

OUTPATIENT SCHEDULING PROCESSES AND PROCEDURES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy for outpatient clinic appointment scheduling processes and procedures in Veterans Health Information Systems and Technology Architecture (VistA).

2. SUMMARY OF MAJOR CHANGES: This revised VHA directive updates policies, responsibilities, and definitions for outpatient scheduling processes and procedures.

a. Amendment dated July 12, 2019 adds and/or clarifies minimal scheduling efforts for outpatient appointments:

(1) Appendix C, paragraph 12.c., Scheduling Business Rules;

(2) Appendix I, paragraph 1., No Show Process Business Rules;

(3) Appendix K, paragraphs 9 and 11, Recall Reminder Application Business Rules;
and

(4) Appendix P, paragraphs 7.a and 7.c., New Enrollee Appointment Request List Business Rules;

(5) The addition of Appendix S, Minimum Scheduling Efforts for Outpatient Appointments; and

(6) Separated Vista Clinic Profile Request Template into its own Appendix M, and renumbered the remaining appendices, M through S.

b. Amendment dated July 12, 2019 adds/clarifies outpatient clinic scheduling resources:

(1) Paragraph 5.d.(2), Responsibilities, VA Medical Facility Director

(2) Paragraph 5.i.(1), Responsibilities, Scheduling Manager/Supervisor/Group Practice Manager (GPM)

(3) Paragraph 5.k.(1), Responsibilities, Scheduler/Primary Care Management Module (PCMM) Coordinator

(4) Appendix R, Scheduling Supply and Demand Reports

(5) The addition of Appendix T, Outpatient Clinic Scheduling Resources

c. Amendment dated January 22, 2020 adds and clarifies appointment scheduling for eligible walk-in Veterans by adding Appendix U: Standardization of Appointment Scheduling for Eligible Veteran Walk-In Enrollments at the VA Medical Facility.

d. Major changes are as follows:

(1) Paragraph 2.e, Background and 4.c, Definitions: Establishes Clinically Indicated Date (CID).

(2) Paragraph 2.e, Background and 4.h, Definitions: Use of Preferred Date (PD) versus Desired Date (DD).

(3) Paragraph g.3, Associate Chief of Staff/Service Line Chief/ Manager/ Provider: Responsibilities Provider must enter the CID and/or EAD in CPRS.

(4) Paragraph 12.a, Appendix C. Schedulers document two efforts to contact patients to make appointments.

(5) Paragraph 6, Appendix O. The scheduling of all appointment requests originating from fully processed VA Form 10-10EZs (known as the date VA determines eligibility) must be initiated within 7 calendar days.

(6) Definitions: "No show" definition added, was formerly referred to as "missed opportunity."

(7) Added appendices A-Q: Scheduling Business Rules for scheduling practices.

(8) Audit requirements have changed. See section D.

3. RELATED ISSUES: VHA Directive 1231, Outpatient Clinic Practice Management, dated November 15, 2016; VHA Directive, 1232 Consult Processes and Procedures, dated August 24, 2016; VHA Directive 2007-033, Telephone Service for Clinical Care, dated October 11, 2007; and H.R. 3230 Veterans Access, Choice and Accountability Act of 2014.

4. RESPONSIBLE OFFICE: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this directive. Questions relating to this directive may be referred to Executive Director of Access and Clinic Administration Program Office via email at 10NC10Action@va.gov.

5. RESCISSIONS: VHA Directive 2010-027, dated June 9, 2010 is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 2021. This directive will continue to serve as national VHA policy until it is recertified or rescinded.

July 15, 2016

AMENDED
1/22/2020

VHA DIRECTIVE 1230(2)

/s/ David J. Shulkin, M.D.
Under Secretary for Health

NOTE: Amendments to this directive are considered policy and will remain in effect until this directive is recertified. Applicable 10N memoranda are located on the Office of Veterans Access to Care (OVAC) SharePoint site at the following link: <https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/CAO/10N%20Memo%20and%20Directive%20Archive/Forms/AllItems.aspx>. **NOTE:** This is an internal Web site that is not available to the public.

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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OUTPATIENT SCHEDULING PROCESS AND PROCEDURES**1. PURPOSE**

a. This Veterans Health Administration (VHA) directive updates policy concerning Veterans Health Information Systems and Technology Architecture (VistA) outpatient scheduling standards for Veterans eligible for health care services. This directive represents VHA's policy for scheduling processes and procedures. All national or local policies or memos are superseded to the extent that they conflict with this directive, and will not be followed. AUTHORITY: 38 U.S.C. 7301(b).

b. Exemptions: Due to the unique scheduling requirements, the following programs are exempt from the requirements of this directive:

- (1) Home Based Primary Care-HBPC (Stop Codes 170-177)
- (2) Hospital in Home-HIH (Stop Code 354)
- (3) Medical Foster Home-MFH (Stop Code 162)
- (4) Community Residential Care-CRC (Stop Code 121)
- (5) VA-Adult Day Health Care (Stop Code 190)
- (6) Health care for Homeless Veterans (HCHV) Program (Stop Code 555)
- (7) Compensation and Pension (C&P) (Stop Code 450)
- (8) DBQ Referral Clinic (Stop Code 443)
- (9) C&P via Clinical Video Telehealth (CVT) Patient Site (Stop Code 444)
- (10) C&P via Clinical Video Telehealth (CVT) Provider Site (Stop Code 445)
- (11) IDES (Integrated Disability and Evaluation System) via Clinical Video Telehealth (CVT) Patient Site (Stop Code 446)
- (12) IDES (Integrated Disability and Evaluation System) via Clinical Video Telehealth (CVT) Provider Site (Stop Code 447)
- (13) Integrated Disability Evaluation System Exam (Stop Code 448)
- (14) Purchased Care Programs
 - (a) Purchased Skilled Care (POV 70 & 74) (EWL Stop Code 682)
 - (b) Homemaker Home Health Aide (POV 71) (EWL Stop Code 682)
 - (c) Outpatient Home Respite (POV 72, 73 & 79) (EWL Stop Code 682)

(d) Contract Adult Day Health Care (Stop Code 191) (POV 76)

(e) Veteran Directed Home & Community Based Care (POV 27) (EWL Stop Code 682)

(f) PACE (POV 26)

(g) Purchased Home Hospice (POV 77 & 78)

(h) Community Nursing Home (POV 40, 41, 42, 43, 44)

2. BACKGROUND

a. VHA is committed to providing timely, high quality outpatient care for all enrolled Veterans. This requires a sound Veterans Health Information Systems and Technology Architecture (VistA) scheduling system, and business practice and processes that meet patients' needs without delay.

b. VistA is an integrated electronic health record information technology system created and used by VHA with approximately 200 application/modules. The VistA Scheduling module is designed to assist in the set-up of outpatient clinics, scheduling of patients for clinic appointments, and the collection of related workload data for reporting purposes.

c. Public Law (Pub. L.) 104-262, the Veterans Health Care Eligibility Reform Act of 1996, mandated VHA establish and implement a national enrollment system to manage the delivery of health care services to Veterans.

d. The Veterans Access Choice and Accountability Act of 2014, Pub. L. 113-146, was signed into law to help improve Veterans' access to care. This legislation created the framework for the Veteran's Choice Program; a temporary program offering Community Care to Veterans who meet specific eligibility requirements.

e. VHA measures patient wait times using a number of enterprise wide timestamps such as the Preferred Date (PD) and, the Clinically Indicated Date (CID), as initial reference points in pending or completed appointments. As the second reference point, VHA publishes wait times according to the method prescribed in the Federal Register, <https://www.federalregister.gov/articles/2014/11/05/2014-26274/publication-of-wait-times-for-the-department-for-the-veterans-choice-program>.

3. POLICY

It is VHA policy that Veterans' appointments are scheduled timely, accurately, and consistently with the goal of scheduling appointments no more than 30 calendar days from the date an appointment is deemed clinically appropriate by a VA health care provider (Clinically Indicated Date), or, in the absence of a Clinically Indicated Date (CID), 30 calendar days from the date the Veteran requests outpatient health care service (Preferred Date). The scheduling of all appointment requests originating from

fully processed VA Form 10-10EZs must be initiated within 7-calendar days. **NOTE:** See Appendix U for procedures on scheduling for eligible Veteran walk ins at VA medical facilities.

4. DEFINITIONS

a. **Blind scheduling.** Blind scheduling occurs when an appointment is scheduled without negotiating the date and time with the patient. Blind scheduling is prohibited.

b. **Cancelled by Clinic.** Cancelled by clinic is an appointment cancelled by the clinic, not the patient. Preset VistA reasons for cancelled by clinic are: appointment is no longer required; clinic is cancelled; clinic staffing; inpatient status; other; patient death; patient ineligible; scheduling conflict/error; transfer outpatient (OPT) care to other VA; or weather.

c. **Cancelled by Patient.** Cancelled by patient means the patient has requested a currently scheduled appointment be cancelled. The patient may or may not reschedule the appointment.

d. **Clinic Profile.** The clinic profile is the customized parameters in VistA Scheduling that define outpatient clinic parameters. These include clinic name, start date/time, provider, location, frequency of the clinic, operating times, Stop Codes, overbooking allowance, count or non-count clinic, billable or non-billable for first party copays, billable or non-billable for third party billing, appointment lengths, users, etc.

e. **Clinically Indicated Date.** The Clinically Indicated Date (CID) is the date an appointment is deemed clinically appropriate by a VA health care provider. The CID is contained in a provider entered Computerized Patient Record System (CPRS) order indicating a specific return date or interval such as 2, 3, or 6 months. The CID is also contained in a consult request.

f. **Count Clinic.** Count clinic is a clinic set up to transmit patient care encounter (PCE) workload. Count clinics meet the definition of an encounter or occasion of service.

g. **Desired Date.** The date the patient or provider wants the patient to be seen. Desired date has been replaced with Preferred Date(PD) to indicate when the patient wants to be seen and clinically indicated date to indicate the date the provider wants the patient to be seen.

h. **Electronic Wait List.** The Electronic Wait List (EWL) is VHA's official list to track patients who have been waiting for more than 90 calendar days for an appointment. Requests on the EWL consist of patients who have not been seen in the stop code within 24 months (new patients) and established patients seen within 24 months of the same stop code grouping but referred for a new clinical problem. **NOTE:** *The Veterans Choice List (VCL), local facility "transfer lists" and Non-VA Care Continuum (NVCC) lists are also names of electronic lists used by the VHA for defined purposes. These lists*

are set up in non-count clinics. These lists employ EWL software, but they are not official wait lists subject to the business rules described in Appendix J.

i. **Emergent Care.** Emergent care is care for a condition for which immediate treatment is required to prevent the loss of life or limb or is required to prevent the progression of a disease process that could lead to the loss of life.

j. **Encounter.** An encounter is a professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in outpatient and inpatient settings (including Residential Rehab Treatment centers). **NOTE:** Refer to VHA Directive, 1082 Patient Care Data Capture, dated March 24, 2015..

(1) Contact can include face-to-face interactions or those accomplished via telecommunications technology.

(2) Contact can be through Secure Messaging which is available through the My HealthVet (MHV) personal health record (PHR). These non-urgent communications must meet the definition of an encounter. A review of the health record is done by the physician or qualified non-physician and clinical decision making is performed at some level. The care plan is communicated with the patient electronically. (The Secure Message that is related to a visit within the last 7 calendar days cannot be captured as workload as it is considered part of the actual face-to-face visit). **NOTE:** Veteran requirements – must be an established patient with the provider, be registered on My HealthVet as a user, and have upgraded access by completing the requirements for In- Person Authentication.

