

## REGISTRATION AND ENROLLMENT

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Directive updates and consolidates VHA policies governing the registration and enrollment of Veterans for Department of Veterans Affairs (VA) health care benefits.

### 2. SUMMARY OF MAJOR CHANGES.

a. This directive incorporates VHA Directive 2012-001, Time Requirements for Processing VA Forms 10-10EZ, Application for Health Benefits, and 10-10EZR, Health Benefits Renewal Form, and VHA Directive 2010-038, Enrolled Veterans Intake and Registration; including secondary reviews for first time applicants and follow-up on applications in a pending status.

b. This directive also incorporates information from VHA Directive 1610, Veteran Health Identification Card.

**3. RELATED ISSUES.** VHA Directive 1601A.02, Eligibility Determination, dated July 6, 2020.

**4. RESPONSIBLE OFFICE.** The VHA Office of Member Services (10NF) is responsible for the contents of this VHA Directive. Questions may be addressed to the [VHAMSBusinessPolicyOffice@va.gov](mailto:VHAMSBusinessPolicyOffice@va.gov) e-mail group.

**5. RESCISSIONS.** VHA Directive 1610, Veteran Health Identification Card, dated October 01, 2015; VHA Handbook 1601A.01, Intake Registration, dated November 5, 2009, VHA Handbook 1601A.03, Enrollment Determinations, dated September 25, 2015; VHA Directive 2012-001, Time Requirements for Processing VA Form 10-10EZ, Application for Health Benefits and 10-10EZR, Health Benefits Renewal Form, dated January 9, 2012, VHA Directive 1175, Enrollment Coordinator, dated July 1, 2015 and VHA Directive 2010-038, Enrolled Veterans Intake and Registration, dated August 30, 2010 are rescinded.

**6. RECERTIFICATION.** This VHA Directive is scheduled for recertification on or before the last working day of July 2025.

**BY DIRECTION OF THE OFFICE OF THE  
UNDERSECRETARY FOR HEALTH**

/s/ Renee Oshinski  
Assistant Under Secretary for Health for  
Operations

July 7, 2020

VHA DIRECTIVE 1601A.01

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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## REGISTRATION AND ENROLLMENT

### 1. PURPOSE

This Veterans Health Administration (VHA) Directive provides information on the Department-wide procedures for intake registration, which is the receipt and processing of an Application for Health Benefits (10-10EZ), Health Benefits Renewal Form (10-10EZR) or an online Health Benefits application. It also provides information on enrollment which is the acceptance of an eligible Veteran into the VA health care system and assignment to a Priority Group. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§1705 and 1710.

### 2. BACKGROUND

a. Public Law (P.L.) 104-262, The Veteran's Health Care Eligibility Reform Act of 1996, codified at Title 38 U.S.C. § 1705, requires VA to establish and implement a national enrollment system to manage its delivery of health care benefits. It further provides that most Veterans must be enrolled to receive care.

b. In accordance with title 38 Code of Federal Regulations (C.F.R.) Section 17.36(d) a Veteran may apply to be enrolled in the VA health care system at any time. A Veteran who wishes to be enrolled must apply by submitting VA Form 10-10EZ in-person to a VA health care facility, by telephone, online, or by mail. Veterans can submit updates to their demographics, insurance, or financial information using VA Form 10-10EZR.

c. To ensure VA Forms 10-10EZ and 10-10EZR are processed in a timely manner, this Directive provides the maximum number of days to process Veterans application for VA health care benefits.

### 3. DEFINITIONS

a. **Adjudication.** In VA, adjudication refers to the process of obtaining and reviewing the facts in a claim to decide whether to grant benefits under applicable law.

b. **Aid and Attendance.** Aid and Attendance is the increased compensation or pension paid to Veterans, their spouses, surviving spouses, or parents based on the need of regular Aid and Attendance. Aid and Attendance may be provided if there is a need for the regular aid and attendance of another person.

c. **Applicant.** An applicant is a person who has submitted an application for VA health care benefits or for enrollment in the VA health care system.

d. **Application.** A completed enrollment or comparable form establishing a belief in entitlement to and desire for receipt of benefits, received by VA.

e. **Application Date.**

(1) **Applications received via mail:** Mailed applications are date and time stamped in the mailroom of the Health Eligibility Center (HEC) or in the VA medical facility office responsible for processing the applications, to capture the date and time the enrollment application was received. This date must be used as the enrollment application date when processing the application.

(2) **Applications received online:** The date the form was completed online is the date that will be used as the enrollment application date.

(3) **Applications completed in-person:** The date the Veteran completed the application in person is the date that must be used as the enrollment application date. VA Form 10-10 EZ must be date and time stamped upon completion of application by the VA medical facility Enrollment and Eligibility staff member.

(4) **Applications received by telephone:** The date the Veteran's call was received must be used as the enrollment application date.

f. **Attributable Income.** Attributable income is the Veteran's gross household (the Veteran, spouse, and dependent children) income for the previous calendar year, as determined in accordance with VA regulations, which are used to determine if a Veteran may be enrolled in a certain Priority Group.

g. **Catastrophically Disabled.** Catastrophically disabled is a status identifying a Veteran with a permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the Veteran requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others. **NOTE:** *For a complete definition of Catastrophically Disabled, see 38 C.F.R. § 17.36(e). Additional information on Catastrophically Disabled can be found in VHA Directive 1630(1), Catastrophically Disabled Veteran Evaluation, Enrollment, and Certain Copayment Exemptions," dated May 07, 2015.*

h. **Compensation.** For the purposes of this directive, disability compensation means a monthly monetary benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. Generally, the benefit amount is graduated according to the degree of the Veteran's disability on a scale from 10 % to 100 % (in increments of 10 %).

