

**STANDARD MISSION ACT GUIDANCE
PATIENT ELLIGIBILITY AND SCHEDULING REFERENCE SHEET**

October 28, 2020

Patient Indicated Date (PID) – Provider-Driven vs Patient-Driven Appointments	
<p>The Patient Indicated Date (PID) is the appointment date requested by the provider RTC or Consult¹ <u>or</u> the date the patient requests an appointment in the absence of a provider request.</p> <ul style="list-style-type: none"> • Provider-driven appointments must have evidence of the provider's request at the time of scheduling the appointment (e.g., RTC order or Consult). • Patient-driven appointments refers to the patient's requested date (PID) in the absence of a provider's request. <ul style="list-style-type: none"> ◦ Examples: new patient visits to a direct-scheduling clinic, new patients to VA, or established patients requesting an appointment without provider's input/request • Consults are required for new patients. • Return to clinic (RTC) orders are required to schedule a follow-up appointment. 	
Scenario	Details
PID	<input type="checkbox"/> The PID of the RTC order or Consult must match date entered in the scheduling software

Cancel by Clinic/Patient	
<p>Appointment cancellations are categorized based on if the clinic or patient requested the cancellation.</p> <ul style="list-style-type: none"> • Cancel by Clinic (Cx by Clinic) • Cancel by Patient (Cx by Pt) 	
Scenario	Details
Cancelled by Patient or No-Show:	<input type="checkbox"/> Appointment must be cancelled by the patient (or no-showed) and rescheduled using new PID (per patient) <input type="checkbox"/> Patient was not responsive to scheduling efforts and the appointment request was dispositioned (RTC, PtCSch, Consult). The appointment must be scheduled as a patient generated request and the PID used is the patient requested date. <p>NOTE: Appointments are scheduled as close to the original PID where possible.</p>
Cancelled by Clinic:	<input type="checkbox"/> Appointment is cancelled by the clinic and rescheduled using the PID (per provider) of the original (cancelled) appointment. <p>NOTE: This applies when a clinic cancels and reschedules to a date earlier or later than the original appointment date.</p>

Time-Sensitive Appointments	
<p>When the provider indicates that an appointment is time-sensitive, the appointment must be scheduled no later than (NLT) the PID as indicated in the RTC order or Consult.</p>	
Scenario	Details
#NLT#	<p>#NLT# must be entered in the comments field of the appointment and the appointment is scheduled on or before the PID (provider-driven)</p>

¹ Obtain Veteran's input to determine the date and time of the appointment

Community Care (Standard MISSION Act Guidance)

Community Care (CC) wait time eligibility: reviewed for all appointments.

- **Community Care WTS:** The PID is within 20 days (Primary Care, Mental Health, and non-institutional extended care services) or 28 days (Specialty Services) of the appointment request file entry date and there is no appointment availability. (Appointment request refers to a Consult, RTC order, or date the patient requests an appointment).

NOTE: If eligible, the patient has the option to “opt-in” or “opt-out” of CC

- **For New Patient Appointments:** When the WTS is not met all other CC eligibility² must be reviewed
- **For Established Patient Appointments:** Unless the patient requests to review their other eligibility, no additional CC eligibility is required to be reviewed other than wait time. At that time, scheduling staff must honor the patient's request.

NOTE: Only wait time criteria and documentation established patients are to be reviewed during the scheduling audit process.

Scenario	Details	
New or established patient with wait time CC eligibility	<input type="checkbox"/> If patient opts out of CC, #COO# is entered in the appointment comments. This indicates “CC Opt out” based on wait time eligibility. NOTE: If patient opts out, no further review of CC eligibility is needed.	
New patient is <u>not</u> wait time eligible for CC	DST is used:	DST is not used:*
	If found <u>not eligible</u> for “other CC eligibility” <ul style="list-style-type: none"> <input type="checkbox"/> Save the DST to the Consult <input type="checkbox"/> Schedule VA appointment If found <u>eligible</u> for “other CC eligibility” & patient opts out <ul style="list-style-type: none"> <input type="checkbox"/> Select “Opt out” in the DST <input type="checkbox"/> Save the DST to the Consult <input type="checkbox"/> Schedule VA appointment NOTE: DST must be saved to the Consult regardless of other CC eligibility status. If DST is not saved in Consult or “Opt out” is not selected, please refer to instructions for “When DST is not available*”	If found <u>not eligible</u> for “other CC eligibility” <ul style="list-style-type: none"> <input type="checkbox"/> DT = XX minutes must be entered in appointment comments If found <u>eligible</u> for “other CC eligibility” & patient opts out <ul style="list-style-type: none"> <input type="checkbox"/> #COO# DT = XX minutes must be entered in appointment comments NOTE: DT= XX minutes in the appointment comment shows all Community Care eligibilities were reviewed – it <u>does not</u> mean the patient is drive time eligible for Community Care.

