

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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1 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.

2 Purpose

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

3 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.

4 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.

4.1 New Features and Functions Added

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

4.2 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

2. 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	

3. 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. 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 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.

4. 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.

5. 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.	

6. 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 Disabled 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	

4.3 Known Issues

No known or open issues were identified in this release.

4.4 Product Documentation

The following documents apply to this release:

<u>Documentation Title</u>	<u>File Name</u>
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/>.