

Enrollment System (ES) 5.13

User Guide



**Department of Veterans Affairs
Office of Information and Technology (OIT)
Product Development**

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Revision History

Date	Revision	Revision History	Author
08/19/2020	31.0	<p>Release 5.13-ES V5.13 added the following items: Title page to include 5.13, software release date, document date, and document version; Versions, pg. 33-34; Enhancements, p. 52; Project References, p. 57; Help text updates, pg. 78; Accessing One’s Own Person Record, pgs. 86-87; Accessing a Sensitive Record, pgs. 88-91; Changed the title from "Reports" to "Report Descriptions" for better clarity, p. 156; VHA Profile Detail and Summary Report Note updates, pg. 170; High Risk Veteran VHAP inactivated, p. 217 VA DoD Direct Resource Sharing Agreements VHAP updated, p. 220; State Home Veteran VHAP updated pgs. 220-221; Employee Veteran VHAP updated, p. 222; OWCP updated, p. 222; Collateral of Veteran Other VHAP updated, pgs. 222-223; Veteran Plan CCP Restricted Care added, pgs. 228-229; Veteran Plan CCP Entitled Care added, p. 229; Note and examples moved on pgs. 229-230; Inactive VHAPs updated reformatted, pgs. 230-237; AAP updates, pgs. 241-245; Accessing a Sensitive Record, pgs. 246-249; SSN field update, pg. 251; VistA receives VHAPs via HL7 clarification, pg. 298; VCE updates, pg. 300; Overview description update, pg. 316; "Entitled Care" and "Restricted Care" bullets added to list, pg. 318; Current Eligibility description updated, pg. 322; Current Eligibility screen shot updated to include "Document Management" tab, pg. 322; Community Care Program section, pgs. 371-372; "General Best Medical Interest", "Entitled Care", and "Restricted Care" bullets updated, pgs. 435, 437; Determine Community Care Program eligibility? updated; determine if the Veteran meets the Basic qualifications for Community Care Program? updated; determine if the Veteran meets the Entitled Care qualifications for Community Care Program added? determine if the Veteran meets the Restricted Care qualifications for Community Care Program added? pgs. 438, 722, 723, 724, 725, and 726; CC Determination History updates, pgs. 439-441; “N/A” for CC Collaterals text added for Grandfather consideration, pg. 442; Send to Contractors section updated, pgs. 442-444; View Data Sent to CCN Contractors, pgs. 443-446; Community Care Outcome table updated, pg. 446; Parameter “turned off” asterisk, pg. 447; Community Care Outcome Panel screen shot, pg. 447; View Data Sent to TPA sections updated, pgs. 451; Community Care Outcome table updated, 453; Parameter “turned off” asterisk, pg. 453; CC Outcome table updated, pgs. 459-461; Formatted Inactive VCE table, pg. 461; Community Care Collateral Program VCEs table updated, pgs. 461-463; Manual Override and Remove Override section update, pgs. 463-464; “E” and “R” added to CC Outcome combination table, pg. 466; VACAA Note updates, pg. 467; "General Best Medical Interest" bullet updated, pg. 470; Removed ICN PPI from ESCC Quality Report, pgs. 475, 476, and 477; Community Care Collateral Program section added, pg. 478; Assets section updated, pgs. 600-601; 60-Day and Hardship Expiration Letter links added, pg. 662; Color-code key added, pg. 663; Moved Hardship Expiration Letter section pgs. 674-677; How do I submit a request for the “View Sensitive Records” capability procedure added, pgs. 706-708; VCE Eligibility Indicators table updated, pg. 774; changed table shading to style guide standard throughout</p>	TeamLiberty TW
06/05/2020	30.0	<p>Release 5.12-ES V5.12 added the following items: Title page to include 5.12, software release date, document date, and document version; Versions, pg. 33; Enhancements, p. 51; Project References,</p>	TeamLiberty TW

Date	Revision	Revision History	Author
		<p>p. 56; Acronym and Abbreviation updates, pgs. 59, 61-64, 68-71; Autofill Functionality in Chrome, p. 74; HEC User Agreement, p. 74; VA Profile Message Search, pgs. 125-127; Report List updates, pg. 139-141, 143; VHAP Detail and Summary Reports, pgs. 149-151, 164-165; Core VHAP updates, pgs. 176-178, 180-183, 185-187, 189-195; Carveout VHAP updates, pgs. 196-203, 208, 209, 211-214; Community Care VHAP Updates, pgs. 214-217; Veteran Indicator added to Search and Add New Person section, p. 223; Veteran Indicator description updated on pgs. 227-228; Added Caregiver Enabled system parameter, p. 254; Ineligible Date rules update, pgs. 331, 387; Added Humanitarian Emergency, pg. 337; Collateral of Vet updates, pgs. 339-344; Registration, pgs. 361-371; Caregiver, pgs. 405-407; Added contact information examples, p. 418, 427, 428, 429, Hardship updates, pgs. 425-426, 592-593, 595-596, 600-603; Added Foreign Address Associate, p. 506; Military Service Episode-HEC FDD Rules update, p 555; Registration Only updated in Enrollment Status table, p. 609</p>	
01/21/2020	29.0	<p>Release 5.10-ES V5.10 added the following items: Title page to indicate 5.10, software release date, document date, and document version; Versions, pgs. 31; Reversed "Versions" sections (most recent release first), pgs. 31-52; Project References, pg. 53; Updated 1010EZ (form) definition, p. 56; "Anonymous Application" definition, p. 56; "Hardship" definition edit, p. 61; "HCA" definition, p. 61; "NEAR" acronym, p. 64; VMBP change to VHAP, pg. 67; VHA Profile (VHAP), p.68; Workload Reporting and Productivity (WRAP)" definition, p. 68; Browser & Operating System Compatibility, p. 69; Accessibility and 508 Compliance section, pgs. 74-75; RoboHelp version update p. 73; Rule for "Claim Folder Number" to mention edit, pgs. 80, 86, 432, 445; "Core", "Carveout", and "Community Care" definition updates, p. 166-167; Changed "VMBP" to "VHAP" throughout; Spelled out "special authority", p. 175; Carveout VHAPs, pgs. 188-200; "Reroute Anonymous Health Care Applications (HCAs) section, pgs. 207-208; Updated Overview screenshot, pg. 274; "VHA Profile link" description, pgs. 274-275; Moved VHIC section to Overview table on pg. 276; Document Management summary, pgs. 278-279; Edited and organized entire 5.2.1.1 Edit Current Eligibility section to ensure headings and text matched ES application, pgs. 296-415; SHRPE "Authorized By" definition, p. 326; Error message statement, pgs. 326-327; SHRPE "Comments/Reason" definition, p. 327; Authorization Received Date is a future date" scenario, p. 329; Updated "Calculating 90-Day Periods" SHRPE section, pgs. 333-334; Edited VHAP section for readability and "VMBP" name change, pgs. 360-364; Secondary Eligibility Codes, pgs. 363-364; Organized "Emergency Contact, NoK, Designee" section, 459 – 462; ESCC Quality Report updates pgs. 408-414; "How do I" links, pgs. 459, 472, 476, 479; "Override Invalid Residential or Permanent Mailing Address" section, pgs. 485-486; Organized 5.5.2 Financial Assessment section to match ES application, pgs. 524-549; "Hardship", "Hardship Overview", and Edit Hardship Details" sections, pgs. 554-564; Formatted "Online Application" section, pg. 577; Note and rearranged text, and edited "disabled Submit button" summary under Document Management, p. 624-625; Updated and edited style guide issues, spelling, grammatical, and formatting anomalies throughout the user guide</p>	TeamLiberty TW
10/30/2019	28.0	<p>Release 5.9-ES V5.9 added the following items: Updated "Vet360" to "VA Profile" throughout user guide; System versions, modified VMBP bullet for 4.7, p. 44; p. 47; Project Reference, p. 52; ODM acronym, p. 63; VCE acronym update, p. 66; VMBP Urgent Care</p>	TeamLiberty TW

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		additions (plans 241 and 242), pgs. 172-174; Suicide High Risk Patient Enhancements (SHRPE), pgs. 298-310; Daily Quality Report, pgs. 351-357; Emergency Contact, NoK, and Designee, pgs. 402-413; Bad Address Indicator (BAI), pgs. 427-428; Document Management, pgs. 551-560	
09/17/2019	27.0	Release 5.8–ES V5.8 added the following item: System version, p. 47, p. 50; Project references, p. 51; Veteran Medical Benefit Plan (VMBP) definition, p. 65; Updated Health Benefit Plans (HBPs) to Veteran Medical Benefit Plans (VMBPs) throughout the user guide; Veteran Medical Benefit Plans (VMBPs), pgs. 150-175; HBP screen to VMBP screen name updates, pgs. 306-307, 611-612	TeamLiberty TW
08/08/2019	26.0	Release 5.7–ES V5.7 added the following items: System version, p. 45; Project references, p. 50; Enrollment System Core, p. 57; Updated CCN Message Search section, pgs. 104-108; Updated TPA Status search screen with "file-level" (Figure 23), pgs. 108-110; Added HBP note, p. 202; Admin screen shot update, p. 162; Updated Manage CCN Contractors section, pgs. 211-214; HBP note, p. 215; Updated Overview section and Overview Links table, pgs. 215-219; HBP note, p. 220; HBP note, p. 272; Updated Community Care heading update, p. 275; Veteran Information heading update, p. 278; View Data Sent to CCN Contractor heading update, p. 279; CCN Message Log heading update, p. 280; Updated CCN Contractor Message Log screen shot, p. 280; Added "Record Count" definition, p. 281; Updated CCN Message Search Status dropdown screen, p. 281; Updated CCN Message Log, p. 282; Updated CCN Transmission Details heading, p. 283; Updated note, p. 283; Updated VCE values text, p. 283; Updated CCN Message Log csv note, p. 285; Updated TPA Message Log heading and updated TPA Message Log screen shot, p. 286; Updated Status definition, p. 287; Updated TPA Transmissions heading, p. 287; TPA Message Log csv note, p. 290; TPA Message Log csv note, p. 292; Phone Numbers heading update, p. 293; Hardship heading update, p. 293; Community Care heading update, p. 294; Community Care Outcome screen update p. 297; VACAA Facility heading update, p. 300; Geocode Transmit History updates, pgs. 301-302; Updated Hardship Information heading, p. 302; Manual Override screen shot update, p. 314; Update and Cancel buttons definition update, p. 315; Email Address Panel update, pgs. 315-316; Sharing Personal Email Address, pgs. 316-317; Email Address Panel updates, pgs. 360-361; Sharing Personal Email Address, pgs. 361-362; Sending CCN OHI Notification Email, pgs. 373-374; HBP note, p. 570	TeamLiberty TW
06/12/2019	25.1	Release 5.6.1–ES V5.6.1 added the following items: (Note: Changes to the 5.6.1 user guide fix anomalies throughout the user guide): Project References, pgs. 44-45, 49; HL7 text and Transmissions screen shot updates, p. 101; CCN Contractor Message Search screen updated, p. 103; CCN status updates, pgs. 104-105; CCN Contractor Message Search Status screen shot, p. 105; TPA status updates, p. 107; TPA contractor Message Search status screen shot update, p. 107; Pre-MISSION VCE Indicators "Mileage" table update, pgs. 183-184; Pre and Post-MISSION Community Care Determination screen updates, pgs. 269-271; Important MISSION note update, pgs. 270-271; Veteran Information screen update, p. 273; CCN Message Log status update, p. 274; CCN Contractor Message Search screen update, p. 275; TPA Message Log status update, p. 281; Added "cancel" to better define "removing a manual override (it's not removing, it's cancelling)", p.287; Removed "mileage" from Manual Override Screen bulleted list, p. 288; Updated Hardship screen, p. 296; Deleted "EWL" from Record Type definition, p. 297; Updated	TeamLiberty TW

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		initial VCE information list sent to CCN, p. 297; Updated heading to: Demographic and VCE Information Changes" for better clarity, p.297; Added "demographic" and "receives" to VCE Information Changes section, pgs. 297-298; Added regions "5" and "6" to Manage State Region Assignments, p. 300; Re-worded text in parenthesis regarding Manual Override for better clarity, p. 300; Updated CC Determination History screen, p. 301; Updated Financial Assessment screen, p. 304; Added regions "5" and "6" to Manage State Regions Assignments section, p. 306; Removed "Mileage" from Manual Override procedure bulleted list, pgs. 516-517; Added "cancel" to ...remove Manual Override procedure because "cancel" better defines the function, p. 517; Removed "Mileage" from ... remove Manual Override procedure bulleted list, p. 517	
05/03/2019	25.0	Release 5.6 – ES V5.6 added the following items, Updated version on page 27; Project References, p. 43, 47; Updated Release Notes and User Guide, p 48; Added Automated Data Repository (ADR) definition, p. 51; MEC (Minimum Essential Coverage), pg. 58; MISSION definition, p 58; Veterans Choice, Access, and Accountability Act, (VACAA) p. 62; Updated VCE Parameters screen, p. 180; Spelled out "VCE" p. 180; spelled out "VC", p. 180; Spelled out "HBP" p. 181; Updated VCE table p.182-183; Updated CC Outcomes table p. 192; Updated HBP List table, p 201; Updated note on page 204; Community Care Determination updates, pgs. 267-271, p. 497; Updated CCN Transmission Details, pgs.275-278 Updated TPA Transmission Details, pgs.280-285; Updated VCE table on p. 287; Updated CC Outcomes table: p. 295 Updated VCE eligibility table, p. 491-493, Updated note on pg. 498; Ensured Basic Qualifications for the Community Care Program link works on pgs. 494-499 Note added on pg. 499; Removed "Previous Period of Enrollment" section, p. 489; Omitted "...loses VCE of "G" and entered "...loses Grandfather eligibility" p. 497; Updated VCE table pgs. 491-493; Removed "maybe null" on pg. 499; Updated VCE Parameters table, p. 536; Health Benefit Plans List, pgs. 199-203; Community Care Program Determination, pgs. 266-267; New "Included in the initial population for Grandfather consideration:" field, pgs. 268; VCE combination for CCNs; pgs. 272-275; Sending a single VCE to TPAs, pgs. 277-280; Community Care Outcome, pg. 281; Community Care Manual Override Screen, pgs. 281-284; and Strengthening Integrated Outside Networks (MISSION) Act, pgs. 287-289; VCE Indicator table, p. 291; Preferred Name, p. 298; Real-Time Address Validation, pgs. 337-340; Appointment Request and Management Edit changes, pgs. 470-475; Determining Grandfather status of MISSION Act. pgs. 475-490; Determining Community Care Program Eligibility, pgs. 481-490, Updated CC Outcome table, p.500; Edit a Veterans preferred name, pgs.505-507	TeamLiberty TW
02/13/2019	24.0	Release 5.5 – ES V5.5 added the following items, p 42, Project References, 47; Letters, p. 151; Manage Letters, p. 151-155, p. 503-506; E&E Web Service VCE and HBP Data, p. 191, Census Rurality, p. 194-195, 499-503; Medal of Honor Award Date, p 349-353; VistA sites and MOH Award Date and MOH Status Update Date, p. 351; 60-Day Pre-Term Letters and 1199 Eligibility Letters, p 426-437	TeamLiberty TW
10/30/2018	23.0	Release 5.4 – ES V5.4 added the following items, p 41, Project References, 46; CCN Contractor Message Search, p 99-101; TPA Contractor Messages screen, p 101-103; Accepting FDD from MSDS, p 164, 475-480; View Veteran Health Identification Card (VHIC) Status, p 203, 428-433, View Data Sent to CCN	TeamLiberty TW

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		Contractors and View Data Sent to TPA links p 264-271; Driving Distance for Community Care Determination, p. 262; Insured's Date of Birth (DOB), p 330; Purchased Care Choice, p 330; Source of Information Code, p 330-331; Send Z05 Message to VistA, p 401-405; Early Separation Reason under ZMH – VA Specific Military Segment, p 408	
08/16/2018	22.0	Release 5.3 – VCE System Parameters, p 169-177; Manage Pending Pre-Closure Letter, p. 393-398; Executing a Batch Process, p. 452	TeamLiberty TW
4/20/2018	21.0	Release 5.2.1 – Added new number of days to Future Discharge Date, p. 287	Leidos LOTW
3/31/2018	20.0	Release 5.2 – eMIS changed to MSDS throughout document (where appropriate); eMIS section changed to MSDS section, section 4.6; Community Care definition, p. 26; Community Care updates, Section 5.2.4, p. 209-211; Reports for CC added, section 4.8.1, p. 89; Reports for CC, sections 4.8.4.35 and 4.8.4.36, p. 105; New eMIS definition, p. 28	Leidos TW
02/21/2018	19.0	Release 5.1 – Acronyms and Abbreviations (various): p. 24-35; Member ID Update, p. 44; SDS Table Lookup, p. 40-41; eMIS Messages, p. 77-82; Date of Death Supporting Document Start Date, p. 136; Transmit DOD Indicator, p. 141; Future Discharge Date (Active Duty), p. 164; Eligibility and Enrollment, p. 173-180; Health Benefit Plans, p. 181; Discharge Due to Disability, p. 207; Member ID Reference, p. 221; Date of Death (notes), p. 228-230; Supporting Document Short Name, p. 238-241; History Change Details, p. 241-243; Send Query to eMIS, p. 271-272; Is on Active Duty/As of Date, p. 272-273; Discharge Due to Disability, p. 273; Pay Plan, p. 284; Future Discharge Date, p. 284-285; Source of Information, p. 285; Reason for Early Separation, p. 287-288; Manage Enrollment Application Date, p. 320-322; Manage Pending Reminder Incomplete Application Letters, p. 322-324; Enter Reason for Early Separation, p. 375-376; Add HBP to E&E Web Service, p. 387-390	SMS/Leidos TW
12/11/2017	18.0	Release 5.0 – ES V5.0 includes upgrade of WebLogic, Java, and non-JSF component applications, p 16 and p 19 Updated OI&T to OIT (as necessary) No new capabilities or functionality was added	SMS/Leidos TW
10/12/2017	17.0	Release 4.8 – Added additional information: ES V4.8 added the following capabilities/changes: Send initial seeding of all Veterans CC Eligibility to Community Care Network (CCN) Contractors, p.15-16; Transmissions, p. 64; View Records from Transmissions Menu, p. 66-70; Identity Service, p 119; Manage Pending Release Date, pg. 121; Manage CCN Contractors, p. 138-141; Enrollment Determination Create Date and Enrollment Application Date 148-150; Community Care (CC) Letters Print Vendor ICD pgs. 150-151; Send Veteran CC Eligibility information to CCN Contractors when changes are made to contact information or CC Eligibility data in ES, p. 154; Send initial seeding to (CCN), p.154; Receive Health Insurance information from CCN Contractors, p.156; Manage CCN Contractors and Regions via new screens in ES; p.156; View Veteran Record on CC Determination screen, pgs. 152-158; Preferred Name, p. 215; Death Notification Source, p 219; Supporting Document Deceased Veteran, pgs. 227-229; CCN and OHI, pgs. 247-248; MOH Indicator Rules, p 258; Preferred Communication Method pgs. 318-319	SMS/Leidos TW
08/04/2017	16.0	Release 4.7 - Added Additional Information:	SMS/Leidos TW

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		<p>4.7 updates, p. 14-15; p. 18; Definitions added: FDD, p. 24; HCA, p. 24, IPN, p. 25, Trigger, p. 29; Updated with active reports: Report List screen capture, p. 68 Report List table, p. 69-70 Updated Report IDs with active reports, pgs. 68, 70, 71, 73, 74; Updated example Reports, p. 74; Sample Reports section, noted Retired reports, p. 75-86; Added new reports EED22, EED23, p. 79; Identify Pending Application Records for Clean Up Processing Job, p. 114; Letter History, p 114; View Community Care Outcome, p. 133; Community Care Determination, p. 133; FDD, p. 134; VHIC, p. 134; Eligibility and Enrollment/Manage Pending Eligibility, p. 137-142; “Applicant’s”, p 138-139; “Manual”, p. 139; Grammatical fixes, p 140; “Process” p. 141; removed extra verbiage p. 144; Grammatical fixes, pgs. 277-280; “the” p. 321; Reason Eligibility is Pending Verification, p. 145; Community Care Determination Manual Override Button, p. 150; Eligibility Change History Screen, p. 150; Community Care Determination History, p. 151; Personal (Person History), p. 200; DOD, p. 202; DOD Notification Source, p. 203 and 210; Personal (Add a Person) DOD p. 207; DOD Death Rules, p. 209-210; Add/Edit Address, p 222-223; Confidential, Residential Address, and Non-Residential, p 226-227; CASS Certification, p. 228; Send Query To eMIS Service, p. 236; Medal of Honor Indicator, p. 239; FDD, p. 245-247; Source of Information, p. 247; Closed Application (HCA), p. 247; In Current Enrollment section, p 277: Eligibility/Closed Application, p. 277 Enrollment Statuses table, p. 278-279 View Prior Enrollments, p. 279-280; Enrollment Override Reason, p.282-283 Closed Application, p. 283 Send Query Message Z07, p. 285 Stop Communications Console, p 287-288; Pending Letter Details, p. 289; Available for mailing, p. 290-291; How Do I: Use the Eligibility Manual Override button?, p. 320-321; Remove Community Care Determination Override?, p. 321; Enter a Beneficiary’s DOD?, p. 321-322; Remove a Beneficiary’s Date of Death?, p. 323 Perform a Letter Override?, p. 324</p>	
04/15/2017	15.4	<p>Added additional information for 4.6: eMIS; Future Discharge Date; Geocoding; Wait-time; ICN noted as replacing VPID; Person Search screen Member ID, ICN and Birth Sex added; Important Notes: information added; ICN added; Middle name relocated in order; Birth sex added; Reports list screen added; Future Discharge Date report added (EED 21); Sample Reports (EED 21) details; MSDS Reconciliation Indicator changed to eMIS; FDD banner information; eMIS Query changed from MSDS; Community Care Determination; Community Care Determination History; Identity Traits, Member ID added; Date of Death rules; CASS field information for Add/Edit address; Military Service Episode Service Information rewritten and Future Discharge Date information added; Service Separation Date added last bullet item; Discharge Type rules; Source Information; Other Explanation and rules added; Service Discharge Type rules added; Future Discharge Date; Stop communication checkbox – added “Veteran” twice; Stop Communication Checkbox; How to section–Add Future Discharge Date?, pp; Start and stop communications via communications check box; SIGI, Self-Identified Gender Identification</p>	SMS/Leidos TW
02/18/2017	15.3	Added additional information for 4.5.1:	SMS/Leidos TW

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		Reason Eligibility is Pending Verification and Reason Eligibility is Pending Verification Explanation added; Community Care Determination; Add/Edit Address for Residential Address; Temporary Address, Residential Address and Residential Address History.	
12/16/16	15.2	Updated for ES 4.5 release 1/07/2017 Reason Eligibility Status is Pending Verification Updated for 4.5.1 release 1/21/2017, View Community Care Determination; Manage Address/Contact information	SMS/Leidos TW
07/18/2016	15.1	Updated for ES 4.4 ACA	PA&T TW
02/23/2015	14.1	Updated for ES 4.3 ACA	P&A Competency TW
10/23/2015	14.0	Addressed anomalies found for the document in the Final Review status. On p. 11, timeframe and 30-day eligibility requirement addressed.	Marella Colyvas
10/06/2015	13.0	Addressed anomalies found for the document in the Submitted for Review status.	Marella Colyvas
9/21/2015	12.3	Section 1.3 removed System Security Plan; removed section 1.3.1, Information, per VA anomaly.	Ellen Phelps
9/8/2015	12.2	Addressed VA anomalies. Updated document names. Updated date and name in title page and footers.	Ellen Phelps
8/28/2015	12.1	Updated ES 4.1.0 User Guide to include Camp Lejeune-Veterans information in ES 4.2 release.	Ellen Phelps
2/11/2015	12.0	Added Josh Faulkner updates for IAM single sign-on integration and changes to logon and user account management for ES 4.1.1 sustainment release. Clarified definition for <i>Preferred Facility</i> under the <i>Tabs: Personal</i> section per customer request.	Tom Hamilton
3/3/2015	11.10	Identified dormant VHIC functionality for ES 4.1.0.	Tom Hamilton
2/11/2015	11.9	Identified dormant functionality for ES 4.1.0 due to patch release delays.	Tom Hamilton
1/20/2015	11.8	Updated error in Financials ES 4.0 change in Overview section.	Tom Hamilton
1/7/2015	11.7	Accepted all changes in document. Updated document release date to February 2015.	Tom Hamilton
12/17/2014	11.6	Added reviewer's comments	Tom Hamilton
12/1/2014	11.5	Added new <i>BT Financial Indicator</i> verbiage to the <i>Introduction</i> section for ES 4.1/4.2. Also change from a dollar amount the amount <i>Contributed to Spouse Support</i> indicator to (Yes/No) in the <i>Add/Edit Dependent Spouse</i> section. Also changed the corresponding fields on the <i>Financial Details</i> screen from a dollar amounts to a Yes/No indicator.	Tom Hamilton
11/21/2014	11.4	Changed <i>Contributed to Spousal Support</i> fields in <i>Financials/Dependents</i> and <i>Financial Details</i> sections from dollar amount to Y/N in support of 1010EZ form.	Tom Hamilton
11/12/2014	11.3	Updated LCs from SQA testing	Tom Hamilton
10/30/2014	11.2	Added review updates for LC-2/LC-3 ES 4.2 changes.	Tom Hamilton
10/28/2014	11.1	Merged ES 4.2 changes into ES 4.1 release scheduled for January 2015.	Tom Hamilton
9/22/2014	11.0	Converted existing manual to latest ProPath template.	Tom Hamilton
8/19/2014	10.3	Updated from SQA review. Changed cover date for October release. Added 508 Compliancy updates to <i>Introduction</i> section.	Tom Hamilton

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8/6/2014	10.2	Added new CD Clinical Determinations historical and CD retired historical information under <i>Current Eligibility</i> section.	Tom Hamilton
7/31/2014	10.1	Added ES CD updates to the <i>Reports</i> section. Updated the <i>Other Eligibility Factors</i> section of the <i>Current Eligibility</i> section. Updated <i>Glossary</i> .	Tom Hamilton
7/30/2014	10.0	Accepted all changes in ESR 4.0.0 in preparation for ES 4.1.0 updates. Updated title page and footers.	Tom Hamilton
7/7/2014	9.6	Removed "Maintain Veteran Email Address..." bullet as an update for ES 4.0.0 in <i>Intro</i> section.	Tom Hamilton
7/2/2014	9.5	Added capability in <i>Intro</i> section that ES now allows backdating a means test during the first 90 days.	Tom Hamilton
6/30/2014	9.4	Added that the <i>Presumptive</i> HBP is automatically assigned to a Veteran record if the person meets certain criteria (rules) for the HBP to the <i>Eligibility/Current Eligibility</i> section. Removed QM 26 & 27 reports from the <i>Reports</i> section. Updated <i>System Parameters</i> section.	Tom Hamilton
6/3/2014	9.3	More 4.0.0 updates to <i>Introduction</i> section. Minor formatting.	Tom Hamilton
5/30/2014	9.2	Added 4.0.0. updates to <i>Introduction</i> section.	Tom Hamilton
5/19/2014	9.1	Added new ES 4.0.0 <i>Handbook Batch File Statistics</i> sections under the <i>Admin.</i> section.	Tom Hamilton
5/16/2014	9.0	Accepted all changes in ESR 3.12 in preparation for ES 4.0.0 updates. Find and Replace ESR with ES. Updated title page and footers. Find and Replace instances of HECMS with ES.	Tom Hamilton
6/10/2013	8.5	Changed cover and footer release dates to reflect August release.	Tom Hamilton
5/3/2013	8.4	ESR 3.12 updates: Added <i>HBP Data sharing indicator</i> System Parameter to <i>Admin/System Parameter</i> section.	Tom Hamilton
4/29/2013	8.3	ESR 3.12 updates: Updates from SQA review.	Tom Hamilton
4/22/2013	8.2	ESR 3.12 updates: Added Health Benefits Plans link to <i>Current Eligibility</i> section. Updated <i>Person Search</i> section to conform to new MVI probabilistic search criteria.	Tom Hamilton
4/17/2013	8.2	ESR 3.12 updates: Updated <i>Person Search</i> section for ESR 3.12, screen shots for 3.12. Updated <i>Financial Overview</i> section. Added <i>VOA Resubmission to Buttons</i> section.	Tom Hamilton
4/16/2013	8.1	ESR 3.12 updates: Added ESR 3.12 updates to <i>Introduction</i> section.	Tom Hamilton
4/15/2012	8.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.11 to 3.12 and dates to reflect scheduled September 2013 release.	Tom Hamilton
4/1/2013	7.3	Added E&E Web Service script to <i>How Do I ...</i> section. Added additional Glossary definitions for 3.11. Updated Index for E&E WS. Updated cover to ProPath template.	Tom Hamilton
2/14/2013	7.2	Added Handbook script to <i>How Do I ...</i> section. Updated cover and footer release date to June 2013. Changed <i>Introduction</i> section for ESR 3.10 that Means Tests no longer expire for HECMS (removed VistA from statement).	Tom Hamilton
1/28/2013	7.1	Added ESR 3.11 updates to <i>Introduction</i> section. Removed <i>IVM DM Exporter Maximum Records</i> System Parameter.	Tom Hamilton
11/26/2012	7.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.10 to 3.11 and dates to reflect scheduled May 2013 release. Deleted "email" from 3 graphs in <i>Handbook Status</i> section.	Tom Hamilton