(3) Encounters are neither occasions of service nor activities incidental to an encounter for a provider visit. For example, the following activities are considered part of the encounter itself and do not constitute encounters on their own: taking vital signs, documenting chief complaint, giving injections, pulse oximetry, administering medications, etc.

(4) A telephone contact between a provider and a patient is only considered an encounter if the telephone contact is documented and that documentation include the appropriate elements of a face-to-face encounter, namely history and clinical decision-making. Telephone encounters must be associated with a clinic assigned to one of the telephone stop codes and are to be designated as count clinics.

k. **Established Patient Appointment.** An appointment is defined as an established patient appointment when the patient that has had a prior completed appointment within the same Stop Code within 24 months.

l. **Late Arrival.** Late arrival occurs when a patient presents after their scheduled appointment time is passed, but before the end of the clinic session.

m. **Licensed Provider.** A licensed provider is an individual at any level of professional specialization who requires the official or legal permission to practice in an

occupation as evidenced by documentation issued by a State in the form of a license and/or registration. A practitioner can also be a provider. **NOTE:** Refer to VHA Directive 1082 Patient Care Data Capture.

n. **Missed Opportunity.** See No Show.

o. **New Patient Appointment.** A new patient appointment is defined as a patient that has not completed an appointment in Stop Code over the past 24 months.

p. **No Show.** A no show occurs when a patient does not present for a scheduled appointment by the time the appointment was scheduled to start. In order to distinguish a no show from a late arrival, schedulers are encouraged to enter no shows at the end of the day. The formula for calculating no shows is those appointments marked as a no show by the scheduler, plus appointments cancelled by clinic after the scheduled appointment time, plus appointments cancelled by patient after the scheduled appointment time. **NOTE:** Formerly referred to as a missed opportunity.

q. **Non-Count Clinic.** A non-count clinic is a clinic established for internal use only, i.e., managing clinics and not transmitted to National Patient Care Database (NPCD). This clinic's workload does not meet the definition of an encounter or an occasion of service.

r. **Non-Licensed Independent Provider.** A non-licensed provider is an individual without the official or legal permission to practice in an occupation and supervised by a licensed or certified individual in deliver care to patients. **NOTE:** Refer to VHA Directive 1082 Patient Care Data Capture.

s. **Non-Service Connected.** A non-service connected (NSC) Veteran is one who does not have a VA adjudicated illness or injury incurred in, or aggravated by, military service.

t. **Occasion of Service.** Formerly known as ancillary service, an occasion of service is a specified identifiable instance of technical or administrative service involving the care of a patient or consumer which is not an encounter and not requiring independent clinical judgment in the overall diagnosing, evaluating, and treating the patient's condition(s).

(1) Occasions of service are the result of an encounter. Examples are: clinical laboratory tests, radiological studies, physical medicine interventions, medication administration, and vital sign monitoring are all examples of occasions of service.

(2) Occasions of service, such as clinical laboratory, radiology studies, and tests are automatically loaded to the PCE database from other VistA packages. **NOTE:** Refer to VHA Directive 1082 Patient Care Data Capture.

u. **Preferred Date.** The preferred date (PD) is the date the patient communicates they would like to be seen. The PD is established without regard to existing clinic schedule capacity.

v. **Priority Groups.** Priority groups are established by Title 38 United States Code (U.S.C.) 1705 to determine which categories of Veterans are eligible to be enrolled. All enrolled Veterans will be placed in the highest priority group(s) for which they are qualified. **NOTE:** Refer to VHA Handbook 1601A.03, *Enrollment Determinations*.

w. **Primary Provider.** A Licensed Independent Provider, who is the attending and/or supervising provider, is always to be listed as the primary provider for all encounters provided by a Medical Resident, Psychology Resident, Psychology Intern, and when the patient is seen in conjunction with another qualified health care provider such as a nurse during the same appointment visit. For instance, if the Veteran is being seen by a Physician Assistant and a Physician within the same Clinic visit, the Physician would be the primary provider with the Physician Assistant listed as a secondary provider. However, if the Veteran is being seen by a Physician Assistant and is treated only by the Physician Assistant, the Physician Assistant is the primary provider of record. **NOTE:** Refer to VHA Directive 1082 *Patient Care Data Capture*.

x. **Recall Reminder Application.** A recall reminder (RR) application is an electronic function of the VistA scheduling system that serves to queue or hold appointment requests for scheduling at a future time closer to the time the appointment is intended be completed.

y. **Return To Clinic Date.** Refer to Clinically Indicated Date (CID).

z. **Scheduler.** A scheduler is any staff member assigned the VistA Scheduling Menu Options, " Make Appointment", EWL, Recall Reminder. Schedulers make, reschedule, cancel, and no show Veteran appointments and/or enter patients on EWL. Schedulers have successfully completed required scheduler and soft skills training.

aa. **Service-Connected Veteran.** A service-connected (SC) Veteran is one who has an illness or injury incurred in, or aggravated by, military service as adjudicated by the Veterans Benefits Administration.

bb. **Stop Code.** Stop codes are codes that define clinical work units and measure workload for costing purposes. A primary stop code and secondary stop code compose the six dig Stop Code and are assigned by Medical Cost Accounting (MCAO) staff. Each clinic must be set up with appropriate Stop Code Identifiers.

(1) **Primary Stop Code.** A primary stop code is the first three digits of the Stop Code and designates the main clinical group responsible for the care. Three numbers must always be in the first three characters of a Stop Code for it to be valid.

(2) **Secondary Stop Code.** A secondary stop code is the last three digits of the stop code and designates the secondary or credit stop code which serves as a modifier to further define the work. A VA medical center can use the secondard Stop Code as a modifier of the work provided in the primary clinical care work unit (identify by the primary Stop Code).

(3) **Credit Pair.** Credit pair is the common term used when two Stop Codes , a primary and secondary code, are utilized when establishing outpatient clinics in the VistA software.

cc. **Stop Code Grouping.** Logical groupings of stop codes defining a particular type of health care as established by the VHA Stop Code Council.

dd. **The Relevant other Licensed Independent Provider.** The relevant other Licensed Independent Provider. e.g., Psychologist, Pharmacist, Licensed Clinical Social Worker, is to be listed as the primary provider for any trainees they supervise (e.g., Psychology Intern, Pharmacy Resident) or any other non-licensed independent provider (NLIP) under their supervision. **NOTE:** Refer to VHA Directive 1082, Patient Care Data Capture.

ee. **Urgent Care.** Urgent care is care for an acute medical illness or mental health need or for minor injuries for which there is a pressing need for treatment to manage pain or to prevent deterioration of a condition where delay might impair recovery.

5. RESPONSIBILITIES

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management has overall responsibility to oversee and improve access. Access indicators include but are not limited to: wait time measures, clinic utilization, cancelled by clinic, no shows and measures of patient satisfaction at the National level.

b. **Director, Access and Clinic Administration Program.** The Director, Access and Clinic Administration Program (ACAP), is responsible for day-to-day support of national issues and programs in the general areas of scheduling policy, procedures, education, applications and oversight across VHA. In addition, the Director assists the Deputy Under Secretary for Health for Operations and Management to oversee and improve access within the VHA.

c. **Veteran Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for ensuring: VistA Scheduling applications are maintained in accordance with nationally distributed software and software patches.

(1) Oversight of the scheduling program and patient wait times in order to ensure timely access to care for eligible veterans.

(2) Monitoring compliance with this directive and requesting assistance from ACAP when needed.

(3) Performance and management of Insurance Capture Buffer (ICB) "Exceptions List" and "Patient Update."

d. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring:

(1) Providing appropriate resources to adequately perform scheduling tasks to meet the needs of Veterans. This includes overall responsibility for appropriately managing the EWL, community care referrals and clinic access.

(2) Ensuring that each VA medical facility assesses scheduling resource levels no less than yearly. This review is intended to ensure appropriate staff are scheduling appointments. Monthly monitoring is recommended. See appendix T for additional outpatient clinic scheduling resource requirements.

(3) Managed process for ongoing staff training and scheduling competency. See Appendix D.

(4) Continuous auditing and improvement process of scheduling activities such as the timeliness and appropriateness of scheduling actions, accuracy of CID or PD dates and telephone call quality.

(5) Annual review of all clinic profiles for accuracy, necessity and appropriate utilization.

(6) Ongoing review of access to care indicators.

(7) Monitoring compliance with this directive and reporting non-compliance to the VISN Director.

e. **Facility Revenue Manager.** The Facility Revenue Manager is responsible for ensuring:

(1) Whether the new clinic is billable/non-billable or upon clinic changes.

(2) Conducting an annual review, at a minimum, of all active Clinic profiles in collaboration with the respective Associate Chief of Staff/Service Line Chief/Manager (ACOS/SLC/M) and the Medical Cost Accounting Office Staff (MCAO).

f. **Chief of Staff.** The Chief of Staff and/or designee is responsible for ensuring:

(1) The Clinical staff document a CID order in CPRS, encounter data elements, and progress note patient's medical record in order for timely scheduling of appointments and workload transmission to PCE.

(2) Clinical staff involved in scheduling processes comply with national scheduling training requirements and include scheduling activities in their functional statement.

(3) The Associate Chief of Staff/Service Line Chief/Manager/Provider complies with clinic profile management business rules.

g. **Associate Chief of Staff/Service Line Chief/Manager/Provider.** The Associate Chief of Staff/Service Line Chief/Manager/Provider and/or designee is responsible for ensuring:

(1) Providers submit template request(s) for new Clinic establishment or existing clinic changes in accordance with Appendix L, Clinic Profile Management Business Rules.

(2) The ACOS/SLC/M must approve requests for Clinic Profile Inactivation consistent with Appendix M, Clinic Profile Inactivation. Inactivation requests should include date of and reason for inactivation, and follow up care needed for patients with appointments remaining in clinic.

(3) Providers enter the CID for future appointment requests in the Computerized Patient Record System (CPRS) Order. The provider makes a CID determination based upon the clinical needs of the patient. The CID may not be changed by the scheduler due to lack of availability of appointments. The date may only be changed if it was entered in error.

(4) The sending/referring provider enters the Earliest Appropriate Date (EAD)/CID in the CPRS Consult request. The sending provider makes an EAD/CID determination based upon the clinical needs of the patient. The EAD/CID may not be changed by the receiving provider or scheduler due to lack of availability of appointments. The date may only be changed if it was entered in error. Erroneously entered EAD/CID can be corrected by either the sending or receiving service using the Cancel/Resubmit process.

(a) Appointment availability timeframes are monitored in order to identify clinics with wait times of greater than 30 calendar days and improve access.

(b) Annual review of respective service clinics in collaboration with MCAO staff and Facility Revenue Manager (FRM).

h. **Medical Facility Associate Director.** The Medical Facility Associate Director is responsible for ensuring:

(1) Development of a process to request and authorize the establishment of new clinics, modifications, and/or inactivation's in accordance with Appendices L-M.

(2) Maintenance of and an annual review of the Master List of staff having scheduling authority and subsequent review and certification that listed staff with scheduling authority have completed required training.

(3) Security of VistA access menus and keys to "make appointment" option in Scheduling software to those staff having need to fulfil job requirements and have successfully completed scheduling training requirements.

i. **Scheduling Manager/Supervisor/Group Practice Manager (GPM).** The Scheduling Manager/Supervisor/Group Practice Manager (GPM) is/are responsible for ensuring:

(1) Adherence to business rules outlined in Appendices A-T.

