Health Eligibility Case Management System (HECMS)

User Manual

Enrollment System Redesign

Version 4.0

September 2012

Department of Veterans Affairs
Product Development
Management, Enrollment and Financial Systems (MEFS)

Revision History

Date	Version	Description	Project Manager	Author
5/18/2012 5/22/2012	4.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.7 to 3.8 and dates to reflect scheduled September 2012 release. Added *Delivery Preferences* under *Communications* tab section. Changed order of *First Name* and *Middle Name* fields on the *Registration/Person Search* section. Added multiple selections for *Race* field in *Demographics/Identity Traits* (AAP) section. Added dropdown selection for *Place of Birth State* field in *Demographics/Identity Traits* (AAP) section. Modified *First* and *Last Name* field length *Rules …*in the *Demographics/Add Associates* sections.	Glenda Miller	Tom Hamilton
5/8/2012 5/16/12	3.5	Added 11 additional scripts to the How Do I … section. Minor updates to existing scripts. Updated Figure 6. Updated Index for additional How Do I … scripts. Updated *Master Patient Index* to *Master Veteran Index*.	Glenda Miller	Tom Hamilton
04/06/12	3.4	Removed "This data is shared with VistA" statement from AAP *Mother's Maiden Name* definition in Demographics/Identity Traits section.	Glenda Miller	Tom Hamilton
03/13/12	3.3	Removed "Draft" from and changed date on cover. Also updated dates in footers to reflect June 2012 release date and removed "Draft".	Glenda Miller	Tom Hamilton
01/23/12 02/07/12	3.2	Added "Add a Person" in parenthesis after the "Tabs/Overview" identifier on the Veteran Overview page when in the Add a Person mode to identify to user that they are in AAP mode. Added ESR 3.7 enhancements.	Glenda Miller	Tom Hamilton
01/17/12	3.1	Minor update to Preferred Facility field definition under Demographics/Personal/Personal section. Added CDW to Glossary. Removed "(Future Release)" from *Content Management System (CMS)* Glossary definition.	Glenda Miller	Tom Hamilton
01/09/12- 01/11/12	3.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.6 to 3.7 and dates to reflect scheduled April 2012 release. Added ESR 3.7 Enhancements to existing added functionality listing in the Introduction section. Added ESR 3.7 updates/changes to various sections. Added SQA review updates.	Glenda Miller	Tom Hamilton
12/5/11	2.5	Minor updates based on ORT Review. Removed Draft indicators.	Glenda Miller	Tom Hamilton

Date	Version	Description	Project Manager	Author
11/28/11	2.4	Updated cover and footer date to January 2012. General updates reconciling changes in the online help with this manual.	Glenda Miller	Tom Hamilton
9/27/11	2.3	General late updates brought forward from ESR 3.5.	Jennifer Freese	Tom Hamilton
8/22/11 – 9/8/11	2.2	General ESR 3.6 Patient Benefits Handbook updates in various sections.	Jennifer Freese	Tom Hamilton
8/18/11	2.1	Added ESR 3.6 Enhancements to the existing added functionality listing in the Introduction section.	Jennifer Freese	Tom Hamilton
8/17/11	2.0	Copied baselined ESR 3.5 User Manual with all Track Changes accepted in preparation for ESR 3.6 Enhancements. Changed relevant ESR 3.5 to 3.6 and cover date to December 2011 (including footers). Added Draft indicators.	Jennifer Freese	Tom Hamilton
8/10/11	1.1	Deleted false Note about "…default search displays in order of the highest scoring matches first…", in *ESR Registration/Search and Add New Person* section. Changed *Handbook Active System Parameter* from "Future Release" to active by changing grey font to black.	Jennifer Freese	Tom Hamilton
8/1/11	1.1	Changed "Alias SSN" to "Alias SSNs" under Demographics/Personal sections.	Jennifer Freese	Tom Hamilton
7/18/11	1.0	Initiated document version to replace application version on cover. Removed Draft indicators for ORT Review copy.	Jennifer Freese	Tom Hamilton
7/15/11		Removed "Star" (req. field) symbol from *Organization/Name* field in *Add Associate (Add a Person)* section. Added "Star" (req. field) symbol to *Place of Birth City* and *Place of Birth State* fields in *Identity Traits (Add a Person)* section. Added "Star" (req. field) symbol to *Enrollment Application Date* field in *Cancel/Decline/Override Enrollment (Add a Person)* section.	Jennifer Freese	Tom Hamilton
7/13/11		Updated ESR 3.5 *Introduction* section for Handbook. Updated *Overview* and *Communications* Handbook sections per increased scope for ESR 3.5.	Jennifer Freese	Tom Hamilton
7/11/11		On cover, changed OED to Product Development.	Jennifer Freese	Tom Hamilton
7/1/11		Updated "Match" category definitions for the Person Search Results in the *Search and Add New Person* section.	Jennifer Freese	Tom Hamilton
6/14/11 – 6/15/11		Updated both *Edit Current Eligibility* sections to match field label changes in application. Reworded *Search and Add New Person* section.	Jennifer Freese	Tom Hamilton
6/9/11		Updated *Search and Add New Person* section for latest changes. Added to Glossary for AAP.	Jennifer Freese	Tom Hamilton
6/1/11		Updated EED 19 Report to match changes in UI.	Jennifer Freese	Tom Hamilton

Date	Version	Description	Project Manager	Author
5/26/11		Updated *Search and Add New Person* section for latest changes.	Jennifer Freese	Tom Hamilton
5/20/11		Updated *ESR Registration* (Add a Person) section.	Jennifer Freese	Tom Hamilton
5/18/11 – 5/19/11		Added to Index for 3.5 enhancements.	Jennifer Freese	Tom Hamilton
5/16/11		Added Handbook description to Introduction section.	Jennifer Freese	Tom Hamilton
5/9 /11 – 5/10/11		General edits/formatting to Add-a-Person, Preferred Facility, Patient Benefits Handbook, and MSDS/PL111-163 sections.	Jennifer Freese	Tom Hamilton
5/3/11 – 5/5/11		Added Add-a-Person, Preferred Facility, Patient Benefits Handbook, and MSDS/PL111-163 enhancements.	Jennifer Freese	Tom Hamilton
4/21/11		Updated various screen captures for 3.5. Updated “Introduction” for new enhancements. Updated Current Military Service for MSDS.	Jennifer Freese	Tom Hamilton
4/21/11		Copied baselined ESR 3.4 User Manual with all Track Changes accepted in preparation for ESR 3.5 Enhancements. Changed ESR 3.4 to 3.5 and cover date to August 2011 (including footers). Added Draft indicators.	Jennifer Freese	Tom Hamilton
4/6/11		Updated **Medal Of Honor** field name to match UI in *Current Military Service* section. Added to *More…* section of same field.	Jennifer Freese	Tom Hamilton
3/29/11		General typo updates.	Jennifer Freese	Tom Hamilton
3/16/11		Added missing required field “star” symbol to match the UI to the ***Ineligible Reason*** field in the *Edit Current Eligibility* section.	Jennifer Freese	Tom Hamilton
3/10/11		Added missing required field “star” symbols to the *Add POW Episode* section on the *Edit Current Eligibility* screen. Changed field name under **Assets** on the *Edit Financial Details* screen to match UI. Removed ***Number Rejected due to Data Inconsistencies*** field in the *Load Registry* section to match UI.	Jennifer Freese	Tom Hamilton
2/2/11		Added "Introduction" to page 1 to match the online webhelp. Replaced many instances of "HECMS" with "ESR" as was done in the ESR 3.4 Release Notes document.	Jennifer Freese	Tom Hamilton

Date	Version	Description	Project Manager	Author
1/25/11-1/28/11		Copied baselined ESR 3.3 User Manual with all Track Changes accepted in preparation for ESR 3.4 Enhancements. Changed ESR 3.3 to 3.4 and cover date to May 2011 (including footers). Changed ESR 3.4 MSDS Phase II enhancements tagged as “Future” and grayed out text to black text removing “Future” indicators. Added description of new 3.4 functionality to “Introduction” section on pg.2. Added *VADIR* definition to Glossary. Replaced Figure 6 with 3.4 version of graphic.	Jennifer Freese	Tom Hamilton
1/19/11		Added *Duplicate Merge Tool Enhancement* to main areas in which some enhancements were made list on pg. 2.	Jennifer Freese	Tom Hamilton
1/5/11		Updated cover and footer dates to February 2011.	Jennifer Freese	Tom Hamilton
12/14/10		Removed VOA reference in Introduction (pg 1) as having been release. Updated cover and footer dates to January 2010.	Jennifer Freese	Tom Hamilton
11/19/10		Added 2 MSDS System Parameters to Admin/System Parameter page.	Jennifer Freese	Tom Hamilton
10/20/10 & 10/25/10		General approved updates from PS review of ESR 3.2 User Manual being brought forward into ESR 3.3 User Manual.	Jennifer Freese	Tom Hamilton
9/30/10		Relaxation Percentage – Added verbiage to block additional attempts to Add Income Year per CCR10432. Updated Figure 2 screen shot. Added March 2009 to cover and release date to December 2010.	Jennifer Freese	Tom Hamilton
9/22/10		Added Handbook Active (Future Release) System Parameter to Admin/System Parameter page. Added to enhancements list on page 2.	Jennifer Freese	Tom Hamilton
9/21/10		Added Class II Dental fields to Current Military Service section as part of the VBA Pension Data Sharing enhancement.	Jennifer Freese	Tom Hamilton
9/15/10		Added Patient Benefits Handbook Status (Future Release) pages under Communications section. Changed Release date from October to November 2010.	Jennifer Freese	Tom Hamilton
9/9/10		General style checking for capitalization of the word “Veteran” per OED Doc Standards. Added new 3.3 enhancement information starting on page 1.	Jennifer Freese	Tom Hamilton
9/7/10		Removed Relaxation Percentage from the Admin/System Parameter page. Added ESR 3.3 PG Relaxation Percentage enhancement to Buttons/Reference section.	Jennifer Freese	Tom Hamilton

Date	Version	Description	Project Manager	Author
8/31/10		Added "(Future Release)" to new MSDS fields and links that will be released in FY11Q1 (ESR 3.4). Added Relaxation % definition to glossary.	Brian Morgan	Tom Hamilton
8/30/10		Added MSDS Enhancements to Eligibility/Current Eligibility and Military Service/Current Military Service sections.	Brian Morgan	Tom Hamilton
8/26/10		Copied baselined ESR 3.2 User Manual with all Track Changes accepted in preparation for ESR 3.3 Enhancements. Added E&E Service Enhancements to Admin section. Added new VBA Pension Data Sharing fields to the Eligibility/Edit Current Eligibility section. Updated Figure 6.	Brian Morgan	Tom Hamilton
8/19/10		Accepted Track Changes in preparation for ORT Review	Brian Morgan	Tom Hamilton
8/18/10		Made sure button references were consistent as bold italics.	Brian Morgan	Tom Hamilton
8/17/10		Updated cover and footer dates from July to October 2010 due to delayed release date.	Brian Morgan	Tom Hamilton
7/19/10		In *Financial Details* section, changed "two statues" to "three statuses" under "*Do you want to send this for Adjudication?*" question per SQA review.	Brian Morgan	Tom Hamilton
6/28/10		Modified *Adjudication* section as follows (CCR10224): Eliminated previously added **Means Test Status** field choice where the *GMT Threshold is less than or equal to the MT Threshold,* of *GMT Copay Required*. Updated cover and footer dates for next release.	Brian Morgan	Tom Hamilton
5/12/10-5/13/10		Per OED Doc Standards: Added captions to figures. Added *Table of Figures*. Changed this *Revision History* to reverse chronological order. Added *Reference Documentation* to page 1 section.	Brian Morgan	Tom Hamilton
5/5/10-5/7/10		Based lined doc for ESR 3.2 (title/footers, etc.). Added changes for the General Counsel's Ruling on veterans with very low income and net worth that is greater than the Net Worth Threshold to the Tabs/Financials/Financial Details section per CCR10224.	Brian Morgan	Tom Hamilton
4/26/10		Did additional header and footer updates. Made copy and Accepted All Changes for upload to VDL.	Brian Morgan	Tom Hamilton
4/23/10		General Clean-up for the VDL. Removed Draft indicators. Added date and updated footers and headers.	Brian Morgan	Tom Hamilton
4/6/10		Added new *Relaxation Percentage* on the *Admin/System Parameter* page.	Brian Morgan	Tom Hamilton

Date	Version	Description	Project Manager	Author
3/24/10 – 3/25/10		General updates based on SQA and peer reviews. Pages updated: *Person Search*. Added Veteran *Merge Search* page per CCR 10127.	Brian Morgan	Tom Hamilton
2/12/10		Added additional *Rules* for *Combat Start Date* and *Combat End Date* fields in *the Demographics/Military Service/Current Military Service* section per ESR_CR7039. Updates based on SQA Review: Updated cover date to March 2010, Added special note about AO Special Treatment Authority Expiration in *How Do I …* section. Added special note about SW Asia Conditions Special Treatment Authority Expiration in *How Do I …* section. Added that the *Spinal Cord Injury* indicator under the *Catastrophic Disability* section of the *Eligibility/Current Eligibility* section could also come from VOA.	Brian Morgan	Tom Hamilton
1/11/10		Updated 4 Identity Traits fields to Display Only in the Demographics/Identity Traits section: *Place of Birth City, State, Multiple Birth Indicator, and Mother's Maiden Name*.	Brian Morgan	Tom Hamilton
11/19/09		Identified *Benefit Applied For* as being VOA only in the Demographics/Personal section.	Sookie Spence	Tom Hamilton
9/29/09		Added 2 Rules for new req. CR 2530 to *Date of Birth* field under *Identity Traits* section.	Sookie Spence	Tom Hamilton
9/10/09 & 9/23/09		Added disclaimer paragraph to pg. 1 explaining later VOA release. Identified VOA fields that will not be populated and functionality that will be disabled until VOA is released, after ESR v3.1. Removed *Agent Orange Exposure Location* of "Not Exposed" added in error 3/5/08 per SQA.	Sookie Spence	Tom Hamilton
8/17/09 – 8/27/09		General VOA updates including typos, etc. Also updated Online Help Tutorial to reflect the change to using the 508-compliant WebHelp. Updated Glossary and Index. Updated 2 instances of CDC to AITC on Tabs/Eligibility/*Current Eligibility* page. Updated *POW Source* field choices for *Add/Edit POW Episode* section per SDS table.	Sookie Spence	Tom Hamilton
8/11/09 8/13/09		Reversed cover graphic change of 7/8/09 per Brian Morgan. Updated VOA Attachment section under Eligibility/Edit Current Eligibility section. Updated 2 EGT system parameters and added the P8 parameter on the *Admin/System Parameter* page.	Sookie Spence	Tom Hamilton
8/6/09		General minor updates to conform with GUI	Sookie Spence	Tom Hamilton
7/8/09 – 7/9/09		Updated cover with new Healthe<u>e</u>Vet logo. Added 1010EZ & EZR Print button capability in Financial/Financial Overview section.	Sookie Spence	Tom Hamilton

Date	Version	Description	Project Manager	Author
6/18/09 – 6/25/09		Updated for 3.0.1. Added new 3.1/VOA fields	Sookie Spence	Tom Hamilton
8/7/08		Added new VOA Roles in the Demographics/ Associates/Add Associates section.	Gerry Lowe	Tom Hamilton
8/6/08		Added new VOA Attachment fields in Eligibility/Edit Purple Heart and Eligibility/Edit Current Eligibility sections. Added new VOA Spinal Cord Injury Indicator under Eligibility/Current Eligibility/Other Eligibility Factors section.	Gerry Lowe	Tom Hamilton
7/24/08		Added new VOA fields in Financials/Dependents/ Add/Edit Dependent Spouse section.	Gerry Lowe	Tom Hamilton
7/18/08		Added new VOA fields in Demographics/Identity Traits and Personal sections.	Gerry Lowe	Tom Hamilton
7/17/08		Updated main title page introducing VOA as part of the ESR 3.1 enhancements.	Gerry Lowe	Tom Hamilton
7/8/08		Added general changes to reflect the addition of the Veteran's Online Application (VOA) initiative.	Gerry Lowe	Tom Hamilton
4/23/08		Updated *Eligibility/Edit Current Eligibility* section POW information to match changes made in HECMS application. Refined *Camp XXXX* definitions. Changed *Disability Retirement From Military* field name to *Military Disability Retirement* per change in the HECMS application.	Gerry Lowe	Tom Hamilton
4/21/08		Changed "Visits" to "Days" in *Tabs/Facility* section field description as in "Number of Outpatient Days" to match application.	Gerry Lowe	Tom Hamilton
4/9/08		Title Page – changed *HSD&D* to *Management, Enrollment and Financial Systems (MEFS)*.	Gerry Lowe	Tom Hamilton
4/3/08		Updated VHA standards list of values for States and Counties website links in the *Demographics/Addresses/Permanent Mailing Address* and *Demographics/Insurance/Add/ Update Insurance Carrier - Medicare* sections.	Gerry Lowe	Tom Hamilton
4/2/08		Removed "minus 1 day" from NDAA glossary definition and from *CV Eligibility End Date* in the *Tabs/Military Service/Current Military Service* section. Updated *Financials/Financial Overview* section adding statement that "Financial Assessment" changes to "Current Financial Assessment" to indicate that this is the most recent financial information currently on file.	Gerry Lowe	Tom Hamilton
3/19/08		Updated the *Index* instructions in the *Using the Help Window* field of the *Online Help Tutorial* section.	Gerry Lowe	Tom Hamilton

Date	Version	Description	Project Manager	Author
3/5/08		Updated *Agent Orange Location* to *Agent Orange Exposure Location* in *Edit Current Eligibility* and *Current Military Service* sections to match application. Also added "Not Exposed" to dropdowns.	Gerry Lowe	Tom Hamilton
2/29/08		Added LOCK REASON: explanation in the Tabs/Overview/Overview section. Also added Sensitive Record screen shot.	Gerry Lowe	Tom Hamilton
2/19/08		DG 5*3*777 patch to change OEF/OIF to OIF/OEF cancelled. Rejected all changes of OIF/OEF to revert back to OEF/OIF.	Gerry Lowe	Tom Hamilton
2/11/08 – 2/15/08		Updated the *Tabs/Military Service/Current Military Service* section to reflect the *CV Eligibility End Date* changes as part of the NDAA of 2008 signed 1/28/2008. Also added *Combat Veteran* and *NDAA of 2008* definitions to the Glossary.	Gerry Lowe	Tom Hamilton
2/15/08		Updated references to CFD (Corporate Franchise Data Center) to new name of CDC (Corporate Data Center, a.k.a. AAC). Also updated Glossary to reflect changes.	Gerry Lowe	Tom Hamilton
1/8/08 – 1/9/08		Convert all instances of *OEF/OIF* to *OIF/OEF* per CR7011 (DG 5*3*777).	Gerry Lowe	Tom Hamilton
11/20/07		Added required field "star" to *User ID* field and Required Field legend in the *Admin/User Accounts/Search* section.	Gerry Lowe	Tom Hamilton
11/19/07		Added *Retransmission ID* and *Retransmission Count* fields under *Transmission Details* in the *Button Bar/HL7 Messages* section. Changed Sensitive to Sensitive Record per the GUI in the *Tabs/Overview/Overview* section.	Gerry Lowe	Tom Hamilton
11/14/07		Updated *Health Eligibility Case Management System Help* section with additional 3.1 information.	Gerry Lowe	Tom Hamilton
11/05/07		Updated change in order of columns in *Button Bar/Reports/Completed Reports* section (moved *Status* column). Added *View* Action to Archived Completed Reports. Changed *Title* field to *Report Title* per GUI.	Gerry Lowe	Tom Hamilton
10/15/07 – 10/23/07		Updated **Index** to reflect additional ESR 3.1 functionality.	Gerry Lowe	Tom Hamilton
10/3/07		Added CR5774 (a.k.a. CodeCR5953) to update the *Bad Address Reason* selections. **Address Not Found** was removed and a note was added to the *Tabs/Demographics/Addresses/Permanent Mailing Address* section.	Gerry Lowe	Tom Hamilton

Date	Version	Description	Project Manager	Author
9/28/07 – 10/01/07		Added CR2530 (a.k.a. CR5965 & 5985) to update the following date fields to restrict dates to after DOB and/or before DOD: *P&T Effective Date*, *Ineligible Date* and *Enrollment Application Date* per CR5985 Resolution in various sections. *Date Ruled Incompetent* was already compliant. Added CR4448 to update the *Rules* for *Enrollment Application Date* field in the*Tabs/Enrollment/Cancel/Decline* section. Added CR4354 to update *Eligibility Status Date* field *Rules* in the *Tabs/Eligibility/Edit Current Eligibility* section.	Gerry Lowe	Tom Hamilton
9/27/07 – 9/28/07		Added CR5751 – Added *Report Status* and *Archived Date* columns to the *Completed Reports* section. Also added mini-Status Filter and 2 more *Report Filter* parameters. Also added additional capabilities under the *Action* column. Added *Archive Reports* and *Purge Archive Reports* parameters to the *Admin/System Parameters* section.	Gerry Lowe	Tom Hamilton
9/20/07		Added CR4247 – Added a Deactivation date on which the Associate's Role becomes inactive. Added information to *Roles* definition about the number of *Roles* that can be associated with a particular *Associate*. Updates to *Demographics/Add Associates* section.	Gerry Lowe	Tom Hamilton
9/18/07 – 9/19/07		Added CR3009 – Ability to delete 1 or more Military Service Episodes. Updates to *Current Military Service* section.	Gerry Lowe	Tom Hamilton
9/17/07		Updated HECMS main page to reflect additional 3.1 functionality.	Gerry Lowe	Tom Hamilton
9/13/07		Create Initial Draft User Manual from HECMS 3.0 User Manual	Gerry Lowe	Tom Hamilton

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Health Eligibility Case Management System

Health Eligibility Case Management System (HECMS) V3.8

Introduction

Enrollment System Redesign (ESR) **V3.8** (a.k.a. HECMS) is the HealtheVet replacement system for the decommissioned product known as HEC (Health Eligibility Center, Atlanta) Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. HECMS allows staff at the HEC to work more efficiently and determine patient eligibility in a more timely manner. Messaging with the VAMC (Department of Veterans Affairs Medical Center) allows updates to the enterprise enrollment system to be shared with the field.

It is one component of the "system of systems" needed to implement the HealtheVet REE (Registration, Eligibility and Enrollment) environment.

Its two main functions are:

- Expert System
  - Based on information obtained from sites, VBA (Veterans Benefit Administration) and HEC staff determine and communicate verified medical benefits eligibility and enrollment (E&E) information for all Veterans and beneficiaries.
- Work Flow (Case Management)
  - For every exception where the expert system process cannot make a determination, "cases" are created for human intervention.
- HEC staff utilizes HECMS to manage these "cases" to completion so that verified E&E can be determined.

ESR **V3.1** added additional requested functionality and minor enhancements. These enhancements were developed on both the VistA Registration, Eligibility, and Enrollment (REE) Legacy and ESR systems. The idea was to ensure the VAMCs maintained their ability to make initial enrollment and eligibility determinations while supporting the replacement and enhancements of the HEC Legacy Software Application.

President George W. Bush established a Task Force for returning Global War on Terror (GWOT) heroes which resulted in enhancements that improved the delivery of Federal services and benefits to GWOT service members and Veterans. Among the recommendations associated with the Task Force was to focus on enhancing the delivery of services and information to GWOT service members and Veterans within existing authority and resource levels.

To satisfy the *Program Management Accountability System* (PMAS) initiative to provide more frequent software releases with reduced functionality, ESR **V3.1** was released separate from the Veterans Online Application (VOA) package, which will be released at a later date. The unpopulated VOA fields are identified by adding "**VOA**" in parenthesis next to the respective field names in this manual. These placeholder fields will not be populated until VOA is released.

ESR **V3.2** added the General Counsel's (GC) Ruling on changes to the Geographic Means Test Threshold (GMTT). The GC ruling dictates that people with very low income who live where the GMTT is less than the Means Test Threshold (MTT) and whose net income is less than the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, be placed in Priority Group (PG) 7.

ESR **V3.3** added the Eligibility and Enrollment (E&E) Web Service which supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to ESR, carrying out the system specific information request.

VBA Pension Data Sharing expanded on the pension information gathered by ESR. Additional Pension Award fields related to *VA Pension* were added to the *Edit Current Eligibility* screen. Also included as part of the VBA Pension Data Sharing enhancement were two Class II Dental fields added to the *Current Military Service* screen.

Priority Group Relaxation % Phase II expanded upon the *P8 Relaxation Enhancement*, which allowed Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds, by providing the ability to change the *Relaxation Percentage* by income year. The change was retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but would now qualify under the new relaxation percentage.

ESR **V3.4** added the following Military Service Data Sharing (MSDS) capabilities.

- A manual query to the Beneficiary Identification Records Locator System (BIRLS) and VA/DoD Identity Repository (VADIR) via the MSDS Broker can be initiated from the *Military Service* page.
- The **MSDS Query Status** is displayed on the *Current Eligibility* page.
- The Veteran's record is updated if the incoming data received from BIRLS and VADIR is more favorable for the veteran.
- ***Medal of Honor Indicator*** data is stored and displayed on the *Military Service* page.
- When new Military Service Episode *(*MSE) or Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) data is received from a site, an MSDS Broker query is triggered.
- HEC and Broker data is used rather than site data to determine the ***Veteran Indicator***, calculate the ***Combat Veteran End Date***, and determine the veteran's ***Period of Service***.
- MSE data is shared with the sites (VistA).

ESR **V3.5** added the following additional MSDS capabilities.

- Activations from VADIR are received and processed into ESR Military Service Episodes (MSE)
- The ***Combat Veteran End Date*** computation was modified to allow a recalculation to an earlier date based on a user edit of the Military Service and/or Combat Service data to an earlier date.
- ESR accepts precise dates from the Broker when ESR has imprecise MSE dates on record.
- ESR does not perform a query of the MSDS Broker for persons with null/missing identity traits.
- Additional choices for ***Discharge Type*** on the *Current Military Service* screen were added. They are: 1) Honorable for VA Purposes (**Honorable-VA**) and, 2) Dishonorable for VA Purposes (**Dishonorable-VA**).
- Incoming BIRLS data was modified to map *Branch of Service* values for *Air National Guard (ANG)* and *Army National Guard (ARNG)* to **Air Force** and **Army** in ESR, respectively, and sets the ***Service Component*** field to **Activated National Guard**.
- If the Broker fails to create an MSE record, ESR creates a HEC-owned MSE from the site data.

ESR **V3.5** added the following Public Law (PL111-163) requirement.

- PL111-163 provided additional benefits for Catastrophically Disabled veterans by eliminating the means test and Rx Copay test obligation. A one-time 640K letter was sent to all Catastrophically Disabled veterans to notify them of the additional benefit. A 640K letter was sent to Veterans who had not previously been notified and who were in Priority Group 1, 2, 3, or 4 at the time a Catastrophic Disability was added to their eligibility record.

ESR **V3.5** added the following Add a Person capabilities.

- Search to add a person (*Search and Add New Person*) – This functionality allows users to perform searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the HECMS system or update a person who is “In Process”.
- Save person in-process (*Save in Process*) – This option allows users to save registrant records in a state of “In Process” so they can be returned to for completion at a later time.
- Cancel a registration (*Cancel Registration*) – This option allows users to cancel a registration that is in progress, or a registration that has been resumed from being “Saved in Process”.
- As part of the Add a Person registration process, users are required to:
    - enter Demographics information
    - enter Eligibility information
    - enter Enrollment information
- Send a query to VBA when new person is added to ESR.
- Transmit registrant data using HL7 (VistA) messaging.
- Run reports (EED 19) to see person registration statuses.

ESR **V3.5** added the following Preferred Facility capabilities.

- On the *Demographics/Personal* page, the ***Preferred Facility*** field was made editable only when an active Primary Care Provider (PCP) was unavailable. The field next to it is the ***Preferred Facility Source*** field, which is the source of the preferred facility selection. It is not user-selectable but is automatically populated based on the source of the data.
- The Veteran’s Preferred Facility is determined by communicating with an outside (of ESR) source (Corporate Data Warehouse {CDW}).
- New *Missing Preferred Facility* report (EED 20) displays which Veterans have no Preferred Facility.

ESR **V3.5** added Veteran Benefits Handbook functionality.

- Twenty-four new triggers were added for ESR to generate Veteran Benefits Handbooks.
- Users may display a published Veteran Benefits Handbook through a link on the *Veteran Overview* screen.
- Triggers for Handbooks or Inserts will only fire if the Preferred Facility is Dayton, enabling a controlled pilot project to be completed.
- Data is shared with the Content Management System (CMS) Vendor allowing the creation and mailing of patient specific Handbooks to individual Veterans.

ESR **V3.6** added the following E&E Web Service/T-Pharm enhancements.

- In support of the FSC Fee and Dialysis groups, sixteen additional fields were added to the E&E Web Service, plus the ability to allow a second request with a date-of-service parameter to be passed.
- A new service request that returns historical data based on a Date of Service.
- A new Eligibility Determination request that returns “Eligible” or “Not Eligible” based on the Enrollment Status.

- Also added was the Eligibility Determination Service (EDS) in support of the Third-Party Pharmacy (T-Pharm) effort. This effort is being done in two phases. The first phase (ESR 3.6) involved ESR receiving an Integration Control Number (ICN), determining the Eligibility Status based on the business rules, and returning the value to the requestor.

ESR **V3.6** added the following Public Law (PL111-163) requirement.

- The ***Medal of Honor Indicator*** data stored and displayed on the *Military Service* page became editable.
- Receipt of a Medal Of Honor was added to the eligibilities considered when assigning an Enrollment Priority Group.

ESR **V3.6** added additional Veteran Benefits Handbook functionality.

- A new **Default Handbook Batch Release Control Number** *System Parameter* was added for changing the release control number to be used with a Handbook Batch Release. See the *System Parameters* section of this manual for more information.
- A new **Handbook Rollout Over** *System Parameter* was added for turning the new enrollment triggers on and off. See the *System Parameters* section of this manual for more information.
- A new **Handbook Active** *System Parameter* was added that activates "trigger" events that prompt the sending of Handbook communications to the CMS. See the *System Parameters* section of this manual for more information.

See the *Tabs/Communications/Handbook Status* section of this manual for more details.

ESR **V3.6** added additional VBA Pension Data Sharing functionality between VistA and ESR.

- A new **VBA Data Sharing Indicator** *System Parameter* was added for activating the new ZE2 segment (VistA) for sharing VBA Pension Data to/from VistA sites. See the *System Parameters* section of this manual for more information.
- VBA Pension data is now shared with VistA sites.
- Eligibility for Dental benefits is now shared with VistA sites.

ESR **V3.6** added the following additional MSDS capabilities:

- Automatic determination of OEF/OIF combat episodes using military pay and deployment records.
- Close and remove unwanted *Work Items* created from MSDS broker data processing.
- Ignore combat pay record from VADIR/BIRLS if there is no ***Combat Pay End Date***.

ESR **V3.7** added the following additional capabilities/changes:

- The Business Rule for Creation of Enrollment History records was changed. The number of data element changes that create enrollment history records was reduced. Changes to *Enrollment Status*, *Priority Group*, or *EGT* will produce new history records, most other changes will not.
- Updated the Priority Group 8 Report (P8G 2) to use the appropriate Relaxation Percentage rather than the fixed, initial percentage.
- An *Appointment Request Response* may now be selected during the ESR Registration (Add a Person) process on the *Demographics/Personal* screen.
- When registration of a patient (Add a Person) is completed, a bulletin is sent to the patient's chosen Preferred Facility.
- *Demographics/Identity Traits* screen, *Mother's Maiden Name* field is no longer shared with VistA.

- ESR sends a query to the MSDS Broker when a person is registered through ESR (AAP).
- ESR shares *Permanent Address* and *Home Telephone* with the Master Veteran Index (MVI).
- MVI notifies ESR of Date of Death updates.
- E&E Web Service returns multiple Preferred Facilities for a Veteran if that Veteran has more than one active *Preferred Facility*.
- ESR uses HEC-entered Eligibility Verification status for NSC and SC 0% non-compensable persons registered through ESR (AAP) to attempt to verify the Eligibility Status.

ESR **V3.8** adds the following additional capabilities/changes:

- The *Communications* tab now has a *Delivery Preference* sub tab which supports delivery preferences of either “Mail” or “Online” for the Veteran Benefits Handbook.
- ESR will now use MSDS data to verify eligibility.
- In the *Permanent Mailing Address* section, ESR will now separate *Home Phone* last update date/time from *Permanent Address* last update date/time.
- On Add A Person *Search* screen, the *FIRST NAME* and *MIDDLE NAME* fields have been rearranged.
- On the *Demographics/ Identity Traits* screen, the *Place of Birth State* field is now a dropdown menu with a list of state codes and foreign locations. The *Race* field now allows multiple selections.

The main areas and releases in which some enhancements were made are:

- Data Handling Process (3.1)
- Reporting (3.1)
- Standardizing Date Checks (3.1)
- Enrollment Processing (3.1)
- Message Processing Improvements (3.1)
- System Administration (3.1)
- Veterans Online Application (10-10EZ supplement) (3.1)
- Identity Traits (3.1)
- Financials/Adjudication (3.2)
- E&E Web Services Phase II (3.3)
- VBA Pension Data Sharing (3.3)
- Priority Group Relaxation % Phase II (3.3)
- Remove Unnecessary Data Consistency Checks (3.3)
- Duplicate Merge Tool Enhancement (3.3)

- Military Service Data Sharing (MSDS), Phase I *(Phase I will create HEC-owned MSE records based on site data from incoming ORUZ07 messages)* (3.X)
- Veteran Benefits Handbook Phase I (3.X)
- MSDS (3.4)
- MSDS (3.5)
- Public Law PL111-163 (3.5)
- Add a Person (ESR Registration) (3.5)
- Preferred Facility (3.5)
- Veteran Benefits Handbook (3.5)
- E&E Web Service/T-Pharm (3.6)
- Public Law (PL111-163) Medal Of Honor (3.6)
- Additional Veteran Benefits Handbook Functionality (3.6)
- VBA Pension and Dental Data Sharing functionality between VistA and ESR (3.6)
- MSDS (3.6)
- E&E Web Service (3.7)
- MSDS (3.7)
- Master Veteran Index (MVI) (3.7)
- Reporting (3.7)
- Add a Person (ESR Registration) (3.7)
- Add a Person (screen/dropdown changes) (3.8)
- Communications/Handbook (3.8)
- MSDS (3.8)
- Demographics/Personal (field changes) (3.8)

Reference Documentation

The following additional HECMS documentation may be found on the internet VistA Documentation Library (VDL) including the latest version of this document:

- ESR 3.8 (HECMS) Developers Guide
- ESR 3.8 (HECMS) Installation Guide
- ESR 3.8 (HECMS) Security Guide
- ESR 3.8 (HECMS) Systems Management Guide
- ESR 3.8 (HECMS) Release Notes

Note: The terms *Veteran*, *beneficiary*, *patient*, and *applicant* will be used interchangeably throughout the HECMS Help. While not all *applicants* are *Veterans* nor *patients*, neither are all *applicants beneficiaries*. Whether they are a *Veteran*, *patient* or *beneficiary* is determined after the application for benefits is received and processed.

For any screens with multiple data, resorting may be done on any category by either clicking on the category name or on the ⇕ symbols. Click again to sort the opposite (ascending/descending) of the pervious sort.

Health Eligibility Case Management System Screen Layout

Note: Not all screens are visible to all users. Access to certain screens is Role-based. Check with your system administrator to determine the screens to which you should have access.

HECMS areas of information

1. **Button Bar** - This is the area of the screen where the 'utility' buttons for HECMS are located. From here the user may view ***Worklists***, perform ***Veteran Merges***, ***Load Registries***, do an ***Undeliverable Mail Search***, ***Generate/View Reports***, reference ***Thresholds/EGT Settings***, ***Change Passwords*** and perform general ***Administrative*** functions.

   Screen Shot

Figure 1: Button Bar

2. **Summary Area** - This is the area of the screen where the beneficiary's **Name**, **SSN**, **DOB**, **DOD**, **Enrollment Status**, and any other important information such as Open Work Items, Pending Merges, Sensitive Records, etc. are displayed.

   Screen Shots

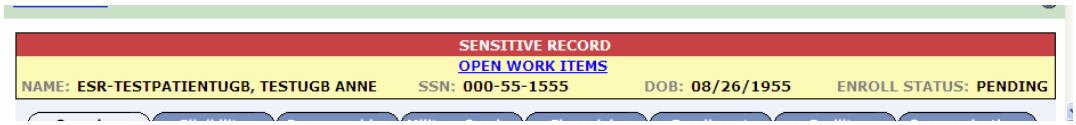

Figure 2: Summary Area, Sensitive Record

Figure 3: Summary Area (Open Work Items, Veteran Merge Pending)

3. **Tabs** - This is the area of the screen where the user may access the various kinds of information on record for the beneficiary to aid in determining his or her eligibility for enrollment in the VA health care system.

   Screen Shot

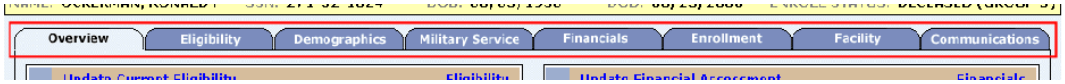

Figure 4: Tabs

4. **Main Area** - In this area is the majority of the data in the beneficiary's record. Within this area are links that can be used to present other screens to the user for viewing, updating, adding, and deleting information.

Screen Shot

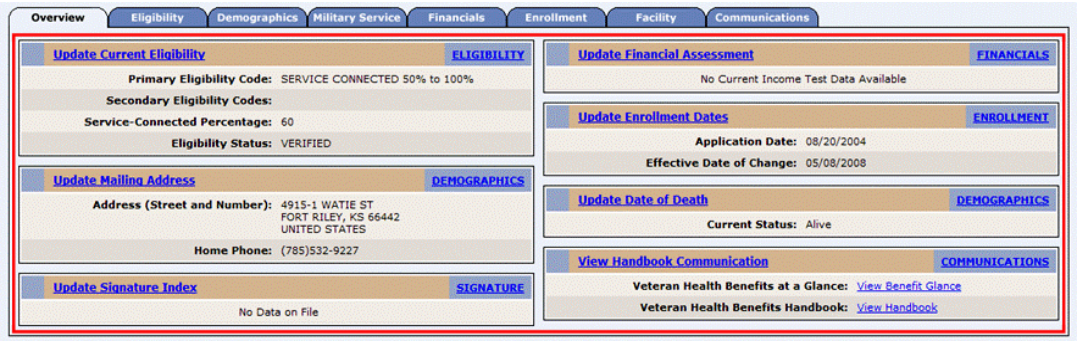

Figure 5: Main Screen Area

Online Help Tutorial

HECMS online Help includes links along the top that display left-hand panes that include Contents, Index, Search and Glossary. Each topic also contains various methods for navigating.

Screen Shot

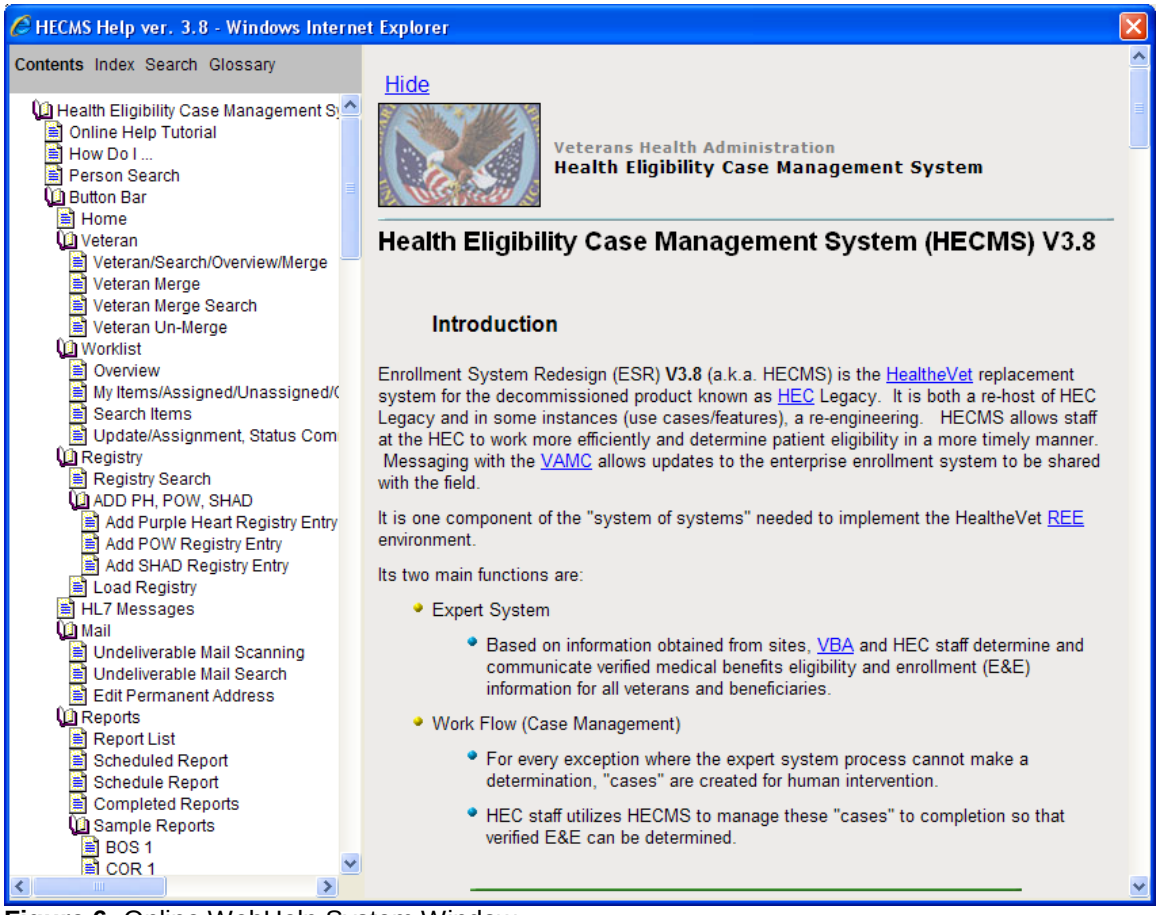

Figure 6: Online WebHelp System Window

HECMS online Help system uses WebHelp as its output. This Help system is designed to open in your default Web browser in a new window.

Logging into the HECMS

The system displays the Health Eligibility Center User Agreement each time a user logs into the system. This **Accept Agreement** checkbox must be checked every time a user wishes to log into the system.

Upon a user's initial login into the system, the user must also enter the access code that was created by the system at the time the user's login credentials were created.

On each subsequent anniversary of a user's initial login into the system, the system will prompt the user for the access code that was created by the system. In order to be granted access to the system, the user must re-enter the access code.

If a user attempts and fails to log into the system too many times (attempts exceed the maximum allowed number of attempts set by an Administrator), the system displays a *Failed Login Message* informing the user they have failed to present valid credentials and are prohibited from further

attempts (locked out) to login. The user must then either contact their System Administrator or wait 15 minutes to be able to log back into the system.

When the user has entered a valid id and password, the system determines the user's *Profile* information, which will be used to define the user's *Role* and permissions, and transfers (navigates) the user to the next (or first) screen, indicating the user has successfully logged in and may begin using the application.

The system will notify the user when a valid password is about to expire or when a valid, active password has already expired. In either case, the system displays a message indicating the password has expired or is about to expire and lets the user enter a new password.

- *User ID:* - Enter the user's current ID.
- *Password:* - Enter user's password.

  Rules...

  - Passwords must be a minimum of 8 characters and a maximum of 32 characters.
  - Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^$%$&*-_ +=).
  - Passwords are case sensitive.
  - The maximum number of days a password can be active is a system parameter (*Password Active Days*) value that is maintained by the Administrator. The default value for the *Password Active Days* value is 90.
  - Passwords may not be changed until they are at least 3 days old (except by the Administrator). The previous 4 old passwords cannot be reused.
  - The maximum number of days a password can be expired and still be changed by the user is a system parameter (*Password Expired Days*) value that is maintained by an administrator. The default is 120 days.

  Passwords are "masked" with asterisks so they may not be read/viewed when displayed to the user or when entered by the user or when displayed to the administrator.

- *Accept Agreement:* - User must accept the Health Eligibility Center User Agreement at the bottom of the window each time s/he logs into the system. Do so by placing a checkmark in the box.

Using the Help Window

HECMS online Help includes the following left-hand panes. To access each pane, click the ***Contents***, ***Index***, ***Search*** or ***Glossary*** link on the toolbar.

- ***Contents***

  The ***Contents*** pane displays the expanded table of contents (an online table of contents is a summary of your project with topics arranged by category) - books ( ) and pages/topics ( ) that represent the categories of information in the online Help system. When you click pages , you select topics to view in the right-hand pane.

- ***Index***

  The ***Index*** pane displays a multi-level list of keywords and keyword phrases. These terms are associated with topics in the Help system and they are intended to direct you to specific topics according to your way of working. To open a topic in the right-hand pane associated with a keyword, click the keyword. If the keyword is used with more than one topic, a list of topics displays under the keyword or keyword phrase in which the keyword or keyword phrase appears.

- ***Search***

  Search provides a way to explore the content of the Help system and find matches to Help system-defined words.

  Unlike an ***Index*** tab that lists author-defined keywords (terms, synonyms, and cross-references), the ***Search*** link lists words that are used within the content of topics. To find a topic in which the word appears, click the letter link to display the words that begin with the letter being searched for. Words that appear once are in bold. Words that appear in multiple topics are listed with numbers. Click on a number to display the topic in the right-hand pane in which the word appears.

- ***Glossary***

  The ***Glossary*** pane provides a list of terms and definitions related to the subject matter in the online Help.

  To access the glossary, click a letter in the top pane and see corresponding definitions that begin with the letter clicked in the lower pane.

Other buttons and functions

- ***Hide/Show the left pane***

  To provide a larger viewing area of the open topic, you can hide the left pane.
  To hide the left pane, click the Hide link in the upper left side of the right pane.
  To show the left pane again, click the Show link in the upper left side of the pane.

- ***Browser Toolbar***

  Since there is no browser toolbar at the top of the Help window, you may right-click from within the Help window and select either **Back** or **Forward** to go back and forward through the history of visited topics, print a topic, or perform other tasks available within the Windows context-sensitive commands.

  The **Forward** command is only available if the **Back** command has been used first. At that point the **Forward** command becomes available.

  You may also use the Table of Contents on the left side of the Help window to navigate through the Help system.

- ***WebHelp Build Date***

  The WebHelp Build Date can be viewed by going to the *System Parameters* help topic. The build date is next to the topic title.

Adjusting the window and pane size

- You can adjust the width and height of the Help window by dragging the edges of the window in or out.

- You can adjust the width of the left pane by pointing to the right edge of the left pane until the mouse pointer turns into a line with arrows on each end: ↔. With the left mouse button held down, drag the pane to the right or left.

Navigating Help Topics

The following navigational techniques generally refer to the online help, where indicated, and not the written documentation:

- ***Links*** (online Help)

  Text that is green and underlined or green and *italicized* or blue and underlined and *italicized* are hyperlinks that jump to another topic or Web page, or a link that displays additional information in another window. Some links "drop-down" additional text or "expand" text to the right.

  The symbol expands to the right and wraps underneath when clicked.

References to screen fields are in green bold ***underlined*** italics (online Help). References to field selections are in **bold**. Generally speaking, references to other Help topics (screens) are hyperlinked to that topic and therefore *underlined* and in blue italics (online Help). Button references are in ***bold italic***.

A symbol indicates a required field.

A symbol is displayed when a submitted field has an error.

A symbol ("data changed") is displayed when some type of data has changed on the *History*, *Veteran Merge*, and user-related confirmation windows.

A indicates a note or item of special interest.

Using Context-Sensitive Help

As you work in the HECMS, you can obtain information about windows or dialogs by using the context-sensitive Help available in the application. Context-sensitive Help topics in the HECMS have a button in the upper right-hand corner of the particular window.

Screen Shot

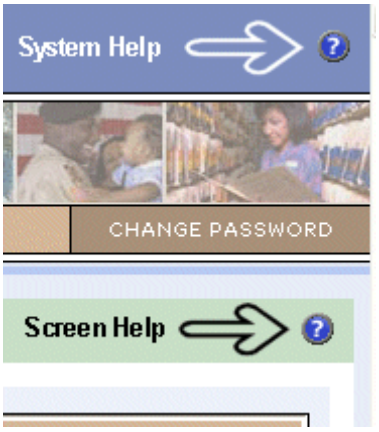

Figure 7: System Help vs. Screen Help

The overall Help is accessed by using the button in the upper right-hand corner of the application window, which is above the context-sensitive help button.

If you roll over the Help icons in the application, screen tips will appear distinguishing between "System Help" and "Screen Help."

How Do I ...

In this section are step-by-step instructions on how to perform basic common tasks in the HECMS.

Important Note: The various tasks listed below are not necessarily complete procedures in and of themselves. Some procedures require additional follow-up tasks in order to complete the entire eligibility and enrollment processing cycle. Please refer to the help text itself, other training materials, and/or your supervisor.

As an aid, the individual tasks have been categorized under the different "Tabs" in the HECMS where the functionality is located.

How do I ...

Overview

This "Tab" displays an overview of the beneficiary's current information. See the Overview section for more detailed information.

Eligibility

... change a Verified beneficiary from Non Service-Connected to Service-Connected?

In this scenario the beneficiary has a *Primary Eligibility Code* of **NSC**, no Secondary Eligibility Codes, no Service-Connected Percentage and an *Eligibility Status* of **VERIFIED**.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

3. From the *Overview* screen click the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. Enter your method for determining the beneficiary's Service Connection in the *Eligibility Verification Method* field. This can be **HINQ**, **VBA, DD-214/DD-215** or **Rating Letter**.

   Eligibility Verification Method is required when *Eligibility Status* is **Verified**.

5. Enter a SC percentage between 0 and 100% in the *Service Connected* field.

   Service Connected (%) is required when the Veteran has *Rated SC Disabilities* information.

6. Enter an *Effective Date of Combined Evaluation*. The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.

This date cannot be in the future and must be precise.

7. Click on the ***Add Rated SC Disabilities*** button to display the rated SC disabilities fields.

8. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.

   The system automatically fills in the description based on the *Code* number entered.

9. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.

10. Enter a SC % between 0 and 100.

    Rated Disabilities are required when *Service Connected %* is zero or greater. A *Disability %* is required for each *Rated Disability* entered.

11. Enter in the *Original Effective Date* field the date the condition was originally determined to be service-connected.

12. Enter in the *Current Effective Date* field the date on which the rated disability was/is effective. This is the most recent date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code.

13. Click the "Yes" radio button in the *Receiving VA Disability Compensation* field if the beneficiary is receiving disability compensation.

14. Enter an amount in the *Total Monthly Check Amount* field if the beneficiary is receiving disability compensation or a pension check.

    The *Annual Check Amount* is system filled based on the amount entered in the *Total Monthly Check Amount* field.

15. Click ***Accept Changes*** button.

... update/change a beneficiary's Service-Connected (SC) percentage?

In this scenario the beneficiary has a *Primary Eligibility Code* of **SC** and an *Eligibility Status* of **VERIFIED**.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

3. If a match is made, the system displays the beneficiary **Overview** screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **VERIFIED**. Also note the beneficiary's *Enrollment Status* is **VERIFIED (Group 3)**. His *Primary Eligibility Code* is **SC LESS THAN 50%**.

4. From the **Overview** screen click the Update Current Eligibility link to display the **Edit Current Eligibility** screen.