i. **Copayment.** A copayment is a specific monetary charge for either medical services or outpatient medications provided by VA to certain Veterans whose financial assessment determines they can pay.

j. **Eight Point Written Notification.** Eight Point Written Notification describes the notice that must be provided a Veteran and their representative of any change in eligibility status. **NOTE:** *The requirements for this notice can be found at 38 U.S.C. § 5104.*

k. **Enrollment.** Enrollment is the acceptance of an eligible Veteran into the VA health care system and assignment to a Priority Group for the purpose of receiving the full medical benefits package as defined in 38 C.F.R. § 17.38.

l. **Financial Assessment.** Financial assessment is the process used by VA to assess a Veteran's attributable income. The financial assessment determines a Veteran's copayment responsibilities and helps to determine enrollment priority and eligibility for beneficiary travel.

m. **Geographic Means Test.** The Geographic Means Test (GMT) is VA's system of determining a Veteran's ability to pay for health care and to provide Veterans whose incomes are above the VA Means Test threshold but below the U.S. Department of Housing and Urban Development (HUD) low-income limits based on the Veterans permanent address, with an 80 % reduction in the inpatient co-pay rates. Veterans who qualify for GMT will be enrolled in Priority Group 7.

n. **Hardship.** The term hardship refers to a decrease in a Veteran's gross household income and provides a justification for enrolling a Veteran into a higher Priority Group which would result in an exemption from current and future copayments from the date of approval until the end of the calendar year in which the hardship is granted.

o. **Income Verification.** Income Verification (IV) is a process that independently verifies the financial information used to determine the Veteran's eligibility for VA health care benefits, copayment status and Priority Group assignment in circumstances where the Veteran is not eligible for VA health care based on other factors, including but not limited to, service connection, Medal of Honor recipient, or former Prisoner of War (POW) status.

p. **Means Test.** A Means Test (MT) is the financial assessment process used by VA to assess a Veteran's attributable income. The MT determines Veterans' copayment responsibilities and assists in determining enrollment Priority Group assignment. VA uses the appropriate MT threshold for the current calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care. The current national MT thresholds can be viewed at <https://www.va.gov/HEALTHBENEFITS/apps/explorer/AnnualIncomeLimits/HealthBenefits>.

q. **Non-compensable Disability.** A non-compensable disability is a service-connected disability for which VA has assigned a 0 % rating.

r. **Non-service Connected.** Nonservice-connected (NSC) means, with respect to a Veteran's disability, that such disability was not incurred or aggravated, in the line of duty in the active military, naval, or air service.

s. **Knowledge Management System.** The Knowledge Management System (KMS) is a VA enterprise-wide, centralized repository for all Knowledge Management articles and procedure guidance documents. KMS allows information to be shared and leveraged from the authoritative source in order to provide the most current and

accurate information to users in real time. KMS includes advanced search capability designed to improve work performance by quickly providing accurate and consistent responses to meet the needs of Veterans.

t. **Pension**. The Veterans Pension is a needs-based benefit paid to wartime Veterans who meet certain age or non-service-connected disability requirements. For VA health care enrollment purposes, Veterans receiving VA pension benefits are assigned to Priority Group 5.

u. **Priority Groups**. Priority Groups are established by 38 U.S.C. § 1705 to determine which categories of Veterans are eligible to be enrolled. All enrolled Veterans must be placed in the highest Priority Group for which they are qualified. **NOTE:** For additional information on Priority Groups, see Paragraph 8 and 38 C.F.R. § 17.36.

v. **Processed**. An application is considered processed when the Veteran's enrollment record is in an enrolled or pending status, or it is determined that the Veteran is not eligible to be enrolled. When the application must remain in a pending status, the Veteran should be notified by HEC and be given an opportunity to provide missing information. The enrollment status is reflected in VA's Enrollment System (ES). The enrollment record must also be documented with the reason why the record remains in a pending enrollment status.

w. **Registration**. Registration is adding a Veteran or Patient into ES or the VA's electronic health record for the purpose of receiving services at a VA medical facility. Registration in ES must be completed prior to enrollment.

x. **Service Connected**. Service-connected means, with respect to a Veteran's disability, that such disability was incurred or aggravated in the line of duty in the active military, naval, or air service.

y. **Urgent**. For the purposes of this directive, an urgent condition is a condition which does not require immediate hospital admission, but a condition in which there is a pressing need for medical attention to prevent:

- (1) Deterioration of the condition, or
- (2) Impairment of the possible recovery.

z. **Veteran**. A Veteran is a person who:

- (1) Served in the active military, naval, or air service; and
- (2) Was discharged or released from service under conditions other than dishonorable.

**NOTE:** VBA determines Veteran status on behalf of VA. If Veteran status is not unequivocally proven by service department evidence of record, request a status determination from the VA Regional Office of jurisdiction. For additional information on

*the definition of a Veteran or requirements for Veteran status, see 38 C.F.R. §§ 3.1, 3.6 and 3.7.*

aa. **Veterans who are Partially or Totally Exempt from Enrollment.** The criteria for Veterans who are partially or totally exempt from enrollment to receive VA health care can be found at 38 C.F.R. § 17.37.

bb. **Veteran Health Identification Card.** The Veteran Health Identification Card (VHIC) is a secured identification card that is issued to eligible Veterans enrolled in VA health care and is used to check in for appointments at VA medical facilities.

#### 4. POLICY

a. It is VHA policy that Veterans are enrolled to receive VA health care, unless exempt through provisions in 38 C.F.R. § 17.37.

b. It is also VHA policy that Veterans who choose to enroll in the VA health care system are enrolled once and may seek care at any VA facility without being required or requested to reestablish eligibility for VA health care enrollment purposes, in accordance with 38 C.F.R. § 17.36.

c. Finally, it is VHA policy that applications must be processed within 5-business days from the date the application or renewal form was received, or time stamped in the office responsible for processing applications.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges.

