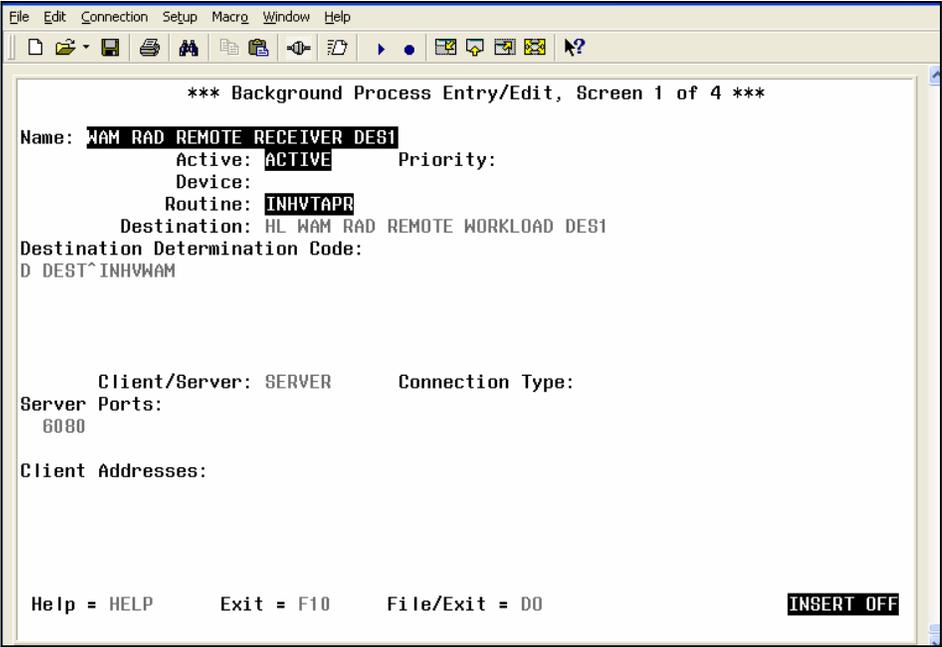
SM->INT->GIS->FTM->BPE

Select BACKGROUND PROCESS: **WAM RAD REMOTE RECEIVER DES1**

(This process will already exist. The site will only need to define their Server Ports. The name of the process can be changed to whatever the site would like to name it.)

NOTE: Both WAM RAD REMOTE RECEIVER DES1 and WAM RAD REMOTE RECEIVER DES2 will already exist. If additional receiver processes need to be defined, they will need to be created.

You will see the following screen:



Enter data into the following fields as shown above

- Server Ports - <Enter the same port number that you entered for the associated TRANSMITTER>
i.e. - **WAM RAD REMOTE RECEIVER DES1** is associated to **WAM RAD REMOTE TRANSMITTER DES1**>

Note :

If remote workload is being received from more than one site, you will need to do Step 2 for any additional sites (i.e. **WAM RAD REMOTE RECEIVER DES3**, etc.). Since these additional entries will be new to the system, you will have to populate the following fields :

Example :

Name: **WAM RAD REMOTE RECIEVER DES3**
Active : **Active**
Routine : **INHVTAPR**
Destination : **HL WAM RAD REMOTE WORKLOAD DES3**
Destination Determination Code: **D DEST^INHVVAM**
Client/Server : **SERVER**
Server Ports : <the port number needs to be the same as the port number for **WAM RAD REMOTE TRANSMITTER DES3**>

3. Start the above background processes that you have created or modified in Step 1 and Step 2.

This can be done through the following menu path:
SM->INT->GIS->BPM->S1 (Startup a Background Process)

The Master node is currently: FWAC

Check for processes running on nodes other than FWAC? NO// **NO**

(The Master node will vary depending on the configuration. You may not see this message at all).

Select PROCESS to Start: **WAM RAD REMOTE TRANSMITTER DES1**

Started.....

Repeat this process for any other RAD REMOTE TRANSMITTERs that you have created.

