Enrollment System Modernization (ESM) Phase 2

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

DG*5.3*987

Release Notes

October 2019

Department of Veterans Affairs

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1 Introduction

The release of Veterans Health Information System and Technology Architecture (VistA) Registration, Eligibility & Enrollment (REE) Registration (DG) patch DG*5.3*987 supports the enhancements for the Enterprise Health Benefits Determination (EHBD) program that focuses on updates for the Enrollment System Modernization (ESM) Phase 2 project, which supports Enrollment System Community Care (ESCC) and Enrollment System (ES) Sustainment.

2 Purpose

The Release Notes cover the changes to VistA REE for this release. DG*5.3*987 is also being released in support of the ES 5.8 release. Refer to Informational Patch EAS*1*181 (Enrollment Application System) for additional details regarding the ES release.

3 Audience

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

4 This Release

This software is being released as a patch (PackMan) message. The PackMan message includes the DG*5.3*987 patch, which also supports the ES 5.8 release.

The following sections provide a summary of the enhancements and modifications to the existing software for VistA REE with the release of patch DG*5.3*987.

4.1 New Features and Functions Added

There are no new features or functions added to VistA REE for DG*5.3*987.

4.2 Enhancements and Modifications

DG*5.3*987 renames Health Benefit Plans (HBPs) as Veteran Medical Benefit Plans (VMBPs) to support the Electronic Health Record (EHR) in Cerner's Millennium application and adds additional VMBPs to VistA. ES now automatically assigns the correct VMBP(s) to a patient's record based on the patient's traits, such as eligibilities. ES transmits the VMBPs assigned to the patient to VistA REE. VMBPs associated to a patient are displayed in VistA, but cannot be assigned or removed from the patient's record. VistA Registration screens are updated to refer to the plans as either "Veteran Medical Benefit Plan" or "VMBP".

DG*5.3*987 modifies the VistA REE HEALTH BENEFIT PLAN file (#25.11) to store 21 new core VMBP names, codes, and short and long descriptions. VistA will accept the new plans from ES via Health Level Seven (HL7) ORF-Z11/ORU-Z11 messages.

A new VMBP <11.3.1> screen is added to display detailed plan information. VistA REE displays the VMBP <11.3.1> screen when the user selects "Expand Entry" from the View History [DGEN HBP VIEW] action protocol on the VMBP <11.1> screen.

The Patient Inquiry [DG PATIENT INQUIRY] option and Patient Inquiry application program interface (API) (DGRPD) is updated to display "Veteran Medical Benefit Plan" instead of "Health Benefit Plan". The API DGRPD is called from VistA REE menu options, subscribers to API DGRPD, and other VistA packages.

Integration Control Registration (ICR) 10037 (DGRPD) is updated to display "Veteran Medical Benefit Plan" instead of "Health Benefit Plan".

ICR 10037   NAME: DGRPD
  CUSTODIAL PACKAGE: REGISTRATION
SUBSCRIBING PACKAGE:
                USAGE: Supported

The DG*5.3*987 patch adds a new INACTIVE (#.06) field to the HEALTH BENEFIT PLAN (#25.11) file to allow HBPs to be inactivated in VistA REE. When the INACTIVE (#.06) field is set to YES, then the plan will not be displayed when the user selects the View All HBP Detail [DGEN HBP DETAIL] action protocol to display the HEALTH BENEFIT PLAN <11.4> screen in VistA REE Registration options.

The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act enactment on June 6, 2019 recalculated Veteran's Community Care VMBPs in ES and transmitted the HL7 ORF-Z11/ORU-Z11 messages to VistA. If the message did not transmit successfully, an inactive Veterans Choice plan may display on screens that should display the current VMBP of the Veteran. Plan names preceded by "zz" indicate that the plan is inactive. If an inactive plan is displayed, the user may send an eligibility query by using the SQ Send Query [DGEN SEND ENROLLMENT QUERY] action protocol located in the Patient Enrollment [DGEN PATIENT ENROLLMENT] option. ES will send the VMBPs on file to the requesting site in an ORF-Z11 message. If the ORF-Z11 does not upload successfully, the user should open an incident by calling the Enterprise Service Desk (ESD) at 855-673-4357 or through YourIT and assigning the incident to NTL SUP ADMIN.

DG*5.3*987 also updates the LONG DESCRIPTION (#.04) field in the HEALTH BENEFIT PLAN (#25.11) file for the plan VETERAN PLAN - CCP HARDSHIP DETERMINATION.

DG*5.3*987 converts the text to uppercase in the NAME (#.01) field of the HEALTH BENEFIT PLAN (#25.11) file. HBPs now display in uppercase letters in VistA screens.