(3) Providing oversight of VISNs to assure compliance with this directive and applicable regulations.

(4) Providing oversight of Member Services to assure compliance with this directive and applicable regulations.

c. **Member Services Executive Director.** The Executive Director of Member Services is responsible for:



(1) Providing oversight of the HEC to ensure compliance with this directive and applicable regulations.

(2) Ensuring that Member Services staff who have a role in the enrollment and eligibility process (to include providing guidance and training) have the resources to implement this directive.

(3) Providing oversight to ensure the accuracy of KMS content, to include KMS articles, Standard Operating Procedures (SOPs), business processes, and job aids.

d. **Health Eligibility Center Director**. The HEC Director is responsible for:

(1) Maintaining oversight of the VHA enrollment process, including providing guidance for Veteran applications processed at the VA medical facility and applications processed at the HEC.

(2) Overseeing the creation of procedures to perform oversight for quality assurance of eligibility determinations on a monthly basis. The quality review process includes a quality review (random sample) of eligibility determinations made by HEC and VA medical facility Enrollment and Eligibility staff and reporting the results to the appropriate Member Services, HEC, or Veterans Integrated Service Network (VISN) Point of Contact (POC).

(3) Ensuring that all newly enrolled Veterans receive a Welcome to VA call.

(4) Ensuring that letters are generated to applicants with an enrollment record in a pending status.

(5) Ensuring that all requests to cancel or decline enrollment are processed. **NOTE:** *For more information on disenrollment, see Paragraph 10.*

(6) Ensuring that Veterans are placed into the highest Priority Group for which they are eligible, based on the information provided by the Veteran and a review of all appropriate information systems, as described above.

(7) Providing oversight to ensure that when the HEC has made a final determination regarding the termination of a Veteran's enrollment status, the VA medical facility is notified of the final decision and advised to transition the Veteran's care to the civilian community. **NOTE:** *For more information on notification requirements, see Paragraph 11.*

(8) Ensuring that content needed for the KMS is identified, updated, and communicated to all Enrollment and Eligibility staff, at both the HEC and VA medical facilities, as the authoritative source for standardized processes and procedures.

(9) Providing oversight for the coordination of the standardized training for HEC and VA medical facility Enrollment and Eligibility staff. **NOTE:** *Recommended training will be communicated to VISN Enrollment POCs, and VA medical facility Enrollment*

*Coordinators on national calls and email messages. Training completions will be tracked using the VA Talent Management System (TMS), for reporting purposes. More information on training can be found in Paragraph 13.*

(10) Ensuring all Veterans receive eight-point written notification of any change in eligibility status, consistent with the requirements established at 38 U.S.C. § 5104.

(11) Ensuring that all Veterans enrollment and eligibility supplemental claims and higher-level review requests are adjudicated. **NOTE:** *For more information on supplemental claims and higher-level reviews, see VHA Directive 1032, Health Benefits Appeals Processing, dated August 16, 2013.*

(12) Ensuring that a Veteran's enrollment and eligibility record, including their health benefits application and any supporting documentation provided, is maintained in accordance with 44 U.S.C. Chapter 33, § 3301. **NOTE:** *For additional information on Records Management, see VHA Directive 6300, Records Management, dated October 22, 2018.*

(13) Ensuring the collaboration with VISN Enrollment POC's when the results of a quality assurance review indicate opportunities for improvement and the need for corrective action.

(14) Providing oversight for management of the Veterans Health Identification Card (VHIC) program, including the contract with the print vendor who issues the VHIC to the Veteran.

(15) Ensuring the development and dissemination of the VHIC program training, guidance, and other communication materials to VA medical facility Enrollment and Eligibility staff.

(16) Ensuring that lost VHIC's returned to HEC will be destroyed in compliance with VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015 Records Control Schedule 10-1, General Administrative Records, Item 1, General Records Schedule 4.2 and 36 C.F.R. § 1228.184. **NOTE:** *After 90 days. VHIC cards should be disposed of by shredding.*

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Communicating the contents of this directive to all VA medical facilities in the VISN.

(2) Ensuring that all VA medical facilities in the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(3) Ensuring that all VA medical facilities have the resources to implement this directive.

(4) Assigning a VISN Enrollment POC.

f. **Veterans Integrated Service Network Enrollment Point of Contact**. The VISN Enrollment POC is responsible for:

(1) Coordinating, communicating and ensuring completion of required enrollment and eligibility training for all VA medical facility Enrollment and Eligibility staff in the VISN. **NOTE:** *More information about training associated with this directive can be found in Paragraph 13.*

(2) Serving as a liaison between VA medical facilities, the VISN, and Member Services.

(3) Reviewing quality assurance (QA) results from quality reviews provided by the HEC, addressing questions or concerns with the HEC or VA medical facilities within their VISN, and determining, reporting and overseeing corrective actions taken, if necessary.

(4) Ensuring that all VA medical facility Enrollment and Eligibility staff are accessing and using VA's KMS as the primary source for guidance, ES for processing enrollments, and VA/Department of Defense (DoD) systems to verify eligibility and make enrollment determinations.

g. **VA Medical Facility Director**. The VA medical facility Director is responsible for:

(1) Providing oversight to ensure that VA medical facility staff comply with this directive and applicable regulations.

(2) Ensuring that all VA medical facility staff responsible for processing enrollment and eligibility have access to ES and have completed the required training to perform enrollment tasks. **NOTE:** *More information on required training can be found in Paragraph 13.*

(3) Providing oversight to ensure that when HEC notifies the VA medical facility of the termination of a Veteran's enrollment status, the Veteran's care is transitioned to the civilian community.

