Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1230
Transmittal Sheet
June 1, 2022

OUTPATIENT SCHEDULING MANAGEMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive maintains policy for outpatient clinic appointment scheduling management in the electronic health record (EHR). ***NOTE:*** *"Consult" is the term used in the Veterans Health Information Systems and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) platforms. "Referral" is the term used in the Cerner platform for outpatient-based consults. For the purposes of this directive, the use of the term "consult" is meant to also include "referral" and be applied across the various platforms.*

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Updated Policy statement (see paragraph 3).

b. New roles and responsibilities for Veteran Integrated Service Network (VISN) Scheduling Business Lead; VISN Scheduler Training Lead; VA medical facility Scheduling Business Owner; VA medical facility Scheduling Trainer; VA medical facility Scheduling Audit Lead; VA medical facility Scheduling Auditor; VA medical facility VA Online Scheduling (VAOS) Request Manager; VA medical facility VAOS Configuration Manager; VA medical facility New Enrollee Appointment Request (NEAR) Coordinator; VA medical facility Service Administrative Officer; VA medical facility enrollment staff; and VA medical facility Decedent Affairs Representative (see paragraph 4).

c. Updated responsibilities for Assistant Under Secretary for Health for Integrated Veteran Care; VISN Director; VA medical facility Director; VA medical facility Associate Director; VA medical facility Chief of Staff or Associate Director, Patient Care Services; VA medical facility Service Chief; VA medical facility Group Practice Manager (GPM); VA medical facility Revenue Manager; VA medical facility Managerial Cost Accounting Office (MCAO) Manager; VA medical facility Clinic Profile Manager; VA medical facility health care provider; VA medical facility Scheduling Supervisor; VA medical facility Scheduler; and VA medical facility Patient Centered Management Module (PCMM) Coordinator (see paragraph 4).

d. Change in title for Medical Cost Accounting Office Manager to Managerial Cost Accounting Office Manager (see paragraph 4).

e. Removed roles and responsibilities for the Health Administration Service (HAS) Application Specialist, Clinical Application Coordinator and VA medical facility Talent Management System (TMS) Administrator.

f. Added highly recommended training for VA medical facility Clinic Profile Managers; VA medical facility VAOS Request Managers; VA medical facility VAOS Configuration Managers; and VA medical facility NEAR Coordinators (see paragraph 5).

g. Added required training for VA medical facility Schedulers; VA medical facility Scheduling Audit Leads; and VA medical facility Scheduling Auditors (see paragraph 5).

h. Removed appendices for Resources; General Scheduling Business Rules; Scheduling Business Rules; Scheduler Training Business Rules; Correcting Scheduling Errors Business Rules; Consult Management Business Rules; "Cancel by Clinic" Business Rules; Disposition of Deceased Patients Business Rules; No Show Process Business Rules; Recall Reminder Application Business Rules; Clinic Profile Management Business Rules; VistA Clinic Profile Request Template; Clinic Profile Inactivation Business Rules; Transitioning Service Members/Veterans: VA Health Care Appointments Business Rules; New Enrollee Appointment Request (NEAR) List Business Rules; VistA Reports: Scheduling Output; Scheduling Supply and Demand Reports; Outpatient Clinic Scheduling Resources; Standardization of Appointment Scheduling for Eligible Veteran Walk-In Enrollments at the VA medical facility (formerly Appendices A – S).

i. A new appendix on the list of programs that are exempted from this directive (see Appendix A).

j. A new appendix for a full list of the Standard Operating Procedures (SOPs) and Guidebooks in this directive (see Appendix B).

3. RELATED ISSUES: VHA Directive 1231(2), Outpatient Clinic Practice Management, dated October 18, 2019; VHA Directive, 1232(4), Consult Processes and Procedures, dated August 24, 2016; VHA Directive 2007-033, Telephone Service for Clinical Care, dated October 11, 2007; and Public Law 115 – 182, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018.

4. RESPONSIBLE OFFICE: The Assistant Under Secretary for Health for Integrated Veteran Care (16) is responsible for the contents of this directive. Questions relating to this directive may be referred to the Assistant Under Secretary for Health for Integrated Veteran Care via government email at VHA16IVCAction@va.gov.

5. RESCISSIONS:

a. VHA Directive 1230(5), Outpatient Scheduling Processes and Procedures, dated July 15, 2016;

b. VHA Memorandum Guidance on Patients Failure to Attend Appointments (No Shows), dated August 6, 2013;

c. VHA Memorandum Audiology and Optometry Direct Scheduling Implementation, dated August 31, 2016;

d. VHA Memorandum Transition to Patient Centered Scheduling, dated April 12, 2017;

e. VHA Memorandum Scheduling and Consult Policy Updates (VAIQ# 7798804), dated June 5, 2017;

f. VHA Memorandum Completion of Return to Clinic Orders, dated July 17, 2017;

g. VHA Memorandum Eliminating Veteran Suicide: Ensuring Open and Sustained Access in Mental Health, dated August 21, 2017;

h. VHA Memorandum Configuration of Clinics through the Veterans Appointment Request (VAR) Mobile Application, dated November 1, 2016;

i. VHA Memorandum Implementation of Priority Appointments Identification, dated December 1, 2016;

j. VHA Memorandum Enhancing Patient Access through additional Patient Self-Referral Direct Scheduling Areas (VAIQ #7871405), dated February 16, 2018;

k. VHA Memorandum Eliminating Veteran Suicide: Enhancing Mental Health Access through Online Direct Scheduling and Warm Hand-off Consult Management, dated March 15, 2018;

l. VHA Memorandum Veterans Health Information Systems and Technology Architecture (VistA) Scheduling Enhancements Leadership Update II: Return to Clinic Orders, dated March 30, 2018;

m. VHA Memorandum Level Two (L2) National Scheduling Audit - "Audit of Auditors," dated September 26, 2018;

n. VHA Memorandum Enhancing Patient Access through additional Patient Self-Referral Direct Scheduling Areas - Update on Oncology Patient Self-Referral Direct Scheduling (PSRDS) and Fast Track to Veterans Affairs (VA) Cancer Care Implementation Timeline and Integration (VIEWS# 00103078), dated September 25, 2018;

o. VHA Memorandum Implementation of Time Sensitive Appointments Identification (VAIQ# 7844553), dated October 17, 2017;

p. VHA Memorandum Enhancing Patient Access through additional Patient Self-Referral Direct Scheduling Areas (VAIQ #7871405), dated February 16, 2018;

q. VHA Memorandum Eliminating Veteran Suicide: Enhancing Mental Health Access through Same Day Services/Appointments in Substance Use Disorder (SUD) Clinics, dated April 27, 2017;

r. VHA Memorandum Policy Update for Using and Maintaining Veterans Health Administration (VHA) Electronic Wait List (EWL) (VIEWS# 01370554), dated August 6, 2019 are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