Table 1: DG*5.3*987 Enhancements and Modifications

RTC RM #	Summary
1089726	VistA VMBP: View VMBP
1089727	VistA VMBP: Label Change
1089728	VistA VMBP: Inactivate Plans
1089729	VistA VMBP: Select Details
1147271	VMBP: Urgent Care Gap

4.3 Defects and Fixes

Table 2 lists the defects and fixes and corresponding Rational Team Concert (RTC) Change and Configuration Management (CM) numbers included in DG*5.3*987 (RM# 1144412: ES 5.7.0 Maintain VistA Applications).

Table 2: Defects and Fixes in DG*5.3*987

RTC CM #	Summary
572854	**Defect**: Inquire to FileMan search in VistA for HBPs are case sensitive - plan names should be UPPERCASE in file #25.11. **Fix**: The text of the data in the HEALTH PLAN BENEFIT (#25.11) file in the NAME (#.01) field is converted to upper case text which will allow mixed case lookup for the HBP name in the FileMan INQUIRE TO FILE ENTRIES option.
998188	**Defect**: Long description change for plan Veteran Plan - CCP Hardship Determination is needed. **Fix**: The long description for the VETERAN PLAN – CCP HARDSHIP DETERMINATION is updated.

List of Updates

This patch includes the following enhancements to VistA REE:

1. A new INACTIVE (#.06) field is added to the HEALTH BENEFIT PLAN (#25.11) file to indicate that an HBP is inactivated. When the INACTIVE (#.06) field is set to YES, then the plan will not be displayed when the user selects the View All HBP Detail [DGEN HBP DETAIL] action protocol to display the HEALTH BENEFIT PLAN <11.4> screen in VistA REE Registration options.

   If a Veteran was assigned to HBPs that are inactivated, the HBPs will remain on the Veteran's profile so that they may be viewed under "Current Health Benefit Plans" on the HEALTH BENEFIT PLAN <11.1> screen.

   Inactivation of Veteran Plans occurs in the HEALTH BENEFIT PLAN (#25.11) file utilizing the new INACTIVE (#.06) field. The INACTIVE (#.06) field is set to YES for the following HBPs:

   a. VETERAN PLAN - VC UNUSUAL OR EXCESSIVE BURDEN
   b. VETERAN PLAN - VETERANS CHOICE AIR, BOAT, OR FERRY
   c. VETERAN PLAN - VETERANS CHOICE BASIC
   d. VETERAN PLAN - VETERANS CHOICE MILEAGE
   e. VETERAN PLAN - VETERANS CHOICE WAIT-TIME

2. The LONG DESCRIPTION (#.04) field in the HEALTH BENEFIT PLAN (#25.11) file for the VETERAN PLAN - CCP HARDSHIP DETERMINATION plan is updated to the following:

The Veteran must be enrolled in the VA health care system. The Veteran who may meet new MISSION Act access standards (wait time and drive time) may still face an unusual or excessive burden in accessing care at the VA based on:

- Geographical challenges
- Environmental factors such as:
  - Roads that are not accessible to the general public, such as a road through a military base or restricted area
  - Traffic, or
  - Hazardous weather conditions
- A medical condition that impacts the ability to travel
- Meets MISSION Act access standard, but, must travel by air, boat, or ferry

And

- Veteran has received a "COMMUNITY CARE-HARDSHIP DETERMINATION" consult and the consult has not expired then the Veteran will be eligible for Hardship.

3. The text of the data in the HEALTH BENEFIT PLAN (#25.11) file in the NAME (#.01) field is converted from mixed case to uppercase. All entries within the file are converted. In the Inquire to File Entries [DIINQUIRE] option, HBP name inquiries are now case insensitive. The conversion is done by a pre-install routine.

HBPs now display in uppercase letters in VistA screens as a result of the case conversion. Registration options/screens that display the Veteran's current HBP(s) are the following:

- Registration options that display HEALTH BENEFIT PLAN <11.1> screen, HEALTH BENEFIT PLAN <11.3> screen, and HEALTH BENEFIT PLAN <11.4> screen.

- The Patient Inquiry [DG PATIENT INQUIRY] option and VistA Packages that call the Patient Inquiry API (DGRPD) display a Veteran's current HBP(s) and this inquiry display is also initially presented in the Registration options such as Register A Patient [DG REGISTER PATIENT] option and Load/Edit Patient Information [DG LOAD PATIENT DATA] option.

