**Eligibility and Enrollment (E&E)**

**Veterans Health Information Systems and Technology Architecture (VistA)   
Registration, Eligibility & Enrollment (REE)**

**Registration (DG) Patch DG\*5.3\*1109**

**Release Notes**



**January 2024**

**Department of Veterans Affairs (VA)**

**Office of Information and Technology (OIT)**

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# Introduction

The release of VistA REE PackMan patch DG\*5.3\*1109 is being released to support enhancements for the Eligibility and Enrollment (E&E) program.

Patch DG\*5.3\*1109 is also being released in support of the Veterans Health Administration (VHA) Enrollment System (VES) 6.8 release.

# Purpose

The Release Notes cover the changes to the VistA REE Registration (DG) system for this release.

# Audience

This document targets users and administrators of VistA REE and applies to the changes made between this release and any previous release for this software.

# This Release

This release is distributed as a PackMan patch. Refer to the Software and Documentation Retrieval Instructions section of the patch description for information on obtaining the PackMan patch DG\*5.3\*1109 and related documentation.

The following sections provide a summary of the enhancements and modifications to the existing software for VistA REE with the release of patch DG\*5.3\*1109.

## New Features and Functions Added

There are no new features or functions added to VistA REE for DG\*5.3\*1109.

## Enhancements and Modifications

DG\*5.3\*1109 modifies thirteen VHA Profiles (VHAP) of the HEALTH BENEFIT PLAN file (#25.11).

DG\*5.3\*1109 modifies twenty-six entries in the INCONSISTENT DATA ELEMENTS file (#38.6)

DG\*5.3\*1109 adds a new entry, SERVICE ACT, in the MAS ELIGIBILITY CODE file (#8.1).

DG\*5.3\*1109 adds a new entry, SERVICE ACT, in the ELIGIBILITY CODE file (#8).

Patch DG\*5.3\*1109 modifies the Enrollment Priority algorithm to assign an eligible Combat Veteran, outside the 10 year (or 5 year for those Veterans with a Service Separation Date prior to October 01, 2013) eligibility period, Priority Group 8c, regardless of Financial criteria, unless the Veteran qualifies for a better Priority Group.

NOTE: For additional information on the Enrollment Priority Algorithm, please see the 'PIMS Version 5.3 ADT Module User Manual' located on the Veteran Affairs (VA) Software Document Library.

Patch DG\*5.3\*1109 modifies routine DGENA5 to avoid UNDEFINED errors during creation of the ZCD segment of the Health Level 7 (HL7) ORU/ORF~Z07 message.

Table 1 shows the enhancements and modifications included in the DG\*5.3\*1109 release as tracked in Atlassian Jira.

Table 1: DG\*5.3\*1109 Enhancements and Modifications

| **Jira Epic #** | **Summary** |
| --- | --- |
| VES-30963 | Phase 3 - Remove Z07 Inconsistency Checks from VistA to ES (VistA) |
| VES-31011 | Create SERVICE Act Indicator (VistA) |
| VES-33135 | VMBP: Extended Care (EC) - (Phase 3): VistA Analysis of EC |
| VES-34000 | Change Combat Veteran Rules + TERA VHAP Changes - PACT (VistA) |
| VES-34044 | SERVICE Act VHAP Changes (VistA) |

**List of Updates**

**DG\*5.3\*1109** makes the following enhancements to VistA REE:

**DATA DICTIONARY UPDATES**

1. The SERVICE ACT eligibility code is added to the MAS ELIGIBILITY CODE (#8.1) file. This entry is provided in the build file and installed with the patch:

NUMBER: 30 NAME: SERVICE ACT

CARD COLOR: BLUE ABBREVIATION: SA

VA CODE NUMBER: 15 TYPE: VETERAN

PRINT NAME: SERVICE ACT SELECT AS ADDITIONAL: YES

1. The SERVICE ACT eligibility code is added to the ELIGIBILITY CODE (#8) file. This entry is added to the file by the post-install routine POST^DG531109P:

NAME: SERVICE ACT CARD COLOR: BLUE

ABBREVIATION: SA VA CODE NUMBER: 15

TYPE: VETERAN PRINT NAME: SERVICE ACT

SELECT AS ADDITIONAL: YES MAS ELIGIBILITY CODE: SERVICE ACT

ID FORMAT: VA STANDARD AGENCY: VA

MAKE RECORD SENSITIVE?: NO

1. In the HEALTH BENEFIT PLAN file (#25.11) the LONG DESCRIPTION field (#.04) of thirteen (13) VHAPs is modified. The plan names and codes are listed below followed by the full listing of each plan with the updated descriptions.

