Enrollment System Modernization (ESM) Phase 3

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

DG\*5.3\*1061

Release Notes



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# Introduction

The release of Veterans Health Information System and Technology Architecture (VistA) Registration, Eligibility & Enrollment (REE) Registration (DG) patch DG\*5.3\*1061 supports the enhancements for the Enterprise Health Benefits Determination (EHBD) program. This patch focuses on updates for the Enrollment System Modernization (ESM) Phase 3 project, which supports Enrollment System Community Care (ESCC) and Enrollment System (ES) Sustainment.

# Purpose

The Release Notes cover the changes to VistA REE for this release.

# Audience

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

# This Release

This software is being released as a patch (PackMan) message. The PackMan message includes the DG\*5.3\*1061 patch.

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\*1061.

## New Features and Functions Added

There are no new features or functions added to VistA REE for DG\*5.3\*1061.

## Enhancements and Modifications

Patch DG\*5.3\*1061 updates VistA to support Public Law No. 116-214, Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 or the Veterans COMPACT Act of 2020.

* VistA now identifies enrolled Veterans, non-enrolled Veterans, and former service members that are COMPACT Act eligible by displaying a new system-calculated, view-only COMPACT Act Eligible indicator in VistA Registration options.
* VistA now identifies all non-enrolled patients who are COMPACT Act Eligible with a new secondary eligibility code: COMPACT ACT ELIGIBLE. This eligibility code is calculated by ES.
* The Description of select Veterans Health Administration (VHA) Profiles (VHAPs) are updated to reference COMPACT Act Eligibility.
* VistA shares a new COMPACT Act Indicator with downstream applications via Application Program Interface (API) routine VADPT, as defined in Integration Control Registration (ICR) 10061.
* Four triggers in the MAS ELIGIBILITY CODE field (#8) of the ELIGIBILITY CODE file (#8) contain the non-SAC compliant $N function. Patch DG\*5.3\*1061 replaces the non-compliant function with SAC compliant code.

Patch DG\*5.3\*1061 also updates VistA to support Section 5301 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 or the Megabus Act, which offers all health care services related to Military Sexual Trauma (MST) to Veterans and former service members with Other Than Honorable (OTH) discharge.

Currently, VistA does not provide a specific eligibility code for non-enrollees seeking MST-related care, resulting in inefficiencies and errors. VistA now identifies MST patients with a new secondary eligibility code: SPECIAL TX AUTHORITY CARE. This eligibility code is calculated by ES.

ES calculates the authoritative eligibilities and sends to sites where the patient is known on ORU/ORF-Z11 Health Level 7 (HL7) messages. ES assigns COMPACT ACT ELIGIBLE and SPECIAL TX AUTHORITY CARE as secondary eligibilities as appropriate and will not assign COMPACT ACT ELIGIBLE or SPECIAL TX AUTHORITY CARE as the primary eligibility.

Table 1 shows the enhancements and modifications included in the DG\*5.3\*1061 release as tracked in Atlassian Jira.

Table 1: DG\*5.3\*1061 Enhancements and Modifications

| **Jira Epic #** | **Summary** |
| --- | --- |
| VES-14973 | Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 or the Veterans COMPACT (VistA) |
| VES-15078 | Megabus Military sexual trauma (MST) (SEC. 5301) (VistA) |

**List of Updates**

This patch makes the following enhancements to VistA REE:

**SECTION 1: REGISTRATION SCREEN UPDATES**

1. The Patient Inquiry [DG PATIENT INQUIRY] option displays the new text "COMPACT ACT Status: ELIGIBLE" only if the COMPACT Act Status is Yes.