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

DISTRIBUTION: Emailed to the VHA Publications Distribution List on June 7, 2022.

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OUTPATIENT SCHEDULING MANAGEMENT

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1. PURPOSE

   This Veterans Health Administration (VHA) directive maintains policy concerning the electronic health record (EHR) outpatient scheduling standards for Veterans eligible for health care services. ***NOTE:*** *Some stop codes are exempt from the process requirements stated in this directive because of unique scheduling issues. Please see Appendix A for an explanation and a full list of exemptions.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. DEFINITIONS

   a. **Appointment Request.** For purposes of this directive, an appointment request is a request for outpatient care (e.g., in-person care, telephone care, video care) initiated by the health care provider or the Veteran.

   b. **Blind Scheduling.** Blind scheduling is an action that occurs when an appointment is scheduled without negotiating the date and time with the Veteran. The practice of blind scheduling is prohibited.

   c. **Cancelled by Clinic.** Cancelled by Clinic is an action signifying that the VA medical facility (not the Veteran) has requested that a scheduled appointment be cancelled.

   d. **Cancelled by Patient.** Cancelled by patient is an action signifying that the Veteran has requested a scheduled appointment be cancelled. The Veteran may or may not reschedule the appointment.

   e. **Clinic Profile.** The clinic profile consists of the customized parameters in Veterans Health Information Systems and Technology Architecture (VistA) Scheduling that define outpatient clinic parameters. These include clinic name, start date/time, health care 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.

   f. **Consult.** A consult is a request for clinical services on behalf of a Veteran. In VHA, consults are made through an electronic document in EHR communicating service requests and results.

   g. **Count Clinic.** A count clinic is a clinic established to transmit Veteran care encounter workload to the National Patient Care Database.

   h. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of Veteran health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and

forthcoming VA software including Computerized Patient Record System (CPRS), VistA and Cerner platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

i. **Established Patient.** An established patient is a Veteran who has completed a prior appointment within the same stop code or stop code grouping within 36 months.

j. **Master Scheduler List.** The Master Scheduler List is a list of staff assigned EHR scheduling menus and keys who have access to the scheduling system at the VA medical facility. The Master Scheduler List is maintained locally by the Scheduling Business Owner.

k. **New Patient.** A new patient is a Veteran who has not completed an appointment in a stop code or stop code grouping in the past 36 months.

l. **No Show.** A no show is an appointment classification that signifies a Veteran was not present and did not notify the clinic to cancel a scheduled appointment. ***NOTE:*** *This includes all appointment modalities (e.g., in-person, video-to-home).*

m. **Non-Count Clinic.** A non-count clinic is a clinic established for internal use only (e.g., managing clinics). Workload is not transmitted to the National Patient Care Database.

n. **Patient Indicated Date.** The Patient Indicated Date (PID) is the date the health care provider and Veteran agree is clinically indicated for care. In the absence of health care provider input, the PID is the Veteran's preferred date. The PID cannot be changed due to capacity or access reasons. ***NOTE:*** *The PID for a consult must be entered by the referring health care provider in the consult request "Clinically Indicated Date (CID)" field and cannot be changed by the receiving health care provider.*

o. **Patient Self-Referral Direct Scheduling.** Patient Self-Referral Direct Scheduling (PSDS) is an outpatient clinic process that allows the patient to schedule an initial or follow-up appointment without a health care provider consult or return to clinic (RTC) order.

p. **Recall Reminder Software Application.** A Recall Reminder software application is an electronic function of the VistA scheduling system that serves as a queue or a place to hold appointment requests for scheduling on a future date and time, closer to the time the appointment is intended be completed.

q. **Return to Clinic Order.** A RTC order is entered in EHR by the health care provider to communicate the need for an episode of care to be scheduled/appointed in one of their clinics. It includes scheduling instructions and the PID/RTC date.

r. **Stop Code.** Stop codes are the designation used by VHA to define clinical work units for outpatient clinic costing purposes. As relevant to this directive, Stop Codes are utilized to identify workload for all outpatient encounters, including inpatient appointments in outpatient clinics. A primary stop code and a secondary stop code compose the six-digit stop code pair:

(1) **Primary Stop Code.** The first three digits represent the primary stop code. The primary stop code designates the main clinical group responsible for the care.

(2) **Secondary Stop Code.** The last three digits of the stop code contain the secondary stop code, or credit stop, which serves as a modifier to further define the primary workgroup. A VA medical facility can use the secondary stop code to provide additional information about the clinic, such as the type of health care provider or additional details on whether the service was delivered via telehealth.

s. **Unable to Schedule List.** An Unable to Schedule list is used to track consults that cannot be scheduled within 390 days into the future.

t. **Virtual Care.** Virtual Care (i.e., telehealth) is the delivery of health-related services and information via a myriad of technology-based tools.

3. POLICY

It is VHA policy that outpatient health care appointment requests, regardless of modality, are managed safely, timely and accurately, and are scheduled based on clinical need and Veterans' preference using available technologies. Veterans are to be provided an opportunity to schedule an appointment in either a VA medical facility or the community, when eligible.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **Assistant Under Secretary for Health for Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care is responsible for:

(1) Providing oversight and support of national issues and programs for scheduling policy, including procedures, education and applications across VHA.