(4) Ensuring that QA results generated by Member Services for enrollment decisions processed by the VA medical facility are reviewed to determine if additional training, coaching, and corrective actions are necessary.

(5) Ensuring the VA medical facility maintains an established Enrollment Coordinator.

(6) Providing oversight to ensure hardship determinations are granted in accordance with applicable regulations. **NOTE:** *A hardship determination based on GMT will be granted by the VA medical facility Director or designee, if the Veteran's permanent*

address changes to a location where the new GMT thresholds would benefit the Veteran. For additional information on hardship, see 38 C.F.R. § 17.36(b) (7).

(7) Ensuring that Veterans enrolled at the VA medical facility are offered the opportunity to receive a VHIC and are informed of the process and requirements. **NOTE:** More information on VHIC requirements can be found in Paragraph 12.

(8) Providing oversight to ensure the development of the VA medical facility's emergency management Continuing Operations Plan (COOP) includes procedures for interruptions that may affect the enrollment process. **NOTE:** For more information on VA medical facility COOP, see VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program, dated January 22, 2020.

h. **VA Medical Facility Enrollment Coordinator.** The VA medical Facility Enrollment Coordinator is responsible for:

(1) Maintaining oversight of all administrative aspects of the VA medical facility enrollment process, health benefits, eligibility determinations, and related health benefits administration at the VA medical facility level. **NOTE:** A list of VHA Enrollment Coordinators can be accessed using the following link: <https://sp.hec.med.va.gov/div/eed/Lists/EnrollmentCoordinators/Grouped%20by%20Station.aspx>. This is an internal VA Web site that is not available to the public.

(2) Ensuring that all VA medical facility Enrollment and Eligibility staff are using the KMS for processes related to enrollment.

(3) Ensuring that applications are time stamped to reflect the date and time the application was received. **NOTE:** This serves as the official date the application was received by VA. For in-person enrollments, the date the event occurs should be documented in ES as the application date.

(4) Ensuring all applications received by the VA medical facility are processed within 5 business days of the date that the application was received.

(5) Ensuring that VA medical facility Enrollment and Eligibility staff are using VHA's authoritative ES, as determined by the HEC, for processing enrollment applications.

(6) Ensuring all enrollments completed in-person are printed and the Veteran is required to sign the application for VA health care. After signature by the Veteran the Enrollment and Eligibility staff member should date stamp the form with the date, which is to be used as the enrollment application date.

(7) Ensuring that all VA medical facility Enrollment and Eligibility staff receive standardized enrollment training. **NOTE:** More information on trainings associated with this directive can be found in Paragraph 13.

(8) Attending the HEC Eligibility and Patient Benefits monthly conference calls.

(9) Managing access to VA/DoD electronic systems used in processing enrollment applications and determining eligibility for VA health care.

(10) Overseeing the VHIC process at the VA medical facility.

(11) Ensuring that if attempts to issue the VHIC to the Veteran are unsuccessful, the card is destroyed in compliance with VHA Handbook 1907.01, Health Information Management and Health Records, Records Control Schedule 10-1, General Administrative Records, Item 1, General Records Schedule 4.2 and 36 C.F.R. § 1228.184. **NOTE:** *After 90 days. Cards should be disposed of by cutting it up into multiple pieces or shredding.*

(12) Ensuring that the VHIC's photo background color is light blue for clarity and Veterans are instructed to remove items such as hats and sunglasses to facilitate an unobstructed facial photo. Photos will not be taken if the Veteran refuses to remove items that may result in an obstructed facial photo. **NOTE:** *No other background (U.S. flag, state flag, etc.) is permitted.*

(13) Developing a procedure to securely process VHICs that have been returned to the requesting facility, including notification to the Veteran that the VHIC could not be delivered and issuing the card directly to the Veteran, the Veteran's personal representative, the person authorized as the Veteran's VA caregiver under 38 C.F.R. Part 71, or the Veteran's general or health care power of attorney. **NOTE:** *If attempts to issue the VHIC to the Veteran are unsuccessful, the card must be destroyed in compliance with VHA Handbook 1907.01, Health Information Management and Health Records; Records Control Schedule 10-1, General Administrative Records, Item 1; General Records Schedule 4.2 and 36 C.F.R. § 1228.184 after 90 days. Cards should be disposed of by cutting it up into multiple pieces or shredding.*

i. **VA Medical Facility Enrollment and Eligibility Staff.** The VA medical facility Enrollment and Eligibility staff are responsible for:

(1) Entering all information related to the enrollment process including VA Forms 10-10EZ or 10-10EZR, and any supporting documentation provided by the Veteran directly to the VA medical facility into ES using the processes maintained on the KMS, within 5 business days of receipt of the application. **NOTE:** *Veterans may apply for enrollment in the VA health care system at the VA medical facility by mailing in the application or meeting with the VA medical facility Enrollment and Eligibility staff in person. As of the publication of this directive, ES, is the system that must be utilized when processing enrollment applications.*

(2) Processing, determining tentative eligibility, and enrolling eligible Veterans who apply directly to the VA medical facilities. **NOTE:** *If a Veteran declines enrollment, VA medical facility Enrollment and Eligibility staff must document the response for internal reporting requirements. For additional information on processing applications, please refer to the KMS website at:*

[https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/e](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/e)

[n-US/portal/55440000001046/content/554400000095489/VAMC-Enroll-Elig-Landing-Page?query=vamc%20enroll%20elig%20landing%20page](https://www.va.gov/portal/55440000001046/content/554400000095489/VAMC-Enroll-Elig-Landing-Page?query=vamc%20enroll%20elig%20landing%20page). This is an internal VA Web site that is not available to the public. For more information on tentative eligibility, please see VHA Directive 1601A.02, *Eligibility Determination*, dated July 6, 2020.