(2) Day to day scheduling processes and oversight.

(3) Performance and management of the recall reminder system in accordance with published procedures.

(4) Establishment of EWL clinics as appropriate in accordance with Appendix J.

(5) Minimizing access to the VistA Scheduling options for scheduling appointments, PCMM menu options, and EWL entries to ensure staff competency to perform these duties.

(6) Mail group messages from nightly background jobs are addressed in order to correct problems, issues, changes identified in scheduling activities.

(7) Scheduler position descriptions include responsibilities relative to scheduling, PCMM assignments, Recall and EWL.

(8) Schedulers complete scheduler training prior to being released to work unit.

(9) Annual scheduler competency assessment is completed relative to scheduling, PCMM assignments, Recall and EWL entries as appropriate.

j. **MCAO Manager.** The MCAO Manager is responsible for:

(1) Reviewing labor mapping of active and inactivated clinics making appropriate changes in accordance with MCAO guidelines in collaboration with ACOS/SLC/M and FRM.

(2) Assigning Stop Code(s) to newly established or modified clinics in accordance with Appendix L.

(3) Conducting annual review of all active clinic profiles in accordance with Appendix L in collaboration with FRM ensuring accuracy of MCAO codes, labor mapping adjustments.

k. **Scheduler/Primary Care Management Module (PCMM) Coordinator.** The Scheduler/PCMM Coordinator is/are responsible for ensuring:

(1) Adherence to business rules detailed in appendices A-T.

(2) Successfully completing national Talent Management System (TMS) scheduling modules and Soft Skills trainings. Maintaining documentation of evidence of required minimum training.

(3) Scheduling errors are corrected in accordance with Appendix E, Correcting Scheduling Errors in Business Rules.

(4) Patient no shows are entered in VistA Scheduling prior to the end of the workday in accordance with Appendix I and VHA Directive 1232, Consult Processes and Procedures.

(5) Electronic Wait List (EWL):

(a) Veterans Choice Program (VCP) policy regarding EWL and Choice processes are followed when appointments cannot be scheduled within 30 calendar days of the CID or PD.

(b) Patients are removed from the EWL, in accordance with Appendix J, after an appointment has been made for the patient, or when unable to contact Veteran after making the required number of contact attempts or if the Veteran is deceased.

(c) Appointments are made from EWL requests beginning with highest priority level, (PL1-8), then by chronological date, in accordance with Appendix J.

(d) EWL Reports are reviewed daily in accordance with Appendix J.

(e) Clinic grids are scanned daily to identify appointment availability in order to schedule an appointment and remove patients from the EWL.

(f) PCMM Coordinator promptly schedules new enrollees from the NEAR List, EWL patients requesting Primary Care.

I. HAS Application Specialist/Clinic Profile Manager/Clinical Application Coordinator. The HAS Application Specialist/Clinic Profile Manager/Clinical Application Coordinator is responsible for:

(1) Establishing clinic profiles in VistA in accordance with Clinic Profile Template in Appendix L.

(2) Ensuring VistA scheduling nightly software background jobs run accordingly, and mail groups notify appropriate staff so that appropriate action can be taken from the nightly runs.

(3) Minimizing and monitoring access to the VistA Scheduling options for scheduling appointments, PCMM menu options, Recall, and EWL entries to ensure staff competency in performing these duties. Assign "view only" options to those staff who do not require access to make appointments.

(4) Timely completion of clinic cancellation requests approved by respective ACOS/SLC/M.

m. Facility Talent Management System (TMS) Administrator/TEMPO. The facility TMS Administrator/TEMPO must:

(1) Document employee scheduling training.

(2) Maintain and validate annually the facility Master Scheduler List. This list includes all individuals, including direct supervisors, with assigned VistA menu options to create outpatient appointments, make entries to Electronic Wait List (EWL) or make entries to the Primary Care Management Module (PCMM).

(3) Enter Soft Skills training completion into TMS from sign-in sheets of participants who took face-to-face training into the Talent Management System (TMS).

6. REFERENCES

- a. Public Law 104-262, 113-146, 105-368
- b. Public Law 110-181 National Defense Authorization Act of 2008
- c. Public Law 113-146 Veterans Access, Choice and Accountability Act of 2014
- d. Veterans Access Choice and Accountability Act of 2014, 38 CFR 17.1510.
- e. 38 U.S.C. 1703, 1705 1710
- f. Code of Federal Regulations (CFR) 17.52, 17.100, 17.36, 17.37, 17.38, 17.49
- g. VA Handbook 6340, Mail Management, dated September 11, 2017.
- h. VA Financial Policy, Volume XIII, Cost Accounting, Appendix E, VHA Standardization of Stop Codes.
- i. VHA Directive 1231, Outpatient Clinic Practice Management, dated November 15, 2016.
- j. VHA Directive 1232, Consult Processes and Procedures, dated August 23, 2016.
- k. VHA Directive 2007-033, Telephone Service for Clinical Care, dated October 11, 2007.
- l. VHA Directive 1082, Patient Care Data Capture, dated March 24, 2015.
- m. VHA Handbook 1601A.03, Enrollment Determinations, dated September 25, 2015.
- n. ACAP SharePoint Scheduler Training information
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/AdministrativeAccess/Scheduler%20Training/Forms/AllItems.aspx?InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>
- o. [Insurance Capture Buffer \(ICB\) training and job aids information:](https://vaww.cboebusiness.fsc.va.gov/SitePages/ICB.aspx)
<https://vaww.cboebusiness.fsc.va.gov/SitePages/ICB.aspx>

p. Scheduling Community of Practice on VA PULSE at the following link:
<https://www.vapulse.net/community/acap/acap-scheduling>

RESOURCES

- a. VA Software Document Library: <http://www.va.gov/vdl/section.asp?secid=1>
- b. Scheduling User Manual: <http://www.va.gov/vdl/application.asp?appid=100>
- c. EWL User Manual: <http://www.va.gov/vdl/application.asp?appid=131>
- d. Recall Reminder System User Guide:
<http://www.va.gov/vdl/application.asp?appid=100>
- e. Supervisors Menu: <http://www.va.gov/vdl/application.asp?appid=100>
- f. Appointment Menu: <http://www.va.gov/vdl/application.asp?appid=100>
- g. Registration Menu: <http://www.va.gov/vdl/application.asp?appid=100>
- h. Ambulatory Care Reporting: <http://www.va.gov/vdl/application.asp?appid=100>
- i. NEAR Manual: <http://www.va.gov/vdl/application.asp?appid=100>
- j. Transitioning Service Members/Veterans: Making Appointments (November 2015)
http://vaww.va.gov/heclibrary/pubs/AppointmentScheduling/10-634_scheduling_appointments_for_transitioning_service_members.pdf. **NOTE:** This is an internal VA Web site that is not available to the public.
- k. VA Pulse: ACAP Community: <https://www.vapulse.net/community/acap>
- l. Health care Operations Dashboard:
<https://bioffice.pa.cdw.va.gov/default.aspx?bookid=ae854f2f-2cd0-444d-a7c7-bfd7b1b00e0c|ispasFalse|report61060160-deea-4d45-903a-776f97f33415|ws4|wsb0|isDisabledAnalyticsFalse|isDashboardPanelOnTrue>
- m. VSSC: Access and Clinic Administration: <http://vssc.med.va.gov/>. **NOTE:** This is an internal VA Web site that is not available to the public.
- n. Supervisor Audit Tool:
https://vaww.app.dev.dwh.cdw.portal.va.gov/BISL_SCHEDAUD/APP/v1/#/home.
NOTE: This is an internal VA Web site that is not available to the public.
- o. Scheduling Trigger Tool:
<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSysRD%2fWaitTimes%2fScheduling+Trigger+Tool&rs:Command=Render>. **NOTE:** This is an internal VA Web site that is not available to the public.

GENERAL SCHEDULING BUSINESS RULES

1. Provide Veterans non-emergent outpatient health care service in accordance with the enrollment determination Priority Groups 1-8 defined in VHA Handbook 1601A.03, Enrollment Determinations, or subsequent policy issue.

a. Priority scheduling of any Service Connected (SC) Veteran will not affect the medical care of any previously scheduled Veteran.

b. Emergent and urgent health care needs take precedence over a service connected priority status.

2. Provide Veterans care in accordance with the Comprehensive Mental Health Strategic Plan of 2004 and VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, or subsequent policy issue, each of which places a high priority on enhancing mental health services for returning Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans, as well as for those who served in prior eras.

3. The VHA wait time goal is 30 calendar days or less from the date that an appointment is deemed clinically appropriate by a VA health care provider, which is the Clinically Indicated Date (CID), or in the absence of a CID, the Veteran's Preferred Date (PD).
NOTE: See Appendix U for goals on scheduling walk in appointments for Veterans at VA medical facilities.

4. Organizationally align scheduler positions as close to the facility service having primary responsibility and oversight of scheduling processes as possible, e.g., Health Administration Service (HAS) or the Community Care.

5. Staff assigned VistA menu options and keys for active access to scheduling, Recall Reminder (RR), and EWL must have documented evidence of completing the required minimum national Talent Management System (TMS) training modules, and team building concepts.

6. Maintain facility Master Scheduler List in order to identify staff assigned VistA menu options and keys for scheduling processes.

7. Create and capture outpatient appointments, meeting the definition of an encounter, in count clinics using VistA Appointment Management to result in timely processing of workload capture by Patient Care Encounter (PCE) and National Patient Care Database (NPCD). Refer to VHA Directive 1082 Patient Care Data Capture.

8. Assign the "View only" VistA scheduling option to staff who need to view patient information and appointments only. The "view only" option negates requirements for scheduler training, competency assessment, and auditing.

SCHEDULING BUSINESS RULES

1. Schedule appointments immediately but no later than three calendar days after the request. **NOTE:** *Schedule appointment requests generated through the Consult package in accordance with VHA Directive 1232, Consult Processes and Procedures. See Appendix U for procedures on scheduling eligible Veterans who walk in at VA medical facilities.*

2. Validate and update at each appointment the patient's demographics, e.g., address, contact information, and health insurance when applicable utilizing the Insurance Capture Buffer (ICB) software.

3. Make future appointments based on the Clinically Indicated Date (CID) entered by the provider in the Computerized Patient Record System (CPRS) order entry. Date ranges are not acceptable.

a. At check out, complete the CID order by offering to make the appointment "on the spot" or at a later time with patient's input.

b. Unless otherwise specified by provider, the CID date is defined to mean the patient can be scheduled within 30 calendar days of that CID date.

c. Providers must enter the CID in the CPRS orders tab.

d. Schedulers must use the CID documented in CPRS orders to make future appointments, or enter the CID into the appropriate Recall Reminder (RR) field, if the patient requests to make an appointment at a future time. These activities must be done at the time of checkout.

e. If the Veteran wishes to make the appointment beyond 30 calendar days from the CID, the scheduler should notify the ordering provider for approval to ensure appropriate clinical care and an adequate supply of medications. If VA is not able to offer an appointment within 30 days of the CID/PD, the patient may be eligible for the Choice program. In this case, the scheduler must ask the patient if they would prefer to make an appointment in the community or wait beyond 30 days for a VA appointment.

f. If the patient chooses the community referral, the scheduler must enter the request on the Veterans Choice List (VCL).

g. If the Director has approved the single booking process for Choice appointments and the patient chooses to make a VA appointment beyond 30 days, then the scheduler includes the string "#COO#" (meaning Choice Opt Out) in the comment section of the pending appointment. In this case, the patient's request is NOT entered on the VCL.