- VETERAN FULL MED BENEFITS TX AND RX COPAY EXMT VHAP (Profile Code

#213)

- VETERAN FULL MED BENEFITS TX COPAY EXMT AND RX COPAY REQ VHAP

(Profile Code #214)

- VETERAN FULL MED BENEFITS TX COPAY REQ AND RX COPAY EXMT 6 VHAP

(Profile Code #215)

- VETERAN FULL MED BENEFITS TX COPAY REQ AND RX COPAY EXMT 7 VHAP

(Profile Code #216)

- VETERAN FULL MED BENEFITS TX COPAY REQ AND RX COPAY EXMT 8 VHAP

(Profile Code #217)

- VETERAN FULL MED BENEFITS TX AND RX COPAY REQ 6 VHAP (Profile Code

#218)

- VETERAN FULL MED BENEFITS TX AND RX COPAY REQ 8 VHAP (Profile Code

#219)

- VETERAN FULL MED BENEFITS TX GMT COPAY REQ AND RX COPAY EXMT VHAP

(Profile Code #220)

- VETERAN FULL MED BENEFITS TX GMT COPAY REQ AND RX COPAY REQ VHAP

(Profile Code #221)

- VETERAN FULL MED BENEFITS TX GMT COPAY REQ AND COPAY EXMT 6 VHAP

(Profile Code #239)

- VETERAN FULL MED BENEFITS TX GMT AND RX COPAY REQ 6 VHAP (Profile

Code #240)

- VETERAN FULL MED BENEFITS TX AND RX COPAY EXMT 6 VHAP (Profile Code

#241)

- VETERAN FULL MED BENEFITS TX COPAY EXMT AND RX COPAY REQ 6 VHAP

(Profile Code #242)

**NAME : VETERAN FULL MED BENEFITS TX AND RX COPAY EXMT**

PLAN CODE: 213 COVERAGE CODE: FB01001

SHORT DESCRIPTION:

FM

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package,

which VA administers through an annual patient enrollment system.

Veterans who meet Veteran status for VA healthcare benefits and are not

subject to copay for their inpatient, outpatient services nor medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability

and special authority factor(s) - Agent Orange Exposure (AO), Southwest

Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA), or

their status as an Indian.

Veterans assigned this VHAP meet one of the following conditions:

. Determined to be 50% or greater SC

. Determined to be 10% to 40% Compensable SC\*

. Received a Medal of Honor (MOH)

. Received a Purple Heart (PH)\*\*

. Has been a Prisoner of War (POW)

. Determined to be Catastrophically Disabled (CD)

. Determined to be Unemployable due to SC conditions

. In receipt of Aid & Attendance (A&A)

. In receipt of Housebound (HB)

. In receipt of a VA Pension

. Discharge Due to Disability\*\*

. Military Disability Retirement\*\*

. Receive Medicaid\*\*

. Non-Service Connected (NSC)\*\*\*

\*They are exempt from copay for medications related to their SC rated

condition, but they must complete a Pharmacy Copay Exemption Test and

the outcome is Rx Copay Exempt to be exempt from NSC medication copays.

\*\*They must complete a Pharmacy Copay Exemption Test and the outcome is

Rx Copay Exempt to be exempt from NSC medication copays.

\*\*\*NSC Veterans who are subject to Means Testing; the outcome of the

Means Test is MT Copay Exempt and Rx Exemption status is Exempt.

