

Consult Toolbox User Guide



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Revision History

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NOTE: The revision history cycle begins once changes or enhancements are requested after the document has been baselined.

Table of Contents

1. Introduction	3
1.1. Purpose.....	3
1.2. Disclaimers	3
1.2.1. Documentation Disclaimer	3
2. System Summary	4
2.1 Initial Use.....	4
2.2 Settings.....	4
2.2.1 Consult Toolbox Preferences	5
3. Consult Toolbox Functions	11
3.1 Receiving Consult Activities	12
3.2 Add Comment to Consult	15
3.2.1 Scheduler Functions.....	16
3.2.2 Community Care Functions	22
3.2.2.5 <i>Community Care MSA Patient Contacts</i>	39
3.3 Provider Comment Functions	52
3.4 Discontinuation Activities.....	54
3.4.1 General Discontinuation Comments	54
3.5 Forwarding a Consult.....	57
3.6 Significant Findings – Community Care Action Needed Notation.....	59
3.7 Administrative Closure	60
Appendix A Community Care Appointment Tracking – VA Scheduling Appointment.....	61

1. Introduction

This software was created by the Atlanta VA Medical Center in response to a need to manage the process of consult management. During the life of a consult, there are prescribed steps of actions to be taken, and there is a need to be able to track these steps at an individual patient level. Additionally, there is a need to be able to understand the overall status of consult management at a macro level, and identify specific services needing attention or resources. Without opening and reading a patient medical record, it is difficult to identify which patients have had which scheduling steps completed.

This software does several things. First, it makes it very easy for staff to document actions completed quickly and consistently. Second, it uses consistent verbiage to document these steps. Third, it eliminates the need to take a second action or make a separate entry to track scheduling steps. Fourth, this consistent verbiage allows software analysis of records without needing to have software changes to VistA or CPRS.

A separate process using corporate data warehouse queries and reports allows creation of views showing such things as patients who have not had first call, second call, scheduling letter sent or how much time has passed between these events.

Together, these allow tracking and managing consults without the need to keep a separate list or other workflow to know which consults need attention.

1.1. Purpose

The purpose of this guide is to provide instruction for utilizing the Consult Toolbox to standardize and streamline consult management for Community Care.

1.2. Disclaimers

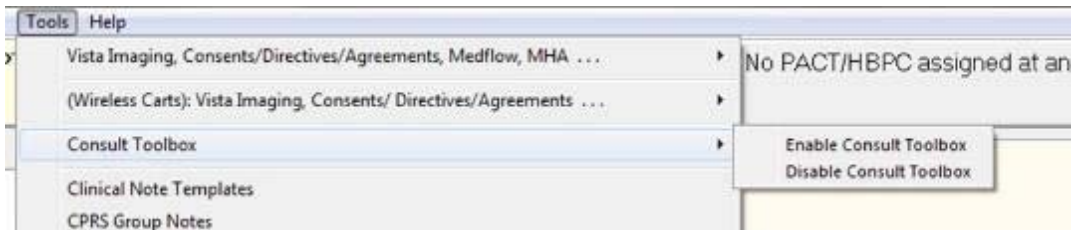
1.2.1. Documentation Disclaimer

The appearance of external hyperlink references in this manual does not constitute endorsement by the Department of Veterans Affairs (VA) of this Web site or the information, products, or services contained therein. The VA does not exercise any editorial control over the information you may find at these locations. Such links are provided and are consistent with the stated purpose of the VA.

2. System Summary

The Consult Toolbox should be enabled on the applicable computer (this only needs to be done once on a given computer for each person).

When installed on the PC, it will be installed on the workstation as an installed program, but it will need to be “enabled.” This should be set up on the CPRS tools bar. Below is an example of how it might, look, but depending on how the station CAC set-up the tool, the enable link may be in some other location on the tool bar, so each station may look different.



Selecting “Enable Consult Toolbox” will activate the Toolbox so it will be open automatically each time Windows is opened. It only needs to be done once for a given PC, and enabled; the Consult Toolbox will be active each time you log into this computer.

When changing computers, the user will need to enable it on the new computer. It will remain enabled from then on, until it is disabled. In the event the Consult Toolbox seems to not be working correctly, enable it again and it will reset.

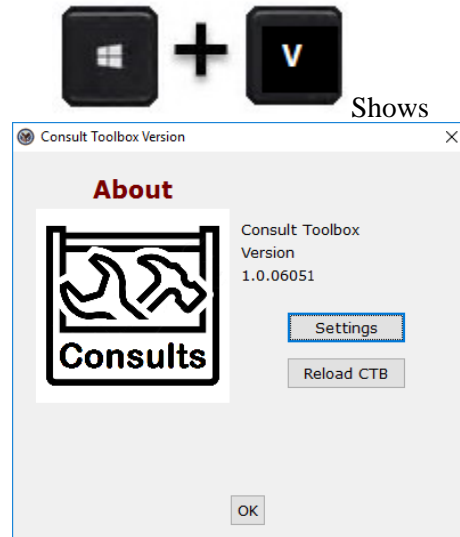
2.1 Initial Use

On the first use, the consult toolbox will be disabled until you enable it as described above. Once enabled, you’ll want to set your preferences. This is done in the settings screen described in the next section.

2.2 Settings

The Settings functionality within the Consult Toolbox provides any user the ability to select their default features upon opening the toolbox based on their roles and responsibilities.

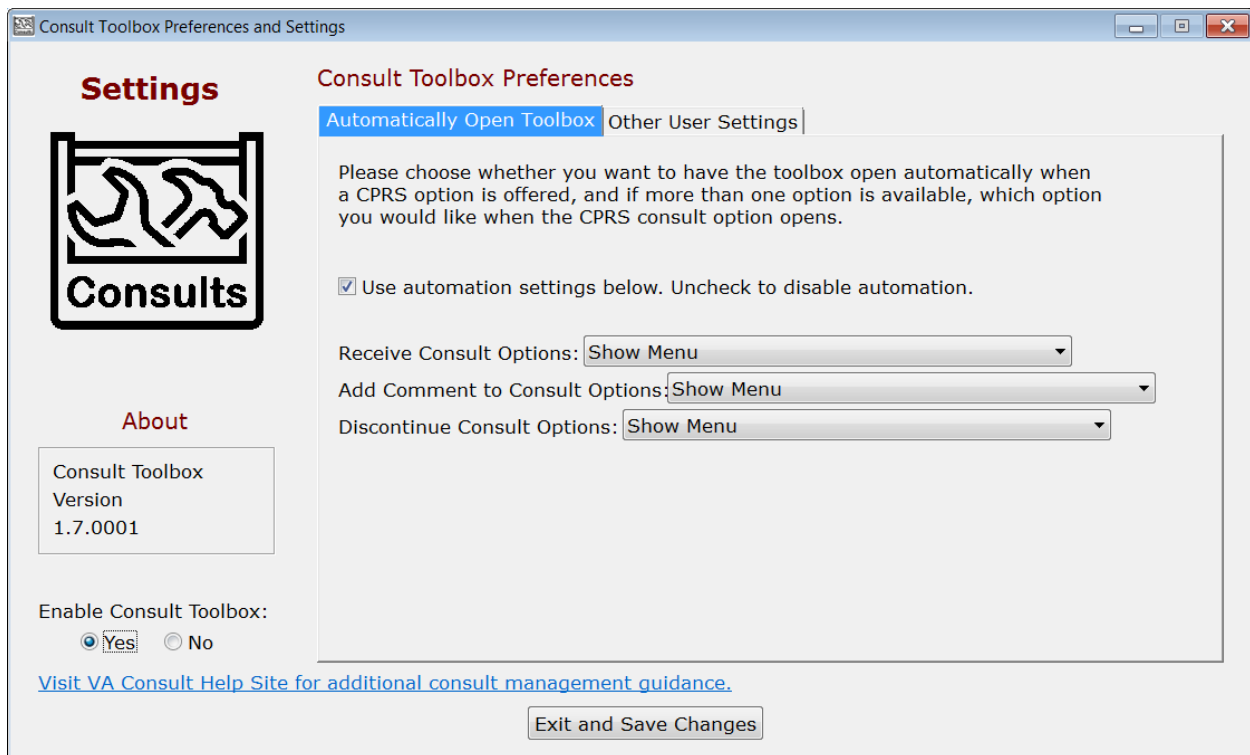
The settings screen may be reached by pressing the Win + V key as shown below. Once these keys are pressed the About Box appears. The About Box features the Consult Toolbox Version number and can be used to ensure the right version of the toolbox is installed and used:



Clicking OK will close the box and otherwise do nothing. The “Reload CTB” resets the Consult Toolbox preferences and can also be used to reset due to a technical glitch.

To set preferences, click settings.

2.2.1 Consult Toolbox Preferences



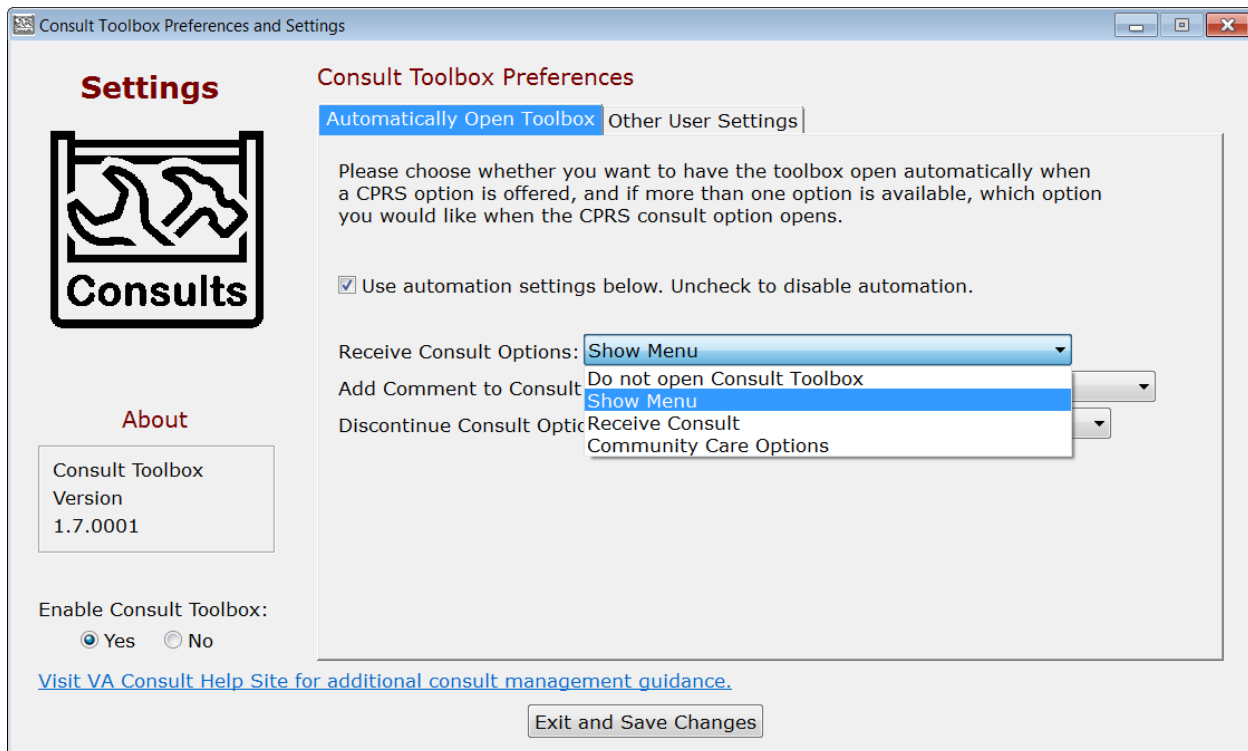
- Note that the Settings screen also displays the Consult Toolbox Version number. Beneath the Version number, bottom left, you can choose to “Enable Consult Toolbox” by choosing Yes or No. Yes—this makes the Consult Toolbox function. By enabling it, a link to the consult toolbox is placed in the Windows Start Up folder, so the consult toolbox is active each time you log into this PC.

- **No**—this removes any link from the Startup Menu, and turns off the Consult Toolbox. After selecting this option, the consult toolbox will no longer function. It will need to be enabled once again from the CPRS Tools menu.

Contact your local OI&T or Clinical Application Coordinator if there are any issues related to installation.

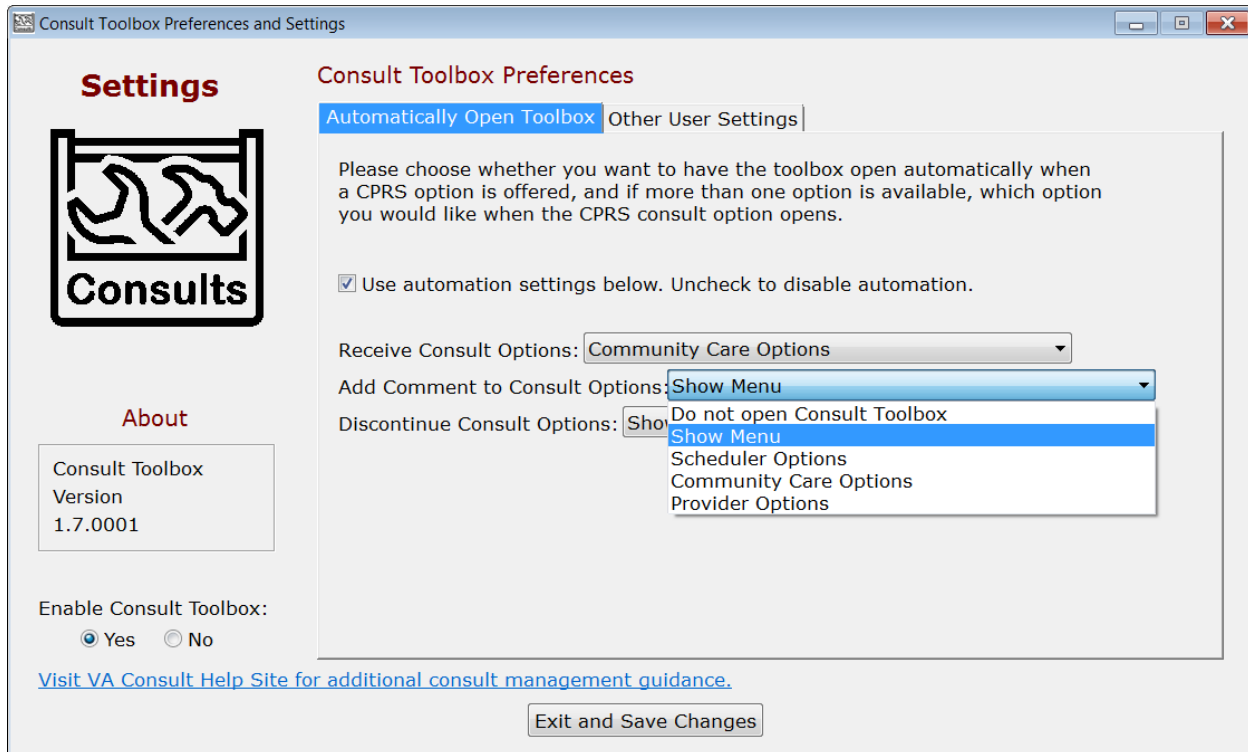
There are two tabs within the Consult Toolbox Preferences screen. The first one, “*Automatically Open Toolbox*” allows you to choose whether you want to have the toolbox open automatically when a CPRS option is offered, and if more than one option is available, which option you would like when the CPRS consult option opens. In this version, automation is available for “Receive Consult,” “Add Comments to Consult” and “Discontinue Consult.” Check the automation setting box to automate settings, otherwise the automation functionality will be disabled.

Receive Consult Options offers the following options shown and described below.



- **Do not open Consult Toolbox:** Nothing will happen when the receive consult box opens.
- **Show menu:** As soon as the Receive Consult box opens, the shortcut menu will show itself for the user to select. The user may select Receive Consult, or select something else. Clicking in the white space of the box, will cause the shortcut menu to disappear.
- **Receive Consult:** As soon as the Receive Consult box appears, the Receive Consult screen for the Consult Toolbox will also appear.
- **Community Care Options:** As soon as the Receive Consult box appears, the Community Care screen for the Consult Toolbox will also appear. Note, this is the same screen appears under Community Care Options on the “Add Comment to Consult” CPRS box.