4. Schedulers must transcribe the CID located in CPRS order into the CID/PD field of VistA Scheduling or RR. Do not change the CID or PD unless the patient cancels and

reschedules the appointment. **NOTE:** *In the future, the “Desired Date” field label in VistA will change to “CID/PD.”*

5. Schedule appointments for new or established patients, or for established patients requesting appointments where no CID is available according to the Veteran’s preferred date (PD). Enter the PD in the (CID/PD) field of VistA Scheduling.

6. Schedule clinic appointments requested through an inpatient discharge event according to the provider’s CPRS order entry. This order contains the CID.

7. Use the “Next Available” (NA) VistA appointment option when a patient or a provider specifically requests a next available appointment or EWL appointment requests with “as soon as possible” (ASAP) as the “DD”. When entering a NA request, the default for the PD is “Today” and the clinic grid in VistA will open to the first available appointment in the provider’s schedule. Schedule appointment with patient input for that date/time. In order to use the NA option best in the legacy VistA Application:

a. Identify open capacity by running VistA’s “Display of Clinic Availability” report. Provide report to providers and triage staff once or twice daily as needed for their information about when clinic slots become open in the future.

b. Schedulers use this information to inform patients when the provider’s schedule has open capacity in order to negotiate future appointments with patients.

8. Schedule walk-in or or call-in appointments according to Licensed Provider (LP) or Registered Nurse (RN) directions. For example, a walk-in or call-in patient is triaged by the provider or nurse who determines the appointment date. Schedulers will enter the LP/RN’s request in the appointment comment section when scheduling the appointment.

9. If a provider requests a patient’s RTC on a specific date, schedule the RTC exactly as specified. **NOTE:** *If the clinic is full on the requested date, the scheduler must overbook the request. Clinic profiles must include be set up to allow overbooks.*

10. Enter “cancelled by patient” when a patient originates the cancellation request. Also, Enter preset cancellation reason: Death in family, Other, Transfer Outpatient (OPT) care to other VA; Travel difficulty, Unable to keep appointment, Weather. **NOTE:** Use of “other” requires additional comment.

11. Schedule all patient appointments with patient’s input. Do not blind schedule appointments.

a. Document two contacts (one phone call and a contact letter) occurring on separate days via VistA scheduling comment field or electronic Progress Note template per local policy.

b. Monitor undeliverable and returned letters to the facility and document in patients, “Bad Address Indicator.”

c. After 14-calendar days without patient's response to letter, provider enters a disposition of the appointment status in patient's record. (See Appendix S)

d. Scheduler enters this disposition in scheduling comment field. Remove from RR or EWL, or respond to consult as appropriate.

12. Search VistA clinic grids daily to identify open appointments resulting from patient cancellations or unscheduled appointments. Offer these open appointments to:

a. Patients on the EWL by Priority Level Groups 1-8, then by chronological date. Schedule if Veteran accepts the offered appointment date/time and remove patient from the respective EWL. If Veteran declines, assure individual of future contact for an appointment.

b. Patients with future appointments seeking an earlier appointment.

c. Same day consults, walk-ins.

13. Enter 'Unscheduled' visit for a walk-in patient for the current date.

14. If patient requests a new appointment, cancel appointment "by patient," make a new appointment with the patient's new PD. **NOTE:** *Wait time is measured from the patient's new PD and the original CID is cancelled.*

15. Supervisors should monitor reports including those found in Appendix Q to review supply and demand, access data, scheduling errors addressing issues accordingly.

16. Schedulers must not hold appointment slots with "Test Patients", "ZZ Test Patients" or anything other than an eligible Veteran. The following link provides a list of test patients scheduled in live VistA accounts:

<https://securereports2.vssc.med.va.gov/reportserver?%2fSystems+Redesign%2fTest+and+Deceased+Patient+Appointments+-+Summary&rs:Command=Render>.

NOTE: *It is recommended that all clinics develop scheduling Standard Operating Procedures (SOP) that align with this directive. SOP's allow clinical decisions made by the team to be implemented in a standard way. For example, an SOP may guide schedulers in handling walk-in patients or specify streamlined procedures for flu shots.*

SCHEDULER TRAINING BUSINESS RULES

1. Scheduling Subject Matter Experts (SME) will train and develop staff to improve skills and positively influence patient-centered care.

a. Each staff member involved in the scheduling of outpatient appointments, use of Electronic Wait List (EWL), and Recall Reminder (RR) and the individual's supervisor must successfully complete training. Scheduler training consists of a customer service program (typically offered locally) and four national training modules in the Talent Management System (TMS) #EES-010. These modules include: Business Rules VA 7534, Make Appointment VA 7535, Recall Reminder VA 7532 and Soft Skills VA 7533 <https://www.tms.va.gov/learning/user/login.jsp>.

b. Schedulers must complete soft skills training within 120 calendar days of the date they have access to scheduling menu options. Facilities may defer training to a time when they have a minimum of 5 or more staff in attendance.

NOTE: Find details regarding this training on the Mandatory Training Web page located at: <http://vaww.ees.lrn.va.gov/mandatorytraining>. **NOTE:** This is an internal VA Web site that is not available to the public.

2. Scheduling Supervisors/Managers will validate individual's employee orientation and scheduling competencies prior to release to the work unit.

3. Scheduling Supervisors/Managers will assign VistA scheduling menu options and keys for scheduling processes to new schedulers after successful completion of training.

4. Local Designated Learning Officer (DLO) Administrators:

a. Maintain, update and validate annually the facility Master Scheduler List. This list includes all individuals, including direct supervisors, with assigned VistA menu options to create outpatient appointments, make entries to Electronic Wait List (EWL) or make entries to the Primary Care Management Module (PCMM).

b. Assure entry of Soft Skills training into TMS from sign-in sheets of participants who took face-to-face training.

5. Supervisors and Managers, must evaluate their employees on the Master Scheduler list or designate a subject matter expert to perform scheduling audits for their respective employees.

6. Scheduling audits must consist of a standardized biannual audit of timeliness and appropriateness of scheduling actions and accuracy of Clinically Indicated Date/Preferred Date (CID/PD) for all active schedulers regardless of position or title. The active scheduler/position/title list is located at VSSC Scheduling Resource

Assessment Summary

(<https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fScheduling+Resource+Assessment+Summary&rs:Command=Render>) and the facility Master Scheduler List. **NOTE:** *This is an internal VA Web site that is not available to the public.*

a. The biannual scheduling audit is a minimal requirement. Scheduling supervisors, based on identified deficiencies in competency or performance, determine the number and scope of subsequent audits.

b. Biannual audits must include a review of at least 10 scheduled appointments per scheduler.

7. Promote Veteran satisfaction, call quality, appropriate scheduling practices, and improve staff performance and development by observing at least five telephone calls per scheduler biannually using following methods:

a. Side-by-side monitoring.

b. Silent monitoring (in accordance with Union agreements).

c. Call recording where technical capability exists.

8. Utilize local and national monitoring auditing tools such as the Scheduling Trigger Tool:

(<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSysRD%2fWaitTimes%2fScheduling+Trigger+Tool&rs:Command=Render>) and the Scheduling Audit Tool:

(https://vaww.app.dev.dwh.cdw.portal.va.gov/BISL_SCHEDAUD/APP/v1/#/home).

NOTE: *This is an internal VA Web site that is not accessible to the public.*

CORRECTING SCHEDULING ERRORS BUSINESS RULES

1. Scheduling errors occur when the Clinically Indicated Date (CID) (located in the VistA field labeled "Desired Date" (DD) does not match the provider's CPRS CID order, contains an incorrect year, or is "always" today. Scheduling errors may occur when a scheduler responds incorrectly to the DD prompt by entering "T" and scrolling out to the CID rather than entering "t+12 months", 365 days in the future. This error results in the appearance of excess wait time days. Correct these errors as follows:

a. Schedulers/Supervisors identify errors by generating the VistA Clinic Appointment Availability Report (CAAR) at the end of business day. Managers identify errors by generating VSSC Pending Appointment Report.

b. Do not overwrite appointments. Overwriting occurs when a new appointment is made "on top of" an existing appointment. This practice is expressly prohibited.

c. Cancel appointment "by clinic" and select the preset reason "Scheduling Conflict/Error."

d. Establish the correct CID/PD by using "Expand Entry" (EP) in patient's VistA "appointment listing" or from the CPRS order.

e. Enter "No" at the prompt "Do you wish to rebook any appointment(s) that you have cancelled?" Auto-rebooking is not to be used.

f. Reschedule appointment for same time and date as initial appointment with the original CID/PD.

(1) If appointment is for same date/time, do not send patient another letter.

(2) If appointment is for a new date/time, call patient and negotiate the date/time prior to scheduling the appointment.

2. To offer a patient an earlier appointment due to available capacity or based on a clinical review: See Appendix S.

a. Contact the patient to offer an earlier appointment.

b. If patient accepts, the scheduler selects "Cancel by Patient" for the original appointment.

c. Scheduler selects cancellation reason of "Other" and enter the text: "earlier appointment" in the comment box. Exact words must be used, but they are not case sensitive and italics are needed.

d. If the earlier appointment is due to a clinical review, the scheduler will enter the new CID from the provider's CPRS order.

e. if the earlier appointment is due to open available capacity, scheduler will enter the patient's preferred date.

f. If the patient declines the offer for an earlier appointment, no action is required.

July 15, 2016

**VHA DIRECTIVE 1230(2)
APPENDIX F**

CONSULT MANAGEMENT BUSINESS RULES

Follow consult policy guidelines in accordance with VHA Directive 1232, Consult Processes and Procedures, or subsequent policy issue.

“CANCEL BY CLINIC” BUSINESS RULES

When a Veteran’s appointment is “cancelled by clinic” scheduler will:

- a. Cancel appointment(s) “by clinic.”
- b. Enter preset clinic cancellation reason “clinic cancelled, clinic staffing, weather.”
NOTE: *Enter additional comments if “Other” reason is used.*
- c. Do not auto-rebook appointments.
- d. Reschedule “cancelled by clinic” appointments with patient input and use the original CID or PD in the desired date (DD) field. Wait time will be measured from the original CID/P.

DISPOSITION OF DECEASED PATIENTS BUSINESS RULES

1. If staff is notified of a deceased patient, the employee will contact the Decedent Affairs representative at the facility/VISN to report the death immediately. The following link provides a list of deceased patients scheduled in VistA:

<https://securereports2.vssc.med.va.gov/reportserver?%2fSystems+Redesign%2fTest+and+Deceased+Patient+Appointments+-+Summary&rs:Command=Render>

2. The Decedent Affairs representative will enter the reported date of death and source in the patient's record in VistA. When using a death source that is unavailable in VistA, enter source via the Enrollment System (ES) in accordance with Health Eligibility Center's (HEC) guidance.

3. Scheduler will review patient's schedule to identify future appointments, recall reminders, and enter cancellations as follows:

a. Select: *"Cancel by Clinic"*

b. Select pre-text prompt: *"Patient Death"*

NOTE: *Include this process in clinics' Standard Operating Procedures (SOP)*

NO SHOW PROCESS BUSINESS RULES

1. Schedulers must enter patient no shows into VistA Scheduling prior to the end of each workday. **NOTE:** For consult no shows, follow VHA Directive 1232(2), Consult Processes and Procedures.

a. Attempt to reschedule no shows by contacting the patient by telephone. Initial call(s) may be made on the day of the no show or the following workday. Mental Health guidelines require four telephone calls. (See Appendix S). Document the attempts in patient's record. See <https://vaww.cmopnational.va.gov/CR/MentalHealth/Publications/Business%20Operations/20130625%20-%20Memo%20-%20No%20Shows.pdf> **NOTE:** This is an internal VA Web site that is not available to the public.

b. Make two contacts, one phone call and a contact letter. Email may not be used for this purpose. If there is no response after waiting a minimum of 14-calendar days from the date the letter is mailed. Providers will decide if efforts should cease, or if more/different attempts are needed as outlined in Appendix S.

c. Monitor returned letters due to bad address, or deceased status and update patient demographics using "bad address indicator" or as deceased.

d. Document contact attempts and provider's disposition decision in the patient's record by following provider's orders. (See Appendix S).