(3) Submitting a HEC alert via the HEC alert portal when a Veteran has been identified as a Fugitive Felon. **NOTE:** *HEC Enrollment and Eligibility will make the final eligibility determination.*

(4) Submitting a HEC alert via the HEC Alert portal, when entering applications for Veterans when special eligibilities cannot be verified.

(5) Enrolling all eligible Veterans who apply for enrollment in the VA health care system. **NOTE:** *For Veterans who are not eligible for enrollment in Priority Groups 1, 2, 3, 4 or 6 and declined to provide their financial information the VA medical facility Enrollment and Eligibility staff must document the response, for internal reporting requirements.*

(6) Making every effort to obtain a Veteran's military service information by accessing all available electronic sources, including but not limited to, Hospital Inquiry module (HINQ), Veterans Information System (VIS), Veterans Benefits Management System (VBMS), SHARE or the Defense Personnel Records Information Retrieval System (DPRIS). If, after searching all possible military verification systems available and the Veteran's military service record is not found, the Veteran may be asked to provide a copy of the DD214.

(7) Collecting financial information from Veterans who are not eligible for enrollment in Priority Groups 1, 2, 3, 4 or 6. **NOTE:** *For additional financial information, please see Paragraph 10.*

(8) Contacting Veterans if financial information is received from the Internal Revenue Service (IRS) and Social Security Administration (SSA) that indicates a change in their VA health care benefits. **NOTE:** *These Veterans should be advised that at any time they can still provide changes to their income, including deductible expense, that may impact their eligibility status.*

(9) Ensuring that a copy of all documentation provided by the Veteran to support their application, including but not limited to, proof of military service, medical information, and financial information, is scanned into ES, even for Veterans who ultimately determine not to enroll.

(10) Ensuring that Veterans are placed into the highest Priority Group for which they are eligible, based on the information provided by the Veteran and a review of all appropriate information systems, as described above.

(11) Asking Veterans enrolled at the VA medical facility if they would like to be issued a VHIC. **NOTE:** *For information on processing VHIC requests, see Paragraph 13.*

(12) Registering Veterans who are already-enrolled and receiving care but seeking care from a VA medical facility other than their preferred facility, for the first time. **NOTE:** For enrollment purposes, enrolled Veterans may seek care at any VA medical facility without being required or requested to reestablish eligibility for VA health care. For additional information on Enterprise Registration can be accessed using the following link:

[https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000099896/VAMC-Enroll-Elig-Vista-Veteran-Registration-JA?query=enterprise%20registration](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000099896/VAMC-Enroll-Elig-Vista-Veteran-Registration-JA?query=enterprise%20registration). This is an internal VA Web site that is not available to the public.

(13) Registering Active Duty Servicemembers who are being treated under TRICARE, Sharing Agreement, Compensation and Pension (C&P) exams, or Military Treatment Facility (MTF) referral. **NOTE:** Active Duty Servicemembers should be registered and placed in a non-enrolled status. Registration records for these individuals may contain one or more of the following eligibility codes: Sharing Agreement, TRICARE, or other federal agency. Additional information on registering Active Duty Servicemembers, can be accessed using the following link:

[https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000120440/VAMC-Enroll-Elig-Registering-Transitioning-Service-Members-JA](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000120440/VAMC-Enroll-Elig-Registering-Transitioning-Service-Members-JA). This is an internal VA website that is not available to the public.

(14) Forwarding Veterans requests for disenrollment to the HEC for processing.

## 6. APPLICATIONS IN PENDING STATUS

a. The HEC is responsible for generating letters to applicants in a Pending status, advising that VHA is unable to verify military service or financial information required to determine eligibility for VA health care, and when additional steps are needed to complete the application. This notification provides the applicant a period of one year to submit the required documentation, after which, VA will consider the application abandoned.

b. If a Veteran with a pending record presents in-person, VA medical facility Enrollment and Eligibility staff should accept any supporting documentation or information to complete the application. **NOTE:** Local VA medical facilities should not send notifications to applicants when their enrollment records are in a pending status. Additional information on pending records can be accessed on the KM website using the following link:

[https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000075033/VAMC-Enroll-Elig-Pending-Health-Care-Applications?query=554400000075033](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000075033/VAMC-Enroll-Elig-Pending-Health-Care-Applications?query=554400000075033). This is an internal VA Web site that is not available to the public.

## 7. RACE AND ETHNICITY

The race and ethnicity fields are self-reported by the Veteran. If the Veteran chooses not to disclose this information, then DECLINED TO ANSWER is to be selected. If the Veteran was not asked, then the field remains blank.

## 8. PRIORITY GROUP ASSIGNMENTS

Priority Groups have been established to manage the provision of care to all enrolled Veterans. HEC and VA medical facility Enrollment and Eligibility staff processing applications for health care must ensure that Veterans are placed into the highest Priority Group for which they are eligible. HEC and VA medical facility Enrollment and Eligibility staff must examine information provided by the Veteran, verify data that is available in electronic systems, and review all other relevant information that is available to VA.

### a. Priority Group 1.

(1) Veterans with a combined rating of 50 % or greater based on one or more service-connected (SC) disabilities.

(2) Veterans determined by VA to be unemployable due to SC conditions.

(3) Veterans who have been awarded the Medal of Honor (MOH).

b. Priority Group 2. Priority Group 2 is assigned to Veterans with a combined rating of 30 % or 40 % based on one or more service-connected disabilities.

### c. Priority Group 3. Priority Group 3 consists of:

(1) Veterans who are former POWs.