Date	Revision	Revision History	Author
10/18/2012	6.2	Minor updates to the <i>View All Archived HL7 Messages</i> subsection under the <i>Facility</i> section. Added verbiage in <i>Reports</i> section for OPP 1 and 2 extracts about accommodation for the new ICD-10 code set.	Tom Hamilton
10/15/2012	6.1	SQA updates.	Tom Hamilton
10/2/2012	6.0	Updated <i>Introduction</i> section for 3.10 enhancements. Added additional 3.10 enhancements.	Tom Hamilton
10/2/2012	6.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.9 to 3.10 and dates to reflect scheduled February 2013 release.	Tom Hamilton
11/26/2012	5.6	Changed cover 3.9 release date to <i>December</i> based on revised release schedule. Deleted "email" from 3rd graph in <i>Handbook Status</i> section.	Tom Hamilton
11/16/2012	5.5	Corrected <i>Email Address</i> definition under <i>Delivery Preference</i> section.	Tom Hamilton
10/5/2012	5.4	Updated filenames in <i>Reference Documentation</i> section.	Tom Hamilton
9/19/2012	5.3	Updated <i>Edit Financial Details</i> section by adding "pre-Feb. 2005 format" qualifier to the missing "Stocks and Bonds" field under the <i>Assets</i> section.	Tom Hamilton
8/28/2012	5.2	Changed cover 3.9 release date to <i>November</i> based on revised release schedule.	Tom Hamilton
8/24/2012	5.2	Minor updates (OPP) from SQA review (v3.9 capabilities <i>Introduction</i> section).	Tom Hamilton
8/10/2012	5.2	Minor change to <i>Handbook Status</i> section.	Tom Hamilton
7/31/2012	5.2	Added "Feb 2011" label to descriptions of the 1010 EZ and 1010EZR forms for ESR 3.9.	Tom Hamilton
7/27/2012	5.2	Incorporated SQA review changes.	Tom Hamilton
7/25/2012	5.1	Added ESR 3.9 Enhancements.	Tom Hamilton
7/24/2012	5.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.8 to 3.9 and dates to reflect scheduled January 2013 release.	Tom Hamilton
5/18/2012	4.0	Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.7 to 3.8 and dates to reflect scheduled September 2012 release. Added <i>Delivery Preferences</i> under <i>Communications</i> tab section. Changed order of <i>First Name</i> and <i>Middle Name</i> fields on the <i>Registration/Person Search</i> section. Added multiple selections for <i>Race</i> field in <i>Demographics/Identity Traits</i> (AAP) section. Added dropdown selection for <i>Place of Birth State</i> field in <i>Demographics/Identity Traits</i> (AAP) section. Modified <i>First and Last Name</i> field length <i>Rules ...</i> in the <i>Demographics/Add Associates</i> sections.	Tom Hamilton
5/8/2012	3.5	Added 11 additional scripts to the <i>How Do I ...</i> section. Minor updates to existing scripts. Updated Figure 6. Updated Index for additional <i>How Do I ...</i> scripts. Updated <i>Master Patient Index</i> to <i>Master Veteran Index</i> .	Tom Hamilton
04/06/12	3.4	Removed "This data is shared with VistA" statement from AAP <i>Mother's Maiden Name</i> definition in <i>Demographics/Identity Traits</i> section.	Tom Hamilton

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

Date	Revision	Revision History	Author
		ESR 3.6 to 3.7 and dates to reflect scheduled April 2012 release. Added ESR 3.7 Enhancements to existing added functionality listing in the Introduction section. Added ESR 3.7 updates/changes to various sections. Added SQA review updates.	
12/5/11	2.5	Minor updates based on ORT Review. Removed Draft indicators.	Tom Hamilton
11/28/11	2.4	Updated cover and footer date to January 2012. General updates reconciling changes in the online help with this manual.	Tom Hamilton
9/27/11	2.3	General late updates brought forward from ESR 3.5.	Tom Hamilton
8/22/11	2.2	General ESR 3.6 Patient Benefits Handbook updates in various sections.	Tom Hamilton
8/18/11	2.1	Added ESR 3.6 Enhancements to the existing added functionality listing in the Introduction section.	Tom Hamilton
8/17/11	2.0	Copied baselined ESR 3.5 User Manual with all Track Changes accepted in preparation for ESR 3.6 Enhancements. Changed relevant ESR 3.5 to 3.6 and cover date to December 2011 (including footers). Added Draft indicators.	Tom Hamilton
8/10/11	1.1	Deleted false Note about "...default search displays in order of the highest scoring matches first...", in <i>ESR Registration/Search and Add New Person</i> section. Changed <i>Handbook Active System Parameter</i> from "Future Release" to active by changing grey font to black.	Tom Hamilton
8/1/11	1.1	Changed "Alias SSN" to "Alias SSNs" under Demographics/Personal sections.	Tom Hamilton
7/18/11	1.0	Initiated document version to replace application version on cover. Removed Draft indicators for ORT Review copy.	Tom Hamilton
7/15/11		Removed "Star" (req. field) symbol from <i>Organization/Name</i> field in <i>Add Associate (Add a Person)</i> section. Added "Star" (req. field) symbol to <i>Place of Birth City</i> and <i>Place of Birth State</i> fields in <i>Identity Traits (Add a Person)</i> section. Added "Star" (req. field) symbol to <i>Enrollment Application Date</i> field in <i>Cancel/Decline/Override Enrollment (Add a Person)</i> section.	Tom Hamilton
7/13/11		Updated ESR 3.5 <i>Introduction</i> section for Handbook. Updated <i>Overview</i> and <i>Communications</i> Handbook sections per increased scope for ESR 3.5.	Tom Hamilton
7/11/11		On cover, changed OED to Product Development.	Tom Hamilton
7/1/11		Updated "Match" category definitions for the Person Search Results in the <i>Search and Add New Person</i> section.	Tom Hamilton
6/14/11		Updated both <i>Edit Current Eligibility</i> sections to match field label changes in application. Reworded <i>Search and Add New Person</i> section.	Tom Hamilton
6/9/11		Updated <i>Search and Add New Person</i> section for latest changes. Added to Glossary for AAP.	Tom Hamilton
6/1/11		Updated EED 19 Report to match changes in UI.	Tom Hamilton
5/26/11		Updated <i>Search and Add New Person</i> section for latest changes.	Tom Hamilton
5/20/11		Updated <i>ESR Registration (Add a Person)</i> section.	Tom Hamilton
5/18/11		Added to Index for 3.5 enhancements.	Tom Hamilton
5/16/11		Added Handbook description to Introduction section.	Tom Hamilton

Date	Revision	Revision History	Author
5/9 /11		General edits/formatting to Add-a-Person, Preferred Facility, Patient Benefits Handbook, and MSDS/PL111-163 sections.	Tom Hamilton
5/3/11 – 5/5/11		Added Add-a-Person, Preferred Facility, Patient Benefits Handbook, and MSDS/PL111-163 enhancements.	Tom Hamilton
4/21/11		Updated various screen captures for 3.5. Updated “Introduction” for new enhancements. Updated Current Military Service for MSDS.	Tom Hamilton
4/21/11		Copied baselined ESR 3.4 User Manual with all Track Changes accepted in preparation for ESR 3.5 Enhancements. Changed ESR 3.4 to 3.5 and cover date to August 2011 (including footers). Added Draft indicators.	Tom Hamilton
4/6/11		Updated Medal Of Honor field name to match UI in <i>Current Military Service</i> section. Added to <i>More...</i> section of same field.	Tom Hamilton
3/29/11		General typo updates.	Tom Hamilton
3/16/11		Added missing required field “star” symbol to match the UI to the Ineligible Reason field in the <i>Edit Current Eligibility</i> section.	Tom Hamilton
3/10/11		Added missing required field “star” symbols to the <i>Add POW Episode</i> section on the <i>Edit Current Eligibility</i> screen. Changed field name under Assets on the <i>Edit Financial Details</i> screen to match UI. Removed Number Rejected due to Data Inconsistencies field in the <i>Load Registry</i> section to match UI.	Tom Hamilton
2/2/11		Added "Introduction" to page 1 to match the online web help. Replaced many instances of "HECMS" with "ESR" as was done in the ESR 3.4 Release Notes document.	Tom Hamilton
1/25/11- 1/28/11		Copied baselined ESR 3.3 User Manual with all Track Changes accepted in preparation for ESR 3.4 Enhancements. Changed ESR 3.3 to 3.4 and cover date to May 2011 (including footers). Changed ESR 3.4 MSDS Phase II enhancements tagged as “Future” and grayed out text to black text removing “Future” indicators. Added description of new 3.4 functionality to “Introduction” section on p. 2. Added <i>VADIR</i> definition to Glossary. Replaced Figure 6 with 3.4 version of graphic.	Tom Hamilton
1/19/11		Added <i>Duplicate Merge Tool Enhancement</i> to main areas in which some enhancements were made list on p. 2.	Tom Hamilton
1/5/11		Updated cover and footer dates to February 2011.	Tom Hamilton
12/14/10		Removed VOA reference in Introduction (p. 1) as having been release. Updated cover and footer dates to January 2010.	Tom Hamilton
11/19/10		Added 2 MSDS System Parameters to Admin/System Parameter page.	Tom Hamilton
10/20/10 & 10/25/10		General approved updates from PS review of ESR 3.2 User Manual being brought forward into ESR 3.3 User Manual.	Tom Hamilton
9/30/10		Relaxation Percentage – Added verbiage to block additional attempts to Add Income Year per CCR10432. Updated Figure 2 screen shot. Added March 2009 to cover and release date to December 2010.	Tom Hamilton

Date	Revision	Revision History	Author
9/22/10		Added Handbook Active (Future Release) System Parameter to Admin/System Parameter page. Added to enhancements list on page 2.	Tom Hamilton
9/21/10		Added Class II Dental fields to Current Military Service section as part of the VBA Pension Data Sharing enhancement.	Tom Hamilton
9/15/10		Added Patient Benefits Handbook Status (Future Release) pages under Communications section. Changed Release date from October to November 2010.	Tom Hamilton
9/9/10		General style checking for capitalization of the word "Veteran" per OED Doc Standards. Added new 3.3 enhancement information starting on page 1.	Tom Hamilton
9/7/10		Removed Relaxation Percentage from the Admin/System Parameter page. Added ESR 3.3 PG Relaxation Percentage enhancement to Buttons/Reference section.	Tom Hamilton
8/31/10		Added "(Future Release)" to new MSDS fields and links that will be released in FY11Q1 (ESR 3.4). Added Relaxation % definition to glossary.	Tom Hamilton
8/30/10		Added MSDS Enhancements to Eligibility/Current Eligibility and Military Service/Current Military Service sections.	Tom Hamilton
8/26/10		Copied baselined ESR 3.2 User Manual with all Track Changes accepted in preparation for ESR 3.3 Enhancements. Added E&E Service Enhancements to Admin section. Added new VBA Pension Data Sharing fields to the Eligibility/Edit Current Eligibility section.	Tom Hamilton
8/19/10		Accepted Track Changes in preparation for ORT Review	Tom Hamilton
8/18/10		Made sure button references were consistent as bold italics.	Tom Hamilton
8/17/10		Updated cover and footer dates from July to October 2010 due to delayed release date.	Tom Hamilton
7/19/10		In <i>Financial Details</i> section, changed "two statuses" to "three statuses" under " <i>Do you want to send this for Adjudication?</i> " question per SQA review.	Tom Hamilton
6/28/10		Modified <i>Adjudication</i> section as follows (CCR10224): Eliminated previously added Means Test Status field choice where the <i>GMT Threshold is less than or equal to the MT Threshold, of GMT Copay Required</i> . Updated cover and footer dates for next release.	Tom Hamilton
5/12/10- 5/13/10		Per OED Doc Standards: Added captions to figures. Added <i>Table of Figures</i> . Changed this <i>Revision History</i> to reverse chronological order. Added <i>Reference Documentation</i> to page 1 section.	Tom Hamilton
5/5/10- 5/7/10		Based lined doc for ESR 3.2 (title/footers, etc.). Added changes for the General Counsel's Ruling on Veterans with very low income and net worth that is greater than the Net Worth Threshold to the Tabs/Financials/Financial Details section per CCR10224.	Tom Hamilton
4/26/10		Did additional header and footer updates. Made copy and Accepted All Changes for upload to VDL.	Tom Hamilton
4/23/10		General Clean-up for the VDL. Removed Draft indicators. Added date and updated footers and headers.	Tom Hamilton
4/6/10		Added new <i>Relaxation Percentage</i> on the <i>Admin/System Parameter</i> page.	Tom Hamilton

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3/24/10 – 3/25/10		General updates based on SQA and peer reviews. Pages updated: <i>Person Search</i> . Added Veteran <i>Merge Search</i> page per CCR 10127.	Tom Hamilton
2/12/10		Added additional <i>Rules</i> for <i>Combat Start Date</i> and <i>Combat End Date</i> fields in the <i>Demographics/Military Service/Current Military Service</i> section per ESR_CR7039. Updates based on SQA Review: Updated cover date to March 2010, Added special note about AO Special Treatment Authority Expiration in <i>How Do I ...</i> section. Added special note about SW Asia Conditions Special Treatment Authority Expiration in <i>How Do I ...</i> section. Added that the <i>Spinal Cord Injury</i> indicator under the <i>Catastrophic Disability</i> section of the <i>Eligibility/Current Eligibility</i> section could also come from VOA.	Tom Hamilton
1/11/10		Updated 4 Identity Traits fields to Display Only in the <i>Demographics/Identity Traits</i> section: <i>Place of Birth City, State, Multiple Birth Indicator, and Mother's Maiden Name</i> .	Tom Hamilton
11/19/09		Identified <i>Benefit Applied For</i> as being VOA only in the <i>Demographics/Personal</i> section.	Tom Hamilton
9/29/09		Added 2 Rules for new req. CR 2530 to <i>Date of Birth</i> field under <i>Identity Traits</i> section.	Tom Hamilton
9/10/09		Added disclaimer paragraph to pg. 1 explaining later VOA release. Identified VOA fields that will not be populated and functionality that will be disabled until VOA is released, after ESR v3.1. Removed <i>Agent Orange Exposure Location of "Not Exposed"</i> added in error 3/5/08 per SQA.	Tom Hamilton
8/17/09		General VOA updates including typos, etc. Also updated Online Help Tutorial to reflect the change to using the 508-compliant WebHelp. Updated Glossary and Index. Updated 2 instances of CDC to AITC on <i>Tabs/Eligibility/Current Eligibility</i> page. Updated <i>POW Source</i> field choices for <i>Add/Edit POW Episode</i> section per SDS table.	Tom Hamilton
8/11/09 8/13/09		Reversed cover graphic change of 7/8/09 per Brian Morgan. Updated VOA Attachment section under <i>Eligibility/Edit Current Eligibility</i> section. Updated 2 EGT system parameters and added the P8 parameter on the <i>Admin/System Parameter</i> page.	Tom Hamilton
8/6/09		General minor updates to conform with GUI	Tom Hamilton
7/8/09		Updated cover with new Health eVet logo. Added 1010EZ & EZR Print button capability in <i>Financial/Financial Overview</i> section.	Tom Hamilton
6/18/09		Updated for 3.0.1. Added new 3.1/VOA fields	Tom Hamilton
8/7/08		Added new VOA Roles in the <i>Demographics/ Associates/Add Associates</i> section.	Tom Hamilton
8/6/08		Added new VOA Attachment fields in <i>Eligibility/Edit Purple Heart</i> and <i>Eligibility/Edit Current Eligibility</i> sections. Added new VOA Spinal Cord Injury Indicator under <i>Eligibility/Current Eligibility/Other Eligibility Factors</i> section.	Tom Hamilton
7/24/08		Added new VOA fields in <i>Financials/Dependents/ Add/Edit Dependent Spouse</i> section.	Tom Hamilton
7/18/08		Added new VOA fields in <i>Demographics/Identity Traits</i> and <i>Personal</i> sections.	Tom Hamilton

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7/17/08		Updated main title page introducing VOA as part of the ESR 3.1 enhancements.	Tom Hamilton
7/8/08		Added general changes to reflect the addition of the Veterans Online Application (VOA) initiative.	Tom Hamilton
4/23/08		Updated <i>Eligibility/Edit Current Eligibility</i> section POW information to match changes made in HECMS application. Refined <i>Camp XXXX</i> definitions. Changed <i>Disability Retirement From Military</i> field name to <i>Military Disability Retirement</i> per change in the HECMS application.	Tom Hamilton
4/21/08		Changed "Visits" to "Days" in <i>Tabs/Facility</i> section field description as in "Number of Outpatient Days" to match application.	Tom Hamilton
4/9/08		Title Page – changed <i>HSD&D</i> to <i>Management, Enrollment and Financial Systems (MEFS)</i> .	Tom Hamilton
4/3/08		Updated VHA standards list of values for States and Counties website links in the <i>Demographics/Addresses/Permanent Mailing Address</i> and <i>Demographics/Insurance/Add/ Update Insurance Carrier - Medicare</i> sections.	Tom Hamilton
4/2/08		Removed "minus 1 day" from NDAA glossary definition and from <i>CV Eligibility End Date</i> in the <i>Tabs/Military Service/Current Military Service</i> section. Updated <i>Financials/Financial Overview</i> section adding statement that "Financial Assessment" changes to "Current Financial Assessment" to indicate that this is the most recent financial information currently on file.	Tom Hamilton
3/19/08		Updated the <i>Index</i> instructions in the <i>Using the Help Window</i> field of the <i>Online Help Tutorial</i> section.	Tom Hamilton
3/5/08		Updated <i>Agent Orange Location</i> to <i>Agent Orange Exposure Location</i> in <i>Edit Current Eligibility</i> and <i>Current Military Service</i> sections to match application. Also added "Not Exposed" to dropdowns.	Tom Hamilton
2/29/08		Added LOCK REASON: explanation in the <i>Tabs/Overview/Overview</i> section. Also added Sensitive Record screen shot.	Tom Hamilton
2/19/08		DG 5*3*777 patch to change OEF/OIF to OIF/OEF cancelled. Rejected all changes of OIF/OEF to revert back to OEF/OIF.	Tom Hamilton
2/11/08		Updated the <i>Tabs/Military Service/Current Military Service</i> section to reflect the <i>CV Eligibility End Date</i> changes as part of the NDAA of 2008 signed 1/28/2008. Also added <i>Combat Veteran</i> and <i>NDAA of 2008</i> definitions to the Glossary.	Tom Hamilton
2/15/08		Updated references to CFD (Corporate Franchise Data Center) to new name of CDC (Corporate Data Center, AAC). Also updated Glossary to reflect changes.	Tom Hamilton
1/8/08		Convert all instances of OEF/OIF to OIF/OEF per CR7011 (DG 5*3*777).	Tom Hamilton
8/7/08		Added new VOA Roles in the <i>Demographics/ Associates/Add Associates</i> section.	Tom Hamilton
8/6/08		Added new VOA Attachment fields in <i>Eligibility/Edit Purple Heart</i> and <i>Eligibility/Edit Current Eligibility</i> sections. Added new VOA Spinal Cord Injury Indicator under <i>Eligibility/Current Eligibility/Other Eligibility Factors</i> section.	Tom Hamilton
7/24/08		Added new VOA fields in <i>Financials/Dependents/ Add/Edit Dependent Spouse</i> section.	Tom Hamilton

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7/18/08		Added new VOA fields in Demographics/Identity Traits and Personal sections.	Tom Hamilton
7/17/08		Updated main title page introducing VOA as part of the ESR 3.1 enhancements.	Tom Hamilton
7/8/08		Added general changes to reflect the addition of the Veterans Online Application (VOA) initiative.	Tom Hamilton
4/23/08		Updated <i>Eligibility/Edit Current Eligibility</i> section POW information to match changes made in HECMS application. Refined <i>Camp XXXX</i> definitions. Changed <i>Disability Retirement From Military</i> field name to <i>Military Disability Retirement</i> per change in the HECMS application.	Tom Hamilton
4/21/08		Changed "Visits" to "Days" in <i>Tabs/Facility</i> section field description as in "Number of Outpatient Days" to match application.	Tom Hamilton
4/9/08		Title Page – changed HSD&D to <i>Management, Enrollment and Financial Systems (MEFS)</i> .	Tom Hamilton
4/3/08		Updated VHA standards list of values for States and Counties website links in the <i>Demographics/Addresses/Permanent Mailing Address</i> and <i>Demographics/Insurance/Add/ Update Insurance Carrier - Medicare</i> sections.	Tom Hamilton
4/2/08		Removed "minus 1 day" from NDAA glossary definition and from <i>CV Eligibility End Date</i> in the <i>Tabs/Military Service/Current Military Service</i> section. Updated <i>Financials/Financial Overview</i> section adding statement that "Financial Assessment" changes to "Current Financial Assessment" to indicate that this is the most recent financial information currently on file.	Tom Hamilton
3/19/08		Updated the <i>Index</i> instructions in the <i>Using the Help Window</i> field of the <i>Online Help Tutorial</i> section.	Tom Hamilton
3/5/08		Updated <i>Agent Orange Location</i> to <i>Agent Orange Exposure Location</i> in <i>Edit Current Eligibility</i> and <i>Current Military Service</i> sections to match application. Also added "Not Exposed" to dropdowns.	Tom Hamilton
2/29/08		Added LOCK REASON: explanation in the <i>Tabs/Overview/Overview</i> section. Also added Sensitive Record screen shot.	Tom Hamilton
2/19/08		DG 5*3*777 patch to change OEF/OIF to OIF/OEF cancelled. Rejected all changes of OIF/OEF to revert back to OEF/OIF.	Tom Hamilton
2/11/08 – 2/15/08		Updated the <i>Tabs/Military Service/Current Military Service</i> section to reflect the <i>CV Eligibility End Date</i> changes as part of the NDAA of 2008 signed 1/28/2008. Also added <i>Combat Veteran</i> and <i>NDAA of 2008</i> definitions to the Glossary.	Tom Hamilton
2/15/08		Updated references to CFD (Corporate Franchise Data Center) to new name of CDC (Corporate Data Center, AAC). Also updated Glossary to reflect changes.	Tom Hamilton
1/8/08		Convert all instances of OEF/OIF to OIF/OEF per CR7011	Tom Hamilton
11/20/07		Added required field "star" to <i>User ID</i> field and Required Field legend in the <i>Admin/User Accounts/Search</i> section.	Tom Hamilton
11/19/07		Added <i>Retransmission ID</i> and <i>Retransmission Count</i> fields under <i>Transmission Details</i> in the <i>Menu Bar/HL7 Messages</i> section. Changed Sensitive to Sensitive Record per the GUI in the <i>Tabs/Overview/Overview</i> section.	Tom Hamilton

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11/14/07		Updated <i>Health Eligibility Case Management System Help</i> section with additional 3.1 information.	Tom Hamilton
11/05/07		Updated change in order of columns in <i>Menu Bar/Reports/Completed Reports</i> section (moved <i>Status</i> column). Added <i>View</i> Action to Archived Completed Reports. Changed <i>Title</i> field to <i>Report Title</i> per GUI.	Tom Hamilton
10/15/07		Updated Index to reflect additional ESR 3.1 functionality.	Tom Hamilton
10/3/07		Added CR5774 (CodeCR5953) to update the <i>Bad Address Reason</i> selections. Address Not Found was removed and a note was added to the <i>Tabs/Demographics/Addresses/Permanent Mailing Address</i> section.	Tom Hamilton
9/28/07		Added CR2530 (CR5965 & 5985) to update the following date fields to restrict dates to after DOB and/or before DOD: <i>P&T Effective Date</i> , <i>Ineligible Date</i> and <i>Enrollment Application Date</i> per CR5985 Resolution in various sections. <i>Date Ruled Incompetent</i> was already compliant. Added CR4448 to update the <i>Rules for Enrollment Application Date</i> field in the <i>Tabs/Enrollment/Cancel/Decline</i> section. Added CR4354 to update <i>Eligibility Status Date</i> field <i>Rules</i> in the <i>Tabs/Eligibility/Edit Current Eligibility</i> section.	Tom Hamilton
9/27/07		Added CR5751 – Added <i>Report Status</i> and <i>Archived Date</i> columns to the <i>Completed Reports</i> section. Also added mini-Status Filter and 2 more <i>Report Filter</i> parameters. Also added additional capabilities under the <i>Action</i> column. Added <i>Archive Reports</i> and <i>Purge Archive Reports</i> parameters to the <i>Admin/System Parameters</i> section.	Tom Hamilton
9/20/07		Added CR4247 – Added a Deactivation date on which the Associate's Role becomes inactive. Added information to <i>Roles</i> definition about the number of <i>Roles</i> that can be associated with a particular <i>Associate</i> . Updates to <i>Demographics/Add Associates</i> section.	Tom Hamilton
9/18/07		Added CR3009 – Ability to delete 1 or more Military Service Episodes. Updates to <i>Current Military Service</i> section.	Tom Hamilton
9/17/07		Updated HECMS main page to reflect additional 3.1 functionality.	Tom Hamilton
9/13/07		Create Initial Draft User Manual from HECMS 3.0 User Manual	Tom Hamilton
11/20/07		Added required field “star” to <i>User ID</i> field and Required Field legend in the <i>Admin/User Accounts/Search</i> section.	Tom Hamilton
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1 Introduction

Enrollment System (ES) 3.0 is the replacement system for the decommissioned product known as HEC (Health Eligibility Center, Atlanta) Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. ES allows staff at HEC to work more efficiently and determine patient eligibility in a timelier manner. Messaging with the VAMC (Department of Veterans Affairs Medical Center) allows updates to the enterprise enrollment system to be shared with the field.

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

Its two main functions are:

- Expert System (Messaging)
 - The messaging subsystem provides a seamless bi-directional interface with external Veterans Health Administration (VHA) and non-VHA systems for data exchange of Veterans' information.
- Work Flow (Case Management)
 - The case management subsystem provides authorized VHA case representatives at the HEC with a web interface to easily track, maintain, and manage cases associated with Veteran benefits.
 - HEC staff utilizes ES to manage these "cases" to completion so that verified E&E can be determined.

1.1 Purpose

The purpose of this user guide is to familiarize users with important features and navigational elements of the application.