2. Reduce no shows using the following strategies:

a. Clinic staff educate Veterans on importance of keeping appointments.

b. Provide appointment reminders to those patients likely to no show identified by the Missed Opportunity Call List <http://vssc.med.va.gov/products.asp?PgmArea=31>. **NOTE:** This is an internal VA Web site that is not available to the public.

c. Personalize reminders to patient's preference of communication as much as reasonably possible given the clinic's resources, e.g. phone call, secure messages, MyHealthVet.

d. Associate Chief of Staff/Service Line Chief/Manager (ACOS/SLC/M) should incorporate contingency plans to minimize clinic cancellations.

e. Coordinate appointments with patient's mode of transportation (Veteran Transportation Program (VTP) if applicable to your facility). Refer to <http://www.va.gov/healthbenefits/vtp/>. **NOTE:** This is an internal VA Web site that is not available to the public.

f. Provide appointment reminders with standard scripts when contacting a patient to reschedule after a no show. Use scripts that include asking the patient to contact the clinic if they intend to miss an appointment in the future. This strategy is called a “verbal contract..”

ELECTRONIC WAIT LIST BUSINESS RULES

1. The Electronic Wait List (EWL) is VHA's official wait list. It contains requests for new patient appointments and for appointments for established patients with new problems that cannot be scheduled within 90 calendar days of the CID.

NOTE: *Employees must not use any other wait list format including, but not limited to: Excel documents, paper lists, shared drives, calendars, log books, or other locations where patient information is recorded for tracking patient requests for outpatient appointments.*

NOTE: *The Veterans Choice List (VCL), local facility "transfer lists" and Non-VA Care Continuum (NVCC) lists are also names of electronic lists used by the VHA for defined purposes. These lists are set up in non-count clinics. These lists employ EWL software, but they are not official wait lists subject to the business rules described below.*

NOTE: *See Appendix U for procedures on scheduling appointments for Veterans who walk in at VA medical facilities.*

2. Hospice or Palliative Care services will not maintain a EWL. VHA must offer to provide or purchase these specific services immediately. *Exception: Enter Veterans currently receiving private hospice care or purchased care that request VHA hospice or purchased care Hospice on a 'Transfer Hospice clinic' with 674/351 Stop Codes until the VHA can manage these veterans. Veterans will continue with their current care until VHA or community care available.*

3. Facilities must establish an EWL for all Geriatric and Extended Care Home and Community-Based Care (Non-Institutional Care (NIC)), both VA-provided and purchased.

4. Follow Veterans Choice Program (VCP) policy found in 6.b when appointments cannot be scheduled within 30 calendar days of the CID or PD. **NOTE:** *Community Care is the program office responsible for VCP referral and scheduling policy that is located at: http://vaww.va.gov/CHOICE/Choice_First_Initiative.asp NOTE: This is an internal VA Web site that is not available to the public.*

5. Establish non-count EWL Clinics for administrative (workload) purposes and assign the appropriate MCAO stop code plus a specialty secondary Stop Code. Specific uses are:

a. Transfer Clinics (674+Specialty Secondary Stop Code): Established patients requesting to transfer care to a different site within the same facility service area. Set up "Transfer" clinic, e.g. Transfer Crandall Community Based Outpatient Clinic (CBOC). Enter transfer request on non-count EWL. Patient remains assigned to the current site

and provider until capacity is available at the transfer site. Once capacity is available, schedule an appointment and remove from the EWL Transfer clinic.

b. Veteran Choice List (VCL) (669+Specialty Secondary Stop Code): Facilities may implement single booking of Choice-eligible appointments upon approval of the Facility Director. Facilities must follow Choice program guidance to confirm readiness to implement the following process:

(1) Enter patients' requests for Choice appointments on the VCL if: they cannot be scheduled for a VA appointment within 30-calendar days from the CID or PD AND the Veteran chooses to receive care outside of VA through the Choice program.

(2) Enter patients on the VCL who have elected to go to the community provider for care. A notation of #COI# (meaning Choice Opt In) will be made in the comment section of the VCL entry.

(3) Do NOT enter appointment requests on the VCL if the patient elects to make an appointment with a VA provider inside of VHA.

(4) If a new patient, or an established patient with a new problem cannot be scheduled in the needed VA clinic within 90 days, enter on the EWL only.

NOTE: Follow Community Care policy for Choice First located at http://vaww.va.gov/CHOICE/Choice_First_Initiative.asp. **NOTE:** This is an internal VA Web site that is not available to the public.

(5) Enter a new patient appointment request on the EWL within 7 days of request for care if unable to schedule an appointment within 90 days of the CID or PD. Inform the patient of the EWL placement and document patient contact.

(6) Enter an established patient on the EWL when an appointment is unavailable within 90 days for care for a new problem if patient has been seen in the same clinic stop code in the past 24 months.

(7) Schedule appointment for EWL patients beginning with highest priority level, (PL1-8) then by chronological date:

(a) From the VistA "Appointment Wait List Report", use the CID/PD located in the column "Desired Date."

(b) Schedule the appointment date/time after conferring with patient.

(c) Remove patient from the respective EWL. **NOTE:** If unable to contact Veteran listed, document attempts in record and move to the next Veteran.

(8) Remove deceased patients from the EWL manually entering the appropriate preset removal reason.

(9) Supervisor/Managers should validate the local and VSSC EWL weekly. Monitor discrepancies in total wait list entries to ensure accuracy between the lists. **NOTE:** VSSC EWL is located at <http://vssc.med.va.gov/products.asp?PgmArea=12>. **NOTE:** This is an internal VA Web site that is not available to the public.

(10) Appropriate individuals will perform the tasks below daily. Assign appropriate individuals to the 'SD EWL' mail group. Perform the below tasks daily: **NOTE:** Maintain accurate, up-to-date assignments in the mail group.

(a) Run 'SD EWL' background jobs in VistA nightly. Review messages from nightly run.

(b) Review reopened EWL entries due to appointments cancelled by clinic.

(c) Delete open EWL entries as appropriate when finding matching appointments and/or encounters created for the same clinic or specialty.

(d) Priority scheduling due to changes in veteran's SC percentage and priority.

(11) Review EWL reports daily to perform the following:

(a) Offer open appointments to patients. If unable to contact, move to next patient on the list document attempt in patient's record.

(b) Remove patient from EWL when an appointment is scheduled.

(c) Remove deceased patients.

(d) Identify potential removals from EWL where there are matching appointments and/or encounters created for the same clinic or specialty as open EWL entries.

(e) Offer priority scheduling due to changes in Veteran's Service Connection (SC) percentage.

(12) Scan clinic grids daily to identify appointment availability in order to schedule an appointment and remove patients from the EWL.

(13) PCMM Coordinators will check the EWL daily and act on Primary Care requests received.

(14) Schedulers in all clinics at all locations (substations) review the EWL daily to determine if a newly-enrolled or newly-registered patient is requesting care in their clinic at their location.

RECALL REMINDER APPLICATION BUSINESS RULES

NOTE: *The requirement for mandatory Recall Reminder scheduling processes will change to “Patient-Centered Scheduling” processes described in this policy.*

All patients must check out.

1. VHA clinics will offer patients the opportunity to schedule a future appointment “now” or “later” at the time of checkout.

a. If the Veteran chooses to schedule “now” the scheduler will make the appointment before veteran leaves the clinic.

b. If the Veteran chooses to schedule “later” then the scheduler will enter a future appointment request in Recall Reminder (RR) or VSE application. This procedure triggers a future patient notification reminding the patient to schedule the appointment.

c. All Veterans must leave with either a negotiated appointment or a future appointment request entered in the scheduling application.

2. Activate Class 1 Recall Reminder software (RR) to support patients’ request for a future appointment in accordance with guidelines located in the VistA Software Document Library <http://www.va.gov/vdl/application.asp?appid=100>. **NOTE:** *This is an internal VA Web site that is not available to the public. NOTE: Support for Class 3 software is unavailable.*

3. Emergency Room, Urgent Care, future care consults will not use RR.

4. Clinical Service determines start date preferably several months in the future. Set the clinic set-up field “maximum days in the future” to no less than 390 days.

5. Clinics newly establishing the use of RR, will honor future existing scheduled appointments unless cancelled or rescheduled at the patient’s request.

6. Schedule individual patient appointments when specifically requested to do so by the provider or patient versus placement in RR/VSE for:

a. Veterans without phones, traveling extended periods, or dependent upon a specific mode of transportation.

b. Veteran’s work schedule, travel issues.

c. Individual specialty services or clinics (i.e. Botox or Chemotherapy) with defined appointment intervals near the 90-day threshold treatment requirement.

7. Use Future Care Consult process for consults with a Clinically Indicated Date (CID) of greater than 90 days versus RR. See VHA Directive Consult Processes and Procedures 1232.

8. Scheduler Supervisor/Manager reviews the RR VistA and VSSC reports daily to resolve discrepancies between the two. **NOTE:** *The VSSC patient-specific report will identify patients on the Delinquency Report who have, or have not, received care in that stop code, deceased patients, or patient admitted to a long-term care facility or are receiving care at another location.* VSSC Recall Reminder http://vssc.med.va.gov/products_searchresults.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

9. Review the Recall Delinquency List daily to identify patients who have yet to call for an appointment. Contact patients listed for appointment scheduling. **NOTE:** *A (*) in front of the 'reminder sent date' field signifies patient sent two notices and yet to schedule an appointment.* Make two contacts (one phone call and a letter). (See Appendix S).

a. Wait a minimum of 14 days from mailing contact letter to request provider to make disposition decision.

b. Delete patient from RR upon provider request.

c. Document all contact attempts in patient's record.

d. If the patient requests an appointment after the two attempts above, scheduler should advise patient when there is capacity using the Display of Clinic Availability report and schedule the appointment using the patient's Preferred Date (PD) rather than the CID. Enter appropriate comment in "Other Information." (See Appendix S).

10. Scheduling supervisor/Manager should review the RR letters annually or as needed for accuracy of content, i.e., correct clinic phone numbers, etc.

11. For patients who do not respond, see Appendix S.

12. Inform the patients about the RR process including:

a. Alerting patient of when to expect a reminder card/letter.

b. Emphasizing the importance of promptly calling upon receipt of letter to schedule an appointment.

c. Providing the patient an accurate and staffed clinic telephone number to schedule the appointment.

d. Verifying the patient's contact information.

13. Schedule patients who request an appointment from the RR as close to the CID as possible. Do not return patients to RR due to appointment unavailability. The scheduler enters the CID date in the DD VistA field when making the appointment.

14. Set the 'SDRR Recall' site parameter, "Clean up Day" setting to 45 days to generate a nightly background job to delete the RR upon scheduling patient's appointment from the RR clinic.