5. Change/update the *Service Connected* percentage.

6. Update the *Effective Date of Combined Evaluation*.

7. Click the ***Rated Disabilities*** button to display the related fields.

8. Click the ***ADD RATED SC DISABILITIES*** button to add another rated disability.

9. Change the existing *Rated SC Disabilities* percentage as necessary. Change the *Current Effective Date*. Update the *Original Effective Date* if necessary.

10. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.

The system automatically fills in the description based on the *Code* number entered.

11. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.

12. Enter a SC % between 0 and 100.

Rated Disabilities are required when *Service Connected %* is zero or greater. A Disability % is required for each Rated Disability entered.

13. Enter in the *Original Effective Date* field the date the condition was originally determined to be service-connected.

14. Enter in the *Current Effective Date* field the date on which the rated disability was/is effective. This is the most recent date VBA established the new service-connected disability percentage for the particular diagnostic code.

15. Enter another *Rated SC Disability* by repeating steps 10 - 14.

16. Change the *Total Monthly Check Amount* that would correspond with the increase in the SC %.

Notice the *Annual Check Amount* is system calculated.

17. To view the impact the updates would make without committing the changes, click the ***Review Impact*** button.

From the **Eligibility Edit Review Page**, you can see the *Primary Eligibility Code* percentage changed as did the *Enrollment Priority* and the *Service Connected (%)*.

18. If the changes look OK, you can click the ***Accept Changes*** button to accept the changes. Otherwise, click the ***Discard Changes*** button to cancel the changes and start over if desired.

If the ***Accept Changes*** button is clicked, you will now notice the new updates in the **Current Eligibility** summary as well as the **Rated SC Disabilities** summary for the beneficiary.

When the system recalculates the Service Connected percentage, it may not equal the combined rated SC Disabilities because these percentages are calculated from a Combined Rating Table in which some Rated SC Disabilities are given a greater or lesser weighted value for the same SC percentage number when compared to other Rated SC Disabilities.

... confirm a Veteran's Purple Heart status with previously unacceptable documentation?

In this scenario the Veteran has a *Primary Eligibility Code* of **PURPLE HEART RECIPIENT** with previously unacceptable documentation and an *Eligibility Status* of **Verified**.

1. Log into the system by entering User ID, Password and checking the Accept Agreement checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   While the *Primary Eligibility Code* says **PURPLE HEART RECIPIENT** and the *Eligibility Status* says **Verified**, the *Enrollment Status* for this patient says **Pending (Group 3)**, which indicates this beneficiary's PH has not been verified. Also note **Open Work Items** is present.

4. Click on the ELIGIBILITY link to display the *Current Eligibility* screen.

5. From the *Current Eligibility* screen, click the EDIT PURPLE HEART link.

   Notice the *Purple Heart Status* indicates **Initial Ltr Sent**. When the *Document Acceptable* indicator is set to **No** and the changes are committed, the system automatically sets the *PH Status* to **Initial Ltr Sent**.

6. In the *Document Receipt* section of the *Edit Purple Heart* screen, select a *Document Type* from the dropdown.

7. Select a *Data Source* from the dropdown.

8. Select the "Yes" radio button for *Document Acceptable*.

9. Click the ***UPDATE*** button to update the PH documentation.

10. The *Current Eligibility* screen appears with a "Purple Heart updated successfully." message.

    Open Work Items is no longer present. The *Work Item* closes on confirmed or rejected PH updates. Notice now the *Enrollment Status* for this patient says **Verified (Group 3)**, which indicates this beneficiary's PH has been verified.

... confirm a Veteran's Purple Heart update when the site enters the PH status?

In this scenario the Veteran has a *Primary Eligibility Code* of **PURPLE HEART RECIPIENT** and a PH status is received from the site.

1. Log into the system by entering User ID, Password and checking the Accept Agreement checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   While the *Primary Eligibility Code* says **PURPLE HEART RECIPIENT** and the *Eligibility Status* says **Verified**, the *Enrollment Status* for this patient says **Pending (Group 3)**, which indicates this beneficiary's PH has not been verified. Also note **Open Work Items** is present.

4. From the *Overview* screen, click on the ELIGIBILITY link to display the *Current Eligibility* screen under the **Eligibility** tab.

5. From the *Current Eligibility* screen, click the EDIT PURPLE HEART link to display the *Edit Purple Heart* screen.

6. For *Assigned LAS*, assign yourself. Select from the dropdown.

7. Click the ***LOG NEW DOCUMENT*** button to log a new document.

8. In the *Document Receipt* section, select a *Document Type* from the dropdown.

9. Select a *Data Source* from the dropdown.

10. Select the "Yes" radio button for *Document Acceptable*.

11. Click the ***UPDATE*** button to update the PH documentation.

12. The *Current Eligibility* screen appears with a "Purple Heart added successfully." message.

    Open Work Items is no longer present. The *Work Item* closes on confirmed or rejected PH updates.

    Notice now the *Enrollment Status* for this beneficiary says **Verified (Group 3)**, which indicates this beneficiary's PH has been verified

... change a beneficiary's Eligibility Status from Eligible to Ineligible?

In this scenario we're going to change a beneficiary's Eligibility Status from Eligible to Ineligible.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the Person Search screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary Overview screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**.

3. From the *Overview* screen click the Update Current Eligibility link to display the **Edit Current Eligibility** screen.

4. From the **Edit Current Eligibility** screen, click the ***Change Indicator to No*** button for the *Veteran Indicator*.

5. Leave the *Eligibility Status* as **Verified**.

6. For *Eligibility Verification Method*, enter the way or how the user verified the eligibility of the applicant.

   Example may be "DD-214 at 644." etc.

7. Enter a date in the *Ineligible Date* field.

8. Enter a reason in the *Ineligible Reason* field.

   This field is required when there is an *Ineligible Date* entered. Example would be "DVA per VARO."

9. If available, enter the VARO station number and the date of decision in the *Ineligible VARO Decision* field.

   This field is required if an *Ineligible Date* is entered.

10. To view the impact the updates would make without committing the changes, click the ***Review Impact*** button.

    From the **Eligibility Edit Review Page**, you can see the *Current Status* and the *Proposed Status*. If the changes look OK, you can click the ***Accept Changes*** button to accept the changes. Otherwise, click the ***Discard Changes*** button to cancel the changes and start over if desired.

    If the ***Accept Changes*** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **NOT ELIGIBLE**.

... change a beneficiary's Eligibility Status from Ineligible to Eligible?

In this scenario we're going to change a beneficiary's Eligibility Status from Ineligible to Eligible.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **Humanitarian Emergency**. Also note the beneficiary's *Enrollment Status* is **Not Eligible**.

3. From the *Overview* screen click the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. On the *Edit Current Eligibility* screen, change the *Veteran Indicator* to **Yes** by clicking the ***CHANGE INDICATOR TO YES*** button.

   Notice that *Rated SC Disabilities* field is now available because the *Veteran Indicator* has been changed to **Yes**.

5. Leave the *Eligibility Status* as **Verified**.

6. Enter an *Eligibility Status Date*.

7. Enter an *Eligibility Verification Method* as appropriate.

8. If there is a date in the *Ineligible Date* field, delete it.

   Deleting an *Ineligible Date* will automatically delete the *Ineligible Reason* and the *Ineligible VARO Decision* fields.

9. To view the impact the updates would make without committing the changes, click the ***Review Impact*** button.

From the *Eligibility Edit Review* screen, you can see the *Current Status* and the *Proposed Status*. If the changes look OK, you may click the ***Accept Changes*** button to accept the changes. Otherwise, click the ***Discard Changes*** button to cancel the changes and start over if desired.

If the ***Accept Changes*** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **PENDING**. It's pending because the beneficiary does not have a Means Test on file.

... update a beneficiary's Ionized Radiation (Radiation Exposure Method)?

In this scenario we're going to update a beneficiary's Ionized Radiation (Radiation Exposure Method).

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary's *Enrollment Status* is **PENDING**, due to having no current income test data on file.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.

5. Make a selection from the *Radiation Exposure Method* field dropdown.

6. To review the impact, click the ***Review Impact*** button.

   From the *Eligibility Edit Review Page* you'll see **Radiation Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.

7. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes.

   The *Current Eligibility* summary screen under the **Eligibility** tab appears and you'll notice **Radiation Exposure** appears under the **Other Eligibility Factors** section.

   The beneficiary's *Enrollment Status* remains **Pending** because no current income information is on file. Veterans exposed to radiation with a *Radiation Exposure Method* of **Nagasaki/Hiroshima** and/or **Atmospheric Testing** are entitled to enrollment into Priority Group 6 unless they qualify for a higher Priority Group.

... update a beneficiary's Agent Orange Exposure Location to Vietnam?

Important Note: As long as the Agent Orange Special Treatment Authority remains in effect, Veterans with an exposure location of Vietnam will be placed in PG 6 (or higher). If the law is expired, this Veteran's *Enrollment Status* will remain **REJECTED (GROUP 8G)**.

In this scenario we're going to update a beneficiary's Agent Orange Exposure Location to Vietnam.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**. His Primary Eligibility Code is **NSC**. Also note the beneficiary's *Enrollment Status* is **REJECTED (GROUP 8G)**.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.

5. Select **Vietnam** from the *Agent Orange Exposure Location* field dropdown.

6. To review the impact, click the ***Review Impact*** button.

   From the *Eligibility Edit Review Page* you'll see **Agent Orange Exposure** under the **Proposed Status** column on the *Other Eligibility Factors* row.

   Also note the *Enrollment Status* changed from **Rejected; Below Enrollment Group Threshold** to **Verified** and the *Enrollment Priority* changed from **Group 8G** to **6**.

7. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes.

   The *Current Eligibility* screen under the **Eligibility** tab appears and you'll notice the *Agent Orange Exposure Location* selected appears under the **Other Eligibility Factors** section.

... update a beneficiary's Agent Orange Exposure Location to Other than Vietnam?

In this scenario we're going to update a beneficiary's Agent Orange Exposure Location to Other than Vietnam.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary's *Enrollment Status* is **PENDING**, due to having no current income test data on file.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.

5. Make a selection from the *Agent Orange Exposure Location* field dropdown.

6. To review the impact, click the ***Review Impact*** button.

   From the *Eligibility Edit Review Page* you'll see **Agent Orange Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.

7. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes.

   The *Current Eligibility* screen under the **Eligibility** tab appears and you'll notice the **Agent Orange Exposure Location** selected appears under the **Other Eligibility Factors** section.

   The beneficiary's *Enrollment Status* remains **Pending** because no current income information is on file. Veterans exposed to Agent Orange at locations **Other** than Vietnam have no effect on Enrollment Prioritization.

... change a beneficiary's SW Asia Conditions indicator?

Important Note: As long as the *SW Asia Conditions Special Treatment Authority* remains in effect, Veterans with a *SW Indicator* of **Yes** will be placed in PG 6 (or higher). If the law is expired, this Veteran's *Enrollment Status* will remain **REJECTED (GROUP 8G)**.

In this scenario we're going to learn how to change a beneficiary's *SW Asia Conditions* indicator.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **REJECTED (GROUP 8G)**.

   What's also important to note is that changing a beneficiary's eligibility *SW Asia Condition* indicator to **Yes** will not change the beneficiary's Priority Group if s/he already qualifies for a higher Priority Group.

   Example: If the beneficiary is already in a Priority Group 5 or higher (lower number), changing the beneficiary's eligibility *SW Asia Condition* indicator to **Yes** will not change the Priority Group to a 6. The Priority Group will only change to a 6 if the beneficiary is in a lower Priority Group than 6 (higher number).

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. Scroll down to the bottom of the *Edit Current Eligibility* screen.

5. If not already expanded, click on the Other Eligibility Factors link to expand it. If already expanded, click the **Yes** radio button for the *SW Asia Conditions* field.

6. When finished, click the ***Review Impact*** button.

   After clicking the ***Review Impact*** button, the system displays the *Eligibility Edit Review Page*. Note that **SW Asia Conditions** displays under the **Proposed Status** column for the *Other Eligibility Factors* field.

The beneficiary's *Enrollment Status* will change from **Rejected; Below Enrollment Group Threshold** to **Verified**.

More importantly, note the *Enrollment Priority* will change from **Group 8g** to **Group 6**.

7. If the changes are acceptable, click the ***Accept Changes*** button to accept the changes.

   The *Current Eligibility* screen displays with the new *Enrollment Status* of **VERIFIED (Group 6)**.

8. Scroll down the *Current Eligibility* page.

   Note the new *Eligibility Factor* of **SW Asia Conditions** under **Other Eligibility Factors**.

... add Pension information?

In this scenario we're going to add Pension information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The Veteran's *Enrollment Status* can be any number.

   Note: Veterans in receipt of VA pension benefits will be enrolled in Priority Group (PG) 5 and will be exempt from all copays, unless qualifying for a higher (lower number) PG based on other eligibilities.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

   The *Edit Current Eligibility* screen displays.

4. On the *Edit Current Eligibility* screen, click the "Yes" radio button for the *VA Pension* field.

5. Enter a precise date in the *Pension Award Effective Date* field.

   See the *Rules* ... in the online help or the user manual for this field for additional date restrictions.

6. Enter a *Pension Award Reason* from the dropdown.

   The *Receiving VA Disability Compensation* field should indicate "No".

7. Enter a *Total Monthly Check Amount* in dollars.

   The *Annual Check Amount* field will be calculated based on the amount in the *Total Monthly Check Amount* field.

8. To see the impact of the changes without committing them, click the ***Review Impact*** button.

9. When completed, click the ***Accept Changes*** button to commit the changes.

   The system returns to the *Current Eligibility* screen.

   Note: The change can be verified by noting the *Primary Eligibility Cod*e is now "NSC, VA Pension" and there is a dollar amount for the *Annual Check Amount*. The Veteran's *Enrollment Status PG* will be 5, unless other eligibilities qualify the Veteran for a higher PG (lower number).

... remove Pension information?

In this scenario we're going to remove Pension information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreemen*t checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The Veteran's **Enrollment Status** Priority Group (PG) should be 5, unless another eligibility qualifies the Veteran for a higher (lower number) PG. The Veteran's *Primary Eligibility Code* should be "NSC, VA Pension", and there should be a dollar amount for the *Annual Check Amount* on the *Current Eligibility* screen.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

   The *Edit Current Eligibility* screen displays.

4. On the *Edit Current Eligibility* screen, click the "No" radio button for the *VA Pension* field.

   The *Pension Award* ... fields will be grayed out and additional *Pension Termination* ... fields will appear.

5. Enter a precise date in the *Pension Termination Date* field.

   See the *Rules* ... in the online help or the user manual for this field for additional date restrictions.

6. Enter a *Pension Termination Reason 1* from the dropdown.

7. Make sure the *Receiving VA Disability Compensation* field indicates "No".

8. Remove the *Total Monthly Check Amount*.

   The *Annual Check Amount* field amount will be cleared by the system.

9. When completed, click the ***Accept Changes*** button.

   The system returns to the *Current Eligibility* screen.

   Note: The change can be verified by noting the *Primary Eligibility* Code is now "NSC" and there is no dollar amount for the *Annual Check Amount*. The **Enrollment Status** PG should also be lower (higher number) unless the Veteran has another eligibility qualifying him or her for a higher (lower number) priority.

... add Prisoner of war (POW) information?

In this scenario we're going to add Prisoner of War (POW) information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Nam*e, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's **Enrollment Status** can be any PG. However, if the PG is 4 or lower (higher number), it will change to PG 3 after the system accepts the POW data.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

   The *Edit Current Eligibility* screen displays.

4. From the *Edit Current Eligibility* screen, click on the ***Add POW Episode*** button.

   Additional POW fields display.

5. For the *POW Source* field, select from the dropdown.

6. For the *Document Type* field, select from the dropdown.

7. For the *Capture Date* field, enter at least a month and a year.

   See the *Rules* ... in the online help or the user manual for this field for additional date restrictions.

8. For the *Release Date* field, enter at least a month and a year.

   See the *Rules* ... in the online help or the user manual for this field for additional date restrictions.

   Note: The system will calculate the *Days of Captivity* field if precise dates are entered for the capture and release dates. Otherwise, it will remain blank.

9. For the *Confinement Location* field, select from the dropdown.

10. For the *Camp* field, select from the dropdown.

    The system will calculate and system fill the *Camp Code* and *Camp City* based on the *Confinement Location* selected.

11. When completed, click the ***Accept Changes*** button.

    The system returns to the *Current Eligibility* screen.

    Note: The change can be verified by noting the *Primary Eligibility Code* is now "Prisoner of War" and the Veteran's **Enrollment Status** has changed to PG 3 (if previously in a lower priority (higher number).

... input Allied Veteran information?

In this scenario we're going to input Allied Veteran information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   Note: The beneficiary's **Enrollment Status** is "Pending".

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

   The *Edit Current Eligibility* screen displays.

4. From the *Edit Current Eligibility* screen, for the *Veteran Indicator* field, click the button that says, ***Change Indicator to No***.

5. Change the *Eligibility Status* field selected to **Verified**.

6. The *Eligibility Status Date* field defaults to the current date, but may be changed.

   This date cannot be a future date and is required when a valid *Eligibility Status* is selected.

   See the *Rules* ... for this field under the field name in the online help or the user manual for more restrictions.

7. Enter "Consulate Letter" or other valid verification method in the *Eligibility Verification Method* field.

8. Under the **Non-Veteran Eligibility Codes** section, make a selection from the dropdown for the *Allied Veteran Country* field.

9. When finished, click either the ***Review Impac*t** or the ***Accept Changes*** button.

   The *Select Period Of Service* screen displays when a user has manually changed the Veteran Indicator from "Yes" to "No", (making a veteran a non-veteran) and clicks the ***Accept Changes*** button.

10. Select a *Period of Service* from the dropdown.

11. When finished, click the ***Update*** button.

    The *Current Eligibility* screen displays with the changes visible.

The **Primary Eligibility Code** should now be "Allied Veteran" and the **Enrollment Status** should be "Not Applicable", or, if an *Ineligible Date* and *Ineligible Reason* were entered, "Not Eligible". The *Eligibility Status* will now be **Verified**.

... remove a Purple Heart (PH) entered in error?

In this scenario we're going to remove a Purple Heart (PH) entered in error.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The Veteran's **Enrollment Status** should be PG 3 (PH) and his *Primary Eligibility Code* should be "Purple Heart Recipient". After removal of the PH data, the **Enrollment Status** should be lower (higher number) unless the Veteran has another eligibility placing him in a higher priority.

3. From the *Overview* screen, begin by clicking the **Eligibility** tab.

   The *Current Eligibility* screen displays.

4. From the *Current Eligibility* screen, click on the Edit Purple Heart link.

   The *Edit Purple Heart* screen displays.

5. On the *Edit Purple Heart* screen, select the appropriate individual from the dropdown for the *Assigned LAS* field.

6. For the *Rejected Remarks* field, select "Entered in Error" from the dropdown.

7. When completed, click the ***Update*** button at the bottom of the screen.

   The system returns to the *Current Eligibility* screen with a confirmation message that the Purple Heart was updated successfully.

Note: The change can be verified by noting the *Primary Eligibility Code* is no longer "Purple Heart Recipient" and the Veteran's **Enrollment Status** has changed from PG 3 to a lower priority (higher number) unless there are other eligibilities that would qualify the Veteran for a higher priority.

The PH listing is also no longer displayed under the **Secondary Eligibility Codes** section of the *Current Eligibility* screen.

... update Veteran Discharge Due to Disability information?

In this scenario we're going to update a Veteran's Discharge Due to Disability information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   Note: The beneficiary's **Eligibility Status** is Verified (Group 8A). It can be higher, but to see the effects of the discharge due to disability change, it should be lower (higher number) than 3.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to go directly to the *Edit Current Eligibility* screen.

   On the *Edit Current Eligibility* screen, the *Veteran Indicator* should indicate "Yes".

4. In the **Other Eligibility Factors** section, change the *Discharge Due to Disability* field indicator from "No Data" or "No" to "Yes".

5. When finished, click either the ***Review Impact*** or the ***Accept Changes*** button.

The **Enrollment Status** should now indicate Verified (Group 3).

Demographics

... enter a beneficiary's Date of Death?

In this scenario we're going to enter a beneficiary's Date of Death.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's Eligibility Status is Verified. His Primary Eligibility Code is NSC. Also note the beneficiary's Enrollment Status is Pending. The Enrollment Status is Pending because the beneficiary does not have a current Financial Assessment on file.

3. From the *Overview* screen, click the Update Date of Death link to display the *Personal* screen under the **Demographics** tab.

4. On the *Personal* screen, enter a date in the *Date of Death* field.

   Notice that the *Death Notification Source* (required if *Date of Death* field populated) and *Death Notification Site* fields appeared because a Date of Death was entered.

5. From the *Death Notification Source* (required) dropdown, make a selection.

6. Choose a *Death Notification Site* (not required) from the dropdown if appropriate.

7. To commit the changes, click the ***Update*** button.

   The *Overview* screen under the **Demographics** tab will display and you should see a message indicating the person was updated successfully. You will note that the *Date of Death Status* under *Update Personal* indicates **Deceased**.

... remove a beneficiary's Date of Death?

In this scenario we're going to remove a beneficiary's Date of Death.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary's Enrollment Status is **DECEASED (GROUP 6)**. Notice the DOD in the yellow status bar.

3. From the *Overview* screen, begin by clicking the Update Date of Death link to display the *Personal* screen under **Demographics**.

4. Scroll down to the *Date of Death* field and delete the date.

   Notice that when the *Date of Death* is deleted, the system also deletes the *Death Notification Source* and the *Death Notification Site*.

5. After deleting the date, click the ***Update*** button at the bottom of the screen.

   The *Personal* screen under **Demographics** appears with an *…updated successfully message*.

   The *Enrollment Status* now reads **PENDING** and the *Date of Death Status* is **Alive**.

   The *Enrollment Status* is **PENDING** because the beneficiary does not have a current Financial Assessment on file.

   The beneficiary must complete a Financial Assessment and upon completion, will be placed in the applicable Priority Group.

... set the Bad Address Reason for a beneficiary's address?

In this scenario we're going to learn how to set the *Bad Address Reason* for a beneficiary's permanent address.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**.

3. From the *Overview* page, begin by clicking the Update Mailing Address link to display the *Permanent Mailing Address* page.

4. From the *Permanent Mailing Address* page, make a selection from the dropdown for the *Bad Address Reason* field.

5. For the optional *Source of Change*, the user may make a selection from the dropdown, if different from what may already be there.

6. If **VAMC** is selected, the user may then select a site from the *Site of Change* dropdown or leave it as **Health Eligibility Center**.

7. When finished, click the ***Update*** button.

8. After clicking the ***Update*** button, the system displays the *Overview* screen under **Demographics** and an "Address updated successfully." message displays. You'll notice that there is now a *Bad Address Reason* of "XXXXXXXX" in the Update Mailing Address section of the page.

... update a beneficiary's Permanent Mailing Address information?

In this scenario we're going to update a beneficiary's *Permanent Mailing Address* information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**.

3. From the *Overview* page, begin by clicking the Update Mailing Address link to display the *Permanent Mailing Address* page.

4. If necessary, change the *Country* default from the **United States**.

5. Update the information in *Address Line 1* as necessary. Use *Address Line 2* for apartment numbers, if necessary.

6. Update the required *Zip Code*, as necessary.

When a valid zip code is entered, the system populates the *City*, *State*, and *County* fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected.

If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.

7. Make any other additions/updates as necessary such as *Phone Numbers* and/or *Email Addresses*.

8. When finished, click the ***Update*** button. To return to the original information, click the ***Reset*** button. To cancel out of the screen altogether, click the ***Cancel*** button to return to the *Overview* screen within **Demographics**.

   After clicking the ***Update*** button, the system displays the *Overview* screen under **Demographics** and an "**Address updated successfully**." message displays. Verify the updated information.

... update a update a Veteran's Preferred Facility in the VA health care system?

In this scenario we're going to update a Veteran's Preferred Facility in the VA health care system.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

3. From the *Overview* page, begin by clicking the **Demographics** tab to display the Demographics/Overview screen.

4. From the *Demographics/Overview* screen, click on the **Personal** "sub-tab" to display the *Personal* screen.

5. In the *Personal* screen, find the *Preferred Facility* field and click on the dropdown and select a new preferred facility.

6. When finished, click the ***Update*** button.

   The system will return you to the *Demographics/Overview* screen with a message that your update was successful.

7. To verify your change in preferred facility was successful, click on the **Facility** tab.

   The *Facilities* screen lists the Veteran's preferred facility. Look for a facility with a white check mark in a green box next to it. This indicates the Veteran's preferred facility.

Military Service

…add new Military Service information?

In this scenario we're going to edit existing and add new Military Service information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The Veteran's **Enrollment Status** can be any Priority Group (PG) or "Pending".

3. From the *Overview* screen, begin by clicking the **Military Service** tab.

4. From the *Current Military Service* screen, update an existing Military Service Episode (MSE) by changing one or more existing fields.

5. When completed, click the ***UPDATE*** button.

   The *Current Military Service* screen refreshes with a confirmation message.

6. To add a new Military Service Episode (MSE), click on the ***Add Military Service Episode*** button.

   Note: There can be more than one MSE, but the MSE dates cannot overlap.

   A blank set of MSE fields will display under an existing MSE or MSEs, or alone if none already exist.

7. On the *Current Military Service* screen, enter data in the *Military Service Number* field either manually or by clicking the ***Same As SSN*** button.

8. Select a *Branch of Service* from the dropdown.

9. Enter a precise *Service Entry Date* for the MSE.

   See the *Rules* ... for this field under the field name in the online help or the user manual.

10. Enter a precise *Service Separation Date* for the MSE.

    See the *Rules* ... for this field under the field name in the online help or the user manual.

11. Select a *Service Component* from the dropdown.

12. Select the appropriate *Discharge Type* from the dropdown.

13. When finished, click the ***Update*** button to add the new MSE.

    The ***Reset*** button clears the previously entered data allowing the user to start over.

    The system will display the newly added MSE with a message that your update was successful. Be sure to click the ***Calculate POS*** button again to recalculate the new POS for the new MSE, then click the ***Update*** button again to record the recalculated POS.

    Notes: If the new MSE is within the same POS as the most recent POS, the system will display a message that "*the data you submitted did not change, so no updates were performed.*"

    An existing MSE under the *Military Service Episodes* HEC section of the *Current Military Service* screen may be edited by changing any of the fields. However, the same overlapping date rules apply as before.

…update Combat Veteran information?

In this scenario we're going to update Combat Veteran information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   Note: The beneficiary's **Enrollment Status** is "Verified (Group #)".

3. From the Overview screen, begin by clicking the Military Service link to display the *Current Military Service* screen.

4. From the *Current Military Service* screen, begin by clicking on the ***Add OEF/OIF Combat Episode*** button.

5. Under the *Combat Location* field, select the appropriate choice from the dropdown that falls completely within a single *Military Service Episode*.

6. Enter a precise *Combat Start Date*.

   The *Combat Start Date* or *Combat End Dates* must fall within a single *Military Service Episode*. Additional restrictions can be found under the "*Rules* ..." for this field in the online help or in the current **HECMS User Manual**.

7. Enter a precise *Combat End Date*.

   The same restrictions apply to this date as they do for the *Combat Start Date*.

8. Select the appropriate *Combat Pay Type* from the dropdown.

   The system defaults to "CEV" for the *OEF/OIF Source*.

9. Under the **Military Service Episodes HEC** section of the *Current Military Service* screen, click on the ***Add Military Service Episode*** button to begin adding a military service episode.

10. For the *Military Service Number* field, the user may either enter a *Military Service Number* manually or click on the ***Same as SSN*** button.

11. Select the desired *Branch of Service* from the dropdown.

12. Enter a precise *Service Entry Date*.

    Read the "*Rules* ..." in the online help under this field or in the current **HECMS User Manual** for specifics on the allowable dates.

13. Enter a precise *Service Separation Date*.

    Read the "*Rules* ..." in the online help under this field or in the current **HECMS User Manual** for specifics on the allowable dates.

14. Select a *Service Component* from the dropdown.

15. Select a *Discharge Type* from the dropdown.

16. Under the **Period of Service** section, click the ***Calculate POS*** button to have the system calculate the period of service based on the *Military Service Episodes* entered.

17. When finished, click the ***Update*** button to record the entries.

    Be sure to click the ***Calculate POS*** button again to recalculate the new HEC POS after adding the new MSE to the record, then click the ***Update*** button to record the new HEC POS.

    The added or updated combat information can be verified by clicking the View Historical Military Service link and reviewing the changes/updates.

…update a Veteran's Period of Service (POS) information?

In this scenario we're going to update a Veteran's period of Service (POS) information.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   Note: The beneficiary's **Enrollment Status** is "Verified (Group #)".
3. From the *Overview* screen, begin by clicking the Military Service link to display the *Current Military Service* screen.
4. Under the **Military Service Episodes HEC** section of the *Current Military Service* screen, click on the ***Add Military Service Episode*** button to begin adding a military service episode.
5. For the *Military Service Number* field, click on the ***Same as SSN*** button, or enter it manually.
6. Select the desired *Branch of Service* from the dropdown.
7. Enter a precise *Service Entry Date*.

   Read the "*Rules* ..." in the online help under this field or in the current **HECMS User Manual** for specifics on the allowable dates.
8. Enter a precise *Service Separation Date*.

   Read the "*Rules* ..." in the online help under this field or in the current **HECMS User Manual** for specifics on the allowable dates.
9. Select a *Service Component* from the dropdown.
10. Select a *Discharge Type* from the dropdown.
11. When finished, click the ***Update*** button to complete the task.

    The system will display the message, "Military Service updated successfully".
12. Click the ***Calculate POS*** button at the bottom of the window to have the system calculate the period of service based on the new **Military Service Episode** entered.

    The system will display the message, "The Period of Service has been calculated". Be sure to click the ***Update*** button again to record the new calculated POS.

The added or updated combat information can be verified by clicking the View Historical Military Service link and reviewing the changes/updates.

Financials

… deactivate a Veteran's Spouse/Dependent?

In this scenario we're going to deactivate a Veteran's Spouse/Dependent.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The beneficiary's **Enrollment Status** can be any Priority Group (PG) or "Pending".

3. From the *Overview* screen, begin by clicking the **Financials** tab, the Update Financial Assessment link, or the Financials link.

   All three will display the *Financial Overview* screen.

4. From the *Financial Overview* screen, click on the Financial Details link.

   The *Edit Financial Details (Income Year XXXX)* screen will display. Any dependents associated with the Veteran will display here under the "Dependency Factors" section.

5. From the *Edit Financial Details (Income year XXXX)* screen, for the *Married Last Calendar Year* field, click on the "No" radio button.

6. Under the "Dependency Factors" section, click on the Spouse SSN link.

   Additional fields will display, including the *Inactive Date* field.

7. In the *Inactive Date* field, enter a precise date.

   Rules ... Inactive Date must occur after *Date of Marriage*.

8. To view the impact of the changes, click the ***Review Impact*** button.

   The system displays the "These changes impact the financial assessment in the following:" screen. From here you can see the Total and Net Income reduction as well as the *Number of Dependents* reduced by 1.

9. If acceptable, click on the ***Complete Assessment*** button to accept the changes.

   The *Financial Overview* screen displays. On this screen you can see also see the Total and Net Income dollar amount changes in the "Financial Summary" section.

10. From the *Financial Overview* screen, click the Dependents link to view the *Dependents Overview (Income Year XXXX)* screen.

    For the deactivated Spouse Dependent, the **Status** should now be "Inactive".

11. From the *Dependents Overview (Income Year XXXX)* screen, click on the Financial Details link to display the *Edit Financial Details (Income year XXXX)* screen.

12. From the *Edit Financial Details (Income year XXXX)* screen, click on the spouse's SSN link in the "Dependency Factors" section to display additional fields, if not already displayed.

    From here you can confirm the system accepted the inactive date by verifying the date in the *Inactive Date* field.

    Note: If the spouse inactive date is in a later year than the current Means Test (MT), the system will still show the spouse as "Active" rather than "Inactive", since the spouse was married to the Veteran for the most recent MT. The next MT will show the spouse as "Inactive".

Enrollment

... Cancel/Decline a beneficiary's enrollment in the VA health care system?

In this scenario we're going to learn how to cancel/decline a beneficiary's enrollment in the VA health care system.

IMPORTANT

Prior to placing a Veteran in a *Cancel / Decline* status, internal procedures require a HEC representative contact the Veteran and document their contact using a Report of Contact (ROC). The ROC must confirm that the Veteran has been fully informed of the possible consequences of his/her decision in relation to the receipt of current and possible future VA health care benefits.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

   The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.

3. From the *Overview* page, begin by clicking the Enrollment link to display the *Current Enrollment* page.

   You may also click the **Enrollment** tab to display the *Current Enrollment* page.

4. For the *Canceled/Declined Indicator* field, click the **Yes** radio button.

   The system automatically defaults to the current date in the *Cancelled/Declined Effective Date* field. The field may be edited.

5. In the *Reason Canceled/Declined* field, select a reason from the dropdown.

   Only when the *Reason Canceled/Declined* selected is **Other**, may the *Canceled/Declined Remarks* field be used.

6. When finished, click the ***Update*** button.

   After clicking the ***Update*** button, the system displays the *Overview* page and an "Enrollment updated successfully." message displays.

   Also notice that the beneficiary's *Enrollment Status* is now **CANCELLED/DECLINED (GROUP 3)**.

... reverse a beneficiary's Cancel/Decline enrollment in the VA health care system?

In this scenario we're going to learn how to reverse a beneficiary's Cancel/Decline enrollment in the VA health care system.

1. Log into the system by entering *User ID*, *Password* and checking the *Accept Agreement* checkbox.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

   If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.

3. From the *Overview* page, begin by clicking the Enrollment link to display the *Current Enrollment* page.

   You may also click the **Enrollment** tab to display the *Current Enrollment* page.

4. For the *Canceled/Declined Indicator* field, click the **No** radio button.

   The system automatically deletes the *Canceled/Declined Effective Date* and the *Reason Cancelled/Declined* data.

5. When finished, click the ***Update*** button.

   After clicking the ***Update*** button, the system displays the *Overview* page and an "Enrollment updated successfully." message displays.

   Also note the beneficiary's Enrollment Status is now VERIFIED (GROUP 3).

Facility

This "tab" lists facilities the beneficiary has visited along with information associated with each of those facilities. See the Facility section for more detailed information.

Communications

This "tab" contains information about communications (letters) that are scheduled to and have been sent to the Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. It also contains the capability for providing Veterans with a *Veteran Benefits Handbook*, containing eligibility and benefit information. See the Communications section for more detailed information.

Person Search

The Person Search screen allows searching for a patient by any combination of criteria. At minimum, the user must provide one of the following combinations:

- *Last Name* + *First Name* OR
- Full *SSN* OR
- Full/Short *VPID* OR
- *Military Service Number* OR
- *Claim Folder Number* OR
- *Last Name* + *Date of Birth* (mm/dd/yyyy)

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. However, once a criterion has been entered, the record must match all criteria exactly.

VPID cannot be used in combination with any of the other search criteria.

Search criteria data entered is not case-sensitive.

The system will present a list of matches from which user may choose or if the desired match does not appear, the user may do another search using different criteria.

After completing a Search, the system returns a Person Search Result list with matches for the search criteria used. If the name of the individual appears on the list, simply click the SSN link to display the patient record.

Important Notes:

- SSN-based search returns will be limited to ten.
- A restricted set of users will have the ability to perform name-based search only. This privilege is available only to a set of predefined users. Search results will be limited to ten.
- An even more restricted set of users will have access to the IMDQ interface that will allow user to retrieve greater than 10 results.
- There can be no update to a record if any identity traits are in a **Pending** status. If a beneficiary's record has identity-trait updates that are pending a decision, the system displays the message *Pending Identity Trait Updates* on the screen indicating that identity-trait updates are pending for this beneficiary.

SSN:

SSN is defined as the Social Security Number of the beneficiary record you're trying to find.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.

VPID:

VPID is defined as the *Veterans Affairs Person Identifier* for the beneficiary record you're trying to find. This 29-character ID is unique for this person.

Example: **0000001234567890V123456000000**

The short 17-character ID version is generally used without the leading and trailing zeros.

Example: **1234567890V123456**

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal last name.

Rules...

- Beneficiary's *Last Name* and *First Name* are required fields that are user supplied.
- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 1 and 35 characters in length.

First Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* is free text 1-35 characters in length.
- Beneficiary's *First Name* and *Last Name* are required fields that are user supplied.

Date of Birth:

Beneficiary's *Date of Birth* is defined as the date the Veteran was born.

Rules...

- DOB must be precise.
- DOB cannot be a future date.
- Format: (mm/dd/yyyy)

Additional Search Criteria

Military Service Number:

The *Military Service Number* is the service number assigned during the beneficiary's episodes of military service.

Claim Folder Number:

The *Claim Folder Number* is the number assigned by the VBA to the beneficiary's claim for VA benefits.

Rules...

- If *Claim Folder Number* is removed/deleted, claim folder location is removed.
- *Claim Folder Number* can be beneficiary's SSN.
- *Claim Folder Number* can be 7 - 9 numeric.
- *Claim Folder Number* is not a required field that is user supplied and occurs only once.

Middle Name:

Veteran's *Middle Name* is defined as the beneficiary's middle name.

Rules...

- No parentheses may be used.
- Beneficiary's *Middle Name* is not a required field that is user supplied.
- *Middle Name* is free text 1-25 characters in length.

Gender:

Gender can be **Male**, **Female** or **All**. Selecting **All** will display results for both male and female records.

Button Bar

Home

Clicking this button returns the user to the *Person Search* page, which is the page the user is directed to after initially logging into HECMS.

Figure 8: Button Bar: Home

Veteran

Veteran/Search/Overview/Merge

Rolling the mouse over the ***Veteran*** button allows the user to select:

Veteran Search - Person Search screen

Veteran Overview - Veteran Overview screen (if Veteran previously selected)

Veteran Merge - Veteran Merge screen

Veteran Merge Search - Veteran Merge Search screen

Veteran Un-Merge - Veteran Un-Merge screen

Veteran Merge

This screen enables the user to view the *Veteran Merge Worklist* that displays patient records, which PSIM/MPI have determined are potentially the same individual. This screen allows users to selectively construct a "best of breed" set of non-identity data for an individual who has been merged by Identity Management. The Identity Management function will deprecate an individual's unique identifier when that person's record has been identified as a duplicate. A single identifier for that individual is carried forward.

The user selects from the list, a pair of persons for which to merge data. The system presents groupings of data for merging. The groupings of data may be selected in any order until the user decides to merge the selected data. The user selects the individual data elements that will form the surviving record.

After making selections in all the groupings of data, the user may select ***Merge Veteran Now*** to complete the process or the user may cancel the activity. After the ***Merge Veteran Now*** button is pushed, if something has been left unchecked on any of the selection screens, a warning message will be displayed; a selection must be made for all available data before the user can perform the data merge.

At any point in the data selection process, the user may choose to ***Discard All Selections*** for the merge activity. All selections made on previous screens for the current data pairing are discarded and the user is returned to the list of available merges.

At any point in the data selection process, the user may choose to ***Save and Merge Later*** the selections made in order to return to complete the merge at a later time. Restrictions exist as to how "partial merges" will react to updates made in other parts of the system. The user may have to begin the merging process all over again from the beginning.

Veteran Merge Worklist

Veterans That Require Merging

SSN

- patient's *Social Security Number*.

Last Name

- patient's *Last Name*.

First Name

- patient's *First Name*.

Middle Name

- patient's *Middle Name*.

Date of Birth

- patient's *Date of Birth*.

Gender

- patient's *Gender*.

Surviving Record

- this identifies which record is the surviving record and which is the deprecated record.

After merging, only the surviving record will be available via the other screens or through messaging. The deprecated record will not be found by the system.

Merge Status

This indicates the status of the current merge. Initially it will be *Merge Not Started*.

More...

The user should click the *Merge Not Started* link in order to make selections in the final grouping of data, after which the user may click ***Merge Veteran Now*** to complete the merging process.

When the ***Merge Veteran Now*** button is pushed, if anything has been left unchecked on any of the possible selections presented to the user, a warning message is displayed.

A selection must be made for all available data before the user can perform the data merge.

Veteran Merge Search

This screen enables the user to search through the *Veteran Merge Worklist* for a particular patient's records which PSIM/MPI have determined are potentially the same individual. At minimum, the user must provide one of the following combinations:

- *Last Name* + *First Name* OR
- Full *SSN* OR
- Full/Short *VPID* OR
- *Military Service Number* OR
- *Claim Folder Number* OR
- *Last Name* + *Date of Birth* (mm/dd/yyyy)

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. However, once a criterion has been entered, the record must match all criteria exactly.

VPID cannot be used in combination with any of the other search criteria.

Search criteria data entered is not case-sensitive.

If the desired match does not appear, the user may do another search using different criteria.

After completing a successful search, the system displays the *Veteran Merge* screen with a result list that matches the search criteria used. From here, the user may proceed in the same manner as described on the *Veteran Merge* screen.

The resulting list will contain only those records that have a Merge Status of “Merge In-Process” or “Merge Not Started” or any other Merge Status that may be contained in the Merge Table.

Veteran Merge Search

Veteran Merge Search

SSN:

SSN is defined as the Social Security Number of the beneficiary record you're trying to find.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.

VPID:

VPID is defined as the *Veterans Affairs Person Identifier* for the beneficiary record you're trying to find. This 29-character ID is unique for this person.

Example: **0000001234567890V123456000000**

The short 17-character ID version is generally used without the leading and trailing zeros.

Example: **1234567890V123456**

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal last name.

Rules...

- Beneficiary's *Last Name* and *First Name* are required fields that are user supplied.
- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 1 and 35 characters.

First Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* is free text 1-35 characters in length.
- Beneficiary's *First Name* and *Last Name* are required fields that are user supplied.

Date of Birth:

Beneficiary's *Date of Birth* is defined as the date the Veteran was born.

Rules...

- DOB must be precise.
- DOB cannot be a future date.
- Format: (mm/dd/yyyy)

Additional Search Criteria

Military Service Number:

The *Military Service Number* is the service number assigned during the beneficiary's episodes of military service.

Claim Folder Number:

The *Claim Folder Number* is the number assigned by the VBA to the beneficiary's claim for VA benefits.

Rules...

- If *Claim Folder Number* is removed/deleted, claim folder location is removed.
- *Claim Folder Number* can be beneficiary's SSN.
- *Claim Folder Number* can be 7 - 9 numeric.
- *Claim Folder Number* is not a required field that is user supplied and occurs only once.

Middle Name:

Veteran's *Middle Name* is defined as the beneficiary's middle name.

Rules...

- No parentheses may be used.
- Beneficiary's *Middle Name* is not a required field that is user supplied.
- *Middle Name* is free text 1-25 characters in length.

Gender:

Gender can be **Male**, **Female** or **All**. Selecting **All** will display results for both male and female records.

Veteran Un-Merge

This screen displays a list of record pairs that have been designated for "un-merging." An external system must notify HECMS that a pair of previously merged identities have now been un-merged. This feature serves simply as a notification to the user and allows the user the option to select a record pair for deletion from the worklist.

Note that no actual data related to the person is automatically un-merged. The HECMS system sends a query to the deprecated person's last site-of-interest to retrieve the most current data that the particular site has. Then, any updates to that record since the merging must be manually applied.

Only the "surviving" record is available via the other screens or through messaging. The deprecated record will not be found by the system.

The new record has to be re-built manually. The person rebuilding the record must determine (through history and audit logs) what changes have taken place to the record since it was merged in order to bring the "un-merged" record up to date.

While a pairing is actively being worked, no other user can gain access to the record; the record is locked.

Veteran Un-Merge Worklist

Veterans That Require Un-Merging

SSN

... patient's *Social Security Number*

Last Name

... patient's *Last Name*

First Name

... patient's *First Name*

Middle Name

... patient's *Middle Name*

Date of Birth

... patient's *Date of Birth*

Gender

... patient's *Gender* (sex)

Removal Selections

Place a check mark in the box by a list of pairs that have been designated for "un-merging" to select a record pair for deletion from the worklist.

Place a check mark in the *Removal Selections* check box to select all pairs.

Worklist

Worklist

Clicking the ***Worklist*** button presents the user with the *My Items* screen. From here the user may select from the following tabs:

- ***Overview***

  The Worklist *Overview* screen presents a summary of the user's worklist items broken down by the following:

  - *My Items*
  - *Assigned Items*
  - *Unassigned Items*

- ***My Items*** (Default Screen)

  My Items contains a list of the user's *Items* assigned to them and is categorized by *Name*, *SSN*, *Item*, *Item Type*, *Create Date*, *Assign Date*, and *Due Date*.

- ***Assigned Items***

  Displays all *Assigned Items* and to whom they are assigned.

- ***Unassigned Items***

  Displays all *Unassigned Items*.

  More...

  The system does not automatically assign *Work Items* when the item is created. In other words, all *Work Items* created by the system are assigned, by default, to the *Unassigned* pool.

  Note: If a user updates the *Status* of or manually closes/resolves an *Unassigned WorkItem*, the system automatically assigns the selected *Work Item* to that user.

- ***Search Items***

  Search Items allow users to search for items by a variety of criteria.

- ***Open Items*** (only if *Open Items* exist for beneficiary)

  This tab is present if Veteran-specific *Open Items* (unresolved items) exist for the patient.

A *Worklist* is created when a *Work Item Type* such as a Consistency Check error or an Application Error is created. Additionally, the system will create a *Case* for a person and will associate one or more *Work Items* to the *Case*. In other words, while multiple *Items* may exist for a person, only one open *Case* exists for that same person, at one time.

Users can view a list of *Work Items* assigned to them or *Unassigned Items*. Any user can view any *Unassigned Item*.

Items cannot be edited by anyone other than the assigned person. However, anyone can add *Comments* to any *Assigned Item*.

Supervisors and/or Team Leaders may use this list to choose *Items* for assignment to a DQ analyst or LAS. Additionally, the DQ analyst or LAS can use these screens to assign an *Item* to themselves. Users can manually assign *Unassigned Items* within their own functional group to themselves. However, only supervisors can move *Work Items* across functional groups, assign and re-assign any *Item* at any time. Cross-functional re-assignment of an *Item* must be to the respective supervisor. Multiple *Work Items* can be assigned or re-assigned at the same time.

When the last remaining *Item* for the *Case* is closed, the system will close the *Case* as well. *Items* and *Cases* that are closed or resolved become historical and can be viewed (but not edited) by entering the *Update Assignment, Status and Comments* screen. This screen is displayed by clicking the *Item Number* link from either the *My Items*, *Assigned Items*, *Unassigned Items* or *Open Items* screens. From this screen the user may view comments that have been recorded about an *Item* or the person (*Case*) as well as historical information about the status or life cycle of an *Item* and/or historical information about the user or users who were assigned to "resolve" the *Item*. Only current (today's date) comments can be edited by the user who recorded the comment.

Items may be sorted by any column that is displayed to the user in the *Worklist* by clicking the column heading (with the ⇕) once, then again to reverse the sort.

At the top of each *Overview*, *My Items*, *Assigned Items*, *Unassigned Items*, *Search Items,* and *Open Items* screen is a *Search* dropdown box and a text box, which allow for refining and filtering the user's work items search by using a single criteria. Also at the top of each *My Items*, *Assigned Items*, *Unassigned Items* screen is a *Show Worklist Filter* link. Clicking this link displays a list of various criteria, which a user may utilize to further 'filter' the particular items list.

The *Search Items* tab allows for more advanced search capabilities, allowing multiple search criteria.

It should be noted that items do not include any *Cases* or *Items* related to Income Verification.

Worklist Overview

The *Worklist Overview* screen presents a summary of the user's work items broken down by the following:

Overview

My Items:

This number represents the number of *Items* assigned to the user. The number of *Items* that are overdue is non-functional at this time.

Assigned Items:

This number represents the total number of *Items* that are assigned. The number of *Items* that are overdue is non-functional at this time.

Unassigned Items:

This number represents the total number of *Items* that are unassigned. The number of *Items* that are overdue is non-functional at this time.

More...

Note: If a user updates the *Status* of or manually closes/resolves an *Unassigned Work Item*, the system automatically assigns the selected *Work Item* to that user.

Worklist/My Items/Assigned Items/Unassigned Items/Open Items

The *My Items* worklist screen allows the user to view his/her own *Work Items* that have been assigned to them either by their supervisor or themselves. This screen also allows supervisors to reassign their *Work Item(s)* to someone else within your own functional group. Users may also reassign someone else's *Work Item(s)* within their own functional group to themselves and/or Close their own *Work Item(s)*.

Click on the Show Worklist Filter link to display fields, which allow the user to filter the work items using a combination of criteria. Click Hide Worklist Filter to hide the filter criteria.

Note: Any *Item(s)* can be moved across functional groups. Supervisors can assign and re-assign any *Work Item(s)* at any time. However, cross-functional re-assignment of an *Item* must be to that functional group's supervisor. However, cross-functional re-assignment of an *Item* to the DQ functional group can be made to a DQ supervisor or to the DQ *Unassigned* pool.

Show Worklist Filter

VPID:

To see only cases associated with a particular *VPID*, enter only the *VPID*.

VPID is defined as the Veterans Affairs Person Identifier for the beneficiary's record you're trying to find. This 17-character ID is unique for this person.

Item Number:

Enter the unique *Item Number* for the item that is assigned by the system.

Create Date Range:

Enter the date on which the *Workload Item* was created.

Format (mm/dd/yyyy)

SSN:

Enter the beneficiary's social security number.

Item Type:

Enter the *Item Type* for the Work item.

Choose from the dropdown.

Assigned Date Range:

Enter the date the *Work Item* was assigned to an individual to "resolve".

Format (mm/dd/yyyy)

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Clicking the Hide Worklist Filter link will hide the worklist filter criteria.

My Items

Assign Selected Items to:

This option is only available to supervisors and allows assigning and/or re-assigning *Work Items* to users within their own functional group or to a supervisor within another functional group.

Update Selected Items:

A supervisor can close any *Work Item* at any time by selecting **Close Selected Items** from the dropdown.

An LAS or DQ analyst can only close *Work Items* that are assigned to them or an *Item* that is unassigned.

An LAS or DQ analyst can also assign a *Work Item(s)* to themselves by selecting **Assign Selected Items to Me** from the dropdown on the *Unassigned Items* or *Assigned Items* pages.

Case(VPID)

Case(VPID) is the patient's VPID for whom the Worklist *Case* has been created.

Clicking the *Case(VPID)* link takes the user to the *Veteran Overview* page from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status and Comments* screen.

Item Type

These are the codes (types) that indicate specific subsets of worklist categories.

More...

Case Types

- Application Exception
- Consistency Check
- Demographics, including preferred facility
- Duplicate Records (beneficiary, spouse and dependents)
- Enter/Edit Enrollment Application Date
- Eligibility Update
- Enrollment Override (EGT Override)
- Enrollment Update (Cancel/Decline)
- Financial Assessment Editing
- Military Service Data
- Purple Heart
- Review File

Create Date

This is the date on which the Work Item was created by the system.

Assigned Date

This is the date the *Work Item* was assigned to an individual to "resolve".

Select

This checkbox, when selected, allows the user to Close the particular *Work Item*.

Rules...

- A user can manually assign unassigned *Work Items* only within their own functional group to themselves.
- Multiple *Work Items* can be assigned or re-assigned at the same time.

Assigned Items

The *Worklist/Assigned* screen presents a summary of *Work Items* that have been assigned and to whom. This screen also allows supervisors to reassign any *Work Item(s)* to someone else within their own functional group. Users may also reassign someone else's *Work Item(s)* within their own functional group to themselves and/or Close their own *Work Item(s)*.

Case(VPID)

Case(VPID) is the patient's VPID for whom the Worklist *Case* has been created.

Clicking the *Case(VPID)* link takes the user to the *Veteran Overview* page from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status and Comments* screen.

Item Type

These are the codes (types) that indicate specific subsets of worklist categories.

More...