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

**NAME : VETERAN FULL MED BENEFITS TX COPAY EXMT AND RX COPAY REQ**

PLAN CODE: 214 COVERAGE CODE: FB01002

SHORT DESCRIPTION:

FM RxCo

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and are not subject to

copay for their inpatient, outpatient services but are subject to copay for

their medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet one of the following conditions:

. Determined to be 10% to 40% Compensable SC\*

. Received a Purple Heart (PH)\*\*

. Discharge Due to Disability\*\*

. Military Disability Retirement \*\*

. Granted a Financial Hardship based on the evidence provided\*\*\*

. Receive Medicaid\*\*

. Non-Service Connected (NSC)\*\*\*\*

\*They are exempt from copay for medications related to their SC rated

condition, but they must complete a Pharmacy Copay Exemption Test and the

outcome is Non-Exempt. They must pay copay for their NSC medication copays

\*\*They must complete a Pharmacy Copay Exemption Test and the outcome is

Non-Exempt. They must pay copay for their NSC medication.

\*\*\*The Hardship assigns Means Test (MT) Status outcome of MT Copay

Required for Medical Benefits Treatments. The Hardship does not affect Pharmacy Copay Exemption Test outcome. If the Pharmacy Copay Exemption Test outcome is Non-Exempt, they are subject to NSC medication copays.

\*\*\*\*NSC Veterans who are subject to Means Testing; the outcome of the

Means Test is MT Copay Exempt and Rx Exemption status is Non-Exempt.

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX COPAY REQ AND RX COPAY EXMT 6**

PLAN CODE: 215 COVERAGE CODE: FB01003

SHORT DESCRIPTION:

FM TxCo 6

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and current Means Test is

based on Net Worth Adjudication. Their income plus net worth is above the

National Threshold, but income alone is below the VA Pension Threshold.

They are subject to copays for their inpatient, outpatient services and

not subject to copay for their medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet one of the following conditions:

. 0% SC, non-compensable \*

. Non-Service Connected (NSC)

. MT Status in MT Copay Required

. Priority Group 6 (i.e., AO, SWA, IR, EC, SHAD, CV, CL)

\* They are subject to copays for their inpatient, outpatient services and

are exempt from copay for their medications.

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX COPAY REQ AND RX COPAY EXMT 7**

PLAN CODE: 216 COVERAGE CODE: FB01007

SHORT DESCRIPTION:

FM TxCo 7

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and current Means Test is

based on Net Worth Adjudication. Their income plus net worth is above the

National Threshold, but income alone is below the VA Pension Threshold.

They are subject to copays for their inpatient, outpatient services but

not subject to copay for their medications.

Veteran authorized to receive medical benefits with:

. Copay charges for Treatment

. No Copay charges for Medication

Must be in:

. MT Status in a Pending Adjudication

. Priority Group 7

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX COPAY REQ AND RX COPAY EXMT 8**

PLAN CODE: 217 COVERAGE CODE: FB01008

SHORT DESCRIPTION:

FM TxCo 8

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. They are

subject to copayment for their inpatient, outpatient services but not

subject to copayment for their medications.

Veteran authorized to receive medical benefits with:

. Copayment charges for Treatment

. No Copayment charges for Medication

Must be in:

. MT Status in MT Copay Required

. Priority Group 8a/b/c/d (i.e., SC 0% and NSC)

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX AND RX COPAY REQ 6**

PLAN CODE: 218 COVERAGE CODE: FB01004

SHORT DESCRIPTION:

FM TxCo RxCo 6

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. They are

subject to copays for their inpatient, outpatient services and subject to

copay for their medications.

Veteran authorized to receive medical benefits with:

. Copay charges for Treatment

. Copay charges for Medication

Must be in:

. Priority Group 6 (i.e., AO, SWA, IR, SHAD, CV, CL)

. Treatment or Medications for SA conditions are Copay Exempt

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX AND RX COPAY REQ 8**

PLAN CODE: 219 COVERAGE CODE: FB01009

SHORT DESCRIPTION:

FM TxCo RxCo 8

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and must complete a Means

Test (MT) to determine their copay status for their Medical Treatment and

Medication. Veterans receiving inpatient, outpatient services for Non-

Service Connected (NSC) conditions and whose income exceeds the applicable

National Income Threshold are subject to copayments for inpatient,

outpatient services and medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST).