(2) Overseeing and improving access to care and Veteran satisfaction.

(3) Ensuring compliance with this directive through appropriate monitoring activities.

d. **Veteran Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Integrated Veteran Care when barriers to compliance are identified.

(2) Ensuring that VA medical facilities within the VISN have appropriate resources to comply with the scheduling standards set within this directive.

(3) Designating a VISN Scheduling Business Lead and VISN Scheduler Training Lead.

e. **Veteran Integrated Service Network Scheduling Business Lead.** The VISN Scheduling Business Lead is designated by the VISN Director and may include the VISN Business Implementation Manager (BIM) or VISN Group Practice Manager (GPM). The VISN Scheduling Business Lead is responsible for:

(1) Providing VISN-level oversight of the management of the Light Electronic Action Framework (LEAF) for Veterans requesting transfer to another location within the VA health care system such as a community-based outpatient clinic (CBOC) or another health care provider at the same location. For additional information, refer to the LEAF Intra-facility Transfer List Standard Operating Procedure (SOP), available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, see Appendix B.*

(2) Providing VISN-level oversight of the Unable to Schedule List for each VA medical facility and providing quarterly updates to the Office of Integrated Veteran Care (IVC). For additional details, refer to the Unable to Schedule Consult Process SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Collaborating with the VA medical facility Scheduling Audit Lead to implement changes in National Scheduling Audit Requirements as directed by IVC. For additional details, refer to the National Standardized Scheduling Audit Guidebook, available at:

https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(4) Overseeing the implementation of scheduling process improvements based on regional performance (e.g., National Standardized Scheduling Audit accuracy results). For additional details, refer to the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Acting as liaison between IVC's National Standardized Scheduling Audit Program and VA medical facility Scheduling Audit Lead to communicate changes in national policy or scheduling audit processes.

f. **Veteran Integrated Service Network Scheduler Training Lead.** The VISN Scheduler Training Lead is designated by the VISN Director and may include the VISN BIM, VISN GPM or Designated Learning Officer (DLO). The VISN Scheduler Training Lead is responsible for:

(1) Acting as a liaison between IVC's National Standardized Scheduler Training Program and VA medical facility Scheduling Trainer to communicate changes in scheduling training requirements and provide field feedback to IVC.

(2) Collaborating with the VA medical facility Scheduling Trainer to implement changes in the National Standardized Scheduler Onboarding Training Program at their VA medical facility as provided by national updates.

(3) Collaborating with the VA medical facility Scheduling Trainer to meet national and VISN measures and timelines for scheduling training to include the mandatory National Standardized Scheduling Onboarding Training and national annual Scheduler refresher training in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

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

(1) Monitoring compliance with this directive in their VA medical facility and reporting non-compliance to the VISN Director.

(2) Assessing scheduling resource levels and the number of appointments made by clinical staff no less than yearly using the VHA Support Service Center (VSSC) Scheduling Resource Assessment – Clinical Staff activity, available at: https://vssc.med.va.gov/VSSCMainApp/products.aspx?PgmArea=42.This review is intended to ensure appropriate staff are scheduling appointments. Areas where clinical scheduling activity is present are to be assessed to determine whether adequate scheduling staff resources are aligned to meet scheduling needs. Where

appropriate, the VA medical facility Director must reassign clinical staff from scheduling to patient care. ***NOTE:*** *The VA medical facility Director may designate staff to conduct the assessment and provide oversight of the Scheduling Resource Assessment.*

(3) Providing appropriate resources for performing scheduling tasks that meet the needs of Veterans, including adequate staffing and appropriate equipment and space.

(4) Overseeing processes for initial and ongoing scheduling staff training and competency, including appointment of a designated VA medical facility Scheduling Trainer to oversee Scheduler training in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Ensuring that the National Standardized Scheduling Audit is conducted twice a year by the VA medical facility Scheduling Audit Lead and ongoing scheduling improvements are conducted in accordance with the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Assigning a VA medical facility Scheduling Audit Lead to oversee the implementation of the National Standardized Scheduling Audit Program at the VA medical facility level.

(7) Ensuring that the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager), VA medical facility Revenue Manager, VA medical facility Clinic Profile Manager, VA medical facility Managerial Cost Accounting Office (MCAO) Manager, and VA medical facility Service Administrative Officer or VA medical facility Scheduling Supervisor conduct an annual review of all active clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. Based on the VA medical facility structure, the VA medical facility Service Administrative Officer or Scheduling Supervisor may designate a Program Analyst or Program Specialist to fulfill this responsibility.*

h. **VA Medical Facility Associate Director.** The VA medical facility Associate Director is responsible for:

(1) Ensuring that the VA medical facility Scheduling Business Owner maintains and conducts an annual review of the Master Scheduler List and validates that Schedulers have completed the required training as listed in paragraph 5 and further detailed in the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at:

https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Ensuring that the VA medical facility Scheduling Business Owner assigns a New Enrollee Appointment Request (NEAR) Coordinator and a back-up who are responsible for managing the NEAR process in accordance with the NEAR Coordinator Manual available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

i. **VA Medical Facility Chief of Staff or Associate Director, Patient Care Services.** The VA medical facility Chief of Staff or Associate Director, Patient Care Services is responsible for:

(1) Ensuring that the VA medical facility Service Chief complies with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This responsibility only applies to the VA medical facility Chief of Staff. This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Ensuring that health care providers enter the PID for appointment requests in the consult or RTC order at the end of the clinic visit based upon the clinical needs of the Veteran. For more details, refer to the National RTC Order SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Ensuring that health care providers enter RTC orders for follow-up appointments and select the most appropriate modality for care. This must be performed by the end of the clinic visit for ongoing outpatient care.

j. **VA Medical Facility Service Chief.** The VA medical facility Service Chief is responsible for:

(1) Identifying which clinics are appropriate for PSDS as outlined in the PSDS SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Ensuring that health care providers offer direct VA Online Scheduling (VAOS) in accordance with the VAOS SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Approving requests for new or established clinic profile changes and requests for clinic profile inactivation submitted by VA medical facility Service Administrative Officers or a designee (e.g., Service Program Analyst or Program Specialist).