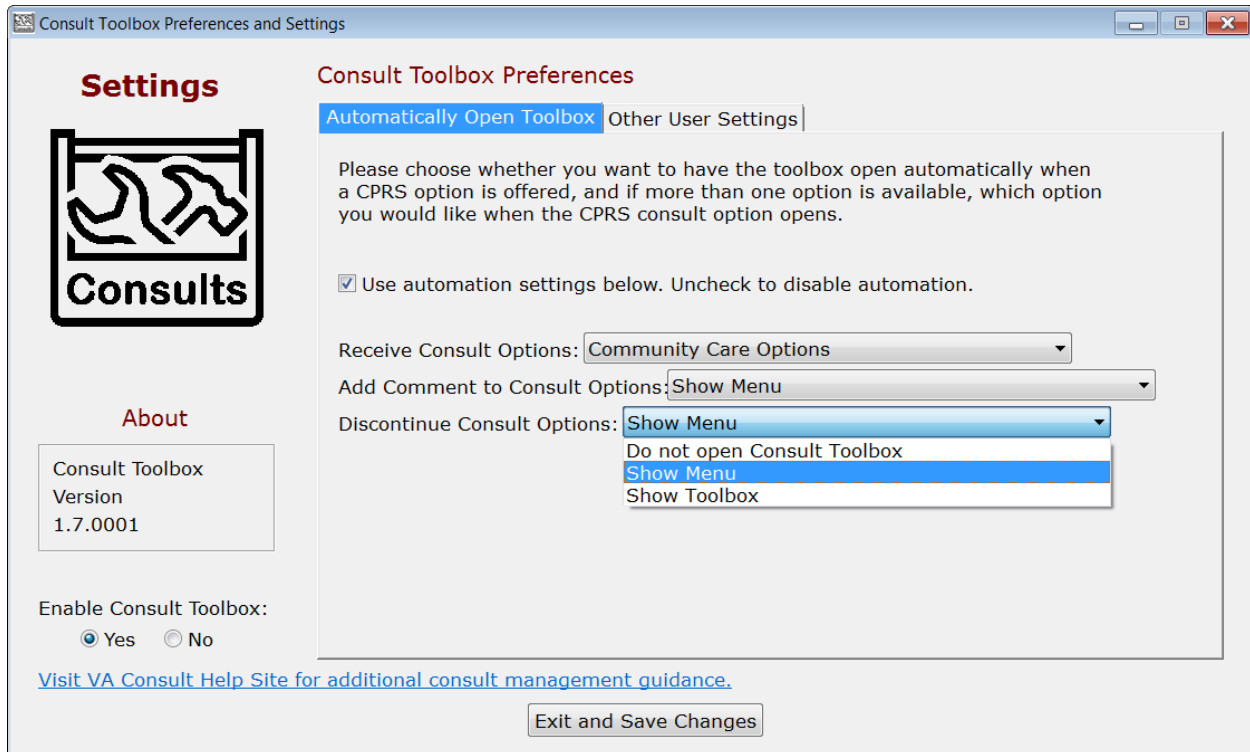
The Add Comment to Consult Options: offers the following options, shown and described below.



- **Do not open Consult Toolbox:** Nothing will happen when the CPRS add comment box opens.
- **Show menu:** As soon as the Add Comment to Consult box opens, the shortcut menu will show itself for the user to select. The user may select an option, or doing something else, including clicking in the white space of the box, will cause the shortcut menu to disappear.
- **Scheduler Options:** As soon as the Add Comment to Consult pop-up box appears, the Consult Toolbox screen for in-house VA schedulers will also appear.
- **Community Care Options:** As soon as the Add Comment to Consult pop-up box appears, the Community Care screen for the Consult Toolbox will also appear. This is the same screen that appears under Community Care Options on the “Receive Consult” CPRS box.
- **Provider Options:** As soon as the Add Comment to Consult pop-up box appears, the provider review screen will appear.

For VA in-house consult schedulers, the recommended setting is “Scheduler Options.” For community care staff (clinical and administrative), the recommended setting is “Community Care Options” and for in-house clinicians, the recommended setting is “Provider options.”

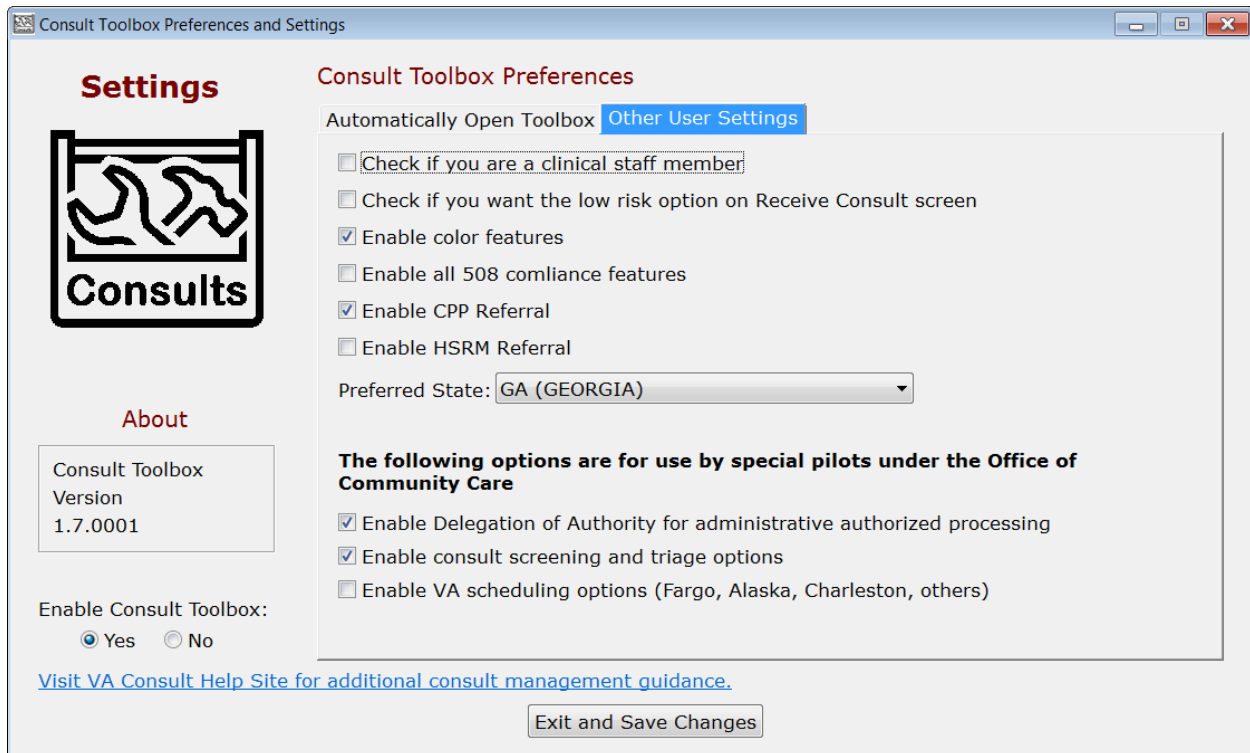
The Discontinue Consult Options offers the following options shown and described below.



Discontinue Consult—actions to take when the discontinue consult scree appears.

- **Do not open Consult Toolbox:** Nothing will happen when the CPRS discontinue box opens.
- **Show menu:** As soon as the Discontinue Consult pop-up box opens, the shortcut menu will show itself for the user to select. The user may select an option, or doing something else, including clicking in the white space of the box, will cause the shortcut menu to disappear.
- **Show Toolbox:** As soon Discontinue Consult pop-up box opens, the Consult Toolbox discontinue consult screen also appears.

The second tab, “Other User Settings” offers additional options and preferences shown and described below.



- **Clinical Staff Member:** This is pertinent only under the Community Care screen. If the user can make clinical assessments or decisions in the management of community care, select yes for this option. Staff selecting yes are typically nurses and licensed practitioners.
- **Low Risk option:** VHA has defined low risk clinics nationally to include: physical therapy, occupational therapy, kinesiotherapy, acupuncture, smoking clinic, MOVE clinic, massage therapy, chiropractic care and erectile dysfunction clinic. A full list of low risk clinics can be found in the VHA Consult SOP. As soon as the Receive Consult box appears, the Receive Consult screen for the Consult Toolbox for low risk clinics will also appear. Note that to use this option, a clinic must be approved as a low risk clinic by the facility consult management (Committee or COS designee). The VHA Consult SOP can be located in the following link:
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/ACAO/ConsultManagement/Policy/Forms/AllItems.aspx?RootFolder=%2Fsites%2FDUSHOM%2F10NA%2FACAO%2FConsultManagement%2FPolicy%2FConsult%20Management%20SOP&FolderCTID=0x01200045E19B25BB3B7C4DA29DDBB4E414F0B6&View={B401205F-3C4C-499B-B416-8689D576B245}>
- **Enable color highlights:** If checked, certain screens will have some headings and selected tabs with color highlights instead of being in black, white and grey. The screen image above shows how the tabs look with color highlight off.
- **Enable color text on titles:** Provides option to the user to add color to the text. In some tabs emphasized features are bold and/or red.
- **Enable CPP Referral:** Provide the option to turn on or off the check box on the Authorizations Tab which will indicate that a consult is ready for the CPP referral process.
- **Enable HSRM Referral:** Provide the option to turn on or off the check box on the Authorizations Tab which will indicate that a consult is ready for the HSRM referral process.

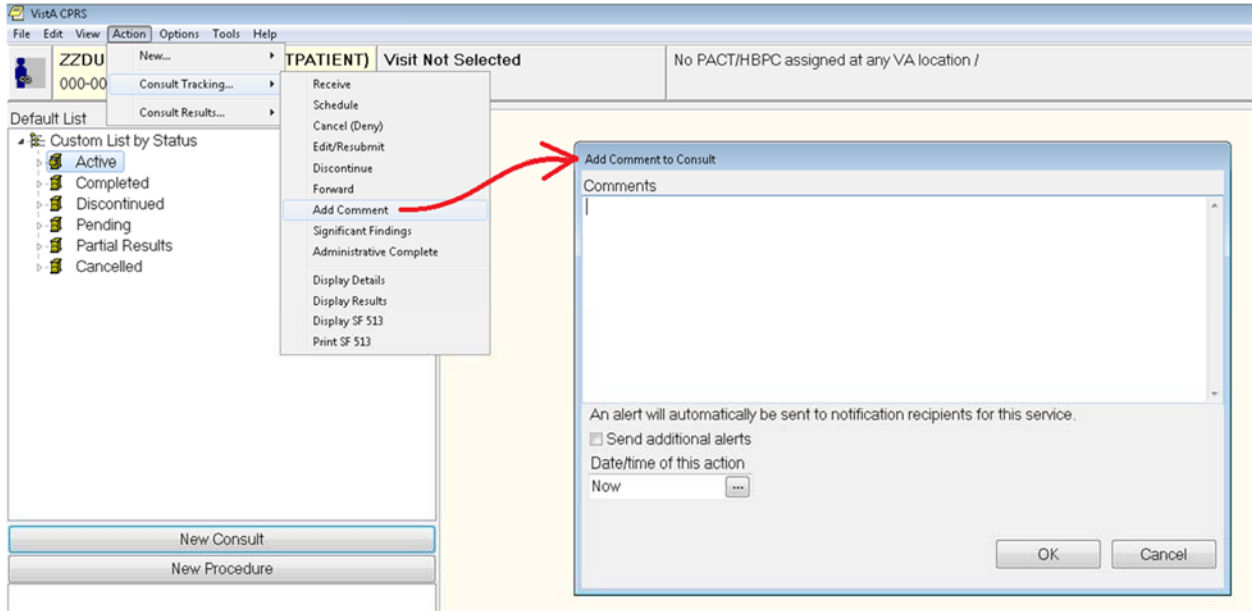
-
- **Preferred State:** Enter the state you typically use for community care providers. This will be the default setting any time you look up a provider for community care. You can always change it.
 - **Enable Delegation of Authority for administrative authorized processing:** The Delegation of Authority is an action taken by the Chief of Staff to delegate clinical review authority for services that are requested through a community care consult. If this process was implemented in your facility, check this box
 - **Enable consult screening and triage options:** At the time of this version, local community care staff will have the ability to assign care coordination levels based on a Veterans complexity of needs. Check this box to begin using this functionality.
 - **Enable Pilot VA scheduling options:** At this time Fargo, Alaska and perhaps other facilities are piloting community care scheduling by VA staff, instead of having the vendor (e.g. HealthNet or TriWest) take responsibility for scheduling. If your facility is doing the community care scheduling instead of the vendor, check this box.
 - **Please Note:** These options are applicable only for those select VAMCs that have completed a scheduling and care coordination contract modification with Health Net or TriWest.

Click edit and save changes to save setting for future work sessions.

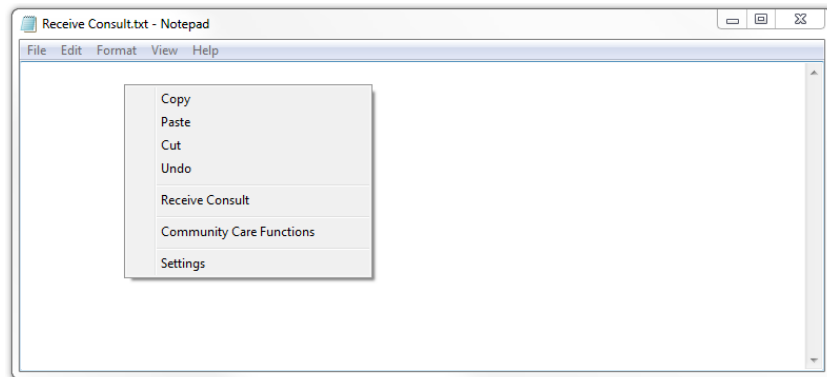
3. Consult Toolbox Functions

The Consult Toolbox provides user functionality in the “Receive Consult,” “Add Comment to Consult,” and “Discontinue Consult” boxes in CPRS. To activate any of these functions, right click in each of these boxes within CPRS, and then select the function desired. (Note: these steps can be automated under settings, described above.)