CLINIC PROFILE MANAGEMENT BUSINESS RULES

1. Standardize clinic profiles for all count clinics in accordance with this appendix.
 - a. Each clinic schedule must reflect the true availability of that clinic.
 - b. Include scheduling instructions within each profile to ensure correct scheduling into that clinic by schedulers.
 - c. Each clinic profile should include scheduling instructions for overbooking.
2. Facility develop and use an electronic Clinic Profile Management process to request and approve new count clinic profiles, change(s) to or to fulfil inactivation requests for clinics. Assign individuals identified in paragraph 3 below to electronically receive and approve and act on such requests.
3. Submit template request(s) (pages L4-L5) to establish or change clinics through Associate Chief of Staff (ACOS)/Service Line Chief or Manager (ACOS/SLC/M) to Medical Cost Accounting Office (MCAO), Facility Revenue Manager (FRM), Community Care or Health Administration Service (HAS) or appropriate service for approval and clinic set-up.
 - a. Establish the number and length of appointments available based on the providers assigned time for outpatient clinic activities.
 - b. Review the respective provider(s) existing active clinics to avoid overlapping of clinics for any given day or session to reflect true provider availability.
 - c. Use intelligible, non-offensive, desensitized clinic names. Clinic names will not contain names identifying them as drug abuse, substance abuse, HIV, AIDS, Sickle Cell, opioid, follow-up, F/U or combinations of these. They are largely prohibited by law.
 - d. Use standardized naming conventions for clinics established in Primary Care, MHV, Home & Community Based (NIC), Non-VA Care NVC/VCL non-count in accordance with respective service guidelines.
4. ACOS/SLCM will minimize the number of individual provider clinics to prevent overlapping of provider schedules, reduce overbooks.
5. Associate Director designates staff responsible for Veterans Health Information Systems and Technology Architecture (VistA) clinic set up/ build function and SD BUILD menu and SDSUP keys to ensure clinic profile data integrity.
6. MCAO staff assigns primary Stop Code and credit pair if appropriate to each clinic profile established or upon clinic changes.

7. The FRM determines if the new clinic is billable/non-billable or upon clinic changes.
8. Set the clinic profile “maximum days to book” parameter to no less than 390 days to prevent blocking the scheduling of future appointments. Exceptions would be resident or contract clinics considering the limited time appointments.
9. Assure specialty consult clinics are associated to appropriate consult requests to enable the linking scheduling events and synchronization of consult statuses. Facility Clinic Application Coordinators, or related specialists normally perform these tasks.
10. Conduct an annual review of all clinic profiles to ensure necessity, clinic utilization, MCAO Stop Code assignment, and compliance for use of count versus non-count clinics. The respective ACOS/SLC/M will collaboratively review with MCAO, and the FRM.
11. Prevent display in MyHealthVet (MHV) of administrative clinic appointments that do not require patient visits or telephone visits. This is prevented by the suffix “-X” in the clinic name.
12. Set up Clinical Video Telehealth (CVT) Clinics in pairs: One clinic set up at the patient or Originating Site (OS), and the corresponding clinic set up at the provider or Distant Site (DS). Telehealth events must be set up in this manner, and then properly closed out at both the OS and DS in order to complete the encounter correctly and receive workload credit. Adhere to the Clinic Setup Guide policy developed by the VHA Office of Telehealth Services when setting up CVT clinics. Locate this policy at <http://vaww.telehealth.va.gov/resources/tss/index.asp>.
13. Use of Auto-rebook is not authorized. Enter “16” in the “Start time for auto-rebook” and “1” in the “Max # of days for auto-rebook” clinic profile fields respectively to prevent this.
14. Define patient letters through “Enter/Edit Letters” option prior to setting up new clinic to associate the No Show, Pre-appointment, Clinic Cancelled and Appointment Cancelled letters with the clinic.
15. Individual Clinic Profiles are now available for download into an Excel format for sites to access. The report allows the users to filter and sort specific information to review the clinic for set-up accuracy and annual reviews. The report is located at the following link:
https://spsites.cdw.va.gov/sites/BISL_SCHEDAUD/layouts/15/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/BISL_SCHEDAUD/SAT%20Reports/Location%20Provider%20Mapping.rdl.

VISTA CLINIC PROFILE REQUEST TEMPLATE

FIELD	COMMENTS:
Clinic Name:	XXX Pact Blue Team (First 2-3 Characters Describe Medical Center, ie Ash, Dur) Use Standardized Naming Conventions for PC, NIC, and VCL
Name:	Use Of Appropriate Naming Conventions (PC, NIC, VCL)
Abbreviation:	PACT Blue
Patient Friendly Name:	Required use for direct patient scheduling
Clinic Meets At This Facility?	Yes
Allow Direct Patient Scheduling?	Allow Patient Direct Scheduling? Y or N (VAR)
Display Clinic Appt. To Patients?	Prevent clinic display in MHV Use -X
Service:	M Medicine
Non-Count Clinic? (Y or N)	Is Clinic Billable? (FRM makes determination)
Division: VAMC//	Division Where Clinic Resides
Stop Code Number:	Assigned/ Approved By MCAO Staff
Default Appointment Type:	Regular
Administer Inpatient Meds?	
Telephone:	Insert Main Facility # Or Direct Clinic #
Clinic Telephone Extension	0000
Require Action Profiles?	Y or N
No Show Letter:	Define Letter Name before clinic set up
Pre-Appointment Letter:	Define Letter Name before clinic set up
Clinic Cancellation Letter:	Define Letter Name before clinic set up

FIELD	COMMENTS:
Appt. Cancellation Letter:	Define Letter Name before clinic set up
Ask For A Check In/Out Time: Y	Y (Yes)
Select Provider:	Enter Provider Assigned To Clinic. More Than One Can Be Entered Buy Only One Named As Default.
Default To PC Practitioner?	
Select Diagnosis:	
Workload Validation At C/O?	Y (Yes)
Allowable Consecutive No Shows?	2
Max # Days For Future Booking?	390 Days Requirement
Hour Clinic Display Begins:	8:00
Days Of Week Clinic Meets:	M,T,W,Th,Fri
Hours Of Clinic	8-4, 11-4, 9-5,
Start Time For Auto Rebook:	Auto-Rebook Prohibited: Enter 16 to prevent Auto-Rebooking
Max # Days For Auto Rebook:	Enter 1 to prevent Auto-Rebooking
Schedule On Holidays?	No
Credit Stop Code:	MCAO Staff Assigns
Prohibit Access To Clinic?	No - Who will schedule in this clinic?
Physical Location:	Room 4, Bldg. 29, 3rd Floor – Be specific
Principal Clinic:	Primary Care, MH, etc.
Overbooks/Day Maximum:	Allow for no shows, patient cancellations
Select "Special Instructions":	Schedule New Pts. For 60m, Est. 15"- Block scheduling should only be used for group clinics, i.e. group therapy

FIELD	COMMENTS:
Length Of Appointment:	Multiples of 10 or 15 minutes
Variable Appointment Length:	Yes
Display Appointments Per Hour:	
Availability Date:	Allow time for approval, clinic build, scheduling patient processes
Assigned Encounter Form:	National encounter forms located at http://vaww.vhahim.va.gov/ <i>This is an internal VA Web site that is not accessible to the public</i>
Justify Opting Out Of The Audio Care	Opt-In To Avoid Missed Opportunities/No Shows
Additional Clinic Requirements:	Note Titles, Consult Templates, Etc.
Approved provider admin. Time?	Follow MCAO guidelines for admin time

CLINIC PROFILE INACTIVATION BUSINESS RULES

1. Avoid adverse effects on scheduling, clinic management, utilization statistics, labor mapping and costs by correctly inactivating clinics as follows:

a. Use the local automated process for Clinic Profile Management to request clinic inactivation that is delivered to a mail group consisting of Associate Chief of Staff ACOS/Service Line Chief/Manager (SLC/M), Community Care, Medical Cost Accounting Office (MCAO), Health Administration Service (HAS), Facility Revenue Manager (FRM) at a minimum.

b. Submit inactivation requests to ACOS/SLC/M including date of and reason for inactivation and follow up care needed for patients with appointments remaining in clinic.

c. Do not inactivate a clinic id scheduled appointments remain on and/or after the proposed inactivation date. Inactivate the clinic using the following steps in order:

(1) Print the Display Clinic Availability Report beginning with the date of inactivation to two years in the future to identify patient appointment listings by appointment date/time.

(2) Print the Recall Reminder List beginning with the date of inactivation to two years in the future to identify a patient listing with a recall for the clinic. Use "Convert Retired Providers/Clinic Recalls" to convert patients with a recall for the inactivated provider to the new designated provider.

(3) Cancel all scheduled appointments and schedulers reschedule patient appointments according to scheduling business rules in Appendix C.

(4) Run the "non-conforming stop code" report to determine if Stop Code and/or the Credit Stop is/are in error. Request /assure correct stop codes and make changes using the "Set up a Clinic" option prior to inactivation.

d. Using the "Set up a Clinic Option":

(1) Rename clinic with the prefix "ZZ."

(2) Remove clinic availability.

e. Use "Inactivate a Clinic" option to inactivate the clinic as of "Today" or the requested future date. Do not inactivate with a past date.

f. Review labor mapping of inactivated clinic and make necessary changes.

g. Make the required notifications in accordance with Community Care program official guidance.

2. Inactivate existing and establish new clinics profiles in the following circumstances:

a. When changes to the fields of “increments per hour, length of appointment and hour clinic display begins cannot be made through the “Change Patterns to 30-60” option.

b. When the station number for a division changes or adding a new division.

c. When there is a Stop Code change.

**TRANSITIONING SERVICE MEMBERS/VETERANS: VA HEALTH CARE
APPOINTMENTS BUSINESS RULES**

1. VHA facilities will provide urgent or emergent care for the Service Member/Veteran (SM/V) first and then seek appropriate authorization.
2. VA Liaisons are responsible for aiding transitioning Active Duty Service Member (ADSM) in scheduling VA health care appointments and informing ADSM and Military Treatment Facility (MTF) provider of the appointment dates and times prior to the ADSM leaving the MTF.
3. Facility staff will make these appointments timely and provide them to the Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program Manager who will communicate the information with the VA Liaison.
4. Create future appointments for SM/V needing care while still on active duty to correspond with the PD and health care needs. While on Active Duty, ADSMs are not eligible for enrollment in the VHA health care system; however, staff will establish their record in VistA by using the "Register a Patient Option" in VistA in accordance with references listed in 5 below.
5. References:
 - a. VHA Directive 1305, Treatment of Active Duty and Reserve Component Servicemembers in VA Health Care Facilities, dated March 10, 2017.
 - b. VA Directive 1011, Department of Veterans Affairs Liaison for Health Care Stationed at Military Treatment Facilities, dated January 27, 2017.
 - c. VA Directive 1010, Transition and Care Management of Ill or Injured Servicemembers and New Veterans, dated November 21, 2016.
 - d. VA Handbook 6340, Mail Management, dated July 26, 2018

NEW ENROLLEE APPOINTMENT REQUEST LIST BUSINESS RULES

NOTE: While the New Enrollee Appointment Request (NEAR) list will undergo significant change in the future, the following business rules will remain in effect until such time.