Work Item Types

- Application Exception
- Consistency Check
- Demographics, including preferred facility
- Duplicate Records (beneficiary, spouse and dependents)
- Enter/Edit Enrollment Application Date
- Eligibility Update

- Enrollment Override (EGT Override)
- Enrollment Update (Cancel/Decline)
- Financial Assessment Editing
- Military Service Data
- Purple Heart
- Review File

Create Date

This is the date on which the *Work Item* was created by the system.

Assigned Date

This is the date the *Work Item* was assigned to an individual to "resolve".

Assigned To

This is the person to whom the *Work Item* was assigned.

Select

This checkbox, when selected, allows the user to Close the particular *Work Item*.

Rules...

- A user can manually assign unassigned *Work Items* only within their own functional group to themselves.
- Multiple *Work Items* can be assigned or re-assigned at the same time.

Unassigned Items

The *Worklist/Unassigned Items* screen displays all *Work Items* that have been created but not yet assigned. This screen also allows supervisors to assign any *Work Item(s)* to any user(s) within their own functional group. Users may also assign any *Unassigned Work Item(s)* within their own functional group to themselves and/or Close *Work Item(s)*.

Note: If a user updates the *Status* of or manually closes/resolves an *Unassigned Work Item*, the system automatically assigns the selected *Work Item* to that user.

Case(VPID)

Case(VPID) is the patient's VPID for whom the Work *Case* has been created.

Clicking the *Case(VPID)* link takes the user to the *Veteran Overview* page from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status, Comments* screen.

Item Type

These are the codes (types) that indicates specific subsets of worklist categories.

More...

Work Item Types

- Application Exception
- Consistency Check
- Demographics, including preferred facility
- Duplicate Records (beneficiary, spouse and dependents)
- Enter/Edit Enrollment Application Date
- Eligibility Update
- Enrollment Override (EGT Override)
- Enrollment Update (Cancel/Decline)
- Financial Assessment Editing
- Military Service Data
- Purple Heart
- Review File

Create Date

This is the date on which the *Work Item* was created by the system.

Select

This checkbox, when selected, allows the user to Close the particular *Work Item*.

Rules...

- A user can manually assign unassigned Work Items only within their own functional group to themselves.
- Multiple Work Items can be assigned or re-assigned at the same time.

Open Items (only if *Open Items* exist for beneficiary)

The *Open Work Items* worklist represents a portion (items) of a beneficiary's unresolved *Work Case*.

The system will create a *Work Item* for each Consistency Check (CC) error and/or Application Error (AE). Additionally, the system will create a *Case* for a person and will associate one or more *Work Items* to the *Case*. In other words, while multiple items may exist for a person, only one *Case* exists for that particular individual.

When all items for a *Case* are resolved or closed, the *Case* is also closed. *Open Items* are unresolved.

Case(VPID)

Case(VPID) is the patient's VPID for whom the Work *Case* has been created.

Clicking the *Case(VPID)* link takes the user to the *Veteran Overview* page from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status and Comments* screen.

Item Type

These are the codes (types) that indicate specific subsets of worklist categories.

More...

Work Item Types

- Application Exception
- Consistency Check
- Demographics, including preferred facility
- Duplicate Records (beneficiary, spouse and dependents)
- Enter/Edit Enrollment Application Date
- Eligibility Update
- Enrollment Override (EGT Override)
- Enrollment Update (Cancel/Decline)
- Financial Assessment Editing
- Military Service Data
- Purple Heart
- Review File

Create Date

This is the date on which the *Work Item* was created by the system.

Assigned Date

This is the date the *Work Item* was assigned to an individual to "resolve."

Assigned To

This is the person to whom the *Work Item* was assigned.

Select

This checkbox, when selected, allows the user to Close or Re-assign the particular *Work Item*.

Rules...

- A user can manually assign unassigned *Work Items* only within their own functional group to themselves.
- Multiple *Work Items* can be assigned or re-assigned at the same time.

Work/Search Items

The *Worklist/Search Items* screen allows users to search for *Work Items* by way of a variety of criteria. The *Search Results* page displayed is dependent on the search criteria selected.

Worklist Items Search

Functional Group:

Use the dropdown to select the particular *Functional Group*.

Item Type:

Use the dropdown to select the *Item Type* for the *Work Item*.

Assigned To:

Use the dropdown to select the user to whom the *Work Item* is assigned.

Status:

Use the dropdown to select the current *Status* for the *Work Item*.

Assigned Date Range:

Enter a date range in which the *Work Item* was assigned to the user specified in the *Assigned To* field or to anybody if the *Assigned To* field is left blank.

Rules...

- The starting date must be before or the same as the ending date.
- Format (mm/dd/yyyy)

Create Date Range:

Enter a date range in which the *Work Item* was created by the system.

Rules...

- The starting date must be before or the same as the ending date.
- Format (mm/dd/yyyy)

VPID:

Enter the Full/Short VPID for the person being searched.

SSN:

Enter the *SSN* (includes *Pseudo SSN*) for the person being searched.

Rules...

- It is 9 numeric.

Last Name:

Enter the person's *Last Name* for whom the *Work Item* was created.

First Name:

Enter the person's *First Name* for whom the *Work Item* was created.

Worklist/Items/Update Assignment, Status, Comments

The *Open Items/Assignment, Status, Comments* worklist screen allows the user to update the work item assignment, status, and add comments.

Update Assignment, Status, Comments (allows updating assignment, status, adding comments)

Assign Item to Me: (LAS/DQ Analyst View)

User may place a check mark in the box to assign/re-assign the *Work Item* to him or herself.

Assign To: (Supervisor's View)

Select individual to whom the *Item* is to be assigned/reassigned.

Status:

User may select a different *Status*.

More...

If the user updates the status of an *Unassigned Work Item*, the system automatically assigns the selected *Work Item* to the user.

Comments:

Add relevant comments.

Work Item Detail (displays current information as shown below for the work item)

Item Number:

The unique number assigned to the *Item*.

Status:

This is the current *Status* of the *Item*.

Functional Group:

This may be either the EE or DQ *Functional Group*.

Item Type:

These are the codes (types) that indicate specific subsets of worklist categories.

Name:

The patient's *Name.*

Clicking the *Name* link takes the user to the *Veteran Overview* page from where the user can see an overall view of data for the patient.

Facility:

The site where the workload was logged.

Create Date:

The date the original *Item* was created.

Assigned Date:

The date the *Item* was Assigned.

Due Date:

The *Due Date* assigned to the *Item* (optional).

Assigned To:

The current user to whom the *Item* is assigned.

SSN:

The patient's Social Security Number.

Created By:

The original creator of the *Item*.

Last Assignor:

The user who most recently assigned the *Item*.

Comments (displays comment history for the *Work Item*)

Comment Date - shows date of comment (most recent first).

Comment By - displays User ID of person who made the comment.

Comment - displays most recent comment.

Status History (shows the status history for the *Work Item*)

Status Date - displays date Status changed.

Status - displays what the Status was changed to on the date shown.

Assignment History (shows the assignment history for the *Work Item*)

Assignment Date - this is the date the assignment was made. Default is most recent first.

Assigned To - the user to whom the Item was assigned.

Assigned By - the user who made the assignment.

Registry

Registry Search

Manage Registry provides the user the ability to maintain Veteran records on each of three special registry files: the Purple Heart (PH) registry, Prisoner of War (POW) registry, and Shipboard Hazard and Defense (SHAD) registry. Each registry file contains information on Veterans that have been confirmed, or were once confirmed but are no longer, by the HEC to fall into any of these special categories.

When the user elects to perform registry file maintenance, the system displays the list of registry files that are available. The user must select a specific registry file to display and maintain the specifics of the selected registry.

After performing a *Registry Search* the screen will display links allowing the user to ADD PURPLE HEART REGISTRY ENTRY, ADD POW REGISTRY ENTRY or ADD SHAD REGISTRY ENTRY.

Registry Search -

The user may search through a registry for a specific Veteran record. The user may search the registry file by one or a combination of the following fields:

SSN:

SSN is defined as the Social Security Number of the person's record you're trying to find.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.

And/Or

Last Name:

Veteran's *Last Name* is defined as the Veteran's family name.

Rules...

- Free text 1-35 characters in length.

And/Or

Military Service Number:

Military Service Number is the service number assigned during the Veteran's episodes of military service.

Optional Search Criteria

Registry Type: Purple Heart Registry, Prisoner of War Registry, SHAD Registry, All

First Name or Initial:

Veteran's *First Name* is defined as the Veteran's given name. The initial may also be used.

Rules...

- Free text 1-35 characters in length.

- optional, in combination with *Last Name*.

User may also:

- ADD PURPLE HEART REGISTRY ENTRY
- ADD POW REGISTRY ENTRY
- ADD SHAD REGISTRY ENTRY

To perform a *Registry Search*, user must enter either an *SSN*, and/or a *Last Name*, and/or a *Military Service Number*. Optionally, *First Name* may be entered. System defaults to *Registry Type* **All**.

For each Veteran in the desired registry, the system will display the information below. The display of Veteran information may be sorted by any of the fields displayed by clicking the field name heading with the ⇕ symbol next to it.

The user must select a registry record by clicking on the SSN hyperlink to view the detail or to edit that record. When a record is selected from the search results for which eligibility data exists in HECMS, the system displays the Current Eligibility screen to allow viewing or updating the registry-relevant information.

Registry Search Results

Social Security Number
Last Name
First Name
Middle Name
Registry

- Purple Heart Indicator (only if searching PH registry or All)
- POW Indicator (only if searching POW registry or All)
- SHAD Indicator (only if searching SHAD registry or All)

Eligibility Record? (Yes or No)

ADD PH, POW, SHAD

Add Purple Heart Registry Entry

This screen allows the user to Add a PH Registry entry for a Veteran who is not already in the system. For Veterans who are already in the system, users should perform a *Veteran Search* and then enter/update the data on the appropriate *Eligibility* or *Military Service* screen.

User may add more than one *Military Service Number* by clicking the ***Add Another Military Service Number*** button. When modifying or updating a PH Registry entry, user may add more than one PH Document by clicking the ***Add New Document*** button.

When identity trait updates are pending, user can only view data. The system prevents any updates or edits to the beneficiary information.

View History

(*Purple Heart Indicator:*)

If there is no current Purple Heart data and the user is logging receipt of a new document claiming PH for the first time, the system will set the *Purple Heart Indicator* to **Yes**.

When the *Document Acceptable* Indicator is set to **Yes**, and the *Document Type* and a *PH Data Source* are entered and committed, the system automatically sets the *Purple Heart Indicator* to **Yes** and the *PH Status* to **Confirmed**.

SSN:

SSN is the Social Security Number of the Veteran.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.
- The following *SSN* can never be possible (according to SSA).

  123456789

- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

Military Service Number:

Military Service Number is the service number assigned during the Veteran's episodes of military service.

Rules...

- Military Service Number must be between 1 and 15 characters.

Prefix:

Prefix is the title supplied for the Veteran such as Ms, Mrs.

Rules...

- This is a free text field 1-10 characters.
- Veteran title is not a required field that is user supplied and occurs once (one per Veteran).

First Name:

First Name is the Veteran's given name.

Rules...

- Free text 1-25 characters in length.
- *First Name* is a required field that is user supplied.

Middle Name:

Middle Name is the Veteran's middle name.

Rules...

- Free text 1-25 characters.
- *Middle Name* is not a required field that is user supplied.

Last Name:

Veteran's *Last Name* is the Veteran's family name.

Rules...

- Free text 1-35 characters in length.
- Veteran's *Last Name* is a required field that is user supplied.

Suffix:

Suffix is the suffix for the Veteran's name such as Junior, III.

Rules...

- This is a free text field 1-10 characters.
- *Suffix* is not a required field that is user supplied and occurs once (one per Veteran).

Degree:

Degree is the degree associated with this name such as Dr., PhD.

Rules...

- Format is 1-10 characters in length.
- Degree is not a required field that is user supplied.

Purple Heart Status:

This is the status assigned to the Veteran if the *Purple Heart Indicator* is **Yes**.

Choices are:

- *Confirmed*
- *In Process*

- *Initial Ltr Sent*
- *Pending*
- *Rejected*

(***Status Update Date:***)

This is the date the *PH Status* was last updated (system generated). Defaults to the current date.

The system automatically sets the PH *Status Update Date* anytime the *Purple Heart Status* changes.

Rejected Remarks:

This is a remark for why PH was rejected (PH Indicator is **No**).

Choices are:

- Entered in Error
- No Document Received
- Unacceptable Documentation
- Undeliverable Mail
- Unsupported Purple Heart
- VAMC

Purple Heart Facility:

This is the PH facility associated with the PH entry. Choose from the dropdown list.

Assigned LAS:

This is the individual LAS who is assigned to verifying the PH status. Select from the dropdown.

Purple Heart Documents

Document Type:

PH *Document Type* is defined as the type of document sent to the HEC as proof that Veteran was awarded the PH.

Valid types are:

- DD-214
- DD-215
- Military Orders of Award
- Other Official Service Records
- VBA/DoD File
- WD AGO Forms

Rules...

- PH *Document Type* is required if the *Document Acceptable* indicator is **Yes**.

Data Source:

Data Source is the source from which the PH documentation was received and/or reported.

Choices include:

- DOD
- Other
- Site
- VBA
- Veteran

Document Received Date:

Enter here the date the PH documentation was received at the HEC.

Rules...

- *Document Received Date* must be the current date or a date in the past. It cannot be a future date.
- *Document Received Date* must be a precise date.
- Format: (mm/dd/yyyy)

(*Document Log In Date:*)

This is the date that a user has entered the initial PH processing data for a Veteran record. User has also entered the date the document was received and assigned a contact representative to the PH case.

The system automatically captures the *Document Log In Date* when the *Document Received Date* and *Assigned LAS* are entered and committed.

Document Log In Date defaults to the current date.

(*Document Logged In By:*)

This is the user name of the person who initiated logging in of the PH documentation. It's the person who entered the date the document was received and assigned the case to a contact representative.

Document Acceptable:

This is the value of **Yes** or **No** if the document received from a site or the Veteran has met the criteria defined in the VHA Directive.

Unacceptable Remark:

This is a free text field that allows the user to comment on why a document was unacceptable independent of which letter has been sent.

The user may enter *Unacceptable Remarks* for each time a new document is received by the HEC and the *Document Received Date* is captured.

Rules...

- *Unacceptable Remarks* is free text with a character length 0 - 200.

(*Updated By:*)

This displays the user who last updated the PH record (system generated).

(*Update Date/Time:*)

This displays the date and time the PH record was last updated (system generated).
The system automatically sets the *Update Date/Time* any time the PH information is updated.

★Indicates Required Field

Add POW Registry Entry

This screen allows the user to Add a POW Registry entry for a Veteran who is not already in the system. For Veterans who are already in the system, users should perform a *Veteran Search* and then enter/update the data on the appropriate *Eligibility* or *Military Service* screen.

User may add more than one *Military Service Number* by clicking the ***Add Another Military Service Number*** button. The Veteran can have none, one, or many POW Episodes. To add another POW Episode, click the ***Add POW Episode*** button.

View History

(POW Indicator:)

The system automatically sets the *POW Indicator* to **Yes** when the POW Episode information is entered or updated to reflect the Veteran has been a POW.

SSN:

SSN is the Social Security Number of the patient.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.
- The following *SSN* can never be possible (according to SSA).

  123456789

- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

Military Service Number:

Military Service Number is the service number assigned during the Veteran's episodes of military service.

Rules...

- Military Service Number must be between 1 and 15 characters.

Prefix:

Prefix is the title supplied for the Veteran such as Ms, Mrs.

Rules...

- This is a free text field 1-10 characters.
- Veteran title is not a required field that is user supplied and occurs once (one per Veteran).

First Name:

First Name is the Veteran's given name.

Rules...

- Free text 1-25 characters in length.

Middle Name:

Middle Name is the patient's middle name.

Rules...

- Free text 1-25 characters.
- *Middle Name* is not a required field.

Last Name:

Veteran's *Last Name* is the Veteran's family name.

Rules...

- Free text 1-35 characters in length.

Suffix:

Enter a suffix for the Veteran's name such as Junior, III.

Rules...

- This is a free text field 1-10 characters.
- *Suffix* is not a required field that is user supplied and occurs once (one per Veteran).

Degree:

Degree is the degree associated with this name such as Dr., PhD.

Rules...

- Format is 1-10 characters in length.
- *Degree* is not a required field.

Date of Death:

Date of Death is the deceased date for the individual (if applicable).

Rules...

- Format: (mm/dd/yyyy)

Prisoner of War Episodes

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

- DD-214

- DD-215
- WD AGO Forms
- Military Orders of Award
- Other Official Service Records
- VBA/DoD File

POW Source:

POW Source is defined as the source from which the POW documentation was received and or reported.

Please select from the dropdown.

Capture Date:

This is the date the Veteran entered into a listed POW camp.

This data is shared with VistA.

Rules...

- *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.
- *Capture Date* must be at least a Month and Year.
- *Capture Date* cannot be a future date.
- *Capture Date* cannot be after the *Release Date*.
- format: (mm/dd/yyyy)

Release Date:

This is the date the Veteran was released or rescued from the POW camp.

This data is shared with VistA.

Rules...

- *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.
- *Release Date* must be at least a Month and Year.
- *Release Date* cannot be a future date.
- *Release Date* cannot be prior to the *Capture Date*.
- format: (mm/dd/yyyy)

Days in Captivity:

System calculates the difference between the *Capture Date* and the *Release Date* and displays the number here. If the *Capture Date* and the *Release Date* are the same, *Days in Captivity* will display as 1.

The system will leave the *Days in Captivity* blank if the *Capture Date* and/or *Release Date* are imprecise dates.

Confinement Location:

This is the *Confinement Location* where the Veteran was kept as a POW. Select from the dropdown.

Examples are:

- World War I
- World War II - Europe
- World War II - Pacific
- Korea
- Vietnam
- Other
- Persian Gulf War
- Yugoslavia Conflict

Camp Location:

This is the *Camp Location* where the Veteran was kept as a POW. Select from the dropdown.

(*Date Entered:*)

This displays the date and time the POW data was initially entered (system generated).

(*Entered By:*)

This displays the user who initially entered the POW data (system generated).

ICN:

This National *ICN* is an acronym for Integration Control Number which is a unique identification number assigned by the National MPI for VA patients.

Rules...

- The format is 10 numeric.

(*Updated By:*)

This displays the user who last updated the POW record (system generated).

(*Update Date/Time:*)

This displays the date and time the POW record was last updated (system generated).

The system automatically sets the *Update Date/Time* any time the POW Information is updated.

★Indicated Required Field

Add SHAD Registry Entry

This screen allows the user to Add a SHAD Registry entry for a Veteran who is not already in the system. For Veterans who are already in the system, users should perform a *Veteran Search* and then enter/update the data on the appropriate *Eligibility* or *Military Service* screen.

User may add more than one *Military Service Number* by clicking the ***Add Another Military Service Number*** button.

View History

(SHAD Indicator:)

If there is no current SHAD data and the user is logging receipt of a new document claiming SHAD for the first time, the system will set the *SHAD Indicator* to **Yes**.

SSN:

SSN is the Social Security Number of the patient.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.
- The following *SSN* can never be possible (according to SSA).

  123456789

- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights or nines.
- *SSN* is a required field that is user supplied and can be a multiple.

Military Service Number:

Military Service Number is the service number assigned during the Veteran's episodes of military service.

Rules...

- Military Service Number must be between 1 and 15 characters.

Prefix:

Prefix is the title supplied for the Veteran such as Ms, Mrs.

Rules...

- This is a free text field 1-10 characters.
- Veteran title is not a required field that is user supplied and occurs once (one per Veteran).

First Name:

First Name is the Veteran's given name.

Rules...

- Free text 1-25 characters in length.
- *First Name* is a required field that is user supplied (one per Veteran).

Middle Name:

Middle Name is the patient's middle name.

Rules...

- Free text 1-25 characters.
- *Middle Name* is not a required field that is user supplied (one per Veteran).

Last Name:

Veteran's *Last Name* is the Veteran's family name.

Rules...

- Free text 1-35 characters in length.
- Veteran's *Last Name* is a required field that is user supplied (one per Veteran).

Suffix:

Enter a suffix for the Veteran's name such as Junior, III.

Rules...

- This is a free text field 1-10 characters.
- *Suffix* is not a required field that is user supplied and occurs once (one per Veteran).

Degree:

Degree is the degree associated with this name such as PhD, M.D.

Rules...

- Format is 1-10 characters in length.
- Degree is not a required field that is user supplied and can be multiple.

Claim Number:

A number is automatically assigned by the VBA to each individual's claim for VA benefits.

More...

The claim number is a 7-8 character unique number utilized by the VBA prior to its conversion to use of the SSN. The data field will accept either this 7-8 character unique number or the SSN. A claim number is established only if the beneficiary has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.

A *Pseudo SSN* is not appropriate for this field.

SHAD Documents

Document Type:

This is the type of documentation that supports the Veteran's SHAD claim.

- *VBA Letter* - this would be a letter from the Veterans Benefit Administration supporting the Veteran's SHAD claim.

Document Received Date:

Enter here the date the SHAD documentation was received at the HEC. System defaults *Document Received Date* to the current date.

Rules...

- *Document Received Date* must be the current date or a date in the past. It cannot be a future date.
- *Document Received Date m*ust be a precise date.
- Format: (mm/dd/yyyy)

(*Updated By:*)

This displays the user who last updated the SHAD record (system generated).

(*Update Date/Time:*)

This displays the date and time the SHAD record was last updated (system generated).

The system automatically sets the *Update Date/Time* any time the SHAD information is updated.

Indicates Required Field

Load Registry

Load Registry function allows loading registry records from an external input file (external to the HECMS system). Prior to initiating the loading activity, the input data must be transformed to conform to a pre-determined file format.

A user must have the appropriate *Capability* added to their security *User Profile* in order to edit and/or view the *Load Registry* data. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Registry File Load Statistics

Load Registry Records

Registry Type:

Choose from the following registry types:

- Prisoner of War
- Purple Heart
- SHAD

After the *Load Registry* completes, the *Registry File Load Statistics* information displays.

More...

The system checks the selected input file for consistency in data type and length with data definitions for existing data in the registry files.

In other words, if there are alpha entries where numbers should be or vice versa, the system will show an exception. Code data is also checked.

Rules...

- Only one *Registry Type* may be loaded per execution.

Registry File Load Statistics

Registry Import Date:

This is the date and time of the registry import.

Registry Import Type:

Registry Import Type is one of the three import registry types; Purple Heart, Prisoner of War, or SHAD.

Number of Records Read:

This is the number of registry records read.

Number Passing Consistency Check:

This is the number of records in the selected registry input file that successfully passed consistency checks for data type and length with data definitions for existing data in the registry files.

Number Not Matched to Existing Registry Records:

When person-identifying information on the registry input file is not successfully matched against a person already on the registry, the system does not consider this a match.

Number Ambiguously Matched:

When trying to match a record on the registry input file against an existing person in the registry, an input record will be considered to be "ambiguously matched" if the SSN on the input file matches that on the registry, but none of the other person-identifying information (Last Name, First Name, month/year of birth) matches.

Number of New Registries Inserted:

When the individual's identifying data on the registry input file cannot be matched against an existing registry record, the system will add a registry record.

Number Matched to Existing Registry Records:

When person-identifying information on the registry input file is successfully matched against a person already on the registry, the system considers this a match.

★Indicates Required Field

HL7 Messages

This function maintains a log of HL7 messages sent by the HECMS application or received from external systems and enables users to perform an HL7 Message Search based on a certain date or date range as well as other criteria. The user may search by the following parameters:

HL7 Message Search

Transmission Date:

The date/time the transmission was made to this site or received from this site.

Format: (mm/dd/yyyy)

OR

Transmission Date Range:

Enter a date range for the particular site.

Format: (mm/dd/yyyy)

Facility:

From the dropdown, select the name of the particular facility from which or to which the message was transmitted.

Transmission Type:

Transmission type is the name of a specific message format. This is a combination of the message type (i.e. ORU, QRY) and the event type code (i.e. Z05, Z07) for HL7 messages. Select from the dropdown.

Transmission Status:

Select the desired status for the transmission. Acceptable statuses are:

- *Awaiting Acknowledgement* - message transmitted, acknowledgement pending.
- *Awaiting Transmission* - message built and triggered but waiting to be sent out or processed in.
- *Complete* - message transmitted, acknowledgement received.
- *Error* - message transmitted and application acknowledgement returned with an error.
- *Not Transmitted* - the outbound message transmission/query was attempted. However, after several tries (as defined by the DBA) the message was never successfully transmitted.
- *Pending* - query transmitted and awaiting requested message response.
- Retransmission Failed
- *Retransmit* - message requires retransmission.

The system displays a list of messages from the transmission log that match the user's criteria. The system displays the following information for each message:

HL7 Message Log

Transmission Date

- This is the date/time the transmission was made to this site or received from this site.

(Transmission) Status (see *Transmission Status* definition above)

Message Type (see *Transmission Type* definition above)

Facility (see *Facility* definition above)

Raw Data (click on link to view)

- Displays the delimited raw message data for the selected segment.

Transmission Details (click on link to view)

- Batch Message ID (if applicable)
- Message ID
- Message Type
- Transmission Site (the facility to which or from which the message was sent)
- Transmission Date
- Transmission Status
- ACK (Acknowledgement) Type
- Date/Time Acknowledgement Received
- Retransmission ID
- Retransmission Count

Retransmit (click on link to retransmit)

- Provides a means to re-transmit certain messages.

Mail

Undeliverable Mail Scanning

Undeliverable Mail Bar Code Scanning

This function allows user to search for Undeliverable Mail by Bar Code and displays the following information:

- *Bar Code* - Enter the *Bar Code* for which you are searching. Click the magnifying glass symbol to start the search.
- *Date Mailed* - This is the date the letter was formatted and passed through the printer to process. It is not the actual date it was mailed . It takes approximately 5 business days from this date until the actual mailing.
- Recipient Name & Address
- Form Number
- *Returned by P.O.* - indicates mail was returned by the Post Office as *Undeliverable*.

  If the returned letter has a bar code and is scanned, the system automatically sets the *Communication Status* to **Returned by P.O.**
  If the returned letter has no bar code, the user must do a *Undeliverable Mail Search* using various search criteria. From the *Undeliverable Mail Search Results* page, the user must manually place a check mark in the **Returned by P.O.** checkmark box and ***Update*** the record.
- *Edit Address* - click this link to edit the beneficiary's permanent address from the *Edit Permanent Address* page.

Undeliverable Mail Search

This function allows user to do a Search on any undeliverable mail. One or multiple fields may be used as search criteria. Using more search criteria will reduce the number of results.

The system has a search results limit of 250 records. If search results exceed that limit, the user will be asked to refine their search and try again.

Undeliverable Mail Search

SSN:

SSN is defined as the Social Security Number of the person's record you're trying to find.

Rules ...

- Acceptable format is 9 numeric characters.
- Cannot be a *Pseudo SSN*.

Bar Code:

The communication *Bar Code* id is a system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event if applicable, and the individual.

Last Name:

Veteran's last name is the Veteran's family name.

Rules...

- Free text 1-35 characters in length.

First Name:

Veteran's first name is the Veteran's given first name.

Rules...

- Free text 1-35 characters in length.

Middle Name:

Enter the Veteran's middle name.

Rules...

- Free text 1-25 characters

Country:

Select a country from the dropdown.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

More...

Zip code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

State:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

Form Number:

The *Form Number* is the number that identifies the type of communication.

Choose from the drop-down list.

Case Number:

The *Case Number* is the VPID of the Veteran associated with the mailed correspondence.

VPID is defined as the Veterans Affairs Person Identifier for the beneficiary's record. This 29-character ID is unique for this person.

Date Mailed:

Enter here the date the correspondence was mailed.

Rules...

- Format: (mm/dd/yyyy)

Undeliverable Mail Search Results

Date Mailed

Indicates the date the letter was mailed.

Recipient Name & Address

The Name and Address of the Recipient.

Form Number

Indicates the particular Form Number mailed.

Returned by P.O.

When the user manually selects the Communication Status – *Returned by P.O.* and commits the change, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.

Edit Address

Allows editing the recipient's *Permanent Address*.

Edit Permanent Address

This screen allows user to edit the Permanent Address on file for the beneficiary based on the Undeliverable Mail Search results.

Edit Permanent Address

Name:

This is the name of the beneficiary whose address you wish to edit (display only).

Country:

Select a country from the dropdown.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the City used for the address.

State:

Enter the State name associated with the address.

County:

Enter the County in which the beneficiary lives.

Indicates Required Field

Reports

Report List

This screen enables user to select and run/schedule various reports.

Reports

#

Sequence number for the report.

Report Type

This indicates the type of report.

Report ID

This is the unique *Report ID*. Examples include QM 21, EED 8, COR 1, IV 4 and BOS 1.

Report Title

This is a short narrative description of the report.

Actions

Run Report

Clicking the Run Report link presents the reports parameters screen which enables the user to enter the report parameters as desired or required.

After doing so, click the ***Run Report*** button to run the report.

Schedule Report

Clicking this link enables the user to schedule a report to run at a later date. Reports may be scheduled to run in a variety of different ways.

The following table lists the available reports that may be run (scheduled) by clicking the Run Report (Schedule Report) links. To get more help on the parameters and what will be in each report, see the *Sample Reports* sub-section of the *Reports* section on page 95.

Not included in the table are the OPP Extract reports, which will be generated any time the OPP extraction for the particular file is completed. To view a description and sample OPP Extract reports, see the *Sample Reports* sub-section of the *Reports* section starting on page 111.

Report Type	Report ID	Report Title
Addresses	QM 21	Address Updates

Report Type	Report ID	Report Title
Cancel/Decline	QM 4	Cancelled/ Declined

Report Type	Report ID	Report Title
Addresses	QM 5	Bad Address Records
Bulk Registry Load	QM 27	Bulk Registry Load Exceptions
Bulk Registry Load	QM 26	Bulk Registry Load Statistics
Financial Assessment	QM 17	Financial Tests in Process
Messaging	QM 25	Inbound HL7 Error
Correspondence	COR 1	Letter File from Processing Center Report
MST	QM 10	MST National
Enrollment	QM 3	New Enrollment Processing
Messaging	QM 19	Outbound HL7 Error
PH	QM 23	PH Reject Reason
PH	EED 3	PH Unconfirmed For More Than X Days
SSN	IV 3	Returned Records From SSA Statistics
SSN	IV 4	SSN Database Statistics Report
SSN	IV 5	Pseudo SSN
Quality Management	QM 6	EED Veteran Survey List
Financial Assessment	IV 1	MT Signature Indicator By Income Year
P8 Limited Access Reports	P8G 1	Assigned to Priority Group 8
P8 Limited Access Reports	P8G 2	Income Summary Report

Report Type	Report ID	Report Title
Enrollment	EED 1	Total Enrolled Veterans
Enrollment	EED 6	Total Veterans by Enrollment Status and Priority Group
Addresses	BOS 1	Undeliverable Mail
Messaging	QM 8	Unsolicited Updates by VBA
Enrollment	EED 2	Total User Enrollee
Messaging	QM 20	VBA Query Status
Enrollment	EED 8	EED Weekly Statistics
Workload	QM 15	Workload for Status Remaining or Exceeding X Days
Workload	QM 11	Workload Turnaround Time
Eligibility	QM 14	Manual Eligibility Update
Enrollment	EED 9	Enrollment Override Report
Eligibility	EED 10	Total Eligibility Factors
Quality Management	EED 12	Duplicate Merge
Messaging	QM 28	Inbound Messages From Sites
Messaging	QM 29	Inbound Messages From MVR (VBA)
Messaging	QM 30	Outbound Messages To Sites
P8 Limited Access Reports	P8G 3	Migration to Priority Group 8
P8 Limited Access Reports	P8G 4	Migration from Priority Group 8

Report Type	Report ID	Report Title
Incomplete Registrations	EED 19	Incomplete Registrations Report

Report Type	Report ID	Report Title
Missing Preferred Facility	EED 20	Missing Preferred Facility Report

Scheduled Reports

This screen shows all reports and their scheduled run dates. From this screen, a report may also be cancelled.

Schedule A New Report **Show/Hide Report Filter**

Report:

Select the type of report from the dropdown. See *Report List* screen help above.

Report:

Select the *Report ID* from the dropdown. Examples include **QM 4**, **EED 1**, **COR 1**, **IV 4** and **BOS 1**.

Report:

Select the title of the report from the dropdown.

File:

Select the file type for the report from the dropdown. The two types are:

- .pdf
- .csv

Scheduled Run Date:

Enter the date(s) on which the report is scheduled to run. User may specify either a From Date, a To Date, or both (mm/dd/yyyy).

The list of entries in the dropdown boxes are filtered based on the actual list of report data for that user. For example, if there are no **QM 23** reports scheduled, then the *Report ID* dropdown won't have a selection for **QM 23**.

When a filter is applied (with the ***Apply Filter*** button), text is added to the right of the section title to show the user that a filter is being applied. For example, when a filter is applied on the *Scheduled Reports* screen, the section header is listed as "**Scheduled Reports (Filter Applied)**."

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Clicking the Hide Report Filter link will hide the report filter criteria.

Scheduled Reports

#

Sequence number for the report.

Report Type

This indicates the type of report. See *Report List* section under **Reports** on page 85 for *Report Types*.

Report ID

This is the unique *Report ID*. Examples include QM, EED, COR, IV and BOS.

Report Title

This is the title of the report.

File Type

This indicates the file type for the report. The two types are:

- .pdf
- .csv

Scheduled Run Date

This is the date on which the report is scheduled to run.

Action

This Cancel Report link enables the user to cancel an existing scheduled report. Click the ***OK*** button to cancel the report or ***Cancel*** to leave it as is.

Schedule Report

This allows user to schedule new reports.

Scheduled Reports

Schedule Report

Report Name:

Select new report from the dropdown.

After dropdown selection for new *Report Name* is made, click the ***Submit*** button.

Schedule Report

Report Name:

Displays the new scheduled report selected.

The parameters below are determined by the report being scheduled. Below is an example of report parameters for the *Address Updates (QM 21)* report.

Generate Report:

Choose one of the following. If *Generate Report* selection is:

- ***Daily/Weekly***

  ...then choices are:

  - **Sunday, Monday**, **Tuesday**, **Wednesday**, **Thursday**, **Friday, Saturday**

- ***Monthly***

  ...then choices are either:

  - The **first**, **last**, **15th**, day of every month.

    OR

  - The **first**, **second**, **third**, **fourth**, **last Sunday, Monday**, **Tuesday**, **Wednesday**, **Thursday**, **Friday**, or **Saturday**, of every month.

- ***Quarterly***

  ...then choose from the following:

  - The **First**, **Last** day of every quarter.

- ***Yearly***

  ...then choose:

  - Every **January**, **February**, **March**, **April**, **May**, **June**, **July**, **August**, **September**, **October**, **November**, **December**, XXth.

    OR

- The **first, second, third, fourth,** or **last, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday,** or **Saturday** of **January, February, March, April, May, June, July, August, September, October, November,** or **December**.

- ***Other***

  When the **Other** radio button is chosen, a ***From Date*** and ***To Date***, which appear below, must be chosen.

Date to Generate Report:

Enter the precise date (mm/dd/yyyy) on which to generate the report.

Time to Generate Report:

Indicate the time to generate the report. Choose hours first (military time), then minutes.

***Email Report To*:**

Separate each email recipient name with a semi-colon (;).

The parameters below are determined by the report being scheduled. Below is an example of report parameters for the **Address Updates (QM 21)** report.

From Date:

Enter a *From Date* (mm/dd/yyyy). This field appears only when the **Other** radio button for ***Generate Report*** is chosen above.

To Date:

Enter a *To Date* (mm/dd/yyyy). This field appears only when the **Other** radio button for ***Generate Report*** is chosen above.

Address Updated Multiple Times Within:

Enter the number of days in which the address was updated more than once.

Report Format:

Select either:

- Summary
- Detailed

File Type:

Select either:

- .pdf
- .csv

Indicates Required Field

Completed Reports

This screen presents a list the completed reports that have been run. User may click on the desired View Report link to view the report. The user may also click the Delete link to delete the desired report or click the Archive link (for an Active report) to archive the desired report.

Show/Hide Report Filter

Report:

Select the type of report from the dropdown. See *Report List* screen help on page 85.

Report:

Select the *Report ID* from the dropdown. Examples include **QM 4**, **EED 1**, **COR 1**, **IV 4** and **BOS 1**.

Report:

Select the title of the report from the dropdown.

Status:

Select the *Report Status* from the dropdown. Examples include **Active**, **Archived**, **All**.

File:

Select the file type for the report from the dropdown. The two types are:

- .pdf
- .csv

Report Parameters:

Enter any parameters such as *From* and *To Dates* and the particular report.

Date Run:

Enter the date(s) on which the report was run. User may specify either a *From Date*, a *To Date*, or both (mm/dd/yyyy).

Archived Date:

Enter the date on which the report was *Archived*.

The list of entries in the dropdown boxes are filtered based on the actual list of report data for that user. For example, if there are no **QM 23** reports scheduled, then the *Report ID* dropdown won't have a selection for. **QM 23**.

When a filter is applied (with the ***Apply Filter*** button), text is added to the right of the section title to show the user that a filter is being applied. For example, when a filter is applied on the *Completed Reports* screen, the section header is listed as "**Completed Reports (Filter Applied)**."

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Clicking the Hide Report Filter link will hide the report filter criteria.

Status: Completed Reports

#

Sequence number for the report.

Report Type

This indicates the type of report.

Report ID

This is the unique *Report ID*. Examples include **QM 4**, **EED 1**, **COR 1**, **IV 4** and **BOS 1**.

Report Title

This is a short narrative description of the report.

File Type

This indicates the file type for the report. The two types are:

- .pdf
- .csv

Report Parameters

This displays any parameters entered by the requester such as *From* and *To Dates* and the particular report.

Status

This is the status or the report. Reports are either *Active* or *Archived*.

Date Run

This shows the date the report was run.

Archived Date:

This is the date the **Completed Report** was *Archived*.

Action

The following Actions are available for *Active* **Completed Reports**:

- *View - clicking the View link allows the user to view the Completed Report.*
- *Delete - clicking the Delete link allows the user to delete the Completed Report. A confirmation box will be displayed to the user.*

  The user must have the Schedule/Run/Delete/Archive privilege for the report type and the report must have been generated by the user.

  and/or

  The user has a System Administrator Role.

- *Archive - clicking the Archive link allows the user to archive the Completed Report.*

  The user must have the Schedule/Run/Delete/Archive privilege for the report type and the report must have been generated by the user.

  and/or

  The user has a System Administrator Role.

The following Action is available for *Archived* **Completed Reports**:

- *View - clicking the View link allows the user to view the Archived Report.*
- *Delete - clicking the Delete link allows the user to delete the Archived Report. A confirmation box will be displayed to the user.*

  The user must have the Schedule/Run/Delete/Archive privilege for the report type and the report must have been generated by the user.

  and/or

  The user has a System Administrator Role.

Sample Reports

Undeliverable Mail (BOS 1)

This report provides a total of incoming undeliverable mail by division (IV & EE), undeliverable mail that has been processed by day. It is used to provide monthly totals of incoming and processed mail that is received by the mail unit. For each execution, this report is limited to generating data for a single fiscal year.

For the *Summary Report*, a single row is produced for each division (IV & EE) and a grand total for the specified time period. For the *Detailed Report*, each row represents the number of undeliverable letters for a single day. Subtotals are produced for each week within the specified time period.

The requester has the option of *Detailed* or *Summary*.

Letter Files from Processing Center (COR 1)

Summary Report: This report provides the number of letter requests by Letter Name and Form Number, which were actually mailed by the Processing Center, the number of letter request returned for Code 1 Reject reasons and the number of letter requests returned with an error reason(s). The report includes the Date/Time the File was received and a total number per file and the letter types and the specific error reason for the Code 1 Reject File and the Error file reject reason. The report can be generated for individual or all files. The 3 files are the Address File, The Code 1 Reject File and the Error File.

Detailed Report: This report breaks down each letter type into the three groups, Totals, Code 1 and Error. The report then breaks down Code 1 and Error for each letter type into individual groups with specific letter identification to allow for clean up, tracking, etc. It also shows the person-identifying information for the individuals whose letters errored in processing. The difference between the *From Date* and *To Date* may not exceed 31 days.

Total Enrolled Veterans (EED 1)

The report provides a listing of all Veterans whose most current enrollment record is in a *Pending* enrollment status for the time period, by facility. The report may be run in a summary mode to reflect total numbers or in a detail mode to list specific Veteran-identifying information for the desired statuses. To be eligible for this report, the Veteran must be a "user enrollee." The category "user enrollee" indicates that a *User Enrollee Valid Through Date* on the Veteran's record exists.

The report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center.

The requester has the option of *Detailed* or *Summary*.

Total User Enrollee (EED 2)

This *Summary Report* produces a listing of active User Enrollees.

PH Unconfirmed For More Than X Days (EED 3)

This report provides the number of unconfirmed PH registry requests. It includes the number of each *PH Status* that has not reached a **Confirmed** status. It will not include any records that have a *Date of Death*.

The report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veterans *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of *Detailed* or *Summary*.

Total Enrollees per Enrollment Status Grouped by Priority (EED 6)

This report provides the Nationwide number of enrollees for each *Enrollment Stat*us and each Enrollment Priority/Sub Priority and those who are Un-prioritized. The report is sorted by Enrollment Priority Group. The report provides a total for each *Enrollment Status* and for each Enrollment Priority/ Sub-Priority.

The report provides current enrollment records on the total number of Enrollees by Priority Group separated into the various Enrollment Status categories, based on a "*FROM / TO*" date range determined by the requester. User may select one, many or all of the Priority Groups, and / or one, many, or all of the Enrollment Statuses.

EED Weekly Statistics (EED 8)

These EED reports are used to capture the various updates that occur within a user specified time frame or scheduled run.

The scheduled report displays each proceeding week's data back to the beginning of the fiscal year (Sunday through Saturday) and calculates the fiscal year averages and totals. The scheduled report includes all individual pages.

The 'On Demand' report shows the individual totals for the time period selected broken down into weekly increments. For example, if the user requested a report for December 1, 2005 to December 31, 2005, the first week displayed would be December 1, 2005 to December 3, 2005. The second week would be from December 4, 2005 to December 10, 2005. The third week would be December 11 to December 17, 2005. The fourth week would be December 19, 2005 to December 24, 2005. The fifth week would be December 25, 2005 to December 31, 2005. The report displays the individual data points on individual report types similar to what is demonstrated in the samples.

The requester has the option of *Detailed* (all reports) or *Summary* (individual reports).

Enrollment Override Report (EED 9)

This report captures Veteran-specific information only on records where a HEC employee manually initiated an override based on an *Override Reason*. The Veteran specific information contains the Veteran's name, SSN and narrative reason.

Summary Report: This report provides the total number of *Enrollment Overrides* OR the total of *Enrollment Overrides by Reason* based on a "*FROM / TO*" date range to be determined by the requester.

Detailed Report: This report provides Veteran specific information for the total *Enrollment Overrides* for a "*FROM / TO*" date range to be determined by the requester.

The requester will have the option of selecting a report that will list the Veteran specific data by the LAS that performed the *Enrollment Override*, grouped by *Override Reason*, user may select one, many or all LASs.

OR

By the Veteran, grouped by Veteran SSN, then sub-grouped by *Override Reason* and then lists the identity of the LAS who performed the Enrollment Update.

The information on this report is limited to overrides performed by a HEC employee (manually initiated override).

Total Eligibility Factors (EED 10)

Summary Report: This report provides the Nationwide total *Eligibility Factors* for verified enrolled Veterans. The report factors will be broken down into Eligibility Factors. This report can be run on an "*AS OF DATE*" or a "*FROM / TO*" date range to be determined by the requester. The *Summary Report* is also the 'scheduled' report.

Detailed Report: This report provides the total *Eligibility Factors* for verified enrolled Veterans (Primary and Secondary Eligibility Factors) by VISN, or by medical center within VISN. The Veteran's Preferred Facility is used to determine the VISN, VAMC / Facility information (only to the VAMC / Parent Level). This report can be run on an "*AS OF DATE*" or a "*FROM / TO*" date range to be determined by the requester. The *Detailed Report* is NOT a 'scheduled' report.

The report(s) can be selected for viewing by clicking the appropriate View Report link from the Completed Reports page.

Duplicate Merge (EED 12)

Summary Report: This report provides the total number of records in the *Merge* process by the three (3) status categories, for a "*FROM / TO*" date range determined by the requester.

'Number of Records Merged by LAS / User' - the total number of records in the *Merge* process by the three (3) status categories by the LAS for a "*FROM / TO*" date range determined by the requester.

Detailed Report: This report is segregated by LAS and lists individual records in the *Merge* process by two (2) statuses for a "*FROM / TO*" date range determined by the requester.

1. 'Completed' which includes a total of days from assignment to completion.

2. 'In Process' which includes the total days merge is *In Process* (assigned but not completed).

The report also includes a total of all records in an 'In Process' and 'Completed' status with a calculated average for each.

The report(s) can be selected for viewing by clicking the appropriate View Report link from the Completed Reports page

Incomplete Registrations Report (EED 19)

There are two reports that track incomplete registrations. The first is the detailed “Incomplete Registrations Report”, which lists incomplete registrations for single, multiple, or all users.

An incomplete registration is defined as a user-started process of adding a person and then saving the person ‘In Process’ for completion at a later date. The report lists specific veteran-identifying information to provide managers a way to track and analyze pending items and manage workload. In addition, this information helps resolve unexpected error conditions during the data entry process.

The second report is the summary “Incomplete Registrations Report – Management Aging Report” and lists a total of incomplete applications by username over time (30, 60, 90 days).

After selecting Run Report from the *Reports List* menu, the report(s) can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page.

Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

Missing Preferred Facility Report (EED 20)

The *Missing Preferred Facility Report* lists veterans who may have no data in place of the identifier for their preferred VA treatment facility ("Preferred Facility"). It is an unscheduled, 'on-demand' report that can be run by an authorized ESR user to identify any 'null' value preferred facilities for manual correction by an authorized ESR user. It will initially be used for a clean-up effort, and thereafter for occasional checking to ensure that there are no data transmission errors resulting in a null value for any particular veteran.

This report provides the individual records that are missing a preferred facility. After selecting Run Report from the *Reports List* menu, the report(s) can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page.

Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

MT Signature Indicator By Income Year (IV 1)

The report provides a count of all Means Tests for a user selected *Income Year* that have been imaged and whether they've been signed, do not have a valid signature, or are completed but no image has been received.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of Detailed or Summary.

Returned Records From SSA Statistics (IV 3)

The report provides a count of all records returned from SSA, valid or invalid, by beneficiary, spouse and dependents.

Database SSN Statistics (IV 4)

The report will provide a count of all SSN Validation Flags in the database.

The SSN counts are broken down by Beneficiary, Dependent and Spouse. For each of these, counts are given for *Verified*, *Invalid*, and *New* SSNs as well as how many are in the verification process and how many need to be resent to SSA for verification.

Pseudo SSN (IV 5)

The report provides a count or listing of all beneficiaries, spouses and dependents that have *Pseudo SSNs* listed in the database. The report will only select records that have a *Pseudo SSN Reason* of "**Follow up Required.**"

The requester has the option of *Detailed* or *Summary*.

OPP Extract CD Procedure File Summary Report (OPP 1)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the CD Procedure File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP CD Procedure file extract is completed.

OPP Extract CD Diagnosis File Summary Report (OPP 2)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the CD Diagnosis File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP CD Diagnosis file extract is completed.

OPP Extract CD Condition File Summary Report (OPP 3)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the CD Condition File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP CD Condition File extract is completed.

OPP Extract Period Of Service File Summary Report (OPP 4)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Period Of Service ((POS). The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP POS file extract is completed. The report will be generated any time the OPP CD Condition File extract is completed.

OPP Extract Main File Summary Report (OPP 5)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Main File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records by specific categories. The report will be generated any time the OPP Main File Extract is Completed.

OPP Extract Eligibility File Summary Report (OPP 6)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Eligibility File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP Eligibility file extract is completed.

OPP Extract Rated Disabilities File Summary Report (OPP 7)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Rated Disabilities File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP Rated Disabilities file extract is completed.

OPP Extract Combat Data File (OPP 8)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Combat Data File The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP Combat Data file extract is completed.

Assigned to Priority Group 8 (P8G 1)

This report produces a summary of Veterans assigned to Priority Group 8 as of a certain date. It includes all current enrollment records with an Enrollment Status of “Verified” and a Priority Group of “8”. Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report.

The Facility selected can be by VISN, Site, or both. If no Facility is selected, the report generates a National summary of Veterans Assigned to Priority Group 8.

Income Summary Report (P8G 2)

This report is used to identify Veterans' current income levels for Priority Groups 8b and 8d. The report includes beneficiaries whose current priority group is "8b" or "8d". Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report. The Report displays whether income is:

- less than or equal to the specified amount for the year above the MT threshold where the GMT threshold is less than the MT Threshold
- less than or equal to the specified amount for the year above the GMT threshold where the GMT threshold is greater than the MT Threshold
- greater than the specified amount for the year above the applicable MT or GMT threshold
- less than the MT threshold, greater than the GMT threshold, with a net worth >= $80,000.00
- not provided on the current Means Test

The report also displays if the number days since the financial assessment was completed is < 366 days or > 365 days.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Income Summary report.

Migration to Priority Group 8 (P8G 3)

This report identifies the number of Veterans currently assigned to Priority Group 8 where the Veteran's most recent prior Priority Group was 1-7, or Priority Group/Subgroup 8e-8g. Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration to Priority Group 8 report.

The Site version of the report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

Migration from Priority Group 8 (P8G 4)

This report identifies the number of Veterans currently assigned to Priority Group 1-7 where the Veteran's most recent prior Priority Group was 8. Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration from Priority Group 8 report.

The Site version of the report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

New Enrollment Processing (QM 3)

The report provides average time values in days for the individual process steps that are contained in the process of enrolling a new beneficiary. This report only tracks the initial application process. It does not include consecutive updates to the eligibility/enrollment record. The user has the ability to choose either complete or incomplete enrollment records. If detailed and complete are chosen, the system will prompt them to look for an outlier of days - meaning any step in the process that exceeds the days specified. Incomplete is defined as not all steps within the process have been completed. The user will be prompted for the number of days that the record has remained in the last completed status.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of *Detailed* or *Summary*. The difference between the *From Date* and *To Date* may not exceed 31 days for the *Summary Report*.

Cancelled/Declined (QM 4)

This report shows the Nationwide number of enrollees who have an *Enrollment Status* equal to "*Cancelled/Declined"* by each *Reason Cancelled/Declined*. No *Date of Death* records will be included.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

Bad Address Records (QM 5)

This report provides a *Summary Report* of the number of person records where the current *Permanent Mailing Address* has the *Bad Address Reason* populated. The *Detailed Report* can also be generated to display the person's *Name*, *SSN* and *Bad Address Reason*. No *Date of Death* records will be included.

The difference between the *From Date* and the *To Date* cannot be greater than 31 days. Only one VISN may be chosen per report execution.

EED Veteran Survey List (QM 6)

This report is used to develop a mailing list of Veterans to receive the EED Customer Satisfaction Survey. It accumulates a user specified number of records working from the data specified in negative-date chronological order until it reaches the number specified by the user. No *Date of Death* records will be included.

Unsolicited Updates by VBA (QM 8)

This report shows either in *Summary* or *Detailed* format the information related to an unsolicited update sent by VBA. For this report, **Not Processed** indicates that no data from the message was accepted (includes only instances were the message was ignored.)

The *Detailed Report* will display only records **Not Processed**.