Do Step 3 for any WAM RAD REMOTE RECEIVER processes that you have created or modified.

4. Enter the Route ID for the destinations (these are the DMIS ID(s) for all divisions on the receiving platform that will be receiving remote workload from this destination).

NOTE: This step only needs to be done if you have setup a transmitter in step 1.

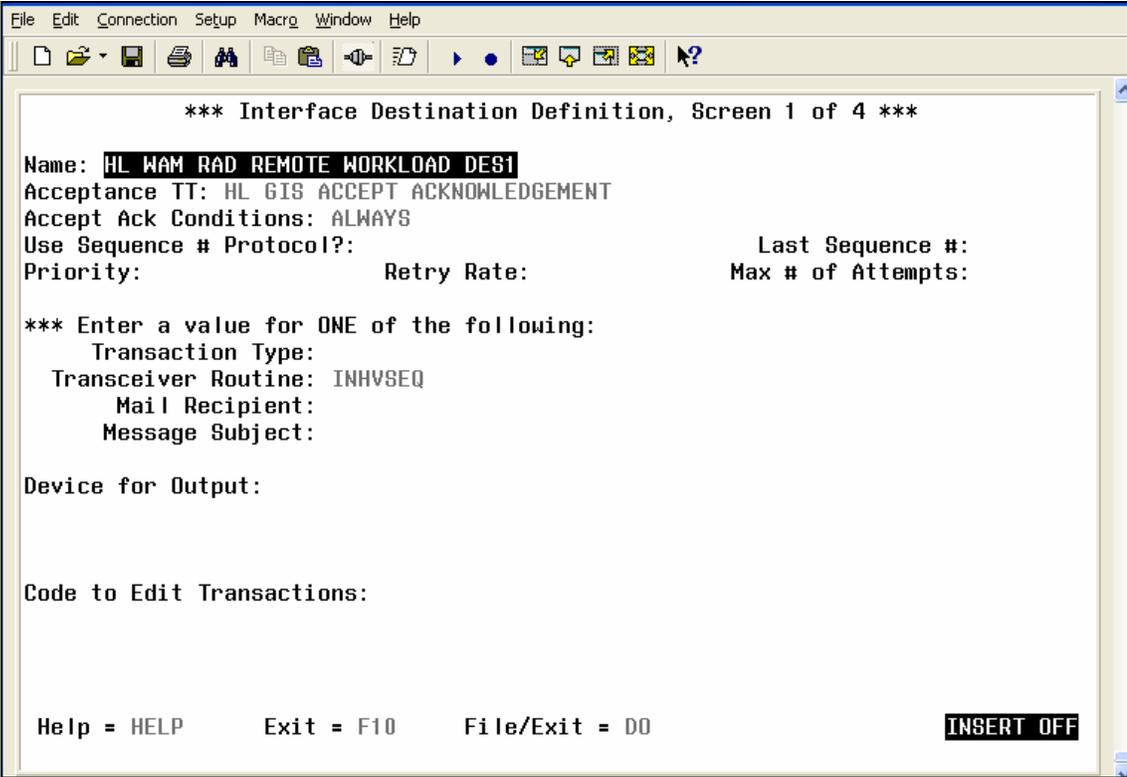
This can be done through the following menu path:
SM->INT->GIS->FTM->DE (Destination Entry/Edit)

Select INTERFACE DESTINATION: **HL WAM RAD REMOTE WORKLOAD DES1**

(This interface destination will already exist. The sites will only have to define their Route ID's).