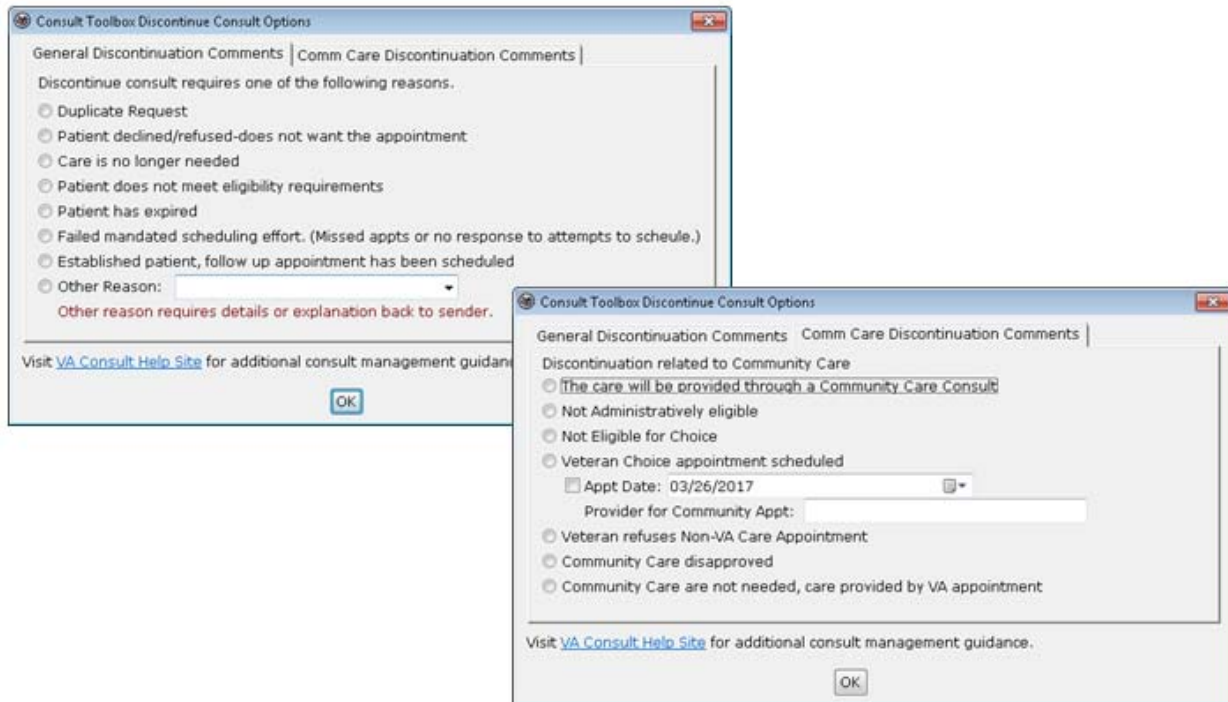
Add Comment example:



Receive Consult example:



Discontinue Consult examples:



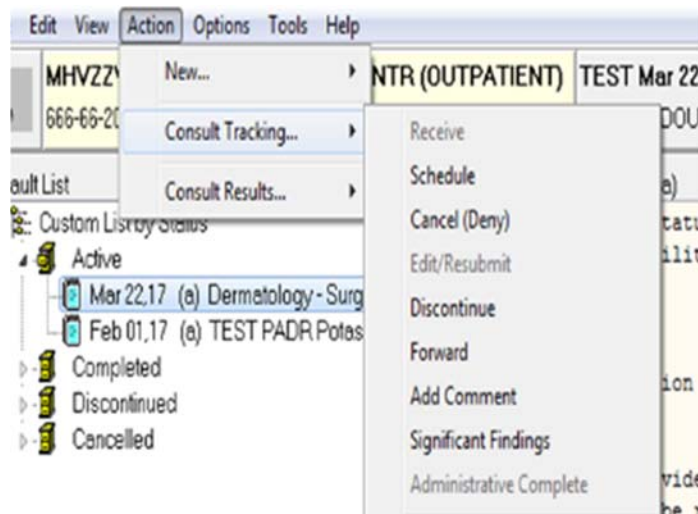
Similar functionality exists for Consult Forwarding (to community care), Significant Results, and for Administratively Complete.

3.1 Receiving Consult Activities

Clinicians and/or delegated administrative staff receive View Alert in CPRS/ of VA order/consult notification. When a provider receives a pending consult, review should include determination of whether the consult is appropriate to be scheduled, and optionally, additional direction can be given to the scheduler.

The Receiving Consult Activities tab is used by any clinic in the VA facility that receives a consult. This clinic may be an internal VA clinic or a community care clinic.

Select Receive Consult:



The Receive Routine Consult Options are shown and described below.

Receive Routine Consult Options

Accept consult, schedule routine appointment.

Accept consult, schedule within 1 month, ok to overbook.

Accept consult, schedule within 2 weeks, ok to overbook.

Accept consult, schedule within 1 week, ok to overbook.

Accept consult, schedule on , ok to overbook.

Accept consult, see scheduling order for scheduling instructions.

Additional comments and instructions

This consult may be D/C'd after mandated scheduling effort.

Scheduling plans discussed with ordering provider.

Consults may be marked "High Risk" for tracking and extra scheduling effort.

High Risk Consult--Extra scheduling effort warranted.

Extra scheduling effort:

For Schedulers who Receive Consults:

First Call to Veteran (unsuccessful scheduling).

Unable to Contact letter sent to Veteran.

Letter Sent by Certified Mail.

Visit [VA Consult Help Site](#) for additional consult management guidance.

OK

- Accept consult, schedule routine appointment is the default process. The appointment will be scheduled according to routine scheduling instructions. Routine scheduling means that the patient will be given the next open appointment. If that appointment is over 30 days, Veteran’s Choice Program (VCP) will be an option available to the patient. Note, subsequent radio buttons under the receive consult options provide guidance to keep the Veteran in-house and overbook.
 - **AC-Accept consult, schedule routine appointment.**
- Accept consult, schedule within 1 month, ok to overbook—the reviewing provider has determined that the patient’s medical condition warrants them being seen within 1 month, and should be overbooked if needed to accomplish that effect.
 - **A1M-Accept consult, schedule within 1 month (OK to overbook).**
- Accept consult schedule within 2 weeks, ok to overbook—the reviewing provider has determined that the patient’s medical condition warrants them being seen within 2 weeks, and should be overbooked if needed to accomplish that effect.
 - **A2-Accept consult, schedule within 2 weeks, (OK to overbook).**
- Accept consult schedule within 1 week ok to overbook—the reviewing provider has determined that the patient’s medical condition warrants them being seen within 1 week, and should be overbooked if needed to accomplish that effect. If less than 1 week or immediate, the provider may add additional instructions, or speak directly with the scheduler if truly urgent.
 - **A1-Accept consult, schedule within 1 week, (OK to overbook).**
- Accept consult schedule on a specific date—this allows the provider to specify the date to see the Veteran.
 - **ADT-Accept consult, schedule on 05/17/2017, (OK to overbook).**

- Accept consult see scheduling order for scheduling instructions—this selection applies if the clinic or service provider prefers to convey scheduling instructions via a CPRS order.
 - **AS-Accept consult; see scheduling order for scheduling instructions.**

Additional comments and instructions

- This consult may be discontinued (D/c'd) after mandated scheduling effort—this option allows the reviewing provider to determine at the time of acceptance that if the staff is unable to get the appointment scheduled, or if the patient cancels or no-shows twice, then the consult can be discontinued by the scheduler without having another clinical review. The consult is returned to the ordering provider to take whatever action deemed appropriate.
 - ME-May discontinue if patient cancels/no-shows twice or fails to respond to mandated scheduling effort.
- Discussed with ordering provider—this selection is simply for the convenience of the reviewing provider to document the instance where they have discussed the case with the ordering provider. This allows them to easily document that conversation took place. It doesn't have any significant ramifications with respect to consult processing.
 - **DP-Scheduling plans discussed with ordering provider.**

Consults should be marked “High Risk” for track and extra scheduling effort.

- High Risk Consult-Extra scheduling effort warranted—this will flag this consult as having a medically high risk condition that warrants additional calls to the patient beyond the mandated minimum necessary effort. It also allows the receiving service to flag certain consults for closer follow up when the patient fails to keep appointments. Each service may define what high risk means to them. This is simply a way of segregating higher risk consults from the rest, and notifying the staff to expend additional effort.
 - **HR-High risk consult, please continue to attempt scheduling even after mandatory scheduling effort.**

Extra scheduling effort: user may type something else, or select from list

Visit [VA Consult Help Site](#) for

- 1 additional call
- 2 additional calls
- call repeatedly while waiting on response from letter
- 1 additional letter

OK

- Extra scheduling effort—allows the reviewer to specify what additional effort they would like. In addition to the selection of options, the user may type in other instructions.
 - **EEF-Extra scheduling effort requested 1 additional call**

For Schedulers Who Receives Consults

- This option supports recording calls to patient that were successful. Select first call to patient.
 - **C1-First call to Veteran (unsuccessful scheduling)**
- Unable to Contact letter sent to Veteran—use this selection when a letter is sent to the patient indicating that the clinic has tried to reach the patient to schedule an appointment. This comment may be used each time a letter is sent, if sent more than once.
 - **L1-Unable to schedule letter sent by mail to Veteran.**

- Letter Sent by Certified Mail—in the case of high risk consults, business rules for the clinic or upon suggestion of the provider, it may be appropriate to send the patient a certified letter indicating that they have a potentially serious condition, and that the VA has been unsuccessful reaching them to provide care.

- **LC-Above letter sent by Certified Mail.**

An additional option for low risk clinics exists for discontinuation after one missed appointment. This screen auto populates from settings described above.

Receive Routine Consult Options

Accept consult, schedule routine appointment.

Accept consult, schedule within 1 month, ok to overbook.

Accept consult, schedule within 2 weeks, ok to overbook.

Accept consult, schedule within 1 week, ok to overbook.

Accept consult, schedule on , ok to overbook.

Accept consult, see scheduling order for scheduling instructions.

Additional comments and instructions

This consult may be D/C'd after mandated scheduling effort.

- This consult may be d/c'd after 1 missed appointment (approved low risk clinic)

Low risk clinics must have approval by facility to use 1 missed appt option.

Scheduling plans discussed with ordering provider.

Consults may be marked "High Risk" for tracking and extra scheduling effort.

High Risk Consult--Extra scheduling effort warranted.

Extra scheduling effort:

For Schedulers who Receive Consults:

First Call to Veteran (unsuccessful scheduling).

Unable to Contact letter sent to Veteran.

- Letter Sent by Certified Mail.

Visit [VA Consult Help Site](#) for additional consult management guidance.

3.2 Add Comment to Consult

There are many activities that can take place that should be documented in the medical record, as this is the official patient record, and need to be tracked. The consult toolbox makes this quick and easy. The activities are divided into three user groups, and then from the group, specific activities can be documented. The three groups are:

1. Scheduler Functions
2. Community Care Functions (Non-VA)
3. Clinical Review Options

There are three consult management functions to select, which then present an appropriate dialog box to the user. Select Scheduler Functions by clicking on Add Comment to Consult.

3.2.1 Scheduler Functions

The Scheduler Functions screen documents Consult Management for IN HOUSE Schedulers. The In-House Schedulers can document activity in three tabs:

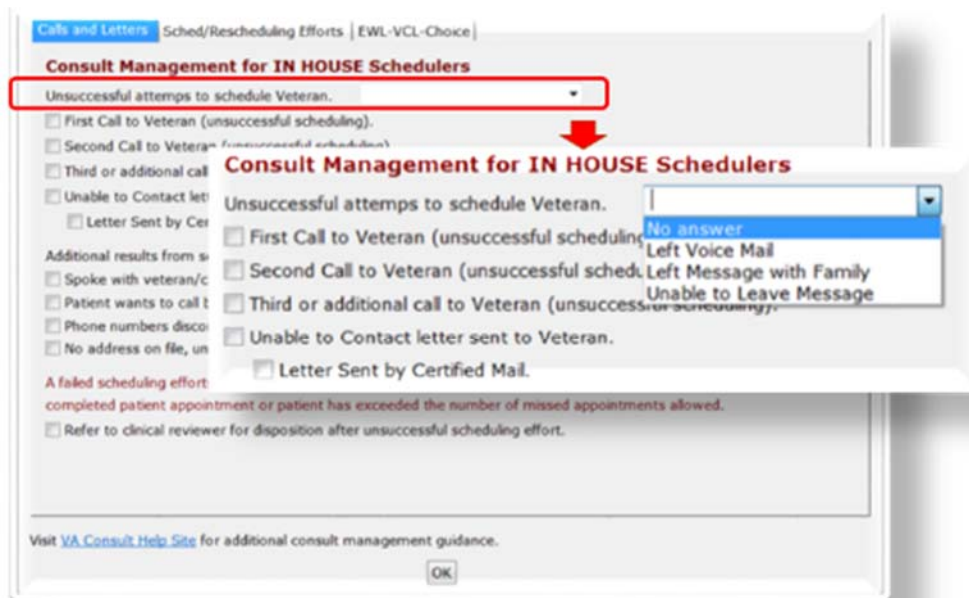
1. Calls and Letters
2. Sched/Rescheduling Efforts
3. EWI-VCL-Choice

Each tab is shown and described below.

3.2.1.1 Calls and Letters

It is important to note that if a call results in a successfully scheduled appointment, these comments are not required. When an appointment is scheduled, it should be linked to the consult which will, in turn, annotate the consult and change the status to “Scheduled.”

The comments are intended for documentation of scheduling effort when there has not been an appointment scheduled, so that unsuccessful calls to the patient may be documented. In those cases, it should be recorded that the patient was called, and the attempt was unsuccessful. This includes the case where the patient is contacted, but they didn’t want to schedule the appointment at that time.



Unsuccessful attempt to schedule Veteran- select the appropriate option from the drop-down menu.

- No Answer—used when you attempt to call the patient but there is no voice mail to leave a message.
- Left message on voicemail—used when you leave a message on the patient’s voice mail to call back. You should not provide any details that might violate PHI restrictions, but your number to return the call would be appropriate.
 - **LM-Left message on voicemail**
- Left message with family member—used when you speak to a family member, but they are unable to commit to an appointment on behalf of the patient.
 - **LMF-Left message with family member**

- Unable to leave message—used when you speak to a family member, but they are not able to take a message. You should not provide any details that might violate PHI restrictions, but your number to return the call would be appropriate.

Consult Management for IN HOUSE Schedulers

Unsuccessful attempts to schedule Veteran.

First Call to Veteran (unsuccessful scheduling).

Second Call to Veteran (unsuccessful scheduling).

Third or additional call to Veteran (unsuccessful scheduling).

Unable to Contact letter sent to Veteran.

Letter Sent by Certified Mail.

Additional results from scheduling attempt.

Spoke with veteran/care giver.

Patient wants to call back to schedule.

Phone numbers disconnected or wrong number. (All listed numbers must be bad for this selection to apply)

No address on file, unable to send letter.

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort.

Visit [VA Consult Help Site](#) for additional consult management guidance.

OK

- Select first, second, or subsequent call to patient as appropriate. If the patient has no-showed or cancelled, then you need to start over with a new scheduling effort and first, second, and possibly third or additional calls. If you make more than three calls, use the 3rd call for all subsequent calls.
 - **C1-First call to Veteran (unsuccessful scheduling).**
 - **C2-Second call to Veteran (unsuccessful scheduling).**
 - **C3- Third or additional call to Veteran (unsuccessful scheduling).**
- Unable to Contact letter sent to Veteran—use this selection when a letter is sent to the patient indicating that the clinic has been trying to reach the patient to schedule an appointment. This comment may be used each time a letter is sent, if sent more than once.
 - **L1-Unable to schedule letter sent by mail to Veteran.**
- Letter Sent by Certified Mail—in the case of high risk consults, business rules for the clinic or upon suggestion of the provider, it may be appropriate to send the patient a certified letter indicating that they have a potentially serious condition, and that the VA has been unsuccessful reaching them to provide care.
 - **LC-Above letter sent by Certified Mail.**

Additional results from scheduling attempt.

Additional Results from call provide additional information you may wish to record to better document efforts, and may depend on the needs of your clinic. Not all clinics will have a need for all options.

- Spoke with veteran/care giver—this documents that you did in fact talk to the patient or their care giver.
 - **SV-Spoke with veteran/care giver.**

- Patient wants to call back to schedule—this is when you do speak to the patient/care giver, but they don't want to make the appointment at that time, but indicate they'll call back to schedule. This is an example of a case where the patient was reached, but this would count as an unsuccessful attempt to schedule.
 - **CB-Patient contacted but pt will call back to schedule later.**
- Phone numbers disconnected or wrong number—used when all the numbers listed for the patient are wrong (disconnected or you reach someone who doesn't know the patient). This should not be used unless you've confirmed that all numbers in the record are bad.
 - **PB-Phone contact number bad/incorrect or disconnected.**
- No address on file, unable to send letter—this would apply in the instance where a letter sent is returned by the post office, or in the case of homeless Veterans. The latter case may require extra effort with the Homeless Veterans Program to try to reach the Veteran.
 - **AB-Address bad or no address on file, unable to send letter.**

Refer to Clinical Review

A failed scheduling efforts occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

A failed scheduling efforts occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort.

Visit [VA Consult Help Site](#) for additional consult management guidance.