CAPATIENTONE,TEST ONE; ########## ###-##-### MMM, DD, YYYY

==========================================================================

Combat Vet Status: NOT ELIGIBLE End Date: 08/31/2025

COMPACT Act Status: ELIGIBLE

Primary Eligibility: HUMANITARIAN EMERGENCY (VERIFIED)

Other Eligibilities: COMPACT ACT ELIGIBLE, SPECIAL TX AUTHORITY CARE

Unemployable: NO

Permanent & Total Disabled: NO

Status : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

Type <Enter> to continue or '^' to exit: ^

Figure : COMPACT Act Status on Patient Inquiry Option

1. The ELIGIBILITY STATUS DATA, SCREEN <7> screen is updated as follows. VistA Registration options that display the ELIGIBILITY STATUS DATA, SCREEN <7> screen include:

Register a Patient [DG REGISTER PATIENT]  
Load/Edit Patient Data [DG LOAD PATIENT DATA]  
Eligibility Verification [DG ELIGIBILITY VERIFICATION]  
View Registration Data [DG REGISTRATION VIEW]  
Enter A Request/Notification [FBCH ENTER REQUEST]

* 1. A new Group <3.3> displays "COMPACT Act Elig: ELIGIBLE" only when the patient is COMPACT Act Eligible.

ELIGIBILITY STATUS DATA, SCREEN <7>

DGPATIENT,ONE MMM DD,CCYY

###-##-#### SC VETERAN

==========================================================================

[1] Patient Type: NSC Veteran: YES

Svc Connected: NO SC Percent: 0%

Rated Incomp.: UNANSWERED

Claim Number: UNANSWERED

Folder Loc.: UNANSWERED

[2] Aid & Attendance: NO Housebound: NO

VA Pension: NO

VA Disability: NO

Total Check Amount: NOT APPLICABLE

GI Insurance: UNANSWERED Amount: UNANSWERED

[3] Primary Elig Code: NSC

Other Elig Code(s):

Period of Service: VIETNAM

<3.3> COMPACT Act Elig: ELIGIBLE

[4] Service Connected Conditions as stated by applicant

---------------------------------------------------

NONE STATED

<RET> to CONTINUE, 1-4 or ALL to EDIT, ^N for screen N or '^' to QUIT:

Figure : ELIGIBILITY STATUS DATA, SCREEN <7> Group <3.3>

* 1. Users cannot add the new COMPACT ACT ELIGIBLE or SPECIAL TX AUTHORITY CARE Eligibilities in Group [3] at the PRIMARY ELIGIBILITY CODE prompt.
  2. The Help Text ("?", "??") for the PRIMARY ELIGIBILITY CODE prompt does not list COMPACT ACT ELIGIBLE or SPECIAL TX AUTHORITY CARE in the selection list.
  3. The COMPACT ACT ELIGIBLE and SPECIAL TX AUTHORITY CARE eligibility codes are assigned via ES as secondary eligibility codes only. While VistA users are not prohibited from entering the new eligibility codes as secondary eligibilities, ES calculates eligibility and returns the authoritative eligibilities on ORU/ORF-Z11 messages

1. The FEE BASIS (FB) package also displays the ELIGIBILITY STATUS DATA, SCREEN <7> screen in the Enter A Request/Notification [FBCH ENTER REQUEST] option.

**SECTION 2: DATA DICTIONARY UPDATES**

1. The following two codes are added to the MAS ELIGIBILITY CODE file (#8.1). These entries are provided in the build file and installed with the patch.

NUMBER: 24 NAME: COMPACT ACT ELIGIBLE

CARD COLOR: BLUE ABBREVIATION: CMPT

VA CODE NUMBER: 12 TYPE: NON-VETERAN

PRINT NAME: COMPACT ACT ELIGIBLE SELECT AS ADDITIONAL: YES

NUMBER: 25 NAME: SPECIAL TX AUTHORITY CARE

CARD COLOR: BLUE ABBREVIATION: STAC

VA CODE NUMBER: 12 TYPE: NON-VETERAN

PRINT NAME: SPECIAL TX AUTHORITY CARE SELECT AS ADDITIONAL: YES

1. The following two codes are added to the Eligibility Code (#8) file. These entries are added to the file by the post install routine POST^DG531061P.