1. Locate the Veterans Health Information Systems and Technology Architecture (VistA) NEAR List in the Scheduling Appointment Menu Option.
2. The NEAR list tracks Veterans who have recently applied for health care enrollment and are requesting an appointment. These Veterans are new enrollees. **NOTE:** See *Appendix U for requirements on tracking transfers for Veterans requesting walk in appointments at VA medical facilities.*
3. Veterans submit VA Form 10-10EZ, Application for Health Benefits, directly to a VA medical facility or by online process. Veterans Health Administration's (VHA) Health Eligibility Center (HEC) or the receiving facility processes the applications and place relevant appointment requests on the NEAR List for processing.
4. Acquire VA Forms 10-10EZ and 10-10EZR received in the facility mailroom or other locations based on standards prescribed in VHA Directive 6340, Mail Management.
5. VA Form 10-10EZ must be processed within 5 business days from the date the application is time stamped (or the date of the on-line application) in the office responsible for processing applications. See VHA Directive 2012-001, Time Requirements for Processing VA Forms 10-10-EZ, Application for Health Benefits and 10-10EZR Health Benefits Renewal Form, dated January 9, 2012.
6. The scheduling of all appointment requests originating from fully processed VA Form 10-10EZs (known as the date VA determines eligibility) must be initiated within 7-calendar days. **NOTE:** See *Appendix U for scheduling of appointment requests for Veterans who walk in to VA medical facilities.*
7. Record and track status of Veteran appointment requests as cancelled, filled, Electronic Wait List EWL or in process/Veteran contacted.
 - a. Make a minimum of two attempts to contact the Veteran. If unreachable by phone, mail one certified letter and wait 14 days for a response. (See Appendix S)
 - b. Enter the status of the application as "In process." Document all contact efforts in the comments field.
 - c. Disposition the Veteran's NEAR request as "Cancelled" after 30 days if no response is received from the Veteran. (See Appendix S). Provide an explanation in the comments field. Should the Veteran present in the future, continue the process.

8. Maintain the VistA and VHA Support Service Center VSSC NEAR Lists by daily review, documenting status of applications, reconciling the differences between the two lists, tracking wait times, pending, and scheduling appointments. **NOTE:** Refer to VSSC NEAR LIST for reconciling differences between local and VSSC NEAR reports. (https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fNearList%2fNearListsummary%2fNearList_Summary&rs:Command=Render). **NOTE:** This is an internal VA Web site that is not accessible to the public.

9. Resources:

a. NEAR User Manual:

http://vaww.vistau.med.va.gov/Documents/Scheduling/NEAR_ManagementTrainingContent09_0114%20_FC_0109.pdf. **NOTE:** This is an internal VA Web site that is not accessible to the public.

b. 10-10EZ signature elimination:

<https://www.1010ez.med.va.gov/sec/vha/1010ez/Improved1010ez.asp>

VISTA REPORTS: SCHEDULING OUTPUT

The Scheduling Outputs Menu provides the capability to produce a variety of reports and letters pertinent to Scheduling procedures. The following is a brief description of the Scheduling Outputs Menu in Software Version 5.3.

SCHEDULING OUTPUTS MENU

OPTION	DESCRIPTION
Appointment List	Generates appointment lists for one/many/all clinics for a specified date.
Appointment Management Report	Prints appointment lists that will help the site implement and manage the new appointment check in requirement.
Cancelled Clinic Report	Generates a report to determine the number of cancelled clinic appointments for National Reporting purposes.
Clinic Assignment Listing	Monitor the size and composition of clinics. Over time, the listings can reflect clinic growth, shrinkage, etc.
Clinic List (Day Of Week)	Generates a listing of all active clinics showing which days they meet and, if applicable, the days they will meet in the future.
Clinic Next Available Appt. Monitoring Report(CAAR)	An appointment-monitoring tool which reflects the data collected for access.
Clinic Profile	Produces a profile list of one/many/all clinics.
Display Clinic Availability Report	Displays clinic patterns for the clinics and date range selected. For each selected clinic, the option will print its clinic appointment pattern as well as a listing by scheduled patient appointment date/time.
Future Appointments For Inpatients	Produces a report that lists all patients admitted on a particular date that have pending appointments at the facility.
Inpatient Appointment List	Produces a list of inpatients that have appointments

OPTION	DESCRIPTION
Management Report For Ambulatory Procedures	Prints a statistical report of ambulatory procedures captured through the CPT coding of outpatient visits for a specified date range.
No Show Report	Generates a report of all no shows entered into the system for specified clinics.
Print Scheduling Letters	Prints any one of the following types of scheduling letters for a selected date range: Appointment Cancelled, Clinic Cancelled, No Show or Pre-Appointment.
Provider/Diagnosis Report	Prints a report of outpatient encounters for a selected date range sorting by Division and Outpatient Encounter Date. You also may choose two of the following additional sorts: Provider, Diagnosis, Patient, Clinic, or Stop Code.
Visit Report By Transmitted Opt Encounter	Generates a report providing encounter and visit information for a specified date range.
Workload Report	Generates a variety of reports showing clinic workload. These help in determining the kinds of activity within clinics during a specified date range.

SCHEDULING SUPPLY AND DEMAND REPORTS

Reports to Review Supply & Demand	Location
<p>Clinic Appointment Availability Report (CAAR): Provides clinic availability and utilization statistics for a selected selected date range. Excellent proactive report for schedulers to review for scheduling errors on a daily basis.</p>	VISTA
<p>Electronic Waiting List (EWL): Patients who have been placed on the EWL are part of the backlog / demand waiting to see the provider. To reduce the backlog and the wait time days, the EWL should be run on a daily basis and patients contacted to fill open capacity.</p>	VISTA
<p>Electronic Wait List Wait Time Report: Displays the total number of EWL entries by clinic group. Wait time is calculated from desired date and grouped into the following categories: <+14 days, 31-60 days, 61 – 90 days, 91 – 120 days, >120 days. Patient details are available with SSN access. https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fEWL+Daily+Summary+Report&rs:Command=Render</p>	VSSC
<p>Completed Appointments: The report identifies all the completed appointments and associate wait times in the selected timeframes. Users may select to view the data at the National, VISN, Facility, Division and stop code levels. Data is available for both new and established patient appointments. A drill down is available with patient details to anyone with SSN access. https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fCompleted+Appointment+Summary&rs:Command=Render</p>	VSSC
<p>Missed Opportunity Call List: This report produces a daily list of all scheduled patients or those with a high probability for a missed opportunity. The user can select the facility, substations, stop codes of interest, high probability patients or all scheduled patients. SSN clearance is required for this report. https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fMissed+Opportunity+Call+List&rs:Command=Render</p>	VSSC
<p>Clinic Utilization Statistical Summary Report (CUSS): Clinic utilization statistics for a certain date range.</p>	VISTA

<p>Clinic Capacity and Utilization in Past 30 Days: This report allows the user to view capacity and utilization reports in tabular and graphic form for the previous year. http://vssc.med.va.gov/webrm/cussrpt.aspx</p>	<p>VSSC</p>
<p>NEAR List: The purpose of this report is to provide a summary of the number and detailed list of Veterans that have requested an appointment through the 10-10EZ form who do not have any evidence of a pending appointment or a completed and/or encounter or is not on the Electronic Wait List (EWL). This report is used by facilities to contact Veterans to set up an appointment. https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fNearList%2fNearListsummary%2fNearList_Summary&rs:Command=Render</p>	<p>VSSC</p>
<p>Pending Appointment Request: Report identifies all pending appointments and associated wait times in the selected timeframe. Users may select to view the data at the National, VISN, Facility, Division and stop code levels. Data is available for both new and established patient appointments. Data in the Corporate Data Warehouse (CDW) and the report is updated daily. https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSystems+Redesign%2fFuturePendingApptSummaryOver30_CreateDate&rs:Command=Render</p>	<p>VSSC</p>
<p>Recall Reminder: The Recall Reminder is used as a “tickler” file where established patients are “held” until they call and request a follow-up appointment. It can be used as a tool to estimate the number of future clinic appointments (demand) for a particular service.</p>	<p>VISTA</p>
<p>Recall Reminder: The report displays the monthly total of Recall Reminder appointment entries that are > 60 days past due of the intended scheduling date. Data is summarized by VISN and Facility with two data grids. http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSysRD%2fRecall%2fPast+Due+Trend+Report&rs:Command=Render</p>	<p>VSSC</p>
<p>Scheduling Trigger Tool: combines data from 5 access measures designed to uncover issues with scheduling practices at VA facilities. There are 2 composite scores. Data Integrity and Scheduling Compliance: http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSysRD%2fWaitTimes%2fScheduling+Trigger+Tool&rs:Command=Render</p>	<p>VSSC</p>
<p>AEG Wait Time Report: The AEG report downloads through the VISTA email system and identifies future scheduled appointments and can be used to extract appointments scheduled > 14 days. This report can be used to review future supply for the demand requested. It also serves as a</p>	<p>VISTA</p>

<p>tool for schedulers to identify and correct scheduling errors. This report was loaded as a Class III application and may not be in all facility VistA systems.</p>	
<p>Scheduling Resource Assessment – Clinical Staff Activity Report: The report is used to quantify staffs’ scheduling activity levels and assist the VAMC in analysis of the appropriate allocation scheduling staff resources. https://biooffice.pa.cdw.va.gov/default.aspx?bookid=12ed351f-dfd0-4232-b86b-116ba73b1142 ispasFalse report78224851-6a49-481a-a3f6-80fafa186541 ws1 wsb0 isDisabledAnalyticsFalse isDashboardPanelOnTrue</p>	<p>VSSC</p>

MINIMUM SCHEDULING EFFORT REQUIRED FOR OUTPATIENT APPOINTMENTS

1. The steps outlined below are the minimum requirements that must be used in the scheduling and rescheduling of any non-mental health appointment and/or New Enrollee Appointment Request (NEAR). Facilities, services, or individual providers may determine that additional contact attempts are necessary based on clinical needs.

a. **Step One.** The scheduler must make a minimum of two documented contact attempts – one by telephone call and one by letter. The letter may be mailed the same day as the phone call is made. Email may not be used for this purpose.

b. **Step Two.** Schedulers must wait a minimum of 14-calendar days from mailing the contact letter before taking further action to allow the patient time to respond.

c. **Step Three.** The scheduler is permitted to discontinue contact attempts if the patient fails to respond within 14-calendar days of the letter being mailed.

d. **Step Four.** The scheduler is permitted to discontinue a consult without provider review if the associated appointment is cancelled by the patient one or more times and fails to respond to minimal re-scheduling efforts.

e. **Step Five.** The scheduler is permitted to discontinue a consult without provider review if the patient fails to report (“No-Show”) one or more times and does not respond to minimal re-scheduling efforts.

f. **Step Six.** Patients who fail to report (“No-Show”) in VHA-designated low-risk clinics do not require follow-up scheduling efforts. This includes both appointments associated with and without a consult request. **NOTE:** Refer to VHA Directive 1232(1) Consult Processes and Procedures, dated August 23, 2016, for the required procedure. Refer to Consult Management SOP at: <https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/ConsultManagement/Policy/Consult%20Management%20SOP/VHA%20Consult%20SOP%2020180726.docx?web=1> for a list of these clinics. **NOTE:** This is an internal VA Web site that is not available to the public.

g. **Step Seven.** Non-mental health appointments cancelled by patients using VA Online Scheduling or VEText do not require the clinic to initiate contact with the patient to reschedule. To assist staff, the VSSC Patient Generated Cancellations report identifies appointments cancelled through these technologies. The report is located at the following link: <https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fAccess%2fAppointment+-+Patient+Generated+Cancellations&rs.Command=Render>. **NOTE:** This is an internal VA Web site that is not available to the public.

h. **Step Eight.** VA Online Scheduling (VAOS) appointment requests are permitted to be scheduled without calling the Veteran when the appointment date and time

requested are available and the patient has indicated “No” to the prompt “VA to call regarding this request.” In all other instances, including but not limited to an Return to Clinic (RTC) Order, Consult, or Patient Centered Recall Reminder, a follow-up call to the Veteran must be made as outlined in Step One.

i. **Step Nine.** Scheduling efforts must be documented using the following process:

(1) In response to an RTC order, document contact attempts in Computer Patient Record system (CPRS) Admin Notes and discontinue the RTC order selecting the option “removed/no longer necessary” at the APPT/VETERAN Disposition prompt.