Veterans assigned this VHAP meet one of the following conditions:

. 0% SC, Non-Compensable \*

. NSC

. Priority Group 8a/b/c/d (i.e., SC 0% Non-Compensable or NSC)

\*They are exempt from copay for medications related to their SC condition,

but they must complete a Means Test to determine their copay status for

NSC inpatient, outpatient services and medications. The outcome of Means Test

was MT Copay Required for their inpatient, outpatient services and Non-

Exempt for their Pharmacy Copay Exemption Test.

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX GMT COPAY REQ AND RX COPAY EXMT**

PLAN CODE: 220 COVERAGE CODE: FB01005

SHORT DESCRIPTION:

FM TxCoG

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and must complete a

Financial Assessment to determine their copay status for their inpatient,

outpatient services and medications.

Veterans with gross household income below the geographically adjusted

income limits for their resident location and who agreed to pay copays.

The Means Test outcome of GMT Copay Required and outcome of their Rx Exemption status is Exempt. These Veterans are subject to copays for their inpatient services at a reduced rate, copayment for their outpatient services at the full copay rate, but no copayment for their medications.

Veterans are exempt from copayments for inpatient, outpatient services

and medications related to their Service Connected (SC) related disability

and special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet one of the following conditions:

. 0% SC, non-compensable

. Non-Service Connected

. Priority Group 7 (i.e., SC 0% Non-Compensable or NSC)

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX GMT COPAY REQ AND RX COPAY REQ**

PLAN CODE: 221 COVERAGE CODE: FB01006

SHORT DESCRIPTION:

FM TxCoG RxCo

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and must complete a Means

Test to determine their copay status for their inpatient, outpatient

services and medications.

Veterans with gross household income below the geographically adjusted

income limits for their resident location and who agree to pay copays. The

Means Test outcome of GMT Copay Required and outcome of their Rx Exemption

status is Non-Exempt. These Veterans are subject to copays for inpatient

services at a reduced rate, copays for outpatient services at the full

copay rate, and copays for medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet one of the following conditions:

. 0% SC, Non-Compensable

. Non-Service Connected

. Priority Group 7 (i.e., SC 0% Non-Compensable or NSC)

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX GMT COPAY REQ AND COPAY EXMT 6**

PLAN CODE: 239 COVERAGE CODE: FB01012

SHORT DESCRIPTION:

FM TxCoG 6

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and must complete a

Financial Assessment to determine their copay status for their inpatient,

outpatient services and medications.

Veterans with gross household income below the geographically adjusted

income limits for their resident location and who agreed to pay copays.

The Means Test outcome of GMT Copay Required and outcome of their Rx Exemption status is Exempt. These Veterans are subject to copays for inpatient services at a reduced rate, copays for outpatient services at the full copay rate, and no copays for medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet the following condition:

. Priority Group 6 (i.e., SC 0% Non-Compensable or NSC)

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX COPAY EXMT AND RX COPAY REQ 6**

PLAN CODE: 242 COVERAGE CODE: FB01011

SHORT DESCRIPTION:

FM RxCo 6

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and are not subject to

copay for their inpatient, outpatient services but are subject to copay for

their medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Cleland Dole Act World War II

(WWII), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP must meet one of the following conditions:

. Determined to be 0% Compensable SC\*

. Cleland Dole Act World War II (WWII)

\*They are exempt from copay for medications related to their SC rated

condition, but they must complete a Pharmacy Copay Exemption Test and the

outcome is Non-Exempt. They must pay copay for their NSC medication copays.

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX GMT AND RX COPAY REQ 6**

PLAN CODE: 240 COVERAGE CODE: FB01013

SHORT DESCRIPTION:

FM TxCoG RxCo 6

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and must complete a Means

Test to determine their copay status for their inpatient, outpatient

services and medication

Veterans with gross household income below the geographically adjusted

income limits for their resident location and who agreed to pay copays. Th

Means Test outcome of GMT Copay Required and outcome of their Rx Exemption

status is Non-Exempt. These Veterans are subject to copays for inpatient

services at a reduced rate, copays for outpatient services at the full

copay rate, and copays for medications

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet the following condition:

. Priority Group 6 (i.e., SC 0% Non-Compensable or NSC) and MT outcome

is GMT and Rx Exemption status is Non-Exempt

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

**NAME : VETERAN FULL MED BENEFITS TX AND RX COPAY EXMT 6**

PLAN CODE: 241 COVERAGE CODE: FB01010

SHORT DESCRIPTION:

FM 6

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package, which

VA administers through an annual patient enrollment system. Veterans who

meet Veteran status for VA healthcare benefits and are not subject to

copay for their inpatient, outpatient services nor medications.