NUMBER: 24 NAME: COMPACT ACT ELIGIBLE

CARD COLOR: BLUE ABBREVIATION: CMPT

VA CODE NUMBER: 12 TYPE: NON-VETERAN

PRINT NAME: COMPACT ACT ELIGIBLE SELECT AS ADDITIONAL: YES

MAS ELIGIBILITY CODE: COMPACT ACT ELIGIBLE

ID FORMAT: VA STANDARD AGENCY: VA

NUMBER: 25 NAME: SPECIAL TX AUTHORITY CARE

CARD COLOR: BLUE ABBREVIATION: STAC

VA CODE NUMBER: 12 TYPE: NON-VETERAN

PRINT NAME: SPECIAL TX AUTHORITY CARE SELECT AS ADDITIONAL: YES

MAS ELIGIBILITY CODE: SPECIAL TX AUTHORITY CARE

ID FORMAT: VA STANDARD AGENCY: VA

1. The file description for the ELIGIBILITY CODE (#8) file is modified to remove the sentence "Currently there are 18 eligibility codes in use by the Dept of Veterans Affairs."

The updated description is shown below:

"The ELIGIBILITY CODE file contains all the eligibility codes that can

be assigned to a patient. All entries in this file must be associated

with an entry in the MAS ELIGIBILITY CODE file.

The MAS ELIGIBILITY CODE(#8.1) file consists of those codes which have

been established by VACO MAS.

The site is not allowed to add entries to the MAS ELIGIBILITY CODE

file. However, the site is permitted to add local entries to the

ELIGIBILITY CODE file. To add/edit eligibility codes use the option

'Eligibility Code Enter/Edit [DG ELIG CODE ENTER/EDIT]'. The option

is on the 'Eligibility/ID Maintenance Menu [DG ELIG MAINTENANCE]'

menu.

Normally, adding local codes is not needed. However, the VA/DOD

Sharing agreement software, being developed by the Dallas ISC, does

need and use this functionality."

1. The file description for the MAS ELIGIBILITY CODE (#8.1) file is modified to remove the sentence "Currently there are 18 eligibility codes in use by the Dept of Veterans Affairs."

The updated description is shown below:

"The MAS ELIGIBILITY CODE file consists of those codes which have been

established by VACO MAS. Addition to this file of local codes or

modification of those codes distributed by the MAS package developers

could have a negative impact on the performance of the MAS module as

well as other modules.

If local codes are desired, the site can enter them in the ELIGIBILITY

CODE file (#8). Each code entered in the ELIGIBILITY CODE file must

Point to an entry in MAS ELIGIBILITY CODE file via the MAS ELIGIBILITY

CODE field."

1. The following paragraph describing COMPACT Act Eligibility is appended to the LONG DESCRIPTION (#.04) field in the HEALTH BENEFIT PLAN (#25.11) file for the entries listed below:

"For Eligible individuals, under Veterans Comprehensive Prevention,

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

will furnish, reimburse, pay for emergent suicide care, make

referrals, as appropriate, for care following the period of emergent

suicide care. Eligible individuals are ones who served in the active

military service, regardless of length of service, and who were

discharged, excluding anyone who received a dishonorable discharge or

was discharged or dismissed by reason."

HEALTH BENEFIT PLAN (#25.11) file - COMPACT ACT VHAP Description Updates

Name Plan Code

(#.01) (#.02)