1.2 Overview

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

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

1.2.1 Versions and Significant Additions and Updates

ES V5.13 added the following:

- Community Care Eligibility Updates:
 - Not Enrolled Covered Veterans
 - VCEs for Not enrolled Covered Veterans
 - Entitled Care (E)
 - Restricted Care (R)
 - VHAPs for Not enrolled covered Veterans
 - Veteran Plan CCP Entitled Care
 - Veteran Plan CCP Restricted Care
 - Community Care Collateral Program (Phase 1)
 - ART/IVF
 - Marriage/Family Counseling
 - Newborn
 - VHA Transplant Program
 - VCEs for Care Collateral Program (Phase 1)
 - ART/IVF (A)
 - Marriage/Family Counseling (C)
 - Newborn (I)
 - VHA Transplant Program (T)
 - VHAPs
 - Collateral of Veteran Other (new)
 - Beneficiary Newborn (updated)
 - Assisted Reproductive Technology (updated)
 - Community Care Determination screen updates to the following panels:
 - Veteran Information
 - Community Care Outcome
 - Nearest VACAA Facility
 - Removed "Veterans Handbook", "Veterans Profile", and "Raw Data" fields from Handbook Status topic.

- Removed "Cash and Bank Account Balance", "Land Buildings Less Mortgage and Liens", and "Other Property or Assets" from the Assets panel on the Financial Details topic.

ES V5.12 added the following:

- Caregiver
- Hardship (Grant and Expire functionality)
- Associate Foreign Address
- Separate Registration (Registration Only)
- New Ineligible and Dental VHAPs
- VHAP name and description updates
- VHAP Detail and Summary Reports
- Community Care General Hardship changes
- Health Eligibility Center User Agreement
- VA Profile Message Search screen

ES V5.10 added the following:

- Reroute Anonymous Health Care Applications (HCAs)
- Changed “Veteran Medical Benefit Plan (VMBP)” to “VHA Profile (VHAP)”
- VHA Profile link on the Overview Page
- Carveout VHA Profiles:
 - Comprehensive Extended Care Services Copay Exempt
 - Veteran Extended Care Services Copay Exempt
 - Veteran Extended Care Services Copay Req
 - Extended Care Services Humanitarian
 - Veteran Foreign Medical Plan
 - Caregiver General
 - Caregiver Primary Family
 - Caregiver Secondary Family
 - Beneficiary Newborn
 - Beneficiary CHAMPVA
 - Beneficiary Children of Women of Vietnam Veterans
 - Beneficiary Spina Bifida
 - Assisted Reproductive Technology
 - Employee Only
 - High Risk Veteran
- Updated VHA Profile section under Eligibility
- Hardship (Financials tab)
- Updated SHRPE Authorization Received Date is a future date scenario

- Updated SHRPE "Authorized By" "Comments/Reason" definitions
- Updated "Calculating 90-Day Periods" SHRPE section
- Updated ESCC Quality Report (PSSG and VistA sections)
- Updated and edited sections for style guide issues, spelling, grammatical, and formatting anomalies throughout the user guide

ES V5.9 added the following:

- Document Management
- Veteran Medical Benefit Plans (VMBPs) for Urgent Care relating to Community Care; Urgent Care plans were created to support Urgent Care billing
- Daily ESCC Quality Report
- Bad Address Indicator (BAI)
- Emergency Contact, Next of Kin (NoK), Designee
- Suicide High Risk Patient Enhancements (SHRPE)
- Updated "Vet360" to "VA Profile" throughout online help and user guide

ES V5.8 added the following:

- 19 new Veteran Medical Benefit Plans (VMBPs) and descriptions
- Name changes from Health Benefit Plans (HBPs) to VMBP where appropriate

ES V5.7 updates CCN Contractor Message Log screen; CCN Contractor Message Search screen; TPA Message Log screen; 1000 record limit red error banner to the CCN Contractor Message Search screen; Community Care Outcome section of the Community Care Determination screen; Sending CCN OHI Notification Email section to the Insurance Overview screen; Geocode Transmit History screen; Sharing Personal Email Address with VistA under the Addresses tab on the Email section

ES V5.6.1 updates Transmissions menu screen shot; CCN Contractor Message Search screen shot; CCN statuses; TPA statuses; Pre and Post-MISSION Community Care Determination screen shot removing PPI; Veteran Information screen shot; Removed "mileage" from Manual Override sections; Hardship screen shot; "EWL" deleted from Record Type definition; Initial VCE information list sent to CCN; Added regions "5" and "6" to Manage State Region Assignments screen, Community Care Determination History screen shot removing PPI; Financial Assessment screen, grammatical and spelling anomalies throughout the user guide

ES V5.6 added the following:

- Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act (Updates to the eligibility for the Community Care Program (CCP) and Services; Parameters Veterans Community Care (VCE) screen; CCP Determination, CCP Eligibility Hardship, and Health Benefit Plans (HBPs). (This functionality will be turned on 06/06/2019).
- Updated Preferred Name functionality
- Appointment Request and Management Edit changes

ES V5.5 added the following:

- Letters
- Manage Letters
- Census Rurality
- E&E Web Service VCE and HBP Data
- 60-Day Pre-Term Letters and 1199 Eligibility Letter

ES V5.4 added the following:

- Veteran Health Identification Card (VHIC) System
- Parameter to control acceptance of FDD from eMIS
- Locating Early Separation Reason under ZMH – VA Specific Military Segment
- Source of Information Code
- Purchased Care Choice
- Insured's Date of Birth
- CCN and TPA export buttons
- TPA Contractor Messages
- Sending Z05 HL7 Message to VistA
- Driving Distance (updated) under Community Care Determination

ES V5.3 added the following:

- Manage Pending Pre-Closure Letters
- VCE System Parameters
- How to Execute a Batch Process

ES V5.2 added the following:

- Changed eMIS to MSDS, where appropriate.

- Added new Reports to Reports list (Community Care).
- Added new information about sending Community Care information to Contractors.

ES V5.1 added the following:

- Updates for eMIS Phase 2
- Updates for Future Discharge Date
- SDS Table Lookup
- Health Benefit Plans
- Supporting Documents
- VA Profile Address, Phone and e-mail
- Additional minor updates and corrections

ES V5.0 No new capabilities.

- This release was a technical upgrade to several underlying technologies and web application hosting software with no functional or design changes visible to the end user.

ES V4.8 added the following capabilities/changes:

- Send initial seeding of all Veterans CC Eligibility information to Community Care Network (CCN) Contractors
- Send Veteran CC Eligibility information to CCN Contractors when changes are made to contact information or CC Eligibility data in ES
- Receive Health Insurance information from CCN Contractors
- Share received insurance information with VistA
- Manage CCN Contractors and Regions via new screens in ES
 - **Note:** Sending information to, and receiving information from, the CCN Contractors will be inactive in this release. It will be activated when the CCN Contractors become available for integration and testing efforts.

ES V4.7 added the following capabilities/changes:

- Medal of Honor and Enrollment Priority Group 1
The MOH data is viewed in the historical service link and describes when the MOH recipient is placed in Priority Group 1.
- Manage Pending Letters and Closed Applications
 - Pending letter checks exclusion conditions for the 365-day process. If none, before the 30-day clock is initiated and necessary for sending initial pending letter events.

- Healthcare Application (HCA) – Future Discharge Date
 - Allows a Veteran or service member to enter a Future Discharge Date as part of their healthcare application process submitted to the Enrollment System. HCA will send the Future Discharge Date in their Service Separation Date field. The Enrollment System will identify it as a Future Discharge Date when the accompanying Discharge Type field is NULL.
 - **Note:** The functionality for receiving a Future Discharge Date from HCA will not be operational until the on-line Healthcare Application (HCA) functionality to accommodate the Future Discharge Date is implemented at a later date.
- Stop Communication: Roles/Person; UI message, Override
 - Edit/Stop Communication capability setting for a user or role are defined in the User Profile page to execute all functions on Stop Communications.
- DOD Death Notification Source and MVI authoritative source
 - ES is accepting a Veterans Date of Death information only when data is entered into the appropriate ES fields or when data comes from MVI only.
- Eligibility: 4-day and 30-day clocks
 - Eligibility and Enrollment management is timed using the 4-day clock (for new applicants) and 30-day clock (for previous applicants) to verify eligibility and enrollment information based on eligibility status (Pending Verification or Pending Re-Verification).
- Health Benefit Plans (HBPs)
 - ES will send Choice Community Care VMPBs that are currently assigned to Veterans to VistA to appear on the Veterans profile.
 - Veterans Choice plans are inactivated and found on Veterans records on the Health Benefit Plans Change History. Community Care plans cannot be manually assigned because they are automated.
- Community Care Outcome, Community Care Determination
 - Review of applicable Community Care Health Benefit Plans that have been assigned for the Veteran.
- Computer Assisted System Staff (CASS) Certification
 - Added information about CASS certification updates. New functionality.
- Mileage Eligibility Criteria and Residential Address
 - Changed the reporting of mileage eligibility when address changes.
- Enrollment
 - The system accepts new Enrollment applications from Veterans whose enrollment status is “Cancelled/Declined” and “Closed Application” with an “Abandoned Application” through an automated process. However, this is a manual, work-around process for VistA.

ES V4.6 added the following capabilities/changes:

- Future Discharge Date
 - The Military Service section now includes the Future Discharge Date, which is the projected date a service member/Veteran will be discharged from active duty. The Signature Index and Signature were removed, because they are no longer needed with the Future Discharge Date.
- Future Discharge Date Reports
 - Summary and Detailed reports provide information on service members/Veterans that have a Future Discharge Date and no Service Separation Date.
- Community Care Determination
 - The Overview tab section was enhanced to include Veteran Information, Phone Numbers, Hardship, Community Care Outcome, Nearest VAVAA facility, Wait-Time Information because address accuracy is used for geocoding and driving distance calculation and Community Care Determination and Community Care Determination History information.
- Stop Communications
 - Stop Communications checkbox located on the *Communication* screen, to allow a user to direct the Enrollment System to stop sending letters and handbooks/inserts to a living Veteran. Disabling the checkbox restarts the sending of letters and handbooks/inserts to the Veteran.
- Person Search
 - Enhanced Person Search, added Member ID to Identity Traits, changed label VPID to ICN and moved Birth Sex up under Date of Birth.
- Address Validation.
 - ES will initiate Enterprise Contact Information Service (eCIS) for standardization and validation for all address types for US addresses only. The validation results will be displayed on the *Demographics Overview* and *Address* screens as the CASS Validation Flag.
- Date of Death Rules
 - Changed the Date of Death Notification Source label 'SPOUSE/NEXT OF KIN/OTHER PERSON' to 'SPOUSE/NOK/OTHER PERSON'.
- Self-Gender Identification (SIGI)
 - Self-Identified Gender Identity (SIGI). Self-Identified Gender Identity field activated on the Identity Traits screen.

ES V4.5.1 implements ES V4.5 items 1-5 modifications/enhancements.

ES V4.5 updates Pending Eligibility Reason, retrieve Military Service data from the Enterprise Military Information Service (eMIS), Temporary Address, and adds a link to view the Community Care page. Also adds five dormant modifications/enhancements:

- View Current Information from Community Care Manual Process (will be implemented in 4.5.1)

- View Current Community Care Data (will be implemented in 4.5.1)
- Add new and/or Edit Residential Address (will be implemented in 4.5.1)
- Determine Non-Residential Address in ES (will be implemented in 4.5.1)
- Residential Address Available in ES (will be implemented in 4.5.1)

ES V4.4 adds automation of print mailing requests and responses of the 1095B required mailings for the Healthcare Reform/Affordable Care Act (ACA).

- Public Law
 - Patient Protection and Affordable Care Act (ACA), Public Law 111-148
- VA Mandate
 - For each Veteran in a qualified Enrollment Status at any time during the previous tax year, VHA must print and mail a copy of the IRS 1095B tax form to the Veterans letter mailing address currently on file.
- Mail Correspondence
 - A new ACA mail correspondence table is added to ACA Reporting subtab under the Communications tab. ES automatically selects all qualified Veterans and generates the mail print request to the vendor via background ES batch processes.
- Submit Correction (Mail Correspondence)
 - Submit Correction is used to submit a new 1095B submission and related mail correspondence for a Veteran, in cases where the original submission is rejected for errors and for cases in which the system erroneously reported the coverage period.

ES V4.3 adds a Web Client Server Interface to the IRS for the Healthcare Reform/Affordable Care Act (ACA)

- Public Law
 - Patient Protection and Affordable Care Act (ACA), Public Law 111-148
- VA Mandate
 - The Veterans Health Administration (VHA) must report to the IRS electronic ACA service, for each Veteran, the months qualified for Minimum Essential Coverage (MEC) in a qualified Enrollment Status for any time during the previous tax year.
- Affordable Care Act (ACA) Reporting
 - The reporting functionality is via electronic Web service submissions from the Enrollment System (ES) to the service provided by the IRS for purposes of ACA MEC reporting.
- Transmissions to the IRS
 - ES transmits the name, address, SSN, date of birth and the coverage month indicator for each month the person was in a valid status to receive benefits. Reporting is in

whole month periods only; coverage for one day in a month is sufficient to report the entire month.

- **Transmission Results**
 - The transmission entries display the date, status, reported coverage period, and any error message returned when the transmission is rejected by the IRS. If no entries display on the page, the individual may not have been qualified for MEC in the previous tax year, or currently the individual may not have a record processed in ES.
- **Submit Correction to the IRS**
 - A correction is the submission of a new 1095B form for a Veteran, when the original submission is rejected for data errors or where the coverage period is reported erroneously by the system.
- **IRS Reject Management**
 - Batch submission rejections and Person submission rejections (errors returned specific to a Veteran record) are collected and displayed. The end-user is required to correct the errors and submit a corrected 1095B to the IRS.

ES V4.2 added the following additional capabilities/changes:

- **CL-V Enrollment System Enhancements**
 - Public Law 112-154 was enacted to allow Veterans who were stationed at Camp Lejeune between August 1, 1953 and December 31, 1987 for at least 30 days to receive no cost treatment for 15 medical conditions that were caused by exposure to chemical leaks at Camp Lejeune. New functionality allows determination of Veterans eligibility or lack of eligibility for this benefit. If determined eligible, the Veteran is automatically promoted to Priority Group (PG) 6, if the Veterans PG is 7 or higher. If the Veteran already belongs to PG 6 or lower, his/her Priority Group remains unchanged.
 - HEC sends a batch file to ES known as the CLEAR (Camp Lejeune Environmental Action Report) extract. This file is processed as a nightly batch process by the ES.
- **VOA**
 - Veterans can apply for Camp Lejeune eligibility via the online application. The web service transaction with the ES has also been enhanced.
- **System Parameters**
 - **CL_VISTA_FULL_ROLLOUT** – This new system parameter allows selective control of VistA sites to receive Z11 with CL data.
- **Reports**
 - The CL-V Eligibility indicator was added to the Total Eligibility Factors (EED 10) report.

ES V4.1.1 added the following additional capabilities/changes:

- **IAM single sign-on integration**

- User authentication is now managed centrally by Identity and Access Management (IAM). All ES users will authenticate with VA network credentials via IAM single sign-on portal prior to accessing the ESC application UI. Username and password are no longer required or managed by ES. User account authorization (roles, capabilities and permissions) is unchanged and remains managed by ES system administrators.

ES V4.1.0 added the following additional capabilities/changes:

- Catastrophic Disability
 - VA amended its regulation concerning the manner in which it determines a Veteran is catastrophically disabled (CD) for purposes of enrollment in PG 4. VA eliminated the use of ICD-9-CM and CPT® codes for determining CD. This ensures that CD regulations will not be out of date when new versions of those codes are published.
- Reports
 - Some OPP reports were removed from the *Reports* section since this data is no longer collected.
- 508 Compliancy
 - Some 508 Compliancy issues were addressed.
- Veterans Health Benefit Handbook
 1. A HEC/EED user is now able to mail a Handbook to a Veteran when the Handbook has a handbook status communication of *Sent to CMS* or *Mailed by CMS*.
 2. A Handbook insert will now be sent to a Veteran when the PG changes.
- Legislative Changes (LC)
 - iLC-2 – Preferred Language – to obtain 2011 Electronic Health Record (EHR) certification and fulfill the Meaningful Use (MU) regulations (see **Meaningful Use (MU)**)

¹ This functionality is implemented in an inactive state due to a corresponding VistA release delay.

 - 2LC-3 – Manage Veteran Health Identification Card (VHIC) Information
 - 3LC-4 – Self-Identified Gender Identity (SIGI). Gender field label changed to Birth Sex. Self-Identified Gender Identity field added to Identity Traits screen.
 - LC-5 – Airborne Hazard and Burn Pit – new Health Benefits Plan
- Enrollment System Financials (ESF), formerly VFA
 - Decommission Amount Contributed to Child under Financials
 - Changed Contributed to *Spousal Support* field under Financials/Add Dependent Spouse section from a dollar amount to a Yes/No indicator

² This functionality is implemented in an inactive state and will be activated when the VHIC service becomes available.

³ This functionality is implemented in an inactive state pending VA staff training.

- Added BT (Beneficiary Travel) **Financial Indicator** field to the Financial Overview section.

ES V4.0.0 added the following additional capabilities/changes:

- Update Manage Batch Handbook Requests
 - how the user requests a batch of handbooks for mailing, views Handbook batch request status information including historical information, or cancels a scheduled batch request was changed. ES allows for preferential selection of a PG when scheduling a batch request.
- View Handbook Batch File Statistics
 - users can view, for a specific date, statistics related to the weekly generation of handbook and insert requests included in the batch file and sent to the CMS.
- Health Benefits Plan (HPB)
 - additions and updates were made to some HBP descriptions (viewable in the online help).
- Presumptive Health Benefit Plan (HBP)
 - ES automatically assigns or un-assigns the Presumptive Health Benefit Plan to new Veteran records based on new rules and triggers (update existing Veteran records scheduled for future release).
- Financials
 - users may select the current income year minus one for the first ninety (90) days of the current calendar year. For example, if the current income year is 2012 the user can enter 2011 as the current income year on any one of the first ninety (90) calendar days in 2013.
- Reports
 - reports QM 26 & QM 27 were removed from the *Reports* screen.
- Batch Processes
 - “Batch Process for sending Final Letter requests to CMS” and “Batch Process for handling the CMS Final Letter request results” were added to the *Batch Process Management* screen.
- System Parameters
 - IVM Final Letter Indicator and VOA Anonymous/Level 1 Process Indicator System Parameters were added. See the System Parameters section of this manual for more information.

ESR V3.11 added the following additional capabilities/changes:

- AAP Defect Fixes

- An error upon submitting the data was received stating that city/state did not match zip when an employer address was entered.
- **State** and **Zip** do not display when you attempt to re-enter the employer address.
- **State & Zip** fields display when you enter a country.
- Enrollment System Enhancements
 - a solution for archiving/deleting HL7 messages was implemented. Selected records are removed from the table and placed in a separate storage location in a separate archive accessible by the ESR application.
 - editing *email address* or *phone number* triggers an outbound Z05 message to the sites.
- Handbook
 - ESR now displays the current *Handbook* or *Benefits At A Glance*, (HB and BAAG) and previous 2 versions via the Virtual Content Generator (VCG). ESR 3.10 used the Content Management System (CMS) vendor to produce the HB and BAAG.
 - the VCG now stores a HB and/or BAAG in the Veterans Benefits Repository (VBR) database, not in ESR.
 - ESR no longer updates Bad Address Reason from CMS returned files.
- Veterans On-Line Application (VOA)
- ESR now receives VOA data via a web service call.
 - Veterans Financial Assessment (VFA) Enhancements (Phase II)
 - ESR and Income Verification Matching (IVM) now communicate directly by way of the E&E Web Service.
 - enhanced ESR/IVM data sharing – ESR logs transmissions to IVM and logs response from IVM.
 - Updated the selection criteria for a Veteran record ESR-to-IVM transfer for a new IY
 - System Parameters
 - **IVM DM Exporter Maximum Records** from *System Parameters* was removed.
 - ESR **V3.12** added the following additional capabilities/changes:
- Handbook CMS Implementation
 - inserts are mailed to the Veteran with a delivery preference of “Mail”.
 - Communication Log status process was updated to accommodate the Online delivery preference.
 - Display Error Message: If a Handbook Communication document cannot be displayed because VCG is unavailable, the following message displays: “The Handbook document cannot be displayed at this time. Please try again later. If this problem persists, please notify the Handbook Team via e-mail at *VHA HEC Handbook Team*.”
- VFA Changes (Phase III)

- implemented "Clone/Create Means Test" functionality
 - IVM selection criteria for ESR 3.12 was significantly modified.
 - ESR was modified to use "PG8 Indicator" from IVM.
 - ESR was changed to support Rx Copay Exemption Status update from IVM for existing Means Tests.
 - bi-directional interface between ESR and IVM was completed.
 - Hardship values were added to the bi-directional interface.
 - added new ***PG8 Relaxation Indicator*** field to the Financial Assessment area of the *Financial Overview* page.
 - added new ***IVM Conversion Date*** field to the Income Verification area of the *Financial Overview* page.
 - enhanced ESR/IVM data sharing – IVM now sends means test conversion/reversal decisions to ESR.
- VOA
 - ESR added the ability for HEC users to resubmit pending VOA forms for processing.
 - email communication is sent to the Veteran (if email provided in VOA form submitted) with confirmation of a successful VOA submission.
 - data is sent in real time, upon request, to VOA for the purpose of pre-population of known enrollment data about the Veteran.
 - new “VOA Resubmission” button added to the UI that when clicked, takes the user to the new *Resubmission* page where the user can select a 10-10EZ or 10-10EZR form for resubmission, after the reason it was put into a pending state has been addressed and corrected.
 - Health Benefits Plan (HPB) – VHA has initiated the *Health Benefits Plan* (HBP) that associates the authority for care to the provisioning of healthcare services, while providing Veterans and Veterans families with an accurate description of eligible benefits. The creation of Veterans HBPs removes the subjectivity associated with and the interpretation of benefits and reduces the need to have VA staff continually interpret benefits for Veterans and their families.
 - Users with appropriate *Role/Capabilities* may View, Add (Assign) and Delete (Unassign) appropriate HBP from a Veterans record.
 - Users with appropriate *Role/Capabilities* may View the Veterans HBP change history.
 - HBP Profile information is shared and received between ESR and VistA.
 - all approved HBP names and definitions are viewable in ESR via the online help from the *Person Search* page and the new *Health Benefits Plans Assigned/Unassigned* page.

- a new HBP section/field was added to the Eligibility/*Current Eligibility* screen indicating the current number of HPBs for the Veteran. A link to the new *Health Benefits Plans Assigned/Unassigned* page was also added to the new section.
 - a new field was added to the Veteran *Overview* screen in the Eligibility section indicating the current number of HPBs for the Veteran.
- New Person Search Criteria
 - VPID
 - or
 - Last Name, First Name, SSN (or Pseudo SSN) and Gender are required,
 - or
 - Military Service Number
 - or
 - Claim Folder Number
- A new **HBP Data Sharing Indicator System Parameter** was added for activating the new ZHP segment in the Z11 message (VistA) for sharing Health Benefits Plan Data to/from VistA. See the System Parameters section of this manual for more information.

ESR V3.10 added the following additional capabilities/changes:

- Handbook – Three hyperlinks for each of *Handbook* and *Benefits at a Glance* (in ESR 3.9 only one of each was present) display on Veteran *Overview* screen in the **Communications** section. These hyperlinks allow a user to view the three most current *Handbook* and/or *Benefits at a Glance*.
- Enrollment Enhancements:
 - a onetime batch process to update Catastrophically Disabled (CD) Veterans to change the Means Test status to “No Longer Required” and associated Pharmacy (Rx) Copay status to “No Longer Applicable”.
 - HL7 Messages in the ADR HL7 Transaction Log table is now archived to the HL7 Archive table and then permanently deleted per an agreed upon schedule. On the *Facility/Facilities* screen, an additional hyperlink was added with the title, “**View All Archived HL7 Messages**”. The *Archived HL7 Message Log* screen displays when clicked.
- ICD-10 Changes – 30-year-old ICD-9-CM code set is being replaced by the **International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)** and the **International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS)** with dates of service, or date of discharge for inpatients, that occur on or after the ICD-10 Activation Date.
 There will be a period of time when VHA requires use of both code sets (ICD-9 and ICD-10) to accommodate outpatient dates of service and inpatient discharges prior to and following the compliance date (the ICD-10 Activation Date) as well as for reporting and research purposes.
 New to ESR 3.10 is an added column in each of the **Diagnosis** and **Procedure** sections to

indicate if the code displayed is an ICD-9 or ICD-10 code.

OPP 1 and OPP 2 extract reports were modified to accommodate the new ICD-10 codes.

- Veteran Financial Assessment (VFA) – VFA initiative reduces need for Veterans to provide updated financial information to VA annually to re-establish Veterans eligibility for VA healthcare benefits. New enrollees and Veterans whose Means Tests expired prior to the VFA Start Date, will be required to submit income information. A Means Test will no longer expire each year in ES. An ESR to IVM (Enrollment Database {EDB}) Web Service has been established to exchange Veteran income/net worth information with the IVM Application (EDB). Additionally, all Means Tests will become effective immediately (Means Tests will no longer become Future Dated Tests). – **VFA Start Date**, a new system parameter, was added to the *System Parameter* section/screen that will establish the start of the Veteran Financial Assessment initiative.

ESR V3.9 added the following additional capabilities/changes:

- Additional fields were added to E&E Web Service.
- OPP Extract:
 - *Ethnicity* now appears in the Main file (OPP 5).
 - race information is sent to OPP in a new *Race* file.
- Handbook:
 - the number of “trigger” events that prompt sending Handbook communications to the CMS was reduced. Handbook events were modified to trigger only when a different Preferred Facility (PF) has been added, or an existing PF is replaced by a different PF.
 - up to 3 PFs, including Station Number, are sent to the CMS vendor at the Community-based Outpatient Clinic (CBOC) level for inclusion in Handbook.
- MSDS – ES recalculates the Period of Service (POS) using MSDS Broker when an ineligible non-Service Connected non-Veteran is changed to an eligible Service Connected Veteran.
- VOA Enhancements – “Feb 2011” 1010EZ and 1010EZR formats became available through the ES application via the “Print 1010EZ” and “Print 1010EZR” buttons under the **Financials** tab/*Financial Overview* screen.

ESR V3.8 added the following additional capabilities/changes:

- A *Delivery Preference* sub tab which supports delivery preferences of “Mail” or “Online” for Veteran Benefits Handbook was added to the *Communications* tab.
- ESR uses MSDS data to verify eligibility.
- ESR separates *Home Phone* last update date/time from *Permanent Address* last update date/time in the *Permanent Mailing Address* section,

- **FIRST NAME** and **MIDDLE NAME** fields were rearranged on Add A Person *Search* screen,
- **Place of Birth State** field became a dropdown menu with a list of state codes and foreign locations on the *Demographics/Identity Traits* screen.
- **Race** field changed to allow multiple selections on the *Demographics/Identity Traits* screen.

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

- Business Rule for Creation of Enrollment History records was changed. The number of data element changes that create enrollment history records was reduced. Changes to Enrollment Status, Priority Group, or EGT will produce new history records, most other changes will not.
- Updated the Priority Group 8 Report (P8G 2) to use appropriate Relaxation Percentage rather than the fixed, initial percentage.
- *Appointment Request Response* may now be selected during ESR Registration (Add a Person) process on *Demographics/Personal* screen.
- A bulletin is sent to the patient's chosen Preferred Facility when registration of a patient (Add a Person) is completed,
- **Mother's Maiden Name** field is no longer shared with VistA on the *Demographics/Identity Traits* screen,
- ESR sends a query to MSDS Broker when a Veteran is registered through ESR (AAP).
- ESR shares *Permanent Address* and *Home Telephone* with the Master Veteran Index (MVI).
- MVI notifies ESR of Date of Death updates.
- E&E Web Service returns multiple Preferred Facilities for a Veteran if that Veteran has more than one active *Preferred Facility*.
- ESR uses HEC-entered Eligibility Verification status for NSC and SC 0% non-compensable persons registered through ESR (AAP) to attempt to verify the Eligibility Status.