- Refer to clinical reviewer for disposition after unsuccessful scheduling effort—after failing to schedule an appointment by making two calls, sending a letter, and waiting two weeks, this option refers the consult to a clinician to review and disposition. Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort or multiple missed appointments.
 - **RP-Refer to clinical reviewer for disposition after unsuccessful scheduling effort.**

3.2.1.2 Scheduling and Rescheduling Efforts

Within this tab, these data fields track the number of missed appointments and/or the reason Veteran did not want appointment to be scheduled. It is important for in-house Schedulers to document these data fields to eliminate wait lists and decrease wait times for Veterans in need of care. Additionally, by documenting Veteran's usage of private insurance and preference to seek care outside of the VA at their own expense, VA staff can track the utilization of VA benefits. **IMPORTANT:** appointments scheduled in Vista Scheduling and properly linked to an appointment will automatically update the consult, with both scheduling appointments and also when appointments are cancelled or the patient no-shows. **In those cases, there is no need to document missed appointments with the Toolbox.** First cancel-by-Veteran or no-show counts as a first missed appointment. Subsequent cancel-by Veteran or no-show counts as the second (or third+) missed appointment.

Calls and Letters
Sched/Rescheduling Efforts
EWL-VCL-Choice

Missed appointments (properly linked appointments in VistA will document no shows and cancellations)
(First cancel-by-patient or no-show counts as the first missed appointment. Subsequent cancel-by-patient or no-show counts as the second [or third+] missed appointment).

First Missed appointment (No Show).

First Missed appointment (Cancelled by patient).

Second missed appointment (If Veteran previously no-showed or cancelled).

Second Missed appointment (No Show).

Second Missed appointment (Cancelled by patient).

Third or more missed appointment (cancel by patient or no-show).

Veteran did not want appointment to be scheduled

Veteran declined/refused-going to private provider outside VA care.

Veteran declined/refused-does not want care.

A failed scheduling efforts occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort.

Visit [VA Consult Help Site](#) for additional consult management guidance.

Missed Appointments

Missed appointments (properly linked appointment in VistA will document no shows and cancellations)

- First Missed appointment (No Show) — missed appointment. It is important to track the missed appointment, as a patient who fails to keep appointments may be depriving other Veterans an opportunity to receive care.
 - NS1-No Show, first missed appointment.
- First Missed appointment (Cancelled by patient)—this is cancelled-by-patient. It is important to track this missed appointment, as a patient who fails to keep appointments may be depriving other Veterans an opportunity to receive care.
 - CP1-Cancelled by patient, first missed appointment.

Second missed appointment (If patient previously no-showed or cancelled).

- Second Missed appointment (No Show)—missed appointment. This should be recorded, and in addition, if the appointment has been pre-reviewed for discontinuation after two missed appointments, the consult should be discontinued in an additional step. If not pre-reviewed, then it should be referred to the provider for disposition.
 - **NS2-No Show, second missed appointment.**
- Second Missed appointment (Cancelled by Veteran)—missed appointment. This should be recorded, and in addition, if the appointment has been pre-reviewed for discontinuation after two missed appointments, the consult should be discontinued in an additional step. If not pre-reviewed, then it should be referred to the provider for disposition.
 - **CP2-Cancelled by patient, second missed appointment.**
- Third or more missed appointment (cancel by patient or no-show)—appointments that are missed either by cancel by patient or no-show are tracked here, without distinction.
 - **MA3-Third or more missed appointments.**

Veteran Declined/Refused

Patient did not want appointment to be scheduled.

- Patient declined/refused-going to private practitioner outside VA—the patient has indicated that they would rather use their private insurance and arrange care outside the VA at his/her own expense.
 - **PVT-Patient declined/refused-going to private provider outside VA care.**
- Patient declined/refused-does not want care—this selection is used if the patient tells the scheduler they do not want to schedule the appointment. Depending on the business rules for the clinic, they may very well require review by a licensed practitioner before discontinuation.
 - **DEC-Patient declined/does not want care.**

A failed scheduling efforts occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

- Refer to practitioner for disposition—after Veteran has declined/refused an appointment, the consult should be referred to a clinician for disposition.
 - **RP-Refer to clinical reviewer for disposition after unsuccessful scheduling effort.**

3.2.1.3 EWL-VCL-Choice

This data field documents a Veteran’s decision to opt-in or out of the Veteran’s Choice Program (VCP) if there is insufficient access within a VA clinic. **Note:** *With the transition to single booking business processes, a Veteran will be added to the COMMUNITY CARE only when he or she opts in to the VCP. Refer to Scheduling Directive.*

[Calls and Letters](#) | [Sched/Rescheduling Efforts](#) | **EWL-VCL-Choice**

Spoke with veteran/care giver.

Veteran Opt-OUT for Choice

Veteran Opt-IN for Choice (Reason required)

- Appointment is greater than 30 days from PID
- No appointment within 90 days (EWL)
- Procedure scheduled greater than 30 days from PID
- VA facility does not provide the required service

Unusual or Excessive travel burden (type and explanation of UEXB required):

- Geographical challenges:
- Environmental factors:
- Medical condition:
- Nature or simplicity of service (UEXB):

 Explain:

Veteran instructed Contractor/Community Care will call them for scheduling

Veteran provided Choice Fact Sheet

EWL Follow up

- Follow up call made to veteran while on wait list to confirm wait list status.
 - Veteran still desires care.

Visit [VA Consult Help Site](#) for additional consult management guidance.

- Spoke with veteran/ or care giver—this documents that you did in fact talk to the patient or their care giver. Business rules do require speaking to the Veteran before placing them on the EWL or VCL.
 - **SV-Spoke with Veteran/Caregiver.**
- Veteran Opt-OUT for Choice—this documents that the Veteran opts out for Choice.
 - **#COO#**
 - **COO-Veteran OPT-OUT for choice.**
- Veteran Opt-IN for Choice (Reason required)—this documents that the Veteran opts in for Choice and the applicable reason(s).
 - **#COI#**
 - **COI-Veteran OPT-IN for choice.**
 - **G30-Appointment is greater than 30 days from PID**
 - **EWL-No appointment within 90 days**
 - **P30-Procedure scheduled greater than 30 days from PID**
 - **NOS-VA facility does not provide the required service**
- **Unusual or Excessive travel burden (type and explanation of UEXB required):**
 - **#COI#**
 - **COI-Veteran OPT-IN for choice.**
 - **UXB-Unusual or Excessive travel burden**
 - **GEO-Geographical challenges:**
 - **ENV-Environmental factors:**
 - **MED-Medical condition:**
 - **SIM-Nature or simplicity of service (UEXB):**

- Veteran instructed Contractor/Community Care will call them for scheduling
 - **Veteran instructed Contractor/Community Care will call them for scheduling.**
- Patient provided Choice Fact Sheet
 - **Patient provided Choice Fact Sheet.**

EWL Follow up—this documents a follow-up to a Veteran while on the wait list.

- Follow up call made to veteran while on wait list to confirm wait list status.
 - **MFU-Follow up call made to veteran while on wait list to confirm wait list status.**
- Patient still desires care.
 - **SDC-Patient still desires care.**

3.2.2 Community Care Functions

Community Care functions document activities that have taken place with the Veterans Choice or other Community Care programs that are provided by the VA.

When *compiling* pertinent medical documentation for upload to the TPA Portal, it is highly recommended that the Referral Documentation Tool (REFDOC) be used. REFDOC is an innovative solution that extracts from the Veteran's electronic medical record and records into PDF format for exchange with community care providers. REFDOC improves the timeliness of medical record transfers by allowing VA staff to quickly extract Veterans' health information from Veterans Health Information Systems and Technology Architecture (VistA), Computerized Patient Record System (CPRS), and Corporate Data Warehouse (CDW) and compile it into a PDF package that can be easily shared with community providers.

When *sending* medical documents directly to the community provider, the use of Virtru Pro is recommended. Virtru Pro is an innovative solution that provides VA a secure method of exchanging information with community providers using encrypted e-mail. It is one of many innovative solutions VA is implementing to enhance care coordination for Veterans and to become a better partner for community providers. For more information on REFDOC and Virtru Pro, visit the [VHA CC Solutions Site](#).

There are six Community Care Functions tabs:

3.2.2.1 Community Care (CC) MSA Eligibility Verification

CC MSA Elig. Verification
CC Consult Review
Authorization
CC MSA Pt Contacts
Appt Tracking
SAR
CC Consult Completion
Care Coordination

Administrative Eligibility verified.
 Basic Choice Eligibility Verified (Veteran present VC Viewer).
 Specific Choice Eligibility Verified:
 Presumed eligible, HEC Update Pending
 Unable to Verify Eligibility.
 Staff must contact local enrollment and eligibility office before proceeding.

Delegation of Authority Medical Services List Reviewed
 Clinical review required Does not require clinical review

Previous Admin Care Coordination Level: not done
 Previous Clinical Care Coordination Level: not done
 Most Recent Assessment: none
 Clinical Triage: Need Undetermined

Visit [VA Consult Help Site](#) for additional consult management guidance.

- Administrative Eligibility verified—allows Community Care staff to record when administrative eligibility has been verified.
 - **AEV-Administrative Eligibility verified.**
- Basic Choice Eligibility Verified (Veteran present VC Viewer)—allows Community Care staff to record when a Veteran’s Choice Program eligibility has been verified and that the Veteran is present in VC Viewer

Note, that VC Viewer will be sun-setted in the near future, and the Enrollment System will become the primary source of eligibility information.

- **CEV-Choice Eligibility verified.**
- Specific Choice Eligibility Verified—allows staff to further signify that the veteran is eligible under one of the administrative eligibilities.
 - **SEV-Specific Eligibility verified: Choice-UEXB**

This option allows the user to identify Choice eligibility. The dropdown offers the following options:

- Presumed eligible, HEC Update Pending —This is typically appropriate when a new patient is being registered and all evidence indicates (e.g. a DD 214 form) that the person is indeed a Veteran, but the eligibility cannot be verified by the Health Eligibility Center’s (HEC) systems. This is an indication that the record requires action by the HEC before the consult can move forward.
 - **HEC-Presumed eligible, HEC Update Pending.**
- Unable to Verify Eligibility —Staff member should take steps to verify eligibility. Staff is unable to verify the person’s eligibility for VA care or Community Care. This allows documentation of that fact, and alerts the staff to refer the case to the appropriate person for resolution. A comment is available for further clarification, but is not mandatory.
 - **UNV-Unable to Verify Eligibility.**
 - **DNY- Community Care request disapproved:**

Staff must contact local enrollment and eligibility office before proceeding.

Note, information under Document Administrative Screening is populated and provides care coordination information about this Veteran. Additional details are in Screening/Triage tool section.

3.2.2.2 Community Care (CC) Consult Review

Community Care Clinical Review

Community Care Clinical Review (for use by community care staff only)

- Request Approved (Select CC Program)—various Community Care programs can be selected but must be one of the ones on the list:
 - ANV-Community Care Approved, Program: 30 Day Wait
- Scheduling to be performed by—this feature documents the scheduling function performed by either VA staff, Health Net, or TriWest.
 - CCH-Community Care Appt Scheduling to be handled by: VA Staff

- Request disapproved (reason) —reason request disapproved, select option or type other reason.
 - Community Care request disapproved:
 - DIS-Reason

Provider may authorize discontinuation after failure of mandated scheduling effort without further clinical review.

- May discontinue if Veteran cancels/no-shows (#) or fails to respond to mandated scheduling effort.
 - ME-May discontinue if Veteran cancels/no-shows twice or fails to respond to mandated scheduling effort.

3.2.2.3 Authorization

This information documented within the Authorization tab populates from data contained in the consult if present, but will not be added to the consult again unless changes and the checkbox is checked shown and described below. **Authorization instructions to be included with Referral.**

Authorization instructions to be included with Referral:

Specialty: Other:

SubSpecialty:

Service/Care Requested:

Service Type:

Timeframe for episode of care not to exceed: months past first appointment.

Authorize total of visit(s).

Care must be completed by:

Include Standard Authorization Language

Add the following to authorization:

Any additional treatments, procedures or referrals must have a Secondary Authorization Request submitted

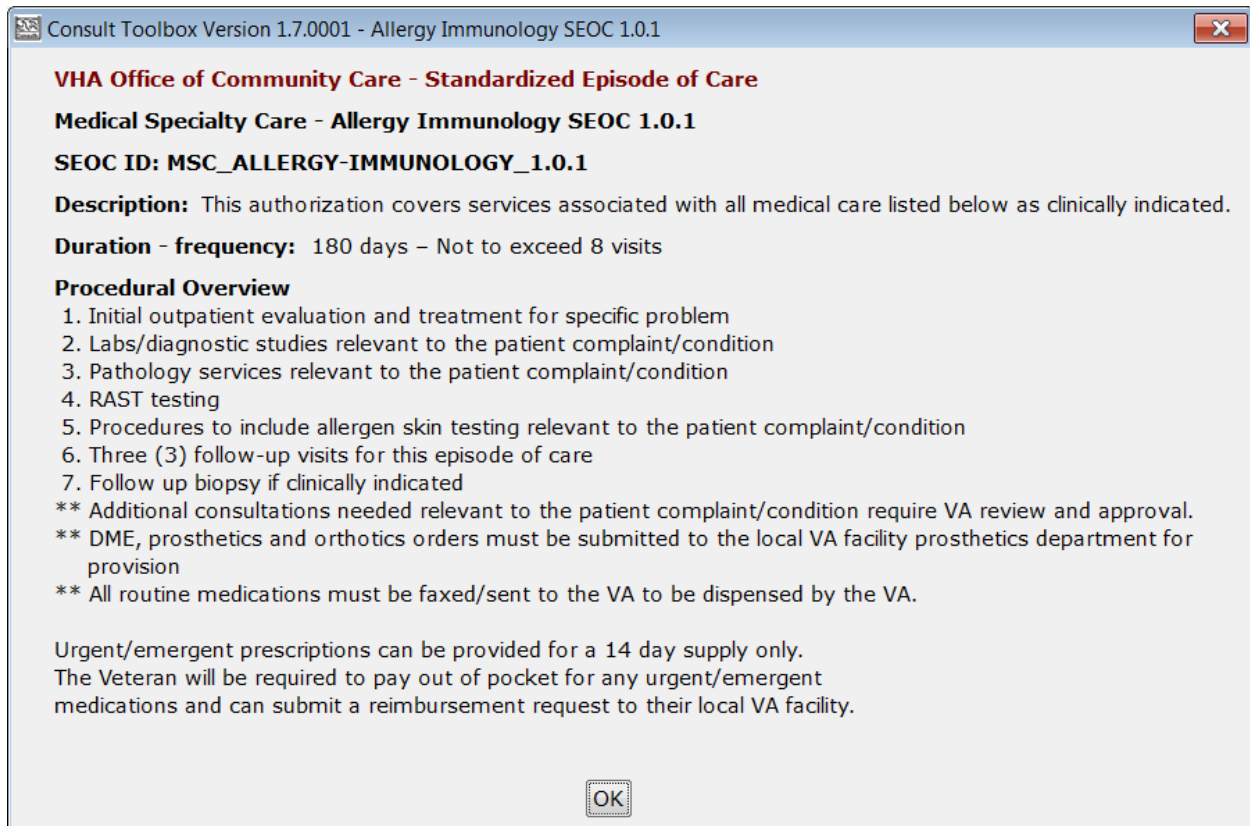
Community Care Manager:

For questions, contact this number:

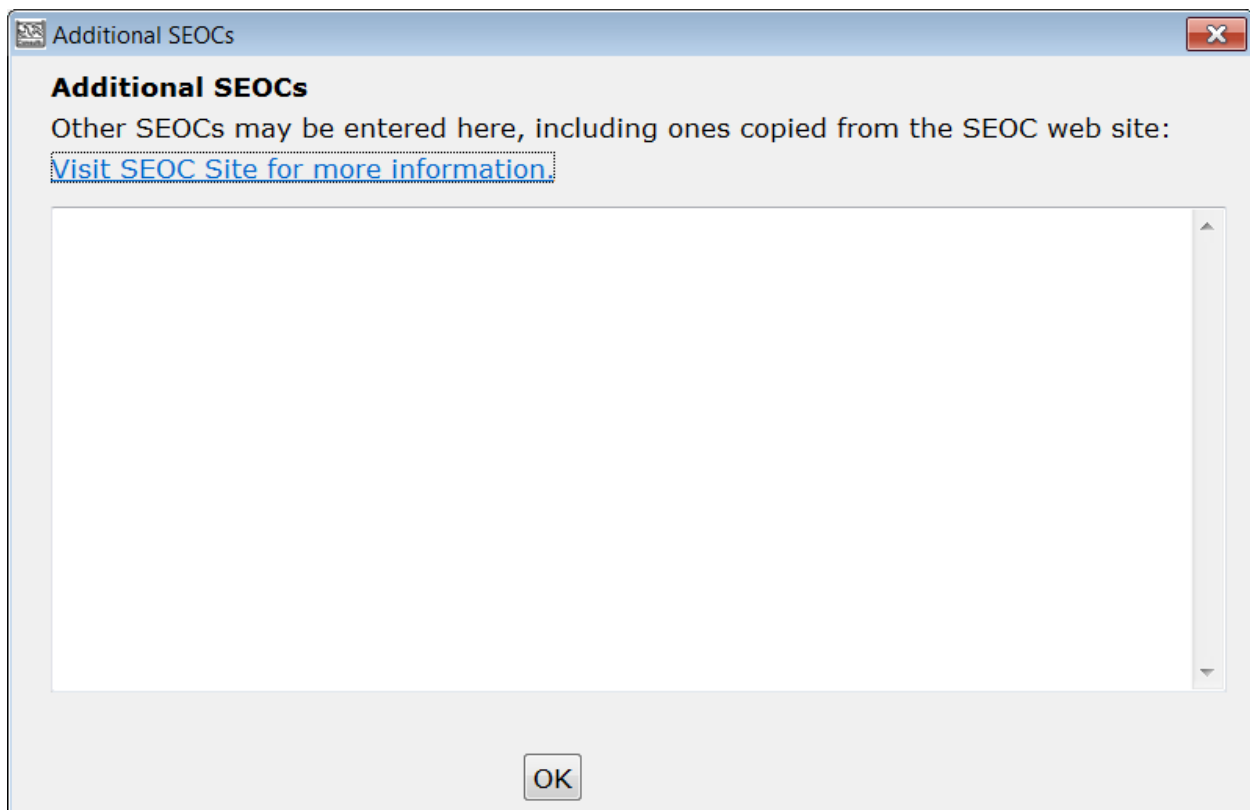
Upon completion of this section, referral is ready for Authorization Form.