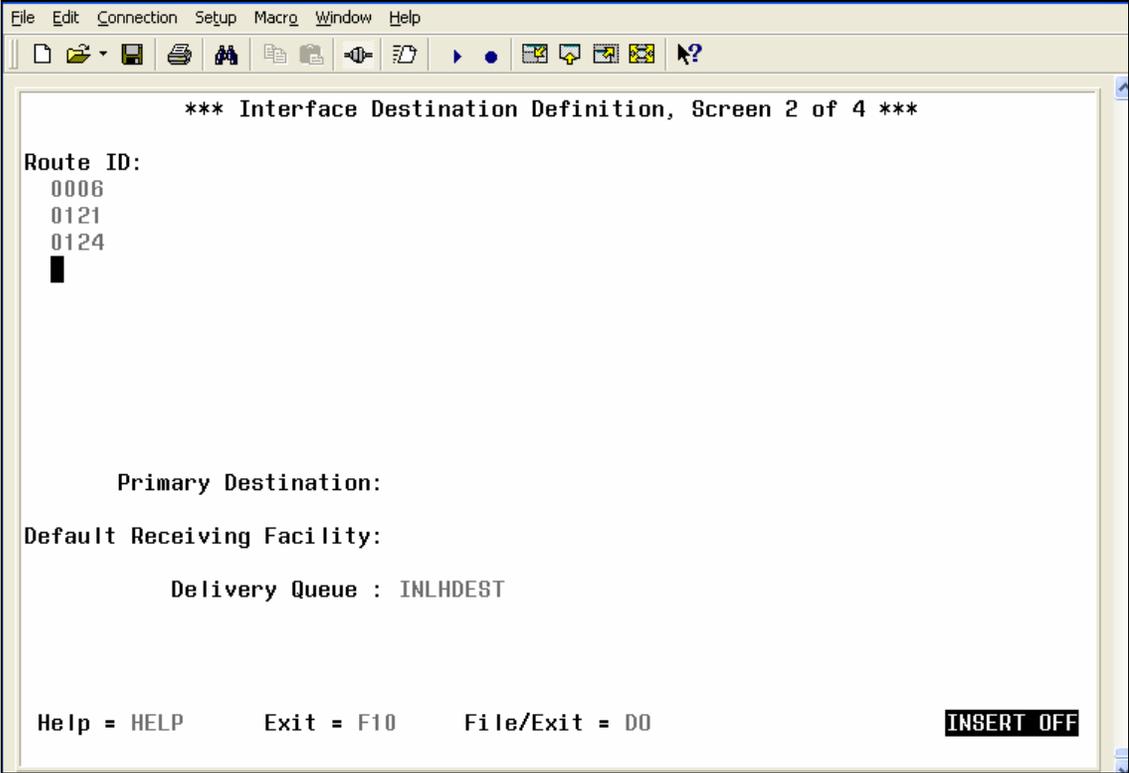
NOTE: Both **HL WAM RAD REMOTE WORKLOAD DES1** and **HL WAM RAD REMOTE WORKLOAD DES2** will already exist. If additional interface destinations need to be defined, they will need to be created.

(The following screen will display)



Page down to the Page 2

Page 2



Enter data into the following fields as shown above

Route ID: **Enter the DMIS ID(s) for all divisions on the receiving platform that will be receiving remote workload from this destination.**

Set the Primary Destination Field – This applies only to the scenario where a site is sending remote workload to more than one facility. In this case you would have more than one transmitter defined, which would mean you have more than one interface destination definition.

This field should not be populated for your primary destination. If you are sending remote workload to only one site then you would not populate this field.

This can be done through the following menu path:
SM->INT->GIS->FTM->DE

Select INTERFACE DESTINATION:**HL WAM RAD REMOTE WORKLOAD DES2**

Page down to Page 2 and populate the “Primary Destination” field with **HL WAM RAD REMOTE WORKLOAD DES1**. (This tells the GIS that it needs to look at the “HL WAM RAD REMOTE WORKLOAD DES1” destination process to get all parent information because that process is the one attached to the transaction type.

5. Activate the following 4 transactions

NOTE: If you have only setup a receiver then you will only need to activate the the “HL WAM RAD REMOTE WORKLOAD – IN” transaction.