MST National (QM 10)

This report provides a summary of the number of Veterans who have a *MST* Status recorded with a *MST Status Date* as of the report run-date. The detailed report can be generated for a specific Fiscal Year, Quarter or user-specified date range to provide a count of the number of Veterans with a recorded *MST Status Date* that falls within the reporting period. The *MST Status* is sorted by *Gender*.

Summary Report:

Each report row represents the accumulated annual total number of Veterans by gender with the specific MST Status for all Fiscal Years, the percentage by gender of the total number of vets screened per MST status, and the percentage of the total Veterans screened by gender with a MST Status of Positive or Negative for all Fiscal Years.

Fiscal Year Report:

Each report row represents the number of persons by gender with the specific MST Status per Quarter, the percentage by gender of the total number of vets screened, the percentage of the total Veterans screened by gender with a MST Status of Positive or Negative and the totals for each gender and MST Status for the Fiscal Year.

Quarterly Report:

Each report row represents the number of persons by gender with the specific MST Status, Total per Quarter, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with a MST Status of Positive or Negative.

Date Range Report:

Each report row represents the number of persons by gender with the specific MST Status within a user-specified date range, Total per selected date range, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with an MST Status of Positive or Negative.

Workload Turnaround Time (QM 11)

This report provides information about the turnaround time for any or all workload cases for a functional group. It gives a *Summary* or optionally *Detailed* report by user. If it is not run by the user it uses the date the workload was assigned. If not by user then it uses the date the workload was logged. The difference between the *From Date* and *To Date* may not exceed 31 days.

If the user selects *Detailed* they will be prompted for outlier days (the number of days a workload has been in the last status) and the number of random records (how many random records the system should select for review). If no random records are selected, then all of the records that meet the outlier days criteria will be produced.

An LAS may run the report but the output will be for that user only.

Manual Eligibility Update (QM 14)

This report provides, by a Date Range and user specified parameter (number of days), records that were manually updated and then manually updated again (no automatic update in between).

The requester has the option of *Detailed* or *Summary*. The *Detailed* report shows person-identifying information for the specific records updated, along with what was updated and when.

Workload for Status Remaining or Exceeding X Days (QM 15)

This report provides, by a Date Range and *Work Item Status*, those workload items that have met or exceeded the number of days specified. User may also specify the report by *Functional Group* and *Work Item Type*.

Financial Tests in Process (QM 17)

This report produces a listing of Financial Tests that have been placed **In-Process**. It provides details about how long a test was left in-process and who placed the test in-process.

The requester has the option of *Detailed* or *Summary*. If *Detailed* is selected, user may choose to report details by either *Date* or *LAS*.

Because the **In-Process** Test table does not maintain a record of everything that has ever been in-process, this report will only show those tests that are in an in-process state at the time the report is executed.

Outbound HL7 Error (QM 19)

This report provides both *Summary* and *Detailed* information on individual Outbound HL7 messages that encounter either an AE or an AR. For ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. User may select only one *Message Type* per execution. The time span between *From Date* and *To Date* may not exceed 31 days.

VBA Query Status (QM 20)

This report shows either in *Summary* or *Detailed* the information related to a query to VBA and whether no response or a response of "No VBA Data on File" is received.

Address Updates (QM 21)

This report produces a listing of Addresses that have been updated more than once in X amount of days. X is a user defined parameter.

The requester has the option of *Detailed* or *Summary*.

PH Reject Reason (QM 23)

This report produces a listing of the reasons a PH was rejected. Optionally, the report results can be listed by the User.

The requester has the option of *Detailed* or *Summary*.

The *Status* of the PH must be “Rejected.”

Inbound HL7 Error (QM 25)

This report provides both *Summary* and *Detailed* information on individual Inbound HL7 messages that encounter either an AE or an AR. On the ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. User may select only one *Message Type* per execution. The difference between the *From Date* and *To Date* may not exceed 31 days.

Bulk Registry Load Statistics (QM 26)

The report lists statistics from Bulk Registry Load Sessions. Requester may choose a single *Registry Type* (**POW**, **PH**, **SHAD**) or *All Registry Types*.

Bulk Registry Load Exceptions (QM 27)

The report provides a listing of Exception Records* generated in a Bulk Registry Load session. Requester must enter a *Batch Number* and choose a single *Exception Type* (**R1**, **R2**, **R3**, **P1, P2, SYSTEM ERROR**) or *All Exception Types* in either **CSV** or **PDF** *File Type*.

> *The Exception Record refers to the record that is imported (or attempted to be imported) into the Registry using the Bulk Registry Load. The form, content, and length of the record is determined by system designers when the standard input format for the registries are defined. In other words, the output lines in this report include the input record that generated an exception, in its entirety. If the Exception Records are too long to appear on one line, the record display will wrap lines as necessary for the screen or printer output.

Inbound Messages From Sites (QM 28)

This report will provide Inbound message traffic between the HECMS system and sites broken down by *Hour*, by *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF** *File Type* to run the report.

Inbound Messages From MVR (VBA) (QM 29)

This report provides Inbound message traffic between the HECMS system and MVR broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF** *File Type* to run the report.

Outbound Messages To Sites (QM 30)

This report provides Outbound message traffic between the HECMS system and the sites broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF** *File Type* to run the report.

Reference

Thresholds

Selecting **Thresholds** from the Reference button bar enables the user to get Geographic Means Test (GMT) thresholds or income thresholds for either zip codes or cities and states for a particular income year.

Geographical Region and Income Year

Income Year:

Select the income year from the dropdown for the desired geographic threshold.

GMT Threshold information will only display if using Income Year 2001 or later; GMT Copay Required was not a valid status prior to 2001.

Rules...

To do a GMT Threshold lookup, either a *Zip Code* or *City* and *State* must be entered.

Zip Code:

Enter the zip code for the desired geographical region.

Or

State:

Enter a state for the desired geographical region.

City:

Enter a city for the desired geographical region.

Note: When a *City* and *State* are entered, the system will prompt the user to verify the *Zip Code*.

Thresholds

Displays Thresholds in place for tests completed for various number of dependents for the *Income Year* selected.

Number of additional dependents (above 7):

Enter the number of dependents above 7 and click the ***CALCULATE THRESHOLD*** button to have the system calculate the thresholds for the total number of dependents. The maximum number in this field is 999.

Example: If the user enters 3 and clicks the ***CALCULATE THRESHOLD*** button, the system displays the thresholds for 10 dependents.

Copayments

This screen allows users to view Copayment information for a particular Income Year.

Income Year:

Select the income year from the dropdown for the desired Copayment information.

Among these are:

- Inpatient Copayments and Per Diem Charges - (income year selected)
- GMT Copayments and Per Diem Charges - (income year selected)
- Outpatient Copayments - (income year selected)
- Medication Copayments - (income year selected)
- Long Term Care Copayments - (income year selected)

EGT Settings

Selecting **EGT Settings** from the Reference button bar displays the Enrollment Group Threshold (EGT) Processing status as well as current EGT and future EGT settings information.

The user is not allowed to edit *Current* or *Historical EGT Setting* information. The user is not allowed to edit an *EGT Setting* record that has an *Enrollment Process Start Date/Time* that is set.

The user must have the appropriate security permission to add new, update or view *EGT Setting* information. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

It is important to note that many Veterans may be disenrolled if the EGT Setting is changed and that re-enrollment is not automatic when the EGT Setting is relaxed.

Enrollment Group Threshold Processing

Process Status:

Process Status is status of the EGT processing. Statuses are:

Running - set when the system is actively doing the EGT Processing

Finished - set when the EGT Processing has been completed

Error - set when the EGT Processing has been stopped for any reason

Process Start Date/Time:

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. This is populated by the system.

Process End Date/Time:

Process End Date/Time is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. This is populated by the system.

Current Enrollment Group Threshold Setting

VIEW HISTORICAL EGT SETTINGS

EGT Effective Date

The *EGT Effective Date* is the date of the enrollment group threshold setting went into effect.

EGT Type

The *EGT Type* determines what rules are used for enrollment inclusion and exclusion.

EGT Priority

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

Values are:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

See also Enrollment Priority Group in the online help.

Federal Register Date

This represents the date the EGT change was published in the Federal Register.

Process Status

Process Status is status of the EGT processing. Statuses are:

Running - set when the system is actively doing the EGT Processing

Finished - set when the EGT Processing has been completed

Error - set when the EGT Processing has been stopped for any reason

Process Start Date/Time

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. This is populated by the system.

Process End Date/Time

Process End Date/Time is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. This is populated by the system.

Future Enrollment Group Threshold Settings

ADD NEW EGT SETTING

EGT Effective Date

The *EGT Effective Date* is the date of the enrollment group threshold setting goes into effect.

EGT Type

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion.

EGT Priority

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

Values are:

- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8

See also Enrollment Priority Group in the online help.

Federal Register Date

This represents the date the EGT change was published in the Federal Register.

Process Status

Process Status is status of the EGT processing. Statuses are:

Running - set when the system is actively doing the EGT Processing

Finished - set when the EGT Processing has been completed

Error - set when the EGT Processing has been stopped for any reason

Process Start Date/Time

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. This is populated by the system.

Process End Date/Time

Process End Date/Time is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. This is populated by the system.

Add/Update EGT Setting

This screen allows the user to add/update Enrollment Group Threshold settings. There may be more than one future *EGT Setting* and it can be edited at any time.

The user must have the appropriate security permission to add new, update or view *EGT Setting* information. The user must also have the appropriate permission to stop a future EGT Setting Process. This may be done by clicking the ***Disable*** button.

It is important to note that many veterans may be disenrolled if the *EGT Setting* is changed and that re-enrollment is not automatic when the *EGT Setting* is relaxed.

Add Enrollment Group Threshold Setting

EGT Type:

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion.

System defaults to **Enrollment Decision**.

EGT Priority:

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

It's also defined as the enrollment priority group determined for the Veteran.

Choices are:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value set by the system when the *EGT Priority* value is set to 7 or 8.

EGT Effective Date:

This is the date the *EGT Setting* is to go into effect.

Rules...

- The date can be a date in the past, present or future.

- Before changing an EGT setting to a retroactive *Effective Date*, you must first Disable this *Effective Date* before you will be allowed to enter a new EGT setting with a retroactive *Effective Date*.

Example: if the *EGT Effective Date* is set to 02/01/02 and a new effective date of 02/22/02 is entered, the 02/22/02 date cannot be stored without Disabling the 02/01/02 date first.

Federal Register Date:

This represents the date the EGT change was published in the Federal Register.

Rules...

- Precise date is required if date entered.
- It can be a date in the past, present and future.

Comments:

Comments is a free-text field that may be used to enter comments pertinent to the EGT change.

Indicates Required Field

View Historical EGT Settings

The *EGT Settings Change History* screen displays historical EGT settings information for a particular *Change Time,* which includes the date and time of the change.

Once an *EGT Setting* has been disabled, it can only be viewed in the historical data, not future or current views. This screen is for display only.

Old and *New Values* are displayed in red for the following categories:

EGT Settings Change History

EGT Type:

The EGT Type determines what rules are used for enrollment inclusion and exclusion.

EGT Priority:

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

It's also defined as the enrollment priority group determined for the Veteran.

Values are:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value used for stratification of the priority levels when the *EGT Priority* value is set to 7 or 8.

See also Enrollment Priority Group in the online help.

EGT Effective Date:

This is the date the EGT setting is/was to go into effect.

Federal Register Date:

This represents the date the EGT change was published in the Federal Register.

Comments:

Comments entered by the user that were pertinent to the EGT change.

Disabled:

This indicator shows if an *EGT Setting* was *Disabled* for any reason. The most common reason for disabling an *EGT Setting* is when a wrong *EGT Effective Date* was entered.

More...

For any new *EGT Setting* entry, the system automatically disables the previous entry on the *EGT Effective Date* of the new *EGT Setting*.

A user may not re-enable an EGT setting that has been disabled. Once an *EGT Setting* has been disabled, it can only be viewed in the Historical data, not future or current views.

The user must have the appropriate security authorization to set this value.

Last Update Date:

Displays the date the *EGT Settings* were last updated.

Last Updated By:

Displays the user who last updated the *EGT Settings*.

Relaxation Percentage

Relaxation Percentage (Update)

In January 2009, a new policy was introduced known as the *P8 Relaxation Enhancement*, which allows Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds.

VHA requires the ability to relax this percentage even further in order to manage the number of enrollees over time. To facilitate this, a system parameter was created to store the relaxation percentage value in the event that it were to change from the then-current 10% value. However, the system parameter did not allow for the Continuous Enrollment rules to be applied correctly for each Income Year for a percentage that changed in a subsequent year.

The solution to this restriction was to remove the *Relaxation Percentage* system parameter and provide the ability to change the *Relaxation Percentage* by income year. The change would be retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but now qualify under the new relaxation percentage.

Add Income Year

To add a new Income Year and relaxation percentage, click on the **Add Income Year** link. Only the next Income Year (current calendar year) may be added.

If the next income year is already defined in the system, the **Add Income Year** link will not be displayed.

View Historical

The user may also click the *View Historical* link to view the *Relaxation Percentage Change History* screen for a history of Income Year and percentage changes made, with "Old" and "New" values displayed for user-selected dates and times.

A user must have the appropriate *Capability* added to their security *User Profile* in order to edit and/or view the *Relaxation Percentage* data. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Relaxation Percentage

Income Year:

Select the *Income Year* to which the *Percentage* will be applied from the dropdown.

More…

The *Income Year* dropdown defaults to the current Income Year and percentage.

When an *Income Year* is selected from the dropdown, the corresponding percentage for that Income Year is displayed in the *Percentage* field.

Percentage for YYYY:

Enter or update the relaxation percentage for the Income Year chosen.

More…

Percentage defaults to the latest percentage for the *Income Year* selected.

Changes to the *Percentage* are saved in history.

Rules…

- The *Percentage* value can only be updated for the current and next *Income Years*, and only if the next Income Year has already been added using the *Add Income Year* link. All prior Income Year percentages are read-only and cannot be changed.
- The new *Percentage* must be greater than the old value.
- *Percentage* must be a value from 0 to 99.

Start Retroactive Processing

This optional batch process applies the change retroactively to the beginning of the Income Year for all Veterans who were previously rejected but now qualify under the new *Percentage*.

To run the batch process, place a check in the check box and click ***UPDATE***. The check box defaults to checked.

Click the ***UPDATE*** button to update the *Relaxation Percentage* or ***CANCEL*** to return to the *Person Search* screen without making any changes. The ***RESET*** button resets all of the changed fields to their previous values and returns the user to the current Income Year and percentage.

Indicates Required Field

Relaxation Percentage

Relaxation Percentage (Add)

This screen allows the user to add a *Percentage* for the current calendar year.

Income Year:

The system displays the next Income Year (current calendar year), which is the only year that can be added.

More…

Only the current calendar year is displayed for addition.

Percentage:

Enter a relaxation percentage for the new Income Year displayed.

Rules…

- The new *Percentage* must be greater than or equal to the current Income Year's old value.
- The *Percentage* must be a value from 0 to 99.

Click the ***ADD*** button to add the *Relaxation Percentage* or ***CANCEL*** to return to the *Relaxation Percentage (Update)* screen without making any changes.

Indicates Required Field

ESR Registration

Search and Add New Person

The *Add New Person* functionality allows HEC authorized users to register a person through the Enrollment System Application (HECMS). The HEC may encounter a Veteran either directly or be provided the information via a 1010EZ form. Entering this data into the system facilitates many business processes before the Veteran actually presents at a VAMC. This new registrant information is transmitted to the sites.

Selecting **Search and Add New Person** from the ***ESR Registration*** dropdown presents the user with a *Person Search* screen allowing searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the HECMS or update a person who is "In Process". This screen is different than the *Person Search* screen that is accessed by selecting **Veteran Search** from the ***Veteran*** button dropdown.

At minimum, the user must provide all of the following required fields:

- Full *SSN +*
- *Last Name +*
- *Date of Birth +*
- *Gender*

The Person Search criteria data entered is not case-sensitive.

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. The user may enter additional *Identity Traits* to determine if the registrant already exists in the system and Identity Management (IdM). If the person is found in the system, the system returns a Person Search Result list with a single or multiple matches for the search criteria used. If the desired match does not appear, the user may do another search using different criteria.

If the registrant does not exist, the system displays "No records were found that matched the specified search criteria". If the user clicks the ***Add*** button, the information is used to create an IdM request in order to correlate a record known by the Master Veteran Index (MVI) to the system, or create an Integration Control Number (ICN) using the information entered.

When IdM successfully returns a new or correlated ICN, the system sets the registrant record "New ESR Application" status to "In Process".

After completing a Search, if the system returns a *Person Search Result* list with a single or multiple matches for the search criteria used, the user has the following options:

- Select From List – *The user selects a person record by clicking on an SSN link. The system then displays the Overview screen with the previously entered data if the person was "In Process", or the Overview screen with previously entered data if the person existed previously.*

Person Search Result

SSN	Last Name	First Name	Middle Name	Date of Birth	MBI	Match
Click on the **SSN** link to display the *Overview* screen with the previously entered data if the person was "In	Displays the applicant's last name.	Displays the applicant's first name, if entered.	Displays the applicant's middle name, if entered.	Displays the applicant's date of birth.	This is the *Multiple Birth* Indicator. It is either **Y**, **N**, or blank.	The *Match* column indicates if the person record returned is either: • **Yes** – Indicates a person record that matches the person's primary

Process".

information supplied in the Search criteria. These results will be first in the results set since a match scores higher than potential matches.

- blank (nothing displays) – Indicates a person record that is a close match to the person information supplied in the Search criteria. *Example*: middle and first name is different. These results will be listed after any match(es) in Match Score order (descending).
- **Potential** – Indicates that some of the Search criteria match, but there are notable differences. *Example*: SSN is different, so name and DOB may match, but SSN is different.

- ***Clear*** *– The user may click on the* ***Clear*** *button to clear the list and start a new Person Search.*
- ***Cancel*** *– Returns the user to the Person Search screen and clears the list.*
- ***Add*** New Record – *If the system indicates that "No records were found that matched the specified search criteria", the user may click the Add button to begin the process of adding the Veteran in the system.*
  The user may also ignore the multiple results and click the ***Add*** *button to begin the process of adding the Veteran in the system.*
  When the ***Add*** *button is clicked, a request is submitted to IdM to create an ICN for the record, after which the system then displays the Overview screen populated with the search data. From here, the user may begin registering the Veteran by clicking on any of the tabs to begin entering the required information.*

Notes:

- The system will not allow an exact match to be added as a new record.

- The system will not allow the user to click the ***ADD*** button if any of the required identity traits on the Search page are changed after a search is completed. Another search must be done with the changed identity trait(s) before the ***ADD*** button can be clicked.
- Search returns will be limited to ten.
- A user must have the appropriate *Capability* added to their security *User Profile* in order to *Add a New Person*. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Person Search

SSN:

SSN is defined as the Social Security Number of the registrant record being added.

Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a Pseudo SSN.
- The following *SSN* can never be possible (according to SSA).

  123456789

- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the registrant's complete legal last name.

Rules...

- Registrant's *Last Name* is a required field.
- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 1 and 35 characters in length.

First Name:

Enter the registrant's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* is free text 1-35 characters in length.

Middle Name:

Enter the registrant's complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *Middle Name* is free text 1-35 characters in length.

Date of Birth:

Registrant's *Date of Birth* is defined as the date the individual was born.

Rules...

- DOB must be precise.
- DOB cannot be a future date.
- Format: (mm/dd/yyyy)

Gender:

Gender can be **Male**, or **Female.**

Note: Because this screen is reused from the Veteran *Person Search* screen, "**All**" is displayed as a ***Gender*** choice. However, users should not select "**All**" as a gender choice.

Country:

This is the country in which the registrant lives. Select from the dropdown.

More...

If any country other than **United States** is selected, ***Zip Code*** and ***State*** fields will not display. Instead, ***Province*** and ***Postal Code*** fields will be displayed.

Address:

Enter the street and number for the registrant's current address.

Zip Code:

Enter the zip code for the city and state in which the registrant lives in the U.S. This is a free text field of 5 – 9 characters.

More...

When a valid zip code is entered, the system populates the *City*, *State*, and *County* fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected.

If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.

If anything other than **United States** is selected in the *Country* field, the *Zip Code* and *State* fields will not display. Instead, *Province* and *Postal Code* fields will be displayed.

City:

Enter a city in which the registrant lives.

State/Province:

State: Enter the full state name in which the registrant lives in the U.S., if not already populated by the system via the *Zip Code* entry.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

Postal Code:

Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Home Phone Number:

Enter the registrant's home phone number.

Format: (XXX) XXX-XXXX

★Indicates Required Field

Save in Process

Note: This button function is only available after an *Add New Person* has been started.

This option allows users the ability to save registrant records in a state of “In Process” so they can be returned to for completion at a later time.

In order to resume a registration that is “In Process”, the user must use the *Search and Add New Person* screen to find the “In Process” registrant and resume completion of the required screens and fields to register the Veteran.

If the registrant is registered in the system through VistA while their status is “In Process”, the user can only perform a **Cancel Registration**.

Reports provide information of registrations “In Process”. The user can use the *Search and Add New Person* screen to find and complete them.

Cancel Registration

Note: This button function is only available for an “In Process” registrant.

Selecting the *Cancel Registration* option cancels the registration that is in progress, or a registration that has been resumed from being “Saved in Process”.

A warning message is displayed before the cancellation is processed after which the user is returned to the *Search and Add New Person* screen.

Status History

Note: This button function is only available for an “In Process” registrant.

The Status History/Person Search screen allows users to see the current status of the ESR application status history.

A user must have the appropriate *Capability* added to their security *User Profile* in order to view the registrant’s *Status History*. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Person Search

Application Signature Date:

This is the date the application was signed. This field is display only.

Application Method:

This is the method by which the application was received, either by phone, online, or in person. This field is display only.

Application Entry Date:

This is the date the application data entry process began. This field is display only.

Application Status:

This is the status of the application, i.e., “In-Process”. This field is display only.

Application Status Date Timestamp:

This is the timestamp for the status of the application. This field is system generated and is display only.

Application Completed Date:

This is the date the application was completed. This field is system generated and is display only.

User Completed the Application:

This is the date the user completed the application. This field is system generated and is display only.

Complete Registration

Note: This button function is only available for a registration that is “In Process”, or a registration that has been resumed from being “Saved in Process”.

After completing all required fields on the relevant screens, the system runs consistency checks, saves the person data, updates MVI with additional identity data if any, sends request to MVI to add preferred facility correlation if none exists, determines eligibility, sends a query to VBA, sends a query to the MSDS Broker, then sends the data to the sites, including a bulletin alerting them to the new record.

Admin

User Accounts/Search

This screen allows users to search for a user account by entering a *User ID*. Each person accessing the HECMS system must have a valid, pre-defined ID assigned to them. The administrator must establish/assign this ID prior to accessing the system. The assigned *User ID* will be identical to the *User ID* used to access the VHA network.

If an active *User ID* is found within the VHA domain but no active *User ID* is found within HECMS, the new *User ID* account can be added.

If an active *User ID* is not found within the VHA domain, but an active *User ID* is found within HECMS, the existing HECMS *User ID* account is disabled and an appropriate message is displayed.

If an active *User ID* is found within the VHA domain as well as within HECMS, the user is allowed to modify the *User ID* account information.

If the *User ID* entered is not on the system, an error message stating the *User ID is invalid or cannot be found as a VHA network ID*, is displayed.

User Account Search

User ID:

Enter the User ID for which you are searching.

Indicates Required Field

User Account/Add

This screen allows the user to *Add* a *User Account* (with the appropriate permissions) to HECMS if the *User ID* is a valid VHA account.

The user must enter the following user account information:

Add User Account

User ID: (display only)

The assigned *User ID* will be identical to the *User ID* used to access the VHA network.

Last Name:

Enter account user's last name.

Rules...

- May be up to 35 characters maximum.
- This is a required field.

First Name:

Enter the user's first name.

Rules...

- May be up to 25 characters maximum.
- This is a required field.

Middle Name:

Enter the user's middle name.

Rules...

- May be up to 25 characters maximum.

Facility:

Select from the dropdown listing.

Rules...

- This is a required field.

Functional Group:

Functional Group is only available for selection/entry if the *Facility* selected is HEC.

Job Title:

Enter the *Job Title* defined as the common name for a group of responsibilities based on duties performed.

Rules...

- This field is free text with a maximum length of 30.

Password:

Each person/user who wishes to access the HECMS system must first be assigned a unique *User ID* and *Password*.

Enter a password for the *User ID*.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters, lower case letters, upper case letters, numbers and special characters (!@#^$%$&*-_ +=).
- Passwords are case sensitive.
- The maximum number of days a password can be active is a system parameter (*Password Active Days*) value that is maintained by the administrator. The default value for the *Password Active Days* value is 90.
- Passwords may not be changed until they are at least 3 days old (except by the Administrator). The previous 4 old passwords cannot be reused.
- This is a required field.

Passwords are "masked" with asterisks so they may not be read/viewed when displayed to the user or when entered by the user or when displayed to the administrator.

Enter Password Again:

Re-enter the password entered in the *Password* field.

Rules...

- This is a required field.

Password Suspension Date:

Password Suspension Date is the date after which the password is no longer active.

Passwords will be suspended, by the system, when "today's" date is equal to the date entered in *Password Suspension Date*. In other words, the administrator is permitted to force a password to expire on a specific date. This is done to limit the amount of time the new password is valid.

After a password is suspended, the password cannot be changed by the user and must therefore be reset by an administrator.

Rules...

- This must be a precise date.
- Format (mm/dd/yyyy)

Password Expire Date:

This is the date after which the user has a specific number of days (set by the administrator) to change his/her password. After that time period, the password will be suspended. The default is 120 days.

More...

The maximum number of days a password can be expired and still be changed by the user is a system parameter (*Password Expired Days*) value that is maintained by an administrator. The default is 120 days.

Rules...

- This must be a precise date.
- Format (mm/dd/yyyy)

Indicates Required Field

User Account/Modify

This screen allows the user to modify the account information (with the appropriate permissions), if the active account is a valid VHA account and is found within HECMS.

The user may modify the following user account information:

Modify User Account

User ID: (display only)

The assigned *User ID* will be identical to the user ID used to access the VHA network.

Last Name:

User may modify account user's *Last Name*.

Rules...

- May be up to 35 characters maximum.
- This is a required field.

First Name:

This is the user's first name.

Rules...

- May be up to 25 characters maximum.
- This is a required field.

Middle Name:

This is the user's middle name.

Rules...

- May be up to 25 characters maximum.

Facility:

Select from the dropdown list.

Rules...

- This is a required field.

Functional Group:

Functional Group will only be available for selection/entry if the *Facility* selected is **HEC**.

Job Title:

The *Job Title* is defined as the common name for a group of roles based on duties performed.

Rules...

- This field is free text with a maximum length of 45.

Password:

Enter a new password for the User ID.

Passwords are "masked" with asterisks so they may not be read/viewed when displayed to the user or when entered by the user or when displayed to the administrator.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters, lower case letters, upper case letters, numbers and special characters (!@#^$%$&*-_ +=).
- Passwords are case sensitive.
- The maximum number of days a password can be active is a system parameter (Password Active Days) value that is maintained by the administrator. The default value for the Password Active Days value is 90.
- Passwords may not be changed until they are at least 3 days old (except by the Administrator). The previous 4 old passwords cannot be reused.

Enter Password Again:

Re-enter the new password entered in the *Password* field.

Password Suspension Date:

Password Suspension Date is the date after which the password is no longer active.

Passwords will be suspended, by the system, when "today's" date is equal to the date entered in *Password Suspension Date*. In other words, the administrator is permitted to force a password to expire on a specific date.

After a password is suspended, the password cannot be changed by the user and must therefore be reset by an administrator.

The administrator can enter a value in the data *Password Suspension Date* field. This would be done to limit the amount of time the new password is valid.

Rules...

- This must be a precise date.
- Format (mm/dd/yyyy)

Password Expire Date:

This is the date after which the user has a specific number of days (set by the administrator) to change his/her password. After that time period, the password will be suspended. The default is 120 days, after which the password will be suspended.

More...

The maximum number of days a password can be expired and still be changed by the user is a system parameter (*Password Expired Days*) value that is maintained by an administrator. The default is 120 days.

Login Attempt Failure Counter:

A log of both successful and unsuccessful login attempts is created by the system, by *User ID* and date. The administrator can reset the value that prevents the user from logging in after too many failed attempts, which allows the user to try again.

The administrator may reset the user's account that is blocked due to too many login attempt failures by entering the number/value zero.

Agreement Signature Code: (display only)

When a user's account is initially created, the system will generate an "agreement signature code" that is required to be entered, by the user, the first time s/he logs into the system using the new user account.

The *Agreement Signature Code* is a six-digit, randomly generated code, consisting of characters and/or numbers.

Password Last Change Date: (display only)

This is the system date captured the last time the user's password was changed.

Password Creation Date: (display only)

The *Password Creation Date* information is generated by the system when the account is created.

Login Attempt Failure Date: (display only)

This is the system date captured when the number of unsuccessful login attempts limit has been exceeded.

Last Login Date: (display only)

Displays the last date and time the user logged into the system.

Indicates Required Field

User Profiles

User Profiles

User Profiles/Search for User

Profile information is used by the system to determine the *Role(s)* a user has and consequently, the *Capabilities* the user has while logged into HECMS. A user's *Profile* is basically the combination of *Roles*, *Capability Sets* and *Capabilities* that have been assigned to them by a user (generally an Administrator or Supervisor).

A user can add additional *Capabilities* to a user's *Profile* or delete *Capabilities* as needed. *Capabilities* can be added to a user's *Profile* individually or by adding/including one or more *Capability Sets* and/or one or more *Roles*.

This screen allows the user to search for a specific *User Name* by entering the required *First* and *Last Name*. *User ID* is used in the event there is more than one user with identical names.

The results of a successful search display the *Edit User Profiles* screen where the user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

Click on *View User Profiles* to display all users on the system.

Search for User

Minimum Search Criteria

Last Name:

Last Name is defined as the user's last name.

Rules...

- Free text 1-35 characters in length.
- *Last Name* field is required.

First Name:

First Name is defined as the user's first name.

Rules...

- Free text 1-35 characters in length.
- *First Name* field is required.

Additional Search Criteria

Middle Name:

Middle Name is defined as the user's middle name.

Rules...

- Free text 1-25 characters.

User ID:

The optional *User ID* is defined as the ID used to identify a user on the system. *User ID* is used in the event there is more than one user with identical names.

★Indicates Required Field

View User Profiles

This screen allows users to view all *User IDs* (*Profiles*) and their respective names on the system. From here users may click on a *User ID* to *Edit* the *User Profile*.

User Profiles

User ID

This is the user's identification on the system. Click on a *User ID* to *Edit* the *User Profile*.

Name

This is the name of the person associated with the User ID.

Edit User Profiles

A user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

To do so the user finds or locates, then selects, the desired user and views a list of *Roles*, *Capability Sets* and/or individual *Capabilities* that are "associated" with that selected user. The user then associates one or more additional *Roles*, *Capability Sets* or individual *Capabilities,* or the user can remove or disassociate an existing *Capability Set* or *Role* or an individual *Capability* from the selected user by de-selecting the *Capability Set* or *Role* or individual *Capability*, not associated with a set or role, from the "associated" list. All *Capabilities* de-selected in the associated list will be disassociated (removed) from the selected user while all *Capabilities* selected in the "available" list will be added/associated with the selected user.

The actor cannot remove or disassociate a *Capability* that is included in a *Role* or a *Capability Set*. While the user can expand a *Role* or *Capability Set* in order to view the individual *Capabilities* that are contained therein, s/he cannot "customize" the *Role* or *Capability Set* by excluding individual *Capabilities* in the *Role* or *Capability Set*. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets,* which are associated to the *Role* in their entirety. Likewise, a *Capability Set* is made of individual *Capabilities*, which are associated with the set in their entirety.

From this screen, the user can edit the user's *Profile* by adding or removing *Capabilities, Capability Sets,* and/or *Roles*.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

This icon indicates a *Role*.

This icon indicates a *Capability Set*.

This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

Edit User Profile

User Name:

This is the *User Name* being edited (system generated).

Functional Group:

This is defined as the user's division/department.

Roles and Capabilities Assigned to User - Unselect to Delete

Select

Delete a *Role, Capability* or *Capability Set* assigned to a by clicking the check box to deselect.

When the user is satisfied with the selections, s/he "saves" the selections. The system modifies the selected user's profile by adding any new selections (*Capabilities*) and removing any de-selections that were made. *Capabilities* associated with a user's profile are not actually removed from the database, instead, they become "historical" information. This information may be viewed by clicking the VIEW HISTORICAL USER PROFILE link.

More...

When a *Role* or *Capability Set* is associated with a user, the capabilities included in the *Role* or *Set* are removed from the available list, as individual *Capabilities,* after the selections are Updated and Accepted.

Name

This is the name of the *Role, Capability* or *Capability Set*.

Active Date

This is the date the *Role, Capability or Capability Set* is active.

Rules...

- *Active Date* must be before the *Inactive Date.*
- *Active Date* cannot be in the past.

Inactive Date

This is the date the *Role, Capability or Capability Set* is inactive.

Rules...

- *Inactive Date* must be after the *Active Date (Add Mode).*

Roles and Capabilities Available to be Assigned - Select to Add

Select

This allows user to Add a *Role,* a *Capability Set,* or an individual *Capability*.

When the user is satisfied with the selections, s/he "saves" the selections. The system modifies the selected user's profile by adding any new selections (*Capabilities*) and removing any de-selections that were made. *Capabilities* associated with a user's profile are not actually removed from the database, instead, they become "historical" information. This information may be viewed by clicking the VIEW HISTORICAL USER PROFILE link.

More...

When a *Role* or *Capability Set* is associated with a user, the *Capabilities* included in the *Role* or *Set* are removed from the available list, as individual *Capabilities,* after the selections are Updated and Accepted.

Name

This is the name of the *Role, Capability or Capability Set.*

Active Date

This is the date the *Role, Capability or Capability Set* is active (system generated).

Inactive Date

This is the date the *Role, Capability or Capability Set* is inactive (system generated).

Roles

User Profiles/Roles

A user may define a new *Role* (with correct permissions), which is basically, a group of *Capabilities* a user may perform. *Roles* can be defined at any time and are created by selecting individual *Capabilities* and/or *Capability Sets* (a group of *Capabilities*). When defining a *Role*, the user first enters the *Role Name*, which identifies the *Role*. Then the user views a list of all *Capabilities* and *Capability Sets* that are available for adding to the *Role*. The user then selects the desired *Capabilities* and/or *Capability Sets* in order to associate them to the new *Role*.

While the user can expand a *Capability Set* in order to view the individual *Capabilities* that are contained in the set, s/he cannot "customize" the *Role* by excluding individual *Capabilities* that are contained in a set. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets,* which are associated with the *Role* in their entirety.

From this screen, the user may view, edit, delete and see a history of all *Roles* on the system. Clicking on the *Role Name* displays the *Capability Set* permissions for the particular *Role*.

Any *Role* assigned to a user cannot be deleted. It has to be unassigned first before it can be deleted.

User Profiles/Roles/Add/Edit

This screen allows adding (or editing) an (existing) individual *Role* to the system with selected permissions and active and inactive dates.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

This icon indicates a *Role*.

This icon indicates a *Capability Set*.

This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

Add/Edit Role

When adding a *Role*, the user must enter a unique name for the *Role* s/he is defining. The name of the *Role* will be displayed when associating *Roles* to a user. If desired, the user can enter a date range, which specifies the period of time that a *Role* will be active and therefore available for use when assigned to a user.

Role Name:

(Edit mode) Displays the name of the role to be edited.

(Add mode) Enter the name of the role to be added to the system.

Rules...

- *Role Name* is a free-text field with a maximum of 50 characters.
- This is a required field when adding.

Role Description:

(Edit) Displays the *Role Description*.

(Add) Enter a short description of the role. Field is free text.

Active Date:

Displays the date the role became active. Enter a new date if desired.

Rules...

- *Active Date* must be before the *Inactive Date*.
- *Active Date* cannot be in the past.

- Format is mm/dd/yyyy.
- Optional (no date means the *Role* is active immediately)

Inactive Date:

Displays the *Inactive Date*. Enter a new date if desired.

Rules...

- *Inactive Date* must be after the *Active Date*.
- Format is mm/dd/yyyy.
- Optional (no date means the *Role* is active indefinitely)

Capability Sets and Capabilities Currently Assigned to Role - Unselect to Delete (Edit mode only)

Name:

This is the name of the *Capability Set* (permissions) which exists for the role name.

Remove the checkbox to unassign the *Capability Set*.

Active Date:

This is the date the *Capability Set* is active.

Inactive Date:

This is the date the *Capability Set* is inactive.

Capability Sets and Capabilities Available to be Assigned - Select to Add (Add or Edit mode)

Name:

This is the name of the *Capability Set* (permissions) available for adding to the role.

Put a check mark in the box to select. Click the name to expand the *Capability Set*.

Rules...

- A *Role* may exist without any *Capability Sets* and/or *Capabilities*.

Active Date:

This is the date the *Capability Set* will become active.

Inactive Date:

This is the date the *Capability Set* will become inactive.

From this page the user can see a history of changes that have been made to a particular *Role*. Changed values are displayed in red fonts and are indicated by a symbol in the **Data Changed** column.

Roles Change History

Change Times:

Select a date/time to view capability set changes made for this role.

History Change Details (*date/time selected*)

Category	Old Value	New Value	Data Changed

Role Name:

This indicates the particular *Role Name* with the *Old Value* and the *New Value*.

Role Description:

This is the *Role Description* with the *Old Value* and *New Value*.

Active Date:

This is the date the *Old Roles* and *New Roles* became active.

Inactive Date:

This is the date the *Old Roles* and *New Roles* became inactive.

Last Update Date:

These are the dates the *Role* changed from the *Old Value* to the *New Value*.

Last Updated By:

This displays the user who changed the *Role* from the *Old Value* to the *New Value*.

Assigned Capability Sets

Name:

This is the *Name* of the Old and New *Assigned Capability Sets*.

Active Date:

These are the Old and New *Active Dates* for the *Assigned Capability Set*.

Inactive Date:

These are the Old and New *Inactive Dates* for the *Assigned Capability Set*.

Assigned Capabilities

Name:

Indicates the *Name* of the Old *Assigned Capability* and the *Name* of the New *Assigned Capability*.

Capability Sets

User Profiles/Capability Sets

This screen allows user to add *Capability Sets* to the system.

Capabilities can be grouped together in two ways: 1) as *Capability Sets* and 2) as *Roles*. A *Capability Set* is a group (two at minimum) of *Capabilities*, while a *Role* may exist without *Capabilities* and/or *Capability Sets*.

It also allows the user to Edit/Delete *Capability Sets* and view the Change History of existing *Capability Sets* on the system. The user may assign/associate as many *Capabilities* as desired to each user, depending on the responsibilities or job activities performed by the user. A user will have all of the *Capabilities* contained in the distinct and complete list of the combined or cumulative *Capabilities* associated to the *Roles*, *Capability Sets* and individual *Capabilities* assigned to the user.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

R This icon indicates a *Role*.

S This icon indicates a *Capability Set*.

C This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

Capability Sets/Edit/Add Capability Set

This screen allows adding (or editing) an existing individual *Capability Set(s)* to the system with selected permissions and active and inactive dates.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

This icon indicates a *Role*.

This icon indicates a *Capability Set*.

This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

When new, individual *Capabilities* are selected for the user, the user may enter the date the *Capability* will become active and/or inactive. The user may override the default *Active Date* (current date) and may optionally enter an *Inactive Date* for each individual *Capability* that is to be associated with the user. Additionally, the user may modify the *Active* and *Inactive Date* for existing, individual *Capabilities* associated with the selected user, if desired.

Edit Capability Set

Set Name:

(Edit mode) Displays the name for the *Capability Set* (system generated).

(Add mode) Enter a unique name for the *Capability Set*. Make it short but descriptive.

Rules...

- (Add mode) This is a required field.

Set Description:

(Edit mode) Displays a description of the *Capability Set* describing sufficiently what it allows the user to do (system generated).

(Add mode) Enter a longer description of the *Capability Set* describing sufficiently what it allows the user to do.

Active Date:

(Edit Mode) Displays the date the *Capability Set* will become active.

(Add Mode) Enter the date the *Capability Set* will become active.

Rules...

- *Active Date* must be before the *Inactive Date* (Add Mode).

- *Active Date* cannot be in the past.

Inactive Date:

(Edit Mode) Displays the *Inactive Date* for the *Capability Set*.

(Add Mode) Enter the date the *Capability Set* is to become inactive.

Rules...

- *Inactive Date* must be after the *Active Date (Add Mode).*

Capabilities Currently Assigned to Set - Unselect to Delete (Edit mode only)

Delete one or more *Capability Sets* from the list by removing the checkmark in the box next to the set name. Click again to add it back in.

At minimum, there must be two *Capabilities* assigned to a *Capability Set*.

Capabilities Available to be Assigned to Set - Select to Add (Add or Edit mode)

Choose one or many *Capability Sets* from the list by placing a checkmark in the box next to the set name. Click again to remove.

To accept changes, click the ***Update*** button (Edit mode) or ***Add*** button (Add mode).

Capability Sets/Capability Set Change History

From this page the user can see a history of changes that have been made to a particular *Capability Set*. Changed values are displayed in red fonts and are indicated by a symbol in the **Data Changed** column.

Capability Set Change History

Change Times:

Select a date/time to view *Capability Set* changes history.

History Change Details (*date/time selected*)

Category	Old Value	New Value	Data Changed

Set Name:

Indicates the Old and New *Set Names* for the *Capability Sets*.

Set Description:

Indicates the Old and New *Set Descriptions* for the *Capability Sets*.

Active Date:

This indicates the Old and New *Active Dates* for the respective *Capability Sets*.

Inactive Date:

This indicates the Old and New *Inactive Dates* for the respective *Capability Sets*.

Last Updated Date:

These are the dates the *Capability Set* changed from the *Old Value* to the *New Value*.

Last Updated By:

This displays the user who changed the *Capability Set* from the *Old Value* to the *New Value*.

Assigned Capabilities

In this area are displayed the individual capabilities that make up the capability *Set Name* shown above in the same column.

Old Value	New Value

System Parameters

This screen allows the user to change certain system parameter values. The parameters are described below and in the Description section of the HECMS application *System Parameters* page.

Only the role of *System Administrator* can modify system parameters, as long as the *Capability Set* of **Administer System Parameters** or the *Capability* of **View System Parameters** is assigned. Only the values of the parameters may be changed.

The parameters that can be changed are:

Agent Orange Special Treatment Authority Exp Date

This date is set to the current date anytime the *Agent Orange Special Treatment Authority Indicator* is changed from "Y" to "N".

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Due to a database non-null constraint, the default value is a single space.

Agent Orange Special Treatment Authority Indicator

This system parameter indicates whether or not the Agent Orange Special Treatment Authority has expired. The default "Y" means that it has not expired and it is still in effect. When this value is changed from “Y” to “N”, the *Agent Orange Special Treatment Authority Expiration Date* is set to the current date.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Default is “Y”.

Archive Reports Parameter

This system parameter specifies how long the system will wait until it archives Completed Reports.

Default is 24 months.

Default Handbook Batch Release Control Number

This system parameter represents the default release control number to be used with a Batch Release, unless changed by the user.

This is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook.

Default value is 1, but can be changed to any number up to 999.

Duplicate Threshold Value

This value is used by the duplicate identification routine to determine the likelihood that a duplicate spouse and/or dependent record exists. If the total score is greater than or equal to this threshold value, the two records in question are considered potential duplicates. MPI/PSIM will notify HEC when a duplicate beneficiary pair is identified.

Default is 60.

Enrollment Regulation Date

This system parameter stores the effective date of the regulation to relax restrictions on enrollment in Priority Group 8.

The date of the Enrollment Regulation was 6/15/2009.

Failed Attempts

This is the maximum number of unsuccessful login attempts allowed by the system.

The default is 3, after which the user will be "locked" and therefore prevented from further attempts to login until the account is "reset" by the system or by an administrator.

HANDBOOK ROLL OUT OVER

This parameter is used to turn the new enrollment trigger on and off. If the value is set to “N”, the trigger will not generate 400H (handbooks) for new enrollments.

This trigger allows the Batch Handbook Manager to schedule batch mailings for all Veterans by site and priority. Incoming new enrollments will not receive a Handbook until they are selected through the batch tool. Once all Veterans have received a Handbook, the new enrollment trigger will be turned on (“Y”) and Veterans will automatically get a Handbook instead of a “Welcome Letter” when they enroll.

A "Y" value means the new enrollee triggers are active.

This parameter will initially be set to “N” until all Veterans have received a Handbook (Roll Out).

Handbook Active

This system parameter activates “trigger” events that prompt the sending of Handbook communications to the Content Management System (CMS). One example of a “trigger” event is a change in *Preferred Facility* for a Veteran.

Handbook communications will be sent to the CMS if and only if this flag is set to "Y.

The system default is “Y”.

IVM DM Exporter Maximum Records

This system parameter specifies the maximum number of records to include in an HECMS to EDB/IVM data migration file.

The default is 50,000 records.

IVM DM IY Cut Off Date

This system parameter specifies the month and day within the year when the Current Data Migration Income Year Changes to the next Income Year.

The default date is June 10th.

MSDS Reconciliation Indicator

This system parameter indicates if the MSDS Reconciliation process is active “Y” or not active “N”.

The purpose of this and the *MSDS Service Indicator* parameter is to control the building of the HEC Military Service Data record from the existing HEC record and individual site specific records and the sending of MSDS Broker Service queries.

To this end, prior to invoking the Military Service Data Sharing (MSDS) Service, HECMS will build (reconcile) an accurate military service record from the multiple site records that exist for a Veteran.

This reconciliation (seeding) will be run prior to invoking the MSDS Broker Service by setting the *MSDS Reconciliation Indicator* to “Y”.

While the *MSDS Reconciliation Indicator* is set to “Y”, the *MSDS Service Indicator* will be set to “N” to prevent incoming Z07 records from triggering a query to the MSDS Service.

Once the seeding has completed and the MSDS Service has been invoked, the *MSDS Reconciliation Indicator* is set to “N”, and the *MSDS Service Indicator* is set to “Y”, allowing incoming Z07 records to trigger a query to the MSDS Service.

MSDS Service Indicator

This system parameter indicates if the MSDS Service is active “Y” or not active “N”.

(See) MSDS Reconciliation Indicator for more details.

Maximum Retransmission Count

This system parameter represents the total number of times the system will re-transmit a message that has not been acknowledged.

Default is 3.

Maximum Retransmission Count for EGT

This system parameter represents the total number of times the system will re-transmit a message that has not been acknowledged for EGT Execution type.

Default is 120.

Maximum Number of Records to CMS

This is the maximum number of Handbook and Insert requests that can be sent to CMS.

Default is 100,000 per Handbook bulk generate process, which creates entries in the Handbook mail queue, which is sent to CMS via the Handbook batch process. This is the number CMS can currently process per week.

More...

Note: Batch Program #1 (Handbook bulk generate process) and Batch Program #2 (Handbook batch process) are two different programs and perform 2 separate functions.

Batch Program #1 processes all records and inserts them into the handbook_mail_queue table.

Batch Program #2 processes the records from the handbook_mail_queue table and creates the data extract file that is sent to CMS. When the 100k records mark is reached in the CMS_data_Extract file, it stops because of an agreement with CMS to send only 100k records per week, which is controlled by this parameter.

Example:

User creates HandBook Batch Request #1 and sets the limit (*Maximum Records*) to 60K.

User creates HandBook Batch Request #2 and sets the limit (*Maximum Records*) to 50K.

Batch Program #1 (Handbook bulk generate process) processes these Batch Requests #1 and #2 and creates entries in the Handbook mail queue. The result is 110K Handbook mail queue entries (this assumes there are 110K Veterans that satisfy the criteria set in Batch Requests #1 and #2).

The 110K Handbook mail queue entries number is greater than the 100K limit set in this ***Maximum Number of Records to CMS*** *System Parameter.*

Batch Program #2 (Handbook batch process) processes only 100K, per the ***Maximum Number of Records to CMS*** *System Parameter* limit, and the remaining 10K are processed in the next run.

Password Active Days

This is the maximum number of days a password can be active before it must be changed by the user.

The default is 90 days.

Password Expired Days

This is the maximum number of days a password can be expired and still be changed by the user, after which time the password becomes inactive.

If a password becomes inactive, the password cannot be changed by the user and must be reset by the administrator.

The default is 120 days.

Purge Archive Reports Parameter

This system parameter specifies how long the system will wait, after the archive, until it purges Archived Reports.

Default is 24 months.

Retransmit Days

This system parameter represents how long the system will wait for an acknowledgement before re-transmitting the message.

Default is 3 days.

Retransmit Days for EGT

This system parameter represents how long the system will wait for an acknowledgement before re-transmitting the message for EGT Execution type.

Default is 1 day.

Retransmit Execution Period

This system parameter represents how often the Transmission Log is queried to locate messages for re-transmission.

Default is 24 hours.

Retransmit Execution Period for EGT

This system parameter represents how often the Transmission Log is queried to locate messages for re-transmission for EGT Execution type.

Default is 1 hour.

SSA SSN Verification Frequency

This system parameter represents the frequency with which the system will select SSNs (beneficiary, spouse, and dependent) to transmit to the Social Security Administration for verification.

Default is 1 week.

SW Asia Cond. Special Treatment Authority Exp Date

This date is set to the current date anytime the SW Asia Conditions Special Treatment Authority Indicator is changed from “Y” to "N".

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Due to a database non-null constraint, the default value is a single space.

SW Asia Cond. Special Treatment Authority Ind

This system parameter indicates that the SW Asia Conditions Special Treatment Authority has not expired. The default "Y" means that it has not expired and it is still in effect.

When this value is changed from “Y” to “N”, the SW Asia Conditions Special Treatment Authority Expiration Date is set to the current date.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Default is “Y”.

VBA Data Sharing Indicator

This parameter determines if the sharing of VBA Pension Data via the new ZE2 segment is active (“Y”) or not active (“N”).

After all VistA sites have received the appropriate patch enabling them to receive the new ZE2 segment, the *VBA Data Sharing Indicator* will be set to “Y”.

Default is “N”.

Batch Process Management

The *Batch Process* invoker manually initiates selected HECMS Batch Processes that perform predefined functions.

Batch Process Management

Name

This is the name of the particular batch process. Click on the desired batch process link to add any desired argument.

Description

This is a full description describing what the particular batch process does.

Next Scheduled Fire Time

This is the time the batch process is next scheduled to run.

Scheduled Trigger Status

This is the status of the scheduled batch process.

Actions

These are the various actions that can be executed for the respective *Batch Process*.

Execute

Clicking the ***Execute*** button allows immediate execution of the *Batch Process*.

Execute with Args

The user may specify arguments that will be passed to the batch process. It should be noted that not all batch processes support arguments. See the Operations Manual for specifics.

Name	Description	Next Scheduled Fire Time	Scheduled Trigger Status
This is the *Batch Process* job name.	This is a description for the particular *Batch Process*.	This is the next date/time the *Batch Process* is scheduled to run.	This is the scheduled trigger status for the Batch Process.

Invocation Args (if supported):

Enter here any supported Arguments.

Config

This action allows the user to customize a batch process configuration. A user can specify an e-mail distribution list and set the trigger status to **WAITING** (the batch process will run at its next scheduled execution date/time) or **PAUSED** (the batch process is put "on hold" and will not run until the status is set back to **WAITING**).

Name	Description	Next Scheduled Fire Time	Scheduled Trigger Status
This is the *Batch Process* job name.	This is a description for the particular	This is the next date/time the *Batch Process* is scheduled to run.	This is the scheduled trigger status for the Batch Process.

Batch Process.

Email Distribution List:

Enter here any email distributions.

Trigger Status:

Allows the user to update the *Trigger Status* between **Waiting** and **Paused**.

