

January 22, 2020

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

1. The purpose of this Veterans Health Administration (VHA) notice is to state policy and to standardize scheduling processes so that Veterans who walk into a Department of Veterans Affairs (VA) medical facility, are determined to be eligible, and request an appointment are offered an opportunity to schedule an appointment at the time of enrollment. It also addresses updates in policy to the Electronic Wait List (EWL) and the New Enrollee Appointment Request (NEAR). This notice will serve as an amendment to VHA Directive 1230, Outpatient Scheduling Processes and Procedures, dated July 15, 2016.

2. To standardize scheduling for eligible Veteran walk-in enrollments who request an appointment, the following policy was developed which must be implemented within 30 days of the publication date of this notice.

a. 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 3.a and b. below).

b. 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).

(1) 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.

(2) 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.

(3) 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.

c. 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.

(1) 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.

(2) 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.

d. 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.

3. The following business rules support the policy outlined in paragraph 2 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 outlined in VHA Directive 1230.

4. RESPONSIBLE OFFICE: The VHA Office of Veterans Access to Care (10NG) is responsible for the content of this VHA notice. Questions may be addressed to Dawn Smith, Office of Veterans Access to Care at Dawn.Smith4@va.gov.

5. RESCISSION: This VHA notice will be archived as of January 31, 2021. However, the amendment information will remain in effect.

January 22, 2020

VHA NOTICE 2020-01

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR
HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for Health
for Operations and Management

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 22, 2020.

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