HL WAM RAD REMOTE WORKLOAD (P)
(this is the primary destination process)
HL WAM RAD REMOTE WORKLOAD (REP)
HL WAM RAD REMOTE WORLOAD – IN
HL WAM RAD REMOTE WORKLOAD – OUT

This can be done through the following menu path:
SM->INT->GIS->FTM->TTE

Appendix E. Instructions for updating EAS IV ETU Transfer Templates

The Electronic Transfer Utility (ETU) supports the electronic transmission of EAS IV ASCII files to the EAS Server. With this project, users can now create partial EAS IV ASCII files that begin with the file nomenclature of P and Z. The “Files to be exported” field for the EAS IV file transfer template(s) at your site need to be updated to allow for these partial files to be transmitted. Note that ADM EAS IV files are not affected.

Steps to update your EAS IV Transfer Templates:

1. Enter ETU -L from VMS
2. Select the Edit action
3. Note the number listed on the screen for your EAS IV file transfer template
4. Select “Q” to quit from the screen listing of the templates
5. Enter the number listed on the screen for your EAS IV file transfer template
6. Enter #4 to edit the “Files to be exported” field.

Example before editing:

Prior to editing, you should see filenames similar to example below (but with your site DMIS ID)

04.Files to be exported: W0124*,X0124*,Y0124*

7. Select #1 to edit the first line.
8. Enter all previous entries (only uppercase entries are needed) and add Z[enter your DMIS ID]* and P[DMIS ID]* entries.

Example after editing (this should display with your DMIS ID):

W0124*,X0124*,Y0124*,Z0124*,P0124*

9. Press <Return> when editing is complete.
10. Select “R” to the main ETU menu.
11. Select “S” to save your revised entry.
12. Select “No” to adding a second location.
13. If more than one EAS IV transfer template exists, continue on to edit the others in the same manner.

Appendix F. File and Table Steps for External Partnership Divisions

Enclosed below are recommended steps for sites building a new External Partnership Divisions where there is an agreement to report professional services only in CHCS.

1. Build a CHCS Division. Note that this cannot be done until a new DMIS ID Code has been obtained and implemented in the standard DMIS ID Codes table on CHCS.
 - a. Verify the DMIS ID to be used for the external facility has the FACILITY TYPE of HOSP. This is required to support the IBWA Rounds auto creation. Menu Path: FM-IFE- DMIS ID CODES
 - b. Menu Path: CA-DAA-CFT-CFM-MCD.
2. Ensure that the **CCE ADM INTERFACE ACTIVATED:** field is set to **YES** and the **CCE INPNT INTERFACE ACTIVATED:** field is set to **NO** in the external facility division entry. Once activated this cannot be deactivated for the division.
 - a. If this has previously been activated in error, an MHS Help Desk Ticket will need to be logged to correct the issue.
3. Do not activate the Encoder/Grouper.
 - a. The Encoder Grouper activation setting is at the Division level in the ADT Parameter file. The interface is not active unless an authorized user with FileMan Enter/Edit capability sets the Encoder Grouper Activation Status to either ALL or FINAL.
 - b. If an inpatient division will not be coding and grouping inpatient records the Encoder Grouper should not be activated and the status flag should not be set. By default the flag value is null. By not activating the Encoder Grouper for the external partnership division, the inpatient coding will not be required.
4. Build Department and Service entries on CHCS, as required.
5. Build MEPRS Codes as required for inpatient and outpatient services. Note that if the sharing agreement includes MHS providers acting as attending physicians for inpatients, then at least one "E" MEPRS Code is required. The "E" code is to support the automatic creation of IBWA Rounds encounters for inpatient rounds.
6. Verify the IBWA software has been turned on. Secondary menu option SD IBWA SWTICH.
 - a. If the screen below displays no action is required. Exit the prompt by typing NO.

Turn IBWA software ON or OFF

*** The IBWA Software is ON ***

Do you want to turn it OFF?

- b. If the message displayed on the screen is "Do you want to turn IBWA ON? Enter YES and press Return. This will automatically create the IBWA clinic with the associated DMIS ID for first time activation CHCS host platforms.
7. Verify the **SD NIGHTLY RNDS CREATE** task has been scheduled for **00:15** nightly. RNDS appointments will not be created for inpatients unless this has been scheduled in TaskMan.
 - a. Menu Path: CA > TM > LTT
8. CHCS Provider File. If current MTF providers will provide the services offered at the external facility, new CHCS Provider file entries would not be required.
9. CHCS Hospital Location file.