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

- In support of FSC Fee and Dialysis groups, 16 additional fields were added to the E&E Web Service, plus the ability to allow a second request with a date-of-service parameter to be passed.
- Service request that returns historical data based on Date of Service.
- Eligibility Determination request that returns "Eligible" or "Not Eligible" based on Enrollment Status.

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

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

- **Medal of Honor Indicator** data stored and displayed on *Military Service* screen is editable.
- Receipt of a Medal Of Honor was added to eligibilities considered when assigning Enrollment PG.

ESR V3.6 added additional Veteran Benefits Handbook functionality:

- **Default Handbook Batch Release Control Number** system parameter was added for changing the release control number that is used with a Handbook Batch Release. See the [System Parameters](#) section of this user guide for more information.
 - **Handbook Rollout Over** system parameter was added for turning new enrollment triggers on and off. See the [System Parameters](#) section of this manual for more information.
 - **Handbook Active** system parameter was added that activates “trigger” events that prompts sending Handbook communications to the CMS. See the [System Parameters](#) section of this manual for more information.
-  **Note:** See the *Tabs/Communications/Handbook Status* section of this manual for more details.

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

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

ESR V3.6 added the following additional MSDS capabilities:

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

ESR V3.5 added the following additional MSDS capabilities:

- Activations from VADIR are received and processed into ESR Military Service Episodes (MSE).
- **Combat Veteran End Date** computation was modified allowing a recalculation to an earlier date based on a user edit of the Military Service and/or Combat Service data.

- ESR accepts precise dates from Broker when ESR has imprecise MSE dates on record.
- ESR does not perform a query of MSDS Broker for persons with null/missing identity traits.
- The following choices for **Discharge Type** on the *Current Military Service* screen were added: 1) Honorable for VA Purposes (**Honorable-VA**) and, 2) Dishonorable for VA Purposes (**Dishonorable-VA**).
- Incoming BIRLS data was modified to map *Branch of Service* values for *Air National Guard (ANG)* and *Army National Guard (ARNG)* to **Air Force** and **Army** in ESR, respectively, and sets **Service Component** field to **Activated National Guard**.
- If Broker fails to create an MSE record, ESR creates a HEC-owned MSE from site data.

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

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

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

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

ESR V3.5 added the following Preferred Facility capabilities:

- **Preferred Facility** field was made editable only when an active Primary Care Provider (PCP) was unavailable on *Demographics/Personal* screen. **Preferred Facility Source** field is the source of the preferred facility selection. It is not user-selectable but is automatically populated based on the source of the data.
- **Veterans Preferred Facility** is determined by communicating with an outside (of ESR) source (Corporate Data Warehouse {CDW}).

- **Missing Preferred Facility** report (EED 20) displays which Veteran does not have a Preferred Facility.

ESR V3.5 added Veteran Benefits Handbook functionality.

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

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

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

ESR V3.3 added the following:

- Eligibility and Enrollment (E&E) Web Service supporting requests for data or information regarding enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service broker requests to carry out system specific information from other systems to ESR.
- VBA Pension Data Sharing expands pension information gathered by ESR.
- Additional Pension Award fields related to *VA Pension* were added to *Edit Current Eligibility* screen.
- Two Class II Dental fields added to the *Current Military Service* screen for VBA Pension Data Sharing enhancement.

- Priority Group Relaxation % Phase II expands *P8 Relaxation Enhancement* allowing Veterans to enroll based on a fixed percentage allowance ABOVE Means Test or GMTT, providing ability to change *Relaxation Percentage* by income year. Change was retroactive back to the beginning of current Income Year for any Veteran who was rejected at that time but would now qualify under new relaxation percentage.

ESR V3.2 added the following:

- General Counsel's (GC) Ruling changes Geographic Means Test Threshold (GMTT). GC ruling dictates people with very low income who live where GMTT is LESS than Means Test Threshold (MTT) and whose net income is LESS than GMTT, yet their net income plus assets is GREATER than Net Worth Threshold, be placed in Priority Group (PG) 7.

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

- Community Care Collateral Program (Phase 1) (5.13)
- VHAP updates (5.13)
- VCE updates (5.13)
- Hardship Expiration Letter (5.13)
- Caregiver (5.12)
- VHAP Summary and Detail Report (5.12)
- Registration Only (5.12)
- VHAP updates (5.12)
- VHAP Detail and Summary Reports
- Expire and Grant Hardship (5.12)
- Community Care General Hardship updates (5.12)
- Associate Foreign Address updates (5.12)
- Registration Only (5.12)
- New Ineligible and Dental VHAPs (5.12)
- Health Eligibility Center User Agreement update (5.12)
- VA Profile Message Search (5.12)
- Reroute Anonymous Health Care Applications (HCAs) (ES 5.10)
- Hardship (Financials tab) (5.10)
- VHA Profile (formerly VMBP) updates (5.10)
- SHRPE updates (5.10)
- Authorization Receive Date updates (5.10)
- ESCC Quality Report updates (5.10)

- Suicide High Risk Patient Enhancements (SHRPE) (ES 5.9)
- Veteran Medical Benefit Plans (VMBPs) (ES 5.8)
- Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act (ES 5.6) (Updates to the VCE Parameters screen, CCP Determination screen, CCP Eligibility Hardship, and HBP)
- Preferred Name Updates (ES 5.6)
- Appointment Request and Management Edit (ES 5.6)
- eMIS name change to MSDS (ES 5.2)
- Community Care Updates (ES 5.2)
- Updates for eMIS Phase 2 (ES 5.1)
- Updates for Future Discharge Date (ES 5.1)
- SDS Table Lookup (ES 5.1)
- Health Benefit Plans (ES 5.1)
- Supporting Documents (ES 5.1)
- VA Profile Address, Phone and e-mail (ES 5.1)
- CCN Send Eligibility Information (ES 4.8)
- CCN Receive Health Insurance information (ES 4.8)
- Share received insurance information with VistA (ES 4.8)
- Manage CCN Contractors and Regions (ES 4.8)
- Send Records to CCN (ES 4.8)
- Date of Death Notification Source and MVI Authoritative Service (ES 4.7)
- Medal of Honor Priority One Group (ES 4.7)
- Manage Pending Letters and Closed Applications (ES 4.7)
- Healthcare Application (HCA) Future Discharge Date (ES 4.7)
- Stop Communication, Roles, and Override (ES 4.7)
- Eligibility and Enrollment Management (ES 4.7)
- Health Benefit Plans (ES 4.7)
- Community Care Outcome and Determination (ES 4.7)
- Computer Assisted System Staff (CASS) Certification (ES 4.7)
- Mileage Eligibility Criteria and Residential Address (ES 4.7)
- Person Search (ES 4.6)
 - Military Service:
 - Future Discharge Date (ES 4.6)

- Future Discharge Date Report (EED21) (ES 4.6)
- System Parameters - eMIS Reconciliation Indicator (ES 4.6)
- Community Care Determination and Community Care Determination History (ES 4.6)
- Identity Traits (ES 4.6)
- Date of Death Notification Source - Changed the Date of Death Notification Source label to Spouse NOK/Other Person (4.6):
- Add/Edit Address and Geocode (ES 4.6)
- Overview tab updated (ES 4.6)
- Communications Stop/Restart(ES 4.6)
- SIGI Implemented (ES 4.6)
- eMIS (ES 4.5)
- Temporary Address (ES 4.5)
- ACA (ES 4.4)
- ACA (ES 4.3)
- CL-V (ES 4.2)
- VOA (ES 4.2)
- System Parameters (ES 4.2)
- Reports (ES 4.2)
- IAM single sign-on integration (ES 4.1.1)
- Catastrophic Disability (ES 4.1.0)
- OPP Extracts (ES 4.1.0)
- 508 Compliancy (ES 4.1.0)
- Handbook (ES 4.1.0)
- HBP (ES 4.1.0)
- Legislative Changes (ES 4.1.0)
- ESF (ES 4.1.0)
- Handbook (ES 4.0.0)
- Health Benefits Plan (ES 4.0.0)
- Financials (ES 4.0.0)
- Batch Processes (ES 4.0.0)
- System Parameters (ES 4.0.0)
- Handbook (ESR 3.12)
- VFA Phase III (3.12)

- VOA (ESR 3.12)
- Health Benefits Plan (ESR 3.12)
- Handbook (ESR 3.11)
- VOA (ESR 3.11)
- VFA Phase II (ESR 3.11)
- Handbook (3.10)
- Archiving HL7 Messages (3.10)
- ICD-10 Changes (3.10)
- VFA/Mean Testing (3.10)
- E&E Web Service (3.9)
- OPP Extracts (3.9)
- Handbook (3.9)
- MSDS (3.9)
- VOA (3.9)
- Add a Person (screen/dropdown changes) (3.8)
- Communications/Handbook (3.8)
- MSDS (3.8)
- Demographics/Personal (field changes) (3.8)
- E&E Web Service (3.7)
- MSDS (3.7)
- Master Veteran Index (MVI) (3.7)
- Reporting (3.7)
- Add a Person (ESR Registration) (3.7)
- E&E Web Service/T-Pharm (3.6)
- Public Law (PL111-163) Medal Of Honor (3.6)
- Additional Veteran Benefits Handbook Functionality (3.6)
- VBA Pension and Dental Data Sharing functionality between VistA and ESR (3.6)
- MSDS (3.6)
- MSDS (3.5)
- Public Law PL111-163 (3.5)
- Add a Person (ESR Registration) (3.5)
- Preferred Facility (3.5)
- Veteran Benefits Handbook (3.5)

- MSDS (3.4)
- Military Service Data Sharing (MSDS), Phase I (Phase I will create HEC-owned MSE records based on site data from incoming ORUZ07 messages) (3.X)
- Veteran Benefits Handbook Phase I (3.X)
- E&E Web Services Phase II (3.3)
- VBA Pension Data Sharing (3.3)
- Priority Group Relaxation % Phase II (3.3)
- Remove Unnecessary Data Consistency Checks (3.3)
- Duplicate Merge Tool Enhancement (3.3)
- Financials/Adjudication (3.2)
- Data Handling Process (3.1)
- Reporting (3.1)
- Standardizing Date Checks (3.1)
- Enrollment Processing (3.1)
- Message Processing Improvements (3.1)
- System Administration (3.1)
- Veterans On-Line Application (10-10EZ supplement) (3.1)
- Identity Traits (3.1)

The following are dormant in ES 4.5:

- View Current Information from Community Care Manual Process (will be implemented in 4.5.1)
- View Current Community Care Data (will be implemented in 4.5.1)
- Add new and/or Edit Residential Address (will be implemented in 4.5.1)
- Determine Non-Residential Address in ES (will be implemented in 4.5.1)
- Residential Address Available in ES (will be implemented in 4.5.1)
- ES V4.5 items 1-5 modifications/enhancements are implemented (ES 4.5.1)

Enrollment System (ES) is a web-based system that exchanges information with many external VA and non-VA systems enrolling qualified Veterans into the VA healthcare system.

1.3 Project References

Refer to the following Enrollment System documents:

- ES 5.13 Release Notes
- ES 5.13 User Guide

1.3.1 Coordination

Austin Information Technology Center (AITC), installation, maintenance (third Saturday of each month), and monitoring.

1.3.2 Help Desk

Assistance can be obtained by calling the National Help Desk at 888 263-4337.

1.4 Organization of User Guide

This user guide is organized in the following manner:

- 1.0 Introduction** – Defines ES and summarizes previous versions and enhancements.
- 2.0 System Summary** – Explains how ES works.
- 3.0 Getting Started** – Explains how to log on and navigate ES to perform tasks. It also explains how the online help is organized and used.
- 4.0 Menu Bar** – Utility buttons for ES.
- 5.0 Veteran/Beneficiary Information Tabs** – Where the user accesses various kinds of information on record for the beneficiary to aid in determining a Veterans eligibility for enrollment in the VA healthcare system
- 6.0 Project-Specific Scenarios** – Contains procedures on how to perform common tasks in ES in the *How Do I ...* section.
- 7.0 Troubleshooting** – Details any potential issues or items that users may need assistance with and provides guidance.

 **Note:** The terms *Veteran*, *beneficiary*, *patient*, and *applicant* will be used interchangeably throughout the ES Help. While not all *applicants* are *Veterans* or *patients*, neither are all *applicants' beneficiaries*. Whether they are a *Veteran*, *patient* or *beneficiary* is determined after the application for benefits is received and processed. For any screens with multiple data, resorting may be done on any category by either clicking on the category name or on the  symbols. Click again to sort the opposite (ascending/descending) of the pervious sort.

Enrollment System Screen Layout

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

Menu Bar - Area of the screen where utility buttons for ES are located. Users may view **Worklists**, perform **Veteran Merges**, **Load Registries**, do an **Undeliverable Mail Search**, **Generate/View Reports**, reference **Thresholds/EGT Settings** and perform general **Administrative** functions.



Figure 1: Menu Bar

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



Figure 2: Summary Area, Sensitive Record



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

Tabs - Area of the screen where users may access various kinds of information on record for beneficiaries to determine Veterans enrollment eligibility in the VA healthcare system.



Figure 4: Tabs

Main Area - Most of the data in the beneficiary's record is found in the Main Area. Within the Main Area, links launch other screens for users to view, update, add, and delete information.

<p>Update Current Eligibility ELIGIBILITY</p> <p>Primary Eligibility Code: NSC</p> <p>Secondary Eligibility Codes:</p> <p>Service-Connected Percentage:</p> <p>Eligibility Status: VERIFIED</p> <p>Current Number of Health Benefit Plans: 1</p>	<p>Update Financial Assessment FINANCIALS</p> <p>No Current Income Test Data Available</p>
<p>View Community Care Outcome COMMUNITY CARE DETERMINATION</p> <p>Community Care: Basic</p>	<p>Update Enrollment Dates ENROLLMENT</p> <p>Application Date: 09/19/2018</p> <p>Effective Date of Change: 11/29/2018</p>
<p>Update Mailing Address DEMOGRAPHICS</p> <p>Address (Street and Number): 0000 ANYWHERE ST. ANYWHEREVILLE MM 99999 - 9999 UNITED STATES Certified</p> <p>Home Phone:</p>	<p>Update Date of Death DEMOGRAPHICS</p> <p>Current Status: Alive</p>
<p>Future Discharge Date MILITARY SERVICE</p> <p>Is On Active Duty:</p> <p>As Of Date:</p> <p>Future Discharge Date:</p>	<p>View Handbook Communication COMMUNICATIONS</p> <p>No Data on File</p>
<p>View Veteran Health Identification Card (VHIC) Status</p> <p style="text-align: center;">OPEN VHIC</p>	

Figure 5: Main Area screen

1.5 Acronyms and Abbreviations

The following is a list of acronyms and definitions used in this user guide, online help, and ES application.

#

10-10 CG (form): The VA application used by Veteran and Caregiver applicants to apply for the Program of Comprehensive Assistance for Family Caregivers (PCAFC) program.

10-10 EZ (form): This is the application for health benefits. Submission of this application provides the VA with the information they need to begin the enrollment application process for the Veteran in the healthcare system.

10-10 EZR (form): This is the Application for Health Benefits Renewal form. Submission of this application provides the VA with updated personal, insurance and/or financial information for the Veteran already enrolled in the healthcare system.

A

A&A: (see) Aid & Attendance

AAC: (see) Austin Automation Center

ACA: Affordable Care Act (Healthcare Reform/Affordable Care Act)

ACK: Acknowledgement

Adjudicate: To hear and settle (a case) by judicial procedure or to study and settle (a dispute or conflict).

ADR: Administrative Data Repository.

AE: Application Error

Agent Orange: An herbicide containing trace amounts of the toxic contaminant dioxin that was used primarily in the Vietnam War to defoliate areas of forest.

Aid & Attendance: Need for Aid & Attendance means helplessness or being so nearly helpless as to require the regular aid and attendance of another person.

AITC: Austin Information Technology Center

Anonymous Application: Anonymous application is submitted from someone who does not log in to VA.gov prior to submitting it. All applications, both anonymous and authenticated, originate from the HCA on VA.gov.

Applicant: An applicant is one that applies for benefits as in VA healthcare benefits.

As of Date: The last date/time the Active Duty status for a service member/Veteran was received from MSDS.

Austin Automation Center: (see) Austin Information Technology Center

Austin Information Technology Center: The AITC (Austin Automation Center (AAC)) provides comprehensive e-government solutions to match the critical needs of VA and other federal agency customers, from managing data to automating business processes. The AITC supports over 100 customer applications that provide mission\ critical data for financial management, payroll, human resources, logistics, medical records, eligibility benefits and supply functions.

B

Bar Code ID: Bar Code id is a system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event if applicable, and the individual.

BDN: Benefit Delivery Network

Beneficiary: A beneficiary is one that receives a benefit as in VA healthcare benefits.

Beneficiary Identification Records Locator System: The Beneficiary Identification Records Locator System (BIRLS) is a Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) database containing records of all beneficiaries, including Veterans whose survivors applied for death benefits. In addition to these applications for VA benefits, sources of data include Veterans discharged from the military service since March 1973, Medal of Honor recipients, and service members with accounts for VA education benefits.

BIRLS: Beneficiary Identification Records Locator System

BOS: Business Office Section.

C

C&P: Compensation & Pension.

CASS: Coding Accuracy Support System.

Camp Lejeune Environmental Action Report (CLEAR) – CLEAR is a VA-created interim mechanism that tracks requests for care from Camp Lejeune Veterans and family members. It tracks calls to the VA call center as well as direct contact made by Veterans or family members at VA medical centers.

Camp Lejeune – Veteran (CL-V): From the 1950s to the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune (CL), NC, were exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals. On August 6, 2012, President Obama signed into law the “Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012” (P. L. 112-154). This law provides health care for Veterans who served on active duty at Camp Lejeune and reimbursement for health care to family members who resided at Camp Lejeune for more than 30 days between August 1, 1953 and December 31, 1987. The law authorizes care for 15 medical conditions, even if there is insufficient medical evidence to conclude that such illnesses or conditions are attributable to the Veterans’ military service or family members residing at Camp Lejeune.

The Camp Lejeune-Veteran (CL-V) project improves organizational efficiency in providing services to affected Veterans by ensuring they are appropriately identified as Camp Lejeune eligible, assigning them to Priority Group 6, and waiving co-payments for their conditions related to Camp Lejeune. This helps address mandate House Resolution (H.R.) 1627 (now Public Law (P.L.) 112-154, Honoring America’s Veterans which requires VA to provide hospital care and medical services to Veterans who served on active duty at Camp Lejeune for one or more of 15 specified illnesses or conditions.

Capabilities: Capabilities are pre-defined and are essentially the known ES system functions.

Capability Sets: A Capability Set is a group of Capabilities. A Capability Set is a group of Capabilities, while a Role is a group of Capabilities and/or Capability Sets.

Caregiver Status: The current status for a caregiver instance. Caregiver Status for an instance may be set to “In Process”, “Denied”, “Approved”, “Revoked” or “Benefit End”.

Caregiver Subtype: The caregiver designation given to the Caregiver for a specific sponsor. For a single instance, a Caregiver Subtype is one of the following three values: Primary Caregiver, Secondary Caregiver, or General Caregiver.

CARMA: Caregiver Record Management Application

Carveout Profile: A supplementary VHA Profile (VHAP).

Catastrophic Disability: Catastrophic Disability is a permanent, severely disabling injury, disorder, or disease that compromises the individual’s ability to carry out the activities of daily living to such a degree that s/he requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to her/him or others.

CC: Community Care

CCN: (see) Community Care Network

CCP: Community Care Program

CD: (see) Certificate of Deposit

CDW: (see) Corporate Data Warehouse

Cerner: Cerner Millennium, commonly known as “Cerner”, is an Electronic Health Record (EHR) platform and the core of Cerner EHR. The VA’s Millennium application, which includes many healthcare solutions, is used by the DoD’s Healthcare Management System Modernization (DHMSM) program and the VA EHR Modernization (EHRM) program.

Certificate of Deposit: A certificate from a bank stating that the named party has a specified sum on deposit, usually for a given period of time at a fixed rate of interest.

CEV: Centralized Eligibility Verification

CHAMPVA: Civilian Health and Medical Program of the Uniformed Services or Veterans Affairs (CHAMPVA); an insurance program in which the VA shares the cost of covered healthcare services and supplies for active duty and retired career military persons, their dependents and survivors.

CMS: (see) Content Management System

CLEAR: (see) Camp Lejeune Environmental Action Report

CL-V: (see) Camp Lejeune-Veteran

Coding Accuracy Support System (CASS): Software provided by the United States Postal Service to verify delivery to an address.

Combat Veteran: A Veteran, including activated Reservists and members of the National Guard, who served on active duty in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) and have been discharged under other than dishonorable conditions.

Community Care: VA provides care to Veterans through community providers when VA cannot provide the care needed to enrolled Veterans. Community Care is based on specific eligibility requirements, availability of VA care, and the needs and circumstances of individual Veterans.

Community Care Network Contractors: For all Veterans who qualify for the Community Care Program, ES will collect data and provide that information to the Community Care Network (CCN) Contractors.

Compensable: A determination by VA that a Service Connected disability is severe enough to warrant monetary compensation.

Content Management System: The Content Management System provides the capability to create the Veterans Benefits Communications (Patient Benefits Handbook). This allows for user defined content rules to be evaluated for the generation of a Veterans Benefits Communications so that is specifically tailored to the Veteran. In addition, the CMS will publish and mail the Veterans Benefits Communications.

COR: Contracting Officer Representative.

Corporate Data Warehouse: The VA Corporate Data Warehouse (CDW) is a national repository comprising data from several Veterans' Health Administration (VHA) clinical and administrative systems. The CDW's objective is to provide data and tools to support management decision making, performance measurement and research objectives.

CSC: Caregiver Support Coordinator.

CSP: Caregiver Support Program.

CV: Combat Veteran.

D

DAS: Data Access Service.

DD-214: A DD-214 is issued to military members upon separation from active service. DD-214s were issued to separated service members beginning in the 1950s. The term "DD-214" is often used generically to mean "separation papers" or "discharge papers," no matter what form number was used to document active duty military service. If VA has a copy of a DD-214, it is usually because the Veteran attached a copy (or sometimes, the original) to his or her application for disability or education benefits. If the Veteran has lost his/her original DD-214 or a copy and s/he is receiving (or applied for in the past) disability or education benefits from VA, the HEC may have a copy (or the original, if sent to the HEC by the Veteran) on file. At the very least, if the Veteran is currently receiving benefits (or did in the past), the HEC should be able to provide a Statement of Service, which can be used instead of a "DD-214."

DD-215: A corrected version of the DD-214.

Dependent: Individual relying on or requiring the aid of another for support.

DOA: Decentralized Autonomous Organization

DOB: Date of Birth.

DoD: Department of Defense

DOD: Date of Death

E

EAI: Enterprise Application Integration

eCIS: Enterprise Contact Information Service is a new Web Service that manages Veteran contact information (e.g. home address, mailing address, home phone number, work number, email, etc.) including validating addresses.

EE: Eligibility/Enrollment.

EED: Eligibility, Enrollment Division.

E&E Web Service (EE Web Service): The Enrollment and Eligibility (E&E) Web Service is a sub function of the Enrollment Systems and allows consumers to read current eligibility and enrollment data for a Veteran. The E&E web service is owned and maintained by the Enrollment System. The service itself is maintained/enhanced by the development team, just like the rest of the system components. Service accounts are maintained by system administrators.

EGT: Enrollment Group Threshold.

Electronic Health Record (EHR): EHR is an electronic version of a patient's medical history that is maintained by the provider over time and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.

eMIS: Enterprise Military Information Service is the new Web Service that replaces the former broker service used by Enrollment. The MSDS (Military Service Data Sharing) broker service will continue to be referred to, because MSDS refers to the concept of a sharing service independent of what the sharing service may be. Information from the Department of Defense database, VADIR, comes to ES via MSDS and is considered the authoritative source of military service information.

Enrollment: The process for providing beneficiaries access to VA healthcare benefits covered by the medical benefits package.

Enrollment Group Threshold: EGT is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. These settings are used to determine which priority groups (and/or subgroups) are eligible for enrollment into the VA healthcare system.

Enrollment System (ES): ES is the HealthVet replacement system for the product known as HEC Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. ES allows staff at the HEC to work more efficiently and determine patient eligibility in a timelier manner. ES encompasses all enrollment management applications within the EHBD. (see) Health Eligibility Case Management System (HECMS)

Enterprise Health Benefits Determination (EHBD): The program within Veterans Relationship Management (VRM) that manages all aspects of health benefits determinations, including but not limited to Veteran self-service applications, web services, data collection and sharing, verification of military service and benefits, and Veterans communications.

Environmental Contaminants: Also known as 'SW Asia Conditions', this refers to a Veterans exposure to environmental contaminants while serving in the military.

ESC: Enrollment System Core.

ESR: Enrollment System Redesign, Health Eligibility Case Management System (HECMS), now known as the Enrollment System (ES).

ETL: Exchange, Transform, and Load. ES uses an Exchange, Transform, and Load (ETL) mechanism to request and process Geocoding information from PSSG. The ETL process runs in a batch mode at specific intervals every day.

F

Future Discharge Date: Also referred to as FDD. This is the projected end date for an active duty service member.

G

General Caregiver: One of three types of VA Caregivers. This type is specific to the Program of General Caregiver Support Services (PGCSS) program. The Veteran can have one (1) General Caregiver. This is the Veteran's only Caregiver.

Geocoding: The process of assigning geographic coordinates assigned to a location. The ES sends a Residential Address to an internal VA's Planning System Support Group (PSSG) and receives back the geographic coordinates. The ES then determines a Veterans Eligibility for mileage under the Veterans Choice program.

Geographic Mean Test Threshold: GMT Threshold dollar amount is the income GMT threshold as determined by the system for area in which the Veteran lives. This threshold is derived by a look up of the Department of Housing and Urban Development (HUD) indices table. The threshold amount is computed as FIPS code + MSA code for the # of dependents.

GMT: Geographic Means Test.

GWOT: Global War on Terror.

H

Hardship Determination: A Financial Hardship Determination is an exemption from copays for a determined period of time. This can be due to a loss of income for that income year.

HB: (see) Housebound.

HBP: Health Benefit Plan (see) VHA Profile.

HCA: Healthcare Application. When the Veterans online application (VOA) was moved to va.gov, the application was renamed to "Healthcare Application", but EHBD still refers to the application as "VOA".

Healthcare Application: Allows a Veteran or service member to enter a Future Discharge Date as part of their healthcare application process submitted to the Enrollment System. HCA will send the Future Discharge Date in their Service Separation Date field. The Enrollment System will identify it as a Future Discharge Date when the accompanying Discharge Type field is NULL.

Health Eligibility Case Management System: (see) ES, Enrollment System.

Healthcare Reform/Affordable Care Act: Effective January 1, 2014, the Affordable Care Act (ACA) requires every individual taxpayer in the United States to maintain minimum essential healthcare coverage or face a tax penalty. Enrollment in Veterans healthcare meets the Minimum Essential Coverage (MEC) threshold under 26 Code of Federal Regulations (CFR) 1.36B-2 (c)(2)(ii) of the Treasury Notice of Proposed Rulemaking (NPRM). The VA is required to provide the IRS with a list or file containing information on every Veteran and beneficiary that obtained MEC through the VA for a tax year.

HealtheVet: My Health_eVet is a web-based system that empowers Veterans/beneficiaries with information and tools so that they can improve their health to the maximum extent possible. Participating Veterans/beneficiaries are given copies of key portions of their electronic health records. This record is stored in a secure and private environment called an eVAult. The eVAult will be personalized with appropriate links to useful explanatory material to help Veterans/beneficiaries understand what is in their record, and what they can do to improve their health condition. Veterans/beneficiaries can also add structured medical information in the "self-entered" section of their eVAult.