(2) In response to a consult, document contact attempts, and discontinue the consult using the consult toolbox standard text for “failed mandated scheduling effort” or enter the reason into the consult comments.

(3) In response to a patient centered care reminder, document as “failure to respond” at the PtCSch Disposition prompt.

(4) In response to a VA Online Scheduling (VAOS) appointment request, document as “cancelled – unable to reach Veteran/Servicemember” in Scheduling Manager at the cancel request prompt.

(5) In response to a New Enrollee Appointment Request, enter the status of the application as “In process.” Document all contact efforts in the comments field.

2. For mental health appointments, the minimal scheduling effort for scheduling/rescheduling totals of four attempts; three documented contact attempts by telephone on separate days, followed by a letter. The letter is permitted to be mailed the same day as the first call. VA medical facilities, services, or individual providers may determine that additional contact attempts are necessary based on clinical needs.

(a) The minimal scheduling effort and documentation process applies to all mental health appointments.

(b) Mental health appointments cancelled by patients using VAOS or VEText are rescheduled at the request of the patient and do not require the clinic to initiate contact to reschedule except for those Veterans with a High-Risk Flag (HRF) for suicide. Veterans with a HRF for suicide require the clinic to follow the procedures outlined in paragraph 4.e. VA medical facilities, services, or clinics are permitted to require additional rescheduling efforts for selected self-canceling patients based on clinical needs.

(c) Staff must use contact methods appropriate to the specific situations such as homeless outreach or certified mail when it is not possible to reach the patient by telephone.

(d) The telephone attempts must be conducted by a staff member who has access to document in CPRS, to include but not limited to clerks, Licensed Practical Nurse, Peer Support Specialist, and health technician.

(e) Attempts to contact patients who have a CPRS category 1 High-Risk Flag (HRF) for suicide alert must be made by appropriately-trained staff who possess a scope of practice including evaluation and triage of high-risk behaviors.

(f) When applicable, VA medical facility's local standard operating procedures, must be followed in cases where further contact attempts or actions are required based on clinical needs.

3. Appointment requests discontinued by a VA medical facility after failed scheduling attempts or cancelled by the patient either online or by text may be rescheduled. The rescheduled appointment "Patient Indicated Date (PID)" is updated with the patient's requested date. ***NOTE:** Where possible, the rescheduled date should be made as close to the PID of the previous appointment request. Please follow appropriate business rules associated with VHA Directives 1230(1) and 1232(2).*

4. To offer a patient an earlier appointment due to available capacity or when the clinic cancels the appointment and offers the patient an earlier appointment:

a. Contact the patient to offer an earlier appointment.

b. If the patient accepts, the scheduler selects "Cancel by Clinic" for the original appointment and enter the text "earlier appointment." The rescheduled appointment will retain the original patient indicated date (PID).

c. If the patient declines the offer for an earlier appointment when called due to earlier capacity, no action is required.

d. If the patient declines the offer for an earlier appointment when called due to clinic cancellation, the appointment is rescheduled to a later date and retains the PID of the cancelled appointment

OUTPATIENT CLINIC SCHEDULING RESOURCES

1. Each member of the clinic team plays a key role in the care of the Veteran. To facilitate timely access to care, VA advocates staff working up to the full level of their license. Scheduling staff are specifically trained to schedule and manage clinic appointments. Clinical staff are uniquely qualified to provide health care services. As such, scheduling staff time is to be directed to the management of appointments and clinical staff time directed to the provision of patient care.

a. The VA medical facility director must ensure that each VA medical facility assesses scheduling resource levels no less than yearly. This review is intended to ensure appropriate staff are scheduling appointments. Monthly monitoring is recommended.

b. Scheduling staff are responsible for scheduling and managing appointments and facilities are expected to have appointments scheduled by scheduling staff.

c. Clinical staff scheduling activity is to be restricted to unlicensed technical staff (Electrocardiogram (EKG) technicians, etc.) on a limited basis. **NOTE:** *Clinical staff is defined as an individual at any level of professional specialization who requires the official or legal permission to practice in an occupation as evidenced by documentation issued by a State in the form of a license and/or registration, or facility scope of practice.*

4. To operationalize this policy and provide transparency into scheduling staff resources allocated at the station and division levels, a Scheduling Resource Assessment – Clinical Staff activity report was developed. The report identifies both clinical and other staff who schedule appointments. Clinical staff are identified in the report when listed as a primary or secondary provider on an encounter (workload, count clinic) AND have scheduled or cancelled appointment (scheduling activity) during the same month.

a. All facilities are expected to assess the number of appointments made by clinical staff no less than yearly and make action plans to reassign clinical staff from scheduling to patient care where appropriate. Monthly monitoring is recommended.

b. Facilities with high levels of clinical scheduling activity will submit an action plan to the Office of Veterans Access to Care (OVAC) and will be followed until scheduling resources are aligned appropriately.

c. The clinical staff appointment activity detail report is used to quantify staffs' scheduling activity levels and assist the VAMC in analysis of the appropriate allocation scheduling staff resources. The detailed report displays the provider scheduling activity levels at each division per stop code and location name, and identifies staffs' names and associated provider types. The Scheduling Resource Assessment – Clinical Staff reports are available at the following link:

<https://bioffice.pa.cdw.va.gov/default.aspx?bookid=12ed351f-dfd0-4232-b86b-116ba73b1142|ispasFalse|report78224851-6a49-481a-a3f6->

July 15, 2016

VHA DIRECTIVE 1230(1)
APPENDIX T

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This is an internal VA Web site that is not available to the public.

**STANDARDIZATION OF APPOINTMENT SCHEDULING FOR ELIGIBLE VETERAN
WALK-IN ENROLLMENTS AT THE VA MEDICAL FACILITY**

1. Veterans who are determined to be eligible for VA health care services, in accordance with VHA Directive 1601A.02, Eligibility Determination, dated November 21, 2018, and who request an appointment must be provided one prior to leaving the VA medical facility (see paragraph 5.a and b. below).

2. In cases where there is no appointment availability and the Patient Indicated Date (PID) is within VA's Community Care eligibility wait time standard (WTS) or the Veteran meets other Community Care eligibility criteria, the Veteran must be offered the choice to use Community Care service(s) or receive care in the VA. New patients who are determined to be eligible for Community Care but prefer care in the VA are scheduled an appointment or may be placed on the Clinical Electronic Wait List (EWL).

a. New patients may be scheduled 390 days in the future or placed on the Clinical EWL if the appointment cannot be made. There is no longer a requirement to place new patients waiting greater than 90 days for an appointment on the Clinical EWL.

b. A noncount EWL must not be used for administrative purposes. It is not appropriate to use the noncount clinic to administratively track patients requesting a transfer (Transfer List), Community Care, Occupational Health, or other administrative functions.

c. Medical centers who elect to administratively track Veterans receiving VA care who request transfer to another VA facility or provider must utilize the Light Electronic Administrative Framework (LEAF) tool.

3. Each VA medical center Scheduling Manager, Supervisor, or Group Practice Manager (GPM) will permanently assign a New Enrollee Appointment Request (NEAR) Coordinator and a backup who are responsible for managing the process and NEAR list to ensure associated appointments are scheduled in a timely manner. This is considered a collateral duty assignment. Timely scheduling of an appointment for NEAR is defined as scheduling initiated no later than 7 calendar days of enrollment for online applications requesting an appointment or scheduled the same day for Veterans who walk into a VA medical facility, are determined to be eligible, are enrolled, and request an appointment.

a. The NEAR Coordinator assignment by their supervisor (e.g. Scheduling Manager, Supervisor, or GPM) is to be included in the position description (PD) or functional statement (FS) of the permanently assigned staff member.

b. The NEAR Coordinator must work closely with the Patient Centered Management Module (PCMM) Coordinator, enrollment staff who process enrollments, and schedulers to ensure timely appointing as outlined in paragraph 3. The PCMM Coordinator no longer has the sole requirement to schedule all new enrollees desiring primary care

from the NEAR list. Designated scheduling, enrollment staff, or NEAR/ PCMM Coordinators must schedule the initial new enrollee appointment request.

4. The scheduling of appointments requests made online originating from fully processed VA Form 10-10EZ must be initiated within 7 calendar days. The VistA NEAR management menu – Management Edit Option is used to edit the Veteran’s appointment request status.

5. The following business rules support the policy outlined in paragraphs 1-4 above.

a. Veterans who have not yet established their health care in VA who walk into a VA medical facility without an appointment to apply for health benefits or obtain health care services are managed as follows:

(1) Veterans who are exempt from enrollment as outlined in 38 Code of Federal Regulations (CFR) 17.37, will be offered an appointment after providing, and enrollment staff recording, the necessary documentation in the Veterans Health Information Systems and Technology Architecture (VistA). Please find 38 CFR 17.37 at the following Web site: https://www.ecfr.gov/cgi-bin/text-idx?SID=d3b25eeb458c7e4a08b86240e04fdfae&node=se38.1.17_137&rgn=div8.

(2) Veterans not exempt from enrollment must complete VA Form 10-10EZ, Application for Health Benefits (<https://www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf>) and provide VA medical facility enrollment staff the required documentation for eligibility determination as outlined in VHA Directive 1601A.02.

(3) VA medical facility enrollment staff must enter required information into VHA Enrollment System (ES) software at the time of the face-to-face encounter for immediate processing and dispositioning. VistA Enrollment Application System (EAS) Software should only be used for enrollment if ES is not available or if the patient requires immediate care.

(4) Veterans will be offered an appointment at the time eligibility is verified by the ES software or, when using VistA EAS software, at the time a preliminary priority value is calculated on the initial enrollment application. Most of the time, determination is made immediately following data entry.

b. Veterans determined eligible for VA health care services who request an appointment are to be provided one by an appropriate staff member with scheduling capabilities as outlined below prior to leaving the VA medical facility.

(1) Enrollment staff must determine what type of appointment the patient is requesting.

(2) Enrollment staff with scheduling capability must schedule the appointment or provide the Veteran a warm transfer to the primary care or specialty care service designee responsible for scheduling the initial appointment. A warm transfer requires

physical or telephonic transfer (patient remains in the enrollment office) of the patient to appropriate scheduling staff.

(3) In cases where there is no appointment availability and the Patient Indicated Date (PID) is within VA's Community Care eligibility wait time standard (WTS) or the Veteran meets other Community Care eligibility criteria, the Veteran must be offered the option to use Community Care services(s) or receive care in the VA. New patients who are determined to be eligible for Community Care but prefer care in the VA must be scheduled for an appointment at the VA medical facility or placed on the Electronic Wait List (EWL).

c. Veterans who lack sufficient documentation to determine eligibility:

(1) Are in a "Pending" status in the ES software and are not offered an appointment until the Veteran's eligibility for VA Healthcare is adjudicated.

(2) Are followed up by the Health Eligibility Center and do not require VA medical facility follow up.

d. All newly enrolled Veterans who were not initially determined to be eligible are contacted by VHA to welcome them and provide information on how to schedule an appointment.

e. The remaining business rules for the Management of New Enrollee Appointment Request (NEAR) will continue to follow the NEAR scheduling business rules.