(2) Veterans awarded the Purple Heart medal.

(3) Veterans awarded a combined rating of 10 % or 20 % based on one or more service-connected disabilities.

(4) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty.

(5) Veterans who receive disability compensation under 38 U.S.C. § 1151, which provides benefits for individuals disabled by treatment or vocational rehabilitation.

(6) Veterans whose entitlement to disability compensation is suspended because of the receipt of military retired pay.

(7) Veterans receiving compensation at the 10 % rating level based on multiple non-compensable service-connected disabilities that clearly interfere with normal employability.

### d. Priority Group 4. Priority Group 4 consists of:



(1) Veterans who receive aid and attendance or housebound pension benefits from VA.

(2) Veterans who are determined to be Catastrophically Disabled (CD) by the Chief of Staff (or equivalent clinical official) at the VA medical facility where they were examined, unless the Veteran qualifies for placement in a higher Priority Group.

e. **Priority Group 5**. Priority Group 5 consists of:

(1) Nonservice-connected Veterans and non-compensable 0 % service-connected Veterans with annual income below the VA Means Test (MT) threshold and Geographic Means Test (GMT) threshold.

(2) Veterans who receive VA pension benefits.

(3) Veterans who are eligible for Medicaid programs.

f. **Priority Group 6**. Priority Group 6 consists of:

(1) Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.

(2) Veterans who served in or offshore of the Republic of Vietnam between January 9, 1962, and May 7, 1975. VA presumes herbicide (agent orange) exposure for any Veteran who served in or offshore of the Republic of Vietnam during the specified period. **NOTE:** *This includes Veterans who served on offshore naval vessels conducting operations on the inland "brown water" rivers, "blue waters" and delta areas of Vietnam or who visited the Republic of Vietnam. For information on Blue Water Navy Veterans, see 38 U.S.C. §§ 1116A and 1710(e)(4).*

(3) Veterans who served in the Southwest Asia theater of operations during the Persian Gulf War between August 2, 1990, and November 11, 1998.

(4) Veterans who served in combat during a period of war after the Gulf War, or during a period of hostility after November 11, 1998, if the Veteran was discharged or released from active service on or after January 28, 2003. **NOTE:** *Combat Veterans who are not eligible for placement in a higher Priority Group are eligible for VA health care benefits for a period of 5 years beginning on the date of discharge or release from active duty. For multiple call-ups, the enhanced eligibility period begins on the most recent discharge or release date. See 38 U.S.C. §§ 1705(a)(6), 1710(e)(3)(A); 38 C.F.R. § 17.36(b)(6). After a Combat Veteran's enrollment in Priority Group 6 ends, the Veteran will remain continuously enrolled but is moved to Priority Group 8, unless eligible for a higher Priority Group based on additional eligibility factors.*

(5) Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987. **NOTE:** *Veterans may be charged copayments for care for illnesses and medical conditions not related to Camp Lejeune*

*environmental contaminants. For additional information on the 15 medical conditions, see 38 U.S.C. § 1710(e)(1)(F).*

(6) Veterans with 0 % compensable service-connected disability rating(s).

(7) Veterans who participated in Project 112/SHAD.

g. **Priority Group 7.** Priority Group 7 consists of Veteran who agree to pay the VA the applicable copayment (38 U.S.C. § 1710(f) and (g)) if their income (including income of their spouse and dependents) for the previous year constitutes low income under the geographical income limits established by HUD for the fiscal year that ended on September 30th, of the previous calendar year. To avoid hardship to a Veteran, VA may use the projected income for the current year of the Veteran, spouse, and dependent children if their projected income is below the low income limit referenced in 38 C.F.R. § 17.36(b)(7).

h. **Priority Group 8.** Priority Group 8 consists of Veterans with gross household income above the MT threshold and GMT income threshold who agree to pay the applicable copayments determined under 38 U.S.C. §§ 1719(f) and 1710(g).

**(1) Veterans Eligible for Enrollment**

(a) Sub-Priority Group A consists of non-compensable 0 % SC Veterans who were enrolled before, January 17, 2003, and who have remained enrolled or were placed into Priority Group 8A, due to a change in eligibility status.

(b) Sub-Priority Group B consists of non-compensable 0 % SC who were enrolled on or after June 15, 2009, and whose income does not exceed the MT or GMT threshold by more than 10 %.

(c) Sub-Priority Group C consists of non-SC Veterans who were enrolled on January 17, 2003, and who have remained enrolled or were placed into Priority Group 8C, due to a change in eligibility status.

(d) Sub-Priority Group D consists of non-SC Veterans who were enrolled on or after June 15, 2009, and whose income does not exceed the MT or GMT threshold by more than 10 %.

**(2) Veterans Not Currently Eligible for Enrollment who Applied for Enrollment on or after January 17, 2003.**

(a) Sub-Priority Group E consists of non-compensable 0 % service-connected Veterans whose income is more than 10 % above the MT and GMT thresholds. **NOTE:** Veterans who are not eligible for enrollment may receive care for their service-connected condition only.

(b) Sub-Priority Group G consists of non-service-connected Veterans whose income is more than 10 % above the MT and GMT thresholds.