Visit [VA Consult Help Site](#) for additional consult management guidance.

- Specialty—will populate from the underlying consult if it has been previously specified in the consults.
- If it has been specified more than once, the most recent will populate.
 - At first the Check Box will not be selected. If selected, it will insert the specialty into the consult. If there's no change in the authorization, there's no reason to insert it again.
 - This list is populated with approved specialty categories, so these should preferentially be used if possible. If none of these specialties can be used, select the "Other button" and free text the specialty in that field.
 - Please note that in most cases, the preference is to use one of the identified specialties, and if further clarification is needed, please use the subspecialty field.
- Subspecialty—is an optional field, which can be used if necessary for a highly specialized service needed by the patient.
- SEOC—is an optional field, which can be used if necessary to select one or more Standardized Episode(s) of Care for the patient of the 54 initially approved SEOCs. After selecting a SEOC from the drop down list, a new dialog will be shown displaying the selected SEOC. If the SEOC displayed is the desired SEOC, the clinician should select the OK button to add the SEOC to the patient's consult. If the clinician does not want to utilize the selected SEOC, then the red X in the top right of the dialog can be used to close the window without adding the SEOC to the patient's consult.



- Additional SEOCs—is used if the clinician cannot find the desired SEOC in the list of coded SEOCs. This button will activate the following dialog:



From this dialog, the clinician can click on the [Visit SEOC Site for more information](#) link to bring up the SEOC SharePoint site. From there, the clinician can browse to find the desired SEOC, select all text on the displayed PDF, and use standard cut and paste operations to copy the information and paste it into the Additional SEOCs dialog. When the OK button is clicked, the SEOC information will be pasted into the patient's consult. If the clinician does not want to utilize the selected SEOC, then the red X in the top right of the dialog can be used to close the window without adding the SEOC to the patient's consult.

- **Initiate CPP Referral or Initiate HSRM Referral**—is used add text to the consult which will indicate to the downstream referral system (either CPP or HSRM) that the consult is ready for action to be taken within those systems.
- **Service/Care Requested**—is typically going to be an office visit and/or some surgical procedure, diagnostic procedure or other type of service.
- **Service Type**—should be one of the following:
 - Evaluation and Treatment
 - Evaluation and Recommendations
 - Treatment
 - Diagnostic
- **Timeframe for episode of care not to exceed number of months past first appointment**—for service is 3 months from the date of the first visit, but may be modified up to 12 months.
- **Authorize total of number of visits**—defaults to 1, and includes the initial consultation.
- **Care must be completed by**—this is to provide a cut-off date for care, which may become important as the “Choice” program expires and new Community Care legislation may be passed by Congress.
- **A typical authorization would look like this in CPRS:**
 - **Approved medical care as follows:**
 - **Specialty Requested: CARDIOLOGY GENERAL**
 - **SCR-Service/Care Requested: Office Visit**
 - **PRC-Procedure: Evaluation and Treatment**
 - **TFR-Timeframe for episode of care not to exceed 3 months.**
 - **AFU-Total Authorized Units/Visits: 3**

Note that the specialty list is quite extensive.

CC MSA Elig. Verification | CC Consult Review | **Authorization** | CC MSA Pt Contacts | Appt Tracking | SAR | CC Consult Completion | Care Coordination

Authorization instructions to be included with Referral:

Specialty: Other:

SubSpecialty:

Service/Category: ALLERGY AND IMMUNOLOGY

Service Type: AMBULANCE
AMBULANCE AIR
AMBULATORY SURGERY

Timeframe: ANESTHESIOLOGY

Authorization: AUDIOLOGY
BARIATRIC

Care Management: BIOFEEDBACK
CARDIOLOGY GENERAL
CARDIOLOGY CATH/ANGIOGRAM
CARDIOLOGY IMAGING
CARDIOLOGY ECHOCARDIOGRAM

Include Star: CARDIOLOGY REHAB
CARDIOLOGY STRESS TEST
CARDIOLOGY TESTS, PROCEDURES, STUDIES
CARDIOLOGY ANGIOPLASTY
CARDIOLOGY ANGIOPLASTY PTCA AND OR STENT
CARDIOLOGY ABLATION

Add the following: CARDIOTHORACIC SURGERY (CABG, VALVE, ETC)
CHIROPRACTIC

Any additional have a Secondary: CHIROPRACTIC WITH MASSAGE THERAPY
COLONOSCOPY SCREENING
COLONOSCOPY DIAGNOSTIC
DENTAL

Community Care Manager: DENTAL TESTS-PROCEDURES, STUDIES
DENTAL AESTHETICS DENTISTRY
DENTAL ENDODONTICS
DENTAL GENERAL DENTISTRY

Initiate CPP Referral

months.

Upon completion of this section, referral is ready for Authorization Form

[Visit VA Consult Help Site for additional consult management guidance.](#)

- If the patient is being referred for maternity care, then Maternity Care should be selected from the specialty, which will automatically include the appropriate full obstetrical service authorization described below.
 - **MAT-Approved for obstetric/pre-natal services for maternity care, including delivery.**
 - **Approved general newborn care while hospitalized (inpatient care for the newborn is covered ONLY up to the first seven (7) days of life).**
 - **Approved Global Surgical Package as well as bilateral/multiple surgeries, co-surgeons, and team surgeries policies will be applied accordingly.**
 - **No diagnostics, treatments, procedures, referrals to other non-VA specialists, etc. except as listed above are authorized at this time.**
 - **Per VHA Handbook 1330.03, Maternity Health Care and Coordination, paragraph 13 specifically prohibits home deliveries and deliveries by direct-entry midwives.**
- Include standard Authorization Language—this will insert whatever language appears in the box. The contents of this box will persist from one consult to the next, so this is typically used for any standardized verbiage used for ALL consults.
- Add the following to authorization— this will allow for additional pertinent information. Note: any additional treatments, procedures or referrals must have a Secondary Authorization Request submitted.
- Community Care Manager—typically referrals need to include the name of the Community Care manager, and a contact number. These can be inserted here. You must check the checkbox for this to be included.
 - **Community Care Manager: Mary Nurse manager, RN, BSN, MSN**
 - **Community Care Contact Number: 404-555-1234**

Upon completion of this section, referral is ready for Authorization Form.

3.2.2.4 Community Care (CC) Administrative Screening

The Screening/Triage tool enables staff to assess the Veteran’s care coordination needs in the community. The tool consists of an administrative screening and clinical triage sections. While the administrative section may be completed by any integrated team staff member (MSA/PSA, Social Worker, RN), the clinical section may be only completed by clinical staff. The administrative section consists of questions about the urgency of the Veteran's care request, the requested services in the consult, and the corresponding Veteran CAN (Care Assessment Need) score, accessible through VHA Support Service Center (VSSC). Based on the answers in this section, the tool will determine whether a clinical assessment will be necessary. If so, the tool will prompt the user to input the name of the RN responsible for completing the clinical section and send an alert.

The screenshot shows a web-based form titled "CC MSA Elig. Verification" with several tabs: "CC MSA Elig. Verification", "CC Consult Review", "Authorization", "CC MSA Pt Contacts", "Appt Tracking", "SAR", "CC Consult Completion", and "Care Coordination".

Under the "Administrative Eligibility verified" section, there are several checkboxes and a dropdown menu:

- Administrative Eligibility verified.
- Basic Choice Eligibility Verified (Veteran present VC Viewer).
- Specific Choice Eligibility Verified: [dropdown menu]
- Presumed eligible, HEC Update Pending
- Unable to Verify Eligibility. [text input field]

Below these options is the instruction: "Staff must contact local enrollment and eligibility office before proceeding."

The "Delegation of Authority Medical Services List Reviewed" section contains two checkboxes:

- Clinical review required
- Does not require clinical review

A red-bordered box highlights the "Document Administrative Screening" section, which contains the following text:

- Document Administrative Screening
- Previous Admin Care Coordination Level: not done
- Previous Clinical Care Coordination Level: not done
- Most Recent Assessment: none
- Clinical Triage: Need Undetermined

At the bottom of the form, there is a link: "Visit [VA Consult Help Site](#) for additional consult management guidance." and an "OK" button.

Pressing the **Document Administrative Screening** button brings up the Administrative Screening tool, described below.

Administrative Screening (for use by community care staff only)

Administrative Screening for Care Coordination and Case Management Clear

Note, this is not for authorization.

Previous Care Coordination Level: Not determined

Are you a clinical staff member: No Yes

Urgency: is appointment needed within 48 hours: Yes No

If within 48 hrs, skip remaining questions and forward for clinical triage.

Does the consult specify any of the following complex conditions or services?

None of the above

Does the consult specify any of the following basic services?

None of the above

CAN Score: 0 to 74 No CAN Score Available
 75 to 90 Over 90

Current Coord Level Assessment: Incomplete

Clinical Triage: undetermined if needed

OK

Administrative Screening for Care Coordination and Case Management. *Note, this is not for authorization.*

Note that if clinical review has already been performed, it will show. If administrative screening has been performed on this consult previously, it will be indicated as such in the administrative screening section.

- Are you a clinical staff member: Yes; No—the first question asks if you are a clinical staff member. This box will screen to see if clinical staff needs to review an alert, which wouldn't be needed if the user is a clinical staff person.
- Urgency: is appointment needed within 48 hours—if urgent care coordination is required, this should be forwarded immediately for clinical triage. (If within 48 hours, skip remaining questions and forward for clinical triage.)
 - **Urgency Assessment: Within 48 hours**
 - **CLV: Care Coordination Level: Urgent**

Note, either a complex or basic service may be selected from the drop-down menus but not both, if both are selected the first selection will be reset to “None of the above”.

- Does the consult specify any of the following complex conditions or services—if the consult specifies any complex conditions or services, select one of the following drop down menu.
 - **New Cancer diagnosis**
 - **Coronary Artery Bypass (CABG)**
 - **Chronic Heart Failure**
 - **Chronic Obstructive Pulmonary Disease/Pneumonia**
 - **Inpatient Hospitalization (any cause)**
 - **None of the above**
- Does the consult specify any of the following basic services—if the consult specifies basic services, select the applicable service from the following drop down menu.
 - **Routine Follow-up Therapeutics (Pre-scheduled services Dialysis, OT, PT, RT)**
 - **Routine Mammography**
 - **Cervical Ca Screening (PAP Test)**
 - **Routine Screening Colonoscopy**
 - **None of the above**
- **CAN Score** — CAN scores serve as an important component to the Screening/Triage process providing a standardized evidence-based measure of Veteran risk. CAN scores measure the probability of in-patient admission or death within a specified time period (1 year) in percentage form. To access a patient’s CAN score, the staff will be required to access VSSC. If CAN (Care Assessment Needs) Score is known, make the appropriate selection, or if not available, select “No CAN Score Available” from the following choices:
 - **0 to 74**
 - **75 to 90**
 - **Over 90**
 - **No CAN Score Available**
- If the “Current Coord Level Assessment” is not “Basic”, a box will appear to input the name of the clinical staff member responsible for completing the clinical triage portion of the tool. This is not shown for clinical staff. *Note: this does not send the actual alert, the user is responsible for sending the alert using the “Send additional alerts” button on the comment screen:*

CAN Score: 0 to 74 No CAN Score Available
 75 to 90 Over 90

Current Coord Level Assessment: Moderate

Proceed with scheduling and notify clinical staff

Name of clinical staff member you will alert:
 (you must remember to send alert to clinical staff)

CC MSA Elig. Verification	CC Consult Review	Authorization	CC MSA Pt Contacts	Appt Tracking	SAR	CC Consult Completion	Care Coordination
<input type="checkbox"/> Administrative Eligibility verified. <input type="checkbox"/> Basic Choice Eligibility Verified (Veteran present VC Viewer). <input type="checkbox"/> Specific Choice Eligibility Verified: <input type="text"/> <input type="checkbox"/> Presumed eligible, HEC Update Pending <input type="checkbox"/> Unable to Verify Eligibility. <input type="text"/> Staff must contact local enrollment and eligibility office before proceeding.							
Delegation of Authority Medical Services List Reviewed <input type="checkbox"/> Clinical review required <input type="checkbox"/> Does not require clinical review							
<div style="border: 2px solid red; padding: 5px;"> <p>Document Administrative Screening</p> <p>Previous Admin Care Coordination Level: not done Previous Clinical Care Coordination Level: not done Most Recent Assessment: none Clinical Triage: Need Undetermined</p> <p>Urgency: not within 48 hrs Complex Service Selected: Inpatient Hospitalization (any cause) CAN Score: less than 75</p> <p>Admin Screening Care Coordination: Complex Clinical Triage: Required</p> </div>							
Visit VA Consult Help Site for additional consult management guidance.							
<input type="button" value="OK"/>							

3.3.4.2 Clinical Triage

If the level of care coordination determined in the administrative screening section is not basic, the administrative staff member will alert a clinical care coordinator to complete the clinical triage section below. The clinical section consists of questions regarding the Veteran's comorbidities, social factors, and need for assistance with Activities of Daily Living (ADLs). There is also a drop-down menu which the clinical care coordinator may fill out to override the results of the tool using clinical evidence-based judgment.

Note that if clinical triage has already been performed, it will show. Also, if care coordination has already been assigned by Administrative screening (as in the example below) that will also show.