4. Twenty-one new plans have been added to the HEALTH BENEFIT PLAN file (#25.11). The data is provided in the build with the full data dictionary of the HEALTH BENEFIT PLAN file (#25.11).

   a. VETERAN - FULL MEDICAL BENEFITS TREATMENT & RX COPAY EXEMPT
   b. VETERAN - FULL MEDICAL BENEFITS TREATMENT COPAY EXEMPT & RX COPAY REQUIRED
   c. VETERAN - FULL MEDICAL BENEFITS TREATMENT COPAY REQUIRED & RX COPAY EXEMPT (A)
   d. VETERAN - FULL MEDICAL BENEFITS TREATMENT COPAY REQUIRED & RX COPAY EXEMPT (B)
   e. VETERAN - FULL MEDICAL BENEFITS TREATMENT COPAY REQUIRED & RX COPAY EXEMPT (C)
   f. VETERAN - FULL MEDICAL BENEFITS TREATMENT & RX COPAY REQUIRED (A)
   g. VETERAN - FULL MEDICAL BENEFITS TREATMENT & RX COPAY REQUIRED (B)

h. VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY REQUIRED & RX COPAY EXEMPT (A)
i. VETERAN - FULL MEDICAL BENEFITS TREATMANT GMT COPAY REQUIRED & RX COPAY EXEMPT
j. VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY REQUIRED & RX COPAY REQUIRED (A)
k. VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY REQUIRED & RX COPAY REQUIRED
l. VETERAN - RESTRICTED MEDICAL BENEFITS
m. NON-VETERAN - OTHER RESTRICTED MEDICAL BENEFITS
n. RESTRICTED EXAMINATION ONLY
o. HUMANITARIAN
p. APPLICANT IN PROCESS
q. ALLIED BENEFICIARIES
r. OTHER FEDERAL AGENCY
s. ACTIVE DUTY & SHARING AGREEMENTS
t. VETERAN - FULL MEDICAL BENEFITS TREATMENT & RX COPAY EXEMPT (X)
u. VETERAN - FULL MEDICAL BENEFITS TREATMENT COPAY EXEMPT & RX COPAY REQUIRED (Y)

5. The ELIGIBILITY VERIFICATION DATA SCREEN <11> screen is updated to display "Veteran Medical Benefit Plan (VMBP):" instead of "Health Benefit Plan:".

```
ELIGIBILITY VERIFICATION DATA, SCREEN <11>
PATIENT,NAME;          XXX-XX-XXXX                          SC VETERAN
================================================================================
<1> Eligibility Status: VERIFIED                Status Date: FEB 28,2019
     Status Entered By: POSTMASTER (#.5)
      Interim Response: UNANSWERED (NOT REQUIRED)
          Verif. Method: CEV/talked to VBA
          Verif. Source: HEC
<2>     Money Verified: NOT VERIFIED
<3>   Service Verified: NOT VERIFIED
<4> Rated Disabilities:  SC%: 30    EFF. DATE OF COMBINED SC%: MAY 5,2018
                                                  Orig           Curr
  Rated Disability                        Extr    Eff Dt         Eff Dt
9411-POST-TRAUMATIC STRESS DISORDER(30% SC)       - MAY 5,2018  -

[5] Veteran Medical Benefit Plan (VMBP):  (1 Plan on file)




<RET> to CONTINUE, 5 to EXPAND, ^N for screen N or '^' to QUIT:


Enter 5
```

Figure 1: ELIGIBILITY VERIFICATION DATA SCREEN <11>

6. The template for the VMBP <11.1> screen is updated so that the header text of the screen reads "VMBP". The plans are now labeled "Current VMBPs:".

```
VMBP <11.1>                    Nov 11, 2019@08:16:12         Page:    1 of    1
Patient: PATIENT,NAME (XXXX)                            NSC VETERAN

   Current VMBP
<1>  VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY REQUIRED & RX COPAY


          Enter ?? for more actions                                       >>>
VH  View History          VD  View All VMBP Detail
Select Action:Quit//
```

Figure 2: VMBP <11.1> Screen

7. The template for the VMBP <11.3> screen is updated so that the header text of the screen reads "VMBP". In addition, the "ADD" label is changed to read "ASSIGN" and the "DELETE" label is changed to read "UNASSIGN". A new Expand Entry [DGEN HBP VIEWEXP] list template is added to display detailed plan information.

```
VMBP <11.3>                    Nov 11, 2019@08:21:48         Page:    1 of    3
Patient: PATIENT,NAME (XXXX)                            NSC VETERAN

     Action    Date         Plan Name
[1]  ASSIGN    NOV 11,2019   VETERAN PLAN - CCP BASIC
[2]  ASSIGN    NOV 11,2019   VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY
                             REQUIRED & RX COPAY REQUIRED

+          Enter ?? for more actions                                       >>>

EP  Expand Entry
Select Action:Next Screen// ep    Expand Entry
Select Plan:  (1-16): 2
```