- a. An "E" MEPRS code must also be associated with the DMIS ID of the external child division. Inpatient "A" level MEPRS Codes will need to be available for the IBWA Rounds appointment. Multiple "A" level MEPRS Codes for the various specialty services provided by the MTF Providers are needed to capture the professional component only of the inpatient care.
- b. Build new clinics and APUs in the external child division for all outpatient services/outpatient surgical services offered. Perform normal PAS/MCP file and table build for the clinic and provider profiles for those clinics.
- c. IBWA Rounds: If the MTF previously had the IBWA software turned on, a new clinic will need to be built for the capture of IBWA Rounds for inpatient professional services. When inpatient services are to be offered at the external facility with MTF providers serving as attending physicians, build one IBWA Clinic for the external child facility. **The IBWA Clinic must be named "IBWA CLINIC XXXX" where XXXX = the DMIS ID of the child division. The Abbreviation must be "IBXXXX" where XXXX = the DMIS ID of the child division.** Assign an "E" MEPRS Code to that clinic. Sample entry below.

```

HOSPITAL LOCATION: IBWA CLINIC XXXX          DOD
HOSP LOCATION EDIT

                NAME: IBWA CLINIC XXXX
                ABBREV: IBXXXX
                DESCRIPTION: IBWA CLINIC FOR XXXX
                LOCATION TYPE: CLINIC

                SERVICE: ADMIN SERVICE
                DIVISION: AIR FORCE INPATIENT DIV
                FACILITY: 1ST MEDICAL GROUP
*****
Next Screen:
HOSPITAL LOCATION: IBWA CLINIC XXXX          DOD HOSP LOCATION
EDIT -- CONTINUATION

                MEPRS CODE: EKAA/XXXX
                COST POOL CODE: (Leave Blank)
    
```

- d. Build inpatient wards only if inpatient services are to be performed with MTF providers serving as attending physicians. Building a Mixed Ward with an "A" Cost Pool Code is recommended so that multiple specialty services can use the one location.

10. PAS/MCP Schedules.

- a. Build PAS/MCP Schedules per standard site SOPs. Excludes the IBWA Clinic.

11. ADM Configuration will be required to support the collection of **professional services** provided by the MTF provider at the external facility. Completion of the ADM configuration will produce ADM encounter records that will be included into the SADR ASCII file for the **professional component only**. The IBWA records extracted into the SADR ASCII file will be migrated to the M2 database.

- a. Add the new child division to the list of divisions for which ADM will produce SADR transactions. Menu Path: ADS Main Menu → #5 ADM Site Parameters.
- b. Add the new clinics and APUs in the external facility to the list of ADM Clinics. Menu Path: ADS Main Menu → #6 ADM Clinics
- c. Build ADM Custom Clinic lists for Diagnoses and Procedures as required.

12. SIDR Processing

The Inpatient Miscellaneous Menu (IPM) allows the user to manage the SIDR options. SIDR transmittal files are created on demand as specified by policy and procedure. SIDR transmittal files are unique per each reporting inpatient division. To create a monthly SIDR transmittal the user would log in to the reporting MTF division and select the TRA option. To create a mid-month transmittal of 'D' type (completed) records the user would log in to the reporting MTF division and select the TRD option. **If there is no requirement for a specific inpatient division such as an External Partnership division to create and transmit SIDR data, sites should be instructed not to create SIDR transmittals for those divisions.**

Menu Path: CA>PAD>IRM>IPM

REV SIDR Review
STH SIDR Transmittal History
SRI SIDR/RCMAS-OSE Interface
TRA Transmit/Retrans ALL SIDR/Create RCMAS Files
TRD Transmit/Retrans 'D' Type SIDR/Create RCMAS Files
TRR Transmit/Retrans SIDR by Reg #/Create RCMAS Files
IDR Enrollment Based Capitation Inpatient
IDRP Enrollment Based Capitation Pharmacy

Select Inpatient Record Miscellaneous Functions Menu Option:

Descriptions of each option follow.