Request Approved (Select CC Program):
 Request disapproved (reason):
Provider may authorize discontinuation after failure of mandated sched
 May discontinue if Veteran cancels/no-shows or fails to resp
Scheduling to be performed by: VA Staff HealthNet Triwest

Svc Unavailable|DoD|30 Day Wait|40 Mile|UEXB|VCP Provider Agreement|NON VA CARE
New Admin Assessment
Clinical Triage: Required

Clinical Care Coordination Assignment
Current Admin Coordination Level: Complex
Veteran Comorbidities:
Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination during this episode due to two or more comorbidities?
 No Yes
Psychosocial Factors:
Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
 No Yes
ADL Support:
Based on your review of Veteran information and clinical judgement, does the Veteran require ADL support?
 No Yes
New Calculated Assessment: Incomplete
Based on review of Veteran information and clinical judgement, the level of care coordination should be manually adjusted

Reasons for manual adjustment of care coordination level:

(enter a clinical reason for manually changing care coordination level)
Final Clinical Coord Level: Incomplete
Name of scheduling staff member:

Visit [VA Consult Help Site](#) for additional consult management guidance.

Clinical Care Coordination Assignment

The Screening/Triage tool will recommend a care coordination level once the following items are populated:

- Patient Co-Morbidities—select yes or no if based on your review of Veteran information and clinical judgement if the Veteran will require additional care coordination/support during this episode of care due to two or more comorbidities.
- Psychosocial Factors—select yes or no if based on your review of the Veteran information and clinical judgement, if the Veteran will require additional care coordination/support during this episode of care due to any psychosocial factors (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
- ADL Support—select yes or no if based on your review of Veteran information and clinical judgement, if the Veteran will require ADL support

Level of care coordination—the tool will calculate a level of care coordination based on the answers in the administrative screening and clinical triage sections as displayed below:

Clinical Care Coordination Assignment

Current Admin Coordination Level: Moderate

Patient Comorbidities:
Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination/support during this episode due to two or more comorbidities?
 No Yes

Psychosocial Factors:
Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination/support during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
 No Yes

ADL Support:
Based on your review of Veteran information and clinical judgement, does the Veteran require ADL support?
 No Yes

New Clinical Triage Coordination Level: Complex

Based on review of Veteran information and clinical judgement, the level of care coordination should be manually adjusted to:

Reasons for manual adjustment of care coordination level:

(enter a clinical reason for manually changing care coordination level)

Final Clinical Triage Coordination Level: Complex

Name of scheduling staff member:

OK

- Based on clinical judgment, the clinical care coordinator may override the automated result. If manual adjustment is required for the level of care coordination, select the revised level in the drop-down menu along with the reason for adjustment in the textbox below.
 - Basic
 - Moderate
 - Complex
 - Urgent
- Reasons for manual adjustment of care coordination level—enter a clinical reason for manually changing care coordination level.
- Final Clinical Triage Coordination Level auto-populates based on the completion of clinical triage questions or manual override.
- Name of scheduling staff member

As the Tool is being filled out, the answers will populate in the consult toolbox window as shown below.

Clinical Triage for Care Coordination

Clinical Care Coordination Assignment
Current Admin Coordination Level: Moderate

Patient Comorbidities:
Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination/support during this episode due to two or more comorbidities?
 No Yes

Psychosocial Factors:
Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination/support during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver Support)
 No Yes

ADL Support:
Based on your review of Veteran information and clinical judgement, does the Veteran require ADL support?
 No Yes

New Clinical Triage Coordination Level: Complex
Based on review of Veteran information and clinical judgement, the level of care coordination should be manually adjusted to:
[Dropdown menu]

Reasons for manual adjustment of care coordination level:
[Text input field]
(enter a clinical reason for manually changing care coordination level)

Final Clinical Triage Coordination Level: Complex

Name of scheduling staff member:
[Text input field]

OK

(Select CC Program):
 provided (reason):
Authorize discontinuation after failure
 if Veteran cancels/no-shows twice
 performed by: VA Staff Health Care Worker

 Current Coordination Level: Not determined
 Assessment required
 Comorbidities: yes
 Psychosocial Issues: yes
 Scheduled: no
 Coordination Level manually set.
 Reason: change in mental status
 Current Coordination: Complex
 Sending to: Jane Doe

Current Admin Coordination Level: Moderate
Patient Comorbidities:
 Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination during this episode due to two or more comorbidities?
 No Yes
Psychosocial Factors:
 Based on your review of Veteran information and clinical judgement, will the Veteran require additional care coordination during this episode due to any psychosocial factors? (e.g. Dementia, Depression, Homelessness, Lack of Caregiver)
 No Yes
ADL Support:
 Based on your review of Veteran information and clinical judgement, does the Veteran require ADL support?
 No Yes
New Clinical Triage Coordination Level: Complex
 Based on review of Veteran information and clinical judgement, the level of care coordination should be manually set to:

 Reasons for manual adjustment of care coordination level:

(enter a clinical reason for manually changing care coordination level)
Final Clinical Triage Coordination Level: Complex
Name of scheduling staff member:

After clicking “OK”, the screening/triage tool will populate a comment in the body of the consult detailing the level of care coordination, directions for proceeding with care coordination, and a list of potential care coordination services required by the Veteran. The comment will also provide guidance on the frequency of contact and need for warm handoff.

Add Comment to Consult

Comments

Admin Screening for Care Coordination
Urgency: not within 48 hrs
CAN Score: 75 to 90
Admin Screening=Moderate
Clinical Screening for Care Coordination
Significant Comorbidities: no
Significant Psychosocial Issues: yes
ADL Support Needed: yes
Care Coordination Level manually set.
Reason: change in mental status

Clinical Triage Care Coordination: Complex
Clinical Triage: Complete

After the appointment has been scheduled, the integrated team should proceed to coordinate care based on the Veteran's needs.
Complex care coordination may include:
-assistance with navigation
-scheduling
-post-appointment follow-up
-monitoring and coordination of preventative services
-case management
-disease management

Warm handoff may be required for complex and urgent Veterans. Direct communication should be performed with the ordering provider and/or interdisciplinary team (as applicable).

Recommended frequency of contact: weekly to monthly

Admin Staff alert, sending to: John Doe

An alert will automatically be sent to notification recipients for this service.

Send additional alerts

Date/time of this action
Now

3.2.2.5 Community Care MSA Patient Contacts

CC MSA Elig. Verification | CC Consult Review | Authorization | **CC MSA Pt Contacts** | Appt Tracking | SAR | CC Consult Completion | Care Coordination

Unsuccessful attempts to schedule Veteran.

First Call to Veteran.

Second Call to Veteran.

Third or additional call to Veteran.

Unable to Contact letter sent to Veteran.

Letter Sent by Certified Mail.

Additional results from attempt.

All listed phone numbers disconnected or wrong number.

Address bad or no address on file, unable to contact by letter.

Veteran Contacted

Veteran informed of eligibility, referral and approval

Veteran's Choice Participation Preference

Opt-In for Choice. Opt-Out for Choice.

Mailing Address Confirmed

Verified best Contact Number:

OK to leave appt. details on voice mail.

OK to leave appt. details with:

Veteran contacted Community Care office.

Contact Notes:

Veteran has an active Third Party Release on file.

Veteran has a 7332 sensitive dx

Veteran has a signed ROI for 7332 conditions on file.

Mailed 7332 ROI Form to enable this referral to proceed.

Received 7332 signed ROI Form, ready to schedule.

Veteran's Preferred Provider Information

Veteran has a Preferred Provider:

Veteran OK to see other than Pref. Provider Yes No

Update record with above information

Veteran's appt time preference:

Veteran's day/date preference:

Pref. appt. Notification Method:

Willing to travel up to (miles):

A failed scheduling efforts occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort.

Visit [VA Consult Help Site](#) for additional consult management guidance.

Unsuccessful Attempts to Schedule Patient

- Unsuccessful attempts to schedule Veteran —this allows recording first, second, and additional calls made to the patient to arrange care. Optionally, an annotation like “No Answer” can be added. Select from those available, or add any free text. Selections are:
 - **C1-First call to Veteran, unsuccessful scheduling.**
 - **C2-Second call to Veteran. Unable to contact.**
 - **C3-Third or additional call to Veteran. Unable to contact.**
- Unable to Contact letter sent to Veteran—use this selection when a letter is sent to the Veteran indicating that the clinic has been trying to reach him/her to schedule an appointment. This comment may be used each time a letter is sent, if sent more than once.
 - **L1C-Community Care unable to contact letter sent by Mail.**
- Letter Sent by Certified Mail—this is an additional indication that the letter above was sent by certified mail. Note that the certified mail indicator should be used in conjunction with the unable to contact letter.
 - **LCC-Above letter sent by Certified Mail.**

Additional Results from Attempt

- All listed phone numbers disconnected or wrong number—used when all the numbers listed for the patient are wrong (disconnected or you reach someone who doesn't know the patient). This should not be used unless you have confirmed that all numbers in the record are bad.
 - **PB-Phone contact number bad/incorrect or disconnected.**

- Address bad or No address on file, unable to contact by letter—this would apply in the instance where a letter sent has been returned by the post office or in the case of homeless Veterans. The latter case may require extra effort with the Homeless Veterans’ Program to try to reach the Veteran.

- **AB-Address bad or no address on file, unable to contact by letter.**

Veteran Contacted

- Veteran Informed of eligibility, referral, and approval—this simply documents that the Veteran has been informed of choice eligibility.
 - **INF-Veteran informed of eligibility, referral and approval.**
 - **Veteran’s Choice Participation Preference**
- Opt-In for Choice—documents patient has opted-in.
 - **#COI#**
 - **VOI-Veteran OPT-IN for choice.**
- Opt-Out for Choice—documents patient has opted-out for choice.
 - **#COO#**
 - **VOO-Veteran OPT-OUT for choice.**
- Mailing Address Confirmed—indicates that the mailing address on file is correct. If not correct, MSA should correct the address, and then confirm that it is correct.
 - **AOK-Mailing Address Confirmed.**
- Verified Best Contact Number—documents best number to contact this patient. In addition to the actual number, user may also note whether cell, home, or other number. Also, options to confirm existing numbers on file as the best number are provided.

- **BST-Verified Best Contact Number: 888-555-1234 daughter Sue Jones**

- OK to leave appt. details on voice mail—documents that Veteran gives permission to leave appointment details on his/her voice mail.
 - **MOK-OK to leave appt. details on voice mail.**
- OK to leave appt. details with family—documents that Veteran gives permission to leave details of the appointment with a family member. Anything may be entered, or several options are provided if a specific family member is preferred.

- **DOK-OK to leave appointment details with daughter Mary Jones.**

-
- Veteran contacted Community Care office—Contact Notes
 - **VTC-Veteran contacted Community Care:**
 - Veteran has an active Third Party Release on file—this documents that there is documentation that the veteran has authorized discussion of medical information and PHI with a third party, such as a family member.
 - **FDX-Veteran has an active Third Party Release on file.**
 - Veteran has a 7332 sensitive dx—documents that the veteran has a 7332 sensitive diagnosis.
 - **SDX-Veteran has dx requiring 7332 ROI.**
 - Patient has a signed ROI for 7332 conditions on file—documents when a Veteran has already signed a release of information (ROI) form to include 7332 sensitive conditions on documents sent out related to this referral.
 - **REL-Patient has a signed ROI for 7332 conditions on file.**
 - Mailed 7332 ROI Form to enable this referral to proceed—documents the mailing of an ROI form to Veteran to authorize release of records for community care.
 - **ROI-Mailed ROI Form to enable this referral to proceed.**
 - Received 7332 signed ROI Form, ready to schedule—documents the receipt of signed 7332 ROI Form
 - **RCF-Received 7332 signed ROI Form, ready to schedule.**

Veteran's Preferred Provider Information

Patient's preferred provider information—if the patient has a provider they would like to see, that can be recorded here. Use the lookup tool so the correct provider information (including NPI number) can be part of the record. This pulls data from the Department of Health and Human Services database, which is updated daily. If the patient has no preference, select no, otherwise yes will bring up the search tool.

Check the box to record Veteran has a preferred provider and click “Look up a Provider” to get the patient's preferred provider. Finding the preferred provider can be conducted using the Search by Provider or Search by Institution field.

- **PFV-Veteran's Preferred Provider**

When selecting the provider, any information you know about the provider may be used for search criteria such as name, specialty, city, or state. If the NPI number is known, that can also be used. Address and phone number may not be used for searching. Note that if the provider’s information has changed, and they have not informed HSS, it may be incorrect. Once a selection has been made, any corrections should be made prior to “Accepting” the selection.

- Veteran OK to see other than Preferred Provider—if the Veteran has indicated a preferred provider, this documents whether they are willing so see someone else if there is no opportunity to see their preferred provider (provider not available or not willing to take patient).
 - **OTP-Veteran OK to see other than Preferred Provider: Yes**
- Veteran’s appt time preference—this is an optional field that allows documentation of time of day preference. It can be “Any,” “Morning,” “Afternoon,” or anything else you’d like to enter.

TIM-Veteran's Time Preference: Any

- Veteran’s day/date preference—documents day of week or date Veteran would prefer the appointment. This is a free text field, though a CAL button is available to pick a specific date.
 - **DTE-Veteran's Day/Date Preference: Monday**
- Pref. appt. Notification Method—documents how the Veteran would like to be notified of appointment when scheduled. Options are “mail,” “phone,” “mail and phone,” “MyHealthVet,” or free text entry.
 - **PRF-Preferred notification method: Mail**
- Willing to travel up to (miles)—documents Veteran’s willingness to travel said number of miles to see a provider.
 - **MLS-Willing to travel up to (miles): 35**
- Refer to clinical reviewer for disposition after unsuccessful scheduling effort—after failing to schedule an appointment by making two calls, sending a letter, and waiting two weeks, this option refers the consult to a clinician to review and disposition. Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort, or multiple missed appointments.
 - **RP-Refer to clinical reviewer for disposition after unsuccessful scheduling effort.**

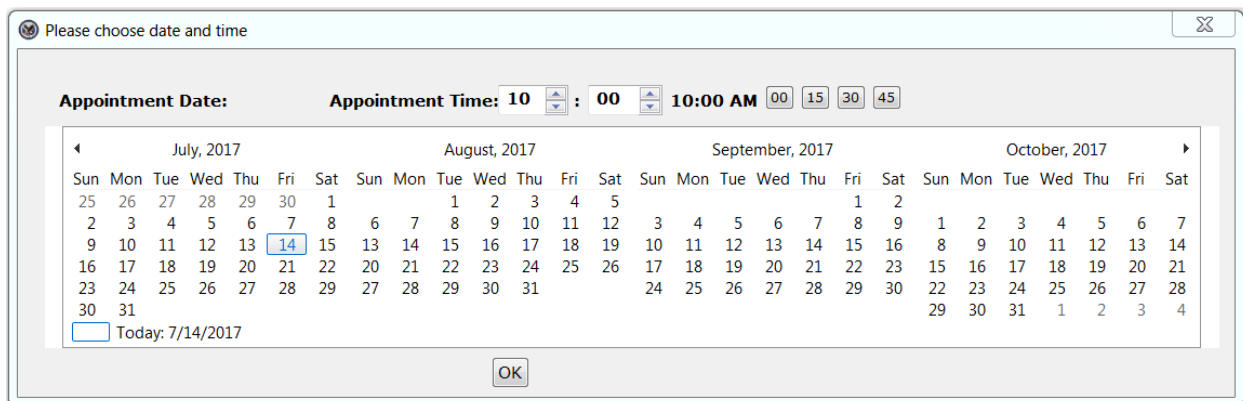
3.2.2.6 Community Care Appointment Tracking

- Provider requires records to review prior to scheduling—records a situation where the potential Community Care provider requires records to be reviewed prior to accepting the referral.
 - **PRQ-Provider requires records to review prior to scheduling.**

- Community Care Provider has accepted referral—records when (as in the instance above) a Community Care provider agrees to accept the referral.
 - **PRA-Community Care Provider has accepted referral.**
- *Document Uploaded to TPA Portal*—allows Community Care staff to record when documentation for a Community Care referral has been uploaded to the TPA’s portal. *Note, during the document upload process, the unique ID will also be included.*
 - **DU-Documents uploaded for VA Community Care.**
- Records faxed/sent to community care provider—records sent directly to community care provider.
 - **DSF- Documents sent/faxed to community care provider.**
- Follow up call made to provider/vendor to check on status—documents a follow up call to vendor to check on referral status, such as in the case where records review was required.
 - **FUV-Follow up call made to provider/vendor to check on status.**
- Community Care apt has been—scheduled or unscheduled. This allows Community Care staff to flag the consult as having an appointment under Community Care.
 - **CCS-Community Care Appointment has been scheduled.**
- Appointment Date: Records the appointment date. This is not required if a shadow appointment has been scheduled in VistA Scheduling. This is a free text entry field, however a calendar widget is provided for easy date and time entry.
 - **CCD-Community Care Appointment Date: 07/014/2017 10:00 AM**

Appt. Date:

The calendar button pulls up a four month calendar that allows selection of the date and time of the appointment.



