BUMED NOTICE 1300

From: Chief, Bureau of Medicine and Surgery

Subj: ACCOUNTING FOR PRIMARY CARE MANAGERS

Ref: (a) DHA Interim Procedures Memo 17-003 of 17 Jun 2017

Encl: (1) Business Rules for Capturing Data in Military Health System Information Systems


2. Scope. This notice applies to all Navy medical treatment facilities (MTF), Budget Submitting Office (BSO) 18 medical activities, and the Tidewater Enhanced Multi-Service Market Manager.

3. Background

   a. Per reference (a), uniform business rules will be used to calculate the number of MTF PCMs. The number of MTF PCMs will allow standard measurement of MTF enrollment capacity. Reference (a) is available at: [http://www.health.mil/dhapublications](http://www.health.mil/dhapublications).

   b. This notice identifies the required procedures for standard reporting of PCMs and enrollment as listed in enclosure (1) to allow accurate data retrieval from central systems. Operational forces providers (non-BSO 18 providers) and their empanelment are captured in the methodology but will be excluded in the calculations. Embedded specialist providers, such as behavioral health, physical therapy, and clinical pharmacists, assigned to patient centered medical home clinics are also captured, but will be excluded from the calculations.

4. Action

   a. Assistant Deputy Chief, Healthcare Operations, Bureau of Medicine and Surgery (BUMED-M3) must:

      (1) Monitor PCM empanelment results through the Tri-Service Patient Centered Medical Home Advisory Board and Tri-Service Patient Centered Care Operations Board.

      (2) Identify any required PCM definition modifications.

      (3) Ensure PCM empanelment and capacity data retrieved from centralized systems are accurately updated on the Military Health System (MHS) Performance Dashboard.
(4) Provide the Medical Personnel Operations Group with a listing of inpatient facility Defense Medical Information System Identifiers and their status with respect to “small-bedded facility, residency, or medical center” status at least annually.

(5) Ensure Navy Medicine regional commanders and the Tidewater Enhanced Multi-Service Market Manager assign personnel appropriately within standard information systems.

(6) Minimize variation and seek standardization of the utilization of the Department of Defense occupation codes.

b. Assistant Deputy Chief, Financial Management (BUMED-M8) must collaborate with the Defense Health Agency through the Medical Expense and Performance Reporting Systems (MEPRS) sub-working group to:

(1) Resolve variance in Navy unique occupation code mapping to the standardized occupation codes.

(2) Ensure Navy Medicine MEPRS structure is maintained to ensure compliance with the DMHRSi reporting requirements in enclosure (1).

c. Navy Medicine Regional Commanders and the Tidewater Enhanced Multi-Service Market Manager must:

(1) Ensure MTF commanding officers assign personnel appropriately within standard information systems;

(2) Monitor performance data on the PCM empanelment measure;

(3) Collect and forward data, as appropriate, to BUMED-M3, tracking and managing performance; and

(4) Ensure providers are assigned with the correct Service unique occupation code.

d. MTF Commanding Officers and Officers in Charge must:

(1) Implement the standard business rules outlined in this notice;

(2) Monitor performance data on the PCM empanelment measure; and

(3) Collect and forward data, as appropriate, to Navy Medicine regional commanders and the Tidewater Enhanced Multi-Service Market Manager for tracking and managing performance.
5. **Records Management.** Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV-M 5210.1 of January 2012.

6. **Information Management Control.** The reports required in paragraphs 4b and enclosure (1), paragraph 6, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7j.

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at: [http://www.med.navy.mil/directives/Pages/BUMEDNotices.aspx](http://www.med.navy.mil/directives/Pages/BUMEDNotices.aspx).
BUSINESS RULES FOR CAPTURING DATA IN MILITARY HEALTH SYSTEM INFORMATION SYSTEMS

1. Overview. This guidance establishes uniform accountability and business rules for capturing data in standard MHS information systems. The overarching objective of this guidance is to automate the capture and presentation of data related to PCMs and empanelment to allow standard measurement of MTFs capacity. To the extent practicable, this guidance applies to all Defense Health Program-funded operations.