HEC: Health Eligibility Center.

HECMS: Health Eligibility Case Management System (see) Enrollment System.

HINQ: Hospital Inquiry.

HL7: Health Level Seven is one of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena.

Housebound: Confined to one's home, usually by illness or disability.

I

ICD-10: (see) International Classification of Diseases.

ICN: Integration Control Number (replaces VPID in *some* windows).

Identity Services: Identity Services (Identity Management) provides a system that creates and maintains an enterprise wide unique identity for all persons of interest for VHA.

Identity Traits: Identity Traits are a set of data fields that uniquely identify the beneficiary.

IdS: (see) Identity Services.

IMDQ: Identity Management/Data Quality.

Imprecise: Includes only month/year or only year (as in imprecise date).

International Classification of Diseases: International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), code for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

IPN: Initial Pending Notification.

IRA: Individual Retirement Account.

IRS: Internal Revenue Service.

Is on Active Duty: The Active Duty status, as received from MSDS, of a service member/Veteran.

IV: Income Verification.

IVM: Income Verification Match.

J

JAAS: Java Authentication and Authorization Service

JMS: Java Message Service.

L

LAS: Legal Administrative Specialist.

Lien: The right to take and hold or sell the property of a debtor as security or payment for a debt or duty.

M

Mail Correspondence (ACA): Communication by mail sent on behalf of a Veteran with regard to reporting MEC and the previous tax year. If coverage is in place, the ACA Mail Correspondence table of the ACA Reporting tab lists tax year, submission type, mail status, communication type, View link, status date, and re-mail link.

Mail Status (ACA): Mail correspondence status indicates where the correspondence is in the mailing process.

Master Veteran Index: The MVI is a database that holds more than 15 million patient medical record entries. It is populated from all VA facilities nationwide. This index is the access point linking patient information for an enterprise-wide view of individual and aggregate patient information. Patients are matched within the MVI database through their unique identifier called an Integration Control Number (ICN). The use of an ICN at one or more VA sites facilitates integrated patient care, while promoting the OneVA vision.

Meaningful Use (MU): Meaningful Use is using certified Electronic Health Records (EHR) technology to maintain privacy and security while:

- Improving quality, safety, efficiency, and reduce health disparities
- Engaging patients and families in their health care
- Improving care coordination
- Improving population and public health

The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the meaningful use of certified EHR technology to improve patient care. To receive an EHR incentive payment, providers have to show that they are meaningfully using their EHRs by meeting thresholds for a number of objectives. The EHR Incentive Programs are phased in three stages with increasing requirements.

Means Test Threshold: Means Test (MT) Threshold is the income threshold level set within the VA for the purpose of establishing benefit levels for Veterans. The Veterans income must fall below this dollar amount to be considered exempt from copays. These MT Thresholds are supplied each year in a VA Means Test Threshold directive that contains the attributes, start and end dates.

MEC (Minimum Essential Coverage): Requirements documented in the ESCC specification documentation regarding determining enrollment.

Medicare: Medicare is the federal health insurance program for: people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

Military Service Data Sharing: MSDS implements process improvements for accessing military service information through real-time systems components (and interfaces) that access, evaluate and utilize military service information.

It focuses on collecting information required to definitively determine basic Veteran eligibility as well as VHA Combat Veteran eligibility and identify Veterans who have served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF).

Military Sexual Trauma: Sexual trauma experienced while on active duty in the military.

MISSION: (see) Maintaining Internal Systems and Strengthening Integrated Outside Networks.

Minimum Essential Coverage (MEC): Individual taxpayers in the United States must maintain minimum essential healthcare coverage or face a tax penalty. Enrollment in Veterans healthcare meets MEC.

Mortgage: A temporary, conditional pledge of property to a creditor as security for performance of an obligation or repayment of a debt.

MVI: (see) Master Veteran Index.

MSDS: (see) Military Service Data Sharing.

MSN: Military Service Number.

MST: (see) Military Sexual Trauma.

MT: Means Test.

MVR/VBA: Master Veteran Record/Veterans Benefit Administration.

N

NARA: National Archives and Records Admin.

National Defense Authorization Act (NDAA) of 2008: This Act extends the period of enhanced healthcare eligibility provided a Veteran who served in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

- Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.
- Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

Nasopharyngeal: Having to do with the part of the pharynx above the soft palate that is continuous with the nasal passages.

NEAR: New Enrollee Appointment Request.

Net Worth: Net Worth is the sum of the Veterans (Bank account amount + Stock and Bond amounts + Real Property Value + (Other property and assets) - Debts).

Noncompensable: A determination by VA that a Service Connected disability is not severe enough to warrant monetary compensation.

NonService Connected (NSC): A Veteran who does not have a VA determined service-related condition.

Nose Throat Radium: Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military.

NPR: (see) Nose Throat Radium.

O

ODM: Operational Decision Manager.

OEF/OIF: Operation Enduring Freedom/Operation Iraqi Freedom.

OPP: Office of Policy and Planning.

Outlier: An extreme deviation from the mean.

P

P&T: (see) Permanent & Total.

Parsed: A parsed message is one that has been translated from its native ASCII format to an XML structure with named fields.

Patient: A patient is one who receives medical attention, care, or treatment.

Pay Plan: The military pay plan of the service member. For ES purposes, “ME” Enlisted, “MO” Officer, “MW” Warrant, and “MC” Cadet are valid values used in determining qualifying military service episodes.

PCAFC: (see) Program of Comprehensive Assistance to Family Caregivers.

Permanent & Total: Permanent & Total indicates if the Veteran is permanently and totally disabled determined by VARO due to a Service Connected condition.

PGCSS: (see) Program of General Caregiver Support Services.

PH: Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces.

Planning System Support Group: See PSSG.

PLC: Programmable Logic Controller.

POA: (see) Power of Attorney.

POS: Period of Service.

POW: Prisoner of War.

Power of Attorney: A legal instrument authorizing one to act as another's attorney or agent.

Precise (date): Consists of month, day, and year.

Program of Comprehensive Assistance to Family Caregivers (PCAFC): This program provides comprehensive VA benefits and services to eligible post-9/11 Veterans and their qualified Caregivers who meet specific eligibility criteria. Examples of VA benefits include: a monthly stipend paid directly to the Primary Family Caregiver, health coverage under CHAMPVA if no other coverage exists, and travel, lodging and subsistence. Under this program, the Veteran may appoint one Primary Family Caregiver and up to two Secondary Family Caregivers who serve as back-up to the Primary Family Caregiver when needed. The Secondary Family Caregivers have more restrictive VA benefits. Under the PCAFC, a Veteran may have up to three (3) caregivers appointed in these roles at a given time.

Program of General Caregiver Support Services: This program provides more restrictive VA benefits and services. Examples include telehealth, respite care, and counseling in connection with the Veteran's treatment plan. Under this program, the Veteran may appoint one General Caregiver at a time.

Primary Family Caregiver: One of three types of VA Caregivers. This type is specific to the PCAFC program. The Veteran can have one (1) Primary Caregiver. This is the Veteran's main Caregiver.

Priority groups: The number of Veterans who can be enrolled in the healthcare program is determined by the amount of money Congress gives VA each year. Since funds are limited, VA sets up priority groups to make sure that certain groups of Veterans are able to be enrolled before others.

PRQ: Person Query File.

Pseudo SSN: Pseudo SSN is a computed value used in the place of a person's government-issued SSN, until that person's true SSN can be ascertained.

PSIM: Person Service Identity Management.

PSSG: Planning System Support Group.

PTSD: Post-Traumatic Stress Disorder.

Q

QM: Quality Management.

R

Radiation Exposure: VA provides special priority for enrollment for health-care services to any Veteran exposed to ionizing radiation in connection with nuclear device tests or with the American occupation of Hiroshima and Nagasaki, Japan, during the period beginning Sept. 11, 1945, and ending July 1, 1946. In addition, these "atomic Veterans" are eligible to participate in the VA ionizing radiation registry examination program. VA also pays compensation to Veterans and their survivors if the Veteran is determined to have a disability due to radiation exposure while in service.

Reason for Early Separation: The reason a service member was discharged from the military early. For VA purposes, valid reasons for early separation are based on whether it was due to disability, hardship, or early out at the convenience of the government.

REE: Registration, Eligibility, & Enrollment.

Relaxation Percentage: In January 2009, a new policy was introduced known as the P8 Relaxation Enhancement, which allows Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds.

VHA requires the ability to relax this percentage even further in order to manage the number of enrollees over time. To facilitate this, a system parameter was created to store the relaxation percentage value in the event that it changes from the then-current 10% value. However, the system parameter did not allow for the Continuous Enrollment rules to be applied correctly for each Income Year for a percentage that changed in a subsequent year.

The solution to this restriction was to remove the *Relaxation Percentage* system parameter and provide the ability to change the *Relaxation Percentage* by income year. The change would be retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but now qualify under the new relaxation percentage.

Role: A Role may exist without any Capabilities and/or Capability Sets. A user may define a new Role (with correct permissions), which is generally, a group of Capabilities a user may perform.

S

SC: Service Connected.

Secondary Family Caregiver: One of three types of VA Caregivers. This type is specific to the Program of Comprehensive Assistance to Family Caregivers (PCAFC) program. The Veteran can have up to two (2) Secondary Caregivers. This is the Veteran's back-up Caregiver.

Self-Identified Gender Identity (SIGI): The gender with which the Veteran identifies.

Sensitive (Record): Information that if disclosed, to the individual, may have a serious adverse effect on the individual's mental or physical health. Such information may require explanation or interpretation by an intermediary or assistance in the information's acceptance and assimilation in order to preclude an adverse impact on the individual's mental or physical health.

Service Connected (SC): Generally, a Service Connected disability is a disability, illness, or injury that VA determines was incurred or aggravated while on active duty in the military and in the line of duty.

Service number: This is a Veterans unique identifier.

SHAD: (see) Shipboard Hazard and Defense.

SHARE: SHARE is a VBA computer application, which HEC uses to verify the VBA benefits, including SC percentage, compensation and pension. The SHARE system retrieves data from various sources such as the BDN (Benefit Delivery Network), C&P records, BIRLS, and VBA corporate.

Sharing Agreement: This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

Shipboard Hazard and Defense: Project SHAD was part of a larger effort called Project 112, which was a comprehensive program initiated in 1962 by the Department of Defense (DoD) to protect and defend against potential chemical and biological warfare threats.

SIGI: Self-Identified Gender Identity is the gender with which the Veteran identifies.

Sponsor Name: This is the name of the Veteran that the Caregiver is providing personal care services.

SSA: Social Security Administration.

SSN: Social Security Number.

Surviving record: A surviving record is a record that is chosen to be the valid record for the patient.

SW Asia Conditions: Also known as 'Environmental Contaminants', this refers to a Veterans exposure to environmental contaminants while serving in the military.

T

Third-Party Administrator: (see) TPA.

TPA: Third-Party Administrator.

TRICARE: TRICARE is The Department of Defense regionally managed Healthcare program for service families.

Trigger: An event or action that automatically activates a process or provide additional operations. For example, after the Stop Communications checkbox is selected, no letter will be sent. The “no letter sent” action was triggered by selecting the checkbox.

V

VA: Department of Veterans Affairs.

VACAA: Veterans Choice, Access, and Accountability Act.

VADIR: (see) VA/DoD Identity Repository.

VA/DoD Identity Repository: VADIR provides VA with detailed electronic information directly from DoD on separating service members.

VA Maintaining Internal Systems and Strengthening Integrated Outside Networks: The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act gives Veterans greater access to health care in VA facilities and the community, expands benefits for Caregivers, and improves VA’s ability to recruit and retain the best medical providers. MISSION also gives more family Caregivers access to the Program of Comprehensive Assistance for Family Caregivers (PCAFC) so we can support them as they care for Veterans of all eras.

VAMC: Department of Veterans Affairs Medical Center.

VA Profile: VA Profile aggregates, deconflicts, and manages a VA Customer Profile for common and shared data (e.g. contact information such as: home address, mailing address, home phone number, work number, and email, as well as demographics, military history, etc.). VA Profile modernizes VA systems and processes to enable an accessible and reliable VA Customer Profile that can be shared across the VA while enhancing digital experiences and supporting data interventions to gain insights into customer and employee behaviors.

VARO: VA Regional Office.

VBA: Veterans Benefit Administration.

VC: Veterans Choice

VCE: Veterans Community Care Eligibility

VCG: (see) Virtual Content Generator.

Veteran: A Veteran is a person who has served in the armed forces.

Veteran Financial Assessment: VFA provides the functionality that relieves the Veteran from the burden of the annual financial reporting obligation to maintain enrollment in VHA. VFA also reduces the workload and the potential for errors introduced by the largely manual financial assessment process at the medical centers.

VMBP: Veteran Medical Benefit Plan. (see) VHA Profile.

Veteran Medical Benefit Plan: (see) VHA Profile.

Veterans On-Line Application (VOA): To enhance the health benefits enrollment capability to our nation's Veterans, the Veterans Health Administration (VHA) implemented an online portal, the Veterans On-Line Application (VOA) to streamline the process of online submissions for VA Health Benefit applications. This is done via the exchange of 10-10 EZ and 10-10 EZR form data with the ES.

Veterans Relationship Management (VRM): VRM is an enterprise-wide, multi-year initiative to improve a Veterans secure access to VBA's benefits and services delivered, in partnership with the Veterans Health Administration (VHA) and the National Cemetery Administration (NCA). The intent is to help VA improve the speed, accuracy, and efficiency in which information is exchanged between Veterans and VA, regardless of the communications method.

VFA: (see) Veteran Financial Assessment.

VHA: Veterans Health Administration.

VHAP: (see) VHA Profile

VHA Profile: VHA has initiated the *VHA Profile* (VHAP) that associates the authority for care to the provisioning of healthcare services, while providing Veterans and their families with an accurate description of the benefits to which they are eligible. The creation of a Veteran VHAP removes the subjectivity associated with and the interpretation of benefits and reduces the need to have VA staff continually interpret benefits for Veterans and their families. (Formerly Health Benefit Plan (HBP) and Veteran Medical Benefits Plan (VMBP))

Virtual Content Generator: The VCG generates and displays the Veterans Health Benefits Handbook (VHB) based on specific requests from the ES and from Veterans online. The VCG allows for user defined content rules to be evaluated for the generation of a VHB so that each handbook is specifically tailored to the Veteran. The generation is done in near real time.

VistA: Veterans Health Information Systems and Technology Architecture - the system which manages clinical and business information for VA.

VistA REE: VistA Registration, Eligibility & Enrollment.

VISN: Veterans Integrated Service Network.

VOA: (see) Veterans On-Line Application.

VRM: (see) Veterans Relationship Management.

VPID: Veterans Affairs Person Identifier.

VSSC: VHA Support Service Center.

W

WD AGO: War Department Adjutant General's Office Form.

Wait-time: Veteran is qualified for Community Care based on being on one or more of the following lists: Veterans Choice List (VCL), Electronic Wait List (EWL), or a Consult (CON). This data is provided to ES by the Corporate Data Warehouse (CDW).

WebHelp: WebHelp is an output type that is designed for authors who want to be sure that end users can view their Web-based or desktop application Help on virtually any browser and platform. Since Microsoft Windows (or a specific browser) is not required to view the output, you can publish your Help to the Web or distribute the files on a CD-ROM and be confident that end users can view the information as it is intended to display. WebHelp is an uncompiled output type that supports standard Help features (such as TOC, index, and search), but also provides a customizable appearance and quick download performance. Any combination of browser and platform can access your Help system because WebHelp automatically detects the required files to launch at run time.

Workload Reporting and Productivity (WRAP): The application the HEC Eligibility and Enrollment staff uses to manage workload. For the anonymous applications, using WRAP will allow them to be distributed and worked manually. **NOTE: As of 5.10, the WRAP functionality is on hold until a later release.**

2 System Summary

2.1 System Configuration

Please refer the EHBD Technical and Architectural Roadmaps on the Enrollment System SharePoint [here](#).

2.2 Data Flows

Please refer to the Production Operations Manual on the Enrollment System SharePoint [here](#).

2.3 User Access Levels

See the **Buttons/Admin** section where **User Accounts, Profiles, Roles and Capability Sets** explain the different user access levels of the ES.

2.4 Enrollment System Modernization (ESM) Application Information System Contingency Plan

Please refer to the Enrollment System Modernization (ESM) Application Information System Contingency Plan on the Enrollment System SharePoint [here](#).

2.5 ESM Project Artifacts SharePoint Site

Click the following [link](#) to access the ESM Project Artifacts SharePoint site.

2.6 Browser & Operating System Compatibility

The Enrollment System is only functional through Windows using Internet Explorer (IE) or Edge (configured in IE mode).

2.7 Autofill Functionality in Chrome

[... how to Disable Autofill Functionality on ICN Search in Chrome?](#)

3 Getting Started

3.1 Logging on to the Enrollment System

Prior to accessing ES, users must authenticate with VA network credentials via the Identity and Access Management (IAM) single sign-on portal. Upon successful authentication, the ES entry page displays.

The Enrollment System displays the **Health Eligibility Center User Agreement** dialog upon initial access to the system. If the user logs out and then logs back in during the same browser session, the agreement dialog does not display. If the user is in a different browser session, they will have to check the **Accept Agreement** check box to re-access the Enrollment System.



Figure 6: Health Eligibility Center User Agreement

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

The maximum length of time between successful logins is one year. User accounts will be automatically locked if the account is inactive for one year, users must contact the administrator to have the account reinstated.

3.2 ES Online Help

ES online help is an online help system built in Adobe RoboHelp, an authoring and publishing tool. The ES online help delivers an output to ES users when clicking the context-sensitive help buttons, **System Help** or **Screen Help**.

Using Context-Sensitive Help

In ES, you can obtain information about windows or dialogs clicking the context-sensitive help button  available ES in the upper right-hand corner of the System Help and Screen Help.

System Help:

System Help is the top upper-right context-sensitive help button .

Screen Help:

Screen Help is the lower upper-right context-sensitive help button .

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

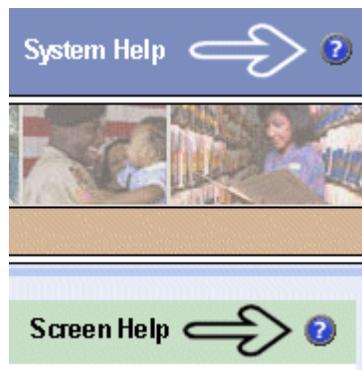


Figure 7: System Help and Screen Help

(an online table of contents is a summary of your project with topics arranged by category)

ES Online Help Tool Bar

To the left of the ES Online Help, above the table of contents pane, a tool bar contains *Contents*, *Index*, *Search* and *Glossary* links.

Contents:

Contents displays an expanded table of contents.

- Books ( , )
- Topics () are categories of information in the ES online help. Clicking  , you can view the contents of topic in the main screen located to the right.

Index:

Index displays a multi-level list of keywords and keyword phrases. These terms are associated with topics in the ES online help and the keywords are intended to direct you to specific topics within the ES online help. Click the keyword to launch a topic from the table of contents to the main screen. If the keyword is used with more than one topic, a list of topics displays under the keyword or keyword phrase in which the keyword or keyword phrase appears.

Search:

Search provides a way to explore the content of the ES online help and find matches to ES-defined words. Unlike Index that lists author-defined keywords such as terms, synonyms, and cross-references, Search lists words used within the content of topics. To find a topic in which the word appears, click the letter link to display the words that begin with the letter being searched for. Words that appear once are in bold. Words that appear in multiple topics are listed with numbers. Click on a number to display the topic in the right-hand pane in which the word appears.

Glossary:

Glossary provides a list of terms and definitions related to the subject matter in ES. Click a letter in the top pane and see corresponding definitions that begin with the letter clicked in the lower pane.

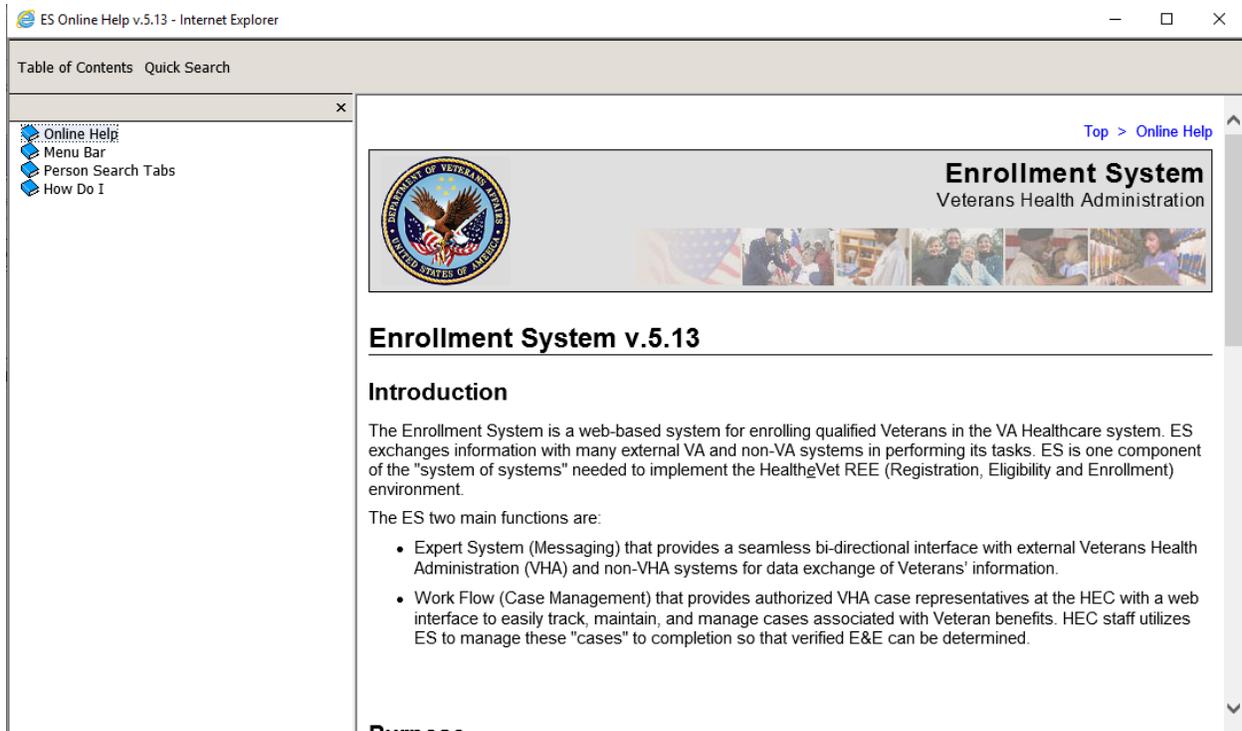


Figure 8: Enrollment System Help Text

The Enrollment System help text uses Adobe RoboHelp’s 2017 WebHelp as its output and is [508-compliant](#). The online help opens in your web browser as a new window.

Other buttons and functions

Hide/Show the left pane

Provides a larger viewing area of the open topic and hide the left pane.

1. Click the **Hide** link in the upper left side of the right pane to hide the left pane.
2. Click the **Show** link in the upper left side of the pane to show the left pane.

Browser Toolbar

Since there is not a browser toolbar at the top of the ES online help window, right-click within ES online help window and select either **Back** or **Forward** to go back and forward through the history of visited topics, print a topic, or perform other tasks available within the Windows context-sensitive commands.

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

The table of contents on the left side of the ES online help can also be used to navigate throughout the ES online help.

WebHelp Build Date

Click the **Systems Parameters** topic to view the WebHelp Build Date. The build date is next to the topic title.

Adjusting the main screen and table of contents size

- Adjust the width and height of the main screen window by dragging the edges of the window in or out.
- Adjust the width of the table of contents pane by pointing to the right edge of the left pane until the mouse pointer turns into a line with arrows on each end:  Drag the pane to the right or left with the left mouse button held down.

Navigating Help Topics

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

Links (online Help)

- A * symbol indicates a required field in the online help.
- A ★ symbol indicates a required field in the user guide.
- A 🚫 symbol is displayed when a submitted field has an error.
- A 🔄 symbol ("data changed") is displayed when a type of data has changed on the *History*, *Veteran Merge*, and user-related confirmation windows.
- A 💡 indicates a note or item of special interest.

3.3 508 Compliance & Accessibility

With every release, the Department of Veterans Affairs strives to improve accessibility in the Enrollment System through the World Wide Web Consortium (W3C)'s Web Content Accessibility Guidelines (WCAG) 2.0, Levels A and AA.

It's important to mention that because Adobe RoboHelp displays a leveled hierarchy of contents through open and closed book graphics, Enrollment System users must click the closed book  icon to display the contents  of that section and re-click the open  book icon to close the contents of that section.

3.3.1 Accessibility Software

The follow table lists accessibility software used to assist disabled users with the Enrollment System.

Accessibility Software	Description	Keyboard Shortcuts
Jaws (Job Access with Speech)	Assists blind and visually impaired Veterans with reading screens on ES either with a text-to-speech output or a Braille display.	JAWS Keystrokes
Window-Eyes	Reads specific text on an ES screen to a disabled Veteran.	Window-Eyes Manual
MAGic	Magnifies ES screens to varying levels and assists Veterans with screen reading.	MAGic Keystrokes
ZoomText Magnifier / Reader	Magnifies ES screens to varying levels and assists Veterans with screen reading.	ZoomText Tutorial
Dragon Naturally Speaking	Through dictating ES functions, assists disabled Veterans with ES document downloads and exports.	Dragon NaturallySpeaking User Documentation

If you have questions or comments regarding Adobe RoboHelp 2017 accessibility, please contact the [Adobe Accessibility Team](#) and provide feedback on their feedback form. For further information on Adobe accessibility, please refer to the following link:

<https://www.adobe.com/accessibility/508standards.html>

3.4 Standard Data Service (SDS) Lookup Tables

The **Standard Data Service (SDS)** is a repository of enterprise-level reference tables. The SDS Lookup Tables contain information needed to define requirements and research the Eligibility and Enrollment process. The SDS Lookup Tables page enables a user to view information about a specific table (for example, table name, code, description, active status, date when a code became inactive). ES uses SDS tables in several of its applications.

Users access the SDS Lookup Tables screen by clicking the Reference Tables link at the top right of any ES screen.

To display the SDS Lookup Tables:

1. Click the Reference Tables link and the SDS Lookup Tables page displays. SDS table and SDS History table names are listed in alphabetical order in the Navigation Bar.
2. Select an SDS table name from the navigation bar. The right panel displays the first five columns in the selected table and the Table Name contains a link for downloading the whole table as an Excel spreadsheet. The Excel spreadsheet will display all the columns in the table.

Veterans Health Administration
Enrollment System

Fri 09/15/2017 9:57:34AM SDS Lookup Tables

Table Name	ID	CODE	NAME	DESCRIPTION	VERSION
STD_ADDRESSCHANGESOURCE	1466951	HEC	HEC	Health Eligibility Center	0
STD_ADDRESSDELIVERYFAILURECODE	1466952	VAMC	VAMC	Veterans Affairs Medical Center	0
STD_ADDRESSMAILREASON	1466953	HBSC	HBSC	Health Benefits Service Center	0
STD_ADDRESSTYPE	1466954	NCOA	NCOA	National Change of Address	0
STD_AFFECTEDEXTREMITY	1466955	BVA	BVA	Board of Veterans Appeals	0
STD_AGENCY	1466956	VAINS	VAINS	Philadelphia Insurance Center	0
STD_AGEINRANGELLOCATION	1466957	USPS	USPS	Change of Address file from US Postal Service	0
STD_ALLEDCOUNTRY	1466958	VA	VA	US Department of Veterans Affairs	0
STD_ASSETTYPE	1758397	VOA	VOA	Veterans Online Application	0

Figure 9: SDS Lookup Table

No data found for the selected table displays if there is no data in an SDS Lookup Table.

3.5 Exit System

To exit ES, click on the **Sign Out** link at the top of any page.