'SIDR Review'

This option is a tool that will allow a user to see all data that would be sent to tape for a set of register numbers either selected by the user, collected in a tape transmittal, or flagged in the exceptions report of the last tape transmittal.

'SIDR Transmittal History'

This option can be used to display the history of tape transmittals for any SIDR record.

'SIDR/RCMAS-OSE Interface'

This option allows the user to build interim SIDR and Health Care Provider holding files for RCMAS-OSE, transmit existing SIDR and Health Care Provider holding files to RCMAS-OSE, and print the SIDR and Health Care Provider holding files.

'Transmit/Retrans 'D' Type SIDR/Create RCMAS Files'

This option enables the user to transmit/retransmit inpatient records that have a status of 'D' to tape. The monthly SIDR and Health Care Provider files are also created for RCMAS-OSE.

'Transmit/Retrans ALL SIDR/Create RCMAS Files'

This option enables the user to select and retransmit an entire SIDR tape for a given time period. The monthly SIDR and Health Care Provider files are also created for RCMAS-OSE.

'Transmit/Retrans SIDR by Reg #/Create RCMAS Files'

This options enables the user to retransmit inpatient records to tape. These records have been selected by register number. The monthly SIDR and Health Care Provider files are also created for RCMAS-OSE.

13. WAM Transmittals

If there is no valid outpatient, inpatient or ancillary workload for the External Partnership division, WAM can be 'turned off' for the division by using the following option in CHCS: System Definition Parameters (WAM -> 5). The WAM Functionality Activation prompt within the option can be set to 'NO'. Remember that RNDS encounters are non-count and do not get transmitted in WAM files.

If there is some valid workload (for example, APVs collected under B**5) for the External Partnership division, the Requesting FCCs for the ADM, DIS and OBD DSIs can be inactivated for WAM reporting purposes only so that inpatient workload does not generate for these admissions, yet the reporting of any valid outpatient workload is permitted in WAM. This can be done while the new division is being set up for WAM reporting.

This can be done using either of the following CHCS options: Data Set IDs Batch Inactivate Requesting FCC (DBAT) or Data Set IDs Enter/Edit (DEDT). Refer to the CHCS Workload Desktop Guide for further information regarding use of these options.

- Use Data Set IDs Batch Inactivate Requesting FCC (DBAT) option to batch inactivate the Requesting FCCs within the ADM, DIS and OBD DSIs in External Partnerships.

Menu Path:

CA → DAA → DWAM → DBAT (Data Set IDs Batch Inactivate Requesting FCC)

Security Key: DOD DSI EDIT

- The Data Set IDs Enter/Edit (DEDT) option can also be used to Inactivate individual Requesting FCCs within a DSI.

Menu Path:

CA → DAA → DWAM → DEDT (Data Set IDs Enter/Edit)

Security Key: DOD DSI EDIT

Note that these DSIs will be included on the WAM templates if the Requesting FCCs for the inpatient DSIs are activate for only one day in a month. So, inactivation prior to the first day of the fiscal year during the "black out" period September 26-30) is ideal so that these DSIs do not display for reporting on the WAM templates for the entire fiscal year. However, if this was not performed during the "black out" period, then October workload can be adjusted manually in the EAS IV system to eliminate the counts from the ADM, DIS and OBD DSIs. Also if a division was created mid-year, then the Requesting FCCs for the inpatient DSIs can be inactivated as part of the set up of the division for WAM reporting. Inpatient DSI data would transmit in WAM files for the first month, but would be suppressed from subsequent month's transmittals.

This step would need to be performed annually during the Fiscal Year Initialization process for External Partnership divisions.

Appendix G. Recommended Options for MEPRS Coordinators

The following options are recommended to be available for the MEPRS Coordinators.