History

This action allows the user to view the *Batch Process* run history.

Name	Description	Next Scheduled Fire Time	Scheduled Trigger Status
This is the *Batch Process* job name.	This is a description for the particular *Batch Process*.	This is the next date/time the *Batch Process* is scheduled to run.	This is the scheduled trigger status for the Batch Process.

Start Date	End Date	Run By	Status	Statistics
This is the Date/Time the *Batch Process* was started.	This is the Date/Time the *Batch Process* completed.	This is the function that initiated the Batch Process.	This shows the Batch Process status.	This displays statistical information for the Batch Process.

Actively Running Batch Processes

This page displays the currently running, and recently run batch processes that encountered an error. There are two "Actions" a user can perform on the listed batch processes: **Cancel** and **Error**.

Once completed, they can be seen in the Actions/History section of the Batch Process Management tab.

Actively Running Batch Processes

Name	Start Date	Run By	Statistics	Actions
This is the Batch Process job name.	This is the Date/Time the *Batch Process* completed.	This is the function that initiated the *Batch Process*.	This displays statistical information for the *Batch Process*.	These are the actions available for the *Batch Processes*. They are: **Cancel** - *allows the user to cancel (or stop) a currently running process* **Error** - *allows the user to remove a Batch Process that encountered an error from the Active list*

E&E Service

E&E Service/Service Accounts

E&E Service Account Management

The Health Eligibility Case Management System (HECMS) supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to HECMS, carrying out the system specific information request.

For this service, the HEC defines the "views" of data that are provided to authorized service consumers (*Service Accounts*). Each *Service Account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

Example *Service Requests* are: *Person Demographics*, *Person Eligibility* information, etc.

The *E&E Service Account Management* list screen enables HEC users to view current existing *Service Accounts*, update existing *Service Accounts,* or add a new *Service Account* for the E&E Web Service interface user.

Add New Service Account

This Add New Service Account link allows the HEC user to add a new *Service Account*. See the *Add New Service Account* section for more information.

E&E Service Account Management

Account Name

Click on an *Account Name* to edit/update the *Service Account*.

Contact Name

Displays the current *Contact Name* for the *Account Name*.

Phone:

Displays the current *Phone* number for the *Account Name*.

Active:

Indicates whether this service account is active or not. **Yes** indicates it is active.

E&E Service/E&E Service Accounts

E&E Add Service Account

The *E&E Add Service Account* screen enables the user to add new *Service Accounts*.

Add Service Account

Account Name:

This is a required freeform field. Enter an account name for the new service account.

Password:

This field requires a password for the new service account.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^$%$&*-_ +=).
- Passwords are case sensitive.

Passwords are "masked" with “dots” so they may not be read/viewed when displayed to the user, when entered by the user or when displayed to the administrator.

Contact Name:

This is a required freeform field. Enter a contact name for the new service account.

Phone:

This is a required freeform field. Enter a contact phone number for the new service account.

Rules...

- The contact phone number maximum length is 13.

Active:

This required field must be set to **Yes** or **No** to make the new service account either Active (Yes) or Inactive (No).

For this service account please select from the following Requests:

User may select the service request type by marking the desired checkbox. The user has the option of selecting all of the available account information or just a portion.

When finished, click the ***ADD*** button to add the *Service Account* and return to the *E&E Service Account Management* list screen, or ***CANCEL*** to return to the *E&E Service Account Management* list screen without adding the *Service Account*. The ***RESET*** button will clear any values entered in all of the fields.

Indicates Required Field

E&E Service/E&E Service Accounts

E&E Update Service Account

The *E&E Update Service Account* screen enables the user to update existing *Service Accounts*.

While the ★ fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

Add New Service Account

This Add New Service Account link allows the HEC user to add a new *Service Account*. See the *Add New Service Account* section for more information.

Update Service Account

★***Account Name:***

User may update the *Account Name*. This is a freeform field.

★***Password:***

User may update the *Password*. Selecting the *Change Password* check box enables the user to update the password.

More…

The password field cannot be changed from within the field itself. To change the password field, the user must first mark the *Change Password* checkbox. After doing so, the system deletes the current password in the *Password* field and allows the user to enter a new password.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^$%$&*-_ +=).
- Passwords are case sensitive.

Passwords are "masked" with “dots” so they may not be read/viewed when displayed to the user, when entered by the user, or when displayed to the administrator.

★***Contact Name:***

User may update the *Contact Name*. This is a freeform field.

★***Phone:***

User may update the *Phone* number. This is a freeform field.

Rules...

- The contact phone number maximum length is 13.

★***Active:***

User may change a **Yes** to **No**, or vice versa. It may also be left unchanged.

For this service account please select from the following Requests:

User may change the service request type by marking a different checkbox. The user has the option of selecting all of the available account information or just a portion.

When finished, click the ***UPDATE*** button to update the *Service Account* and return to the *E&E Service Account Management* list screen, or ***CANCEL*** to return to the *E&E Service Account Management* list screen without making any changes. The ***RESET*** button will reset all of the fields to their previous values.

Indicates Required Field

E&E Service/Service Requests

E&E Service Request Management

Each *Service Request* consists of a group of data elements, logically categorized, that the requester is authorized to see. Examples of service requests are: Person Demographics, Person Eligibility information, etc.

A *Service Request* can be shared by many *Service Accounts*.

The *E&E Service Request Management* list screen enables HEC users to view current existing service requests, update existing requests, or add a new service request.

Add New Service Request

This link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

E&E Service Request Management

Request Name

Click on a *Request Name* to edit the *Service Request*.

Description

Displays a more descriptive label for the *Request Name*.

E&E Service/Service Requests

E&E Add Service Request

The *E&E Add Service Request* screen enables the user to add a Service Request.

Add Service Request

Request Name

User must enter a *Request Name*. This is a freeform field.

Description

User must enter a *Description*. This is a freeform field.

eeSummary

User is required to select a minimum of one service request.

More…

By default, the **eeSummary** folder is collapsed and unselected as indicated by the red box with a white X. When the user clicks the plus sign next to the red box, the **eeSummary** folder expands to show all available folders under it.

These "child" folders can be expanded using the same method as with the **eeSummary** "parent" folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain. One example may be **eeSummary.demographics**. Once expanded, this folder would display various groups of demographic data for the Veteran.

In the above example, the demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark ✓ to indicate they are selected.

Or, to select all of the demographic information under the **eeSummary.demographics** folder, simply click the red box with a white X next to the folder. After doing so, all of the red boxes with a white X under the **eeSummary.demographics** folder will change to a green box with a white checkmark, including the red box with a white X next to the **eeSummary.demographics** parent folder.

If a collapsed folder has a green box with a white checkmark next to it, that indicates that all of its children and sub-groups are selected as well.

If a collapsed folder has a red box with a white X next to it, that means none or only some children and sub-groups are selected.

When finished, click the ***ADD*** button to add the *Service Request* and return to the *E&E Service Request Management* list screen, or ***CANCEL*** to return to the *E&E Service Request Management* list screen without adding the *Service Request*. The ***RESET*** button will clear any values entered in all the fields.

Indicates Required Field

E&E Service/Service Requests

E&E Update Service Request

The *E&E Update Service Request* screen enables the user to update existing Service Requests.

While the ★ fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

Add New Service Request

This link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

Update Service Request

★Request Name

User may update the *Request Name*. This is a freeform field.

★Description

User may update the *Description*. This is a freeform field.

eeSummary

User may update the service requests.

When finished, click the ***UPDATE*** button to update the *Service Request* and return to the *E&E Service Request Management* list screen, or ***CANCEL*** to return to the *E&E Service Request Management* list screen without making any changes. The ***RESET*** button will reset all of the fields to their previous values.

★Indicates Required Field

HandBook Batch Request (Add)

The *HandBook Batch Request* (Add) provides the user with the appropriate *Capability*, the ability to request a *Veterans Benefit Handbook* containing eligibility and benefit information for the Veteran for new enrollments, and periodically thereafter. It also provides a communication Insert whenever there is a change in *Eligibility Status* or *Preferred Facility*.

After an initial rollout period, the Handbook or Handbook Insert will be provided for new enrollments and whenever there is a change in *Eligibility Status* or *Preferred Facility*.

The Handbook will be available to Veterans through mail, email, or online via the MyHealth***e***Vet website. The initial proposed delivery preference for the Handbook will be by mail.

HandBook Batch Request

View Historical

The View Historical link displays the HandBook Batch Request page listing all current and previously scheduled batch requests, as well as cancelled requests.

Release Date:

Enter the scheduled *Release Date* for the batch.

More...

This is the projected date that the batch request will execute to select Veterans to receive a Handbook.

Rules...

- *Release Date* requires a precise date.
- *Release Date* must be a current or future date.

Preferred Facility

User must select either a Parent *Preferred Facility* (PF) and/or a *Priority Group*.

To select a Parent *Preferred Facility*, choose one or more PFs from the “Available” selection box on the left by clicking on the PF, then clicking on the right arrow to move your selection over to the “Selected” box.

Available		Selected
The user may select none, one or more than one Parent *Preferred Facility*(ies) by clicking on the selection, then clicking the arrow pointing to the “Selected” box on the right.	→ ←	The selected Parent *Preferred Facility*(ies) display in this box. To deselect, click on the selection in this box, then click on the arrow pointing to the “Available” box.

Priority Group:

Select all, one, or more than one *Priority Group*. If no *Priority Group* is selected the user must select a Parent *Preferred Facility*.

Maximum Records:

Enter a maximum batch file size greater than zero and less than one million.

Keep in mind that the current weekly limit of records the CMS vendor can print is 100K.

The default value is one thousand.

Release Control #:

This represents the default *Release Control* # (RCN) to be used, unless changed by the user.

The default value is set via the ***Default Handbook Batch Release Control Number*** *System Parameter*.

Important Note: This is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook. It should only require changing once or twice a year as a rule.

If the user has the appropriate *Capability* to change the RCN, they may do so by selecting from the dropdown. If the user changes the RCN to a number other than the default, the system will ask if the user wants to change the default RCN.

If the user selects “No”, only this batch will have the non-default RCN.

If the user selects “Yes”, the default RCN will be changed.

Be warned that when the default RCN is changed, new triggers will initiate new Handbooks being sent to Veterans who have received a previous version, based on the pervious default RCN, but will now receive a new version, based on the new default RCN.

Batch Note:

Enter up to 240 characters of notes about the batch request.

Indicates Required Field

HandBook Batch Request (View Historical)

The *HandBook Batch Request* (Historical) page displays a listing all current and previously scheduled batch requests, as well as cancelled requests.

HandBook Batch Request **Add New HandBook Batch Request**

Any current or historical *HandBook Batch Requests* are listed.

Release Date

This is the scheduled *Release Date* for the batch or the day the batch job was scheduled to be executed.

Release Control

This is the particular version of the Handbook and may be the same for multiple batch requests.

Priority Groups

This is the Priority Group(s) used by the batch to select Veterans to receive Handbooks.

Parent Facilities

This is the Parent *Preferred Facility* used by the batch to select Veterans to receive Handbooks.

Maximum number of Records

This represents the maximum batch size for the scheduled batch.

Release Size

For a batch request with a *Status* of NEW, the *Release Size* is an estimated count of records to be processed. If the *Status* is COMPLETED the *Release Size* is the actual count of records processed.

Number of Records Sent To CMS

This represents the number of records sent to CMS. For a batch with a *Status* of CANCELLED, this number should be 0.

Number of Records Mailed By CMS

This represents the number of records mailed by CMS. For a batch with a *Status* of CANCELLED, this number should be 0.

Remark

This contains any remarks entered by the user for the scheduled batch job.

Status

This represents the status of the scheduled batch job and may be NEW (pending execution), CANCELLED, or COMPLETED.

Created Date

This is the date on which the user scheduled the batch job.

Status Modified Date

This is the date the status of the batch job changed to the current status.

Cancel

If the batch job is scheduled, clicking on the Cancel link will cancel the scheduled batch job. If the batch job displays a *Status* of CANCELLED, this field is blank.

Change Password

This page allows the user to change his/her password. The system also allows the user to create/set a new password, as long as s/he remembers/knows his/her old (expired) password.

User ID:

This is the user's current ID. This will be the same as your Network ID.

Password:

Type in user's old password.

Enter New Password:

Enter user's new password.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters, lower case letters, upper case letters, numbers and special characters (!@#^$%$&*-_ +=).
- Passwords are case sensitive.
- The maximum number of days a password can be active is a system parameter (*Password Active Days*) value that is maintained by the Administrator. The default value for the "Password Active Days" value is 90.
- Passwords may not be changed until they are at least 3 days old (except by the Administrator). The previous 4 old passwords cannot be reused.
- The maximum number of days a password can be expired and still be changed by the user is a system parameter (*Password Expired Days*) value that is maintained by an Administrator. The default is 120 days.

Repeat New Password:

Type user's new password again for verification and to prevent mistype.

Accept Agreement:

User must accept the *Health Eligibility Center User Agreement* at the bottom of the window each time s/he logs into the system. Do so by placing a checkmark in the box.

Indicates Required Field

Tabs

Overview (Add a Person)

["Add a Person" appears only while adding a person during registration]

Overview

This page gives the user an overview of the beneficiary's current information on file. From this screen the user may:

- ***Update Current Eligibility*** - Clicking this link allows the user to *Edit Current Eligibility* information for the beneficiary.
- ***Eligibility*** - Clicking this link allows the user to view in greater detail the eligibility information that currently exists for the beneficiary. From this screen the user may also link to the *Edit Current Eligibility* screen.

- ***Update Mailing Address*** - Clicking this link allows the user to update the current *Permanent Mailing Address* information for the beneficiary.
- ***Demographics*** - Clicking this link allows the user to view in greater detail the demographic information that currently exists for the beneficiary. From this screen the user may also link to:
  - *Update Mailing Address*
  - *Update Associates*
  - *Update Date of Death*
  - *Update Insurance*
  - *Update Employment*

- ***Update Signature Index*** - Clicking this link allows the user to update the current Signature Index information for the beneficiary.
- ***Signature*** - Clicking this link allows the user to view in greater detail the *Signature Image* information that currently exists for the beneficiary.

- ***Update Financial Assessment*** - Clicking this link allows the user to Update Financial Assessment information for the beneficiary.
- ***Financials*** - Clicking this link allows the user to view in greater detail the financial overview information that currently exists for the beneficiary.

- ***Update Enrollment Dates*** - Clicking this link allows the user to Update *Enrollment Date* information for the beneficiary.
- ***Enrollment*** - Clicking this link allows user to view in greater detail the enrollment information that currently exists for the beneficiary.

- ***Update Date of Death*** - Clicking this link allows user to *Update Date of Death* information for the beneficiary.

- ***Demographics*** - Clicking this link allows user to view in greater detail the demographic information that currently exists for the beneficiary.

- ***View Handbook Communication*** - Clicking this link allows the user to access the Handbook Status tab via the Communications tab.

  The following links allow the user to view the *Veteran Benefits Handbook* .pdf files for the Veteran.

  Veterans Health Benefits at a Glance: View Benefit Glance - clicking the link allows the user to view an abbreviated high-level summary of the *Veteran Benefits Handbook*.

  Veterans Health Benefits Handbook: View Handbook - clicking the link allows the user to view the *Veteran Benefits Handbook*.

- ***Communications*** - Clicking this link allows the user to access the Handbook Status tab via the Communications tab.

If the record is marked as Sensitive, the message **Sensitive Record** is displayed over the beneficiary's Name, SSN, and DOB, just above the "tabs." This indicates this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

Screen Shot

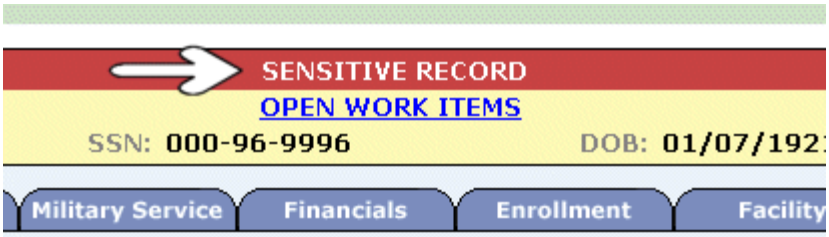

Figure 9: Sensitive Record: Open Work Items

If the beneficiary's record has been identified as a duplicate and is in the Veteran Merge process, the system displays the message *Veteran Merge Pending* on the screen indicating that identity-trait updates are pending for this beneficiary. When this occurs, the user is prevented from making any changes to the record and the system displays the message LOCK REASON: followed by the particular reason why the record is locked. The system also prevents a record from being changed if there is no Eligibility and Enrollment data or Registry Data for the individual.

If any *Open Work Items* exist for the beneficiary, an Open Work Items link will display in the center part of the header area. Clicking the link takes the user to the *Open Items* (Worklist) page.

Screen Shot

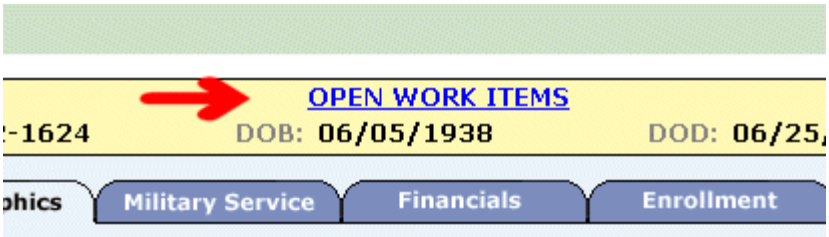

Figure 10: Open Work Items

Signature Images

This screen allows users to view and update signature image information for a beneficiary. Users are not allowed to add new signature information records. Signature image information for a beneficiary's signed application is received from an external source and stored in the HECMS database.

If there is a Primary Income Test associated with the signature indicator, the system sends an email bulletin to all sites of record under the following conditions:

- If only one signature information record exists for the beneficiary and that signature indicator changes from **Yes** to **No** or to **Entered in Error**.
- If only one signature information record exists for the beneficiary and that signature indicator changes from **No** or **Entered in Error** to **Yes**.

If more than one signature record exists for the person and the signature indicator on any of them change from **Yes** to **No** or to **Entered in Error**, and another record exists for that person where the signature indicator is **Yes**, then no email bulletin is sent to the sites of record.

All fields other than *Signature on File* are automatically updated by the system.

Signature Images

Image ID

This is the MT *Image ID* number.

Date Indexed

The *Date Indexed* is the date the signature image was scanned into the system.

Submitting Facility

The site submitting the signature image information is automatically entered by the system.

User

This is the person updating the *Signature Image* information. The system automatically captures the user who is updating the information.

Date/Time Last Updated

This is the last time the signature index information was updated. The system automatically sets the Date/Time Last Updated.

Signature on File

This *Signature on File* indicator is the only field the user may update. Select from the dropdown.

Eligibility

Current Eligibility

Eligibility for VA Health Care is dependent upon a number of variables, which may influence the final determination of the services for which the Veteran may qualify. These factors include the nature of the veteran's discharge from military service (e.g., honorable, other than honorable, dishonorable), length of service, VA adjudicated disabilities (commonly referred to as service-connected disabilities), income level, and available VA resources among others.

Generally, the beneficiary must be enrolled in VA Health Care system to receive benefits offered in the Medical Benefits Package. Certain beneficiaries do not need to be enrolled to receive medical care benefits.

The Veteran does not have to be enrolled under the following conditions:

- S/he has been determined by VA to be 50% or more disabled from service-connected (SC) conditions.
- S/he Is seeking care for a VA rated service-connected disability only.
- It is less than one year since s/he was discharged for a disability that the military determined was incurred or aggravated by their service, but that VA has not yet rated

To apply for VA Health Care benefits, including enrollment, the individual must fill out an application. We use the application to determine:

- Whether the individual has qualifying service as a Veteran.
- What the individual's Veteran status is so that they can be placed into one of the priority groups.

This screen displays the *Current Eligibility* and enrollment information for the beneficiary. The following information displays:

Current Eligibility | EDIT CURRENT ELIGIBILITY | EDIT PURPLE HEART | VIEW HISTORICAL ELIGIBILITY

Primary Eligibility Code:

Primary Eligibility Code is the eligibility factor that has been found to take the highest precedence during the eligibility calculations. This is the beneficiary's current eligibility code.

It is assigned to the beneficiary based on benefit factors captured on the intake process. It is the primary factor that determines the beneficiary's enrollment priority. It can be used

Veteran Indicator:

The Veteran Indicator designates whether the individual is a Veteran or non-veteran.

	as a single entity or in conjunction with other eligibility codes in the calculation of the enrollment priority. The Primary Eligibility Code also contributes in determining if the beneficiary needs to complete a Means Test.		
Service Connected (%):	*SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].*	Enrollment Application Date:	*The Enrollment Application Date is the date of the application for enrollment. Some beneficiaries have been enrolled automatically by the system. When this occurs, the beneficiary will not have an application date.* *For beneficiaries who mail their VA Form 10-10EZ to a VA health care facility for processing, the date of the postmark is to be entered into VistA as the Enrollment Application Date. For beneficiaries who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the Enrollment Application Date.* *For beneficiaries who apply for enrollment in person, the date of the beneficiary's presence at the facility for the purpose of enrolling is to be entered into VistA as the Enrollment*

			Application Date.
Effective Date of Combined Evaluation:	*This is the date the Combined Evaluation percentage (based on eligibility factors) was made by the VBA.*	Enrollment Effective Date	*Enrollment Effective Date is the effective date of the specific eligibility change for this individual.*
Eligibility Status:	*The determination status assigned to the beneficiary's record. It identifies that the beneficiary is eligible for Enrollment and VHA health care.* *Values include:* *Verified - indicates the individual's Eligibility status has been confirmed.* *Pending Verification - indicates the individual's Eligibility status has not been confirmed but due process is on-going and action is being taken to confirm the status.* *Pending Re-verification - indicates individual's status was previously confirmed but that it was in error and the status is being checked.*	Annual Check Amount:	*Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.*
Eligibility Status Date:	*This is the date the eligibility status changed, was updated, etc.*	Eligibility Verification Method:	*Eligibility Verification Method is the way or how the user verified the eligibility of the applicant.*
Eligibility Verification Source:	*Eligibility Verification Source is the location the eligibility status was determined.* *Examples include:* **VAMC & site number** **CEV***(if verified from data received from VBA via AITC, a.k.a. AAC, or if manually updated by a HEC user.)*	VBA Query Status:	*This is the query response status from the VBA for the beneficiary's eligibility.* *Examples include:* **No VBA Data on File** **Data Accepted - Manual Upload** **Auto-upload - Upload VBA Data** **Queried - Pending Receipt of Data**

Data Pending Review
Eligibility Data Received from AAC (a.k.a. AITC)
VBA Data Inconclusive
Data Rejected
NULL

MSDS Query Status: *This is the query response status from the Military Service Data Sharing (MSDS) Broker for the Military Service information.*

Examples include:
New Record – Pending Submission
Queried – Pending Response
Queried – No Data Received
Military Service Data Received
Military Service Data Rejected

Rated SC Disabilities

Code

This is the *Code* associated with the service-connected or non-service connected medical condition for which the beneficiary has been rated. The Veterans Benefit Administration determines the codes applicable to the beneficiary through the compensation

SC %

This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

This data is shared with VistA.

More...

A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional

Description

The *Description* of the rated disability code.

Diagnostic Extremity

This is defined as the portion of the body in which the disability is located.

This data is shared with VistA.

Examples:

- Left Lower Extremity
- Left Upper Extremity
- Right Lower Extremity
- Right Upper Extremity
- Both Lower Extremities

Original Date

This is the date on which the rating determination was made.

This data is shared with VistA.

More...

The original effective date for a disability is the date VBA determines as the first day a disability is considered service-connected. It could be the date the disability occurred, or if the claim for disability was filed much later, the date of the claim.

Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date

Current Effective Date

This is the date on which the rated disability was/is effective.

This data is shared with VistA.

More...

This is the latest date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code.

review process.	Offices located throughout the country.	Both Upper Extremities	is July 2002. The date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the *Current Effective Date* is updated to September 2005, the date the new percentage was determined to take effect.

Prisoner of War

Prisoner of War Indicator

View Historical Prisoner of War

Secondary Eligibility Codes

Purple Heart

Prisoner of War

Aid and Attendance

Other Eligibility Factors

View Clinical Determination

In this area the various other eligibility factors for the beneficiary are displayed. Examples include but are not be limited to:

Environmental Contaminants, Radiation Exposure, Receiving Military Disability Retirement, Catastrophic Disability, Military Sexual Trauma, Nose Throat Radium, Spinal Cord Injury, Combat Veteran Eligible, SHAD, etc.

User may also click on the link *View Clinical Determination* information to access current and historical clinical determination information. Clinical determination information consists of Catastrophic Disability (CD), Military Sexual Trauma (MST), Nose Throat Radium (NTR), and Spinal Cord Injury information. This information is collected at the VAMC and sent to the HECMS system to be used in Eligibility and Enrollment Processing. It is shared with the VistA sites the beneficiary has visited.

From the *View Clinical Determinations* screen the user may also click on the *View Historical Clinical Determination* link for historical clinical determination information.

Other Ineligibility

In this area is displayed the various other ineligibility factors such as the effective date this beneficiary was found to be ineligible for VHA Health Care, the reason and the VARO decision.

Financial Assessment

This section allows the user to view a beneficiary's current and historical financial assessment information. The financial assessment includes applicable spouse and dependent information.

Edit Current Eligibility

The data in these fields is used to determine the individual's eligibility and enrollment to include identifying additional attributes that enhance the individual's priority for enrollment.

Click on the desired link for help on any particular field.

(Edit) means that these additional fields are available in the Edit mode.

CHANGE INDICATOR TO NO/YES

Veteran Indicator:

Is this patient requesting care as a Veteran of the U.S. Armed Forces?

- *Yes* - The Veteran status **Yes** or **No** invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

  More...

  In general, Veteran eligibility is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the U.S. Armed forces. Verification of active duty service can be obtained via DD-214, VIS or SHARE, or other authoritative sources. For additional eligibility requirements, see 38 CFR 3.1 (Definitions), 3.2 (Periods of War), 3.6 (Duty Periods), 3.7 (Individuals and groups considered to have performed active military, naval, or air service), 3.12 (Character of Discharge), 3.12a (Minimum active-duty service requirement), 3.13 (Discharge to change status), 3.14 (Validity of enlistments), and 3.15 (Computation of Service).

- *No* - Patient does not meet the criteria of Veteran status.

This data is shared with VistA.

Eligibility Status:

This is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA health care.

This data is shared with VistA.

Values include:

- *Verified* - indicates the individual's Eligibility Status has been confirmed.

  Rules...

  - If *Eligibility Status* is Verified, Eligibility Verification Method is required.

- *Pending Verification* - indicates the individual's *Eligibility Status* has not been confirmed but due process is on-going and action is being taken to confirm the status.

- *Pending Re-verification* - indicates the individual's status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

This is the date the eligibility status changed, was updated, etc. The system defaults to the current date. Date is editable.

This data is shared with VistA.

Rules...

- *Eligibility Status Date* requires a precise date.
- *Eligibility Status Date* may be after the *Date of Death*.
- *Eligibility Status Date* cannot be prior to the Veterans *Date of Birth*.
- *Eligibility Status Date* cannot be a future date.
- *Eligibility Status Date* is required when a valid *Eligibility Status* is selected.

Eligibility Verification Method:

Eligibility Verification Method is the way or how the user verified the eligibility of the applicant.

More...

It is a "free-text" description of "how" or the "source" that eligibility status was checked/verified.

If the Eligibility is verified by HEC or VAMC staff, the entry should identify the way or how the user verified the eligibility for the applicant (e.g. DD-214; DD-215; WD AGO 5355 ; VBA, SHARE; or 7131 from VARO #., etc.).

VHA staff has a duty to assist the beneficiary with obtaining verification of eligibility using all resources available.

This data is shared with VistA.

Rules...

- *Eligibility Verification Method* must be between 2 and 50 characters or left blank.
- *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.

Service-Connected (%):

SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].

Rules...

- *Service Connected (%)* is required when the Veteran has *Rated Disability* Information.

Effective Date of Combined Evaluation:

The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.

This data is shared with VistA.

More...

When a Veteran's condition is determined to be service-connected, VBA also computes the Veteran's Percent of Combined Evaluation. Only SC conditions are now included in calculating the Combined Percent. The *Effective Date of Combined Evaluation* is the date VBA began paying the Veteran compensation benefits for that Percent of Combined Evaluation.

For example, if a Veteran is determined to be 20% SC in January 2003 and is increased to 50% SC in March 2005 (but is retroactive to November 2004) and VBA starts paying the Veteran at the 50% SC rate in April 2005, the *Effective Date of Combined Evaluation* is April 2005. It is not the effective date of the decision.

Rules...

Effective Date of Combined Evaluation...

- must be a precise date.
- cannot be prior to the Veteran's *Date of Birth*.
- cannot be on or after the Veteran's *Date of Death*.
- cannot be a future date.

Rated SC Disabilities

Code:

The *Code* associated with the service-connected or non-service connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration determines the codes applicable to the Veteran through the compensation review process.

Description:

The *Description* of the rated disability code.

This field is system filled based on the valid rated disability code entered.

Diagnostic Extremity:

This is defined as the portion of the body in which the disability is located.

Choices are:

- Left Lower Extremity
- Left Upper Extremity
- Right Lower Extremity
- Right Upper Extremity
- Both Lower Extremities
- Both Upper Extremities

This data is shared with VistA.

Service Connected Percentage:

This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

This data is shared with VistA.

More...

A service-connected rating is an official ruling by VA that the beneficiary's illness/condition is directly related to their active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Rules...

- Rated Disabilities are required when *Service Connected %* is zero or greater.

- A Disability % is required for each Rated Disability entered.

Original Effective Date:

This is the effective date on which the condition was originally determined to be service-connected.

This data is shared with VistA.

More...

The *Original Effective Date* for a disability is the date VBA determines as the first day a disability is considered service-connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.

Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the *Current Effective Date* is updated to September 2005, the date the new percentage was determined to take effect.

Rules...

- Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
- Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date:

This is the date on which the rated disability was/is effective.

This data is shared with VistA.

More...

This is the most recent date VBA establishes a new service-connected disability percentage for the particular diagnostic code.

Rules...

- Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
- Rated Disability *Current Effective Date* cannot be after *Date of Death*.

Note: The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA) – Click the ▸ arrow to expand the VOA file attachments list.

The VOA File Attachments function allows a user to view files that were attached to an application for health care benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachment(s), determine what document type(s) they contain, and indicate whether the document(s) is (are) acceptable or not.

FileName

This is the attachment file name. When the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

More...

This allows the user to examine the contents of the attachment in order to determine the document type(s) (DD-214, Military Orders of Award, etc.) and whether or not to "Accept?" the document(s) as valid.

FileType

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

The allowable values from which to select are: DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

More...

The user may "remove" a *DocType* from the list by selecting "Remove it" for the *DocType* and then clicking the ***UPDATE*** button.

When "Remove it" is selected for the *DocType*, the *Accept?* check box cannot be checked.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a Veteran's DD-214, Military Orders of Award, etc. To accept the attachment, make sure there is a check in the check box.

Updated

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the *Updated* date/time field to the current date.

By

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the *By* field ID to the user's ID.

ADD

When the user clicks the ADD link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The ***UPDATE*** button allows the user to update the *DocType* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

Add/Edit POW Episode

POW Indicator:

Was the Veteran a Prisoner of War?

- *Yes* - Veteran meets the criteria of former Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of **Yes**.

  Rules...

  - When *POW Indicator* is answered **Yes**, the following additional fields are required: *Confinement Location*, *Capture/Release* Dates.

- *Release Date* must be equal to or greater than the *Capture Date*.

- *No* - Veteran was NOT a former prisoner of war.
- No Data

More...

Verification can be obtained from DD-214, POW Registry or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

POW Source is defined as the source where POW documentation was received and or reported.

Choices are:

- All
- DoD - Department of Defense
- NARA - National Archives and Records Admin.
- Other
- VAMC
- VBA - Veterans Benefit Administration
- Veteran
- VistA

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

- DD-214
- DD-215
- Military Orders of Award
- Other Official Service Records
- WD AGO Forms
- VBA/DoD File

Capture Date:

This is the date on which the Veteran entered into a listed POW camp.

Rules...

- *Capture Date* is required if *POW Indicator* is **Yes**.
- *Capture Date* must be at least a Month and Year.
- *Capture Date* must be equal to or less than the *Release Date*.

- *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.

Release Date:

This is the date on which the Veteran was released or rescued from the POW camp.

Rules...

- *Release Date* is required if *POW Indicator* is **Yes**.
- *Release Date* must be at least a Month and Year.
- *Release Date* must be equal to or greater than the *Capture Date*.
- *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.

Days of Captivity:

This is a system-calculated number of days between the *Capture Date* and *Release Date*.

Days of Captivity will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

Confinement Location:

This is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp:

This is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

More…

Note that when a *Camp* name is selected, the HECMS automatically system fills the appropriate *Camp Code* and *Camp City*.

Camp Code:

This code indicates the particular Prisoner of War camp. This is system filled.

Camp City:

The city/country in which the Prisoner of War camp was located. This is system filled.

Date Entered (Edit):

This is the date (mm/dd/yyyy) on which the POW Episode was entered. This is system filled.

Purple Heart Status:

This is the PH status assigned to the Veteran (display only). All sites of record are notified for these statuses.

Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable (**YES**), the Veteran is then confirmed as a Purple Heart recipient.

- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply.
- *Second Ltr Sent* - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.
- Pending
- *In Process* - the PH status confirmation is still being processed.

Aid & Attendance:

Aid & Attendance indicates if the beneficiary is receiving A&A benefits from the Dept. of Veterans Affairs.

- *Yes* - the beneficiary is in receipt of Aid & Attendance

  More...

  A&A is a benefit paid in addition to monthly pension. This benefit may not be paid without eligibility to pension. A&A is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. Verification of this benefit can be verified via VIS, SHARE, or other authoritative source. Beneficiaries in receipt of A&A will be enrolled in PG 4 and will be exempt from all copays.

- *No* - the beneficiary is NOT in receipt of Aid & Attendance benefits

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- A beneficiary cannot be both A&A and HB at the same time.
- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

Housebound:

Housebound (HB) indicates whether the beneficiary is receiving HB benefits from the Dept. of Veterans Affairs.

- *Yes* - If beneficiary has been determined by VBA to be permanently HB and in receipt of HB benefits

  More...

  Housebound is paid in addition to monthly pension. Like A&A, Housebound benefits may not be paid without eligibility to pension. Verification of this benefit can be verified via VIS, SHARE or other authoritative source. Beneficiaries in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.

- *No* - If beneficiary is NOT in receipt of HB benefits

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- A beneficiary cannot be both A&A and HB at the same time.

- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES,** user cannot enter **Yes** for *VA Pension* indicator.

VA Pension:

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

- *Yes* - If the Veteran is in receipt of a VA Pension.

  More...

  VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old. Veterans who are more seriously disabled may qualify for *Aid & Attendance* or *Housebound* benefits. These are benefits that are paid in addition to the basic pension rate. The benefit can be verified by VIS, SHARE or other authoritative source. Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.

- *No* - If the Veteran is NOT in receipt of a VA Pension. This can be verified by VIS, SHARE or other authoritative source.

  More...

  When the *Veteran Indicator* is changed from **Yes** to **No**, the system automatically sets several fields as follows: *VA Pension Indicator* is set to **No** and the *Pension Award Effective Date* and the *Pension Award Reason* codes are set to null.

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **Yes,** user cannot enter **Yes** for *VA Pension* indicator.
- *Receiving VA Pension* requires *Annual Check Amount* to be $0 or greater.
- *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.
- If the *VA Pension* indicator is changed to **Yes**, the *Pension Award Effective Date* is required,

Pension Award Effective Date:

This is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the *Pension Award Reason* to see if the date on file is the original award or the latest change.

More...

- If the *Pension Award Effective Date* is deleted, the *Pension Award Reason* code is also deleted.

Rules...

- *Pension Award Effective Date* can be entered or edited only if the *VA Pension* indicator is **Yes**.
- *Pension Award Effective Date* must be a precise date.
- *Pension Award Effective Date* cannot be a future date.

- *Pension Award Effective Date* cannot be prior to the *Pension Termination Date*.
- If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Effective Date* is required,

Pension Award Reason:

This is the reason or change reason for the *Pension Award*. Select from the dropdown list.

Rules...

- If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Reason* is required.

Pension Termination Date:

This is the date on which the *Pension Award* was terminated.

Rules...

- *Pension Termination Date* must be a precise date.
- *Pension Termination Date* cannot be a future date.
- *Pension Termination Date* can only be entered when the *VA Pension* indicator is **No**.
- The *Pension Termination Date* cannot prior to the *Pension Award Effective Date*.
- If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 1:

This represents the first reason the pension was terminated. Termination of the *VA Pension* benefit can be for multiple reasons. VBA shares the most recent four codes on file.

Rules...

- If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Award Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 2:

This represents the second reason the pension was terminated.

Pension Termination Reason 3:

This represents the third reason the pension was terminated.

Pension Termination Reason 4:

This represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation:

This indicates whether the Veteran is receiving disability payments.

- *Yes* - If Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.

  More...

Receipt of disability compensation can be verified via VIS, SHARE, VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-service connected conditions.

- *No* - If Veteran is NOT in receipt of a rated service-connected VA disability compensation. This can be verified via SHARE or other authoritative source.

This data is shared with VistA.

Rules...

- *Receiving VA Disability Compensation* requires an *Annual Check Amount* greater than zero.
- *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.

Total Monthly Check Amount:

Total Monthly Check Amount is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

- If the *VA Pension* indicator is set to **Yes**, then *Total Monthly Check Amount* must be greater than or equal to $0.

Annual Check Amount:

Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Annual Check Amount is system filled based on the amount entered in the *Total Monthly Check Amount* field.

This data is shared with VistA.

Rules...

- *Annual Check Amount* is required when *Receiving VA Disability Compensation* is **Yes**.
- *Annual Check Amount* greater than zero is required when *Permanent & Total* is **Yes**.
- *Annual Check Amount* must be greater than or equal to $0.00 and less than or equal to $99999.00.

Unemployable:

A code that indicates whether this Veteran is rated unemployable by the VARO due to a service-connected condition.

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

- *Yes* - If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than $0.
- No

Permanent & Total:

Permanent & Total indicates whether the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Acceptable choices are:

- *Yes* - Veteran is rated P&T by VBA.

  More... *P&T is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on SC disability percentage.*

  Rules... *If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If **Yes**, an effective date must be entered.*

- *No* - If Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.

More...

If the Veteran has only one Rated Disability, the SC% must be equal to or greater than 60%.

OR

If the Veteran has more than one Rated Disability, then the SC% must be equal to or greater than 70% AND one of the Rated Disabilities must have SC% equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.

Permanent & Total Effective Date:

If *Permanent & Total* is marked as **Yes**, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a service-connected condition.

This data is shared with VistA.

Rules...

- *P&T Effective Date* must be a precise date.
- *P&T Effective Date* cannot be a future date.
- *P&T Effective Date* cannot be prior to the *Date of Birth.*
- *P&T Effective Date* cannot be after the *Date of Death.*

Rated Incompetent:

Rated Incompetent indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

Acceptable choices are:

- *Yes* - Veteran is determined to be Rated Incompetent by the VBA, or civil authorities.

  More...

  Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veteran's Legal Guardian using Power of Attorney as a source.

- *No* - Veteran is NOT determined to be Rated Incompetent.
- No Data

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Civil Date:

Date Ruled Incompetent (Civil) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

- Rated Incompetent *Civil Date* cannot be a future date, but must be after Veteran's DOB.
- Rated Incompetent *Civil Date* cannot be after the Veteran's *Date of Deat*h.

VA Date:

Date Ruled Incompetent (VA) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

- If the year is omitted, the system uses CURRENT YEAR.
- Rated Incompetent *VA Date* cannot be a future date, must be after Veteran's DOB.
- Rated Incompetent *VA Date* cannot be after the Veteran's *Date of Death*.

Eligibility for Medicaid:

Eligible for Medicaid indicates whether this beneficiary is eligible to receive Medicaid coverage.

- *Yes* - Beneficiary is in receipt of Medicaid benefits or other state sponsored compatible benefits.

  More...

  Beneficiary is not required to complete financial assessment tests. Verify with beneficiary and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.

- *No* - Beneficiary is NOT in receipt of Medicaid or compatible benefits.
- No Data

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Date Medicaid Last Updated:

Date Medicaid Last Updated is the date the *Eligibility for Medicaid* indicator was last updated.

Whenever the *Eligibility for Medicaid* field is changed, the *Date Medicaid Last Updated* field defaults to the current date and time.

Rules...

- *Date Medicaid Last Updated* cannot be a future date.

This data is shared with VistA.

Ineligible Date:

The effective date on which this beneficiary was found to be ineligible for VHA Health Care.

This data is shared with VistA.

Rules...

- *Ineligible Reason* is required when an *Ineligible Date* is entered.
- The *Ineligible VARO Decision* is required when an *Ineligible Date* is entered.
- The *Ineligible Date* cannot be prior to the earliest Service Entry Date.
- *Ineligible Date* must be a precise date.
- *Ineligible Date* cannot be a future date.
- *Ineligible Date* cannot be a prior to the *Date of Birth*.

Ineligible Reason:

The reason why the beneficiary is ineligible for enrollment into the VA Health Care System. This field is required if an *Ineligible Date* is entered (i.e., Active Duty for Training Only, Served Less Than 24 months, DVA per VARO, OTH Char of Svc-Admin Decision Req).

This data is shared with VistA.

Rules...

- *Ineligible Reason* character length must be 1 - 40 characters.
- *Ineligible Reason* is required when there is an *Ineligible Date*.

Ineligible VARO Decision:

The VARO reason why the beneficiary is ineligible for treatment, if *Ineligible Date* is entered. If available, enter VARO Station Number and Date of Decision.

This data is shared with VistA.

Rules...

- This field is not required unless an *Ineligible Date* is entered.
- Character length for *Ineligible VARO Decision* should be between 3 and 75 characters.

Other Eligibility Factors

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 1010EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

- *Yes* - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

  More...

  Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

- *No* - Veteran was NOT discharged due to a disability incurred or aggravated in the line of duty.
- No Data

Military Disability Retirement:

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

- *Yes* - Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay.

  More...

  Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving *Military Disability Retirement* are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

- *No* - Veteran is NOT retired from the armed forces due to a disability.
- No Data

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

- Not Exposed
- Korean DMZ
- Other
- Vietnam

This data is shared with VistA.

Radiation Exposure Method:

Radiation Exposure Method is the method by which this patient was exposed to ionizing radiation.

- Not Exposed
- *Nagasaki/Hiroshima* - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.

- *Atmospheric Nuclear Testing* - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
- *H/N and Atmospheric Testing* - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
- *Underground Nuclear Testing* - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
- *Exposure at Nuclear Facility* - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
- Other - a method that does not fit any of the other categories.

SW Asia Conditions:

SW Asia Conditions indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

- *Yes* - The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.

  More...

  This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

- *No* - The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.

Spinal Cord Injury:

Spinal Cord Injury indicates whether the registrant suffers from a spinal cord injury and to what degree.

This field is display only.

Nose and Throat Radium Treatments:

Nose and Throat Radium Treatments indicates whether the registrant underwent NTR treatments while serving in the military or whether it's unknown.

This field is display only.

More...

Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These veterans are provided care for this condition at no cost.

Non-Veteran Eligibility Codes

TRICARE:

TRICARE is the Department of Defense regional managed Healthcare program for service families.

More...

TRICARE Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with health care providers, create or customize a *TRICARE* Online web page, and use the Personal Health Care Manager.

Sharing Agreement:

This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

More...

The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country:

This is defined as the beneficiary's allied country of origin.

This data is shared with VistA.

Rules...

- If an Allied country is selected, the beneficiary will be assigned an *Eligibility Code* of **Allied Veteran**. The *Allied Veteran Country* is required information for registration as an Allied Beneficiary. Authorized selections are (1) Canada or (2) United Kingdom (UK) Great (GRT) Britain / N. Ireland. Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-service connected beneficiary, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

More...

Qualifying Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should authorize the care and reimburse VA. Allied Beneficiaries are individuals receiving a war pension or equivalent for service-related conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK. Grt. Britian / N. Ireland) and Canada). If the Allied Beneficiaries served with Poland and/or Czechoslovakia and are in receipt of a VA monetary benefit from Great (GRT) Britain based on a SC condition, they can elect to be registered as an Allied Beneficiary and country of UK. Grt. Britian / N. Ireland will be selected as the *Allied Veteran Country*. Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-service connected eligibility.

CHAMPVA:

Civilian Health and Medical Program of the Uniformed Services or Veteran's Affairs (*CHAMPVA*) is an insurance program in which the VA shares the cost of covered health care services and supplies for active duty and retired career military persons, their dependents, and survivors.

- *Yes* – The spouse or widow(er) and the children of a Veteran who meet the criteria of CHAMPVA eligibility.

  More...

Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a service-connected disability, or were rated permanently and totally disabled due to a service-connected condition at the time of death, or died of a service-connected disability, or died on active duty and the dependents who are not otherwise eligible for DoD TRICARE benefits. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain Health Care services and supplies with eligible beneficiaries.

- *No* – The beneficiary does NOT meet the criteria of CHAMPVA eligibility.

Employee:

This is an employee of the VAMC.

- *Yes* – The beneficiary is an employee of the VAMC or one of its associated sister facilities.

  More...

  If **Yes** is selected, then the patient is marked as *Sensitive*.

- *No* – The beneficiary is NOT an employee of the VAMC.

Collateral Of Vet:

Collateral of Veteran is a person related to or associated with a Veteran receiving care from the VA. The beneficiary is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veteran's clinical care.

- *Yes* – The beneficiary is not a Veteran but is associated with a Veteran through a specific program of care.

  More...

  The purpose of this clinical contact must be an integral part of the Veteran's treatment plan; it must be documented in the treatment plan and progress notes in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. Examples of appropriate designation of a collateral visit include: initial and follow-up contacts for a person assisting a Veteran's physical rehabilitation program in the home; participation of a family member in outpatient family psychotherapy; continuing education and follow through with primary care giver such as residential care sponsor.. Examples include spouse/child or associate of Veteran.

- *No* – The beneficiary does NOT meet the criteria for collateral of vet.

Other Federal Agency:

This is defined as another source for the beneficiary's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense**, **Department of the Army** etc.

★Indicates Required Field

Edit Current Eligibility (Add a Person)

The data in these fields is used to determine the individual's eligibility and enrollment to include identifying additional attributes that enhance the individual's priority for enrollment.

When adding (registering) a new person, certain fields may now be required and others become editable as described and indicated below.

The ***Veteran Indicator*** and ***Eligibility Status*** fields are required to complete the enrollment application.

New to this screen under **Other Eligibility Factors** are the editable (registration) ***Spinal Cord Injury*** and ***Nose and Throat Radium Treatments*** fields. These two fields are not required.

CHANGE INDICATOR TO NO/YES

Veteran Indicator:

Is this patient requesting care as a Veteran of the U.S. Armed Forces?

- *Yes* - The Veteran status **Yes** or **No** invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

  More...

  In general, Veteran eligibility is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the U.S. Armed forces. Verification of active duty service can be obtained via DD-214, VIS or SHARE, or other authoritative sources. For additional eligibility requirements, see 38 CFR 3.1 (Definitions), 3.2 (Periods of War), 3.6 (Duty Periods), 3.7 (Individuals and groups considered to have performed active military, naval, or air service), 3.12 (Character of Discharge), 3.12a (Minimum active-duty service requirement), 3.13 (Discharge to change status), 3.14 (Validity of enlistments), and 3.15 (Computation of Service).

- *No* - Patient does not meet the criteria of Veteran status.

This data is shared with VistA.

Eligibility Status:

This is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA health care.

This data is shared with VistA.

Values include:

- *Verified* - indicates the individual's *Eligibility Status* has been confirmed.

  Rules...

  - If *Eligibility Status* is **Verified**, *Eligibility Verification Method* is required.

- *Pending Verification* - indicates the individual's *Eligibility Status* has not been confirmed but due process is on-going and action is being taken to confirm the status (default when registering a Veteran).

- *Pending Re-verification* - indicates the individual's status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

This is the date the eligibility status changed, was updated, etc. The system defaults to the current date. Date is editable.

This data is shared with VistA.

Rules...

- *Eligibility Status Date* requires a precise date.
- *Eligibility Status Date* may be after the Date of Death.
- *Eligibility Status Date* cannot be prior to the Veterans *Date of Birth*.
- *Eligibility Status Date* cannot be a future date.
- *Eligibility Status Date* is required when a valid *Eligibility Status* is selected.

Eligibility Verification Method:

Eligibility Verification Method is the way or how the user verified the eligibility of the registrant.

More...

It is a "free-text" description of "how" or the "source" that eligibility status was checked/verified.

If the Eligibility is verified by HEC or VAMC staff, the entry should identify the way or how the user verified the eligibility for the registrant (e.g. DD-214; DD-215; WD AGO 5355 ;VBA, SHARE; or 7131 from VARO #., etc.).

VHA staff has a duty to assist the registrant with obtaining verification of eligibility using all resources available.

This data is shared with VistA.

Rules...

- *Eligibility Verification Method* must be between 2 and 50 characters or left blank.
- *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.

Service-Connected (%):

SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].

Rules...

- *Service Connected (%)* is required when the Veteran has *Rated Disability* Information.

Effective Date of Combined Evaluation:

The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.

This data is shared with VistA.

More...

When a Veteran's condition is determined to be service-connected, VBA also computes the Veteran's Percent of Combined Evaluation. Only SC conditions are now included in calculating the Combined Percent. The *Effective Date of Combined Evaluation* is the date VBA began paying the Veteran compensation benefits for that Percent of Combined Evaluation.

For example, if a Veteran is determined to be 20% SC in January 2003 and is increased to 50% SC in March 2005 (but is retroactive to November 2004) and VBA starts paying the Veteran at the 50% SC rate in April 2005, the *Effective Date of Combined Evaluation* is April 2005. It is not the effective date of the decision.

Rules...

Effective Date of Combined Evaluation...

- must be a precise date.
- cannot be prior to the Veteran's *Date of Birth*.
- cannot be on or after the Veteran's *Date of Death*.
- cannot be a future date.

Rated SC Disabilities

Code:

The *Code* associated with the service-connected or non-service connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration determines the codes applicable to the Veteran through the compensation review process.

Description:

The *Description* of the rated disability code.

This field is system filled based on the valid rated disability code entered.

Diagnostic Extremity:

This is defined as the portion of the body in which the disability is located.

Choices are:

- Left Lower Extremity
- Left Upper Extremity
- Right Lower Extremity
- Right Upper Extremity
- Both Lower Extremities
- Both Upper Extremities

This data is shared with VistA.

Service Connected Percentage:

This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

This data is shared with VistA.

More...

A service-connected rating is an official ruling by VA that the registrant's illness/condition is directly related to their active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Rules...

- Rated Disabilities are required when *Service Connected %* is zero or greater.
- A Disability % is required for each Rated Disability entered.

Original Effective Date:

This is the effective date on which the condition was originally determined to be service-connected.

This data is shared with VistA.

More...

The *Original Effective Date* for a disability is the date VBA determines as the first day a disability is considered service-connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.

Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the *Current Effective Date* is updated to September 2005, the date the new percentage was determined to take effect.

Rules...

- Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
- Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date:

This is the date on which the rated disability was/is effective.

This data is shared with VistA.

More...

This is the most recent date VBA establishes a new service-connected disability percentage for the particular diagnostic code.

Rules...

- Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
- Rated Disability *Current Effective Date* cannot be after *Date of Death*.

Note: The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA) – Click the ▸ arrow to expand the VOA file attachments list.

The VOA File Attachments function allows a user to view files that were attached to an application for health care benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachment(s), determine what document type(s) they contain, and indicate whether the document(s) is (are) acceptable or not.

