

Department of Veterans Affairs (VA) ER Notification

- **ALWAYS use Chrome**; the website will not generate in any other web explorer, go to:
<https://emergencycarereporting.communitycare.va.gov/#/request>
- Enter your work email to receive the link to portal
- Reporting as: **PROVIDER**
- Click: **I am not a robot**
- Hit the submit button
 - You will receive an email that will include the link to the portal to submit the notification
- **Copy and paste the link you received into google chrome**
- Enter all of the information with a red *
- VETERAN'S INFO: NAME, SEX, DOB, SS#, ADDRESS
- **FACILITY INFO:**
 - **USE 845-483-5000 AS THE FACILITY PHONE NUMBER**
 - **FACILITY NPI#: 1598181091**
 - **ADDRESS: 241 North Road, Poughkeepsie NY 12601**
- **FACILITY POINT OF CONTACT:**
 - **Patient Accounting**
 - **Facility Tel Number: (845-483-5233) Fax: (845-431-8182)**
 - **Facility Email: PatientAccessVetNotificationMH@wmchealth.org**
- **EPISODE INFORMATION:**
 - **TIME ZONE: EASTERN**
 - **DATE/TIME SEEN: DATE AND TIME OF REGISTRATION**
 - **MODE OF ARRIVAL: CHOOSE ONE (Ambulance or Other)**
 - **ADMITTED: UNKNOWN**
 - **CHIEF COMPLAINT: IS THE DIAGNOSIS**
- **SUBMIT NOTIFICATION**
- **COPY AND PASTE THE SUCCESS NOTIFICATION WITHIN THE ENCOUNTER TAB COMMENTS SECTION.**
- **SCAN THE SUCCESS NOTIFICATION UNDER INSURANCE VERIFICATION,**
- **LABEL THE DOCUMENT AS: "VET NOTIFICATION"**
- **SEND EMAIL TO PatientAccessVetNotificationMH@wmchealth.org, ALONG WITH THE PT'S MR# AND FIN#**



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

Emergency Care Reporting



Please submit the information below in order to be sent an email with your secured link.

Email *

John.test@wmchealth.org

Enter Your Work Email Address.

Reporting as (select one) *

Provider

Select Provider



I'm not a robot



reCAPTCHA
Privacy - Terms

Check the Box

Submit

VA Emergency Care Reporting

Reporting as Provider

If you have questions regarding this form, please call 844-72HRVHA (844-724-7842).

Veteran Information

First Name * John **Middle Name** **Last Name *** Doe

Gender * Male **Date of Birth *** 01/01/1900 **Social Security Number ***

VETERAN HOME ADDRESS

Street 241 NORTH RD

City POUGHKEEPSIE **State** New York **Zip** 12601

Country United States

Other Insurance Yes **Type of OHI** Medicare Advant...

Rendering Facility Information

Facility Name * MID HUDSON REGIONAL HOSPITAL **Facility Phone Number *** 845-483-5000

Facility NPI * 1508181001 **Facility Tax ID**

FACILITY ADDRESS 241 NORTH RD

Street *

City * POUGHKEEPSIE **State *** New York **Zip *** 12601

Country * United States

FACILITY POINT OF CONTACT

Full Name * Patient Accounting

Phone Number * 845-483-5233 **Fax Number *** 845-431-8182

Department **Email *** PatientAccessVetNotificationMH@vme...

Episode Information

Time Zone * Eastern **Date/Time Seen *** 01/02/2023 05:00P

Mode of Arrival * Ambulance Other

Admitted * Admitted Not Admitted Unknown

Chief Complaint *

WHERE DID THE INJURY/EVENT OCCUR?

Street

City **State** Select... **Zip**

Country United States

Buttons: Cancel Reset Submit

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Send an email to PatientAccessVetNotificationMH@wmchealth.org with information provided from Veterans Affairs Notification.

Please include MRN and FIN number in the subject field.

To...	<u>Patient Access Vet Notification MH;</u>
Cc...	
Subject	Vet Notification: MRN: 1234567 FIN: 777878784545

Success

Thank you for reporting emergency care.

Your notification ID is:
M-205465465465465465b

Please make note of this ID as it will be important for all future communication regarding this notification and the resulting decision.

Print and scan "Success Notification" under "Insurance Verification", and Label the document "Vet Notification"

- Insurance Identification
- Person Level Forms
- Photo Identification
- Encounter
- Insurance Verification
- Physician Order

Photo Identification 2/28/2023

The screenshot shows a software window titled "Add/Modify Image". On the left, there are input fields: "*Select an image type:" with a dropdown menu set to "Insurance Verification"; "*Date:" with a date picker set to "03/14/2023" and a time picker set to "0843"; "Select a parent:" with a dropdown menu set to "Encounter"; and "*Image title:" with a text box containing "VET NOTIFICATION". Below these are buttons for "New Page", "Append" (checked), "Insert", "Scan" (highlighted), "Import", "Paste File", "Next Document", "Delete Page", "OK", and "Cancel". The main area displays a "Success" notification page with a green checkmark and the text "Success", "Thank you for reporting emergency care.", "Your notification ID is: 8-2023001040342059", and "Please make note of this ID as it will be important for all future communication regarding this notification and the resulting decision." A "Scan Done" button is at the bottom of the notification. On the right, a vertical pane shows a thumbnail of the document and the text "Page 1". At the bottom right, it says "Page 1 of 1".