(4) Advising the VA medical facility Clinic Profile Manager on appropriate clinic grid set up to reflect health care providers' availability for scheduling and appropriate appointment slot lengths.

(5) Collaborating with the VA medical facility Revenue Manager, VA medical facility Clinic Profile Manager, VA medical facility MCAO Manager, and VA medical facility Service Administrative Officer or VA medical facility Scheduling Supervisor to conduct an annual review of all active clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public. Based on the VA medical facility structure, the VA medical facility Service Administrative Officer or Scheduling Supervisor may designate a Program Analyst or Program Specialist to fulfill this responsibility.*

(6) Activating contingency plans that impact scheduling practices, when necessary.

(7) Complying with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(8) Monitoring appointment availability timeframes to identify clinics with wait times higher than VHA wait time standards.

k. **VA Medical Facility Group Practice Manager.** The VA medical facility GPM is responsible for:

(1) Collaborating with the VA medical facility Scheduling Business Owner to sustain access initiatives and implement contingency plans that impact scheduling practices.

(2) Consulting with the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager) and VA medical facility Clinic Profile Manager to ensure clinic grids are set up accurately to reflect providers' availability and appropriate appointment slot lengths. *NOTE: The VA medical facility GPM is considered to be the VA medical facility subject matter expert on clinic supply and demand and may need to be consulted to evaluate clinic grid set up when ongoing capacity issues arise.*

l. **VA Medical Facility Revenue Manager.** The VA medical facility Revenue Manager is responsible for:

(1) Determining whether clinics are billable or non-billable based on stop codes in accordance with MCAO's guidelines, available at: http://vaww.mcao.va.gov/. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Collaborating with the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager), VA medical facility Clinic Profile Manager, VA medical facility MCAO Manager, and VA medical facility Service Administrative Officer or VA medical facility Scheduling Supervisor to conduct an annual review of all active clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. Based on the VA medical facility structure, the VA medical facility Service Administrative Officer or Scheduling Supervisor may designate a Program Analyst or Program Specialist to fulfill this responsibility.*

m. **VA Medical Facility Managerial Cost Accounting Office Manager.** The VA medical facility MCAO Manager is responsible for:

(1) Reviewing and approving clinic profile stop codes in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Ensuring accuracy of MCAO stop codes and labor mapping in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Collaborating with the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager), VA medical facility Revenue Manager, VA medical facility Clinic Profile Manager, and VA medical facility Service Administrative Officer or VA medical facility Scheduling Supervisor to conduct an annual review of all active clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. Based on the VA medical facility structure, the VA medical facility Service Administrative Officer or Scheduling Supervisor may designate a Program Analyst or Program Specialist to fulfill this responsibility.*

n. **VA Medical Facility Clinic Profile Manager.** The VA medical facility Clinic Profile Manager is responsible for:

(1) Completing highly recommended Clinic Profile Manager training as detailed in paragraph 5 within 90 days of hire.

(2) Establishing and maintaining clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(3) Setting up clinic grids to accurately reflect health care providers' availability and appropriate slot length and to enable Veterans to view, schedule and manage appointments on Veteran-facing applications (e.g., MyHealth*e*Vet). ***NOTE:*** *This may involve consulting with the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager) and GPM to accurately set up clinic grids.*

(4) Completing set up for count and non-count clinics in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Developing, implementing and overseeing the electronic clinic profile approval process for the establishment and modification of clinics in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Reviewing user access to VistA clinic set up menu options quarterly. Assignment of menu options should be granted on a restricted basis in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Educating appropriate personnel (e.g., Program Analyst and Program Specialist) on the use of VistA clinic set up menu options in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Collaborating with the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager), VA medical facility Revenue Manager, VA medical facility MCAO Manager, and VA medical facility Service Administrative Officer or VA medical facility Scheduling Supervisor to conduct an annual review of all active clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. Based on the VA medical facility structure, the VA medical facility Service Administrative Officer or Scheduling Supervisor may designate a Program Analyst or Program Specialist to fulfill this responsibility.*

(9) Developing and sustaining the annual VA medical facility review process to ensure all clinic profiles are accurate and up-to-date.

o. **VA Medical Facility Health Care Provider.** The VA medical facility health care provider is responsible for:

(1) Making a PID determination and entering the PID for future appointment requests in the consult or RTC order based upon the clinical needs of the Veteran. *NOTE: This includes indicating when a future appointment is deemed time sensitive.*

(2) Submitting a RTC order for follow-up appointments in EHR and selecting the most appropriate modality for care. This must be performed by the end of the clinic visit for ongoing outpatient care. Refer to the National RTC Order SOP for additional information, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(3) Following protocol to request new clinic establishment or existing clinic changes in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(4) Offering direct VAOS as outlined in the VAOS SOP: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(5) Conferring with the VA medical facility Scheduler to determine alternative care options (e.g., virtual care or community care) when appointment capacity is limited.

p. **VA Medical Facility Scheduling Business Owner.** The VA medical facility Scheduling Business Owner is determined by the structure of the VA medical facility and may include the VA medical facility Chief of Health Administration Service (HAS), Medical Administration Service (MAS), or Business Office; VA medical facility Service Line Manager; or VA medical facility GPM. The VA medical facility Scheduling Business Owner is responsible for:

(1) Overseeing VA medical facility Schedulers and VA medical facility Scheduling Supervisors in the technical components of scheduling and appointment management tools in accordance with the Appointment Management Business Rules SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Ensuring that VA medical facility Schedulers complete National Standardized Onboarding Training prior to being released to work unit and are issued scheduler

keys in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Ensuring that VA medical facility Schedulers complete national annual scheduler refresher training as identified and developed by IVC in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(4) Maintaining and conducting an annual review of the Master Scheduler List and validating that VA medical facility Schedulers have the appropriate scheduling keys to complete their work. ***NOTE:*** *The Master Scheduler List includes all individuals, including direct supervisors, with assigned access to schedule and manage appointments in EHR's Scheduling Software System.*

(5) Collaborating with the VA medical facility Scheduling Trainer and VA medical facility Scheduling Audit Lead to identify supplemental Scheduler training requirements and overseeing the VA medical facility Scheduling Trainer in the implementation of updates to Scheduler training based on VA medical facility scheduling needs and scheduling audit results and trends.