FileName

This is the attachment file name. When the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

More...

This allows the user to examine the contents of the attachment in order to determine the document type(s) (DD-214, Military Orders of Award, etc.) and whether or not to "Accept?" the document(s) as valid.

FileType

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

The allowable values from which to select are: DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

More...

The user may "remove" a *DocType* from the list by selecting "Remove it" for the *DocType* and then clicking the ***UPDATE*** button.

When "Remove it" is selected for the *DocType*, the *Accept?* check box cannot be checked.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a Veteran's DD-214, Military Orders of Award, etc. To accept the attachment, make sure there is a check in the check box.

Updated

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the *Updated* date/time field to the current date.

By

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the *By* field ID to the user's ID.

ADD

When the user clicks the ADD link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The ***UPDATE*** button allows the user to update the *DocType* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

Add/Edit POW Episode

Prisoner Of War Indicator:

Was the Veteran a Prisoner of War?

- *Yes* - Veteran meets the criteria of former Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of **Yes**.

  Rules...

  - When *POW Indicator* is answered **Yes**, the following additional fields are required: *Confinement Location*, *Capture/Release* Dates.

    See additional *Rules* under each field.

- *No* - Veteran was NOT a former prisoner of war.
- No Data

More...

Verification can be obtained from DD-214, POW Registry or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

POW Source is defined as the source where POW documentation was received and or reported.

Choices are:

- All
- DoD - Department of Defense
- NARA - National Archives and Records Admin.
- Other
- VAMC
- VBA - Veterans Benefit Administration
- Veteran
- VistA

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

- DD-214
- DD-215
- Military Orders of Award
- Other Official Service Records
- WD AGO Forms
- VBA/DoD File

Capture Date:

This is the date on which the Veteran entered into a listed POW camp.

Rules...

- *Capture Date* is required if *POW Indicator* is **Yes**.
- *Capture Date* must be at least a Month and Year.
- *Capture Date* must be equal to or less than the *Release Date*.
- *Capture and Release Dates* cannot fall after a person's Date of Death.
- *Capture Date* cannot be prior to *Date of Birth*.

Release Date:

This is the date on which the Veteran was released or rescued from the POW camp.

Rules...

- *Release Date* is required if *POW Indicator* is **Yes**.
- *Release Date* must be at least a Month and Year.
- *Release Date* must be equal to or greater than the *Capture Date*.
- *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.
- *Release Date* cannot be prior to *Date of Birth*.

Days of Captivity:

This is a system-calculated number of days between the *Capture Date* and *Release Date*.

Days of Captivity will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

Confinement Location:

This is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp:

This is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

More…

Note that when a *Camp* name is selected, the HECMS automatically system fills the appropriate *Camp Code* and *Camp City*.

Camp Code:

This code indicates the particular Prisoner of War camp. This is system filled.

Camp City:

The city/country in which the Prisoner of War camp was located. This is system filled.

Purple Heart Status:

This is the PH status assigned to the Veteran (display only). All sites of record are notified for these statuses.

Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable (**YES**), the Veteran is then confirmed as a Purple Heart recipient.
- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply.
- *Second Ltr Sent* - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.
- Pending
- *In Process* - the PH status confirmation is still being processed.

Aid & Attendance:

Aid & Attendance indicates if the registrant is receiving A&A benefits from the Dept. of Veterans Affairs.

- *Yes* - the registrant is in receipt of Aid & Attendance

  More...

  A&A is a benefit paid in addition to monthly pension. This benefit may not be paid without eligibility to pension. A&A is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. Verification of this benefit can be verified via VIS, SHARE, or other authoritative source. Beneficiaries in receipt of A&A will be enrolled in PG 4 and will be exempt from all copays.

- *No* - the registrant is NOT in receipt of Aid & Attendance benefits

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- A registrant cannot be both A&A and HB at the same time.
- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES,** user cannot enter **Yes** for *VA Pension* indicator.

Housebound:

Housebound (HB) indicates whether the registrant is receiving HB benefits from the Dept. of Veterans Affairs.

- *Yes* - If registrant has been determined by VBA to be permanently HB and in receipt of HB benefits

  More...

  Housebound is paid in addition to monthly pension. Like A&A, Housebound benefits may not be paid without eligibility to pension. Verification of this benefit can be verified via VIS, SHARE or other authoritative source. Beneficiaries in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.

- *No* - If registrant is NOT in receipt of HB benefits

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- A registrant cannot be both A&A and HB at the same time.
- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES,** user cannot enter **Yes** for *VA Pension* indicator.

VA Pension:

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

- *Yes* - If the Veteran is in receipt of a VA Pension.

  More...

  VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old. Veterans who are more seriously disabled may qualify for Aid & Attendance or Housebound benefits. These are benefits that are paid in addition to the basic pension rate. The benefit can be verified by VIS, SHARE or other authoritative source. Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.

- *No* - If the Veteran is NOT in receipt of a VA Pension. This can be verified by VIS, SHARE or other authoritative source.

  More...

  When the *Veteran Indicator* is changed from **Yes** to **No**, the system automatically sets several fields as follows: *VA Pension Indicator* is set to **No** and the *Pension Award Effective Date* and the *Pension Award Reason* codes are set to null.

This data is shared with VistA.

This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **Yes,** user cannot enter **Yes** for *VA Pension* indicator.
- *Receiving VA Pension* requires *Annual Check Amount* to be $0 or greater.
- *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.

- If the *VA Pension* indicator is changed to **Yes**, the *Pension Award Effective Date* is required.

Pension Award Effective Date:

This is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the *Pension Award Reason* to see if the date on file is the original award or the latest change.

More...

- If the *Pension Award Effective Date* is deleted, the *Pension Award Reason* code is also deleted.

Rules...

- *Pension Award Effective Date* can be entered or edited only if the *VA Pension* indicator is **Yes**.
- *Pension Award Effective Date* must be a precise date.
- *Pension Award Effective Date* cannot be a future date.
- *Pension Award Effective Date* cannot be prior to the *Pension Termination Date*.
- If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Effective Date* is required.

Pension Award Reason:

This is the reason or change reason for the *Pension Award*. Select from the dropdown list.

.***Rules...***

- If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Reason* is required.

Pension Termination Date:

This is the date on which the *Pension Award* was terminated.

Rules...

- *Pension Termination Date* must be a precise date.
- *Pension Termination Date* cannot be a future date.
- *Pension Termination Date* can only be entered when the *VA Pension* indicator is **No**.
- The *Pension Termination Date* cannot prior to the *Pension Award Effective Date*.
- If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 1:

This represents the first reason the pension was terminated. Termination of the *VA Pension* benefit can be for multiple reasons. VBA shares the most recent four codes on file.

Rules...

- If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 2:

This represents the second reason the pension was terminated.

Pension Termination Reason 3:

This represents the third reason the pension was terminated.

Pension Termination Reason 4:

This represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation:

This indicates whether the Veteran is receiving disability payments.

- *Yes* - If Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.

  More...

  Receipt of disability compensation can be verified via VIS, SHARE, VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-service connected conditions.

- *No* - If Veteran is NOT in receipt of a rated service-connected VA disability compensation. This can be verified via SHARE or other authoritative source.

This data is shared with VistA.

Rules...

- *Receiving VA Disability Compensation* requires an *Annual Check Amount* greater than zero.
- *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.

Total Monthly Check Amount:

Total Monthly Check Amount is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

- If the *VA Pension* indicator is set to **Yes**, then *Total Monthly Check Amount* must be greater than or equal to $0.

Annual Check Amount:

Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Annual Check Amount is system filled based on the amount entered in the *Total Monthly Check Amount* field.

This data is shared with VistA.

Rules...

- *Annual Check Amount* is required when *Receiving VA Disability Compensation* is **Yes**.
- *Annual Check Amount* greater than zero is required when *Permanent & Total* is **Yes**.

- *Annual Check Amount* must be greater than or equal to $0.00 and less than or equal to $99999.00.

Unemployable:

A code that indicates whether this Veteran is rated unemployable by the VARO due to a service-connected condition.

This data is shared with VistA.

- *Yes* - If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than $0.
- No

Permanent & Total:

Permanent & Total indicates whether the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

This data is shared with VistA.

Acceptable choices are:

- *Yes* - Veteran is rated P&T by VBA.

  More... P&T is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on SC disability percentage.

  *Rules... If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If **Yes**, an effective date must be entered.*

- *No* - If Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.

More...

If the Veteran has only one Rated Disability, the SC% must be equal to or greater than 60%.

OR

If the Veteran has more than one Rated Disability, then the SC% must be equal to or greater than 70% AND one of the Rated Disabilities must have SC% equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.

Permanent & Total Effective Date:

If *Permanent & Total* is marked as **Yes**, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a service-connected condition.

This data is shared with VistA.

Rules...

- *P&T Effective Date* must be a precise date.
- *P&T Effective Date* cannot be a future date.

- *P&T Effective Date* cannot be prior to the *Date of Birth.*
- *P&T Effective Date* cannot be after the *Date of Death.*

Rated Incompetent:

Rated Incompetent indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

Acceptable choices are:

- *Yes* - Veteran is determined to be Rated Incompetent by the VBA, or civil authorities.

  More...

  Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veteran's Legal Guardian using Power of Attorney as a source.

- *No* - Veteran is NOT determined to be Rated Incompetent.
- No Data

This data is shared with VistA.

Civil Date:

Date Ruled Incompetent (Civil) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

- Rated Incompetent *Civil Date* cannot be a future date, but must be after Veteran's DOB.
- Rated Incompetent *Civil Date* cannot be after the Veteran's *Date of Deat*h.

VA Date:

Date Ruled Incompetent (VA) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

- If the year is omitted, the system uses CURRENT YEAR.
- Rated Incompetent *VA Date* cannot be a future date, must be after Veteran's DOB.
- Rated Incompetent *VA Date* cannot be after the Veteran's *Date of Death*.

Eligibility for Medicaid:

Eligible for Medicaid indicates whether this registrant is eligible to receive Medicaid coverage.

- *Yes* - Registrant is in receipt of Medicaid benefits or other state sponsored compatible benefits.

  More...

  Registrant is not required to complete financial assessment tests. Verify with registrant and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.

- *No* - Registrant is NOT in receipt of Medicaid or compatible benefits.

- No Data

This data is shared with VistA.

Date Medicaid Last Updated:

Date Medicaid Last Updated is the date the *Eligibility for* Medicaid indicator was last updated.

Whenever the *Eligibility for Medicaid* field is changed, the *Date Medicaid Last Updated* field defaults to the current date and time.

Rules...

- *Date Medicaid Last Updated* cannot be a future date.

This data is shared with VistA.

Ineligible Date:

The effective date on which this registrant was found to be ineligible for VHA Health Care.

This data is shared with VistA.

Rules...

- *Ineligible Reason* is required when an *Ineligible Date* is entered.
- The *Ineligible VARO Decision* is required when an *Ineligible Date* is entered.
- The *Ineligible Date* cannot be prior to the earliest Service Entry Date.
- *Ineligible Date* must be a precise date.
- *Ineligible Date* cannot be a future date.
- *Ineligible Date* cannot be a prior to the *Date of Birth*.

Ineligible Reason:

The reason why the registrant is ineligible for enrollment into the VA Health Care System. This field is required if an *Ineligible Date* is entered (i.e., Active Duty for Training Only, Served Less Than 24 months, DVA per VARO, OTH Char of Svc-Admin Decision Req).

This data is shared with VistA.

Rules...

- *Ineligible Reason* character length must be 1 - 40 characters.
- *Ineligible Reason* is required when there is an *Ineligible Date*.

Ineligible VARO Decision:

The VARO reason why the registrant is ineligible for treatment, if *Ineligible Date* is entered. If available, enter VARO Station Number and Date of Decision.

This data is shared with VistA.

Rules...

- This field is not required unless an *Ineligible Date* is entered.

- Character length for *Ineligible VARO Decision* should be between 3 and 75 characters.

Other Eligibility Factors

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 1010EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

- *Yes* - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

  More...

  Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

- *No* - Veteran was NOT discharged due to a disability incurred or aggravated in the line of duty.

- No Data

Military Disability Retirement:

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

- *Yes* - Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay.

  More...

  Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving *Military Disability Retirement* are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

- *No* - Veteran is NOT retired from the armed forces due to a disability.

- No Data

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

- Korean DMZ

- Other

- Vietnam

This data is shared with VistA.

Radiation Exposure Method:

Radiation Exposure Method is the method by which this patient was exposed to ionizing radiation.

- *Nagasaki/Hiroshima* - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.

- *Atmospheric Nuclear Testing* - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
- *H/N and Atmospheric Testing* - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
- *Underground Nuclear Testing* - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
- *Exposure at Nuclear Facility* - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
- Other - a method that does not fit any of the other categories.

SW Asia Conditions:

SW Asia Conditions indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

- *Yes* - The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.

  More...

  This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

- *No* - The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.

Spinal Cord Injury:

Spinal Cord Injury indicates whether the registrant suffers from a spinal cord injury and to what degree.

The user may choose from the dropdown.

Nose and Throat Radium Treatments:

Nose and Throat Radium Treatments indicates whether the registrant underwent NTR treatments while serving in the military or whether it's unknown.

User may select **Yes**, **No**, or **Unknown**.

More...

Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These veterans are provided care for this condition at no cost.

Non-Veteran Eligibility Codes

TRICARE:

TRICARE is the Department of Defense regional managed Healthcare program for service families.

More...

TRICARE Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with health care providers, create or customize a *TRICARE* Online web page, and use the Personal Health Care Manager.

Sharing Agreement:

This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

More...

The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country:

This is defined as the registrant's allied country of origin.

This data is shared with VistA.

Rules...

- If an Allied country is selected, the registrant will be assigned an *Eligibility Code* of **Allied Veteran**. The *Allied Veteran Country* is required information for registration as an Allied Beneficiary. Authorized selections are (1) Canada or (2) United Kingdom (UK) Great (GRT) Britain / N. Ireland. Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-service connected beneficiary, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

More...

Qualifying Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should authorize the care and reimburse VA. Allied Beneficiaries are individuals receiving a war pension or equivalent for service-related conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK. Grt. Britain / N. Ireland) and Canada). If the Allied Beneficiaries served with Poland and/or Czechoslovakia and are in receipt of a VA monetary benefit from Great (GRT) Britain based on a SC condition, they can elect to be registered as an Allied Beneficiary and country of UK. Grt. Britain / N. Ireland will be selected as the *Allied Veteran Country*. Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-service connected eligibility.

CHAMPVA:

Civilian Health and Medical Program of the Uniformed Services or Veteran's Affairs (*CHAMPVA*) is an insurance program in which the VA shares the cost of covered health care services and supplies for active duty and retired career military persons, their dependents, and survivors.

- *Yes* – The spouse or widow(er) and the children of a Veteran who meet the criteria of CHAMPVA eligibility.

  More...

Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a service-connected disability, or were rated permanently and totally disabled due to a service-connected condition at the time of death, or died of a service-connected disability, or died on active duty and the dependents who are not otherwise eligible for DoD TRICARE benefits. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain Health Care services and supplies with eligible beneficiaries.

- *No* – The registrant does NOT meet the criteria of CHAMPVA eligibility.

Employee:

This is an employee of the VAMC.

- *Yes* – The registrant is an employee of the VAMC or one of its associated sister facilities.

  More...

  If **Yes** is selected, then the patient is marked as *Sensitive*.

- *No* – The registrant is NOT an employee of the VAMC.

Collateral Of Vet:

Collateral of Veteran is a person related to or associated with a Veteran receiving care from the VA. The registrant is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veteran's clinical care.

- *Yes* – The registrant is not a Veteran but is associated with a Veteran through a specific program of care.

  More...

  The purpose of this clinical contact must be an integral part of the Veteran's treatment plan; it must be documented in the treatment plan and progress notes in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. Examples of appropriate designation of a collateral visit include: initial and follow-up contacts for a person assisting a Veteran's physical rehabilitation program in the home; participation of a family member in outpatient family psychotherapy; continuing education and follow through with primary care giver such as residential care sponsor.. Examples include spouse/child or associate of Veteran.

- *No* – The registrant does NOT meet the criteria for collateral of vet.

Other Federal Agency:

This is defined as another source for the registrant's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense**, **Department of the Army** etc.

★Indicates Required Field

Edit Purple Heart

Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces. *Purple Heart* Recipients must be confirmed using a DD-214 (Discharge), DD-215 (Correction to Discharge), WD AGO (War Department Adjutant General's Office Form), Service Records showing the award, Military Orders of the Award, or other authoritative sources. A copy of the certificate in and of itself is not confirmation of PH status. Confirmed PH recipients will be enrolled in PG 3 and will be exempt from outpatient medical care copays.

A Mariner's medal, while it may be similar to a PH, is not the same. Therefore, this beneficiary cannot be listed as a PH recipient.

VIEW HISTORICAL PURPLE HEART

Purple Heart Status:

This is the PH status assigned to the Veteran (display only).

Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable, **YES**, the Veteran is then confirmed as a Purple Heart recipient.

  All sites of record are notified.

- *In Process* - the PH status confirmation is still being processed.

  All sites of record are notified.

- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply.

  All sites of record are notified.

- *Pending* - All sites of record are notified.

- *Rejected* - All sites of record are notified.

Status Update:

This is the date the beneficiary's PH *Status* was last updated (display only).

Purple Heart Facility:

This is the facility from which the PH information was received (display only).

Assigned LAS:

This is the Legal Administrative Specialist (LAS) assigned to the case (display only).

This field is editable for users with the proper permissions.

Rejected Remarks:

This is a remark for why PH was rejected. Select from the dropdown.

Last Update Date:

This is the date and time the record was last updated (Read Only).

Last Updated By:

This is the user who made the last update (Read Only).

Note: The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA) – Click the ▸ arrow to expand the VOA file attachments list.

The VOA File Attachments function allows a user to view files that were attached to an application for health care benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachment(s), determine what document type(s) they contain, and indicate whether the document(s) is(are) acceptable or not.

File Name:

This is the attachment file name. If the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

File Type:

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

Doc Type:

The allowable values from which to select are: DD-214, DD-215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

Accept?:

The user has the ability to either accept or reject the attached document. The decision is displayed here.

Updated:

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the *Updated* date/time field to the current date.

By:

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the *By* field ID to the user's ID.

ADD:

When the user clicks the ADD link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The ***UPDATE*** button allows the user to update the *Doc Type* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

Document Receipt

Document Receipt Date:

Enter the date the PH documentation was received.

Rules...

- Format: mm/dd/yyyy

Document Log In Date:

This is the date the confirmation documentation was logged in (display only).

Document Type:

Select the type of confirmation PH documentation from the dropdown.

Data Source:

Select the data source for the confirmation PH documentation from the dropdown.

Document Acceptable:

Is the documentation acceptable?

- Yes
- *No* - user may enter Unacceptable Remarks if answering **No** to Document Acceptable.

Rules...

The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's PH Award must be provided. For example, any one of the following documents is acceptable:

- DD-214 (Discharge)
- DD-215 (Discharge Update)
- World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO)
- Service Records showing the award
- Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

Log New Document

New Document Receipt

Document Receipt Date:

Enter the date the PH documentation was received.

Rules...

- Format: mm/dd/yyyy

Document Log In Date:

This is the date the confirmation documentation was logged in (display only).

Assigned LAS:

From the dropdown, select the Legal Administrative Specialist (LAS) to be assigned to the case.

Document Type:

Select the type of confirmation PH documentation from the dropdown.

Data Source:

Select the data source for the confirmation PH documentation from the dropdown.

Document Acceptable:

Is the documentation acceptable?

- Yes
- *No* - user may enter Unacceptable Remarks if answering **No** to Document Acceptable.

Rules...

The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's PH Award must be provided. For example, any one of the following documents is acceptable:

- DD-214 (Discharge)
- DD-215 (Discharge Update)
- World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO)
- Service records showing the award
- Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

Select Period of Service

The *Select Period of Service* screen displays when user has manually changed the *Veteran Indicator* on the *Edit Current Eligibility* screen from **Yes** to **No**, (making a Veteran a non-Veteran) and clicked the ***Accept Changes*** button.

The *Period of Service* (POS) values available are contingent on the specific *Non-Veteran Eligibility Code* selected. If multiple *Non-Veteran Eligibility Codes* are selected, the system will determine the available *Period of Service* dropdown selections based on a hierarchy. Only one POS may be selected. The system will not allow the submission of the data until the POS is entered.

Select Period Of Service

Primary Eligibility Code:

This is the *Non-Veteran Eligibility Code* that has been selected on the *Edit Current Eligibility* screen.

System filled.

Period of Service:

Period of Service (POS) is the POS which best classifies the beneficiary. The primary period of service is the POS that takes precedence in determining the highest benefits afforded to the beneficiary.

This data is shared with VistA.

More...

The user must manually enter a *Period of Service* if they manually change the Veteran Indicator from **Yes** to **No**, making a Veteran a non-Veteran.

The *Period of Service* the user must enter is contingent on the specific *Non-Veteran Eligibility Code* that has been entered on the *Edit Current Eligibility* screen. If multiple *Non-Veteran Eligibility Codes* are selected, the system will determine the available *Period of Service* dropdown selections based on a hierarchy.

Only one POS may be entered.

Rules...

- *Period of Service* is a required entry.

Indicates Required Field

Demographics

Overview

Demographics Overview

The Overview screen presents the user with a snapshot of the demographic information that is available for the beneficiary.

From this screen the user may:

Update Mailing Address - allows user to update beneficiary's permanent mailing address information

Update Associates - presents the user with a snapshot of the current associate information available for the beneficiary. User may click on a current *Name* link to update the information for that associate. From this page the user may also click on the ***Add Associate*** button to add other associates. The Add Other Associates link also presents the user with the *Add Associates* page allowing them to add other associates.

Update Personal - allows user to add or update items such as beneficiary's *Date of Death* and *Employment Status* information.

Update Insurance - allows the user to access insurance information as well as enter/edit specific beneficiary insurance information.

Identity Traits

Identity Traits

Identity Traits are a set of data fields that uniquely identify the beneficiary.

When *Identity Trait* updates are pending, the user can only view data. The system prevents any updates or edits to the beneficiary information.

VIEW SUBMITTED IDENTITY TRAITS

Allows user to view the *Identity Traits* updates that have been submitted for this patient and the current status of those updates for user-selected dates/times.

VIEW HISTORICAL IDENTITY TRAITS

Allows user to view the *Identity Traits* history changes made for this patient with "Old" and "New" values for user-selected dates/times.

Prefix:

Prefix is the title supplied for the beneficiary such as Mr., Ms., Mrs., etc.

Rules...

- If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
- *Prefix* is free text and must be between 1 and 10 characters.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

More...

Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *Official documentation* (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full *Middle Name*, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- No parenthesis may be used.

- *Official documentation* (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
- *Middle Name* must be between 1 and 25 characters.

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal *Last Name*.

More...

Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Official documentation* (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
- *Last Name* must be between 1 and 35 characters.
- Individual's *Last Name* is a required field.

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- *Suffix* must be between 1 and 10 characters.

SSN:

SSN is defined as the individual's social security number.

Rules...

- It is 9 numeric.
- The following *SSN* can never be possible (according to SSA):

123456789

- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- The middle two numbers cannot be 00.
- The last four numbers cannot be 0000.
- The first three numbers cannot be 000.
- The *SSN* cannot be a *Pseudo SSN*.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

- *In-Process* ...SSN validation is being processed.
- *Invalid per SSA* ...SSA has declared SSN invalid.
- *New Record* ...indicates this is a new record and needs to be sent to SSA for verification.
- *Resend to SSA* ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

This indicates the date of the *SSN* verification from the Social Security Administration (system generated).

SSA Message:

An error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

SSN Source of Change is an audit field to capture the source of the updated *SSN*. Select from the dropdown.

Pseudo SSN Reason:

Three choices for assigning a beneficiary *Pseudo SSN* are:

- Follow-up required

  Verification Process:

  1. System sends letter to beneficiary asking for SSN.

  2. If beneficiary returns SSN, HEC then sends the SSN validation request to the SSA.

- No *SSN* assigned
- Refused to Provide

This data is shared with VistA.

If a beneficiary has a *Pseudo SSN* in VistA, it will not display in HECMS. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

- *Pseudo SSN Reason* is required for first time entry of *Pseudo SSN* where no SSN previously existed.

Gender:

Gender is defined as the gender that best describes this individual's sex.

More...

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

- F – Female
- M – Male

Date of Birth:

The Date of Birth is the date an individual was born.

Rules...

- Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.
- *Date of Birth* cannot be a future date.
- *Date of Birth* cannot occur after the *Date of Death*.
- *Date of Birth* cannot occur after the *Ineligible Date*.
- *Date of Birth* cannot occur after the *Enrollment Application Date.*

Place of Birth City:

The *Place of Birth City* is where the beneficiary was born. *Place of Birth City* is display only.

This data is shared with VistA.

Place of Birth State:

The *Place of Birth State* is where the beneficiary was born. *Place of Birth State* is display only.

This data is shared with VistA.

Multiple Birth Indicator:

This field Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included. *Multiple Birth Indicator* is display only.

Valid indicators are:

- Yes
- No
- No Data

This data is shared with VistA.

Mother's Maiden Name:

This field displays the beneficiary 's mother's maiden name in "LAST NAME, FIRST NAME MI" format. *Mother's Maiden Name* is display only.

Race:

Race or racial group to which the beneficiary belongs. *Race* is display only and can have multiple values.

This data is shared with VistA.

Ethnicity:

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only.

This data is shared with VistA.

Identity Traits

Identity Traits (Add a Person)

Identity Traits are a set of data fields that uniquely identify the registrant.

This Add-a-New-Person *Identity Traits* screen is pre-populated with the data that was entered in the *Search and Add a New Person* screen under the ***ESR Registration*** button.

When *Identity Trait* updates are pending, the user can only view data. The system prevents any updates or edits to the registrant information.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

VIEW SUBMITTED IDENTITY TRAITS

Allows user to view the *Identity Traits* updates that have been submitted for this person and the current status of those updates for user-selected dates/times.

VIEW HISTORICAL IDENTITY TRAITS

Allows user to view the *Identity Traits* history changes made for this person with "Old" and "New" values for user-selected dates/times.

Prefix:

Prefix is the title supplied for the registrant such as Mr., Ms., Mrs., etc.

Rules...

- If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
- *Prefix* is free text and must be between 1 and 10 characters.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the registrant's complete legal first name. Avoid using nicknames or ambiguous information.

More...

Once the HEC receives the registrant's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *Official documentation* (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full *Middle Name*, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

Once the HEC receives the registrant's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- No parenthesis may be used.
- *Official documentation* (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
- *Middle Name* must be between 1 and 25 characters.

Last Name:

The NAME fields are an important element in the unique identity of a person. This required field should be pre-populated.

This field is editable using the rules below as a guide.

More...

Once the HEC receives the registrant's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Official documentation* (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
- *Last Name* must be between 1 and 35 characters.
- Registrant's *Last Name* is a required field.

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- *Suffix* must be between 1 and 10 characters.

SSN:

SSN is defined as the individual's social security number. This required field should be pre-populated.

This field is editable using the rules below as a guide.

Rules...

- It is 9 numeric.
- The following *SSN* can never be possible (according to SSA):

  123456789
- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- The middle two numbers cannot be 00.
- The last four numbers cannot be 0000.
- The first three numbers cannot be 000.
- The *SSN* cannot be a *Pseudo SSN*.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

- *In-Process* ...SSN validation is being processed.
- *Invalid per SSA* ...SSA has declared SSN invalid.
- *New Record* ...indicates this is a new record and needs to be sent to SSA for verification.
- *Resend to SSA* ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

This indicates the date of the *SSN* verification from the Social Security Administration (system generated).

SSA Message:

An error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

SSN Source of Change is an audit field to capture the source of the updated *SSN*. Select from the dropdown.

Pseudo SSN Reason:

Three choices for assigning a registrant *Pseudo SSN* are:

- Follow-up required

  Verification Process:

  1. System sends letter to registrant asking for SSN.

  2. If registrant returns SSN, HEC then sends the SSN validation request to the SSA.

- No *SSN* assigned
- Refused to Provide

This data is shared with VistA.

If a registrant has a *Pseudo SSN* in VistA, it will not display in HECMS. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

- *Pseudo SSN Reason* is required for first time entry of *Pseudo SSN* where no SSN previously existed.

Gender:

Gender is defined as the gender that best describes this individual's sex. This required field should be pre-populated.

More...

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

- F – Female
- M – Male

Date of Birth:

The Date of Birth is the date an individual was born. This required field should be pre-populated.

This field is editable using the rules below as a guide.

Rules...

- Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.
- *Date of Birth* cannot be a future date.
- *Date of Birth* cannot occur after the *Date of Death*.
- *Date of Birth* cannot occur after the *Ineligible Date*.
- *Date of Birth* cannot occur after the *Enrollment Application Date.*

Place of Birth City:

The Place *of Birth City* is where the registrant was born.

Place of Birth City is free text and must be between 2 and 15 characters.

This data is shared with VistA.

Place of Birth State:

The Place *of Birth State* is where the registrant was born.

Place of Birth State lists state abbreviations and foreign locations. Select from the dropdown.

This data is shared with VistA.

Multiple Birth Indicator:

This field indicates if the registrant is part of a multiple birth. Both Fraternal and Identical are included.

Valid indicators are:

- Yes
- No

This data is shared with VistA.

Mother's Maiden Name:

This field displays the registrant's mother's maiden name in "LAST NAME, FIRST NAME MI" format.

Mother's Maiden Name is free text and must be between 2 and 40 characters.

Race:

Race or racial group to which the registrant belongs. Select all that apply.

This data is shared with VistA.

Ethnicity:

The ethnicity to which the registrant belongs. Select from the dropdown.

This data is shared with VistA.

★Indicates Required Field

Personal

Personal (Person)

VIEW HISTORICAL PERSONAL DATA

Sensitivity Flag:

This is an indication that this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

The indicator notifies HEC of a classified record.

This data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected, user may select a site from the *Sensitivity Flag Change Site* dropdown.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for *Sensitivity Flag Change Source*, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected for *Sensitivity Flag Change Source*, user may then select a site from the dropdown.

Degree:

The *Degree* field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Rules...

- *Degree* must be between 1 and 10 characters.

Alias Names:

Alias Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Field is display only.

Alias SSNs:

Alias SSNs that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

Field is display only.

Date of Death:

Date of Death is defined as the official deceased date for the individual.

Note: When the user deletes the *Date of Death*, the system automatically deletes the *Death Notification Source, Death Notification Site* and the *Date of Death Report Date*.

More...

Death certificates are generally required to enter a *Date of Death*. *Dates of Death* must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.

Use the following as authoritative sources in order of precedence:

- Veterans Health Administration (VHA) facility is an authoritative source for *Date of Death* if the person died in the VHA facility or while under VA auspices.
- SSA
- Department of Vital Statistics
- Death Certificate
- National Cemetery Administration (NCA) is an authoritative source for the *Date of Death* if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

- *Date of Death* must be a precise date (mm/dd/yyyy).
- *Date of Death* cannot be a future date or a date prior to the *Date of Birth*.
- If *Date of Death* is populated, the *Death Notification Source* is required information.

Death Notification Source:

This is defined as the source of the DOD being added. Select from the dropdown.

Rules...

- *Death Notification Source* is required information if the *Date of Death* is populated.

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the DOD is reported or updated (system filled and may be imprecise).

More...

HECMS will use the date received if the source does not supply a date.

Preferred Facility:

The system automatically determines the Veteran's *Preferred Facility* by obtaining a list of active and inactive PCPs from CDW. The *Preferred Facility* is the site associated with an active PCP. If there is no active PCP, then an inactive PCP will be used. If there is no PCP, then ESR or VistA data will be used. The system-filled source designation is the field next to the *Preferred Facility* field and displays the source of the displayed preferred facility(ies).

If there are preferred facilities with a source designation of “PCP Active”, they are displayed and not editable. “PCP” is the veteran’s Primary Care Provider.

Updates to the *Preferred Facility* fields are allowed only if the preferred facilities’ source designation is “PCP Inactive”, “ESR”, “Vista”, or “NULL.”

From the dropdown, the user is required to select at least one *Preferred Facility*, if none exist. When selecting, the source designation for the selected/edited facility is set to “ESR”.

This data is shared with VistA.

Claim Folder Number:

A number is automatically assigned by VBA to each individual's claim for VA benefits.

This data is shared with VistA.

Rules...

- The *Claim Folder Number* is a 7-9 character unique number utilized by the VBA prior to its conversion to use of the *SSN*. The data field will accept either this 7-9 character unique number or the *SSN*. A claim number is established only if the beneficiary has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.
- The *SSN* data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
- A *Pseudo SSN* is not appropriate for this field.

Claim Folder Location:

The *Claim Folder Location* is the VA regional office or record location where the beneficiary's claim folder is filed.

This data is shared with VistA.

Emergency Response:

The *Emergency Response* indicator can be multiple values. Currently, only **Hurricane Katrina** can be selected.

User Enrollee Valid Through:

Individuals who receive or are scheduled to receive health care services during a given fiscal year. A beneficiary who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

Field is system filled.

User Enrollee Site:

This is defined as a site that first identifies a user status for a given fiscal year.

Field is system filled.

Appointment Request Date:

This is the date VistA captures when the *Appointment Request Response* question is answered. The system captures the current date/time the prompt was answered.

A date is shown only if a response is displayed in the *Appointment Request Response* field.

Field is system filled.

This data is shared with VistA.

Appointment Request Response:

This is the "Yes" or "No" or null response from the Veteran when asked "Do you want an appointment?" as entered on the 10-10EZ form or as entered when registering a Veteran through the ESR Registration process.

Field is system filled.

This data is shared with VistA.

Benefit Applied For (VOA):

This is the benefit for which the applicant has applied.

Field is system filled.

Marital Status:

This is marital status of the applicant. Select from the dropdown.

This data is shared with VistA.

Religion:

This field is defined as the listed religion for the applicant.

Field is system filled.

Father's Name:

This field is defined as the father's name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

Field is system filled.

Mother's Name:

This field is defined as the mother's name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

Field is system filled.

Employment Status:

Employment Status is the current employment status of the individual. Select from the dropdown.

If the *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If the *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone Number

- Date of Retirement

Employer Name:

This is a free text field of 1 – 30 characters which displays the applicant's employer's name.

Field is system filled.

Occupation:

This is a free text field of 1 – 30 characters which displays the applicant's occupation.

Field is system filled.

Employer Address Line 1:

This is a free text field of 1 – 30 characters which displays the employer's address. *Address Line 1* is the number and street or post office box of a mailing address.

Field is system filled.

Employer Address Line 2:

This is a free text field of 1 – 30 characters which displays the employer's address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Field is system filled.

Employer Address Line 3:

This is a free text field of 1 – 30 characters which displays the employer's address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Field is system filled.

City:

This is a free text field of 1 – 30 characters which displays the employer's city.

Field is system filled.

State:

This field displays the employer's state.

Field is system filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer's zip code.

Field is system filled.

Employer Phone Number:

This is a free text field of 3 – 30 characters which displays the beneficiary's employer's phone number.

Field is system filled.

Date of Retirement:

This is the applicant's Retirement Date in standard date format (mm/dd/yyyy).

Field is system filled unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* field is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

★Indicates Required Field

Personal

Personal (Add a Person)

This Add-a-Person *Personal* screen is pre-populated with the data that was entered in the *Search and Add a New Person* screen under the ***ESR Registration*** button.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

VIEW HISTORICAL PERSONAL DATA

Sensitivity Flag:

This is an indication that this registrant record is a sensitive record and only those with a business purpose should view the related information.

The indicator notifies HEC of a classified record.

This data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected, user may select a site from the *Sensitivity Flag Change Site* dropdown.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for *Sensitivity Flag Change Source*, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected for *Sensitivity Flag Change Source*, user may then select a site from the dropdown.

Degree:

The *Degree* field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Rules...

- *Degree* must be between 1 and 10 characters.

Alias First Names:

Alias First Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

- *Alias First Names* must be between 2 and 40 characters.
- Multiple *Alias First Names* can be entered separated by a space.

Alias Last Names:

Alias Last Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

- *Alias Last Names* must be between 2 and 40 characters.
- Multiple *Alias Last Names* can be entered separated by a space.

Alias SSN:

Alias SSNs that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

This field is editable using the rules below as a guide.

Rules...

- It is 9 numeric.
- The following *SSN* can never be possible (according to SSA):

  123456789

- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- The middle two numbers cannot be 00.
- The last four numbers cannot be 0000.
- The first three numbers cannot be 000.
- The *SSN* cannot be a *Pseudo SSN*.

Date of Death:

Date of Death is defined as the official deceased date for the individual.

Note: When the user deletes the *Date of Death*, the system automatically deletes the *Death Notification Source, Death Notification Site* and the *Date of Death Report Date*.

More...

Death certificates are generally required to enter a *Date of Death*. *Dates of Death* must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.

Use the following as authoritative sources in order of precedence:

- Veterans Health Administration (VHA) facility is an authoritative source for *Date of Death* if the person died in the VHA facility or while under VA auspices.
- SSA
- Department of Vital Statistics

- Death Certificate
- National Cemetery Administration (NCA) is an authoritative source for the *Date of Death* if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

- *Date of Death* must be a precise date (mm/dd/yyyy).
- *Date of Death* cannot be a future date or a date prior to the *Date of Birth*.
- If *Date of Death* is populated, the *Death Notification Source* is required information.

Death Notification Source:

This is defined as the source of the DOD being added. Select from the dropdown.

Rules...

- *Death Notification Source* is required information if the *Date of Death* is populated.

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the DOD is reported or updated (system filled and may be imprecise).

More...

HECMS will use the date received if the source does not supply a date.

Preferred Facility:

The facility processing the registrant 's application for VA health care benefits can designate the VA health care site selected by the registrant as the *Preferred Facility*. The *Preferred Facility* can be changed by any site the registrant has visited if the Veteran requests a change.

Select from the dropdown.

This data is shared with VistA.

Claim Folder Number:

A number is automatically assigned by VBA to each individual's claim for VA benefits.

This data is shared with VistA.

Rules...

- The *Claim Folder Number* is a 7-9 character unique number utilized by the VBA prior to its conversion to use of the *SSN*. The data field will accept either this 7-9 character unique number or the *SSN*. A claim number is established only if the registrant has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.
- The *SSN* data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
- A *Pseudo SSN* is not appropriate for this field.

Claim Folder Location:

The *Claim Folder Location* is the VA regional office or record location where the registrant 's claim folder is filed.

This data is shared with VistA.

Emergency Response:

The *Emergency Response* indicator can be multiple values. Currently, only **Hurricane Katrina** can be selected.

User Enrollee Valid Through:

Individuals who receive or are scheduled to receive health care services during a given fiscal year. A registrant who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

Field is system filled.

User Enrollee Site:

This is defined as a site that first identifies a user status for a given fiscal year.

Field is system filled.

Appointment Request Date:

This is the date when the *Appointment Request Response* question is answered “Yes”. The system captures the current date the prompt was answered.

A date is shown only if a **“**Yes” response is displayed in the required *Appointment Request Response* field.

This data is shared with VistA.

Appointment Request Response:

Select either “Yes” or “No” from the dropdown.

When selecting “Yes”, the *Appointment Request Date* field will populate with the current date. If answered “No”, the field will remain blank.

This data is shared with VistA.

Rules...

- *Appointment Request Response* is a required field.

Benefit Applied For:

This is the benefit for which the registrant has applied. Select from the dropdown.

Marital Status:

This is marital status of the registrant and is a required field. Select from the dropdown.

This data is shared with VistA.

Religion:

This field is defined as the listed religion for the registrant. Select from the dropdown.

Father's Last Name:

This field is defined as the father's last name for the registrant. *Father's Last Name* is free text and must be between 2 and 40 characters.

Father's First Name:

This field is defined as the father's first name for the registrant. *Father's First Name* is free text and must be between 2 and 40 characters.

Mother's Last Name:

This field is defined as the mother's last name for the registrant. *Mother's Last Name* is free text and must be between 2 and 40 characters.

Mother's First Name:

This field is defined as the mother's first name for the registrant. *Mother's First Name* is free text and must be between 2 and 40 characters.

Employment Status:

Employment Status is the current employment status of the individual. Select from the dropdown.

If the *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If the *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone Number
- Date of Retirement

Employer Name:

The registrant's employer's name is a free text field of 1 – 40 characters.

Occupation:

The registrant's occupation is a free text field of 1 – 40 characters.

Country:

This is the registrant's employer's country location. Select from the dropdown.

More...

If any country other than **United States** is selected, ***Zip Code*** and ***State*** fields will not display. Instead, ***Province*** and ***Postal Code*** fields will be displayed.

Address Line 1:

The employer's address is a free text field of 1 – 35 characters. *Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

The employer's address is a free text field of 1 – 30 characters. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer's address is a free text field of 1 – 30 characters. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer's zip code.

Zip Code is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

City:

The employer's city is a free text field of 1 – 15 characters

State/Province:

State: Enter the full state name associated with the employer's address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

County/Postal Code:

County: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Employer Phone Number:

The registrant's employer's phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the registrant's Retirement Date in standard date format (mm/dd/yyyy).

Field is not editable unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* field is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

★Indicates Required Field

Associates

Associates

The *Associates* overview screen presents the user with a snapshot of the current associate information available for the beneficiary including *Name*, *Relationship*, *Role*, and *Address* and phone numbers (*Phones*).

User may click on a current *Name* link to update the information for that associate. To add an associate, click on the ***Add Associate*** button.

From this screen the user may also click the **View Historical Associates** link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times.

Add (Update) Associate(s)

The initial *Associates* screen displays any existing associates for the beneficiary. User may click on a current Name link to update the information for that associate. If none exist, none will display.

To add associates, click the ***Add Associates*** button.

Associates **Add Associate** **VIEW HISTORICAL ASSOCIATES**

Name

System displays the *Name* of the associate currently on file for the beneficiary.

User may click on an associate's name to update.

Relationship

System displays the *Relationship* of the Associate to the beneficiary currently on file. Association *Relationship* is defined as the relationship of that contact person to the beneficiary.

Role

System displays the *Role* of the associate to the beneficiary currently on file. Examples include but are not limited to:

- *Guardian Civil* - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
  Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
- *Guardian VA* - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
- *Power of Attorney* - A legal instrument authorizing one to act as another's attorney or agent.
- *Primary Next of Kin* – This is the closest living blood relative to the beneficiary. (Display only)
- *Other Next of Kin* – This is the next closest living blood relative to the beneficiary. (Display only)
- *Emergency Contact* – This is the beneficiary's primary contact in case of an emergency. (Display only)
- *Other Emergency Contact* – This is the beneficiary's secondary contact in case of an emergency. (Display only)
- *Designee* – This is an individual appointed by the beneficiary. (Display only)

Address

System displays the *Address* of the associate currently on file for the beneficiary.

Phones

System displays the *Phone* number(s) of the associate currently on file for the beneficiary.

Add (Update) Associates

Relationship:

Association *Relationship* is defined as the relationship of that contact person to the applicant.

More...

Among acceptable choices are:

- *Self* - Yourself
- *Spouse* - a marriage partner; a husband or wife
- *Son* - one's male child, a male descendent
- *Daughter* - one's female child, a female descendent
- *Stepson* - a spouse's son by a previous union
- *Stepdaughter* - a spouse's daughter by a previous union
- *Brother* - a male having the same parents as another or one parent in common with another
- *Sister* - a female having the same parents as another or one parent in common with another
- etc.

Role:

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- *Guardian Civil* - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
  Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.

  There can be multiple active *Civil Guardians* assigned to the Associate.

- *Guardian VA* - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.

  There can only be one active *VA Guardian* assigned to the Associate.

- *Power of Attorney* - A legal instrument authorizing one to act as another's attorney or agent.

  There can be multiple active *POAs* assigned to the Associate.

- *Primary Next of Kin* – This is the closest living blood relative to the beneficiary. (Display only)

- *Other Next of Kin* – This is the next closest living blood relative to the beneficiary. (Display only)
- *Emergency Contact* – This is the beneficiary's primary contact in case of an emergency. (Display only)
- *Other Emergency Contact* – This is the beneficiary's secondary contact in case of an emergency. (Display only)
- *Designee* – This is an individual appointed by the beneficiary. (Display only)

Organization/Name:

This is the name of the organization designated as either the beneficiary's guardian or POA.

More...

Examples are:

- VA Institution name
- Disabled American Veterans
- Paralyzed Veterans of America
- American Legion
- Veterans of Foreign War
- Vietnam Veterans of America
- Military Order of the Purple Heart

Rules...

- *Organization Name* cannot be greater than 35 characters.
- *Organization Name* or *First Name* and *Last Name* are required.

First Name:

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* is free text 1-35 characters in length.

Middle Name:

Enter the associate's complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *Middle Name* is free text 3-35 characters in length.

Last Name:

Enter the associate's complete legal last name.

Rules...

- Associate's *Last Name* is a required field.
- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 2 and 35 characters in length.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

More...

Zip Code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

State:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

Phone:

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

(Update) Phone Number Last Update:

This Read-Only field displays the Date/Time the *Phone* field was last updated.

(Update) Deactivation Date:

This is the date on which the Associate's *Role* becomes inactive. If a date already exists, the user may delete it.

This data is shared with VistA.

More...

- A **HEC Notification of VA Guardian Deactivation** bulletin is triggered when a **VA Guardian** *Deactivation Date* is entered. The bulletin is sent to G.DGEN Eligibility Alert @(site).med.va.gov.
- Deactivated *Roles* are kept in History.

Rules…

- The *Deactivation Date* must be precise (mm/dd/yyyy).
- The *Deactivation Date* must be after the *Date of Birth*.
- The *Deactivation Date* can be before, after or the same as the *Date of Death*.
- The *Deactivation Date* can be in the past, present or future.
- A VA Guardian cannot be added if there is already an active *VA Guardian*. The current *VA Guardian* must be deactivated before adding a new *VA Guardian*.

★Indicates Required Field

Associates

Associates (Add a Person)

The Add-a-Person *Associates* overview screen presents the user with a snapshot of the current associate information available for the registrant including *Name*, *Relationship*, *Role*, and *Address* and phone numbers (*Phones*).

If none exist, none will display. To add an associate, click on the ***Add Associate*** button.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

Note: *Associates* are not required to complete the registration.

From this screen the user may also click the **View Historical Associates** link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times.

Note: *Role* choices while "Adding a Person" are different than when updating a record for a Veteran already in the enrollment system.

VA Guardian and **POA** (Power of Attorney) roles may be added only after the registrant has been added (registered) into the enrollment system.

Roles added through VistA are not editable through ESR.

Associates **Add Associate** **VIEW HISTORICAL ASSOCIATES**

Name

System displays the *Name* of the associate currently on file for the registrant.

If *Name* displays as a link, the user may click on the link to open the *Update Associate* page for editing.

Relationship

System displays the *Relationship* of the Associate to the registrant currently on file. Association *Relationship* is defined as the relationship of that contact person to the registrant.

Role

System displays the *Role* of the associate to the registrant currently on file. Examples include the following:

- *Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.*
  Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.

- *Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.*

- *Power of Attorney* - A legal instrument authorizing one to act as another's attorney or agent.

Example roles while “Adding a Person” include the following:

- *Primary Next of Kin* – This is the closest living blood relative to the registrant.
- *Other Next of Kin* – This is the next closest living blood relative to the registrant.
- *Emergency Contact* – This is the registrant’s primary contact in case of an emergency.
- *Other Emergency Contact* – This is the registrant’s secondary contact in case of an emergency.
- *Designee* – This is an individual appointed by the registrant.

Address

System displays the *Address* of the associate currently on file for the registrant.

Phones

System displays the *Phone* number(s) of the associate currently on file for the registrant.

Add Associate

Relationship:

Association *Relationship* is defined as the relationship of that contact person to the registrant.

Relationship is a required field if ***Other Next of Kin*** or ***Primary Next of Kin*** roles are selected.

More...

Among acceptable choices are:

- *Self* - Yourself
- *Spouse* - a marriage partner; a husband or wife
- *Son* - one's male child, a male descendent
- *Daughter* - one's female child, a female descendent
- *Stepson* - a spouse's son by a previous union
- *Stepdaughter* - a spouse's daughter by a previous union
- *Brother* - a male having the same parents as another or one parent in common with another
- *Sister* - a female having the same parents as another or one parent in common with another
- etc.

Rules...

- *Relationship* is a required field if *Role* selected is ***Other Next of Kin*** or ***Primary Next of Kin***.

Role:

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- *Designee* – This is an individual appointed by the registrant.
- *Emergency Contact* – This is the registrant's primary contact in case of an emergency.
- *Other Next of Kin* – This is the next closest living blood relative to the registrant.
- *Other Emergency Contact* – This is the registrant's secondary contact in case of an emergency.
- *Primary Next of Kin* – This is the closest living blood relative to the registrant.

Organization/Name:

This is the name of the organization designated as the registrant's designee, emergency contact, or NOK.

More...

Examples are:

- VA Institution name
- Disabled American Veterans
- Paralyzed Veterans of America
- American Legion
- Veterans of Foreign War
- Vietnam Veterans of America
- Military Order of the Purple Heart

Rules...

- *Organization Name* cannot be greater than 35 characters.

First Name:

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Associate's *First Name* is a required field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* is free text 1-35 characters in length.

Middle Name:

Enter the associate's complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.

- *Middle Name* is free text 3-35 characters in length.

Last Name:

Enter the associate's complete legal last name.

Rules...

- Associate's *Last Name* is a required field.
- Multiple *Last Name* components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 2 and 35 characters in length.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Rules...

- Associate's full address or ***Phone*** is a required field.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

More...

Zip Code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

State:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

Phone:

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

Rules...

- Associate's full address or ***Phone*** is a required field.

★Indicates Required Field

Addresses

The Add-a-Person *Addresses* screen is the same as the current *Addresses* screen, but a permanent address is required to complete the application.

In this *Addresses* section while registering a person (Add a Person), all references to *associates* and/or *beneficiaries* should be referred to a *registrants*.

Permanent Mailing Address **VIEW HISTORICAL ADDRESSES**

Country:

Select the country from the dropdown for the primary residence in which the associate (registrant) lives.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Rules...

- *Address Line 1* must be 3 – 35 characters.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Rules...

- *Address Line 2* must be 3 – 30 characters.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Rules...

- *Address Line 3* must be 3 – 30 characters.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

More...

Zip Code may also be used to identify city/state/county associated with an address.

When a valid zip code is entered, the system populates the *City*, *State*, and *County* fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected.

If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.

Rules...

- Either 5 or 9-digit code may be used.

City:

Enter the name of the city used for the address.

Rules...

- *City* must be 2 to 15 characters in length.

State/Province:

State: Enter the full state name associated with the address (required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

County/Postal Code:

County: Enter the county in which the associate (registrant) lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Bad Address Reason:

The *Bad Address Reason* is a method to designate the permanent address as invalid or incorrect. There are three choices for the BAD ADDRESS INDICATOR.

Address Not Found will be available only if a *Bad Address Reason* of ADDRESS NOT FOUND is in the database for the given address.

(NULL) value indicates the beneficiary's address is assumed to be good.

The Bad Address Reasons are:

- *Homeless* - indicates that a beneficiary (registrant) has no known address.
- *Other* - indicates that an address is not Undeliverable or Homeless, but that it is not being shared with other sites or used for mailing.
- *Undeliverable* - indicates a piece of mail was sent and returned with no forwarding address. It would also be entered if it was known that mail cannot be delivered to that address.

Rules...

- *Bad Address Reason* is only associated with the permanent address.

Source of Change:

Source of Change is defined as a list of acceptable sources that may change a beneficiary's (registrant's) address. Select from the dropdown.

Site of Change:

This is the identity of the particular site that made the address change. Select from the dropdown.

Rules...

- *Site of Change* is not editable unless the *Source of Change* is **VAMC**.