Veterans are exempt from copayments for inpatient, outpatient services and

medications related to their Service Connected (SC) related disability and

special authority factor(s) - Agent Orange Exposure (AO), Southwest Asia

Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR),

Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune

(CL), Military Sexual Trauma (MST), Toxic Exposure Risk Activity (TERA).

Veterans assigned this VHAP meet the following condition:

. Determined to be 0% Compensable SC\*

\*They are exempt from copay for medications related to their SC rated

condition, but they must complete a Pharmacy Copay Exemption Test and the

outcome is Rx Copay Exempt to be exempt from NSC medication copays.

For eligible individuals, under Veterans Comprehensive Prevention, Access

to Care, and Treatment Act of 2020 (COMPACT), Section 201, VA will

furnish, reimburse, pay for emergent suicide care, make referrals, as

appropriate, for care following the period of emergent suicide care.

Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38

USC 5303A.

For eligible individuals, under Dr. Kate Hendricks Thomas Supporting

Expanded Review for Veterans in Combat Environments (SERVICE) Act, VA

will furnish clinically appropriate breast cancer risk assessment for

care. Eligible individuals are Veterans who served in the active military

service, and meet the minimum duty service requirement according to 38 USC

5303A.

1. In the INCONSISTENT DATA ELEMENTS file (#38.6) the USE FOR Z07 CHECK field (#6) was set to NO for the following entries.

NUMBER: 701 NAME: CD 'DECIDED BY' CANNOT BE

HINQ

TEXT: CD 'DECIDED BY' CANNOT BE 'HINQ'

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Enter the name of the VA staff physician who made the

decision that the patient was catastrophically disabled.

NUMBER: 702 NAME: CD 'DECIDED BY' NOT VALID

TEXT: CD 'DECIDED BY' IS NOT VALID KEY REQUIRED: NO KEY REQUIRED

SET ELIG DR STRING: NO CHECK/DON'T CHECK: CHECK

USE FOR Z07 CHECK: NO

DESCRIPTION: Enter the name of the VA staff physician who made the

decision that the patient was catastrophically disabled.

NUMBER: 703 NAME: CD 'DECIDED BY' IS REQUIRED

TEXT: CD 'DECIDED BY' IS REQUIRED KEY REQUIRED: NO KEY REQUIRED

SET ELIG DR STRING: NO CHECK/DON'T CHECK: CHECK

USE FOR Z07 CHECK: NO

DESCRIPTION: Enter the name of the VA staff physician who made the

decision that the patient was catastrophically disabled. This is a

required field.

NUMBER: 704 NAME: CD 'REVIEW DATE' IS REQUIRED

TEXT: CD 'REVIEW DATE' IS REQUIRED KEY REQUIRED: NO KEY REQUIRED

SET ELIG DR STRING: NO CHECK/DON'T CHECK: CHECK

USE FOR Z07 CHECK: NO

DESCRIPTION: Enter the date that a review to determine Catastrophic

Disability was made. This review may be a medical record review or

physical exam review.

NUMBER: 705 NAME: CD 'REVIEW DATE' IS INVALID

TEXT: CD 'REVIEW DATE' SHOULD BE A MEDICAL RECORD OR PHYS EXAM REVIEW

DATE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Enter the date that a review to determine Catastrophic

Disability was made. This review may be a medical record review or

physical exam review.

NUMBER: 706 NAME: CD CONDITION SCORE NOT VALID

TEXT: CD 'CONDITION SCORE MUST BE A VALID ENTRY

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The exact criteria for the score are determined by the

CATASTROPHIC DISABILITY REASONS file (#27.17). This file also contains

the help text for responding to SCORE.