------------------------------------------------------------ ------------

Veteran Full Med Benefits Tx and Rx Copay Exmt 213

Veteran Full Med Benefits Tx Copay Exmt and Rx Copay Req 214

Veteran Full Med Benefits Tx Copay Req and Rx Copay Exmt 7 216

Veteran Full Med Benefits Tx and Rx Copay Req 6 218

Veteran Full Med Benefits Tx and Rx Copay Req 8 219

Veteran Full Med Benefits Tx GMT Copay Req and Rx Copay Exmt 220

Veteran Full Med Benefits Tx GMT Copay Req and Rx Copay Req 221

Veteran Restricted Med Benefits 222

Non Veteran Other Restricted Med Benefits 223

1. A new VHAP is added to the HEALTH BENEFIT PLAN (#25.11) file:

NAME : DISHONORABLE VA OR FFP PLAN CODE: 302

COVERAGE CODE: DV01001

SHORT DESCRIPTION:

DVA

LONG DESCRIPTION:

Non-Service Connected Veterans who applied for VA healthcare services,

but are not eligible to enroll due to a dishonorable discharge or a

statutory bar pertaining to a period of service which deprives a claimant

of all VA benefits for any claim based on that period of service. Service

Connected or Non-Service Connected Veterans who have been identified as

fugitive felons are no longer eligible to receive health care services,

including medications and any community care at VA expense. A Fugitive

Felon is a person fleeing to avoid prosecution, custody or confinement or

violating a condition of probation or parole imposed for commission of a

felony under Federal or State Law.

. Enrollment Status is Not Eligible; Ineligible Date

1. The LONG DESCRIPTION (#.04) field in the HEALTH BENEFIT PLAN (#25.11) file for these two entries is revised as defined in subparagraphs below:

Name Plan Code

(#.01) (#.02)

---------------------------------------------------------- ----------

Veteran Full Med Benefits Tx Copay Req and Rx Copay Exmt 6 215

Veteran Full Med Benefits Tx Copay Req and Rx Copay Exmt 8 217

* 1. ". MT Status in a Pending Adjudication or MT Copay Required" is replaced with ". MT Status in MT Copay Required."
  2. The paragraph describing COMPACT Act Eligibility is appended.

For example:

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

PLAN CODE: 217 COVERAGE CODE: FB01008

SHORT DESCRIPTION:

FM TxCo 8

LONG DESCRIPTION:

All enrolled Veterans have a comprehensive medical benefits package,

which VA administers through an annual patient enrollment system.

They are subject to copayment for their inpatient, outpatient services

but not subject to copayment for their medications.

Veteran authorized to receive medical benefits with:

. Copayment charges for Treatment

. No Copayment charges for Medication

Must be in:

. MT Status in MT Copay Required

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

For Eligible individuals, under Veterans Comprehensive Prevention, Access

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

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

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

Eligible individuals are ones who served in the active military service,

regardless of length of service, and who were discharged, excluding

anyone who received a dishonorable discharge or was discharged or

dismissed by reason.

Figure : Updated Long Description – MT Status in MT Copay Required

1. The following paragraph describing COMPACT Act Eligibility is appended to the LONG DESCRIPTION (#.04) field in the HEALTH BENEFIT PLAN (#25.11) file for the entries listed below:

"For Eligible individuals, under Veterans Comprehensive Prevention,

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

will furnish, reimburse, pay for emergent suicide care, make

referrals, as appropriate, for care following the period of emergent

suicide care. Eligible individuals are ones who served in the active

military service, regardless of length of service, and who were

discharged, excluding anyone who received a dishonorable discharge or

was discharged or dismissed by reason or while serving in the Armed

Forces, was the victim of a physical assault of a sexual nature, a

battery of a sexual nature, or sexual harassment."

HEALTH BENEFIT PLAN (#25.11) file - COMPACT ACT VHAP Description Updates

Name Plan Code

(#.01) (#.02)

------------------------------------------------------------ ------------

Restricted Examination Only 224

Applicant in Process 226

Ineligible 290

1. The LONG DESCRIPTION (#.04) field in the HEALTH BENEFIT PLAN (#25.11) file for the plan Veteran Plan CCP Restricted Care, plan code 300 is replaced with the following:

"VHA Profile Veteran Plan CCP Restricted Care is assigned if one of the

following eligibilities is met:

Not enrolled Covered Veterans who are otherwise entitled to hospital

care, medical services, extended care services and community care

services, however they are only eligible for care related to their

service connected conditions (less than 50% SC, and 0%

non-compensable); was discharged or released from active military

service for a disability incurred or aggravated in the line of duty

for that disability for the 12-month period following discharge or

release; Military Sexual Trauma (MST); or Mental Health Other Than

Honorable (OTH); as otherwise documented in their record.