Actual/Approved Provider Information

- The name of the actual provider with whom the patient has an appointment should be selected using the “Lookup a Provider” button, which works the exact same as the one on the CC MSA Pt Contacts tab. It may be different from the one the patient preferred if, for instance, the provider was unable to see patient, or was not participating as a VA community provider.

- Veteran informed of scheduled appointment—documents patient notification of scheduled appointment through mail, phone, phone and mail, or MyHealthVet
 - **Veteran informed of scheduled appointment by: mail**
- Referral Authorization Packet Mailed to Veteran—referral authorization packet mailed to Veteran
 - **PKT-Referral Packet mailed to veteran.**
- Refer to clinical reviewer for disposition after unsuccessful scheduling effort—after failing to schedule an appointment by making two calls, sending a letter, and waiting two weeks, this option refers the consult to a clinician to review and disposition. Business rules for certain low-risk consults may allow the scheduler to discontinue without clinician review, or in the case the provider previously reviewed the consult and determined that it may be discontinued after a failure to schedule after mandated effort, or multiple missed appointments.
 - **RP-Refer to clinical reviewer for disposition after unsuccessful scheduling effort.**

Returned from HealthNet/TriWest

These data fields are used to indicate when a referral has been returned from Health Net or TriWest with the corresponding rationale.

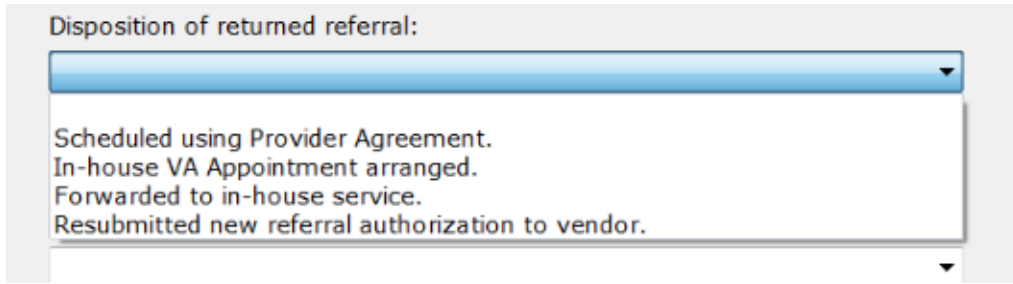
- Reason Contractor not used (Reason required)-If returned from Health Net or TriWest, select the reason within the following headers. Expand to select the specific issue if applicable:
 - **RFV-Returned from vendor.**
 - **Referral Issues (select specific issue)**
 - **Missing VA Data (Missing or incomplete documentation required to appoint).**
 - **Duplicate.**
 - **Non-Covered Service (Veteran referred to community provider for services that are not part of benefits package).**
 - **Missing VA Data/Forms (Missing or incomplete documentation required to appoint).**

-
- **VA requested return of referral (VA contacts contractor and requests return of referral).**
 - **Unable to review within contract standards (Contractor was not able to review within the contract standard).**
 - **Non-Disclosure of OHI by Veteran (Veteran acknowledges having OHI and fails to provide).**
 - **Unable to contact Veteran during Out Bound Call Process (Could not appoint due to no contact from Veteran via call or letter).**

 - **Network Issues (select specific issue)**
 - **No Network Provider Available (No network provider available for requested service(s). This does not include a Veteran requesting a specific provider).**
 - **VA Requested Providers Outside of Network (Non-contracted provider).**
 - **Veteran Requested Specific Provider (Veteran requested a specific provider for care that is not available on the PC3 network or by Choice provider agreement).**
 - **Appointed with Incorrect Provider/Type of Care (Appointed with incorrect provider or incorrect type of care).**
 - **Already Appointed (Care has been previously scheduled by the Veteran, VA or the Contractor).**

 - **Veteran Declined (select specific reason)**
 - **Veteran Declined Distance - Inside Commute Standard (Network provider is in contractors' network and within the commute standards).**
 - **Veteran Declined Distance - Outside Commute Standard (Network provider is in contractors' network but provider is NOT within the commute standards).**
 - **Veteran Declined Appt Time (Veteran declined time for scheduled appointment).**
 - **Veteran Declined Does Not Want Care (Veteran declined request for care).**
 - **Veteran Declined Use of PC3/Choice (Veteran no longer wants to participate in the program).**
 - **Declined Use of PC3/Choice (Veteran no longer wants to participate in the program).**
 - **Does Not Want Care (Veteran declined request for care).**

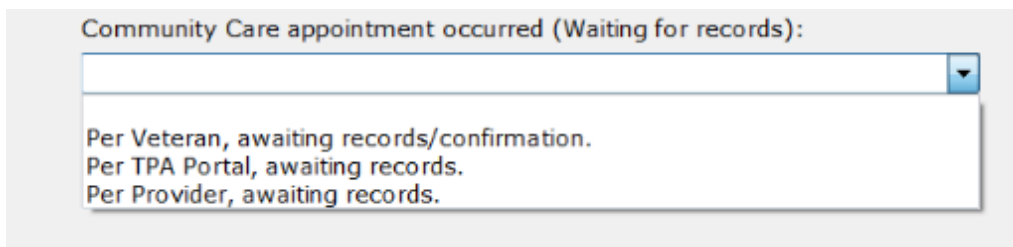
 - **Appointment Issues (select specific issue)**
 - **CNS: Veteran No-Show (Veteran did not show up for scheduled appointment).**
 - **Contractor Return - Unable to schedule within contract terms (Care not scheduled within the contractual time and VA is requesting back due to time lapse).**
 - **VA Request Return - Care Already Scheduled by Contractor (VA requested the authorization after Contractor scheduled care).**
 - **Unable to contact Veteran Out Bound Call Process (Could not appoint due to no contact from Veteran via call or letter).**
 - **Veteran Deceased or Incapacitated (Authorization returned due Veteran deceased or incapacitated).**



- Disposition of returned referral—document the status of the referral
 - **VDS-Returned Referral Disposition:**
 - **Scheduled using Provider Agreement.**
 - **VDS-Returned Referral Disposition:**
 - **In-house VA Appointment arranged.**
 - **VDS-Returned Referral Disposition:**
 - **Forwarded to in-house service.**
 - **VDS-Returned Referral Disposition:**
 - **Resubmitted new referral authorization to vendor.**



- Missed Community Care Appointment, care still Active/Pending—document the reason for the missed appointment
 - **COA-Veteran was No-Show for community care appointment**
 - **COA-Veteran Cancelled community care appointment (Cancel by veteran)**
 - **CCP-Community Care provider cancelled appointment (Cancel by clinic)**



- Community Care Appointment occurred (Waiting for records)—Document that the appointment occurred without receipt of medical records.
 - **COT-Community Care Appointment has occurred: Per Veteran, awaiting records/confirmation.**
 - **COT-Community Care Appointment has occurred: Per TPA Portal, awaiting records.**
 - **COT-Community Care Appointment has occurred: Per Provider, awaiting records.**

- **Records Received**—Document the mechanism that medical records were received.
 - **RR-Records from community care received.**
 - **RRH-Records Received via: Paper Fax**
 - **RRH-Records Received via: eFax**
 - **RRH-Records Received via: Comm. Care Portal**
 - **RRH-Records Received via: VirtruPro Secure Email**
 - **RRH-Records Received via: Other Secure Email**
 - **RRH-Records Received via: US Mail**
 - **RRH-Records Received via: EDI Claim Attachment**
 - **RRH-Records Received via: Other**

3.2.2.7 Secondary Authorization Request (SAR)

Secondary Authorization Request (SAR)

- **SAR Urgency**—Insert the urgency for the secondary authorization request.
 - **SUR-SAR Urgency: Routine**

- Same Provider authorization and/or Additional Services or Visits Requested-Requests are recorded first. Extension of time, or additional visits or services.
 - **Secondary Authorization Request**
 - **Same Provider Episode of Care and/or Additional Services**
 - **Extension of current episode of care timeframe.**
- **Same Provider Episode of Care and/or Additional Services**
- **Additional services related to current episode of care**
- Actions taken—Approvals note time frame (default is what is requested above), additional services as detailed, or approved as requested.
 - **AAR-SAR Approved**
- Disapproved-- note reasons by check boxes, or with detailed description.
 - **SAR Disapproved**
- Include Standard SAR Authorization language—this is a free text field to insert additional authorization language for the secondary authorization request.

3.2.2.8 Community Care (CC) Consult Completion

Completion efforts

First attempt to get records.

Second attempt to get records.

3rd attempt to get records.

Records rec'd, forwarded to medical records.

No records after 3 attempts.

Refer to clinical reviewer for administrative completion.

Visit [VA Consult Help Site](#) for additional consult management guidance.

OK

Completion efforts

- First attempt for records—documents first request for records for Community Care (this is a CBO required notation for all three attempts to get records).
 - **R1- First attempt to get records from Community Care.**

- Second attempt for records—documents second request for records for Community Care.
 - **R2-Second attempt to get records from Community Care.**
- Third attempt for records—documents third request for records for Community Care.
 - **R3-3rd attempt to get records from Community Care.**

Completion efforts

First attempt to get records.

Second attempt to get records.

3rd attempt to get records.

Records rec'd, forwarded to medical records.

No records after 3 attempts.

Refer to clinical reviewer for administrative completion

Paper Fax
eFax
Comm. Care Portal
VHIE/VLER
VirtroPro Secure EMail
Other Secure EMail
US Mail
EDI Claim Attachment
Other

Visit [VA Consult Help Site](#) for additional consult management guidance.

OK

- Records received, forwarded to medical records—documents receipt of records pertinent to this consult. This is particularly useful in the case that those records cannot be uploaded to VistA Imaging immediately.
 - **RR-Records from Community Care provider received.**
- No records after 3 attempts—documents that three attempts have been made to receive records. This makes the consult a candidate for administrative closure.
 - **NR-No records received after three attempts.**
- Refer to clinical reviewer for administrative completion—clinical review determines next steps after care when there are no records.
 - **RAC-Refer to clinical reviewer for administrative completion.**

3.2.2.9 Community Care Care Coordination

This new tab allows entry of comments that occur during case management contacts. It also allows documentation of an alert being sent to another staff member, or a warm handoff.

Note: The comment doesn't send the alert, the user must still identify the person to send the alert to, and do so in CPRS.

The screenshot shows a software interface for managing consults. At the top, there are several tabs: 'CC Consult Review', 'Authorization', 'CC Consult Contacts', 'Appt Tracking', 'SNR', and 'CC Consult Completed'. The main area contains the following fields:

- 'Time spent on care coordination:' with a dropdown menu currently showing 'Not Applicable'.
- 'Care Coordination Notation:' with a dropdown menu showing options: 'Not Applicable', '1-15 minutes', '15-30 minutes', and '30-60 minutes'.
- A large empty text area for notes.
- 'Performed warm handoff of this consult to:' with an empty text input field.
- 'Sent alert to:' with an empty text input field.

At the bottom of the form, there is a link: 'Visit [VA Consult Help Site](#) for additional consult management guidance.' and an 'OK' button.

- Time spent on care coordination—Insert the time spent on care coordination.
 - **CCO-Care Coordination Time Spent: 1-15 minutes**
- Care Coordination Notation—is a free text field to note any care coordination activities.
 - **CCN-Care Coordination Notation:**
 - **Spoke with veteran and confirmed his daughter will be able to take him to scheduled appointment.**
- Performed warm handoff of this consult—a warm handoff means that an actual person to person conversation took place between the person making the entry and the recipient of the warm hand off, AND that the recipient has acknowledged receipt of the hand off.
 - **WHO-This consult was discussed with and handed off to Mary Jones, RN who agreed to take next follow-up step.**
- Sent Alert to—documents that an alert is being sent to another staff member, but there's been no conversation where the recipient has acknowledged they will follow up. Initials and abbreviations are permissible, if they are standardized for the department. Alert details are not recorded in CPRS, but can be reported using a FileMan report, if needed.
 - **ALR-Alert sent to: Dr. D.**

3.3 Provider Comment Functions

Provider functions allow providers reviewing records to document the results of their review or other actions that need to be documented.

Clinical Review Options

Instructions for scheduling or rescheduling. No Show Notation

Schedule/Reschedule Routine Appointment
 Schedule/Reschedule w/in 1 mo (overbook OK)
 Schedule/Reschedule w/in 2 wks (overbook OK)
 Schedule/Reschedule w/in 1 wk (overbook OK)
 Schedule/Reschedule, schedule on , ok to overbook.
 Schedule/Reschedule, see scheduling order for scheduling instructions.

Established pt., please schedule then discontinue consult

Urgent requests booked > 7 days require chart review and attestation that non-urgent scheduling is appropriate

Currently scheduled appointment appropriate

Additional comments and instructions

This consult may be D/C'd after mandated scheduling effort.
 Scheduling plans discussed with ordering provider.

Consults may be marked "High Risk" for tracking and extra scheduling effort.

High Risk Consult--Extra scheduling effort warranted.

Visit [VA Consult Help Site](#) for additional consult management guidance.

Clinical Review Options

Instructions for scheduling or rescheduling.

- No Show Notation
 - **Patient No-Show Clinical Review.**

Providers reviewing consults need to comment when they review incomplete consults (this is different from when they review a consult to accept or receive it). This can occur after a no show, or if a consult has languished, or as the result of failed scheduling efforts. An urgent consult that isn't seen urgently must be reviewed to assure that either it wasn't urgent medically, or the delay is the fault of the patient. The workflow here is that a routine appointment follows the normal scheduling protocols. If the provider indicates the appointment should be scheduled within a certain time frame, then an overbook may be required. For the scheduler, he or she should first look for an open appointment within the designated time frame, using an available appointment if one is available. Only overbook if no appointment is available. For example, if the provider says within 2 weeks, and there is an open appointment in 10 days, it would be inappropriate to overbook in 6 days when there is an open appointment available.

- Schedule/Reschedule Routine Appointment—this option is available here, but more likely would be used in the “Receive Consult” box described in more detail below.
 - **SR-Schedule/reschedule routine appointment.**
- Schedule/Reschedule within 1 month (overbook OK)
 - **S1M-Schedule/reschedule within 1 month, ok to overbook.**

- Schedule/Reschedule within 2 weeks (overbook OK)
 - **S2W-Schedule/reschedule within 2 weeks, ok to overbook.**
- Schedule/Reschedule within 1 week (overbook OK)
 - **S1W-Schedule/reschedule within 1 week, ok to overbook.**
- Schedule/Reschedule, schedule on date (overbook OK)
 - **SDT-Schedule/reschedule on (date), (ok to overbook)**
- Schedule/Reschedule, see scheduling order for scheduling instructions.
 - **SOR-Schedule/reschedule-see Scheduling Order for instructions.**
- Established patient, please schedule then discontinue consult—the work flow here is important. It could be that something new has happened with the patient and the referring provider felt that an appointment was needed, or it could be that the referring provider didn't realize the patient was already active with the clinic. If there is indeed something new going on with the patient, it would not be inappropriate to complete the consult as an e-consult, but in either case, the consult should result in a follow-up appointment. Typically, you'd select scheduling instructions above, and then instruct the scheduler to discontinue the consult once the follow up appointment has been scheduled.
 - **EST-Established patient, please schedule appt. then DC consult.**

Urgent requests booked > days require chart review and attestation that non-urgent scheduling is appropriate.