(6) Assigning a VA medical facility NEAR Coordinator and a back-up who are responsible for managing the NEAR process.

(7) Assigning highly recommended trainings for the VA medical facility NEAR Coordinators and ensuring NEAR Coordinators follow procedures in accordance with the NEAR Coordinator Manual available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Collaborating with the VA medical facility GPM to sustain access initiatives and implement contingency plans that impact scheduling practices.

(9) Overseeing VAOS processes to ensure that:

(a) Each clinical service participating in VAOS has at least one VAOS Request Manager and a back-up to schedule appointment requests in accordance with the VAOS SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(b) Each VA medical facility has at least one VAOS Configuration Manager and a back-up.

q. **VA Medical Facility Scheduling Supervisor.** The VA medical facility Scheduling Supervisor is responsible for:

(1) Ensuring that VA medical facility Scheduler functional statements include responsibilities related to scheduling and appointment management.

(2) Ensuring that VA medical facility Schedulers are scheduling and managing appointments as outlined in paragraph 4.s.(1) – (25).

(3) Completing the annual Scheduler competency assessment. ***NOTE:*** *The Scheduling Supervisor may delegate this responsibility to the VA medical facility Scheduling Trainer.*

(4) Conducting ongoing scheduling audit performance feedback and any required remediation in accordance with the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(5) Conducting daily oversight and management of VA medical facility Scheduler administrative work tasks (e.g., LEAF for transfer requests, Unable to Schedule List, NEAR List, Recall Reminder, RTC Order).

(6) Reviewing the Recall Reminder List daily and ensuring that the VA medical facility Scheduler sends the Veteran a second reminder to schedule an appointment as outlined in the Recall Reminder SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Ensuring that VA medical facility Schedulers attempt to schedule recall reminders prior to the recall reminder due date. Refer to the Recall Reminder SOP for additional information: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Designating which VA medical facility Schedulers will be responsible for scheduling initial appointments for eligible Veterans who walk-in to the VA medical facility to enroll in VA health care and request a future appointment.

(9) Ensuring that VA medical facility Schedulers validate and update Veteran's demographics, contact preferences and health insurance in the Insurance Capture Buffer (ICB) Exceptions List and Patient Update at the time of the appointment, when applicable. ***NOTE:*** *Refer to VHA Directive 1910, Patient Information Collection Management (PICM) Program, dated July 10, 2018, for additional information.*

r. **VA Medical Facility Scheduling Trainer.** The VA medical facility Scheduling Trainer is responsible for:

(1) Assigning, tracking and documenting completion of the required Scheduler trainings for all VA medical facility Schedulers in accordance with paragraph 5 of this

directive and the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Conducting face-to-face National Standardized Onboarding Scheduler Training, re-training and new trainings in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(3) Implementing mandatory national annual scheduler refresher training in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(4) Completing training competencies on all VA medical facility Schedulers after Schedulers complete training in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(5) Assisting the VA medical facility Scheduling Supervisor in completing annual Scheduler competency reviews, as needed.

(6) Collaborating with the VA medical facility Scheduling Business Owner and VA medical facility Scheduling Audit Lead to identify supplemental Scheduler training requirements and implementing updates to Scheduler training based on VA medical facility scheduling needs and scheduling audit results and trends.

(7) Collaborating with the VISN Scheduler Training Lead to implement changes in the National Standardized Scheduler Onboarding Training Program as provided by national updates.

(8) Collaborating with the VISN Scheduler Training Lead to meet national and VISN measures and timelines for scheduling training to include the mandatory National Standardized Scheduling Onboarding Training and national annual Scheduler refresher training in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

s. **VA Medical Facility Scheduler.** VA medical facility Schedulers refer to staff who is authorized to schedule outpatient appointments at the VA medical facility, such as Medical Support Assistants (MSAs), after completing the National Standardized Onboarding Scheduler Training. *NOTE: It is highly recommended that*

MSAs schedule appointments; however, in restricted cases, unlicensed technical staff who have completed the required National Standardized Onboarding Scheduler Training may schedule appointments. Unlicensed technical staff includes staff who conduct health care-related technical tasks that do not require a state license or registration to perform (e.g., electrocardiogram technician). This is subject to annual review by the VA medical facility Director as a part of the Scheduling Resource Assessment. VA medical facility Schedulers are responsible for:

(1) Successfully completing the National Standardized Onboarding Scheduler Training and national annual refresher scheduler training as detailed in paragraph 5 prior to being released to work unit and issued Scheduler keys in accordance with the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Validating and updating a Veteran's health insurance in the ICB software, including coverage under a spouse's health policy per VHA Directive 1910. The ICB software can be accessed at: https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/HomePage.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Updating Veteran's demographics and contact preferences at the time of the appointment.

(4) Scheduling all appointments using VistA Scheduling Graphical User Interface (VS GUI). Other VA-approved scheduling software that interfaces and writes to VistA scheduling may be used for work-specific needs as locally determined (e.g., Telehealth Management Platform, Scheduling Manager).

(5) Scheduling appointments according to the PID as outlined in the Appointment Management Business Rules SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. The PID may not be changed by the Scheduler due to lack of availability of appointments. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Linking consults with the appointment and re-linking the consult when rescheduling an appointment that was cancelled by the clinic or Veteran.