For COMPACT Act 2020, eligible individuals are ones who served in the

active military service, regardless of length of service, and who were

discharged, excluding anyone who received a dishonorable discharge or

was discharged or dismissed by reason; are not enrolled in the health

care system established by section 1705 of this title; and served in

the Armed Forces for a period of more than 100 cumulative days: and

was deployed in a theater of combat operations, or while serving in

the Armed Forces, was the victim of a physical assault of a sexual

nature, a battery of a sexual nature, or sexual harassment.

Eligible for Class II Dental, but does not meet the criteria for

enrollment, if, while active duty did not receive dental care within

90 days of a discharge from active duty and who was discharged or

released therefrom, excluding anyone who received a dishonorable

discharge or was discharged or dismissed by reason, and presents to VA

for their Class II Dental care within 180 days of discharge."

NOTE: The VHAP modifications described above are provided in the build with the full data dictionary of the HEALTH BENEFIT PLAN file (#25.11).

**SECTION 3: VADPT API & ICR MODIFICATIONS**

1. API routine VADPT is modified. A new callable entry point "CAI" is provided for downstream applications to retrieve the COMPACT Act Indicator. The indicator, returned in array VACOM("CAI"), is "1" (COMPACT Act Eligible) if either of the conditions below are true:
   1. The patient is enrolled. A patient is ENROLLED if the current PATIENT ENROLLMENT (#27.11) file record ENROLLMENT STATUS (#.04) field is VERIFIED.
   2. The patient record contains the COMPACT ACT ELIGIBLE eligibility in the PATIENT ELIGIBILITIES (#2.0361) subfile of the PATIENT (#2) file.
2. ICR 10061 is modified to add support for usage of the new “CAI” component.

10061 NAME: VADPT

CUSTODIAL PACKAGE: REGISTRATION Albany

SUBSCRIBING PACKAGE:

USAGE: Supported ENTERED: MAR 7,1994

STATUS: Under Revision EXPIRES:

DURATION: VERSION:

DESCRIPTION: TYPE: Routine

VADPT is a utility routine designed to provide a central point where a

programmer can obtain information concerning a patient's record.

Supported entry points are provided which will return demographics,

inpatient status, eligibility information, etc.

Access to patient information is not limited to using the supported

entry points in VADPT. Integration agreements can be established

through the DBA between REGISTRATION and other packages to reference

information.

This integration agreement does not document the input and output

variables for any of the components of VADPT. That documentation is

located in the PIMS technical manual, section 12.2 CALLABLE ENTRY

POINTS IN VADPT.

ROUTINE: VADPT

COMPONENT: CAI

Will return the Comprehensive Prevention, Access to Care,

and Treatment (COMPACT) indicator for enrolled Veterans and

non-enrolled Veterans.

Indicator is '1' (for TRUE) if:

- Enrollment Category from current enrollment record is

"ENROLLED".

OR

- The patient has the "COMPACT ACT ELIGIBLE" eligibility

code.

KEYWORDS:

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## Known Issues

No known or open issues were identified in this release.

## Product Documentation

The following documents apply to this release:

Documentation Title File Name

DG\*5.3\*1061 Release Notes DG\_5\_3\_1061\_RN.PDF  
User Manual Version 5.3 – Registration Menu PIMS\_REG\_UM.PDF  
PIMS Version 5.3 Technical Manual PIMS\_TM.PDF

Changes to the Income Verification Match (IVM) Technical Manual are described in Informational Patch IVM\*2.0\*202.

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