4 Menu Bar



Figure 10: Menu Bar

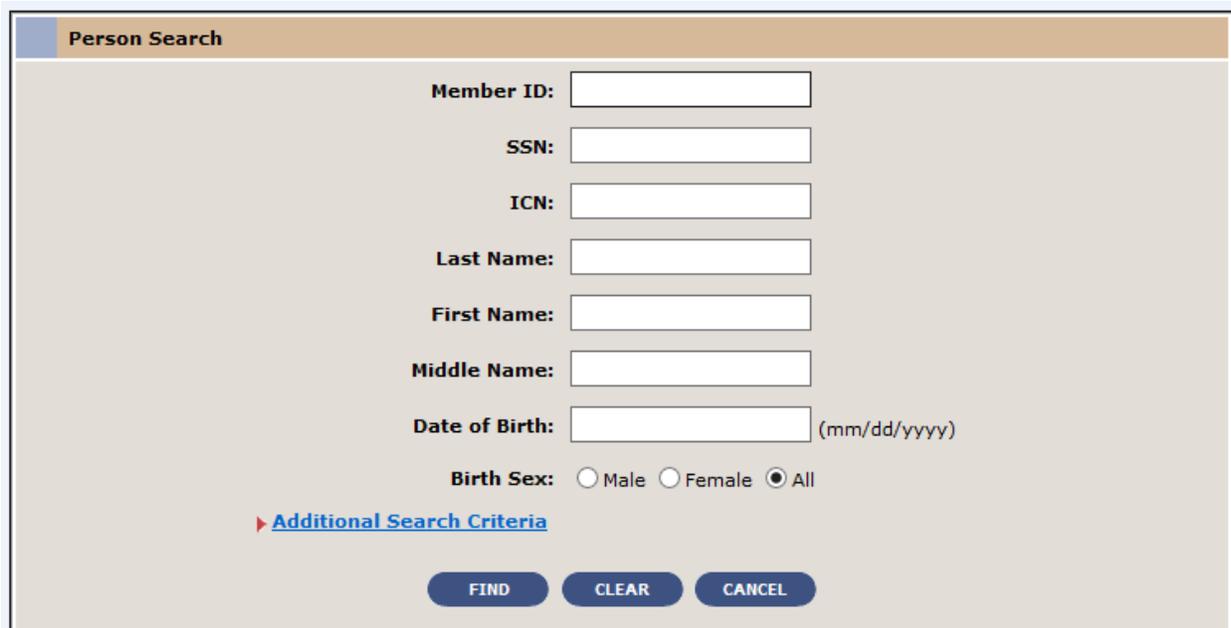
4.1 Home

Home returns the user to the *Person Search* screen, the screen users are directed to after initially logging into ES.



Figure 11: Home

4.1.1 Person Search



The screenshot shows the 'Person Search' form. The title is 'Person Search'. The form contains the following fields and controls:

- Member ID:
- SSN:
- ICN:
- Last Name:
- First Name:
- Middle Name:
- Date of Birth: (mm/dd/yyyy)
- Birth Sex: Male Female All
- [▶ Additional Search Criteria](#)
- FIND
- CLEAR
- CANCEL

Figure 12: Person Search

Person Search displays after a user successfully logs into ES.

The *Person Search* screen searches for a Veteran by any combination of criteria. At minimum, users must provide *one* of the following:

- Member ID
OR
- ICN
- On the **Person Search** screen, the user populates as many **Person Search** fields as they can when finding a record. At least one Person Search field needs be populated with data to perform a successful search.

Enrollment System users can also enter in SSN, Last Name, First Name, Middle Name, Date of Birth, and Birth Sex to pull a record. Additional Person Search criteria includes: Military Service Numbers and Claim Folder Number.

Any combination of the remaining search criteria may be selected once the minimum information is entered,

- Member ID cannot be used in combination with any of the other criteria.
- ICN (formerly VPID) cannot be used in combination with any of the other criteria.
- Search criteria data entered is not case-sensitive.
- ES will present a list of matches from which user may choose or if the desired match does not appear, users may perform another search using different criteria.

After completing a search, ES returns a Person Search Result list with matches from the search criteria used. Click the **SSN** link to display the patient record if the Veterans name appears on the list.

- SSN-based search returns will be limited to *ten*.
- An even more restricted set of users will have access to the IMDQ interface that will allow user to retrieve greater than 10 results.
- There can be no update to a record if any identity traits are in **Pending** status. If a beneficiary's record has identity-trait updates that are pending a decision, ES displays the message *Pending Identity Trait Updates* on the screen indicating that identity-trait updates are pending for this beneficiary.
- The **Member ID**, **Name**, **SSN**, **DOB**, and **Enroll Status** are displayed on a banner for all person-related screens.

Member ID:

Member ID represents the Veterans DoD's Electronic Data Interchange Personal Identifier (EDIPI). It is a read-only field, and a unique identifier for each Veteran. Member ID is the identifier on the Veterans Choice Card and on the Veterans Health Identification Card.

SSN:

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

Rules...

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

ICN:

ICN (formerly VPID):is defined as the Veterans Affairs Person Identifier for the beneficiary record you are trying to find. This 29-character ID is unique for this person.

- Example: 0000001234567890V123456000000
- The short 17-character ID version is generally used without the leading and trailing zeros.
- Example: 1234567890V123456

Last Name:

The **Last Name** fields are an important element in the unique identity of a Veteran. Enter the beneficiary's complete legal last name.

Rules...

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

First Name:

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

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- **First Name** is free text 1-35 characters in length.

- Beneficiary's **First Name** and **Last Name** are required fields.

Middle Name:

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

Rules...

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

Date of Birth:

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

Rules...

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

Birth Sex:

Birth Sex can be **Male**, **Female** or **All**. Male or Female must be selected if using SSN, Name or DOB.

Additional Search Criteria

Military Service Number:

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

Claim Folder Number:

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

This data is shared with VistA.

Rules...

- If *Claim Folder Number* is removed/deleted, claim folder location is removed.

- To edit the *Claim Folder Number*, click the Demographics tab → Personal sub-tab, click Update to save.
- *Claim Folder Number* can be beneficiary's SSN.
- *Claim Folder Number* can be 7 - 9 numeric.
- *Claim Folder Number* is not a required field that is user supplied and occurs only once.

Accessing One's Own Person Record

On the **Person Search** screen, if an attempt is made to access one's own person record despite the Enrollment System not allowing users to access their own record, the system will compare the user's ICN with the person record ICN they are trying to access. The system will then disallow access to the person record if the ICNs are the same. The following ⚠ WARNING USER RECORD pop-up message displays if the user attempts to access their own record:



Figure 13: Person Record Warning Message

On the pop-up message, clicking the **OK** button closes the pop-up warning message, clears the **Person Search** fields, and returns the user back to the Person Search or Add a Person screen to search for a new person record. The Enrollment System logs the [user's information](#) along with the date/time stamp of when the user attempted to access their own record.

Logged User Account Details for Person Records

The Enrollment System logs the following user account details when a person or sensitive record is accessed from the Person Search and Add a Person screen.

User Data (Enrollment System User)	Person Record Data (Enrollment System User)
User ID	Name
Name	SSN
ICN	ICN
Date	Member ID
Time	Date of Birth
Title	
VISN and/or Site (Identifies the facility the user works at when the access account is established).	Date
	Time
	VISN and/or Site (Identifies the facility the user works at when the access account is established).

4.1.2 Sensitive Record, Future Discharge Date, and Open Work Items

The message **Sensitive Record** displays over the beneficiary's Name, SSN, and DOB if the record is marked as *Sensitive*. This indicates the beneficiary record is a sensitive record and only those with a business purpose should view the related information.

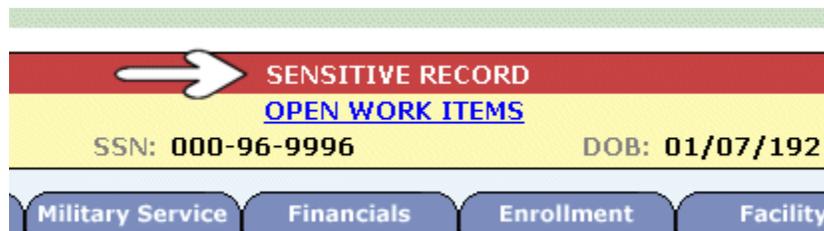


Figure 14: Sensitive Record: Open Work Items

If the record has a Future Discharge Date associated with current Military Service, a banner displays above the tabs with the Future Discharge Date above the beneficiary's Name, SSN, and DOB.

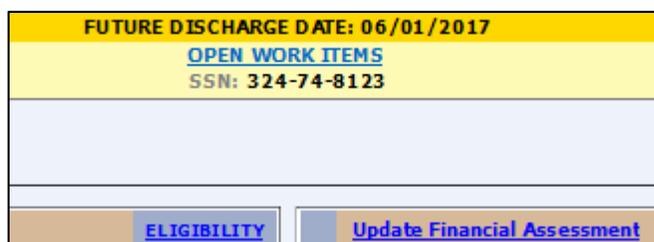


Figure 15: Future Discharge Date Banner

If the beneficiary's record was identified as a duplicate and is in the Veteran Merge process, ES displays the message, “*Veteran Merge Pending*” on the screen indicating that identity-trait updates are pending for this beneficiary. When this occurs, the user is prevented from making any changes to the record and ES displays the message,  **LOCK REASON:** followed by reason why the record is locked. ES also prevents a record from being changed if there is no Eligibility and Enrollment data or Registry Data for the Veteran.

If any *Open Work Items* exist for the beneficiary, an **Open Work Items** link displays in the center part of the header area. Clicking the link takes the user to the *Open Work Items* (Worklist) screen.



Figure 16: Open Work Items link

Accessing a Sensitive Record

By default, Enrollment System users do NOT have “View Sensitive Records” capabilities. If a user clicks the **Find** button attempting to access a Sensitive Record without the capability, the Enrollment System displays the following  **WARNING***RESTRICTED RECORD***** pop-up message.

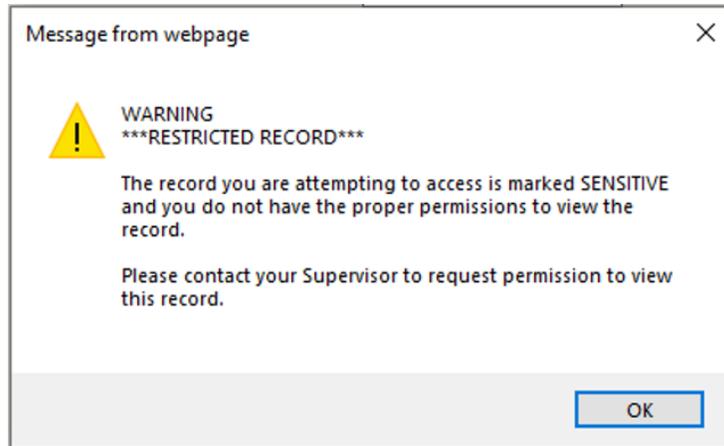


Figure 17: Permission Needed to View Sensitive Record Warning Message

If users need to have the “View Sensitive Records” capability added to their user’s profile, click [here](#) and follow the procedure to have the capability added to a user’s profile.

Once the user has the capability added to their user profile, they can select any Veteran whose record is marked “sensitive”. Once they select a “sensitive” record, another pop-up  WARNING***RESTRICTED RECORD*** message displays alerting them they are about to access a sensitive record but justification to view the sensitive record may be needed.

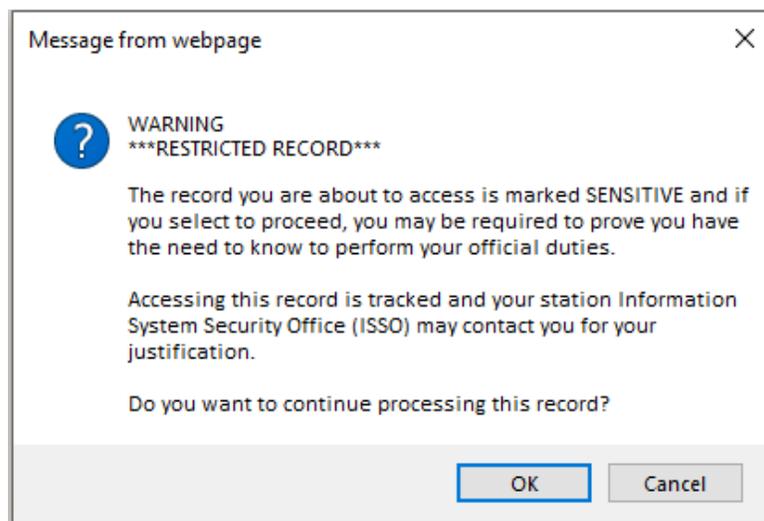


Figure 18: Justification May Be Needed View Sensitive Record Warning Message

If the user clicks	Then
Cancel	1. The warning message closes.

If the user clicks	Then
	2. The Person Search fields clear. 3. The user returns to the Person Search or Add a Person screen to perform a new person record search.
OK	The user accesses and views the sensitive record. The user's action is audited. The system records the user's information along with the date/time stamp of when the sensitive record was accessed. In addition, the system logs the "attempt to access" a sensitive record if the person search returns multiple records and a sensitive record is in the list.

Note: The sensitive record warning pop-up message displays only if a sensitivity flag is found. Furthermore, the pop-up is in addition to the current sensitive record banner that displays when a sensitive person record has been accessed through Person Search.

Logged User Account Details for Person Records

The Enrollment System logs the following user account details when a person or sensitive record is accessed from the [Person Search](#) and Add a Person screen.

User Data (Enrollment System User)	Person Record Data (Enrollment System User)
User ID	Name
Name	SSN
ICN	ICN
Date	Member ID
Time	Date of Birth
Title	
VISN and/or Site (Identifies the facility the user works at when the access account is established).	Date
	Time
	VISN and/or Site (Identifies the facility the user works at when the access account is established).

View Sensitive Records Capability

To gain the sensitive record capability to view a sensitive record, click the following link and follow the procedure.

[...how do I submit a request for the “View Sensitive Records” capability?](#)

4.2 Veteran

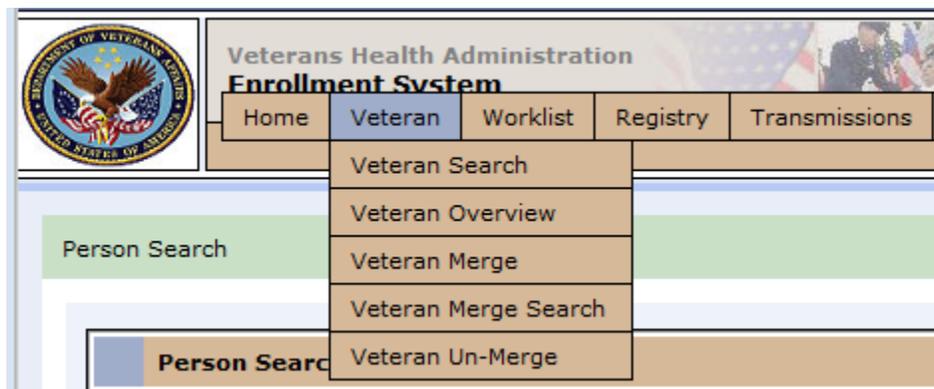


Figure 19: Veteran

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

- Veteran Search – Person Search screen
- Veteran Overview – Veteran Overview screen (if Veteran previously selected)
- Veteran Merge – Veteran Merge screen
- Veteran Merge Search – Veteran Merge Search screen
- Veteran Un-Merge – Veteran Un-Merge screen

4.2.1 Veteran Merge

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

Users select a pair of Veterans from the Veteran Merge Worklist to merge non-identity data and ES presents the Veteran pairs of the non-identity data for merging. Users may select Veteran pairs of non-identity data in any order.

Users may click **Merge Veteran Now** button to complete the process after making Veteran pairing selections for all non-identity data, or the user may cancel the activity.

 **Note:** A warning message displays if available non-identity data has been left unchecked on selection screens. A selection must be made for all available non-identity data before users can perform the non-identity data merge.

Users may click the ***Discard All Selections*** button for the merge activity at any point during the data selection process. All selections made on previous selection screens for the current non-identity data Veteran pairing are discarded and users are returned to the Veteran Merge Worklist for available merges if users do click the ***Discard All Selections*** button.

Users may click the ***Save and Merge Later*** button and return to complete the Veteran non-identity data merge at a later time at any point in the data selection process.

The User Restrictions may exist as to how "partial merges" will react to updates made in other parts of the system. The user may have to begin the merging process all over again from the beginning.

Veterans That Require Merging

SSN

Patient's Social Security Number.

Last Name

Patient's Last Name.

First Name

Patient's First Name.

Middle Name

Patient's Middle Name.

Date of Birth

Patient's Date of Birth.

Birth Sex

Patient's Birth Sex.

Surviving Record

Identifies the surviving record and deprecated record. Only the surviving record will be available via the other screens or through messaging after merging. The deprecated record will not be found by ES.

Merge Status

Indicates status of the current merge. It's set to *Merge Not Started, initially*.

More...

- Users should click the **Merge Not Started** link in order to make selections in the final pairing of Veteran non-identity data. Users click the **Merge Veteran Now** button to complete the merging process. A warning message is displayed after the **Merge Veteran Now** button is clicked, if available non-identity data has been left unchecked on any selection screen.
- All available non-identity data must be selected before users can perform data merge.

4.2.2 Veteran Merge Search

The *Veteran Merge Search* screen enables users to search the *Veteran Merge Worklist* for a particular patient records that PSIM/MPI has determined potentially the same individual. At minimum, users must provide one of the following combinations:

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

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

- *VPID* cannot be used in combination with any of the other search criteria above.
- Search criteria data entered is not case-sensitive.
- Users may do another search using different criteria if the desired match does not appear.

ES displays the *Veteran Merge* screen with a result list that matches the search criteria used after completing a successful search, the. Users may proceed in the same manner as described on the *Veteran Merge* screen.

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

Veteran Merge Search

SSN:

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

Rules...

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

VPID:

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

- Example: 0000001234567890V123456000000
- The short 17-character ID version is generally used without the leading and trailing zeros.
- Example: 1234567890V123456

Last Name:

The **Last Name** field is an important element in the unique identity of a Veteran. Enter the beneficiary's complete legal last name.

Rules...

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

First Name:

The **First Name** field is an important element in the unique identity of a Veteran. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

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

Date of Birth:

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

Rules...

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

Additional Search Criteria

Military Service Number:

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

Claim Folder Number:

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

This data is shared with VistA.

Rules...

- If *Claim Folder Number* is removed/deleted, claim folder location is removed.
- To edit the *Claim Folder Number*, click the Demographics tab → Personal sub-tab, click Update to save.
- *Claim Folder Number* can be beneficiary's SSN.
- *Claim Folder Number* can be 7 - 9 numeric.
- *Claim Folder Number* is not a required field that is user supplied and occurs only once.

Middle Name:

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

Rules...

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

Birth Sex:

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

4.2.3 Veteran Un-Merge

The *Veteran Un-Merge* screen displays a list of merged Veteran record pairs that have been designated for "un-merging." An external system notifies ES that a pair of previously merged Veteran record pairs have now been un-merged. The Veteran Un-Merge feature serves as a notification to users and allows users the option to select a merged Veteran record pair for deletion from the Veteran Merge Worklist.

- 💡 **Note:** No actual data related to the Veteran is automatically un-merged. ES sends a query to the deprecated Veterans last site-of-interest to retrieve the most current data that the particular site has. Then, any updates to that record since the merging, must be manually applied.

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

A new merged Veteran record pair has to be re-paired manually. Users re-pairing the merged Veteran record pair must determine, through history and audit logs, what changes have occurred to the un-merged record since it was last merged to bring the un-merged record up-to-date.

Users cannot access un-merged records that are being manually re-paired. Un-merged records that are manually re-paired are locked.

Veterans That Require Un-Merging SSN

Patient's Social Security Number

Last Name

Patient's *Last Name*

First Name

Patient's *First Name*

Middle Name

Patient's Middle Name

Date of Birth

Patient's *Date of Birth*

Birth Sex

Patient's *Birth Sex*

Removal Selections

Select a record pair for deletion from the worklist.

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

4.3 Worklist



Figure 20: Worklist

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

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

- My Items (Default Screen) – Displays a list of the user's Items assigned to them and is categorized by Name, SSN, Item, Item Type, Create Date, Assign Date, and Due Date.
- Assigned Items – Displays all Assigned Items and to whom they are assigned.
- Unassigned Items – Displays all Unassigned Items. all *Work Items* created by the system are assigned, by default, to the *Unassigned* pool.
- Search Items – Search Items allow users to search for items by a variety of criteria.
- Open Items – Displays only if Open Items are present for the Veteran.

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

Items can only be edited by the assigned user. However, anyone can add *Comments* to an *Assigned Item*.

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

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

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

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

4.3.1 My Items, Assigned Items, Unassigned Items, Open Items

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

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

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

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

The *Open Work Items* worklist represents a portion (items) of a beneficiary's unresolved *Work Case*. ES will create a *Work Item* for each Consistency Check (CC) error and/or Application Error (AE). Additionally, ES will create a *Case* for a Veteran and will associate one or more *Work Items* to the *Case*. In other words, while multiple items may exist for a Veteran, only one *Case* exists for that particular Veteran. When all items for a *Case* are resolved or closed, the *Case* is also closed. *Open Items* are unresolved.

The *Items* screens all use the same screen fields, except where indicated otherwise.

Assign Selected Items To (My Items screen only):

The *Assigned Selected Items To* option is only available to supervisors. The *Assign Selected Items To* option allows the assigning and/or re-assigning of *Work Items* to users within their own functional group or to a supervisor within another functional group.

Update Selected Items (My Items screen only):

Selecting **Close Selected Items** from the dropdown, a supervisor can close any *Work Item* at any time.

- A LAS or DQ analyst can only close *Work Items* that are assigned to them or an *Item* that is unassigned.
- Selecting **Assign Selected Items to Me** from the dropdown on the *Unassigned Items* or *Assigned Items* pages, a LAS or DQ analyst can also assign *Work Items* to themselves by Case, (VPID). *Case (VPID)* is the Veterans VPID for whom the *Work Case* has been created. Clicking the *Case (VPID)* link takes the user to the **Veteran Overview** screen from where the user can see an overall view of data for the patient.

Item Number

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

Item Type

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

Work Item Types:

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

Create Date

Create Date is the date on which the *Work Item* was created by ES.

Assigned Date (not for Unassigned Items)

Assigned Date is the date the *Work Item* was assigned to a user to "resolve."

Assigned To (not for Unassigned Items)

Assigned To is the person to whom the *Work Item* was assigned.

Select

The **Select** checkbox, when selected, allows users to Close or Re-assign the particular *Work Item*.

Rules...

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

4.3.2 Work/Search Items

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

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

 **Note:** Items do not include *Cases* or *Items* related to Income Verification.

The *My Items* worklist screen allows users to view *Work Items*, and allows users and supervisors to reassign their *Work Items* to someone else within their functional group.

Click the **Show Worklist Filter** link to display fields allowing users to filter work items using a combination of criteria. Click **Hide Worklist Filter** to hide the filter criteria.

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

Show Worklist Filter

VPID:

VPID is defined as the *Veterans Affairs Person Identifier* for the beneficiary's record you're trying to find. This 17-character ID is unique for this Veteran. Enter only the *VPID* to see only cases associated with a particular *VPID*.

Item Number:

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

Create Date Range:

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

Format (mm/dd/yyyy)

SSN:

Enter the beneficiary's social security number.

Item Type:

Enter the *Item Type* for the Work item. choose from the dropdown.

Assigned Date Range:

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

Format (mm/dd/yyyy)

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

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

4.3.3 Worklist Items Search

Functional Group Dropdown:

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

Item Type Dropdown:

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

Assigned To Dropdown:

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

Status Dropdown:

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

Assigned Date Range:

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

Rules...

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

Create Date Range:

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

VPID:

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

SSN:

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

Last Name:

Enter the Veterans *Last Name* for whom the *Work Item* was created.

First Name:

Enter the Veterans *First Name* for whom the *Work Item* was created.

4.3.4 Items/Update Assignment, Status, Comments

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

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

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

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

Assign To: (Supervisor's View)

Select the user to whom the *Item* to be assigned/reassigned.

Status:

Users can change Status.

ES automatically assigns the selected *Work Item* to the user if a user updates the status of an *Unassigned Work Item*.

Comments:

Add relevant comments.

Work Item Detail

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

Item Number:

Item Number is a unique number assigned to the *Item*.

Status:

Status is the current status of the *Item*.

Functional Group:

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

Item Type:

Item Types are codes that indicate specific subsets of worklist categories.

Name:

The Veterans *Name*. Clicking the **Name** link takes users to the **Veteran Overview** screen where users can see an overall view of data for the patient.

Facility:

Facility is the site where the workload was logged.

Create Date:

Create Date is the date the original *Item* was created.

Assigned Date:

Assigned Date is the date the *Item* was Assigned.

Due Date:

Due Date is the due date assigned to the *Item*. Due Date is an optional field.

Assigned To:

Assigned To is the user to whom the *Item* is assigned.

SSN:

SSN is the Veterans Social Security Number.

Created By:

Created By is the original creator of the *Item*.

Last Assignor:

Last Assignor is the user most recently assigned the *Item*.

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

Comment Date - *Comment Date* displays the date of comment. Most recent date is first.

Comment By – *Comment By* displays User ID of who made the comment.

Comment - *Comment* displays the most recent comment.

Status History

Status History is the status history of a *Work Item*.

Status Date

Status Date displays the date the status changed.

Status

Status displays the status change as well as the date the status changed.

Assignment History

Assignment History displays the assignment history of a *Work Item*

Assignment Date

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

Assigned To

Assigned To is the assigned user.

Assigned By

Assigned By is the user who made the assignment.

4.4 Registry

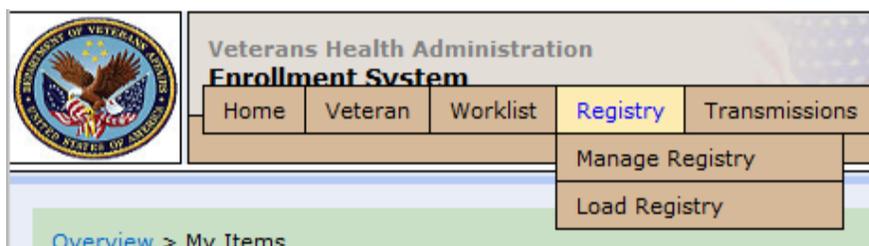


Figure 21: Registry

4.4.1 Manage Registry

The *Manage Registry* menu displays the *Registry Search* screen that provides users the ability to maintain Veteran records on three registry files: Purple Heart ([PH](#)) registry, Prisoner of War ([POW](#)) registry, and Shipboard Hazard and Defense ([SHAD](#)) registry. Each registry file contains information on Veterans that have been confirmed (or are no longer confirmed) by the HEC.

When users elect to perform registry file maintenance, ES displays the list of registry files that are available. Users must select a specific registry file to display and maintain.

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

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

SSN:

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

And/Or

Last Name:

Veterans *Last Name* is defined as the Veterans family name.

And/Or

Military Service Number:

Military Service Number is the service number assigned during the Veterans episodes of military service.

Optional Search Criteria

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

First Name or Initial:

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

User may also:

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

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

For each Veteran in the desired registry, ES displays Veteran information below. The Veteran information may be sorted by any field displayed by clicking the field name heading with the  symbol next to it.

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

Registry Search Results

- Social Security Number
- Last Name
- First Name
- Middle Name
- Registry
 - Purple Heart Indicator (only if searching PH registry or All)
 - POW Indicator (only if searching POW registry or All)

- SHAD Indicator (only if searching SHAD registry or All)
- Eligibility Record? (Yes or No)

4.4.2 ADD PH, POW, SHAD

4.4.2.1 Add Purple Heart Registry Entry

The *Add Purple Heart Registry Entry* screen allows users to Add a PH Registry Entry for a Veteran who is not already in ES. For Veterans who are already in ES, users should perform a *Veteran Search* and then update the data on the appropriate *Eligibility* or *Military Service* screen.