(7) Negotiating appointment dates and times with the Veteran. For additional information, see the Appointment Management Business Rules SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(8) Reviewing community care eligibility and offering Veterans the choice to schedule an appointment in the community, if eligible, in collaboration with the health care provider. For additional information, see the Office of Community Care Field

Guidebook, Chapter Two, available at:
https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.as
px. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(9) Offering the Veteran an opportunity to schedule a future appointment or to be placed on the Recall Reminder software application at the time of check out or when contacted to schedule an appointment. For additional information, see the Recall Reminder SOP, available at:
https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource
s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(10) Following the minimum scheduling effort when attempting to schedule and reschedule appointments. See the Minimum Scheduling Effort for Outpatient Appointments SOP for additional information:
https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource
s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(11) Scheduling or attempting to schedule RTC orders and VAOS requests, and dispositioning the RTC orders and VAOS requests in accordance with the National RTC Order SOP and VAOS SOP, respectively, available at:
https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource
s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(12) Scheduling initial and follow-up appointments without a consult or a RTC Order in clinics designated as PSDS clinics following the processes in the PSDS SOP, available at.
https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource
s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(13) Managing consults in accordance with VHA Directive 1232(4), Consult Processes and Procedures, dated August 24, 2016.

(14) Managing NEARs based on the following conditions:

(a) **Online enrollments:** Scheduling or attempting to schedule Veterans who enroll in VA health care online in accordance with the NEAR Coordinator Manual, available at:
https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource
s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(b) **Walk-in enrollments:** Scheduling an initial appointment for eligible Veterans who walk into the VA medical facility to enroll in VA health care and request a future appointment, prior to leaving the VA medical facility. For additional information, see the NEAR Coordinator Manual, available at:
https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource
s.aspx ***NOTE:*** *This is an internal VA website that is not available to the public.*

(15) Scheduling future appointments for transitioning active-duty service members as outlined in the Transitioning Service Members/Veterans VA Health Care Outpatient Appointment Scheduling SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(16) Cancelling and rescheduling appointments in accordance with the processes outlined in the Appointment Management Business Rules SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(17) Correcting scheduling errors in accordance with the Appointment Management Business Rules SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(18) Completing daily administrative work tasks following scheduling business rules in accordance with the Appointment Management Business Rules SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(19) Identifying and managing consults that cannot be scheduled in accordance with the Unable to Schedule Consult Process SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(20) Reviewing the Unable to Schedule List no less than weekly and as appointment slots become available.

(21) Entering appointment "no shows" into EHR scheduling software no later than the end of each clinic business day.

(22) Contacting the VA medical facility Decedent Affairs Representative immediately when alerted of a Veteran's death (e.g., by a family member or obituary notice).

(23) Cancelling deceased Veteran appointments upon verification of death by VA medical facility Decedent Affairs Representatives. *NOTE: See VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017, for additional information.*

(24) Scheduling and managing appointments in accordance with national or local contingency plans when activated by the VA medical facility Service Chief.

(25) Entering Veterans who wish to transfer care within the VA medical facility on the LEAF Transfer List as outlined in the LEAF Intra-facility Transfer List SOP, available at:

https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

t. **VA Medical Facility Scheduling Audit Lead.** The VA medical facility Scheduling Audit Lead (e.g., Scheduling Auditor or Scheduling Supervisor) is responsible for:

(1) Operationalizing the National Standardized Scheduling Audit Program.

(2) Completing the National Standardized Scheduling Auditor Training, National Standardized Onboarding Scheduler Training and required refresher trainings as detailed in paragraph 5 and as outlined in the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx prior to receiving access to the National Standardized Scheduling Audit Tool and conducting scheduling audits. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(3) Reporting scheduling accuracy audit results and scheduling process improvement plans to the VISN Scheduling Business Lead on a monthly basis.

(4) Monitoring that all scheduled appointments are audited using the Business Intelligence Service Line (BISL) Scheduling Audit Report Tool. This includes MSA and non-MSA scheduled appointments in all clinics. See the National Standardized Scheduling Audit Guidebook for additional information and a list of exemptions, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Ensuring that VA medical facility Scheduling Auditors sample the required number of appointments each month and provide feedback to VA medical facility Schedulers and VA medical facility Scheduling Supervisors within specified parameters as outlined in the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Ensuring that VA medical facility Scheduling Auditors complete the National Standardized Scheduling Auditor Training and required refresher trainings as detailed in paragraph 5 and as outlined in the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Monitoring scheduling accuracy trends on a monthly basis and developing action plans for improvement as needed.

(8) Collaborating with the VISN Scheduling Business Lead to implement changes in National Scheduling Audit Requirements and scheduling process improvements at their VA medical facility.

(9) Collaborating with the VA medical facility Scheduling Business Owner and VA medical facility Scheduling Trainer to identify supplemental Scheduler training requirements based on VA medical facility scheduling needs and scheduling audit results and trends.

u. **VA Medical Facility Scheduling Auditor.** The VA medical facility Scheduling Auditor is responsible for:

(1) Completing the National Standardized Scheduling Auditor Training, National Standardized Onboarding Scheduler Training and required annual Scheduler refresher trainings as detailed in paragraph 5 and as outlined in the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx prior to receiving access to the National Standardized Scheduling Audit Tool and conducting scheduling audits. *NOTE: This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Conducting scheduling audits on VA medical facility Schedulers using the National Standardized Scheduling Audit Tool and processes to assess scheduling accuracy per the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(3) Sampling several appointments each month and providing feedback to VA medical facility Schedulers within specified time parameters as outlined in the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(4) Completing the responsibilities as listed for the VA medical facility Scheduling Audit Lead in paragraph 4.t. if the sole Scheduling Auditor at the VA medical facility.

v. **VA Medical Facility VA Online Scheduling Request Manager.** The VA medical facility VAOS Request Manager is responsible for:

(1) Managing VAOS appointment requests which includes monitoring Veterans' incoming requests and scheduling or initiating a scheduling attempt in accordance with the VAOS SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public. The VAOS Request Manager must have access to all clinic schedules in their service area to schedule appointment requests within the established timeline. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(2) Completing the highly recommended VAOS Request Manager training as detailed in paragraph 5 within 30 days of assuming position.

w. **VA Medical Facility VA Online Scheduling Configuration Manager.** The VA medical facility VAOS Configuration Manager is responsible for:

(1) Completing the highly recommended VAOS Configuration Manager training as detailed in paragraph 5 within 30 days of assuming position.