## 9. FINANCIAL DISCLOSURE AND INCOME VERIFICATION

a. **How Financial Information Is Used.** Financial information disclosed by a Veteran, known as the Veteran's attributable income, is used by Enrollment and Income Verification (IV) staff to determine a Veteran's:

- (1) Priority Group for enrollment, copayment status.
- (2) Eligibility for other benefits, such as beneficiary travel.

b. **Veterans Exempt from Financial Disclosure for Hospital and Outpatient Care.** Veterans eligible to be enrolled and determined to be in Priority Group 1, 2, 3, 4 or 6, may be enrolled in those Priority Groups without completing the financial portion of VA Form 10-10EZ.

c. **Veterans Who Choose Not to Disclose Financial Information.** Non-exempt Veterans who choose not to disclose financial information may not be eligible for enrollment or may be responsible for any applicable VA copayments, if they are enrolled. If the Veteran submits a signed application without providing financial information on the form, the application shall be processed as if the Veteran declined to disclose income. **NOTE:** For additional information on financial disclosure see 38 C.F.R. § 17.47(d) and copayments see 38 C.F.R. § 17.108.(c).

d. **Means Test Thresholds.** VHA applies the appropriate MT threshold to the Veteran's previous calendar year income to determine whether the Veteran is considered unable to defray the expenses of necessary care. **NOTE:** For the most current VA MT thresholds see:

<https://www.va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits/HealthBenefits>.

e. **Geographic Means Test Thresholds.** VA uses HUD's geographic-based low-income limits as the threshold for VA's GMT to determine a Veteran's eligibility for enrollment in Priority Group 7. These numbers are obtained from HUD based on their low-income geographic-based income criteria. **NOTE:** For VA GMT thresholds for the current year see:

<https://www.va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits/HealthBenefits>.

f. **Hardship.** Application for hardship is based on projected income. A hardship determination based on a MT is available when:

(1) The Veteran's household income for the previous calendar year is above the MT or GMT threshold, and

(2) The current projection of a Veteran's household income for the year (following application for care) is substantially below the MT or GMT threshold for the current year.

**NOTE:** Additional information on hardships can be accessed using the following link: [https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000048633/Hardship](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000048633/Hardship). This is an internal VA website that is not available to the public.

h. **Income Verification**. Certain Veterans applying for enrollment for the first time are required to submit income information for the financial assessment. Once enrolled, those Veterans are not required to submit their income information. **NOTE:** *Veterans may continue to voluntarily provide financial information annually by submitting VA Form 10-10EZ. For additional information on the Income Verification program, see VHA Directive 1909, Income Verification (IV) Program, dated June 10, 2020.*

## 10. REASONS FOR DISENROLLMENT

a. **VA Decision to Limit Enrollment**. In accordance with 38 C.F.R. § 17.36(c)(2), VA may revise the Priority Groups and sub-groups of Veterans eligible for enrollment by announcing such changes in the Federal Register. Such a change may require VA to disenroll Veterans or limit the enrollment of new Veterans.

b. **Disenrollment Due to Ineligibility**. The Veteran is notified of the proposed disenrollment due to ineligibility and provided 60 days to submit evidence, or request a hearing, to establish why they should not be disenrolled before VA terminates their health care benefits. A hearing request must be received within 30 days of VA's notice of proposed disenrollment or the right to a pre-decisional hearing is waived. The Veteran's record must remain in the current enrollment status until a final determination is made by the HEC. **NOTE:** *When there is a compelling medical need, as determined by a VA health care provider, to complete a course of VA treatment started when the Veteran was enrolled in the VA health care system, a Veteran will receive that treatment.*

c. **Disenrollment Upon Veteran Request**. Veterans who wish to disenroll from the VA health care system may do so at any time by submitting a written signed and dated notification to the HEC or to a VA medical facility per 38 C.F.R. § 17.36(d)(5)(i). **NOTE:** *If received at the VA medical facility, VA medical facility Enrollment and Eligibility staff must forward the request to the HEC, for processing.*

## 11. NOTIFICATIONS

a. **Notification of Enrollment Determination**. The HEC is responsible for providing the Veteran and their eight-point written notification of any change in eligibility status. Eligible Veterans will receive a handbook which contains information such as the Veteran's enrollment status, effective date of enrollment, benefits and services for which the Veteran is entitled. **NOTE:** *In most cases, the VA medical facility Enrollment and Eligibility staff will receive instant confirmation of the Veteran's enrollment and eligibility for applications processed at the VA medical facility in the ES; however, the HEC has the responsibility to notify all Veterans of their enrollment and eligibility in writing, no matter where the application was processed.*

b. **Notification of Disenrollment Determinations**. When HEC has made a final determination regarding the termination of a Veteran's enrollment status, the HEC notifies the VA medical facility of the final decision and advises the VA medical facility to transition the Veteran's care to the civilian community. VA will notify the affected

Veteran by mailing the Veteran and his or her representative eight-point written notification of any change in eligibility status.

c. **Notification of Review Rights.** All applicants, including those enrolled in the system, are informed of their rights to appeal and are provided with VA Form 10-0998, Your Rights to Seek Further Review of Our Healthcare Benefits Decision. **NOTE:** *All Veterans have the right to be notified in writing of their eligibility and enrollment determinations. VA Form 10-0998 can be accessed at <https://www.va.gov/vaforms/medical/pdf/10-0998%20online%20corrected.pdf>.*

## 12. ISSUANCE OF VETERAN HEALTH IDENTIFICATION CARDS

a. A VHIC should be issued to each Veteran whose eligibility and enrollment status have been verified by the HEC and who requests a VHIC. **NOTE:** *A VHIC is not required to obtain VA health care services.*

b. Once a Veteran's eligibility is verified and the enrollment process is complete, the local VA medical facility is responsible for completing the request for a Veterans Health Identification Card (VHIC) by taking the Veteran's picture using the web-based VHIC system and transmitting all images to the print vendor. **NOTE:** *In cases where a Veteran is bedridden, or in a nursing home, a VA medical facility employee can take a photo with a VA issued camera and bring it back to the VA medical facility for processing. Third-party photos supplied by non-VA employees will not be accepted. VHIC cards are distinct from VA ID cards (VIC) issued by the Veterans Experience Office (VEO) to Veterans who may not be enrolled in VA health care. VIC cards cannot be used for identification or health care purposes.*

c. Like a typical health insurance card, the VHIC displays the Veteran's Member ID and Plan ID. The Member ID is a unique number assigned by the DoD and is also known as the Electronic Data Interchange Personal Identifier (EDIPi). The Plan ID reflects the Veteran's enrollment in VA health care.

d. The Veteran's information and image are then electronically transmitted to the contract vendor who produces and mails the VHIC to the Veteran's designated mailing address, or to the VA medical facility requesting the card, if the Veteran does not have a valid mailing address.

