



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258**



DASG-HSZ

12 December 2002

MEMORANDUM FOR Commanders, U.S. Army MEDCOM Regional Medical
Commands/Military Treatment Facility

SUBJECT: Provider Files in the Composite Health Care System (CHCS)

1. The first TRICARE Next Generation (T-NEX) contract region begins health care delivery on 1 April 2004. The TRICARE Management Activity Integrated Program Team for the new Defense Enrollment Eligibility Reporting System (DEERS) is targeting July 2003 to test system integration using requirements in the T-NEX contract language. The provider file within the CHCS at each military treatment facility (MTF) must be current, error free and available by April 2003.
2. Primary Care Manager By Name (PCMBN) assignment is one major function moving from the MTF area of responsibility to the T-NEX Managed Care Support Contractor (MCSC). This activity will consolidate the enrollment/enrollment transfer activity with the assignment of a PCMBN. A critical component of having the MCSC assign primary care managers (PCMs) is a valid, up-to-date listing of providers serving as PCMs along with their capacity and any restriction regarding beneficiary category, gender, or age. Each MTF CHCS will transmit nightly updates to DEERS with pertinent information on patient mixes, restrictions, and capacities contained within the provider File and Table. The T-NEX contractors will use this information to assign enrollees in conjunction with any provisos outlined in the Memorandum of Understanding between the MTF commander and the T-NEX contractor.
3. Accurate MTF provider files and tables within CHCS are critical for PCM assignment. Therefore, I request your assistance with ensuring all of your provider information is validated and input for use in testing system functions when it is required. This will posture the MTF to establish procedures for required maintenance that must become a routine daily task as nightly updates of information are sent from the CHCS host to the PCM repository. Maintaining accurate PCM files will minimize the possibility of Request for Equitable Adjustment from the T-NEX contractor due to government errors.
4. The CHCS PCM file and table functionality will be modified to remove capacity management at the Managed Care Program (MCP) Provider Group level with the implementation of software changes for Direct Care PCMBN assignment under the T-NEX contracts. Capacity management will be maintained at the place of care within a group, at the PCM provider level for the group, and the PCM provider level within a place of care within a group. We recommend the MTF staff responsible for the

DASG-HSZ

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maintenance of PCM File and Table ensure that PCM capacity management levels are entered at the place of care, PCM provider within the group, and PCM provider within place(s) of care in a group. We also recommend that PCMs who have left the MTF be inactivated and regular maintenance of active providers as PCMs be performed. In support of initial identification of PCMs and establishment of a system identifier for PCM providers, we recommend providers who are PCMs be identified and their SSNs be populated in the common File and Table for the provider in CHCS. This field will not be passed between systems, but is a key field for establishment of a system identifier that can be used between systems communicating PCM data.

NOTE: The above statements are changes that will be forthcoming in CHCS updates pertaining to the release of the New DEERS (T-NEX) functionality. It is important that all staff members responsible for these file and table builds are aware of this new structure within the MCP module.

5. Our point of contact is Ms. Jan Leaders, TRICARE Operations Division, Office of the Assistant Chief of Staff for Health Policy and Services, Headquarters, U.S. Army Medical Command, DSN 471-7106, Commercial (210) 221-7106, or E-mail: Jan.Leaders@amedd.army.mil.

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