Last Update:

This identifies the date and time the record was last updated. This field is system filled.

(Add) Phone Numbers

Phone Type

This identifies the type of phone number. Select from the dropdown.

Rules...

- *Phone Type* is required if a *Phone Number* is entered.

Phone Number

Phone Number is defined as the numeric telephone number for the specific phone type.

Format: (XXX) XXX-XXXX xXXXX

Rules...

- The *Phone Number* must be between 0 and 20 characters.

Source of Change

Source of Change is a list of acceptable sources that may change a beneficiary's (registrant's) phone number. Select from the dropdown.

Site of Change

This is the identity of the particular site that made the phone number change. Not applicable unless *Source of Change* is **VAMC**.

Last Update

This identifies the date and time the phone record was last updated. This field is system filled.

(Add) Email Addresses

Email Type

This identifies the type of email address. Choices are:

- Business
- Private

Email Address

Enter the actual email address in the format:

- myemail@providername.com

Rules...

- *Email Address* must be between 0 and 80 characters.

Source of Change

Source of Change is a list of acceptable sources that may change a beneficiary's (registrant's) email address. Select from the dropdown.

Site of Change

This is the identity of the particular site that made the email address change. Not applicable unless *Source of Change* is **VAMC**.

Last Update

This identifies the date and time the email record was last updated. This field is system filled.

Other Addresses (other addresses associated with the Veteran)

Confidential Address

It is VA's policy that all beneficiaries have a right to receive written communication or correspondence pertaining to health information in a confidential manner by alternative means or at an alternative location other than the beneficiary's (registrant's) *Permanent Address* of record. Once the beneficiary (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the beneficiary (registrant) must specify a start date for use of the *Confidential Address* and may also request a date when the use of this address should end.

The veteran also has the ability to specify to what types of communications the *Confidential Address* should apply. The current communication types are:

- For Eligibility/Enrollment;
- For Appointment/Scheduling;
- For Copayments/Veteran Billing;
- For Medical;
- For All Others.

The Confidential Phone Number data is shared with VistA.

Confidential and *Temporary Addresses* are not editable.

Temporary Address

This is a beneficiary's (registrant's) address that is to be used for a limited time. It must have a *Start Date* and may or may not have an *End Date*.

Confidential and *Temporary Addresses* are not editable.

★Indicates Required Field

Insurance

Insurance

The Insurance overview screen presents the user with a snapshot of the current insurance information available for the beneficiary including information at other facilities.

Insurance - Facilities - This displays all the facilities with insurance information on file. Click on a facility to view the insurance information on file for the beneficiary. The user cannot edit this information.

Insurance - HEC - This displays the current insurance information on file with the HEC.

User can either click on a current insurance company name to update that information or click the ***Add Private Insurance*** button to add private insurance information. User can also click the ***Add Medicare*** button to add Medicare information or on the Medicare link to edit the current Medicare information.

Add/Update Insurance Carrier

Insurance Company Name:

This is the name of the insurance company.

More...

Insurance Company Name is a required field and can be a multiple.

This data is shared with VistA.

Rules...

- *Insurance Company Name* must be between 3 and 30 characters.
- *Insurance Company Name* is a required field.

Type of Plan:

Type of Plan is the type of insurance that the insurance company is generally associated with. Select from the dropdown.

Type of Plan is not a required field.

This data is shared with VistA.

Policy Number:

Policy Number (Subscriber ID) is defined as the insured's unique identification number assigned by the payer organization for this policy. If this insurance is an individual policy, the policy # will be stored in this field.

This data is shared with VistA.

Group Name:

Group Name is the name that the insurance company uses to identify this plan.

This data is shared with VistA.

Rules...

- *Group Name* is not a required field.
- *Group Name* must be between 2 and 20 characters.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan.

This data is shared with VistA.

Rules...

- *Group Number* is not a required field.
- *Group Number* must be between 2 and 17 characters.

Name of Insured:

Name of Insured is the name of the individual for which this policy was issued. If the Patient's Relationship to the Insured is 'Patient', then this name will default to the patient's name.

This data is shared with VistA.

Rules...

- *Name of Insured* is not a required field.
- *Name of Insured* cannot be greater than 35 characters.

Insured's Relationship to Veteran:

Insured's Relationship to Veteran is defined as what best describes the beneficiary's relationship to the person who holds this policy (or insured). Choose from the dropdown.

This data is shared with VistA.

Rules...

- *Insured's Relationship to Veteran* is a required field.

Effective Date/Coverage:

Effective Date/Coverage is the date this policy went into effect for this beneficiary.

This data is shared with VistA.

Rules...

- *Effective Date/Coverage* can be an imprecise date and can be a future date. However, it cannot be before the DOB or after the DOD.
- If the year is omitted, the system uses the CURRENT YEAR.
- *Effective Date/Coverage* is not required when *Insurance Company Name* is **Private**.

Plan Expiration Date:

Plan Expiration Date is the date this insurance policy coverage expires for this beneficiary. If the user enters only a month/day or month only and omits the year, the system defaults to the CURRENT YEAR. If no partial date is entered, the field remains null.

This data is shared with VistA.

Rules...

- *Plan Expiration Date* can be an imprecise date and can be a future date. This date must be after the effective date.
- *Plan Expiration Date* is required when *Insurance Company Name* is **Private**.

Pre-Cert Required:

Pre-certification Required is an indicator for the need to get pre-certification.

More...

Acceptable choices are:

- Yes
- No

Pre-certification Required is not a required field.

This data is shared with VistA.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

This data is shared with VistA.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Rules...

- *Address Line 1* must be 3-35 characters.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

This data is shared with VistA.

Rules...

- *Address Line 2* must be 3-30 characters.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

This data is shared with VistA.

Rules...

- *Address Line 3* must be 3-30 characters.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

More...

Zip Code may also be used to identify city/state/county associated with an address.

This data is shared with VistA.

City:

Enter the name of the *City* used for the address.

This data is shared with VistA.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Rules...

- *City* must be equal to 2 characters and not greater than 15 characters.

State:

Enter the full *State* name associated with the address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

This data is shared with VistA.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the *County* in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

This data is shared with VistA.

Pre-Certification Phone:

This is the insurance carrier's numeric pre-certification phone number.

This data is shared with VistA.

More...

This would be the number to call for pre-authorizations for certain medical treatments or medications.

Carrier Phone:

This is the insurance carrier's numeric phone number.

This data is shared with VistA.

Format: (XXX)XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

★Indicates Required Field

Add/Update Insurance Carrier - Medicare

When a user chooses to enter Medicare Part A, the system automatically populates the following fields:

- *Insurance Company Name* is set to **Medicare**
- *Group Name* is set to **Part A**
- *Group Number* is set to **Part A**

When a user chooses to enter Medicare Part B, the system automatically populates the following fields:

- *Group Name* is set to **Part B**
- *Group Number* is set to **Part B**

Update Insurance Carrier - Medicare

Insurance Company Name:

This is the name of the insurance company. Defaults to **Medicare**.

Type of Medicare:

Indicate the *Type of Medicare* being updated. Choices are:

- *Type A* This is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- Type A & *B* This is Medicare medical insurance that helps pay for doctors, services, outpatient hospital care, durable medical equipment, and some medical services that aren't covered by Part A.

System defaults to **Part A**, but can be changed to **Part A & B**.

Medicare Part A

Medicare Claim Number:

This is the Medicare number assigned to the claim.

Rules...

- *Medicare Claim Number* is a required field.
- *Medicare Claim Number* cannot be greater than 25 characters.

Name on Medicare Card:

This is the Name exactly as it appears on the Medicare card.

Rules...

- *Name On Medicare Card* cannot be greater than 35 characters.
- *Name On Medicare Card* is a required field.

Group Name:

Group Name is the name that the insurance company uses to identify this plan. Defaults to **Type A**.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan. Defaults to **Type A**.

Part A Effective Date:

The *Part A Effective Date* is the date *Medicare Part A* went into effect for this beneficiary.

Rules:

- Cannot be before DOB
- Cannot be after DOD
- If date populated, part A indicator must be **Yes**.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

More...

Zip Code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full *State* name associated with the address.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

County:

Enter the *County* in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Carrier Phone:

This is the insurance carrier's numeric phone number.

Format: (XXX) XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX) XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

Medicare Part B

Medicare Claim Number:

This is the Medicare number assigned to the claim.

Rules...

- *Medicare Claim Number* is not a required field.
- Format is free text up to 25 characters.

Name on Medicare Card:

This is the Name exactly as it appears on the Medicare card.

Rules...

- Format is free text up to 35 characters.
- *Name On Medicare Card* is a required field.

Group Name:

Group Name is the name that the insurance company uses to identify this plan. Defaults to **Part B**.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan. Defaults to **Part B**.

Part B Effective Date:

The *Part B Effective Date* is the date Medicare Part B went into effect for this beneficiary.

Rules...

- Cannot be before DOB
- Cannot be after DOD
- If date populated, part B indicator must be **Yes**.
- *Medicare Part A Effective Date* is required before *Medicare Part B Effective Date* can be entered.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

More...

Zip Code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full *State* name associated with the address.

Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the *County* in which the insurance carrier does business.

Carrier Phone:

This is the insurance carrier's numeric phone number.

Format: (XXX)XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

★Indicates Required Field

Military Service

Current Military Service

From this screen the user can add or modify Military Service information and View Historical Military Service information. Users can also delete one or more *HEC Military Service Episodes* (MSE) as a group of data. If the user deletes a HEC-entered MSE, the system will automatically delete any HEC-entered *Combat Episodes* and/or *OEF/OIF Combat Episodes* (*OEF/OIF Source* is **CEV**) that fall(s) within the MSE being deleted.

The user can delete one or more *HEC Combat Episodes* as a group of data. Do so by clicking the ***DELETE*** button within the **Combat Episodes - HEC** area of the screen.

The user can delete one or more *OEF/OIF Combat Episodes* as a group of data. Do so by clicking the ***DELETE*** button within the **OEF/OIF Combat Episodes - HEC** area of the screen. The *OEF/OIF Source* can be any value.

Before deleting any Military Service information, the system will ask for confirmation from the user. The deleted Military Service information will become part of the record after the ***UPDATE*** button is clicked. A history of deleted Military Service information will be maintained by the system.

The system displays the Military Service information by the site that sent it and HEC as a site that enters/edits it. Click the ▶ arrow or the site name to expand the military information. Click it again to collapse.

Send Query to MSDS Broker

The key objective of the Military Service Data Sharing (MSDS) Broker is to provide HECMS (ESR) with authoritative data consisting of the best Military Service Episodes (MSE) data for the Veteran.

Click the ***Send Query to MSDS Broker*** button to send a request to the MSDS Broker to obtain updated Military Service information.

Current Military Service **View Historical Military Service**

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty and confirmed using the DD-214,VBA files (VIS, SHARE, or Rating Letter), or other authoritative source.

- Yes
- No
- Unknown

This data is shared with VistA.

More...

Receipt of Disability Severance Pay or clear statement indicating the individual was discharged due to a disability are confirmations needed to indicate **Yes** in this field. Veterans may be listed as *SC* only if the determination has been made by the VA Regional Office.

Military Disability Retirement:

Military Disability Retirement is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from the military for a disability incurred or aggravated in the line of duty and is receiving disability retirement from a branch of the U.S. Armed Forces. Confirmation using the DD-214 or other discharge documentation or information from VBA files (VIS, SHARE, or Rating Letter) is required.

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

- *Yes* - If Primary Eligibility Code is NSC, the system will not allow saving the record with Military Disability Retirement set to **YES**.

  - Military Disability Retirement cannot be **YES** unless the SC% is 10% or greater.

- No

- Unknown

This data is shared with VistA.

Rules...

- Veterans may be listed as SC only if the determination has been made by the VA Regional Office.

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

- Not Exposed
- Korean DMZ
- Other
- Vietnam

More...

Veterans exposed to AO outside a Vietnam MSE are eligible for an AO examination but no AO indicator will be applied.

Radiation Exposure Method:

Radiation Exposure Method is the means by which this Veteran was exposed to ionizing radiation.

- Not Exposed
- *Nagasaki/Hiroshima* - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946
- *Atmospheric Nuclear Testing* - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV)
- *H/N and Atmospheric Testing* - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site
- *Underground Nuclear Testing* - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974
- *Exposure at Nuclear Facility* - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992

- Other

This data is shared with VistA.

If the Veteran cannot provide documentation confirming Radiation Exposure, confirmation must be obtained by HEC staff through the Defense Threat Reduction Agency (DTRA).

Sites must provide completed Ionizing Radiation Verification form request to HEC.

SW Asia Conditions:

SW Asia Conditions indicates if the Veteran needs care for conditions potentially related to service in SW Asia during the Gulf War. This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later.

SW Asia theater of operations

SW Asia theater of operations is defined as: Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

- *Yes* - Answer **Yes** if Veteran served in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.
- *No* - Answer **No** if the Veteran did not serve in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.

This data is shared with VistA.

Rules...

- If *SW Asia Conditions* is answered **Yes**, *Combat Location* of **Persian Gulf War** is required.

Medal Of Honor Indicator:

The *Medal Of Honor Indicator* specifies whether the Veteran received a Medal Of Honor (MOH) during his/her time of service. This field is now editable.

When the *Medal Of Honor Indicator* is set to **Yes**, additional fields are displayed, some of which require entry.

More...

All MOH data is kept in history and may be viewed by clicking the View Historical Military Service link.

Document Type:

Enter the *Document Type* which verifies the MOH. Select from the dropdown. The *Document Type* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Rules...

- The MOH *Document Type* is a required field.

Document Receipt Date:

The *Document Receipt Date* is the date the document was received by the HEC and entered by the user. The *Document Receipt Date* defaults to the system date but can be changed. The *Document Receipt Date* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Rules...

- The MOH *Document Receipt Date* cannot be a future date.
- The MOH *Document Receipt Date* must be a precise date.

Source of Change:

The *Source of Change* is the source of the MOH indicator. The *Source of Change* is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Valid displayed values also include "WebHINQ" and "VADIR" if the MOH information was populated from the MSDS Broker.

Rules...

- When entered by the user, the *Source of Change* must be either "VBA" or "Other".
- The MOH *Source of Change* is a required field.

Decoration Status:

The *Decoration Status* indicates if the MOH has been verified by the user. The *Decoration Status* is set to *Confirmed* when the *Medal Of Honor Indicator* is changed from **No** to **Yes** and the record is updated.

Status Update Date:

The *Status Update Date* is the date on which any of the MOH fields was updated by the user. The *Status Update Date* defaults to the system date. The *Status Update Date* is only displayed if the *Medal Of Honor Indicator* is **Yes**.

The *Status Update Date* is display only.

SHAD:

SHAD/Project 112 stands for Shipboard Hazard and Defense. Choices are:

- Yes
- No

This data is shared with VistA.

More...

Based upon eligibility factors these Veterans are to receive the needed hospital care, medical services and nursing home care at no cost for any illness possibly related to their participation. However, the Veteran may be charged a co-payment for care of conditions found to have resulted from a cause other than their participation in SHAD/Project 112 tests.

Facility staff can obtain access to a secure server, which contains a listing of Veterans who participated in SHAD/Project 112 by going to the VA Intranet ***Project 112 (Including Project SHAD)*** web site.

Filipino Veteran Proof:

Filipino Veterans must reside in the US and be US Citizens or lawfully admitted for permanent residence. Receipt of VA compensation at the full-dollar rate is considered proof of meeting the citizenship requirements. Otherwise, Veteran must provide documentation in order to establish proof of US citizenship, or lawful admittance for permanent US residency.

Choose from the dropdown listing.

Rules...

Filipino Veteran Proof of military service is required information for these Branches of Service:

- Regular (Old) Filipino Scout
- Regular Filipino Scout Service combined with Special (New) Filipino Scout or Commonwealth Army Service
- Guerilla and Combination Service
- Commonwealth Army
- Special (New) Filipino Scout

The system will automatically delete the *Filipino Veteran Proof* when the last HEC-entered MSE that has a *Branch of Service* of **F. Commonwealth** or **F. Guerilla** or **F. Scouts New** is deleted.

More...

The primary source of verification of qualifying military service is VBA files (HINQ, VBA, SHARE). Otherwise, Veteran must provide a copy of their DD-214 or other authoritative documentation from the U.S. Army or Department of Defense. If documentation is questionable, coordination with the VARO in the Philippines is required.

Combat Veteran Eligibility End Date:

The date the Veterans' combat Veteran eligibility ended.

This data is shared with VistA.

More...

On January 28, 2008, The National Defense Authorization Act (NDAA) of 2008 was signed by President Bush. This Act extends the period of enhanced health care eligibility provided a Veteran who served in a theater of combat operations on or after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

- Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.
- Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

The system determines if the Veteran is Combat Veteran eligible using the following criteria and then automatically sets the *Combat Veteran Eligibility End Date* based on the criteria defined by the NDAA of 2008.

(IF *Service Separation Date* (SSD) is precise AND greater than or equal to 11/11/98, **AND**

The *Combat End Date* is greater than 11/11/98 and the *Combat Location* is **Yugoslavia** OR **Somalia** OR **Gulf War** OR **Persian Gulf War** OR **Other**

- **OR** the *OEF Start Date* is precise and on or after 9/01/2001 **AND** the *End Date* is precise **AND** greater than or equal to 09/11/2001
- **OR** the *OIF Start Date* is precise and on or after 3/01/2003 **AND** the *OIF End Date* is precise **AND** is greater than or equal to 03/19/2003
- **OR** the *OEF/OIF UNK Start Date* is on or after 9/1/01 **AND** the *OEF/OIF UNK End Date* is precise **AND** is greater than or equal to 09/11/2001

- **OR** the *CONFLICT UNSPECIFIED Start Date* is on or after 11/1/1998 **AND** the *CONFLICT UNSPECIFIED End Date* is precise **AND** is greater than 11/11/1998

THEN

The Veteran is considered CV Eligible.

OEF/OIF

OEF/OIF data is used for calculating *CV End Date* when possible.

If HEC receives OEF/OIF or VIS unspecified episodes for which there are no corresponding *Military Service Episode*, HEC calculates a proxy *CV End Date* based on the *Combat End Date*.

For example:

HEC receives from VHA Support Service Center (VSSC) -- that Veteran has OIF dates of 1/1/04 through 12/31/04 and last *Service Separation Date* of 1/1/2002. HEC calculates *CV End Date* based on 12/31/04 (OIF END DATE) and sends an Unsupported CV End Date Bulletin (future release) to the VistA sites of record advising them of the need to capture the missing MSE data. Once the updated MSE data is added on VistA, this automatically updates the *CV End Date* using the last *Service Separation Date*.

Eligible for Class II Dental:

This field indicates (**Yes** or **No**) if a Veteran is eligible for treatment as reasonably necessary for the one-time correction of the non-compensable, service-connected dental disability [Class II]. **Yes** indicates that the Veteran's DD-214 or VBA Files indicate the Veteran was not provided a complete dental examination and all appropriate dental treatment within the 90-day period immediately before discharge or release. This means the Veteran is eligible for a complete dental examination and all appropriate dental treatment.

A **No** means that the Veteran is not eligible for dental services.

This non-required field is system-filled and can be **Yes**, **No**, or null.

More...

The user may edit the field and change a **Yes** to a **No** or a **No** to a **Yes**, but is not required to.

If the user changes a **Yes** to a **No**, the system deletes the *Class II Dental Application Due Before* date and the field is collapsed.

If the user changes a **No** to a **Yes**, the *Class II Dental Application Due Before* field appears and the system calculates the date using the most recent date of Military Service Separation plus 180 days.

Class II Dental Application Due Before:

This date is calculated in the HECMS based on the most recent date of Military Service Separation plus 180 days. The date should be precise.

This date is not directly updatable by the user.

More...

If the date cannot be calculated for any reason, the calculation results in a valid null date and a Work Item, *'Unsupported Dental Application Due Date'* , is created.

If the *Eligible for Class II Dental* indicator is **No**, the *Class II Dental Application Due Before* field is not visible.

Add OEF/OIF Combat Episode (multiple *OEF/OIF Combat Episodes* may be added by multiple clicks of the ***Add OEF/OIF Combat Episode*** button)

To enter OEF/OIF combat dates, there must be at least one MSE. Clicking the ***DELETE*** button will delete the particular group of Military Service information as a group of data.

[DELETE]

Combat Location:

Select the OEF/OIF *Combat Location* from the dropdown.

Rules...

- The *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.

Combat Start Date:

Enter the *Combat Start Date*.

Rules...

- The combat episode *Combat Start Date* for *Combat Location* **OEF** or **Unknown OEF/OIF** must be on or after 09/01/2001.
- The combat episode *Combat Start Date* for *Combat Location* **Conflict Unspecified** must be on or after 11/01/1998.
- The combat episode *Combat Start Date* for *Combat Location* **OIF** must be on or after 03/01/2003.
- The *Combat Start Date* or *Combat End Date*s must fall within a single Military Service Episode.
- The *Combat Start Date* must be a precise date.
- The *Combat Start Date* must be prior or equal to the *Date of Death*.
- The *Combat Start Date* cannot be a future date.

Combat End Date:

Enter the *Combat End Date*.

Rules...

- The combat episode *Combat End Date* for *Combat Location* **OEF** or **Unknown OEF/OIF** must be on or after 9/11/2001.
- The combat episode *Combat End Date* for *Combat Location* **Conflict Unspecified** must be on or after 11/11/1998.
- The combat episode *Combat End Date* for *Combat Location* **OIF** must be on or after 3/19/2003.
- The *Combat End Date* must be a precise date.

- The *Combat End Date* must be prior or equal to the *Date of Death*.
- The *Combat End Date* cannot be a future date.

Combat Pay Type:

Select a *Combat Pay Type* from the dropdown. This field is not required.

OEF/OIF Source:

When *Combat Locations* of **OEF**, **OIF**, **Unknown OEF/OIF**, or **Combat Unspecified** are entered, the system defaults the *OEF/OIF Source* to **CEV** and cannot be changed.

Combat Service Locations - Placeholder - *to be displayed only if/when data values are available*

Combat Service Location:

Display Only

Combat Pay Start Date:

Display Only

Combat Pay End Date:

Display Only

Combat Service Source:

Display Only

Add Military Service Episode – HEC (multiple *Military Service Episodes* may be added by multiple clicks of the ***Add Military Service Episode*** button)

Military Service Episode (MSE) consists of the *Service Entry Date*, *Service Separation Date*, *Service Component* (not required), *Service Discharge Type*, *Branch of Service* and *Military Service Number* (not required). The MSE dates cannot overlap. All MSE dates must be precise.

If adding (registering) a new person, a *HEC - Military Service Episode* is required to complete the registration.

[DELETE]

Military Service Number:

A service number that is assigned during the Veteran's episodes of military service.

If the military service number is the same as the Veteran's social security number, click the button titled "Same As SSN" to enter.

More...

Confirm using the DD-214, VBA Files (VIS, SHARE or Rating Letter), or other authoritative source.

Rules...

- *Military Service Number* must be between 1 and 15 characters.

Branch of Service:

A service organization that a Veteran served in during his/her episodes of military service.

Choose from the dropdown listing.

Rules...

- *Branch of Service* selections of F. Commonwealth, F. Guerilla F. Scout New, F Scout Old require *Service End Date* and *Service Start Date* that fall within the World War II Period.
- *Filipino Veteran Proof* of US Citizenship is required if the Veteran *Branch of Service* is any of the following:
  - F. Commonwealth
  - F. Guerilla
  - F. Scouts New
- *Branch of Service* is a required entry for each Military Service Episode.

Service Entry Date:

The date a Veteran commenced his/her episodes of military service.

Rules...

- Military Service Episode Dates must be precise.
- The *Service Entry Date* must be greater than or equal to the Veteran's birth date + 15 years.
- *Service Entry Date* must be prior or equal to the *Date of Death*.
- The *Service Entry Date* must be prior or equal to the *Service Separation Date* for the Military Service Episode.
- *Service Entry Date* cannot be a future date.
- Format: (mm/dd/yyyy)

Service Separation Date:

The date a Veteran ended his/her episodes of military service.

Rules...

- Military Service Episode dates must be precise.
- *Service Separation Date* must be later than or equal to the *Service Entry Date*.
- *Service Separation Date* must be prior or equal to the *Date of Death*.
- *Service Separation Date* cannot be a future date.
- Format: (mm/dd/yyyy)

Service Component:

Service Component is the major component of the Armed Services.

Rules...

- This is not a required field. However, if entered, certain *Branch*(es) *of Service* are required for various choices of *Service Component*.
- If *Branch of Service* is deleted, the system will delete the *Service Component*, if present.

Discharge Type:

This is the type is discharge type the Veteran received when released from military duty.

Choices are:

- ***Bad Conduct***

  One receives a bad conduct discharge (BCD) when separated from the service under conditions other than honorable. A bad conduct discharge is given only by an approved sentence of a general or a special court-martial.

  Administrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

- ***Dishonorable***

  One receives a dishonorable discharge (DD) when separated from the service under dishonorable conditions. A dishonorable discharge is given only by a general court-martial and as appropriate for serious offenses calling for dishonorable separation as part of the punishment.

  Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

- ***Dishonorable-VA***

  Dishonorable for VA purposes means that for the VBA, there is another reason or circumstance that the VBA has determined that makes the Veteran "Dishonorable" for VA purposes (*Dishonorable-VA*).

  Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

- ***General***

  One receives a general discharge when separated from the service under honorable conditions, without a sufficiently meritorious military record to deserve an honorable discharge.

- ***Honorable***

  To receive an honorable discharge, one must have received a rating from good to excellent for their military service. Even though only qualifying for a general discharge, the individual may receive an honorable discharge under two circumstances:

  - when being separated because of a disability incurred in the line of duty, or
  - if any awards for gallantry in action, heroism, or other meritorious service were received.

- ***Honorable-VA***

Honorable for VA purposes means that for the VBA, even though their DD-214 says "General" or "Other Than Honorable", there is another reason or circumstance that the VBA has determined that makes the Veteran "Honorable" for VA purposes (***Honorable-VA***).

- ***Other Than Honorable***

  An other than honorable discharge is given for misconduct or security reasons.

  Administrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

- ***Undesirable***

  An undesirable discharge is the equivalent of a dishonorable discharge without the felony conviction.

  Unfitness is a common reason for receiving an undesirable discharge.

  Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

Rules...

- Service *Discharge Type* is required information for all Military Service Episodes.

Add Combat Episode – HEC (multiple *Combat Episodes* may be added by multiple clicks of the ***Add Combat Episode*** button)

To enter combat dates, there must be at least one MSE. All combat dates must be precise.

[DELETE]

Combat Location:

The combat location where a Veteran served. Please select from the dropdown.

Combat Start Date:

The actual date the Veteran's combat service originated.

Rules...

- The *Combat Start Date* or *End Date* must fall within a single MSE.
- *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.
- The *Combat End Date* must be later than or equal to the *Combat Start Date*.
- *Combat Start Date* must be prior to or equal to the *Date of Death*.
- *Combat Start Date* cannot be a future date.
- *Combat Location* dates cannot overlap.
- *Combat Start Date* must be a precise date.
- Format: (mm/dd/yyyy)

Combat End Date:

The actual date that the Veteran's combat service ended.

Rules...

- The *Combat End Date* must be later than or equal to the *Combat Start Date*.
- *Combat End Date* must be prior or equal to the official end date of the selected *Combat Location*.
- *Combat End Date* must be prior to or equal to the *Date of Death*.
- *Combat End Date* cannot be a future date.
- *Combat Location* dates cannot overlap.
- *Combat End Date* must be a precise date.
- Format: (mm/dd/yyyy)

Period of Service (the system automatically calculates the HEC {Veteran} *POS* based on the Veteran's *Service Entry Dates* and *Service Separation Dates* after clicking the ***Calculate POS*** button)

HEC Period of Service:

These are periods of service (POS) equal to the latest war time period that a Veteran *served.*

Some examples of choices include WWI, WWII, Pre-Korean, Korean, Post Korean, Vietnam Era, Post Vietnam, Persian Gulf War, etc.

More...

In some examples shown below, the system automatically assigns the HEC (Veteran) *Period of Service* based on the Veteran's *Service Entry Dates* and *Service Separation Dates* and assigns (after clicking the ***Calculate POS*** button) the POS in the following order:

- Korean 6/27/1950 – 1/31/1955
- Merchant Marine 12//07/1941 – 8/15/1945
- Persian Gulf War On or after 8/2/1990
- Pre-Korean Peacetime before 6/27/1950
- Post Korean 2/1/1955 – 2/27/1961
- Post-Vietnam Era 5/8/75 – 8/1/1990
- Spanish American 4/21/1898 – 7/4/1902
- Vietnam Era 2/28/1961 – 5/7/1975
- World War II 12/7/1941 – 12/31/1946
- World War I 4/6/1917 – 11/11/1918

If there are NO *Service Entry* and *Service Separation Dates*, the system uses the Site Service Entry and Separation Dates on file and assigns in accordance with the order of the assignments above. If there is NO Service Data on file, the system assigns **Other** or **None**.

User may also manually select a POS.

★Indicates Required Field

Financials

Financial Assessment

While many beneficiaries qualify for cost-free health care services based on a compensable service-connected condition or other qualifying factor, most beneficiaries are required to complete an annual Financial Assessment (FA) or Means Test (MT) to determine if they qualify for cost-free services. Beneficiaries whose household income and net worth exceed the established threshold as well as those who choose not to disclose their financial information must agree to pay the required copays to become eligible for VA health care services. Note that new beneficiaries who apply for enrollment after January 16, 2003 and who decline to provide income information are not eligible for enrollment. Veterans eligible for enrollment will receive their enrollment confirmation and priority group assignment; enrollees will also receive information regarding their copay requirements, if applicable.

Will the Veteran be charged copays?

Many Veterans qualify for cost-free health care and/or medications based on any one or more of the following:

- Catastrophically Disabled
- Receiving a Purple Heart Medal
- Former Prisoner of War Status
- Compensable service-connected disabilities
- Pension, A&A or Housebound
- Low income
- Other qualifying factors including treatment *related to their military service experience***.**

  ...related to their military service experience

  Some Veterans are not charged copays for health care or medications furnished for treatment of conditions related to their military service. This includes exposure to Agent Orange, Ionizing Radiation, SW Asia Conditions during the Gulf War, Project 112/SHAD, Nose and Throat Radium treatment, or Sexual Trauma while in the military, or care of combat-related conditions for 2 years following discharge from active duty.

Services Exempt from Inpatient and Outpatient Copays

The following services are exempt from inpatient and outpatient copays:

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for Military Sexual Trauma
- Compensation and pension examination requested by VBA
- Care that is part of a VA-approved research project
- Outpatient dental care
- Readjustment counseling and related mental health services for (PTSD)
- Emergency Treatment at other than VA facilities
- Care for cancer of head or neck caused from nose or throat radium treatments given while in the military
- Publicly announced VA public health initiatives, i.e. health fairs

- Flu shots and Immunizations
- Care related to service for Veterans who served in combat or against a hostile force during a period of hostilities after November 11, 1998

What should the beneficiary do if s/he can't afford to pay copays?

There are three options:

- The first option is to request a Waiver of Debt to "waive" existing copay debt when a Veteran's projected income for the current year will be substantially reduced and affect their ability to pay the debt. To request a waiver, the beneficiary must submit proof that they can't financially afford to make payments to VA. For more information, they should contact the Revenue or Billing office at the VA health care facility where they receive care.
- The second option is to request a Hardship Determination. If the beneficiary requests a hardship, they're asking VA to change their Priority Group assignment. Submission of their current financial information is required so that a determination can be made. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.
- The third option is to request an Offer in Compromise. An Offer in Compromise is an offer and acceptance of a partial payment in settlement and full satisfaction of the debt as it exists at the time the offer is made. Most compromise offers that are accepted must be for a lump sum payment payable in full 30 days from the date of acceptance of the offer. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.

Who is Subject to Provide a Financial Assessment (Means Test)?

Certain NSC and 0% non-compensable service-connected Veterans are asked to report gross household income and net worth from the previous calendar year.

In determining the beneficiary's VA Health Care benefit, it is generally to their advantage to provide income information if their gross household income (less allowable deductions) is equal to or less than a certain amount. From the amounts the beneficiary reports on the Financial Worksheet, VA will calculate and inform them of their income-based benefits.

Current year income and net worth can be considered when there is a hardship.

Note: If beneficiary declines to give their financial information, VA will:

- Place beneficiary in Priority Group 8 AND
- Require they agree to pay the copay fees for Group 8 before treatment can be given.

Important Information

Please note that beneficiaries with no special eligibility factors who are applying for enrollment after January 16, 2003 and report income, after the medical deductible, above the MT thresholds or decline to provide income information are placed in Priority Group (PG) 8 and are not eligible for enrollment or care of their nonservice-connected conditions.

Financial Overview

This screen displays financial overview information for the beneficiary. The following summary categories are displayed.

Income Year:

Select an *Income Year* from the dropdown and then click the ***View Data*** button.

PRINT 1010EZ – Click this button to print the Veteran's populated 1010EZ form for the Income Year selected.

PRINT 1010EZR – Click this button to print the Veteran's populated 1010EZR form for the Income Year selected.

Note: Clicking either ***PRINT*** button displays the form as a .pdf file in the browser window, at which time the user may elect to Print or Save the file.

DEPENDENTS **FINANCIAL DETAILS** **VIEW CHANGES MADE THIS INCOME YEAR**

- Financial Assessment - "Current" Financial Assessment indicates the most recent financial information currently on file.
- Dependents
- Financial Summary
- Financial Details
- GMT Address
- Hardship
- Income Verification
- Co-Pay Exemption Test
- Means Test
- Thresholds
- Beneficiary Travel

To display information for a collapsed category, click either the category name or the red arrow, which points to the right, ▶.

The category will display any information and the red arrow will then point down, ▼. To collapse, simply click either the category name or the red arrow again.

Dependents

Dependents Overview

This screen lists the dependent overview of current dependents (both Active and Inactive) on file for the beneficiary. The dependents are listed by SSN, Name, Relationship and Status. Resorting may be done on any category by either clicking on the category name or on the ▼ or the ⇕ symbols. Click again to sort the opposite (ascending/descending) of the pervious sort.

FINANCIAL DETAILS **VIEW HISTORICAL DEPENDENTS**

SSN

Displays dependent's Social Security Number. Click on an SSN link to edit the dependent information.

Name

Displays dependent's name.

Relationship

Displays dependent's relationship to the beneficiary.

Status

Displays dependent's current status.

Add/Edit Dependent Spouse

(Edit) means that these additional fields are available in the Edit mode.

Prefix:

Dependent title is the title supplied for the dependent such as Ms, Mrs.

Rules...

- *Prefix* is free text and must be between 1 and 10 characters.
- Dependent title is not a required field.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the spouse's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Spouse's *First Name* is a required field.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

Rules...

- *Middle Name* must be between 1 and 25 characters.
- Dependent spouse's *Middle Name* is not a required field.

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent's complete legal last name.

Rules...

- Multiple last name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 1 and 35 characters.
- Dependent spouse's *Last Name* is a required field.

Maiden Name:

Spouse's *Maiden Name* is defined as the spouse's family name prior to the marriage.

This data is shared with VistA.

Rules...

- Acceptable format is free text 1-35 characters.
- Spouse's maiden name is not a required field.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

Rules...

- This is a free text field 1-10 characters.
- Dependent suffix is not a required field and occurs once (one per dependent).

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Rules...

- *SSN* cannot be a *Pseudo SSN*.
- The following *SSN* can never be possible (according to SSA):

  123456789

- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- Spouse *SSN* is not a required field.

Pseudo SSN:

Pseudo SSN is an SSN that may be generated in HECMS as 9 numbers. The “P” is removed by the system.

This data is shared with VistA.

If a dependent spouse has a *Pseudo SSN* and/or *Pseudo SSN Reason* in VistA, it will display here.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal *SSN* was not given.

Three reasons for assigning a spouse *Pseudo SSN* are:

- Follow-up required
- Refused to provide information
- No *SSN* assigned

This data is shared with VistA.

If a dependent spouse has a *Pseudo SSN* and/or *Pseudo SSN Reason* in VistA, it will display here.

Gender:

Spouse gender is defined as the gender that best describes this individual's sex.

More...

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

- F – Female
- M – Male

Date of Birth:

Spouse date of birth is the date the spouse was born.

Rules ...

- DOB must be before date of marriage.
- Can be imprecise.
- DOB cannot be a future date.
- DOB must be before date of relationship termination.
- Formats: 'mm/dd/yyyy' or 'mm/yyyy'

Date of Marriage:

Date of Marriage is the date the spouse became a dependent.

Rules...

- This is the effective date for this spouse.
- This date cannot be before the Veterans DOB or spouse's DOB.
- This date cannot be a future date.
- *Date of Marriage* must be before date of relationship termination.
- *Date of Marriage* cannot be after *Date of Death*.
- Formats: 'mm/dd/yyyy', 'mm/yyyy', or 'yyyy'.

Inactive Date:

This is the date the marriage was terminated.

Rules...

Inactive Date must occur after *Date of Marriage*.

Address Line 1:

Address Line 1 is the number and street or post office box of the spouse's mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of the spouse's mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of the spouse's mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the *City* used for the spouse's address.

State:

Enter the *State* name associated with the spouse's address.

Last Changed:

System displays last date and time the spouse's address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

More...

Acceptable responses are:

- Yes
- No

Contributed to Spousal Support:

This is the dollar amount the beneficiary contributed to the spouse's support during the previous calendar year if they did not live together.

Rules:

- *Contributed to Spousal Support* must be 0 through 9999999.00.
- Amount *Contributed to Spousal Support* is not applicable when *Lived with Veteran Last Calendar Year* is **Yes**.

SSN Source of Change (Edit):

SSN Source of Change is an audit field to capture the source of the updated SSN.

Choices are:

- Other
- VAMC
- Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

- In-Process
- Invalid per SSA
- New Record
- Resend to SSA
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

If *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone
- Date of Retirement

More...

The acceptable choices are:

- ACTIVE MILITARY DUTY
- EMPLOYED FULL-TIME
- EMPLOYED PART-TIME
- NOT EMPLOYED
- RETIRED
- SELF EMPLOYED
- UNKNOWN

Employer Name:

This is a free text field of 1 – 30 characters which displays the spouse's employer's name.

Field is system filled.

Occupation:

This is a free text field of 1 – 30 characters which displays the spouse's occupation.

Field is system filled.

Employer Address Line 1:

This is a free text field of 1 – 30 characters which displays the employer's address. *Address Line 1* is the number and street or post office box of a mailing address.

Field is system filled.

Employer Address Line 2:

This is a free text field of 1 – 30 characters which displays the employer's address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Field is system filled.

Employer Address Line 3:

This is a free text field of 1 – 30 characters which displays the employer's address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Field is system filled.

City:

This is a free text field of 1 – 30 characters which displays the employer's city.

Field is system filled.

State:

This field displays the employer's state.

Field is system filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer's zip code.

Field is system filled.

Employer Phone Number:

This is a free text field of 3 – 30 characters which displays the spouse employer's phone number.

Field is system filled.

Date of Retirement:

This is the spouse's Retirement Date in standard date format.

Field is system filled unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

★Indicates Required Field

Add Dependent Spouse (Add a Person)

This screen allows the user to add a dependent spouse for the person being registered.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

Note: Adding a dependent spouse is not required to complete a registration.

Prefix:

Dependent title is the title supplied for the dependent such as Ms, Mrs.

Rules...

- *Prefix* is free text and must be between 1 and 10 characters.
- Dependent title is not a required field.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the spouse's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Spouse's *First Name* is a required field.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

Rules...

- *Middle Name* must be between 1 and 25 characters.
- Dependent spouse's *Middle Name* is not a required field.

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent's complete legal last name.

Rules...

- Multiple last name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 1 and 35 characters.
- Dependent spouse's *Last Name* is a required field.

Maiden Name:

Spouse's *Maiden Name* is defined as the spouse's family name prior to the marriage.

This data is shared with VistA.

Rules...

- Acceptable format is free text 1-35 characters.
- Spouse's maiden name is not a required field.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

Rules...

- This is a free text field 1-10 characters.
- Dependent suffix is not a required field.

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Rules...

- *SSN* cannot be a *Pseudo SSN*.
- The following *SSN* can never be possible (according to SSA):

  123456789
- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- Spouse *SSN* is a required field if a *Pseudo SSN Reason* is not supplied.

Pseudo SSN:

Pseudo SS is an SSN that may be generated in HECMS as 9 numbers. The “P” is removed by the system.

This data is shared with VistA.

If a dependent spouse has a *Pseudo SSN* and/or *Pseudo SSN Reason* in VistA, it will display here.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal *SSN* was not given.

Three reasons for assigning a spouse *Pseudo SSN* are:

- Follow-up required
- Refused to provide information

- *Pseudo SSN Reason* is required if no *SSN* is assigned.

This data is shared with VistA.

If a dependent spouse has a *Pseudo SSN* and/or *Pseudo SSN Reason* in VistA, it will display here.

Gender:

Spouse gender is defined as the gender that best describes this individual's sex.

More...

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

- F – Female
- M – Male

Date of Birth:

Spouse date of birth is the date the spouse was born.

Rules ...

- DOB must be before date of marriage.
- DOB can be imprecise.
- DOB cannot be a future date.
- DOB must be before date of relationship termination.
- Formats: 'mm/dd/yyyy' or 'mm/yyyy'

Date of Marriage:

Date of Marriage is the date the spouse became a dependent.

Rules...

- This is the effective date for this spouse.
- This date cannot be before the Veterans DOB or spouse's DOB.
- This date cannot be a future date.
- *Date of Marriage* must be before date of relationship termination.
- *Date of Marriage* cannot be after *Date of Death*.
- Formats: 'mm/dd/yyyy', 'mm/yyyy', or 'yyyy'.

Inactive Date:

This is the date the marriage was terminated.

Rules...

Inactive Date must occur after *Date of Marriage*.

Address Line 1:

Address Line 1 is the number and street or post office box of the spouse's mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of the spouse's mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of the spouse's mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the *City* used for the spouse's address.

State:

Enter the *State* name associated with the spouse's address.

Last Changed:

System displays last date and time the spouse's address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

More...

Acceptable responses are:

- Yes
- No

Contributed to Spousal Support:

This is the dollar amount the beneficiary contributed to the spouse's support during the previous calendar year if they did not live together.

Rules:

- *Contributed to Spousal Support* must be 0 through 9999999.00.
- Amount *Contributed to Spousal Support* is not applicable when *Lived with Veteran Last Calendar Year* is **Yes**.

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

If *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone
- Date of Retirement

More...

The acceptable choices are:

- ACTIVE MILITARY DUTY
- EMPLOYED FULL-TIME
- EMPLOYED PART-TIME
- NOT EMPLOYED
- RETIRED
- SELF EMPLOYED
- UNKNOWN

Employer Name:

The spouse's employer's name is a free text field of 1 – 30 characters.

Occupation:

The spouse's occupation is a free text field of 1 – 30 characters.

Country:

From the dropdown, select the spouse employer's country.

Address Line 1:

The employer's address is a free text field of 1 – 30 characters. *Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

The employer's address is a free text field of 1 – 30 characters. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer's address is a free text field of 1 – 30 characters. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

The employer's zip code is a free text field of 5 – 10 characters.

Zip Code is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

City:

The employer's city is a free text field of 1 – 30 characters.

State/Province:

State: Enter the full state name associated with the employer's address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

County/Postal Code:

County: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Employer Phone Number:

The spouse employer's phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the spouse's Retirement Date in standard date format.

If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

★Indicates Required Field

Add/Edit Child (Dependent)

(Edit) means that these additional fields are available in the Edit mode.

Dependent Effective Date:

Dependent Effective Date is defined as the date the child became a Dependent.

Rules...

- Date must be on or after DOB.
- Date cannot be a future date.
- Imprecise dates are allowed.
- *Dependent Effective Date* is a required field.

Inactive Date:

The Inactive Date is the date the child (dependent) is no longer considered a valid dependent.

Rules...

- *Inactive Date* must be after child's DOB and equal to or prior to the DOD. Examples may include the child reaching the age limit, dying, etc.

Prefix:

Dependent title is the title supplied for the dependent such as Mr., Ms.

Rules...

- *Prefix* is free text and must be between 1 and 10 characters.
- Dependent title is not a required field.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the dependent's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- *First Name* must be between 1 and 25 characters.
- Apostrophes and hyphens are the only punctuation that can be used.
- Dependent's *First Name* is a required field.

Middle Name:

Enter the full middle name, when available. Leave *Middle Name* blank if one does not exist; do not use NMI or NMN.

Rules...

- *Middle Name* must be between 1 and 25 characters.
- Dependent child's *Middle Name* is not a required field.

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent's complete legal last name.

Rules...

- Multiple last name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- *Last Name* must be between 1 and 35 characters.
- Dependent's last name is a required field.

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- If entering a *Suffix*, (such as JR, SR, III) no punctuation must be used.
- *Suffix* must be between 1 and 10 characters.

SSN:

Dependent Child's *SSN* is defined as the Social Security Number given to that child by the Social Security Administration. The acceptable format is 9 numeric characters.

Rules...

- *SSN* cannot be a *Pseudo SSN*.
- The following *SSN* can never be possible (according to SSA):

  123456789

- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- Dependent Child's *SSN* is a required field and cannot be a multiple (one per dependent) unless a *Pseudo SSN Reason* is provided.
- If beneficiary has multiple dependents the *SSN*s cannot be the same.

Pseudo SSN:

Pseudo SSN is an *SSN* that may be generated in HECMS as 9 numbers. The "P" is removed by the system.

This data is shared with VistA.

If a dependent child has a *Pseudo SSN* and/or *Pseudo SSN Reason* in VistA, it will display here.

Rules...

- *Pseudo SSN* is not required if *SSN* is supplied.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal *SSN* was not given.

Three reasons for assigning a dependent *Pseudo SSN* are:

- Follow-up required
- Refused to provide information
- No *SSN* assigned

This data is shared with VistA.

If a dependent child has a *Pseudo SSN* and/or *Pseudo SSN Reason* in VistA, it will display here.

Rules...

- *Pseudo SSN Reason* is not required if *SSN* is supplied.

Relationship:

Dependent child's relationship to beneficiary is defined as the child's relationship to the beneficiary. The acceptable choices are:

Choices...

- Son
- Daughter
- Stepson
- Stepdaughter

Rules...

- Dependent child's *Relationship* to beneficiary is a required field and can be a multiple (one per dependent).
- If *Relationship* = son or stepson, gender can only be male.
- If *Relationship* = daughter or stepdaughter, gender can only be female.

Date of Birth:

Dependent child's *Date of Birth* is the date this child was born.

Rules...

- Date cannot be a future date.
- Dependent child's *Date of Birth* is a required field.
- Format: (mm/dd/yyyy)

SSN Source of Change (Edit):

SSN Source of Change is an audit field to capture the source of the updated SSN.

Choices are:

- Other
- VAMC
- Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

- In-Process
- Invalid per SSA
- New Record
- Resend to SSA
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Resided with Veteran Last Calendar Year:

Resided with Veteran Last Calendar Year is defined as a dependent who lived with the beneficiary for the last calendar year.

Contributed to Child Support:

If dependent did not live with beneficiary last calendar year and the beneficiary contributed to the child's support, answer **Yes**. Otherwise, answer **No**.

This data is shared with VistA.

Rules...

- *Contributed to Child Support* Indicator can only be set to **Yes** if the *Resided with Veteran Last Calendar Year* indicator is **No**.

Amount Contributed:

Enter in this field the dollar amount the beneficiary contributed to the child's support last calendar year.

More...

The contributions do not have to be in regular set amounts.

For example, a beneficiary who paid a child's school tuition or medical bills would be contributing to the child's support.

Rules...

- *Amount Contributed* must be 0 through 999999999.99.

Child has Income:

Enter in this field whether the child had earned or unearned income and/or net worth last calendar year.

This data is shared with VistA.

More...

Income payable to another person as guardian or custodian of the child is considered to be the child's income.

Available Income:

Was dependent child's income available to the beneficiary?

- Yes
- No

This data is shared with VistA.

Rules...

- *Available Income* indicator can only be answered if the *Child Has Income* indicator is set to **Yes**.

In School:

In School is defined as a dependent 18-23 years old who is a full-time student in school.

This data is shared with VistA.

Incapable of Self Support

Dependent Child that is permanently incapable of self-support.

This data is shared with VistA.

More...

This indicates that the child is over the age of 18 and became permanently incapable of self-support before reaching the age of 18.

Acceptable responses are:

- Yes
- No

This indicator is not a required field and there can be multiples (one per dependent). This is collected for dependent person type only.

★Indicates Required Field

Financial Details

The rules for setting GMT Copay Required or Pending Adjudication were changed beginning with calendar year 2010. This General Counsel ruling affects the Priority Group assigned to the Veteran.

Effective calendar year 2010 for Income Years 2009 and greater, the setting for GMT Copay Required or Pending Adjudication has changed for those Veterans who meet the Income and Net Worth ranges as described under the field "***Do you want to send this for Adjudication?***" below.

Veterans who have very low income where the GMT Threshold is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, will now be placed in Priority Group 7.

Edit Financial Details (Income Year XXXX)

Do you want to send this for Adjudication?:

This required question appears only when after completing a current Means Test and the evaluation of total computed income, MT Threshold, GMT Thresholds, Net Worth and Net Worth Threshold determines the means test status could be one of three statuses:

When the GMT Threshold is greater than the MT Threshold and the user selects:

- *Yes - MT Status will be set to Pending Adjudication.*
- *No - MT Status will be set to GMT Copay Required.*

OR

When the GMT Threshold is less than or equal to the MT Threshold and the user selects:

- *Yes - MT Status will be set to Pending Adjudication.*
- *No - If Net Income is greater than the GMT Threshold, MT Status will be set to MT Copay Required.*
- *No - If Net Income is less than or equal to the GMT Threshold, MT Status will be set to GMT Copay Required.*

Married Last Calendar Year:

Was the beneficiary married during the Last Calendar Year?

- Yes
- No

Income Test (Add Income Test)

Test Effective Date:

Effective date is the date the Income Test takes effect.

Rules...

- *Test Effective Date* must be a date in the past or today's date.
- Format: (mm/dd/yyyy)

Disclose Financial Income:

Does the beneficiary choose to disclose Financial Information?

- Yes
- No

Agree to Pay Deductible:

Does the beneficiary choose to pay the deductible?

Rules...

- *Agree to Pay Deductible* is required when *Disclose Financial Income* is **No**.
- Beneficiary must answer **Yes** or **No** if the Veteran has a MT status of MT Copay Required or GMT Copay Required or Pending Adjudication.
- If the beneficiary chooses **No**, s/he is considered Ineligible.

Dependency Factors (spouse)

SSN:

Dependent's SSN is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on a SSN to expand additional *Dependency Factor* information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to patient (display only).

Gender:

This is the gender of the spouse.

Date of Marriage:

Date of marriage is defined as the date the spouse became a dependent.

More...

This is the effective date for the current spouse.

Rules...

- This date cannot be before the Veterans DOB or spouse's DOB.
- This date cannot be a future date.
- *Date of Marriage* must be before date of relationship termination.
- Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

- Yes
- *No* - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Rules...

- Format: (mm/dd/yyyy)

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

- Yes
- *No* - If **No** enter the dollar amount the beneficiary contributed to the Spouse's support during the previous calendar year.

Contributed to Spousal Support (if the answer to Lived with Veteran Last Calendar Year is No):

This is the dollar amount the beneficiary contributed to the spouse's support during the previous calendar year if they did not live together.

Rules...

- Dollar amount *Contributed to Spousal Support* cannot be greater than 9999999.00.

Dependency Factors (child)

SSN:

Dependent's *SSN* is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on a *SSN* to expand additional *Dependency Factor* information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to beneficiary (display only).

Gender:

This is the gender of the dependent.