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

When identity trait updates are pending, users can only view data. ES prevents any updates or edits to beneficiary information.

(Purple Heart Indicator:)

- ES will set the *Purple Heart Indicator* to **Yes**, if there is no current Purple Heart data and the user is logging receipt of a new document claiming PH for the first time.
- ES automatically sets the *Purple Heart Indicator* to **Yes** and the *PH Status* to **Confirmed** when the *Document Acceptable* Indicator is set to **Yes**, and the *Document Type* and a *PH Data Source* are entered and committed.

★SSN:

SSN is the Social Security Number of the Veteran.

The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

Military Service Number:

Military Service Number is the service number assigned during the Veterans episodes of military service. Military Service Number must be between 1 and 15 characters

Prefix:

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

Rules...

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

★**First Name:**

First Name is the Veterans given name.

Rules...

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

Middle Name:

Middle Name is the Veterans middle name.

Rules...

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

★**Last Name:**

Veterans *Last Name* is the Veterans family name.

Rules...

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

Suffix:

Suffix is the suffix for the Veterans name such as Junior, III.

Rules...

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

Degree:

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

Rules...

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

★**Purple Heart Status:**

Purple Heart Status is the status assigned to the Veteran if the *Purple Heart Indicator* is **Yes**. Choices are:

- *Confirmed*
- *In Process*
- *Initial Ltr Sent*
- *Pending*

Rejected

(Status Update Date:)

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

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

Rejected Remarks:

Rejected Remarks is a remark for why PH was rejected (PH Indicator is **No**). Choices are:

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

Purple Heart Facility:

Purple Heart Facility (PH) is the PH facility associated with the PH entry. Choose from the dropdown list.

Assigned LAS:

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

★ ***Indicates required field***

Purple Heart Documents

★ ***Document Type:***

PH *Document Type* is defined as the type of document sent to the HEC as proof the Veteran was awarded the PH. Valid types are:

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

Rules...

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

★Data Source:

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

- DOD
- Other
- Site
- VBA

Veteran

Document Received Date:

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

Rules...

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

(Document Log In Date:)

Document Log In Date displays the date that users enter for the initial processing of PH data for a Veteran record. Users also enter the date the *Document Log In Date* was received and assign a contact representative to the PH case.

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

Document Log In Date defaults to the current date.

(Document Logged In By:)

Document Logged In By displays the name of the user who logged the PH documentation, the name of the user who entered the date the PH document was received, as well as the name of the user who assigned the case to a contact representative.

★ Document Acceptable:

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

Unacceptable Remark:

Unacceptable Remark is a free text field allowing users to comment on why a document was unacceptable.

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

(Updated By:)

Updated By displays the user who last updated the PH record. *Updated By* is ES generated.

(Update Date/Time:)

Update Date/Time displays the date and time the PH record was last updated. *Update Date/Time* is ES generated.

ES automatically sets the *Update Date/Time* any time the PH information is updated.

★ Indicates required field

4.4.2.2 Add POW Registry Entry

The Add POW Registry Entry screen allows users to Add a POW Registry Entry for a Veteran who is not already in ES. For Veterans who are already in ES, users should perform a *Veteran Search* and update the data on the appropriate *Eligibility* or *Military Service* screen.

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

★(**POW Indicator:**)

ES automatically sets the *POW Indicator* to **Yes** when the POW Episode information is entered or updated to reflect the Veteran has been a POW.

SSN:

SSN is the Social Security Number of the patient.

Military Service Number:

Military Service Number is the service number assigned during the Veterans episodes of military service.

Rules...

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

Prefix:

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

Rules...

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

★**First Name:**

First Name is the Veterans given name.

Middle Name:

Middle Name is the patient's middle name.

Rules...

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

★**Last Name:**

Veterans *Last Name* is the Veterans family name.

Suffix:

Enter a suffix for the Veterans name such as Junior, III.

Rules...

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

Degree:

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

Rules...

- Format is 1-10 characters in length.
- ***Degree*** is not a required field.

Date of Death:

Date of Death is the deceased date for the individual (if applicable).

Rules...

- Format: (mm/dd/yyyy)

★ ***Indicates required field***

Prisoner of War Episodes

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW. Valid types are:

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

★ ***POW Source:***

POW Source is defined as the source from which the POW documentation was received and or reported.

★**Capture Date:**

Capture Date is the date the Veteran entered into a listed POW camp.

Capture Date is shared with VistA.

Rules...

- *Capture and Release Dates* cannot fall after a person's *Date of Death*.
- *Capture Date* must be at least a Month and Year.
- *Capture Date* cannot be a future date.
- *Capture Date* cannot be after the *Release Date*.
- format: (mm/dd/yyyy)

★**Release Date:**

Release Data is the date the Veteran was released or rescued from the POW camp.

Release Data is shared with VistA.

Rules...

- *Capture and Release Dates* cannot fall after a person's *Date of Death*.
- *Release Date* must be at least a Month and Year.
- *Release Date* cannot be a future date.
- *Release Date* cannot be prior to the *Capture Date*.
- format: (mm/dd/yyyy)

Days in Captivity:

ES calculates the difference between the *Capture Date* and the *Release Date* and displays the number here. If the *Capture Date* and the *Release Date* are the same, *Days in Captivity* will display as 1.

ES will leave the *Days in Captivity* blank if the *Capture Date* and/or *Release Date* are imprecise dates.

★**Confinement Location:**

The *Confinement Location* is where the Veteran was kept as a POW. Select from the dropdown. Examples are:

- World War I

- World War II - Europe
- World War II - Pacific
- Korea
- Vietnam
- Other
- Persian Gulf War
- Yugoslavia Conflict

Camp Location:

Camp Location is where the Veteran was kept as a POW. Select from the dropdown.

(Date Entered:)

Date Entered displays the date and time the POW data was initially entered. *Date Entered* is ES generated.

(Entered By:)

Entered By displays the user who initially entered the POW data. *Entered By* is ES generated.

ICN:

This National *ICN* is an acronym for Integration Control Number which is a unique identification number assigned by the National MPI for VA Veteran patients.

Rules...

- The format is 10 numeric.

(Updated By:)

Updated By displays the user who last updated the POW record. *Updated By* is ES generated.

(Update Date/Time:)

Update Date/Time displays the date and time the POW record was last updated. *Update Date/Time* is ES generated.

ES automatically sets the *Update Date/Time* any time the POW Information is updated.

★ *Indicates required field*

4.4.2.3 Add SHAD Registry Entry

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

Users may add more than one *Military Service Number* by clicking the **Add Another Military Service Number** button.

VIEW HISTORY

★(*SHAD Indicator*):

ES will set the *SHAD Indicator* to **Yes** if there is no current SHAD data and the user is logging receipt of a new document claiming SHAD for the first time.

★SSN:

SSN is the Social Security Number of the patient.

Military Service Number:

Military Service Number is the service number assigned during the Veterans episodes of military service.

Rules...

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

Prefix:

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

Rules...

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

★*First Name*:

First Name is the Veterans given name.

Rules...

- Free text 1-25 characters in length.
- ***First Name*** is a required field that is user supplied (one per Veteran).

Middle Name:

Middle Name is the patient's middle name.

Rules...

- Free text 1-25 characters.
- ***Middle Name*** is not a required field that is user supplied (one per Veteran).

★ ***Last Name:***

Veterans *Last Name* is the Veterans family name.

Rules...

- Free text 1-35 characters in length.
- Veterans ***Last Name*** is a required field that is user supplied (one per Veteran).

Suffix:

Enter a suffix for the Veterans name such as Junior, III.

Rules...

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

Degree:

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

Rules...

- Format is 1-10 characters in length.
- ***Degree*** is not a required field that is user supplied and can be multiple.

Claim Number:

Claim Number is automatically assigned by the VBA to each Veterans claim for VA benefits.

The claim number is a 7-8-character unique number utilized by the VBA prior to its conversion to use of the SSN. The claim number data field will accept either this 7-8-character unique number or the SSN. A claim number is established only if the beneficiary has filed a benefit claim with VBA. If a claim number has not been established, leave field blank.

★ ***Indicates required field***

SHAD Documents

★ Document Type:

Document Type is the type of documentation that supports the Veterans SHAD claim.

VBA Letter is a letter from the Veterans Benefit Administration supporting the Veterans SHAD claim.

Document Received Date:

Enter here the date the SHAD documentation was received at the HEC. System defaults *Document Received Date* to the current date.

Rules...

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

(Updated By:)

Updated By displays the user who last updated the SHAD record. Updated By is ES generated.

(Update Date/Time:)

Update Date/Time displays the date and time the SHAD record was last updated. Update Date/Time is ES generated.

ES automatically sets the *Update Date/Time* any time the SHAD information is updated.

★ Indicates required field

4.4.3 Load Registry

Load Registry function allows loading registry records from an external input file (external to the ES system). Prior to initiating the loading activity, the external input data must be transformed to conform to a pre-determined file format.

💡 **Note:** A user must have the appropriate *Capability* added to their security *User Profile* in order to edit and/or view the *Load Registry* data. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Load Registry Records

★Registry Type:

Choose from the following registry types:

- Prisoner of War
- Purple Heart
- SHAD

After the *Load Registry* completes, the *Registry File Load Statistics* information displays.

ES checks the selected external input file for consistency in data type and length with data definitions for existing data in the registry files.

In other words, if there are alpha entries where numbers should be or vice versa, ES shows an exception. Code data is also checked.

Rules...

- Only one *Registry Type* may be loaded per execution.

Registry File Load Statistics

Registry Import Date:

Registry Import Date is the date and time of the registry import.

Registry Import Type:

Registry Import Type is one of the three import registry types; Purple Heart, Prisoner of War, or SHAD.

Number of Records Read:

Number of Records Read is the number of registry records read.

Number Passing Consistency Check:

Number Passing Consistency Check is the number of records in the selected registry input file that successfully passed consistency checks for data type and length with data definitions for existing data in the registry files.

Number Not Matched to Existing Registry Records:

When Veteran-identifying information on the registry input file is not successfully matched against a Veteran already on the registry, ES does not consider this a match.

Number Ambiguously Matched:

When trying to match a record on the registry input file against an existing Veteran in the registry, an input record will be considered to be "ambiguously matched" if the SSN on the input file matches that on the registry, but none of the other Veteran-identifying information (Last Name, First Name, month/year of birth) matches.

Number of New Registries Inserted:

ES will add a registry record when the Veterans identifying data on the registry input file cannot be matched against an existing registry record.

Number Matched to Existing Registry Records:

When Veteran-identifying information on the registry input file is successfully matched against a Veteran already on the registry, ES considers this a match.

★ *Indicates required field*

4.5 Transmissions

The **Transmissions** menu, (formerly the **HL7 Messages** menu), maintains a log of HL7 messages and CCN Contractor Messages sent by the Enrollment System application or received from external systems enabling users to perform an **HL7 Message Search, CCN Contractor Messages, and TPA Contractor Messages** search based on certain date or date ranges as well as other criteria.

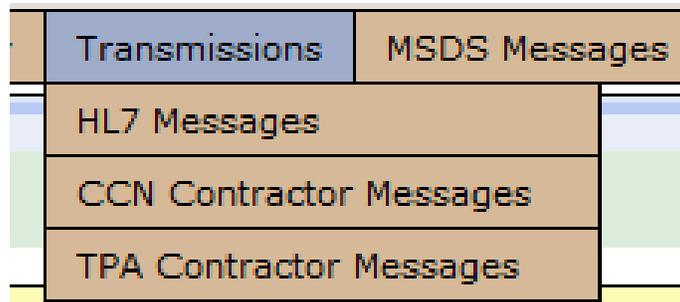


Figure 22: Transmissions menu option

The *Transmissions* menu contains two options:

- HL7 Messages

- CCN Contractor Messages
- TPA Contractor Messages

4.5.1 HL7 Message Search

The **HL7 Message Search** maintains a log of HL7 messages sent by ES or received from an external system. **HL7 Message Search** enables users to perform an HL7 message search based on certain date or date ranges as well as other criteria.

Users may search by the following parameters:

Transmission Date:

The date/time the transmission was made to this site or received from this site.

Format: (mm/dd/yyyy)

OR

Transmission Date Range:

Enter a date range for the particular site.

Format: (mm/dd/yyyy)

Facility:

From the dropdown, select the name of the particular facility from which or to which the message was transmitted.

Transmission Type:

Transmission Type is the name of a specific message format. *Transmission Type* is a combination of the message type (i.e., ORU, QRY) and the event type code (i.e., Z05, Z07) for HL7 messages. Select from the dropdown.

Transmission Status:

Select the desired status for the transmission. Acceptable statuses are:

- *Awaiting Acknowledgement* – message transmitted, acknowledgement pending.
- *Awaiting Transmission* – message built and triggered but waiting to be sent out or processed in.
- *Complete* – message transmitted, acknowledgement received.
- *Error* – message transmitted, and application acknowledgement returned with an error.

- *Not Transmitted* – the outbound message transmission/query was attempted. However, after several tries (as defined by the DBA) the message was never successfully transmitted.
- *Pending* – query transmitted and awaiting requested message response.
- *Retransmission Failed*
- *Retransmit* – message requires retransmission.

ES displays a list of messages from the transmission log that match the user's criteria. ES displays the following information for each message:

4.5.1.1 HL7 Message Log

Transmission Date

Transmission Date is the date and time the transmission was made to this site or received from this site.

(Transmission) Status (see Transmission Status definition above)

Message Type (see Transmission Type definition above)

Facility (see Facility definition above)

Raw Data (click on link to view)

Raw Data displays the delimited raw message data for the selected segment.

Transmission Details (click on link to view)

- Batch Message ID (if applicable)
- Message ID
- Message Type
- Transmission Site (the facility to which or from which the message was sent)

Transmission Date

- Transmission Status
- ACK (Acknowledgement) Type
- Date/Time Acknowledgement Received
- Retransmission ID

- Retransmission Count

Retransmit (click on link to retransmit)

Provides a means to re-transmit certain messages.

4.5.2 Community Care Network (CCN) Contractor Message Search

The purpose of the **CCN Contractor Message Search** screen is for the user to view information being sent to or from a CCN Contractor on a file-level. The **CCN Contractor Message Search** screen can be used to search information based on transmission date, contractor name, transmission status and transmission type. The search results display the following information:

- CCN Transmission Date -When the file was sent.
- Contractor - The name of the contractor involved.
- Status - The status of the transaction.
- Type - What type of transaction.
- Record Count - The amount of records that are being sent or received.



The screenshot shows a search form with the following fields and controls:

- CCN Transmission Date:** A text input field containing "05/09/2019" with a placeholder "(mm/dd/yyyy)".
- CCN Contractor:** A dropdown menu showing "- Select -".
- Status:** A dropdown menu showing "- Select -".
- Type:** A dropdown menu showing "- Select -".
- Buttons:** Two blue buttons labeled "FIND" and "CLEAR" are positioned at the bottom of the form.

Figure 23: CCN Contractor Message Search

The **CCN Contractor Message Search** fields are labeled as follows:

CCN Transmission Date

The date the CCN request file will be transmitted to DAS. The **CCN Transmission Date** defaults to the current date. However, users can edit the date to reflect a date that is prior to the current date. The transmission date is also updated whenever the record is updated before the *Sent* status.

Transmission Date Update Scenarios

If	Then
Veterans CC Eligibility is changed using Manual Override at 10:30 AM	<p>The record is created and marked Send and the Transmission Date is set to 10:30 AM and the Created Date is 10:30 AM.</p> <p> Note: Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions. Enrollment System users will still see the Manual Override and Remove Override functions but will not be able to use them.</p>
Veterans address changed at 11:30 AM	<p>The same record is updated, and the Transmission Date is set to 11:30 AM.</p> <p> Note: The created date remains the same. This process is repeated until the record is picked up and sent to DAS. Once the Veterans record goes to DAS, any changes to that Veteran creates a new entry thereafter.</p>

Community Care Network (CCN) Contractor

Community Care Network Contractors

Status

The following file-level status values below reflect the delivery status of a copy of a Community Care eligibility record update from the Enrollment System to Data Access Service (DAS), and DAS to the CCN Contractors.

-  Contractor: Not received – DAS was able to connect but Contractor did not receive file.
-  Contractor: Received – DAS was able to connect and sent file to Contractor.
-  DAS Success – DAS could deliver the file to CCN Contractor.
-  DAS Failed – DAS could not deliver the file to CCN Contractor.
-  Sent – Picked up and sent in a file to DAS.

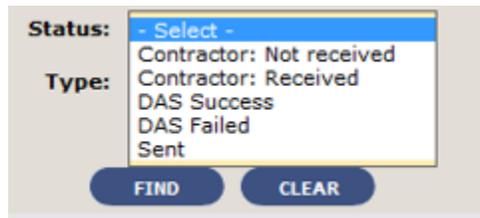


Figure 24: CCN Contractor Message Search file-level Status dropdown

Type

Type is what triggers the record to the CCN Contractor.

- Initial – When new Contractor is created, a seeding file is created.
- Daily – Daily file.
- PRQ – Person Query File (PRQ).

Find

At least one of the fields in the CCN Contractor Message Search console must contain data in order for the **CCN Contractor Message Log** screen to display, after the user clicks **Find**. If data is not entered in the fields, the following error message displays:

A search criteria field must be entered.

Clear

Clears out the data from the **CCN Contractor Message Search** screen.

Notes:

- Search results do not display on the **View Record Sent to the CCN Contractor** screen, initially
- The records sent list is in reverse chronological order by date sent, and the **Request Made** column only displays if the type is *Manual* or *Solicited*.
- ES displays a maximum of 1,000 records on the list. If the record list exceeds 1,000 records, the following error message displays:

“The search returned [# of records] results which exceeds the 1,000-record limit. Please refine your search and try again”.



Figure 25: Maximum of 1,000 records error message

Veteran Records Sent to CCN Contractor Log Entry

ES creates an entry in the database log when a Veteran record is sent to a CCN Contractor. The log entry includes the following data:

- Transmission date
- Status
- Type
- Contractor name
- Date and time CCN request were made
- Record count

The **CCN Contractor Message Log** displays all the contractors received from the Data Access Service (DAS) response as shown below.

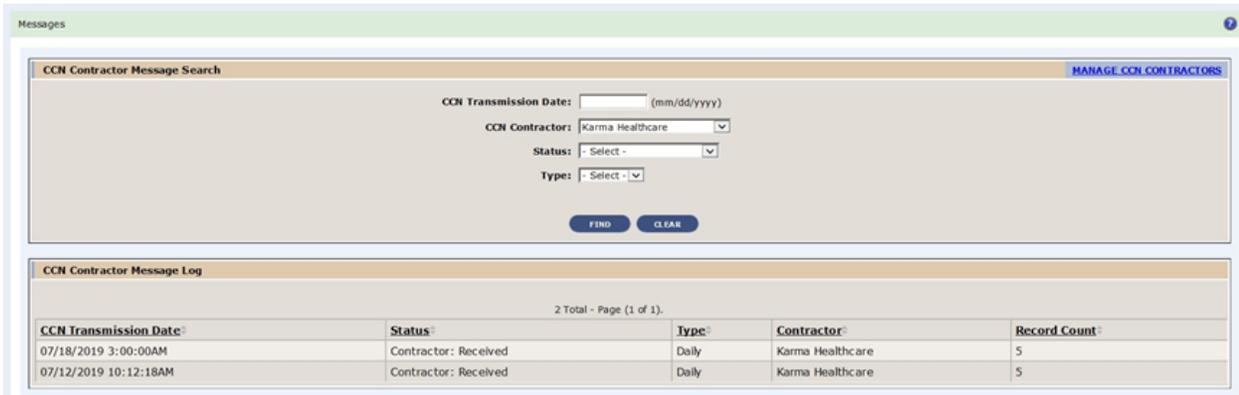


Figure 26: CCN records displaying on the CCN Contractor Message Log

Notes:

- The **Export** button and **RETURN TO COMMUNITY CARE DETERMINATION** link appear only when the Enrollment System user searches for a CCN record.

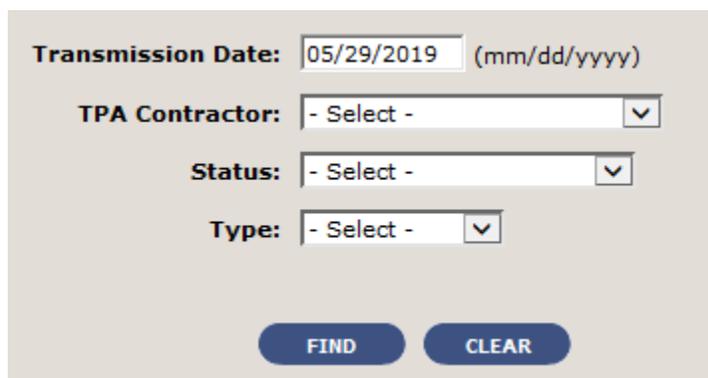
- The **Export** button and **RETURN TO COMMUNITY CARE DETERMINATION** link DO NOT appear when the Enrollment System user searches for a CCN file.

4.5.3 TPA Contractor Message Search

The **Transmissions** menu maintains a log of TPA (Third-Party Administrator) Contractor Messages sent by the ES application or received from a Vendor outside the VA firewall such as TriWest, enabling users to perform a TPA Contractor Messages search based on a certain date or date ranges as well as other criteria.

The purpose of the **TPA Message Search screen** is for the user to view information being sent to or from a CCN Contractor on a file-level. The **TPA Contractor Message Search** screen can be used to search information based on transmission date, contractor name, transmission status and transmission type. The search results display the following information:

- Transmission Date - When the file was sent.
- TPA Contractor - The name of the TPA contractor involved.
- Status - The status of the transaction.
- Type - What type of transaction.



The screenshot shows a search form with the following fields and controls:

- Transmission Date:** A text input field containing "05/29/2019" with a placeholder "(mm/dd/yyyy)".
- TPA Contractor:** A dropdown menu showing "- Select -".
- Status:** A dropdown menu showing "- Select -".
- Type:** A dropdown menu showing "- Select -".
- Buttons:** Two blue buttons labeled "FIND" and "CLEAR" are positioned at the bottom of the form.

Figure 27: TPA Contractor Message Search

The **TPA Contractor Message Search** screen contains the following search criteria:

Transmission Date:

The **Transmission Date** defaults to the current date. However, the user can edit the date to reflect a date that is prior to the current date. The transmission date is also updated whenever the record is updated before the **Sent** status.

💡 Notes:

- This process is repeated until the record is picked up and sent to DAS.
- Once the Veterans record goes to DAS, any changes to that person creates a new entry thereafter.

Contractor:

Individual contractors will be listed in this column.

Status:

The file-level status values include the following:

- Contractor: Not received – DAS could connect but contractor did not receive file.
- Contractor: Received – DAS could connect and sent file to contractor *.
- DAS Success – Connects with DAS HTTP Post *.
- DAS Failed – Unable to connect with DAS HTTP Post.
- Sent – When files are generated and sent to the TPA through DAS, the status of the file is changed to “Sent” *.

 **Note:** Statuses identified with an asterisk (*) are the success path for the file.



The screenshot shows a search interface with the following elements:

- Transmission Date:** A text input field containing "05/28/2019" and a label "(mm/dd/yyyy)".
- TPA Contractor:** A dropdown menu currently showing "- Select -".
- Status:** A dropdown menu that is open, showing a list of options: "- Select -", "Contractor: Not received", "Contractor: Received", "DAS Success", "DAS Failed", and "Sent".
- Type:** A label positioned to the left of the Status dropdown.
- Buttons:** Two buttons labeled "FIND" and "CLEAR" are located at the bottom of the form.

Figure 28: TPA Contractor Message Search file-level Status dropdown

Type:

Select one of the following types:

- TPA - Positive
- TPA – Negative

TPA Positive file	TPA Negative file
<p>The Enrollment System sends the TPA positive file using the Data Access Service (DAS) mechanism.</p> <p> Note: Please refer to the existing TPA file ICD for data fields.</p>	<p>The Enrollment System sends the TPA negative file using the Data Access Service (DAS) mechanism.</p> <p> Note: Please refer to the existing TPA file ICD for data fields.</p>

Find:

At least one of the fields in the TPA Contractor Message Search console must contain data for the TPA Contractor Message Log screen to display, after the user clicks Find. If data is not entered in the fields, the following error message displays:

“A search criteria field must be entered.”

Clear:

Clears out the data from the **TPA Contractor Message Search** screen.

 **Note:** The records sent list is in reverse chronological order by date sent and the Request Made column only displays if the type is TPA - Positive or TPA - Negative.

4.5.4 VA Profile Message Search

Clicking the **Transmissions** menu dropdown followed by the **VA Profile Messages** menu option, the system displays the **VA Profile Messages Search** screen.

When the user first reaches the **VA Profile Messages Search** screen, the search result list section does not display. The Enrollment System displays editable fields labeled “Transaction Date”, “ICN”, “VA Profile TrxID”, “Status”, “Data Type”, “Request Type” and buttons labeled “Find” and “Clear”.

Transaction Date:

The **Transaction Date** field defaults to the current date. The user can enter a Transaction Date less than or equal to the current date.

 ***ICN:***

The system requires an ICN. The user can access the message log just searching with the ICN alone. If the user searched by ICN alone, the VA Profile Message Log will display the VA Profile trxID.

VA Profile trxID:

VA Profile trxID is a unique number that VA Profile generates to uniquely identify a transaction. It's sent to the Enrollment System in the response message. The system requires at least one of the following fields: ICN or VA Profile trxID to be used to access the VA Profile Message Log. The user can access the VA Profile Message Log just by searching with the VA Profile trxID alone.

Status:

The **Status** dropdown allows blank or a selection from the dropdown. Options include, "Complete", "Pending", and "Error".

Data Type:

The Data Type dropdown allows blank or the selection from the dropdown. Option includes, "Electronic Health Record".

Request Type:

The Request Type dropdown allows blank or the selection from the dropdown. Options include, "EHRM Person Inbound" "EHRM Person Outbound".

Find:

When the user clicks the **Find** button:

- i. The system validates at least one of the search fields entered along with an ICN or VA Profile trxID and, if this validation fails, the following error message displays: "A search criteria field must be entered. An ICN or VA Profile trxID are required."
- ii. If there are no validation errors, the system displays the **VA Profile Message Log** on the **VA Profile Message Search** screen.
 - a. Columns display on the **VA Profile Message Log** for each record. Column headings include: "Transaction Date", "Status", "Request Type", "ICN" "VA Profile TrxID" "Data Type", and "Transaction Details".
 - b. The log displays in reverse chronological order by Transaction Date/Time.
 - c. If the number of records returned exceed 1,000, the system displays the record list and display the message "*The search returned nnnnnnnn results which exceeds the 1,000 record limit. Please refine your search and try again*".

VA Profile Message Log						
4 Total - Page (1 of 1).						
Transaction Date	Status	Request Type	ICN	VA Profile TrxID	Data Type	Transaction Details
2020/04/15 14:34:55	Complete	EHRM Person Outbound	999999999V999999	99xx9999-xx99- 99x9-xx99- xx9999999999	Electronic Health Record	View
2020/04/15 14:06:39	Complete	EHRM Person Outbound	099999999V999999	x999999-9999- 999x-x999- 9999999999xx	Electronic Health Record	View
2020/04/15 14:02:34	Complete	EHRM Person Outbound	199999999V999999	99xx9999-x999- 9999-x999- x9999999999	Electronic Health Record	View
2020/04/15 14:01:47	Complete	EHRM Person Outbound	299999999V999999	9xx99x99-x999- 9999-xx99- xx9999xx999xx	Electronic Health Record	View

Figure 29: VA Profile Message Log

Clicking the **View** hyperlink displays the **VA Profile Message Details** screen. The system displays the content of the log record containing the *Transaction Date*, *Status*, *Request Type*, *ICN*, *VA Profile TrxID*, and *Data Type*. A **RETURN TO LIST** hyperlink also displays. Clicking the **RETURN TO LIST** hyperlink displays the previous **Records Sent List** screen.