(2) Managing and configuring which specialties are made available in VAOS for Veterans' self-scheduling and appointment request by setting preferences in the VA Tool Set (VATS) for the VA medical facility and its child VA medical facilities.

x. **VA Medical Facility Patient Centered Management Module Coordinator.** The VA medical facility Patient Centered Management Module (PCMM) Coordinator is responsible for:

(1) Identifying which Patient Aligned Care Teams (PACT) have panel availability to receive new primary care patients on a daily or weekly basis, as needed.

(2) Sharing panel capacity and availability data with local Primary Care leadership, the VA medical facility NEAR Coordinator and VA medical facility Schedulers for appropriate scheduling (i.e., where a new primary care appointment can be scheduled) to help ensure panel capacity is observed. For further information, see the NEAR Coordinator Manual available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

y. **VA Medical Facility New Enrollee Appointment Request Coordinator.** The VA medical facility NEAR Coordinator and back-up role are collateral duties and can be filled by the VA medical facility Enrollment Coordinator or Scheduling Supervisor. The VA medical facility NEAR Coordinator is responsible for:

(1) Completing the highly recommended NEAR Coordinator trainings as detailed in paragraph 5 within 30 days of being assigned by the VA medical facility Scheduling Business Owner.

(2) Coordinating between NEAR team members (i.e., enrollment staff, Schedulers, PCMM Coordinator) so that:

(a) The PCMM Coordinator identifies which PACT teams have panel availability to receive new primary care patients on a daily or weekly basis, as needed. This ensures Schedulers have an accurate list of which health care providers are accepting new patients.

(b) Schedulers schedule or attempt to schedule NEARs that appear on the NEAR List in accordance with the NEAR Coordinator Manual, available at:

https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

(c) Schedulers schedule an initial appointment or initiate a community care consult for eligible Veterans who walk into a VA medical facility to enroll in VA health care prior to leaving the VA medical facility in accordance with the NEAR Coordinator Manual, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. This includes facilitating the transfer of the Veteran from the enrollment staff to the VA medical facility Scheduler so that the Veteran has the opportunity to schedule a future appointment prior to leaving the VA medical facility. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Reviewing the NEAR List to ensure that Veterans are scheduled timely in accordance with the NEAR Coordinator Manual, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

z. **VA Medical Facility Service Administrative Officer.** The VA medical facility Service Administrative Officer is responsible for:

(1) Submitting electronic requests for new or established clinic profile changes and requests for clinic profile inactivation.

(2) Collaborating with the VA medical facility Service Chief or designee (e.g., Clinical Section Chief or Nurse Manager), VA medical facility Revenue Manager, VA medical facility Clinic Profile Manager and VA medical facility MCAO Manager to conduct an annual review of all active clinic profiles in accordance with the Clinic Profile Management Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResource s.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public. Based on the VA medical facility structure, the VA medical facility Service Administrative Officer or Scheduling Supervisor may designate a Program Analyst or Program Specialist to fulfill this responsibility. For a full listing of the SOPs and Guidebooks in this directive, please refer to Appendix B.*

aa. **VA Medical Facility Enrollment Staff.** The VA medical facility enrollment staff includes the Enrollment Clerk and Enrollment Coordinator. The VA medical facility enrollment staff is responsible for scheduling the appointment or conducting a transfer to the VA medical facility Scheduler who schedules the new enrollee appointment following a walk-in enrollment. ***NOTE:*** *The transfer requires a physical or telephonic transfer of the Veteran to appropriate scheduling staff while the Veteran remains in the enrollment office.*

bb. **VA Medical Facility Decedent Affairs Representative.** The VA medical facility Decedent Affairs Representative is responsible for entering the reported date

of a Veteran's death and source of the report in the Veteran's EHR after being notified in accordance with VHA Directive 1601B.04, and ensuring that all pending and future appointments are cancelled.

5. TRAINING

a. The following training is highly recommended for all VA medical facility **Clinic Profile Managers**: Clinic Profile Manager Training in TMS. For specific information on TMS course titles and numbers, see the Clinic Profile Management Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

b. The following training is required for all VA medical facility **Schedulers**:

(1) National Standardized Onboarding Scheduler Training. For specific information on TMS course titles and numbers, see the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(2) Annual scheduler refresher training as identified and developed by IVC.

c. The following training is required for all VA medical facility **Scheduling Audit Leads**:

(1) National Standardized Onboarding Scheduler Training in TMS. For specific information on TMS course titles and numbers, see the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(2) Annual Scheduler refresher training as identified by IVC.

(3) National Standardized Scheduling Auditor Training in TMS. For specific information on TMS course titles and numbers, see the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

d. The following training is required for all VA medical facility **Scheduling Auditors**:

(1) National Standardized Onboarding Scheduler Training in TMS. For specific information on TMS course titles and numbers, see the VHA National Standardized Scheduler Onboarding Trainer's Guide, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

(2) Annual refresher training as identified by IVC.