Dependent Effective Date:

Dependent Effective Date is defined as the date the child became a dependent.

Rules...

- Date must be on or after DOB.

- Date cannot be a future date.
- Imprecise dates are allowed.
- Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

- Yes
- *No* - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Rules...

- Format: (mm/dd/yyyy)

Resided with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

- Yes
- *No* - If **No** enter the dollar amount the beneficiary Contributed to Child Support during the previous calendar year.

Contributed to Child Support (if answer to Resided with Veteran Last Calendar Year is No)

This is the dollar amount the beneficiary contributed to the child's support during the previous calendar year if they did not live together.

Amount Contributed:

This is the dollar amount contributed to spousal/child support if the beneficiary did not live with the spouse/child during the last calendar year.

Child has Income:

Enter in this field whether the child had earned or unearned income last calendar year. Income payable to another person as guardian or custodian of the child is considered to be the child's income.

- Yes
- No

Rules...

- If the *Available Income* indicator is answered **Yes** or **No** then the *Child has Income* indicator is required.

Available Income (if answer to Child Has Income is Yes):

Indicate whether the child's income and/or net worth was/were available to the beneficiary last calendar year.

- Yes

- No

More...

The child's income and/or net worth are almost always determined to be available.

A child's income and/or net worth may be excluded when the child is not in the beneficiary's custody and the beneficiary does not have direct access to the child's income or when the beneficiary has custody, but s/he can prove that the income is not available to him/her (e.g. a trust that the beneficiary doesn't have access to OR social security that's going to a separated spouse.)

Rules...

- If the *Available Income* indicator is answered **Yes** or **No** then the *Child Has Income* indicator is required.
- If the *Available Income* indicator is answered **Yes**, then the *Child Has Income* indicator cannot be answered **No** or left blank.

In School:

In School is defined as a dependent 18-23 years old who is a full-time student in school.

- Yes
- No

Incapable of Self Support:

Dependent child is Permanently and Totally disabled and *Incapable of Self-Support*.

- Yes
- No

More...

Answer **Yes** if the child is over the age of 18 and became permanently and totally disabled and incapable of self-support before reaching the age of 18.

Indicator is not a required field and can be a multiple (one per dependent). This is collected for dependent person type only.

Income (pre-Feb. 2005 format)

Employment:

Enter in this field the annual amount of Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

More...

Exclude income from the beneficiary's farm, ranch, property or business.

US Civil Service:

Enter in this field any income derived from governmental civil service jobs held.

Interest/Dividend/Annuity:

Enter in this field all income derived from Interest, Dividends and Annuities held.

Unemployment:

Enter in this field all income derived from Unemployment Compensation.

Income - Retirement

Social Security:

Enter in this field all *Social Security* income.

Military Retirement:

Enter in this field all income derived from any *Military Retirement*.

Railroad Retirement:

Enter in this field any *Railroad Retirement* income.

Other Retirement:

Enter in this field any *Other Retirement* income not reportable in other categories.

Income - Workers Comp/Black Lung, Other

Workers Comp/ Black Lung:

Enter in this field any Workers' Compensation and/or Black Lung benefits received.

Other Income:

Enter in this field any *Other Income* not reportable in other categories; e.g. prizes and awards, punitive damages, deceased employee's wages paid to estate or beneficiary.

Exclude welfare.

Income (post-Feb. 2005 format)

Total Employment Income:

Enter in this field the annual amount of Total Gross Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

This data is shared with VistA.

More...

Exclude income from the beneficiary's farm, ranch, property or business.

Rules...

- *Total Employment Income* must be 0 through 9999999.00.

Ranch, Farm, Property or Business:

Enter in this field the annual amount of income from the beneficiary's farm, ranch, property or business, minus operating expenses, received during the previous year.

Depreciation is not considered a deductible expense.

Rules...

- *Ranch, Farm, Property or Business* must be 0 through 9999999.00.

Other Income:

List *Other Income* amounts (Social Security, compensation, pension, interest, dividends. Exclude welfare).

This data is shared with VistA.

More...

Enter in this field the annual amount of other income Social Security received during the previous calendar year. This includes, but is not limited to, Social Security Retirement and/or Disability Income; compensation benefits such as VA disability, unemployment, retirement and pension income; interest; and dividends. Exclude welfare or need-based payments from a governmental agency, profit from occasional sale of property, reinvested interest on IRAs.

Rules...

- *Other Income* must be 0 through 9999999.00.

Expenses

Education Expenses:

Enter the total amount of college and vocational education expenses paid during the reporting year.

More...

This would include tuition, books, fees, materials, etc.

The beneficiary is not allowed to enter a Child's Education Expenses unless the child also had Employment Income information.

Rules...

- *Education Expenses* must be 0 through 9999999.00.

Non-reimbursible Medical Expenses:

Enter the total amount of unreimbursed medical expenses paid by the beneficiary during the previous calendar year.

More...

The expenses can be for the beneficiary or for persons that the Veteran has a legal or moral obligation to support. The expenses must actually have been paid by the beneficiary.

Reportable medical expenses include amounts paid for the following:

> fees of physicians, dentists, and other providers of health services; hospital and nursing home fees; medical insurance premiums (including the Medicare premium); drugs and medicines; eyeglasses; any other expenses that are reasonably related to medical care.

Do not list expenses which the beneficiary has paid if the beneficiary expects to receive reimbursement from insurance or some other source.

By law, not all of the unreimbursed medical expenses paid by the beneficiary during the previous calendar year may be deducted from the total annual income. The total amount of the unreimbursed medical expenses entered in this field will be automatically adjusted based upon the beneficiary's maximum annual pension amount and number of dependents.

Rules...

- *Non-reimbursable Medical Expenses* must be 0 through 9999999.00.

Adjusted Medical Expenses:

This is a calculated field based on the value entered for Gross Medical Expenses and the number of dependents active for the test.

Funeral/Burial Expenses:

Enter in this field amounts paid by the beneficiary during the previous calendar year for funeral or burial expenses of the beneficiary's deceased spouse or child or for pre-paid funeral or burial expenses of the beneficiary, spouse, or any dependent child.

More...

Do not report amounts paid for funeral or burial expenses of other relatives such as parents, siblings, etc.

Rules...

- *Funeral/Burial Expenses* must be 0 through 9999999.00.

Assets

Cash and Bank Account Balance:

Enter in this field cash and amounts in bank accounts.

This data is shared with VistA.

More...

This includes checking accounts, savings accounts, Certificates of Deposit (CDs), Individual Retirement Accounts (IRAs), and stocks and bonds as of 12/31 of the income year being reported.

Rules:

- *Cash and Bank Account Balance* must be 0 through 9999999.00.

Land, Buildings Less Mortgage and Liens:

Enter in this field the current value of land and buildings, less mortgages and liens.

This data is shared with VistA.

More...

Do not report the value of the beneficiary's primary residence. If the beneficiary's primary residence is a multifamily dwelling, report the value of the building less the value of the unit occupied the Veteran. If the beneficiary lives on a farm, report the value of the farm less the value of the house occupied by the beneficiary and a reasonable surrounding area. **NOTE:** Since the beneficiary's primary residence is not reported as an asset, the mortgage may NOT be reported as a debt. In addition, the value of any other property owned by the beneficiary or spouse or dependent children will be calculated in the same manner. A.K.A. 'Land/Bldgs.'

Rules:

- *Land, Buildings Less Mortgage and Liens* must be 0 through 9999999.00.

Other Property or Assets:

Enter in this field the current market value of other property or assets that are owned minus the amount that is owed on these items.

This data is shared with VistA.

More...

Include the value of farm, ranch or business assets. However, do not report the value of household effects or vehicles regularly used for family transportation. Assets may include art, rare coins, or collectibles, etc.

Rules...

- *Other Property or Assets* must be 0 through 9999999.00.
- *Debts* cannot exceed the dollar amount in the asset type of *Other Property or Assets* amount.

Debts (pre-Feb. 2005 format)

$

Here is where all debts are individually entered for the Veteran and Spouse only. Debt information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

Rules...

- *Debts* must be a dollar amount 0 to 9999999.00.
- *Debts* for a person cannot exceed the dollar amount in the asset type of Other Property or Assets amount for that same person.

★Indicates Required Field

Adjudication (Income Year XXXX)

Many factors are used to determine whether a Means Test (MT) should be placed in a **Pending Adjudication** status including:

- *Total Income* vs. the *MT* and *GMT Thresholds*,
- *Total Income* plus *Net Worth* vs. *Net Worth Thresholds*, and
- Income from *Farm/Ranch/Property or Business*

A ruling was made by the General Counsel, effective for calendar year 2010 for Income Years 2009 and greater. The setting for GMT Copay Required or Pending Adjudication was changed for those Veterans who have very low income where the GMTT is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold. These Veterans will now be placed in Priority Group 7.

When adjudicating the case, these factors, along with others (such as the age of the patient and how long their assets are expected to last at their current income level) are used to help determine the *Means Test Status* for the patient.

The *Means Test Status* must be equal to **Pending Adjudication** in order to perform this action.

Adjudication (Income Year XXXX)

Means Test Threshold:

This is the current *Means Test Threshold* for the current income year (Display Only).

GMT Threshold:

This is the *Geographic Means Test Threshold* for the current income year for the area of the country in which the patient was living at the time the *MT* was completed (Display Only).

Means Test Status:

When the *GMT Threshold* is greater than the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

- **GMT Copay Required**
- **MT Copay Exempt**

When the *GMT Threshold* is less than or equal to the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

- **MT Copay Required**
- **MT Copay Exempt**

Indicates Required Field

Enrollment

Cancel/Decline/Override Enrollment

Enrollment data includes the fields used to determine when an individual has applied for enrollment into the VA Health Care System, among these are the beneficiary's Enrollment Priority and Enrollment Status.

VIEW HISTORICAL ENROLLMENT

Current Enrollment

This displays the summary of the beneficiary's current enrollment status.

Cancel/Decline/Override Enrollment

Enrollment Application Date:

The *Enrollment Application Date* is the date of the application for enrollment. Some beneficiaries have been enrolled automatically by the system. When this occurs, the beneficiary will not have an application date.

More...

For beneficiaries who mail their VA Form 10-10EZ to a VA health care facility for processing, the date of the postmark is to be entered into VistA as the *Enrollment Application Date*.

For beneficiaries who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the *Enrollment Application Date*.

For beneficiaries who apply for enrollment in person, the date of the beneficiary's presence at the facility for the purpose of enrolling is to be entered into VistA as the *Enrollment Application Date*.

Rules...

- *Enrollment Application Date* cannot be a future date.
- *Enrollment Application Date* requires a precise date.
- *Enrollment Application Date* cannot be after the *Date of Death*.
- *Enrollment Application Date* cannot be prior to the *Date of Birth*.
- *Enrollment Application Date* cannot be prior to 10/01/1996.

Cancelled/Declined Indicator:

This indicates if Veteran either cancelled or declined enrollment in the VA health care system.

The choices are:

- Yes
- No

No Data

Rules...

- *Enrollment Category* must be **Enrolled** or **In Process** in order to set the *Cancelled/Declined Indicator* to **Yes**.

- The Veteran's requests to cancel/decline enrollment must be provided to the HEC in writing.
- Veterans who decline or cancel enrollment are not eligible for care of nonservice-connected conditions; however, emergent care can be provided on a humanitarian basis.
- Veterans can reapply for enrollment at any time, however, they will be considered "new" applicants and enrollment will be based upon the current enrollment criteria.

Cancelled/Declined Effective Date:

Cancelled/Declined Effective Date is the date the Veteran requested, in writing, to cancel or decline enrollment. The system defaults to the current date.

Rules...

- Cancelled*/Declined Effective Date* is required when the *Cancelled/Declined Indicator* is set to **YES**.
- Cancelled*/Declined Effective Date* must be a precise date.

Cancelled/Declined Effective Date cannot*...*

- be a date prior to the Veteran's *Date of Birth*.
- be a future date.
- be a date that is equal to or prior to the *Enrollment Application Date*.
- be after the *Date of Death*.

Reason Cancelled/Declined:

Reason Cancelled/Declined is defined as the reason why a Veteran has chosen to cancel or decline enrollment in the VA health care system.

This data is shared with VistA.

More...

Choices are:

- *Other Insurance – Veteran is covered under other insurance*
- *Other (when selected, Canceled/Declined Remarks field is required)*
- *Dissatisfied with VA Care – Veteran is dissatisfied with the VA care s/he has received*
- *Geographic Access – Veteran lives too far from a VA Health Care facility*

Rules...

- *Reason Cancelled/Declined* is a required entry when *Cancelled/Declined Indicator* is **Yes**.
- When *Reason Cancelled/Declined* choice is **Other**, *Canceled/Declined Remarks* is a required field.

Reason Cancelled/Declined Not Processed:

Reason Cancelled/ Declined Not Processed is the reason the cancel decline request has not been processed by the HEC user. Select from the dropdown.

Rules...

- *Reason Cancel/Declined Not Processed* is not valid unless *Canceled/Declined Indicator* is **No**.

Cancelled/Declined Remarks:

Cancelled/Decline Remarks is a free-text explanation of the reason for cancelling or declining enrollment.

This data is shared with VistA.

Rules...

- *Canceled/Declined Remarks* cannot be greater than 60 characters.
- *Canceled/Declined Remarks* cannot be entered unless *Reason Canceled/Declined* is **Other**. It may also be left blank.

Enrollment Override:

Enrollment Override flag is defined as a flag that when set, will initiate the determination of a beneficiary's enrollment priority.

This flag can only be set by a HEC user.

More...

It is used in those cases where a beneficiary may have been incorrectly placed in a *Rejected*; *Stop New Enrollments* OR *Rejected; Below Enrollment Group Threshold Enrollment* status.

It could also be used when a beneficiary was incorrectly enrolled into a priority group that should be rejected.

Valid Responses are:

- Yes
- No

Enrollment Override Reason:

This is the reason for the enrollment override. Select from the dropdown.

Rules...

- *Enrollment Override Reason* is required when *Enrollment Override* is **Yes**.

Enrollment Override Comments:

This is a free text comments area for the enrollment override.

Rules...

- *Enrollment Override Comments* cannot be greater than 80 characters.

Indicates Required Field

Cancel/Decline/Override Enrollment (Add a Person)

Enrollment data includes the fields used to determine when an individual has applied for enrollment into the VA Health Care System, among these are the registrant's **Enrollment Priority** and **Enrollment Status**.

When adding (registering) a new person, certain fields may now be required and others become editable as described and indicated below.

New to this screen under **Cancel/Decline/Override Enrollment** are the editable (registration) ***Application Signature Date and Application Methods*** fields. These two fields are not required.

Current Enrollment

VIEW HISTORICAL ENROLLMENT

This displays the summary of the registrant 's current enrollment status.

Cancel/Decline/Override Enrollment

Enrollment Application Date:

The *Enrollment Application Date* is the date of the application for enrollment

Note: The *Enrollment Application Date* is required when Adding a Person (registration).

More...

For registrants who mail their VA Form 10-10EZ to a VA health care facility for processing, the date of the postmark is to be entered into VistA as the *Enrollment Application Date*.

For registrants who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the *Enrollment Application Date*.

For beneficiaries who apply for enrollment in person, the date of the registrant's presence at the facility for the purpose of enrolling is to be entered into VistA as the *Enrollment Application Date*.

Rules...

- *Enrollment Application Date* cannot be a future date.
- *Enrollment Application Date* requires a precise date.
- *Enrollment Application Date* cannot be after the *Date of Death*.
- *Enrollment Application Date* cannot be prior to the *Date of Birth*.
- *Enrollment Application Date* cannot be prior to 10/01/1996.

Application Signature Date:

The *Application Signature Date* is the date of the application for enrollment was signed.

Rules...

- *Application Signature Date* cannot be a future date.
- *Application Signature Date* requires a precise date.
- *Application Signature Date* cannot be prior to the *Date of Birth*.

- *Application Signature Date* cannot be after the *Date of Death*.

Application Method:

The *Application Method* is means by which the application was filed. Choose from the dropdown.

Cancelled/Declined Indicator:

This indicates if Veteran either cancelled or declined enrollment in the VA health care system.

The choices are:

- Yes
- No

No Data

Rules...

- *Enrollment Category* must be **Enrolled** or **In Process** in order to set the *Cancelled/Declined Indicator* to **Yes**.
- The Veteran's requests to cancel/decline enrollment must be provided to the HEC in writing.
- Veterans who decline or cancel enrollment are not eligible for care of nonservice-connected conditions; however, emergent care can be provided on a humanitarian basis.
- Veterans can reapply for enrollment at any time, however, they will be considered "new" registrants and enrollment will be based upon the current enrollment criteria.

Cancelled/Declined Effective Date:

Cancelled/Declined Effective Date is the date the Veteran requested, in writing, to cancel or decline enrollment. The system defaults to the current date.

Rules...

- Cancelled*/Declined Effective Date* is required when the *Cancelled/Declined Indicator* is set to **YES**.
- Cancelled*/Declined Effective Date* must be a precise date.

Cancelled/Declined Effective Date cannot*...*

- be a date prior to the Veteran's *Date of Birth*.
- be a future date.
- be a date that is equal to or prior to the *Enrollment Application Date*.
- be after the *Date of Death*.

Reason Cancelled/Declined:

Reason Cancelled/Declined is defined as the reason why a Veteran has chosen to cancel or decline enrollment in the VA health care system.

This data is shared with VistA.

More...

Choices are:

- *Other Insurance – Veteran is covered under other insurance*
- *Other (when selected, Canceled/Declined Remarks field is required)*
- *Dissatisfied with VA Care – Veteran is dissatisfied with the VA care s/he has received*
- *Geographic Access – Veteran lives too far from a VA Health Care facility*

Rules...

- *Reason Cancelled/Declined* is a required entry when *Cancelled/Declined Indicator* is **Yes**.
- When *Reason Cancelled/Declined* choice is **Other**, *Canceled/Declined Remarks* is a required field.

Reason Cancelled/Declined Not Processed:

Reason Cancelled/ Declined Not Processed is the reason the cancel decline request has not been processed by the HEC user. Select from the dropdown.

Rules...

- *Reason Cancel/Declined Not Processed* is not valid unless *Canceled/Declined Indicator* is **No**.

Cancelled/Declined Remarks:

Cancelled/Decline Remarks is a free-text explanation of the reason for cancelling or declining enrollment.

This data is shared with VistA.

Rules...

- *Canceled/Declined Remarks* cannot be greater than 60 characters.
- *Canceled/Declined Remarks* cannot be entered unless *Reason Canceled/Declined* is **Other**. It may also be left blank.

Enrollment Override:

Enrollment Override flag is defined as a flag that when set, will initiate the determination of a beneficiary's enrollment priority.

This flag can only be set by a HEC user.

More...

It is used in those cases where a beneficiary may have been incorrectly placed in a *Rejected*; *Stop New Enrollments* OR *Rejected; Below Enrollment Group Threshold Enrollment* status.

It could also be used when a beneficiary was incorrectly enrolled into a priority group that should be rejected.

Valid Responses are:

- Yes
- No

Enrollment Override Reason:

This is the reason for the enrollment override. Select from the dropdown.

Rules...

- *Enrollment Override Reason* is required when *Enrollment Override* is **Yes**.

Enrollment Override Comments:

This is a free text comments area for the enrollment override.

Rules...

- *Enrollment Override Comments* cannot be greater than 80 characters.

★Indicates Required Field

Facility

Facility

This screen lists facilities the beneficiary has visited along with information associated with each of those facilities. The white checkmark in the green square ✓ indicates the beneficiary's preferred facility.

Facilities **SEND QUERY MESSAGE Z07** **VIEW ALL HL7 MESSAGES**

VIEW SITE HL7 MESSAGES

Primary Means Test Facility:

This indicates whether this site is the original Means Test facility (**Yes** or **No**).

Income Year:

The *Income Year* for the most current Means Test on file.

Number of Inpatient Days:

This is the number of days the beneficiary was an inpatient.

Date of Last Visit:

This is the beneficiary's last Outpatient Visit date to the medical facility.

Number of Outpatient Days:

This is the number of outpatient days the beneficiary had during the Means Test or Copay period.

Fee Basis Program Information

Fee Basis Program

The *Fee Basis Program* provides payment authorization for eligible beneficiaries to obtain outpatient medical treatment services through the private sector. Beneficiaries can obtain authorization for fee-based services by a VA health care provider when it has been determined that direct VA medical services are not available or geographically inaccessible to meet the beneficiary's treatment needs.

This displays any *Fee Basis Program Information* on file for the beneficiary.

Rules...

- The beneficiary may not have more than one current Fee Basis program of the same type per VAMC site.
- The beneficiary may have multiple Fee Basis programs of different types at the same VAMC site.
- S/he may also have multiple programs of the same type but with different start/end dates spanning several years.

More...

The Fee-Basis Program evolved from the Hometown Program. In December 1945, General Paul R. Hawley, Chief Medical Director, Veterans Administration, recognized that many admissions could be avoided by treating a Veteran (beneficiary)before they needed hospitalization. Therefore, General Hawley instituted a plan for "hometown" medical and dental care at government expense for Veterans (beneficiaries) with service-connected ailments. Under the "hometown" program, eligible Veterans (beneficiaries) could be treated in their community by a doctor or dentist of their choice. At the same time, a similar "hometown pharmacy" program was placed in operation where drugs could be purchased at government expense from the Veteran's (beneficiary's) local pharmacist as prescribed by their private physician.

Fee Basis Treatment Type

Short-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of short-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - No Fee Card Issued.

Long-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of long-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - Fee ID Card Issued.

Fee Basis Authorization From Date

Effective date of Fee Status authorization

Fee Basis Authorization To Date

Termination date of Fee Status authorization

Fee Basis Report Date

Report Date is the date the update is received.

Send Query Message Z07

User may query one or all of the VA facilities that the beneficiary has previously visited to obtain updated information. Because *Income Year* is required, go to the **Financials** tab to determine the last income year on file before sending a query.

Facility:

A designated VA medical facility.

Income Year:

The *Income Year* for which the query is being made.

Rules...

- *Income Year* is a required field (Vista will not process a QRY~Z07 that has no income year supplied).

Indicates Required Field

View Site/All HL7 Messages

This log holds the detailed transmission information for each interface transmission sent or received. View Site HL7 Messages displays just the detailed transmission information for the particular site selected. View All HL7 Messages displays the detailed transmission information for all the sites the beneficiary has visited.

This Log is a system-generated file, based on the data within the interface message.

HL7 Message Log

Transmission Date

The date/time the transmission was made to this site or received from this site.

Status

The *Status* of this transmission. Acceptable values include:

- Awaiting acknowledgement = message transmitted and application level acknowledgement pending
- Awaiting transmission = message triggered and built but waiting to be sent out or processed in.
- Complete = message transmitted and application level acknowledgement received.
- Error = message transmitted and application or commit acknowledgement returned with an error.
- Not Transmitted = outbound message transmission/query attempted however after several tries (as defined by the DBA) the message was never successfully transmitted.
- Pending = set for query transmitted and awaiting requested message response.
- Retransmission Failed = number of retransmissions was exceeded without successful completion.
- Retransmit = message requires retransmission.

More...

Status is a system-generated field, based on the data within the interface message.

Message Type

Clicking the *Message Type* hyperlink provides the ability to view a message in a parsed state.

The HL7 *Message Type* defines its purpose, such as ORU (Observational Results Unsolicited), ORF (Observational Report Response), QRY (Query Message), etc.

Appropriate codes include:

- 'ACK', 'Acknowledgement'
- 'ORU~Z04', 'Insurance Data Transmission'
- 'ORU~Z05', 'Demographic Data Transmission'

- 'ORU~Z06', 'IVM Verified Means Test Transmission'
- 'ORU~Z07', 'Unsolicited Full Data Transmission'
- 'ORU~Z09', 'IVM Billing Collection Transmission'
- 'ORU~Z10', 'Unsolicited Income Test Data Trans'
- 'ORU~Z11', 'Unsolicited Eligibility/Enrollment Trans'
- 'ORU~Z12', 'Unsolicited Death from MVR'
- 'ORU~Z13', 'Unsolicited Lazarus from MVR'
- 'ORF~Z07', 'Solicited Full Data Transmission'
- 'ORF~Z10', 'Solicited Income Test Data Trans'
- 'ORF~Z11', 'Solicited Eligibility/Enrollment Trans'
- 'QRY~Z07', 'Full Data Transmission Query'
- 'QRY~Z10', 'Financial Query Transmission'
- 'QRY~Z11', 'Eligibility Query Transmission'.

Clicking the link displays to the user the message segments with their respective fields and the data associated with each of the fields.

Facility (View All HL7 Messages)

The designated VAMC receiving *Facility*.

Raw Data

Clicking the View link presents the user with the raw delimited message segment data.

This is the unparsed data, material or information in its original transmitted format.

Transmission Details

Clicking the View link presents the user with the *Message Transmission Details* as illustrated below.

Example:

- Batch Message ID: *157989* - The Batch Message ID is the unique identifier for the batch in which this message was transmitted.
- Message ID: *157988* - The Message ID is defined as the unique number identifying this particular transmission. This is equal to the HL7 Message ID for HL7 transmissions.
- Message Type: *ORUZ11-S* - See *Message Type* above.
- Transmission Site: *DAYTON*- Transmission Site is the facility name and number either sending data to or receiving data from HECMS. It is the external system communicating with HECMS.
- Transmission Date: *11/02/2005* - See *Transmission Date* above.
- Transmission Status: *Complete* - See *Status* above.

- ACK Type: *AA* - What kind of ACK message was received. Values include:

  AA = Application Accept - An acknowledgment message (ACK) indicates successful processing of the messages that were received.
  AR = Application Reject - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message structural problems, and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)
  AE = Application Error - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message data problems, and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)

Retransmit

This button allows the user to retransmit a message to the external system.

Communications

The communications log contains information about letters that are scheduled to and have been sent to the Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. This screen allows users the ability to view historical letter communications for a single beneficiary as well as provide for the ability to cancel a letter, mail and remail specific letters.

Previously Mailed

Letter Mailed on Behalf of Veteran

Status Date

Indicates the date the letter was processed for mailing by the AITC (a.k.a. AAC).

Status Date is automatically set by the system anytime the Communication *Status* is modified.

Status

This indicates the current mailing status of the correspondence. Statuses include:

- Send to AAC
- Sent to AAC
- Mailed by HEC
- ***Reject at HEC***

  This indicates the conditions to send the letter were not met or the letter did not meet the requirements to be sent.
- Reject by AAC
- Error by AAC
- ***Return by Post Office***

  NOTE: When the *Communication Status* is manually set to *Returned by Post Office* and committed, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.
- Mailed by AAC
- Sent to HEC Printer
- Address Changed and Mailed by AAC
- Cancel by HEC
- Send to CMS (Content Management System)
- Sent to CMS
- Rejected Address by CMS
- Error by CMS
- Mailed by CMS

Name

This is the name of the particular letter sent on behalf of the beneficiary.

User may click the Name link of the letter to enter the Letter Type Comments screen.

Type

This indicates the *Type* of letter. They are:

- General
- *IVM* - Income Verification Matching
- *ENR* - Enrollment
- *MT* - Means Test
- *SSN* - Social Security Number

Recipient

This is the individual to whom the letter was mailed.

Recipients are:

- Veteran
- Spouse
- POA

Select to Remail

The user may manually remail specific letters (by clicking on the Mail link) that have been previously sent to the beneficiary if the initial letter has a Communication *Status* that is NOT **Send to AAC** or **Sent to AAC**.

Available for Mailing

Letters Eligible to be Mailed on behalf of Veteran

UPDATE VETERAN ADDRESS

Name

This is the name of the particular letter eligible to be mailed on behalf of the beneficiary.

Type

This indicates the *Type* of letter. They are:

- General
- *IVM* - Income Verification Matching
- *ENR* - Enrollment
- *MT* - Means Test
- *SSN* - Social Security Number

Form Number

This is the number of the government or Federal form that is available for sending to the Veteran (beneficiary).

Select to Mail

If all the required fields are present, clicking the Mail hyperlink selects the letter to be sent for mailing by the mail center.

Letter Type Communications

Add Comments

Cancel Mailing:

Allows user to cancel a letter mailing by placing a check in the check box, entering any comments and then clicking the ***Update*** button.

Rules...

- Only letters with a *Communication Status* of **Send to AAC** (a.k.a. AITC) may be manually cancelled (change *Communications Status* to **Cancel By HEC**).

Undeliverable Mail:

This indicates that the letter was undeliverable and was *Returned by Post Office*.

Comments:

The user may enter a comment for each letter. This is free text with a maximum character length of 255.

UPDATE VETERAN ADDRESS

Communications Detail (Letter Type)

Case Number:

The *Case Number* is the workload number of the Veteran associated with the communication to be mailed.

Length: 9 (fixed)

Communication Status:

The only values that can be manually selected are **Cancelled By HEC** and **Return by Post Office**.

Date Mailed:

This is the date the correspondence was generated.

The date the correspondence is generated is not necessarily the date it will be mailed, although generally it's only 1 or 2 days after.

Recipient Type:

The *Recipient Type* is a category describing the person to whom a letter was addressed and mailed.

Appropriate values include:

- Veteran
- Spouse
- POA

HEC/AAC Reject Reason:

This is the reason the letter was rejected.

The *Reject Reason* received from HEC or AAC can be one or multiple reasons.

Bar Code ID:

The communication *Bar Code ID* is the system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event (if applicable), and the individual.

Status Date/Time:

Status Date/Time is automatically set by the system anytime the *Communication Status* is modified.

Remail Indicator:

The *Remail Indicator* is the status of a communication that was previously mailed.

The statuses are **Resend** and **Remailed**.

Mailing Address:

This is the current active address for the beneficiary.

Comments

Comment Date

This is the date *Comment* was entered.

Comment By

This is the user who entered the *Comment*.

Comment

This is the *Comment* entered by the user and the specified date.

Status History

Status Date/Time

Date/Time *Status* was last changed.

Status

What the Status was changed to on the Status Date/Time

Handbook Status

The VA proposed the capability to provide a *Veteran Benefits Handbook* containing eligibility and benefit information to the Veteran.

After an initial rollout period, the Handbook or Handbook Insert will be provided for new enrollments and whenever there is a change in *Eligibility Status* or *Preferred Facility*.

The Handbook will be available to Veterans through mail, email, or online via the MyHealth***e***Vet website. The initial proposed delivery preference for the Handbook will be by mail.

The *Handbook Status* communications screen contains status information about Handbook communications that are scheduled to and have been sent to the Veteran. The user has the ability to mail a *Veteran Benefits Handbook* or to View the current and two historical Handbook communications for a Veteran.

A user must have the appropriate *Capability* added to their security *User Profile* in order to view and/or print the *Veteran Benefits Handbook* and the Benefits Profile data. See the *Roles* and *Capability Sets* sections under ***Admin*** for more information.

The system allows an authorized user the ability to *Mail* a *Patient Benefits Handbook* to the Veteran if there isn't a *Patient Benefits Handbook* with a status of Send to CMS or Sent to CMS.

Mail Handbook

Communication Name

Indicates the name of the communication that is available for mailing.

Communication Type

Indicates the type of the communication that is available for mailing.

Select to Mail

Clicking on the Mail hyperlink allows an authorized user to mail a *Patient Benefits Handbook* to the Veteran, if there isn't a *Patient Benefits Handbook* with a status of Send to CMS or Sent to CMS.

Veterans Health Benefits Handbook Status

Status Date

Indicates the date on which the *Veteran Benefits Handbook* or *Insert* status changed.

ID

Indicates the ID number assigned to the *Veteran Benefits Handbook* or *Insert* status change.

Version

Indicates the version of the communication.

Status

Indicates the current *Veteran Benefits Handbook* or *Insert* status. Statuses include:

- Send to CMS (Content Management System)

  The HECMS (ESR) has packaged the Veterans Benefits Parameters and it is ready to be sent to the CMS for processing. This status may be changed to Cancelled by HEC.

- Reject at HEC

  Note: The system will not send the Veterans Benefits Parameters file to the CMS under the following conditions:

  - A duplicate record exists.
  - Required field or fields are missing.
  - The Date of Death field is populated.

- Cancelled by HEC

  Note: The HEC will have the capability to manually update the *Status* to Cancelled by HEC only if the Veteran Benefits Communication (a.k.a. *Veteran Benefits Handbook* or *Insert*) being cancelled has a Status of Send to CMS.

- Sent to CMS

  HECMS has sent the Veterans Benefits Parameters to the CMS for processing.

- Return by Post Office

- Error by CMS

  The CMS has found a problem with the information (e.g. malformed data, or missing required data) provided from ESR, and the CMS could not create a Veterans Benefits Communications. The CMS will provide a Reject Reason. However, the CMS will NOT create the digital copies of the Veterans Benefits Communications.

- Rejected Address by CMS

  The Veterans Bad Address Reason is populated or the address failed address validation. However, the CMS still creates the digital copies of the Veterans Benefits Communications.

- Mailed by CMS

  The CMS has mailed the Veterans Benefits Communication to the Veteran.

  The Publisher has successfully printed and mailed the Veterans Benefits Communications to the Veteran.

Communication Name

Indicates the name of the communication. Examples could include, *Veteran Benefits Handbook*, *Preferred Facility Insert*, etc.

Clicking the link takes the user to a *Handbook Communications Detail* screen where the status can be viewed in more detail. From this screen, the mailing can be cancelled, if not already sent. Comments may also be added, which includes a history of previous comments.

Veterans Handbook

Clicking on the View link enables the user to view a .pdf version of the *Veteran Benefits Handbook*. The browser must have the Adobe Reader® add-on installed to view the .pdf file.

The user may also Save or Print the .pdf file through their normal browser File settings.

Notes: The system retains only the most current and two previous versions of the *Veterans Handbook*, *Veterans Profile*, and *Raw Data*. The *Veterans Handbook*, *Veterans Profile*, and *Raw Data* documents are only available for statuses of Mailed by CMS, Return by Post Office, and Rejected Address by CMS.

If the user does not have the appropriate *Capabilities* to View a *Veterans Handbook*, *Veterans Profile*, or *Raw Data*, the respective columns will not display.

Veterans Profile

Clicking on the View link enables the user to view the *Veteran Benefits Handbook* profile. The *Veterans Profile* is a summary view of the Veteran's Benefits.

Raw Data

Clicking on the View link enables the user to view the *Veterans Profile* data in its raw format. This gives users a quick view of the benefit codes assigned to the Veteran without having to open the .pdf file.

Handbook Communications Detail

This screen is arrived at by clicking on the **Communication Name** link on the *Handbook Status* screen and allows the user with the appropriate *Capability* to cancel a Handbook Communication that has not yet been sent. The Status must be Send to CMS.

Add Comments

Cancel Mailing

To cancel a mailing that has a Status of Send to CMS, place a check in the *Cancel* check box.

If the Status is anything other than Send to CMS, the *Cancel* check box will not appear.

Comments

The user may enter a comment in the *Comments* text box. This is free text with a maximum character length of 255.

(Communication Type)

Additional detailed information is displayed here on the *Communication Type*.

Comments

A history of comments for the *Communication Type* is displayed here.

Status History

A history of statuses for the *Communication Type* is displayed here.

Delivery Preference

The VA proposed the capability to provide the Veteran with delivery preferences for the *Veteran Benefits Handbook*.

This functionality allows the delivery preferences to be accessible to HEC users who are authorized to access this functionality. The user will search for a specific Veteran and have the ability to view the delivery preferences, change the delivery preference from mail to online or from online to mail, input or edit an email address, and input or edit an email type.

After updating the changes to the delivery preferences, an email will be sent to the Veteran to acknowledge the change. The existing Confidential, Temporary, or Permanent addresses in ESR will be used as the mailing address for those who select the delivery preference of "mail."

The user also has the ability to view the delivery preferences change history by clicking on the VIEW HISTORICAL DELIVERY PREFERENCES link. This information includes the name of the user who made the change, the change source (either HEC or Veteran Self Service), the information changed, and the date/time stamp when the change(s) were made.

Delivery Preferences **VIEW HISTORICAL DELIVERY PREFERENCES**

Delivery Preferences:

This is the delivery preference by which the Veteran wishes to receive the Veteran Benefit Handbook, either online or by mail. The default delivery preference is "Mail".

Select from the dropdown.

Rules...

- The user cannot select an online delivery preference unless one printed copy of the handbook has been generated.

Email Address:

This is the email address to which the veteran wishes the Veteran Benefit Handbook electronic version be sent.

More...

This field is only active if "Online" is selected in the *Delivery Preference* field.

This email field is a separate and unique field from the email fields located on the *Demographics/Address* screen and will not be shared with sites the Veteran has visited.

Rules...

- If the *Delivery Preferences* selected is "Online", an email address must be entered or exist.

Email Type:

The user may select either a "Private/Personal" or a "Business" email address.

More...

This field is only active if "Online" is selected in the *Delivery Preference* field.

Glossary

#

.csv: CSV is the file extension for a Comma-separated data value file.

.pdf: portable document format

10-10EZ (form): This is the Application for Health Benefits. Submission of this application provides the VA with the information they need to begin the enrollment application process for the Veteran in the health care system.

10-10EZR (form): This is the Application for Health Benefits Renewal form. Submission of this application provides the VA with updated personal, insurance and/or financial information for the Veteran already enrolled in the health care system.

A

A&A: (see) Aid & Attendance

AAC: (see) Austin Information Technology Center

ACK: Acknowledgement

Adjudicate: To hear and settle (a case) by judicial procedure or to study and settle (a dispute or conflict).

AE: Application Error

Agent Orange: A herbicide containing trace amounts of the toxic contaminant dioxin that was used primarily in the Vietnam War to defoliate areas of forest.

Aid & Attendance: Need for Aid & Attendance means helplessness or being so nearly helpless as to require the regular aid and attendance of another person.

AITC: Austin Information Technology Center

applicant: An applicant is one that applies for benefits as in VA health care benefits.

Austin Automation Center: (see) Austin Information Technology Center

Austin Information Technology Center: The AITC (a.k.a. Austin Automation Center (AAC)) provides comprehensive e-government solutions to match the critical needs of VA and other federal agency customers, from managing data to automating business processes. The AITC supports over 100 customer applications that provide mission\ critical data for financial management, payroll, human resources, logistics, medical records, eligibility benefits and supply functions.

B

Bar Code ID: Bar Code id is a system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event if applicable, and the individual.

BDN: Benefit Delivery Network

beneficiary: A beneficiary is one that receives a benefit as in VA health care benefits.

Beneficiary Identification Records Locator System: The Beneficiary Identification Records Locator System (BIRLS) is a Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) database containing records of all beneficiaries, including Veterans whose survivors applied for death benefits. In addition to these applications for VA benefits, sources of data include Veterans discharged from the military service since March 1973, Medal of Honor recipients, and service members with accounts for VA education benefits.

BIRLS: Beneficiary Identification Records Locator System

BOS: Business Office Section

C

C&P: Compensation & Pension

Capabilities: Capabilities are pre-defined and are essentially the known HECMS system functions.

Capability Sets: A Capability Set is a group of Capabilities. A Capability Set is a group of Capabilities, while a Role is a group of Capabilities and/or Capability Sets.

Catastrophic Disability: Catastrophic Disability is a permanent, severely disabling injury, disorder, or disease that compromises the individual's ability to carry out the activities of daily living to such a degree that s/he requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to her/himself or others.

CC: Consistency Check

CD: (see) Certificate of Deposit

CDW: (see) Corporate Data Warehouse

Certificate of Deposit: A certificate from a bank stating that the named party has a specified sum on deposit, usually for a given period of time at a fixed rate of interest.

CEV: Centralized Eligibility Verification

CHAMPVA: Civilian Health and Medical Program of the Uniformed Services or Veteran's Affairs (CHAMPVA); an insurance program in which the VA shares the cost of covered health care services and supplies for active duty and retired career military persons, their dependents and survivors.

CMS: (see) Content Management System

Combat Veteran: A Veteran, including activated Reservists and members of the National Guard, who served on active duty in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) and have been discharged under other than dishonorable conditions.

Compensable: A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.

Content Management System: The Content Management System provides the capability to create the Veterans Benefits Communications (a.k.a. Patient Benefits Handbook). This allows for user defined content rules to be evaluated for the generation of a Veterans Benefits Communications so that is specifically tailored to the Veteran. In addition, the CMS will publish and mail the Veterans Benefits Communications.

COR: Correspondence

Corporate Data Warehouse: The VA Corporate Data Warehouse (CDW) is a national repository comprising data from several Veterans' Health Administration (VHA) clinical and administrative systems. The CDW's objective is to provide data and tools to support management decision making, performance measurement and research objectives.

CV: Combat Veteran

D

DD-214: A DD-214 is issued to military members upon separation from active service. DD-214s were issued to separated service members beginning in the 1950s. The term "DD-214" is often used generically to mean "separation papers" or "discharge papers," no matter what form number was used to document active duty military service. If VA has a copy of a DD-214, it is usually because the Veteran attached a copy (or sometimes, the original) to his or her application for disability or education benefits. If the Veteran has lost his/her original DD-214 or a copy and s/he is receiving (or applied for in the past) disability or education benefits from VA, the HEC may have a copy (or the original, if sent to the HEC by the Veteran) on file. At the very least, if the Veteran is currently receiving benefits (or did in the past), the HEC should be able to provide a Statement of Service, which can be used instead of a"DD-214."

DD-215: A corrected version of the DD-214.

Dependent: Individual relying on or requiring the aid of another for support.

deprecate: disapprove, to downgrade the importance of

Discharge Type: This is the type is discharge type the Veteran received when released from military duty.

DOB: Date of Birth

DoD/DOD: Department of Defense (DoD) or Date of Death (DOD)

E

EE: Eligibility/Enrollment

EED: Eligibility, Enrollment Division

EGT: Enrollment Group Threshold

Enrollment: The process for providing beneficiaries access to VA health care benefits covered by the medical benefits package.

Enrollment Group Threshold: EGT is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. These settings are used to determine which priority groups (and/or subgroups) are eligible for enrollment into the VA healthcare system.

Enrollment System Redesign: (see) Health Eligibility Case Management System (HECMS)

Environmental Contaminants: Also known as 'SW Asia Conditions', this refers to a Veteran's exposure to environmental contaminants while serving in the military.

ESR: (see) Enrollment System Redesign, a.k.a., Health Eligibility Case Management System (HECMS).

G

Geographic Mean Test Threshold: GMT Threshold dollar amount is the income GMT threshold as determined by the system for area in which the Veteran lives. This threshold is derived by a look up of the Department of Housing and Urban Development (HUD) indices table. The threshold amount is computed as FIPS code + MSA code for the # of dependents.

GMT: Geographic Means Test

GWOT: Global War on Terror

H

Hardship Determination: A Hardship Determination is an exemption from copays for a determined period of time. This can be due to a loss of income for that income year.

HB: (see) Housebound

Health Eligibility Case Management System: (see) ESR, a.k.a. Enrollment System Redesign. HECMS V3.0 is the HealtheVet replacement system for the current product known as HEC Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. HECMS allows staff at the HEC to work more efficiently and determine patient eligibility in a more timely manner.

HealtheVet: My HealtheVet is a web-based system that empowers Veterans/beneficiaries with information and tools so that they can improve their health to the maximum extent possible. Participating Veterans/beneficiaries are given copies of key portions of their electronic health records. This record is stored in a secure and private environment called an eVAult. The eVAult will be personalized with appropriate links to useful explanatory material to help Veterans/beneficiaries understand what is in their record, and what they can do to improve their health condition. Veterans/beneficiaries can also add structured medical information in the "self-entered" section of their eVAult.

HEC: Health Eligibility Center

HECMS: (see) Health Eligibility Case Management System

HINQ: Hospital Inquiry

HL7: Health Level Seven is one of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena.

Housebound: Confined to one's home, usually by illness or disability.

I

ICN: Integration Control Number

Identity Services: Identity Services (a.k.a. Identity Management) provides a system that creates and maintains an enterprise wide unique identity for all persons of interest for VHA.

Identity Traits: Identity Traits are a set of data fields that uniquely identify the beneficiary.

IdS: (see) Identity Services

IMDQ: Identity Management/Data Quality

imprecise: Includes only month/year or only year (as in imprecise date).

IRA: Individual Retirement Account

IV: Income Verification

IVM: Income Verification Matching

L

LAS: Legal Administrative Specialist

lien: The right to take and hold or sell the property of a debtor as security or payment for a debt or duty.

M

Master Veteran Index: The MVI is a database that holds more than 15 million patient medical record entries. It is populated from all VA facilities nationwide. This index is the access point linking patient information for an enterprise-wide view of individual and aggregate patient information. Patients are matched within the MVI database through their unique identifier called an Integration Control Number (ICN). The use of an ICN at one or more VA sites facilitates integrated patient care, while promoting the OneVA vision.

Means Test Threshold: Means Test (MT) Threshold is the income threshold level set within the VA for the purpose of establishing benefit levels for Veterans. The Veteran's income must fall below this dollar amount to be considered exempt from copays. These MT Thresholds are supplied each year in a VA Means Test Threshold directive that contains the attributes, start and end dates.

Medicare: Medicare is the federal health insurance program for: people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

Military Service Data Sharing: MSDS implements process improvements for accessing military service information through real-time systems components (and interfaces) that access, evaluate and utilize military service information.
It focuses on collecting information required to definitively determine basic Veteran eligibility as well as VHA Combat Veteran eligibility and identify Veterans who have served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF).

Military Sexual Trauma: Sexual trauma experienced while on active duty in the military.

mortgage: A temporary, conditional pledge of property to a creditor as security for performance of an obligation or repayment of a debt.

MVI: (see) Master Veteran Index

MSDS: (see) Military Service Data Sharing

MSN: Military Service Number

MST: (see) Military Sexual Trauma

MT: Means Test

MVR/VBA: Master Veteran Record/Veterans Benefit Administration

N

NARA: National Archives and Records Admin.

National Defense Authorization Act (NDAA) of 2008: This Act extends the period of enhanced health care eligibility provided a Veteran who served in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

- Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.
- Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

nasopharyngeal: Having to do with the part of the pharynx above the soft palate that is continuous with the nasal passages.

Net Worth: Net Worth is the sum of the Veteran's (Bank account amount + Stock and Bond amounts + Real Property Value + (Other property and assets) - Debts).

Noncompensable: A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.

Nonservice-Connected (NSC): A Veteran who does not have a VA determined service-related condition.

Nose Throat Radium: Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military.

NPR: (see) Nose Throat Radium

O

OEF/OIF: Operation Enduring Freedom/Operation Iraqi Freedom

OPP: Office of Policy and Planning

outlier: An extreme deviation from the mean.

P

P&T: (see) Permanent & Total

parsed: A parsed message is one that has been translated from its native ASCII format to an XML structure with named fields.

patient: A patient is one who receives medical attention, care, or treatment.

Permanent & Total: Permanent & Total indicates if the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

PH: Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces.

POA: (see) Power of Attorney

POS: Period of Service

POW: Prisoner of War

Power of Attorney: A legal instrument authorizing one to act as another's attorney or agent.

precise (date): Consists of month, day, and year.

priority groups: The number of Veterans who can be enrolled in the health care program is determined by the amount of money Congress gives VA each year. Since funds are limited, VA sets up priority groups to make sure that certain groups of Veterans are able to be enrolled before others.

Pseudo SSN: Pseudo SSN is a computed value used in the place of a person's government-issued SSN, until that person's true SSN can be ascertained.

PSIM: Person Service Identity Management

PTSD: Post-Traumatic Stress Disorder

Q

QM: Quality Management

R

Radiation Exposure: VA provides special priority for enrollment for health-care services to any Veteran exposed to ionizing radiation in connection with nuclear device tests or with the American occupation of Hiroshima and Nagasaki, Japan, during the period beginning Sept. 11, 1945, and ending July 1, 1946. In addition, these "atomic Veterans" are eligible to participate in the VA ionizing radiation registry examination program. VA also pays compensation to Veterans and their survivors if the Veteran is determined to have a disability due to radiation exposure while in service.

REE: Registration/Eligibility/Enrollment

Relaxation Percentage: In January 2009, a new policy was introduced known as the P8 Relaxation Enhancement, which allows Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds.
VHA requires the ability to relax this percentage even further in order to manage the number of enrollees over time. To facilitate this, a system parameter was created to store the relaxation percentage value in the event that it were to change from the then-current 10% value. However, the system parameter did not allow for the Continuous Enrollment rules to be applied correctly for each Income Year for a percentage that changed in a subsequent year.
The solution to this restriction was to remove the *Relaxation Percentage* system parameter and provide the ability to change the *Relaxation Percentage* by income year. The change would be retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but now qualify under the new relaxation percentage.

Role: A Role may exist without any Capabilities and/or Capability Sets. A user may define a new Role (with correct permissions), which is generally, a group of Capabilities a user may perform.

S

SC: Service-Connected

Sensitive (Record): Information that if disclosed, to the individual, may have a serious adverse effect on the individual's mental or physical health. Such information may require explanation or interpretation by an intermediary or assistance in the information's acceptance and assimilation in order to preclude an adverse impact on the individual's mental or physical health.

service-connected (SC): Generally, a service-connected disability is a disability, illness, or injury that VA determines was incurred or aggravated while on active duty in the military and in the line of duty.

service number: This is a Veteran's unique identifier.

SHAD: (see) Shipboard Hazard and Defense

SHARE: SHARE is a VBA computer application, which HEC uses to verify the VBA benefits, including SC percentage, compensation and pension. The SHARE system retrieves data from various sources such as the BDN (Benefit Delivery Network), C&P records, BIRLS, and VBA corporate.

Sharing Agreement: This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

Shipboard Hazard and Defense: Project SHAD was part of a larger effort called Project 112, which was a comprehensive program initiated in 1962 by the Department of Defense (DoD) to protect and defend against potential chemical and biological warfare threats.

SSA: Social Security Administration

SSN: Social Security Number

surviving record: A surviving record is a record that is chosen to be the valid record for the patient.

SW Asia Conditions: Also known as 'Environmental Contaminants', this refers to a Veteran's exposure to environmental contaminants while serving in the military.

T

TRICARE: TRICARE is The Department of Defenses regional managed Healthcare program for service families.

V

VA: Department of Veterans Affairs

VADIR: (see) VA/DoD Identity Repository

VA/DoD Identity Repository: VADIR provides VA with detailed electronic information directly from DoD on separating service members.

VAMC: Department of Veterans Affairs Medical Center

VARO: VA Regional Office

VBA: Veterans Benefit Administration

Veteran: A Veteran is a person who has served in the armed forces.

Veterans Online Application: On March 6, 2007, former President Bush established the Task Force on Returning Global War on Terror Heroes. The purpose of the Task Force was to improve the delivery of Federal services and benefits to Global War on Terror (GWOT) service members and Veterans.

The Task Force report includes 25 recommendations that focus on enhancing the delivery of services and information to GWOT service members and Veterans within existing authority and resource levels. The recommendations related to this project include the following:

- Assist the VA enrollment process by modifying the VA 10-10EZ form for GWOT service members, enhance the on-line benefits package to self-identify GWOT service member, and expand the use of DoD military service information to establish eligibility for health care benefits.

VistA: Veterans Health Information Systems and Technology Architecture - the system which manages clinical and business information for VA.

VOA: (see) Veterans Online Application

VPID: Veterans Affairs Person Identifier

VSSC: VHA Support Service Center

W

WD AGO: War Department Adjutant General's Office Form

WebHelp: WebHelp is a Macromedia output type that is designed for authors who want to be sure that end users can view their Web-based or desktop application Help on virtually any browser and platform. Since Microsoft Windows (or a specific browser) is not required to view the output, you can publish your Help to the Web or distribute the files on a CD-ROM and be confident that end users can view the information as it is intended to display. WebHelp is an uncompiled output type that supports standard Help features (such as TOC, index, and search), but also provides a customizable appearance and quick download performance. Any combination of browser and platform can access your Help system because WebHelp automatically detects the required files to launch at run time.

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