## 13. TRAINING

a. The following training is required for HEC and VA medical facility Enrollment and Eligibility staff:

(1) **TMS Course Number VA 4505024:** Enrollment System – Add a Person. This course combines Add A Person (TMS #4174243) and Enrollment System Expansion (TMS #3836519).

(2) **TMS Course Number VA 4494937:** National Enrollment Standardization Training (NEST).

b. The following training is required for VA medical facility Enrollment Coordinators:

(1) **TMS Course Number EES-063:** Health Benefits Advisor (HBA) Curriculum. This course may include completion of any of the identified HBA courses. HBA (EES -064) and HBA (EES -065).

(2) **TMS Course Number VA 4447825:** HEC Academy.

**NOTE:** *NEST and HEC Academy can substitute for one another.*

c. The following training is recommended for VA medical facility staff who are responsible for processing and proofing VHIC requests at the facility or Community Based Outpatient Clinics (CBOCs):

(1) **TMS Course Number VA 4227797:** VHIC Card Request (Part 1) Proofing.

(2) **TMS Course Number VA 4226798:** VHIC Card Request (Part 2) Process.

d. Additional recommended training is available for HEC and VA medical facility Enrollment and Eligibility staff on the KMS web site and can be accessed using the link below:

[https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000087163/HEC-Academy](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001046/content/554400000087163/HEC-Academy). **NOTE:** *This is an internal VA Web site that is not available to the public.*

**NOTE:** *Changes to these requirements will be reflected by either a VHA Notice or an amendment to this directive.*

#### **14. RECORDS MANAGEMENT**

All records regardless of format (paper, electronic, electronic systems) created in the requirements of this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Any questions regarding any aspect of records management, should be directed to the VA medical facility Records Manager or Records Liaison.

#### **15. REFERENCES**

- a. 38 U.S.C. § 1705.
- b. 38 U.S.C. § 5104.
- c. 38 U.S.C. § 1710.
- d. 38 U.S.C. § 7301(b).
- e. 44 U.S.C. Chapter 33, § 3301.
- f. 38 C.F.R. § 17.36.

- g. 38 C.F.R. § 17.47.
- h. 38 C.F.R. § 17.37.
- i. 38 C.F.R. § 17.108.
- j. 38 C.F.R. § 17.109.
- k. General Records Schedule 4.2.
- l. Records Control Schedule 10-1.
- m. VHA Directive 0320.02, Veterans Health Administration Health Care Continuity Program, dated January 22, 2020.
- n. VHA Directive 1032, Health Benefits Appeals Processing, dated August 16, 2013.
- o. VHA Directive 1601A.02, Eligibility Determination, dated July 6, 2020.
- p. VHA Directive 1630(1), Catastrophically Disabled Veteran Evaluation, Enrollment, and Certain Copayment Exemptions, dated May 07, 2015.
- q. VHA Directive 1909, Income Verification (IV) Program, dated June 10, 2020.
- r. VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015.

**VERIFICATION SYSTEMS**

a. **Veteran Information Solution.** Veteran Information Solution (VIS) is a web-based application providing a consolidated view of comprehensive eligibility from the Veterans Benefits Administration (VBA) and DoD. This system is used to locate combat dates, activation period, South West Asia (SWA), active duty military service, service-connected disability, pension, amount, etc.).

b. **Hospital Inquiry System.** Hospital Inquiry System (HINQ) provides verification information to include: active duty periods; active duty for training only; and service connection disabilities.

c. **SHARE.** SHARE automatically creates claim data in the Benefit Delivery Network (BDN) and VBA corporate database to support case management of Compensation & Pension (C&P) claims via: BDN pending issue file; C&P payment master records; BIRLS records; and VBA corporate database.

d. **Veterans Benefit Management System.** Veterans Benefit Management System (VBMS) should only be used on a need-to-know basis. This e-folder will have every document the Veteran has ever sent to the Veterans Benefits Administration (VBA) in addition to VBA determinations. The information may include: DD-214/215 and Award letters.

e. **Defense Personnel Records Information Retrieval System.** Defense Personnel Records Information Retrieval System (DPRIS) is used to obtain military documents such as DD-214 and DD-215.

**NOTE:** To obtain access to systems above, complete VA Form 20-8824E and submit to the employee's CSEM administrator. The form can be accessed at <https://vaww.va.gov/vaforms/va/pdf/VA8824e.pdf>. **NOTE:** This is an internal VA website that is not available to the public.



VETERAN HEALTH IDENTIFICATION CARD (VHIC) EXAMPLE



a. VHIC features:

(1) Color photograph of the Veteran.

(2) Bar code and magnetic stripe; micro text to prevent counterfeiting.

(3) Personalized displays, emblem of Veteran's branch of service, and indicator of disability from Service-connected condition, former POW status, recipient of Purple Heart or Medal of Honor.

(4) Accessible braille, VA helps visually impaired Veterans to recognize and use the card.

(5) A 10-year expiration date from time of initial issue and meets national standard for health identification cards.

(6) Informative displays, VA phone numbers, and emergency care instructions.

b. The VHIC system ensures that cards are only issued to Veterans enrolled with VHA to receive health care benefits.