2. Timeline
   a. Full compliance with this guidance is required within 9 months from signature for MTFs in multi-Service markets.
   b. Full compliance with this guidance is required within 6 months from signature for all other MTFs.

3. Governance. The direct care system’s enrollment capacity and empanelment to each PCM will be monitored by the Tri-Service Patient Centered Medical Home Advisory Board and the Tri-Service Patient-Centered Care Operation Board.

4. Defining a PCM and Counting Method
   a. PCMs are defined as those Defense Health Program-funded providers assigned to a third level MEPRS primary care product line (family medicine, internal medicine, pediatrics, and flight or other operational medicine clinicians) that are not line-funded.
   
   b. PCMs may be active duty, contractor, general schedule (GS), or GP civilian.
      (1) For active duty and GS or GP civilian, “assigned” individuals will be counted.
      (2) For contract PCMs, individuals will be counted based on DMHRSi reporting.
      (3) PCMs are physicians, nurse practitioners, and physician’s assistants with an empanelment of one or greater.
      (4) Residents and students will be captured in the methodology, but not included in the number of PCMs.
   
   c. Borrowed labor will not be included, but part time labor will be.

Enclosure (1)
d. Only empanelment to PCMs and appropriately identified residents and students will accrue to the MTF identified by the Defense Medical Information System Identifier of the provider’s assignment.

e. The PCM total for an MTF will be adjusted based upon additional criteria based on facility scope and size, and will be maintained by Defense Medical Information System identifier in a “deduction list.” Inpatient deductions are:

(1) Minus 2.5 full-time equivalents (FTE) (-2.5) for a small-bedded MTF.

(2) Minus 5.0 FTEs (-5.0) for a MTF with a residency program.

(3) Minus 10.0 FTEs (-10.0) for a medical center.

(4) Defense Health Program-funded operational providers (flight surgeons and undersea medicine) will be minus 0.5 FTEs for a MTF.

(5) Non-enrolled visits will translate to an FTE deduction for each MTF by dividing the number of non-enrolled visits to primary care in the last rolling 12 months by the MHS average utilization rate, which will be furnished yearly by the Defense Health Agency. This will generate a number of pseudo-enrollees that is converted to a FTE (by dividing by 1,100), and then subtracted from the MTF’s FTE denominator.

5. Procedures for Use of Standard Systems to Calculate PCMs

a. A pediatric subspecialty clinic (MEPRS three letter code BDB) must only be established when it meets the criteria of a physical work center.

b. Within DMHRSi:

(1) Pediatric subspecialists should be assigned to MEPRS code BDB*.

(2) Family medicine PCMs should be assigned to MEPRS codes BGA*/BGZ* or BHA/BHZ*.

(3) Pediatric PCMs should be assigned to MEPRS codes BDA*/BDZ*.

(4) Internal medicine PCMs will be assigned to MEPRS codes BAA*/BAZ*.

(5) Flight and operational medicine PCMs will be assigned to MEPRS codes BJA*/BKA*. 
(6) Full time-hospitalists are to be assigned to “B” MEPRS code to ensure they are not double discounted.

6. **Computing Empanelment per PCM**

   a. To calculate empanelment per PCM by Service medical department, all provider electronic data interchange person numbers will be gathered from source tables as follows:

      (1) Those who exist within DMHRSi manpower file (to include those who do and do not report time).

      (2) Those that completed at least one encounter in the month of measurement.

      (3) Those that exist in Defense Enrollment Eligibility Reporting System (DEERS) as a provider.

   b. All the patients in DEERS will be matched to their PCM using the PCM identifier that matches the electronic data interchange person numbers of the provider.

   c. The providers and associated empanelment will be filtered using the criteria and deductions outlined in this notice to resolve an empanelment per PCM by parent Defense Medical Information System Identifiers.