NUMBER: 707 NAME: CD REVIEW DT AFTER DECISION

DT

TEXT: CD REVIEW DATE IS AFTER DATE OF DECISION

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The Catastrophic Disability Review Date must be before

the date of decision.

NUMBER: 708 NAME: CD AFFECTED EXTREMITY

INVALID

TEXT: CD AFFECTED EXTREMITY IS INVALID

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: If completed, AFFECTED EXTREMITY must be one of the

following codes:

RUE:RIGHT UPPER EXTREMITY

LUE:LEFT UPPER EXTREMITY

RLE:RIGHT LOWER EXTREMITY

LLE:LEFT LOWER EXTREMITY

NUMBER: 709 NAME: CD DIAGNOSIS IS NOT VALID

TEXT: CD STATUS DIAGNOSIS IS NOT VALID

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The status diagnosis must be a valid diagnosis in the CD

Reasons File (#27.17).

NUMBER: 710 NAME: CD PROCEDURE IS NOT VALID

TEXT: CD STATUS PROCEDURE IS NOT VALID

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The status procedure must be a valid procedure in the CD

Reasons File (#27.17).

NUMBER: 711 NAME: CD REASON IS NOT PRESENT

TEXT: CD STATUS REASON IS REQUIRED FOR EACH COND, DX AND PROC ENTERED

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: A CD status reason is required for each CD Condition,

Diagnosis and Procedure that is entered.

NUMBER: 712 NAME: CD DATE OF DECISION NOT

VALID

TEXT: CD DATE OF DECISION MUST BE A VALID DATE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Enter the date the catastrophic disability determination

was made. This must be a valid date.

NUMBER: 713 NAME: CD DATE OF DECISION REQUIRED

TEXT: CD DATE OF DECISION IS REQUIRED

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The 'Date of Catastrophic Disability Decision is required

if the patient is catastrophically disabled. Enter the date the

catastrophic disability determination was made. This must be a valid

date.

NUMBER: 714 NAME: CD FACILITY IS NOT VALID

TEXT: FACILITY MAKING CD DETERMINATION MUST BE A VALID FACILITY

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The Facility Making Catastrophic Disability Determination

must be a valid facility and defined in the INSTITUTION file (#4).

NUMBER: 715 NAME: CD METHOD IS REQUIRED

TEXT: CD METHOD OF DETERMINATION IS REQUIRED

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Method of Determination is a required field. Possible

values are:

2:MEDICAL RECORD REVIEW:

3:PHYSICAL EXAMINATION The valid codes may vary depending on the

Institution.

NUMBER: 716 NAME: CD METHOD IS NOT VALID

TEXT: CD METHOD OF DETERMINATION IS NOT VALID

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Method of Determination is a required field. Possible

values are:

2:MEDICAL RECORD REVIEW:

3:PHYSICAL EXAMINATION The valid codes may vary depending on the

Institution.

NUMBER: 717 NAME: CD NOT ENOUGH TO QUALIFY

TEXT: NOT ENOUGH DX/PROC/CON TO QUALIFY FOR CD STATUS

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Not Enough Diagnoses/Procedures/Conditions To qualify For

CD Status'

NUMBER: 719 NAME: CD STATUS UNSPECIFIED

TEXT: CD STATUS MUST BE SPECIFIED KEY REQUIRED: NO KEY REQUIRED

SET ELIG DR STRING: NO CHECK/DON'T CHECK: CHECK

USE FOR Z07 CHECK: NO

DESCRIPTION: Indicate if the Veteran is Catastrophically Disabled.

This is a required field

NUMBER: 720 NAME: CD ENOUGH TO QUALIFY

TEXT: PT HAS ENOUGH DX/PROC/COND TO QUALIFY FOR CD STATUS

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The Veteran Has Enough Diagnoses/Procedures/Conditions To

Qualify For CD Status

NUMBER: 723 NAME: CD REVIEW DATE MUST BE

PRECISE

TEXT: CD REVIEW DATE MUST BE A PRECISE CALENDAR DATE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Inconsistency results when the Review date is not a

precise calendar date.