- Currently scheduled appointment clinically appropriate—this option is for STAT consults that are scheduled more than 7 days from the create date, but after clinical review, are felt to be appropriately timed. This step is extremely important for both STAT consults and those consults stop codes identified as Level 1 (“Important and Acute”) such as cardiology, radiology, oncology, etc. The VA is wanting to make sure that patients with high risk conditions receive timely care. Many consults in those high-risk specialties are for low risk problems, and this is how that is documented.
 - **CA-Clinically Appropriate to wait for the scheduled appointment.**

Additional comments and instructions

- This consult may be D/C'd after mandated scheduling effort—*this option would NOT typically be used*, as this is a comment, asking someone else to discontinue the consult in a separate step. It could be useful in the instance where a reviewer doesn't have access to discontinue a consult.
 - **ME-May discontinue if patient cancels/no-shows twice or fails to respond to mandated scheduling effort.**
- Scheduling plans discussed with ordering provider.
 - **DP-Scheduling plans discussed with ordering provider.**

Consults may be marked “High Risk” for tracking and extra scheduling effort.

- High Risk—Consults may be flagged as high risk by the service line. Each service line should define what this means. There will be reportable separately, so they may be tracked with a higher level of scrutiny. Also, after a letter has been sent to patient, staff may continue to attempt to reach the patient by phone during the 14 days after the letter was sent. Document of additional attempts is required.
 - **HR-High risk consult, please continue to attempt scheduling even after mandatory scheduling effort.**

3.4 Discontinuation Activities

Discontinue Consult only has one option, in addition to the usual right-click Copy, Paste, Cut and Undo options. When discontinuing a consult, a reason that meets central office criteria must be entered to document the reason for discontinuation. Right clicking the text area will bring up the list of approved reasons. Additional comments may be made as well. There are two tabs, one relates to in-house consults, and one for Community Care consults.

3.4.1 General Discontinuation Comments

Consult Toolbox Discontinue Consult Options

General Discontinuation Comments | Comm Care Discontinuation Comments

Discontinue consult requires one of the following reasons.

- Duplicate Request
- Patient declined/refused-does not want the appointment
- Care is no longer needed
- Patient does not meet eligibility requirements
- Patient has expired
- Failed mandated scheduling effort. (Missed appts or no response to attempts to scheule.)
- Established patient, follow up appointment has been scheduled
- Other Reason: Does not meet criteria

Other reason requires details or explanation back to sender.

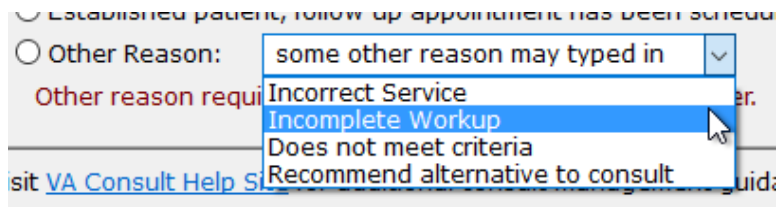
Visit [VA Consult Help Site](#) for additional consult management guidance.

OK

Discontinue consult requires one of the following reasons.

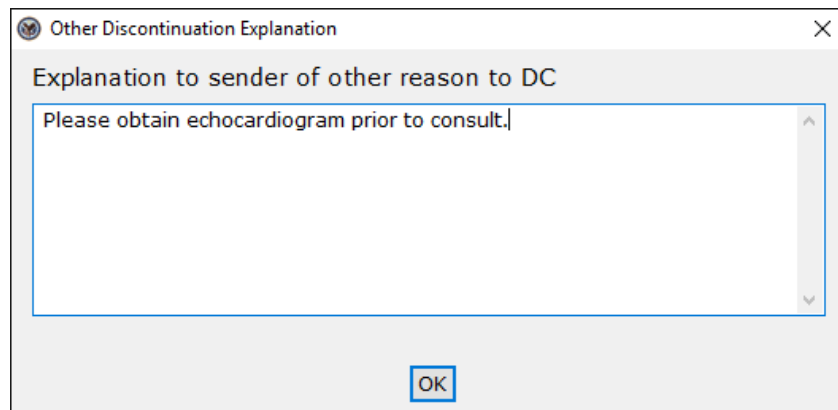
- Duplicate Request
 - **DUP-Duplicate Request.**
- Patient declined/refused-does not want the appointment.
 - **REF-Patient declines/refused-does not want appointment. Please submit new consult if patient agrees to care.**
- Care is no longer needed
 - **NN-Care is no longer needed.**
- Patient does not meet eligibility requirements-- This is to be used where VA benefits or the patient's clinical situation do not allow them to receive this service from the VA. An example would be routine dental care for a Veteran not eligible for dental care.
 - **NEL-Veteran does not meet eligibility requirements for this service.**
- Patient has expired—use if patient is deceased.
 - **EXP-Patient has expired.**
- Failed mandated scheduling effort (Missed appointments or no response to attempts to schedule)—use when patient has missed two or more appointments, or fails to respond to mandated minimum number of calls, letter(s), and adequate time to respond.

- **FSE-Failed mandated scheduling Effort (multiple missed/cancelled appointments, or patient did not respond to mandated scheduling effort). Consult discontinued, per VA consult management policy. Please submit a new request if care is still desired and patient agrees to receiving care.**
- Established patient, follow up appointment has been scheduled—this indicates that the established patient has been scheduled with a follow up appointment, and the consult is no longer needed.
 - **EDC-Established patient, follow up appointment has been scheduled.**



- Other Reason—Other reason requires details or explanation back to sender. Several options are available in the dropdown box, or you may type another reason. In addition, selection of this option will prompt for an explanation. This option is used primarily when there is some defect in the request, so feedback to the ordering clinician is appropriate.
 - **ODC-Other discontinuation reason: Incomplete Workup**

Other reason prompts for additional explanation:



- Which then places comments as follows:
 - Explanation for Discontinuation:
 - Please obtain echocardiogram prior to consult.

Community Care Discontinuation Comments

Discontinuation related to Community Care

- The care will be provided through a Community Care Consult--care will be provided by Non-VA Care. **USE WITH CAUTION.** This is saying that this consult is being discontinued and a Non-VA Care consult *will be* issued for this service. Typically, a consult should only be discontinued when a non-VA care appointment has been scheduled (See next option)

- **NVA-The care will be provided through a Non-VA Care Consult.**

Note: this option would be selected when, for example, an Interfacility Consult is sent from Site A to Site B, enabling Choice. The consult would then be discontinued by staff at Site B with instructions to order a Community Care consult at site A.

- Not Administratively eligible—Veteran is not eligible
 - **NAE-Not administratively eligible.**
- Not Eligible for Choice—Veteran is not eligible
 - **NXC-Not eligible for Choice.**
- Veteran Choice appointment scheduled. This is used when the TPA has confirmed that an appointment has been scheduled for the veteran.
 - **CCA-Community Care appointment has been scheduled.**
 - Additionally, the date of the appointment can be recorded. Note that the calendar widget contains a default date, so you must check the box to indicate that the date in the box is the appointment date for it to be recorded.
 - **CCD-Community Care Appointment Date: 01/27/2016**
 - If the name of the provider is known, that should be added as well. If the provider name field is filled in, that is also added to the consult comment.
 - **CCR-Community Care Provider: Dr. John Smith, MD.**

- Veteran refuses Non-VA Care Appointment—used when the Veteran refuses non-VA appointment.
 - **REF-Patient refuses non-VA appointment.**
- Community Care disapproved—used when the request for non-VA care is disapproved or does not meet requirements.
 - **DNY-Non-VA Care disapproved.**
- Community Care not needed, care provided by another VA appointment—use when, apart from this consult, the patient’s needs were met by care already received at another appointment. Consider using a duplicate request if more appropriate.
 - **NVN-Non-VA care not needed, care received by VA appointment.**

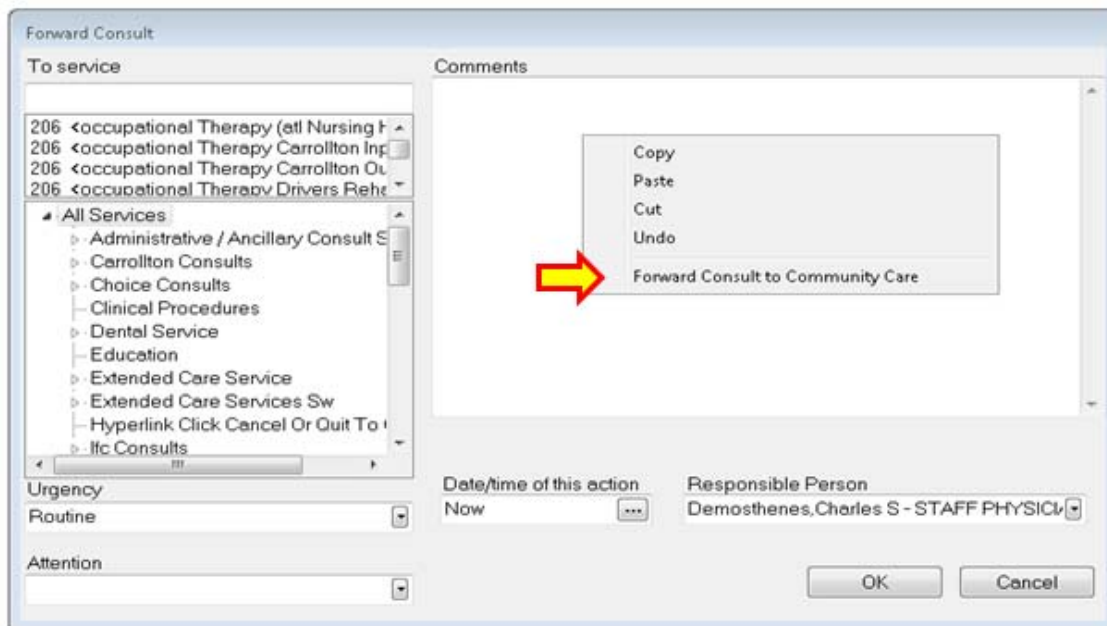
3.5 Forwarding a Consult

(At present forwarding only supports forwarding to Community Care)

This tab will be used by staff in internal VA clinics if the Veteran has opted in to receive care in the community (see section 3.2.3).

>> Right Click in Comments box within CPRS

>> Then Click on “Forward Consult to Community Care”



>> Select appropriate Justification for Non-VA Care

>> Then choose Third Party Liability (if applicable)

Forward to Community Care Options

Veteran Opt-IN for Choice (Reason required)

Appointment is greater than 30 days from PID

No appointment within 90 days (EWL)

Procedure scheduled greater than 30 days from PID

VA facility does not provide the required service

Unusual or Excessive travel burden (type and explanation of UEXB required):

Geographical challenges:

Environmental factors:

Medical condition:

Nature or simplicity of service (UEXB):

Explain:

Veteran instructed Contractor/Community Care will call them for scheduling

Patient provided Choice Fact Sheet

Visit [VA Consult Help Site](#) for additional consult management guidance.

OK

- Veteran Opt-IN for Choice (Reason required)
 - #COI#
 - COI-Veteran OPT-IN for choice.
 - G30-Appointment is greater than 30 days from PID
- Unusual or Excessive travel burden (type and explanation of UEXB required)
 - #COI#
 - COI-Veteran OPT-IN for choice.
 - UXB-Unusual or Excessive travel burden
 - GEO-Geographical challenges:
- Veteran instructed Contractor/Community Care will call them for scheduling
 - Veteran instructed Contractor/Community Care will call them for scheduling.
- Patient provided Choice Fact Sheet
 - Patient provided Choice Fact Sheet.

3.6 Significant Findings – Community Care Action Needed Notation

Use this feature to flag significant findings for the ordering provider (e.g., test results are available). This box is used with the significant findings CPRS comment to alert the ordering provider of results received especially in the case where a follow up action is needed on the part of the VA provider.

Significant Findings Update Notation

Records Received: eFax

Date of Appointment/Visit: 5/ 1/2017

Provider Name:

Site/Facility Name:

Episode of Care for:

Diagnosis: Low Back Pain(ICD-10-CM M54.5)

Specialty: Orthopedics

Services Req.: Office Visit

Surgery/procedure complete? N/A Yes No

Follow up Actions required by referring provider:

Is there an associated Secondary Authorization Request? Yes No

Reason for SAR:

Providers: please review and complete, medical documentation in Vista Imaging.

Warm Handoff was discussed with:

Visit [VA Consult Help Site](#) for additional consult management guidance.

- **Significant Findings Update Notation**

- **RR-Records from community care received.**
- **RRH-Records Received via: Paper Fax**
- **Date of Appointment/Visit: 05/23/2017**
- **Provider Name:**
- **Site/Facility Name:**

Episode of Care for:

- Episode of Care for > Diagnosis > Specialty > Services Requested
 - **Dx: Low Back Pain (ICD-10-CM M54.5)**
 - **Specialty: Orthopedics**
 - **Service: Office Visit**

- Surgery/procedure complete
 - **Surgery/Procedure complete: NA; Yes; No**
- Follow up Actions required by referring provider:
 - **Follow up Actions required by referring provider:**
- Is there an associated Secondary Authorization Request (SAR)?
 - **Secondary Authorization for continued care: Yes; No**
- Reason for SAR
 - **Reason for Secondary Authorization: (i.e. Ongoing follow-up)**
- Providers: please review and complete, medical documentation in Vista Imaging.
 - **Warm Handoff was discussed with:**

3.7 Administrative Closure

Administratively Close

Administratively Close without records after three attempts.

It has been confirmed that the veteran received care for initial visit. Three attempts have been made to obtain records without response from provider. This consult is being administratively closed.

OK

Administratively Close

After 3 attempts to obtain records, a consult may be administratively closed. This will record that the consult was closed without records, which may be tracked.

- Administratively Close without records after three attempts.
 - **ACN-Administratively closed without records.**

It has been confirmed that the Veteran received care for initial visit. Three attempts have been made to obtain records without response from provider. This consult is being administratively closed.

Appendix A

Community Care Appointment Tracking – VA Scheduling Appointment

The outlined options are presently being tested for Community Care taking responsibility for scheduling Community Care appointments. (see next section for remaining options)

Note: This screenshot applies only to the version being tested in Fargo and Alaska VAMCs.

Consult Toolbox Version 1.0.0603RCL

CC M5A Elig. Verification | CC Consult Review | Authorization | CC M5A Pt. Contacts | **Appt. Tracking** | SAR | CC Consult Completion | Care Coordination

Provider requires records to review prior to scheduling.
 Community Care Provider has accepted referral.
 Documents Uploaded to TPA Portal.
 Records faxed/sent to community care provider.
 Follow up call made to provider/vendor to check on status.
 Community Care appt. has been scheduled, re-scheduled.
 Appt. Date:
 Comment:

Actual/Approved Provider Information

Update record with above information

Veteran informed of scheduled appt by:
 Referral Authorization Packet Mailed to Veteran

A failed scheduling effort occurs when calls and letters per VA policy have failed to result in a completed patient appointment or patient has exceeded the number of missed appointments allowed.

Refer to clinical reviewer for disposition after unsuccessful scheduling effort.

Reason Contractor not used (Reason required):

Disposition of returned referral:

Missed Community Care Appointment, care still Active/Pending:

Community Care appointment occurred (Waiting for records):

Records Received:

Veteran declined/refused--using alternate source of payment.
 Veteran declined/refused community care.

Visit [VA Consult Help Site](#) for additional consult management guidance.

Reason Contractor was not used—Community Care appointment was not arranged through the vendor. Reason for not using contractor is required.

Reason Contractor not used (Reason required):

Network Provider not accepting Choice patients
 Community Provider declines Choice Network participation
 Choice Provider unable to schedule within CID (Urgency)
 Veteran declined appointment due to date/time/distance
 Requested services excluded from Choice program

- **Reason Contractor Not Used:**
 - CHN-Network Provider not accepting Choice patients
 - CHD-Community Provider declines Choice Network participation
 - CHU-Choice Provider unable to schedule within CID (Urgency)
 - CHV-Veteran declined appointment due to date/time/distance
 - CXL-Requested services excluded from Choice program