² Please refer to Appendix A: Types of Community Care Eligibility

Appendix A

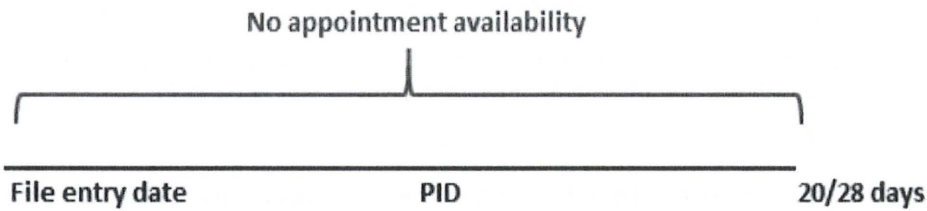
TYPES OF COMMUNITY CARE ELIGIBILITY

Other Community Care Eligibility	
Type	Description
Grandfathered-In	<ul style="list-style-type: none"> Patient was eligible under the 40-mile criterion under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 2018), and Patient continues to reside in a location that would qualify them under that criterion are (North Dakota, South Dakota, Montana, Alaska, and Wyoming) <p><i>Per the Veteran Community Care Eligibility Factsheet</i></p>
Best Medical Interest (BMI)	<ul style="list-style-type: none"> BMI-per episode of care: An episodic hardship that allows the patient to obtain their care in the community for a specific episode of care. BMI-Hardship: Allows a patient to obtain some or all their care in the community as opposed to Best Medical. <p>NOTE: BMI decision is to be made and captured by a physician or non-physician provider (i.e., PA or nurse practitioner).</p>
Veteran Lives in a US State or Territory without a Full-Service VAMC	<ul style="list-style-type: none"> Applies to patients' residing in Alaska, Hawaii, New Hampshire, and the U.S territories of Guam, American Samoa, Northern Mariana Islands, and the U.S Virgin Islands. <p>NOTE: For the states listed above, no CC documentation is required since all patients are CC eligible. If the patient opts in, please follow CC documentation guidelines.</p>
Service Not Available	<ul style="list-style-type: none"> Patient needs a service that is not available at the VA
1703e Eligibility	<ul style="list-style-type: none"> Patient needs care from a VA medical service line that does not meet with VA's quality standards. <p>NOTE: Reminder the decision is made and captured by a physician or non-physician provider (i.e., PA or nurse practitioner)</p>
Drive Time Eligibility:	<ul style="list-style-type: none"> ≥ 30 minutes for Primary Care and Mental Health and non-institutional extended care services. ≥ 60 minutes for Specialty Care
Wait Time Eligibility:	<ul style="list-style-type: none"> PID is within 20 days of the appointment request/file entry date and there is no appointment availability within that timeframe (Primary Care, Mental Health, and non-institutional extended care services) PID is within 28 days of the appointment request/file entry date and there is no appointment availability within that timeframe (Specialty Care) NOTE: File entry date/appointment request date = date consult/RTC was created or patient requested appointment.

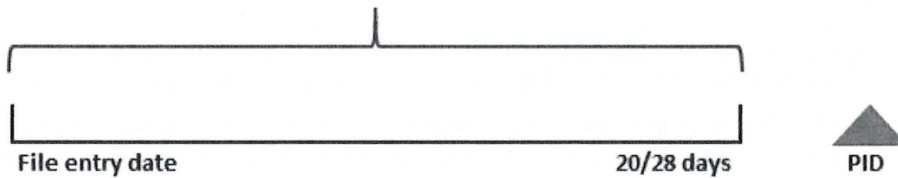
Community Care Wait Time Eligibility (Standard MISSION Act Guidance)

Eligible for CC

- The original or New PID is within community care wait time standards (WTS) & the VA appointment cannot be scheduled.

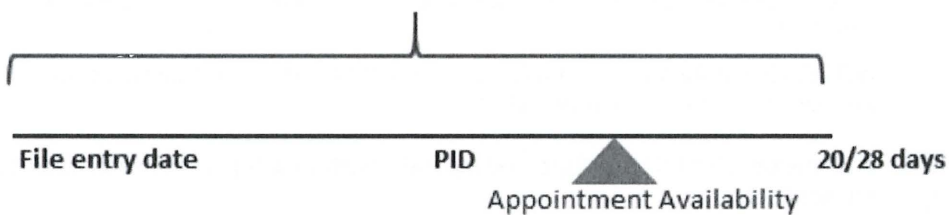
Not eligible for CC

- The original or new PID is outside community wait time standards



OR

- Original or new PID & appointment availability is within wait time standards



This is only meant to provide a quick, high-level summary. For more detailed information on this topic please refer to: The Office of Community Care Field Guidebook, Chapter 2: Eligibility, Referral, and Scheduling.