(3) National Standardized Scheduling Auditor Training in TMS. For specific information on TMS course titles and numbers, see the National Standardized Scheduling Audit Guidebook, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

e. The following training is highly recommended for all VA medical facility **VAOS Request Managers**: VAOS Request Manager Training in TMS. For specific information on TMS course titles and numbers, see the VAOS SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

f. The following training is highly recommended for all VA medical facility **VAOS Configuration Managers**: VAOS Configuration in TMS. For specific information on TMS course titles and numbers, see the VAOS SOP, available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

g. The following training is highly recommended for all VA medical facility **NEAR Coordinators**: NEAR Management in TMS. For specific information on TMS course titles and numbers, see the NEAR Coordinator Manual available at: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. *NOTE: This is an internal VA website that is not available to the public.*

6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

7. REFERENCES

a. VHA Directive 1232(4), Consult Processes and Procedures, dated August 24, 2016.

b. VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017.

c. VHA Directive 1910, Patient Information Collection Management (PICM) Program, dated July 10, 2018.

d. Stop Code Definitions: http://vaww.dss.med.va.gov/programdocs/pd_oident.asp. *NOTE: This is an internal VA website that is not available to the public.*

EXEMPTIONS

Due to the unique scheduling requirements, the following programs are exempt from the process requirements of this directive with the exception that all new Veterans must be seen within Veterans Health Administration (VHA) wait time standards and Schedulers must follow the "Unable to Schedule" process when this cannot be met. Schedulers in exempted programs are required to complete the National Standardized Scheduling Onboarding Training and annual refresher training (see paragraph 5). *NOTE: Exempted stop codes will be reviewed annually by the Office of Integrated Veteran Care (IVC).*

Additional information on stop codes definitions can be found on the following site: http://vaww.dss.med.va.gov/programdocs/pd_oident.asp. *NOTE: This is an internal Department of Veterans Affairs (VA) website that is not available to the public.*

(1) Home Based Primary Care-HBPC (Stop Codes 156, 157, 170-177)

(2) Hospital in Home-HIH (Stop Code 354)

(3) Medical Foster Home-MFH (Stop Code162)

(4) Community Residential Care-CRC (Stop Code 121)

(5) Telephone Lifestyle Coaching (Stop code 147/139)

(6) VA-Adult Day Health Care (Stop Code 190)

(7) Spinal Code Injury (SCI) Home Care Program (Stop Code 215)

(8) Anticoagulation Clinic (Stop Code 317)

(9) Homeless Programs:

(a) Grant and Per Diem Individual (Stop Code 511)

(b) Grant and Per Diem Group (Stop Code 504)

(c) HCHV/HCMI-Individual (Stop Code 529)

(d) HCHV/HCMI Group (Stop Code 508)

(e) HUD-VASH Individual (Stop Code 522)

(f) HUD-VASH Group (Stop Code 507)

(g) VJO Face-to-Face (Stop Code 592)

(h) HCRV Face-to-Face (Stop Code 591)

(i) HVCES-Individual (Stop Code 555)

(j) HVCES-Group (Stop Code 556)

(10) Mental Health Programs:

(a) Intensive Community Mental Health Recovery Services (ICMHR) (Stop Code 552)

(b) Residential Treatment Programs (Stop Codes 586, 587) and

(c) VHA Vocational Rehab (Stop Codes 568, 568/535, 573, 574)

(11) Compensation and Pension (C&P) (Stop Code 450)

(12) DBQ Referral Clinic (Stop Code 443)

(13) C&P via Clinical Video Telehealth (CVT) Patient Site (Stop Code 444)

(14) C&P via Clinical Video Telehealth (CVT) Provider Site (Stop Code 445)

(15) IDES (Integrated Disability and Evaluation System) via Clinical Video Telehealth (CVT) Patient Site (Stop Code 446)

(16) IDES (Integrated Disability and Evaluation System) via Clinical Video Telehealth (CVT) Provider Site (Stop Code 447)

(17) Integrated Disability Evaluation System Exam (Stop Code 448)

(18) Administrative Patient Activities (Stop Code 674)

(19) Purchased Care Programs:

(a) Purchased Skilled Care (POV 70 & 74)

(b) Homemaker Home Health Aide (POV 71)

(c) Outpatient Home Respite (POV 72, 73 & 79)

(d) Contract Adult Day Health Care) (POV 76)

(e) Veteran Directed Home & Community Based Care (POV 27)

(f) PACE (POV 26)

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

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

(20) Radiology. ***NOTE:*** *For Radiology scheduling guidance, please refer to the operational memorandum: VHA Outpatient Radiology Scheduling Policy and Interim Guidance, dated August 12, 2016, and operational memorandum: Radiology and Nuclear Medicine Orders Management, dated May 1, 2019.*

(a) X-Ray & Fluoroscopy (Stop Code 105)

(b) Nuclear Medicine and PET (NM & PET) (Stop Code 109)

(c) Ultrasound (US) (Stop Code 115)

(d) Computerized Tomography (CT) (Stop Code 150)

(e) Magnetic Resonance Imaging (MRI) (Stop Code 151)

(f) Interventional Radiography (IR) Procedure (Stop Code 153)

(g) Vascular Laboratory (Stop Code 421)

(h) Mammography (Stop Code 703)

COMPLETE LIST OF STANDARD OPERATING PROCEDURES AND GUIDEBOOKS

Listed below in alphabetical order are the associated Standard Operating Procedures (SOPs) and Guidebooks referenced in this directive. These documents provide further process details on how key tasks are to be accomplished and are updated when changes in processes are required. The site link housing the reference documents below is: https://dvagov.sharepoint.com/sites/vhaovac/cpm/SitePages/AccessPolicyResources.aspx. ***NOTE:*** *This is an internal Department of Veterans Affairs (VA) website that is not available to the public.*

1. Appointment Management Business Rules SOP

2. Clinic Profile Management Guidebook

3. Light Electronic Action Framework (LEAF) Intra-facility Transfer List SOP

4. Minimum Scheduling Effort for Outpatient Appointments SOP

5. National Return to Clinic (RTC) Order SOP

6. National Standardized Scheduling Audit Guidebook

7. New Enrollee Appointment Request (NEAR) Coordinator Manual

8. Patient Self-Referral Direct Scheduling (PSDS) SOP

9. Recall Reminder SOP

10. Transitioning Service Members/Veterans VA Health Care Outpatient Appointment Scheduling SOP

11. Unable to Schedule Consult Process SOP

12. VA Online Scheduling (VAOS) SOP

13. VHA National Standardized Scheduler Onboarding Trainer's Guide