1. DWAM Menu Option:

- DXCL Data Set Exclusions by DMIS ID Enter/Edit
- DCRT Data Set IDs Create
- DDSP Data Set IDs Creation Status
- DEDT Data Set IDs Enter/Edit
- DBAT Data Set IDs Batch Inactivate Requesting FCC
- DINA Data Set IDs Inactivate Unused Requesting FCC
- DINQ Data Set IDs Inquiry
- DPRN Data Set IDs Print
- CCOM CAC/JON - MEPRS File Compare (NAVY ONLY)
- CEDT CAC/JON Enter/Edit (NAVY SITES ONLY)
- CINQ CAC/JON Inquiry (NAVY SITES ONLY)
- CPRN CAC/JON Print (NAVY SITES ONLY)
- SDMT Site Definable MEPRS Table Maintenance
- EMRT Edit MEPRS Replacement Table
- SMIA MEPRS Inactivate/Reactivate

2. INQ Inquire to Workload Files Menu

- MTI Inquire to Master MEPRS Table (3 digit codes)
- MSI Inquire to Site Definable MEPRS Table
- DMS Inquire to DMIS ID Codes Table
- DGP Print DIVISIONS by GROUP ID
- MTP Print Master MEPRS Table (3 Digit Codes)
- SDP Print Site Definable MEPRS Table

3. MEPRS REALIGNMENT UTILITY (placed on 2nd menu)

4. Following options off DA's REP REPORTS AND UTILITIES MENU:

- DDQ Data Quality Reports Menu
 - DQL DQ Hospital Location Report
 - DQS Pharmacy Site DQ Report
 - DQP DQ Provider Default Report
 - DQR Re-Order Provider Specialty Utility (OBE by HIPAA
Provider Specialty/Taxonomy Project in CP#317).
 - DQW Lab Work Element-Accession Area MEPRS Code Utility
- IMC Inappropriate MEPRS Code By Location Report
- LMD Location/MEPRS DMIS ID Inconsistency Report
- PAC Provider's Associated Clinics Report

5. WAM WORKLOAD ASSIGNMENT MODULE MENU OPTION

- 1 Edit Workload
- 2 Report Workload Menu
 - 1 EAS Data Set Workload Report
 - 2 DSI Status Report
 - 3 Delinquency Report
 - 4 Display Exceptions Report
 - 5 Ancillary CHCS MEPRS Report Menu
 - 1 LAB Division MEPRS Report
 - 2 LAB Group MEPRS Report
 - 3 PHR Medical Expense and Performance Report

- 4 PHR MEPRS Group Report
- 5 RAD MEPRS Group Report
- 6 Lab Test CPT Exception Report
- 7 Lab Method CPT Exception Report
- 8 Radiology Procedure CPT Exception Report
- 9 Laboratory Workload Exception Report
- 10 Radiology Workload Exceptions Report
- 11 PHR Workload Exception Report
- 6 Non-ancillary CHCS MEPRS Report Menu
 - 1 Disposition MEPRS Report
 - 2 Worldwide Workload Report-Print/Reprint
 - 3 Hrs of Svc in ICU's by Ref MEPRS Cln Svc Report
 - 4 Inpatients by MEPRS Report
 - 5 MEPRS/Provider Days
 - 6 Monthly MEPRS Detail Report
 - 7 Monthly MEPRS Report
 - 8 Patient Inactive MEPRS Summary
 - 9 Monthly Statistical Report
- 7 STARS/FL Subsystem Workload Report
- 8 Data Quality Report Menu
 - DQL DQ Hospital Location Report
 - DQS Pharmacy Site DQ Report
 - DQP DQ Provider Default Report
 - DQR Re-Order Provider Specialty Utility
 - DQW Lab Work Element-Accession Area MEPRS Code Utility
- 3 Display Exceptions Report
- 4 Manage Workload Templates
- 5 System Definition Parameters
- 6 Create Monthly Workload ASCII File to EAS
- 7 Create Monthly Workload ASCII File to STARS/FL
- 8 Workload Generation Controller