Figure 3: VMBP <11.3> Screen

8. A new VMBP <11.3.1> screen is added to display detailed plan information. VistA REE displays the VMBP <11.3.1> screen when the user selects "Expand Entry" from the View History [DGEN HBP VIEW] action protocol on the VMBP <11.3> screen.

```
VMBP <11.3.1>               Nov 11, 2019@08:23:14        Page:    1 of    3
Patient: PATIENT,NAME (XXXX)                             NSC VETERAN

 Action    Date          Plan Name
 ASSIGN    NOV 11,2019   VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY
                         REQUIRED & RX COPAY REQUIRED

 Description

 All enrolled Veterans have a comprehensive medical benefits package, which VA
 administers through an annual patient enrollment system. Veterans who meet
 Veteran status for VA healthcare benefits and must complete a Means Test to
 determine their copay status for their inpatient, outpatient services and
 medications.

 Veterans with gross household income below the geographically adjusted
 income limits for their resident location and who agreed to pay copays.
 The Means Test outcome of GMT Copay Required and outcome of their Rx
 Exemption status is Non-Exempt. These Veterans are subject to copays for
 inpatient services at a reduced rate, copayment for their outpatient
+          + Next Screen   - Prev Screen   ?? More Actions

Select Action:Next Screen//
```

Figure 4: VMBP <11.3.1> Screen

9. The template for the VMBP <11.4> screen is updated so that the header text of the screen reads "VMBP" and the label "HBP View All Detail" is updated to display "VMBP View All Detail."

10. In the Patient Inquiry [DG PATIENT INQUIRY] option, the label "Health Benefit Plan Currently Assigned to Veteran:" is updated to display "Veteran Medical Benefit Plan Currently Assigned to Veteran:".

    Note: The label change is also displayed in external applications and packages that make use of the Patient Inquiry API; Integration Control Registrations (ICRs) #2041, #10037, and #740; and Remote Procedure Call (RPC) #2089; and reflect the label change. The applications include:

    Womens Health (WV)
    Barcode Medication Administration (BCMA)
    VISTA IMAGING - CLINICAL DISPLAY
    Order Entry Results Reporting
    Outpatient Pharmacy Manager (PSO MANAGER)
    Computerized Patient Record System (CPRS)
    Clinical Information Resource Network (CIRN)
    Automated Medical Information Exchange (AMIE)
    Regional Office Patient Inquiry (DVBA REG OFF PATIENT INQ)

The following VistA REE menu options also make use of the Patient Inquiry API and reflect the label change:

Collateral Patient Register [DG COLLATERAL PATIENT] option
Load/Edit Patient [DG LOAD PATIENT DATA] option
Register A Patient [DG REGISTER PATIENT] option

```
PATIENT,NAME;
===============================================================================


Veteran Medical Benefit Plan Currently Assigned to Veteran:

  VETERAN - FULL MEDICAL BENEFITS TREATMENT GMT COPAY REQUIRED & RX
  COPAY EXEMPT (A)
```

Figure 5: Patient Inquiry Option

11. A "zz" indicator is added to the display of any current VMBPs that are inactive. The Veteran's current VMBP(s) are displayed in Registration options that display the updated VMBP <11.1> Screen, and Patient Inquiry [DG PATIENT INQUIRY] option.

```
VMBP <11.1>                  Sep 10, 2019@17:17       Page:    1 of   1
Patient: PATIENT,NAME (XXXX)                              SC VETERAN


    Current VMBP
<1>  zz VETERAN PLAN - VETERANS CHOICE BASIC



         + Next Screen   - Prev Screen   ?? More Actions
>>>
VH  View History          VD  View All VMBP Detail
Select Action:Quit//
```

Figure 6: "zz" Indicator for Inactive Plans

4.4 Known Issues

No known or open issues were identified in this release.

5 Product Documentation

The following documents apply to this release:

Title	File Name	FTP Mode
DG*5.3*987 Release Notes	DG_5_3_987_RN.PDF	(binary)
User Manual – Registration Menu	PIMS_REG_UM.PDF	(binary)

The preferred method is to retrieve files from download.vista.med.va.gov. This transmits the files from the first available server. Sites may also elect to retrieve files directly from a specific server.

Sites may retrieve the software and/or documentation directly using Secure File Transfer Protocol (SFTP) from the ANONYMOUS.SOFTWARE directory at the following OI Field Offices:

Hines:	fo-hines.med.va.gov
Salt Lake City:	fo-slc.med.va.gov

Documentation can also be found on the VA Software Documentation Library at:

http://www.va.gov/vdl/