NUMBER: 724 NAME: CD DECISION DT MUST BE

PRECISE

TEXT: CD DECISION DATE MUST BE A PRECISE CALENDAR DATE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Inconsistency results when the Date of Decision is not a

precise calendar date.

NUMBER: 725 NAME: CD EXTREMITY REQUIRED

TEXT: AFFECTED EXTREMITY IS REQUIRED FOR EACH PROCEDURE REC'D

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: An Affected Extremity is required for each procedure code

received for a Catastrophically Disabled veteran

NUMBER: 726 NAME: CD SCORE REQUIRED

TEXT: A VALID SCORE IS REQUIRED FOR EACH CONDITION CODE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: A score is required for each condition code entered for

catastrophically disabled determinations

NUMBER: 727 NAME: CD DESCRIPTOR IS NOT VALID

TEXT: CD STATUS DESCRIPTOR IS NOT VALID

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The status descriptor must be a valid descriptor in the CD

Reasons File (#27.17).

NUMBER: 728 NAME: NO CD DESCRIPTORS SELECTED

TEXT: CD STATUS REASON IS REQUIRED FOR EACH COND, DX, PROC AND DESC

ENTERED

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: A CD status reason is required for each CD Condition,

Diagnosis, Procedure and Descriptor that is entered.

1. In the INCONSISTENT DATA ELEMENTS file (#38.6) entry #304: GENDER INVALID, USE FOR Z07 CHECK field (#6) was set to NO and CHECK/DON'T CHECK field (#5) was set to DON'T CHECK.

NUMBER: 304 NAME: GENDER INVALID

TEXT: THE PERSON GENDER MUST BE EITHER MALE OR FEMALE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: DON'T CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: The person has a gender value, but it is not either male

or female. This applies to patient, spouse and dependents.

1. The INCONSISTENT DATA ELEMENTS file (#38.6) entries #724: CD DECISION DT MUST BE PRECISE and #725: CD EXTREMITY REQUIRED were updated to correct spelling errors in the DESCRIPTION. "Date" was misspelled in #724 and "Disabled" was misspelled in #725.

BEFORE:

NUMBER: 724 NAME: CD DECISION DT MUST BE

PRECISE

TEXT: CD DECISION DATE MUST BE A PRECISE CALENDAR DATE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Inconsistency results when the Data of Decision is not a

precise calendar date.

NUMBER: 725 NAME: CD EXTREMITY REQUIRED

TEXT: AFFECTED EXTREMITY IS REQUIRED FOR EACH PROCEDURE REC'D

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: An Affected Extremity is required for each procedure code

received for a Catastrophically Disabiled veteran

AFTER:

NUMBER: 724 NAME: CD DECISION DT MUST BE

PRECISE

TEXT: CD DECISION DATE MUST BE A PRECISE CALENDAR DATE

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: Inconsistency results when the Date of Decision is not a

precise calendar date.

NUMBER: 725 NAME: CD EXTREMITY REQUIRED

TEXT: AFFECTED EXTREMITY IS REQUIRED FOR EACH PROCEDURE REC'D

KEY REQUIRED: NO KEY REQUIRED SET ELIG DR STRING: NO

CHECK/DON'T CHECK: CHECK USE FOR Z07 CHECK: NO

DESCRIPTION: An Affected Extremity is required for each procedure code

received for a Catastrophically Disabled veteran

## Known Issues

No known or open issues were identified in this release.

## Product Documentation

The following documents apply to this release:

Documentation Title File Name

DG\*5.3\*1109 Release Notes DG\_5\_3\_1109\_RN.PDF  
PIMS Version 5.3 Technical Manual PIMS\_TM.PDF  
PIMS Version 5.3 User Manual - Registration Menu PIMS\_REG\_UM.PDF  
PIMS Version 5.3 ADT Module User Manual ADTBE\_UM.PDF

Refer to the Software and Documentation Retrieval Instructions section of the patch descriptions for information on obtaining the DG\*5.3\*1109 PackMan patch and related documentation.

Documentation can be found on the VA Software Documentation Library at: <http://www.va.gov/vdl/>.