The screenshot shows the 'VA Profile Transmission Details' screen. At the top right, there is a 'RETURN TO LIST' link. The main content area displays the following information:

- Transaction Date: 04/15/2020 2:34:55PM
- Status: Complete
- Request Type: EHRM Person Outbound
- ICN: 999999999/999999
- VA Profile TrxID: 99xx9999-xx99-99x9-xx99-xx9999999999
- Data Type: Electronic Health Record

Below this information, there are two sections: 'Request Data' and 'Response Data'. The 'Request Data' section contains a large JSON object with the following structure:

```

{
  "healthCare": {
    "appointmentRequestResponse": false,
    "preferredFacilities": [ {
      "assignmentDate": "2020-04-15T19:01:45.000Z",
      "preferredFacility": "988 - DAY20"
    } ]
  },
  "visitSummaries": [ {
    "incomeYear": 2019,
    "visitSummary": [ {
      "createDate": "2020-04-15T19:02:32.000Z",
      "facilityVisited": "988 - DAY20",
      "hospitalInpatientDays": 0,
      "hospitalOutpatientDays": 0,
      "originatingSourceSystem": "VAMC-988",
      "sourceDate": "2020-04-15T19:02:32.000Z",
      "sourceSystem": "VAMC-988",
      "sourceSystemUser": "VAMC-988",
      "updateDate": "2020-04-15T19:02:32.000Z"
    } ]
  } ]
}

```

The 'Response Data' section shows a dropdown menu with the date '04/15/2020 2:34:55PM' and a 'VIEW' button. Below the dropdown, there is a JSON object:

```

{
  "messages": [ ]
}

```

Figure 30: VA Profile Transmission Details

Request Data:

Request data is the message (the biograph (BIO)) that is sent to VA Profile.

Response Data:

Response data is what is sent back from VA Profile from that particular transaction. The system may receive multiple responses from the same request. The responses are date/time stamped so the dropdown allows the user to select and view one of these specific responses by clicking the **View** button. The **View** button retrieves the selected response and populates it in the **Response Data** text field.

In this example, a message was triggered to VA Profile due to a change of Visit Summary data in the Enrollment System. VA Profile responds with an acknowledgement (as opposed to an error or something that would be explained in the “messages”).

Clear:

Clicking the **Clear** button removes all data on the **VA Profile Message Search** screen.

4.6 MSDS Messages

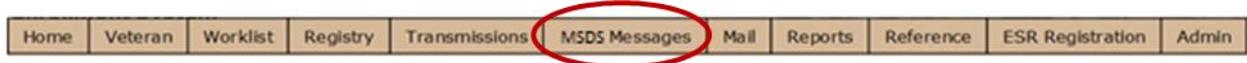


Figure 31: MSDS Messages

4.6.1 MSDS Message Search

The **Military Service Data Sharing (MSDS) Messages** menu displays a log of .xml messages received from the MSDS Web Service in response to a query for military service information from ES.

A screenshot of the 'MSDS Message Search' form. It features a title bar 'MSDS Message Search' and several input fields: 'Response Date' with a date picker showing '02/05/2018 (mm/dd/yyyy)', 'Response Date Range From' and 'To' with empty date pickers and '(mm/dd/yyyy)' labels, 'Member ID' with an empty text box, and 'Response Status' with a dropdown menu showing '- Select -'. At the bottom are two buttons: 'FIND' and 'CLEAR'.

Figure 32: MSDS Message Search

MSDS Message Search Scenarios

If	Then
No search parameters are entered and the “Find” button is selected	ES returns the maximum number of responses allowed (1,000 is the limit).
Search exceeds 1000 records	The following error message displays: “The search returned results which exceeds the 1,000-record limit. Please refine your search and try again”.

The user may search by the following parameters:

Response Date:

The date/time the response was received by ES.

Format: (mm/dd/yyyy)

OR

Response Date Range:

Enter a date range for when responses were received by ES.

Format: (mm/dd/yyyy)

Member ID:

The Member ID of the service member/Veteran.

Response Status:

An indication of response success or failure (error). Select from the dropdown.

ES displays a list of responses from the MSDS Message Log that match the user's criteria.

4.6.2 MSDS Message Log

ES displays the following information for each MSDS message:

Receipt Date

The date/time the message was received by ES.

Response Status

An indication of response success or failure (error).

Member ID

The Member ID of the service member/Veteran.

Raw Data

Displays the message .XML text.

Response Details

Displays the Response Details screen.

MSDS Message Log				
77 Total - Page (1 of 2). [First] [Prev] [Next] [Last]				
Receipt Date	Status	Member ID	Raw Data	Response Details
2017/12/28 15:21:55	Success	40125365233	View	View
2017/12/28 14:59:28		40125365233	View	View
2017/12/28 14:59:04		40125365233	View	View
2017/12/28 13:43:45		40125365233	View	View
2017/12/28 13:42:28		40125365233	View	View
2017/12/28 12:10:27		40125365233	View	View
2017/12/28 12:09:04		40125365233	View	View
2017/12/28 11:34:12		40125365233	View	View
2017/12/28 11:14:26	Success	40125365233	View	View
2017/12/28 11:13:15	Success	40125365233	View	View

Figure 33: MSDS Message Log example

4.6.2.1 MSDS Message Response Details

The *MSDS Message Response Details* screen provides the following information:

MSDS Message Response Details				VIEW PARSED MESSAGE	VIEW RAW MESSAGE	BACK TO MESSAGE LOG
Member ID:	40125365233					
Message Type:	Deployments	Disabilities	Military Service Eligibility Information			
Source System Name:						
Transaction ID:	20b8dbc4-ec15-11e7-90ab-0ae258860000 205a84fc-ec15-11e7-90ab-0ae258860000 20cbab0a-ec15-11e7-90ab-0ae258860000					
Response Date:	2017-12-28 15:21:55.0	2017-12-28 15:21:55.0	2017-12-28 15:21:55.0			
Response Code:	Success	Success	Success			
Error Code:						
Error Description:						

Figure 34: MSDS Message Response Details

Member ID

The Member ID of the Veteran.

Message Type

MSDS sends the information in the following types of methods - Deployments, Disabilities, Military Service Eligibility Information, and Retirements.

Source System Name

The name of the system in which the message originated.

Transaction ID

A unique identifier for the response message.

Response Date

The date/time the response was received by ES.

Response Code

Indicates Success or Error.

Error Code

Indicates the type of error.

Error Description

Describes the error, if applicable.

4.6.2.2 View Parsed Message

The parsed message contains all the data that ES uses to process the business rules for determining enrollment and eligibility. It does not mean that all of the data will be saved (e.g., training related episode data will display in the parsed message, but training related episodes are not persisted in ES).

4.6.2.3 View Raw Message

The raw message contains all the data that ES uses to process the business rules for determining enrollment and eligibility, plus additional information that is part of military service information that may be used by other entities outside of Enrollment and VHA.

Raw messages display for the following categories: Deployments, Disabilities, Military Service Eligibility Information, and Retirements.

MSDS Parsed Message Screen

The MSDS parsed message contains all the data that ES uses to process the business rules for determining enrollment and eligibility. It does not mean that all of the data will be saved (e.g., training-related episode data will display in the parsed message, but training-related episodes are not persisted in ES).

Veteran Status

OEF/OIF INDICATOR (post-911 Deployment Indicator)

Purple Heart/Medal of Honor

- PURPLE HEART OR MEDAL OF HONOR INDICATOR (Purple Heart or MOH Code)
- PURPLE HEART OR MEDAL OF HONOR DATE (Purple Heart or MOH Date)

Active Duty Information

- ACTIVE DUTY (Personnel Active Duty Indicator)
- FUTURE DISCHARGE DATE (Personnel Project End Date)
- FUTURE DISCHARGE DATE CERTAINTY CODE (Personnel Projected End Date Certainty Code)

Military Service Episodes

- BRANCH (Branch of Service Code)
- COMPONENT (Personnel Category Type Code)
- PAY PLAN (Pay Plan Code)
- START DATE (Service Episode Start Date)
- END DATE (Service Episode End Date)
- TERMINATION REASON (Service Episode Termination Reason)
- CHARACTER OF SERVICE (Discharge Character of Service Code)
- SEPARATION REASON (Narrative Reason for Separation Code)
- SEPARATION REASON DESCRIPTION (Narrative Reason for Separation Text)

Guard/Reserve Active Duty

- START (Guard Reserve Period Start Date)
- END (Guard Reserve Period End Date)
- TERMINATION REASON (Guard Reserve Period Termination Reason)
- CHARACTER (Guard Reserve Period Character of Service Code)
- SEPARATION REASON (Narrative Reason for Separation Code)
- SEPARATION REASON DESCRIPTION (Narrative Reason for Separation Text)
- STATUTE CODE (Guard Reserve Period Statute Code)
- PROJECT CODE (Guard Reserve Period Project Code)
- TRAINING INDICATOR (Training Indicator Code)

Combat Pay

- START (Combat Pay Start Date)
- END (Combat Pay End Date)
- PAY TYPE (Combat Pay Type Code)
- COMBAT LOCATION (Combat Zone Country Code)

Deployments

- START (Deployment Start Date)
- END (Deployment End Date)
- TERMINATION REASON (Deployment Termination Reason)
- DEPLOYMENT PROJECT CODE (Deployment Project Code)
- DEPLOYMENT LOCATION (Deployment Country Code)

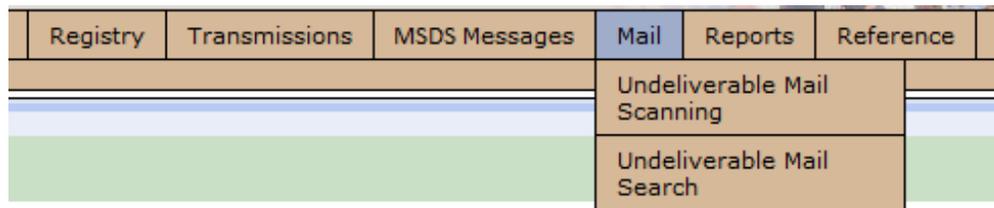
Back to Message Log

Displays the MSDS Message Log screen.

4.6.2.4 Back to Message Log

Back to Message Log returns you to the MSDS Message Log.

4.7 Mail



Registry	Transmissions	MSDS Messages	Mail	Reports	Reference	
			Undeliverable Mail Scanning			
			Undeliverable Mail Search			

Figure 35: Mail

4.7.1 Undeliverable Mail Scanning

The *Undeliverable Mail Scanning* function allows users to search for Undeliverable Mail by Bar Code and displays the following information:

- *Bar Code* – Enter the *Bar Code* for which you are searching. Click the magnifying glass symbol to start the search.
- *Date Mailed* – This is the date the letter was formatted and passed through the printer to process. It is not the actual date it was mailed. It takes approximately 5 business days from this date until the actual mailing.

- Recipient Name & Address
- Form Number

- *Returned by P.O.* – indicates mail was returned by the Post Office as *Undeliverable*.

💡 **Note:** If the returned letter has a bar code and is scanned, the system automatically sets the *Communication Status* to **Returned by P.O.** If the returned letter has no bar code, the user must do a *Undeliverable Mail Search* using various search criteria. From the *Undeliverable Mail Search Results* page, the user must manually place a check mark in the **Returned by P.O.** checkmark box and *Update* the record.

- *Edit Address* – click this link to edit the beneficiary's permanent address from the [*Edit Permanent Address*](#) page.

4.7.2 Undeliverable Mail Search

The *Undeliverable Mail Search* function allows user to do a Search on any undeliverable mail. One or multiple fields may be used as search criteria. Using more search criteria will reduce the number of results.

ES has a search results limit of 250 records. If search results exceed the 250 records limit, users will be asked to refine their search and try again.

SSN:

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

Bar Code:

The communication *Bar Code* id is a system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event if applicable, and the individual.

Last Name:

Veterans *Last Name* is the Veterans family name.

First Name:

Veterans *First Name* is the Veterans given first name.

Middle Name:

Enter the Veterans middle name.

Country:

Select a country from the dropdown.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Zip code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

State:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

Form Number:

The *Form Number* is the number that identifies the type of communication.

Choose from the drop-down list.

Case Number:

The *Case Number* is the VPID of the Veteran associated with the mailed correspondence.

VPID is defined as the Veterans Affairs Person Identifier for the beneficiary's record. This 29-character ID is unique for this person.

Date Mailed:

Enter here the date the correspondence was mailed.

Rules...

🌟 Format: (mm/dd/yyyy)

Undeliverable Mail Search Results

Date Mailed

Indicates the date the letter was mailed.

Recipient Name & Address

The Name and Address of the Recipient.

Form Number

Indicates the particular Form Number mailed.

Returned by P.O.

When users manually selects the Communication Status – *Returned by P.O.* and commits the change, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.

Edit Address

Allows editing the recipient's **Permanent Address**.

4.7.2.1 Edit Permanent Address

The *Edit Permanent Address* screen allows user to edit the Permanent Address on file for the beneficiary based on the Undeliverable Mail Search results.

Edit Permanent Address

Add/Edit Address:

Select address type from drop-down.

★*Country:*

Select a country from the dropdown.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

★**Zip Code:**

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

★**City:**

Enter the name of the City used for the address.

★**State:**

Enter the State name associated with the address.

County:

Enter the County in which the beneficiary lives.

Bad Address Reason:

Select from menu options.

Source of Change:

Select from menu options

Site of Change:

Select from drop-down list.

Last Update:

System generated date and timestamp.

★ **Indicates required field**

4.8 Reports

Transmissions	MSDS Messages	Mail	Reports	Reference	ESR Registration	Admin
			Report List			
			Scheduled Reports			
			Completed Reports			

Figure 36: Reports

4.8.1 Report List

The **Reports List** screen enables a user to select and run/schedule various reports.

25 Total - Page (1 of 1).			
#	Report Type	Report ID	Report Title
1.	Addresses	QM 5	Bad Address Records
2.	Cancel/Decline	QM 4	Cancelled/Declined
3.	SSN	IV 4	Database SSN Statistics
4.	Duplicate Merge	EED 12	Duplicate Merge
5.	Quality Management	QM 6	EED Veteran Survey List
6.	Enrollment	EED 8	EED Weekly Statistics
7.	Workload	EED 9	Enrollment Override
8.	Enrollment	EED 21	Future Discharge Date Report
9.	ACA	ACA 05	IRS 1095B Mailings Summary
10.	ACA	ACA 04	IRS Reject Detail
11.	ACA	ACA 03	IRS Reject Summary
12.	ACA	ACA 01	IRS Submission Type Summary
13.	ACA	ACA 02	IRS Transmission Status Summary
14.	Enrollment	EED 19	Incomplete Registrations Report
15.	Financial Assessment	IV 1	MT Signature Indicator By Income Year
16.	Workload	QM 14	Manual Eligibility Update
17.	Enrollment	EED 22	Pending Applications
18.	SSN	IV 5	Pseudo SSN
19.	SSN	IV 3	Returned Records From SSA Statistics
20.	Enrollment	EED 23	Total Closed Applications
21.	Enrollment	EED 10	Total Eligibility Factors
22.	Enrollment	EED 1	Total Enrolled Veterans
23.	Enrollment	EED 2	Total User Enrollee
24.	VOA	VOA 01	VOA Processing Status
25.	Workload	QM 15	Workload for Status Remaining or Exceeding X Days

Figure 37: Report List

Report Type

Report Type indicates the type of report. Users can click the ascending and descending arrows in the column heading to display the report type in ascending or descending order.

Report ID

Report ID is a group along with an incremental number (QM 5, ES-VHAP1, etc.). Users can click the ascending and descending arrows in the column heading to display the report ID in ascending or descending order.

Report Title

Report Title is a short narrative description of the report. Users can click the ascending and descending arrows in the column heading to display the report ID in ascending or descending order.

Actions

Run Report – Clicking the **Run Report** link launches the *Reports Parameters* screen which enables users to enter the report parameters as desired or required. After doing so, click the **Run Report** button to run the report.

Schedule Report – Clicking the **Schedule Report** link enables users to schedule a report to run at a later date. Reports may be scheduled to run in a variety of different ways.

The following Report Type table lists the available reports that can be run (scheduled) by clicking the **Run Report** or **Schedule Report** links. To get more help on the parameters and what will be in each report, see the *Sample Reports* sub-section of the *Reports* section.

Report Type Table

 **Note:** The table is ordered in alphabetical order by Report Title.

Report Type	Report ID	Report Title
Addresses	QM 5	Bad Address Records
Cancel/Decline	QM 4	Cancelled/Declined
SSN	IV 4	Database SSN Statistics
Duplicate Merge	EED 12	Duplicate Merge
Quality Management	QM 6	EED Veteran Survey List

Report Type	Report ID	Report Title
Enrollment	EED 8	EED Weekly Statistics
Workload	EED 9	Enrollment Override
Enrollment	EED 21	Future Discharge Date Report
ACA	ACA 05	IRS 1095B Mailings Summary
ACA	ACA 04	IRS Reject Detail
ACA	ACA 03	IRS Reject Summary
ACA	ACA 01	IRS Submission Type Summary
ACA	ACA 02	IRS Transmission Status Summary
Enrollment	EED 19	Incomplete Registrations Report
Financial Assessment	IV 1	MT Signature Indicator By Income Year
Workload	QM 14	Manual Eligibility Update
Enrollment	EED 22	Pending Applications
SSN	IV 5	Pseudo SSN
SSN	IV 3	Returned Records From SSA Statistics
Enrollment	EED 23	Total Closed Applications
Enrollment	EED 10	Total Eligibility Factors
Enrollment	EED 1	Total Enrolled Veterans
Enrollment	EED 2	Total User Enrollee
VHA Profiles	ES-VHAP2	VHA Profiles Detail Report
VHA Profiles	ES-VHAP1	VHA Profiles Summary Report
VOA	VOA 01	VOA Processing Status
Workload	QM 15	Workload for Status Remaining or Exceeding X Days
Community Care Program (CCP)	ES-CCP1	Number of Veterans who are eligible for the CCP
Community Care Program (CCP)	ES-CCP2	CC Veteran Eligibility changes for a specific Date Range

Not included in the table are the *OPP Extract* reports, which are generated any time the OPP extraction for the particular file is completed. To view a description and sample OPP Extract reports, see the *Sample Reports* sub-section of the *Reports* section.

 **Notes:** The following three reports were removed for ES 4.1.0 since this data is no longer collected:

OPP 1 – CD Procedure File Summary Report

OPP 2 – CD Diagnosis File Summary Report

OPP 3 – CD Condition File Summary Report

Retired reports can be retrieved from the archive. See the [Archived Reports](#) section for more information.

4.8.2 Scheduled Reports

The *Scheduled Reports* screen displays all reports and their scheduled run dates. A report may also be cancelled from the *Scheduled Reports* screen.

Report Type:

Select the type of report from the dropdown. See *Report List* screen above.

Report ID:

Select the *Report ID* from the dropdown.

Report Title:

Select the title of the report from the dropdown.

File:

Select the file type for the report from the dropdown. The two types are:

 .pdf

 .csv

Scheduled Run Date:

Enter the dates on which the report is scheduled to run. Users may specify either a From Date, a To Date, or both (mm/dd/yyyy).

The list of entries in the dropdown boxes are filtered based on the actual list of report data for that user. For example, if there are no **EED 22** reports scheduled, then the *Report ID* dropdown won't have a selection for **EED 22**.

When a filter is applied (with the **Apply Filter** button), text is added to the right of the section title to show the user that a filter is being applied. For example, when a filter is applied on the *Scheduled Reports* screen, the section header is listed as "**Scheduled Reports (Filter Applied)**."

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

Clicking the **Hide Report Filter** link will hide the report filter criteria.

Scheduled Reports

#

Sequence number for the report.

Report Type

Indicates the type of report.

Report ID

A group along with an incremental number (QM 5, ES-VHAP1, etc.).

Report Title

The short narrative description of the report.

File Type

Indicates the file type for the report. The two types are:

● .pdf

● .csv

Scheduled Run Date

The date on which the report is scheduled to run.

Action

Enables the user to cancel an existing scheduled report by clicking the **Cancel Report** link. Click the **OK** button to cancel the report or the **Cancel** button to leave it as is.

4.8.2.1 Schedule Report

Schedule Report allows users to schedule new reports.

Schedule Report

Report Name:

Select new report from the dropdown. Click the **Submit** button after dropdown selection for new *Report Name* is made.

Schedule Report

Report Name:

Report Name displays the new scheduled report selected. The parameters below are determined by the report being scheduled. Below is an example of report parameters for the **Pending Applications (EED 22)** report.

★*Generate Report:*

Choose one of the following. If *Generate Report* selection is:

Daily/Weekly

The choices are:

- Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Monthly

The choices are:

- The **first, last, 15th**, day of every month.

OR

- The first, second, third, fourth, last Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, or Saturday, of every month.

Quarterly

The choices are:

- The **First, Last** day of every quarter.

Yearly

The choices are:

- Every January, February, March, April, May, June, July, August, September, October, November, or December.

OR

- The first, second, third, fourth, or last, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, or Saturday of January, February, March, April, May, June, July, August, September, October, November, or December.

Other

- When the **Other** radio button is chosen, a ***From Date*** and ***To Date***, which appear below, must be chosen.

★Date to Generate Report:

Enter the precise date (mm/dd/yyyy) on which to generate the report.

★Time to Generate Report:

Indicate the time to generate the report. Choose hours first (military time), then minutes.

Email Report To:

Separate each email recipient name with a semi-colon (;).

The parameters below are determined by the report being scheduled. Below is an example of report parameters for the **Pending Applications (EED 22)** report.

★From Date:

Enter a ***From Date*** (mm/dd/yyyy). This field appears only when the **Other** radio button for **Generate Report** is chosen above.

★To Date:

Enter a ***To Date*** (mm/dd/yyyy). This field appears only when the Other radio button for **Generate Report** is chosen above.

★Address Updated Multiple Times Within:

Enter the number of days in which the address was updated more than once.

★ **Report Format:**

Select either:

- Summary
- Detailed

★ **File Type:**

Select either:

- .pdf
- .csv

★ *Indicates required field*

4.8.3 Completed Reports

[VHA Profiles Reports](#)

The *Completed Reports* screen presents a list the completed reports that have been run. User may click on the desired **View Report** link to view the report. The user may also click the **Delete** link to delete the desired report or click the **Archive** link (for an Active report) to archive the desired report.

Report Type:

Select the type of report from the dropdown. See *Report List* screen help.

Report ID:

Select the *Report ID* from the dropdown.

Report Title:

Select the title of the report from the dropdown.

Status:

Select the *Report Status* from the dropdown. Examples include **Active**, **Archived**, or **All**.

File:

Select the file type for the report from the dropdown. The two types are:

- .pdf
- .csv

Report Parameters:

Enter any parameters such as *From* and *To Dates* and the particular report.

Date Run:

Enter the dates on which the report was run. User may specify either a *From Date*, a *To Date*, or both (mm/dd/yyyy).

Archived Date:

Enter the date on which the report was *Archived*.

The list of entries in the dropdown boxes are filtered based on the actual list of report data for that user. For example, if there are no **EED 22** reports scheduled, then the *Report ID* dropdown won't have a selection for **EED 22**.

When a filter is applied (with the **Apply Filter** button), text is added to the right of the section title to show the user that a filter is being applied. For example, when a filter is applied on the *Completed Reports* screen, the section header is listed as "**Completed Reports (Filter Applied)**."

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

Clicking the [Hide Report Filter](#) link will hide the report filter criteria.

Status: Completed Reports

#

Sequence number for the report.

Report Type

Report Type indicates the type of report.

Report ID

Report ID is the unique *Report ID*.

Report Title

Report Title is a short narrative description of the report.

File Type

File Type indicates the file type for the report. The two types are:

- .pdf
- .csv

Report Parameters

Report Parameters displays any parameters entered by the requester such as *From* and *To Dates* and the particular report.

Status

Status is the status of the report. Reports are either **Active** or **Archived**.

Date Run

Date Run shows the date the report was run.

Archived Date:

Archived Date is the date the Completed Report was Archived.

Action

The following Actions are available for Active Completed Reports:

- *View* – clicking the **View** link allows the user to view the Completed Report.
- *Delete* – clicking the **Delete** link allows the user to delete the Completed Report. A confirmation box will be displayed to the user.
- 💡 **Note:** The user must have the *Schedule/Run/Delete/Archive* privilege for the report type, and the report must have been generated by the user.

and/or

The user has a System Administrator Role.

Archive

clicking the **Archive** link allows the user to archive the Completed Report.

 **Note:** The user must have the *Schedule/Run/Delete/Archive* privilege for the report type, and the report must have been generated by the user.

and/or

The user has a System Administrator Role.

The following Action is available for **Archived Completed Reports**:

 *View* – clicking the [View](#) link allows the user to view the Archived Report.

 *Delete* – clicking the [Delete](#) link allows the user to delete the Archived Report. A confirmation box will be displayed to the user.

 **Note:** The user must have the *Schedule/Run/Delete/Archive* privilege for the report type, and the report must have been generated by the user.

and/or

The user has a System Administrator Role.

VHA Profiles Reports:

VHA Profiles Detail Report

The VHA Profiles (VHAPs) detail report provides information on all Veterans associated with each preferred facility selected and VHAP type. The detail report contains active and inactive VHAPs.

As of Date:

Displays mm/dd/yyyy

From Date:

Displays mm/dd/yyyy

To Date:

Displays mm/dd/yyyy

Run Date/Time:

Displays mm/dd/yyyy

Facility:

Displays the preferred facility(s).

VHA Profile Name:

Displays the VHA Profile name.

Last Name:

Displays the last name of the Veteran.

ICN:

Displays the ICN.

Member ID:

Displays the Member ID.

Subtotal:

Number of Veterans with a unique VHA Profile and unique facility (s).

Grand Total:

Number of Veterans with all VHA Profiles for a specific facility. Sum of subtotals.

VHA Profiles Summary Report

The VHAP summary report displays the number of Veterans for each VHAP for specific facilities. The summary report contains active and inactive VHAPs.

VHA Profile Name:

Displays the VHA Profile name.

Number of Veterans associated with a VHA Profile name:

Displays number of Veterans assigned to the selected VHA Profile and specific preferred facility

Subtotal:

Total number of Veterans assigned to that selected VHA Profile for all those specific preferred facilities.

Associated Facilities:

Displays associated facilities.

As of Date:

Displays mm/dd/yyyy.

From Date:

Displays mm/dd/yyyy.

To Date:

Displays mm/dd/yyyy.

Run Date/Time

Displays run date as “mm/dd/yyyy” and time as “HH:MM:SSPM/AM”.

Facility:

Displays the preferred facility(s).

Grand Total:

Total Number of Veterans for all VHA Profiles selected. The sum of the subtotals.

4.8.4 Report Descriptions

4.8.4.1 Undeliverable Mail (BOS 1) (Retired)

The *Undeliverable Mail (BOS 1)* report provides a total of incoming undeliverable mail by division (IV & EE), undeliverable mail that has been processed by day. The *Undeliverable Mail (BOS 1)* report is used to provide monthly totals of incoming and processed mail that is received by the mail unit. For each execution, this report is limited to generating data for a single fiscal year.

For the *summary report*, a single row is produced for each division (IV & EE) and a grand total for the specified time period. For the *detailed report*, each row represents the number of

undeliverable letters for a single day. Subtotals are produced for each week within the specified time period.

The requester has the option of *detailed* or *summary* report.

4.8.4.2 Letter Files from Processing Center (COR 1) (Retired)

Summary Report: Provides the number of letter requests by Letter Name and Form Number, which were actually mailed by the Processing Center, the number of letter request returned for Code 1 Reject reasons and the number of letter requests returned with an error reasons. The report includes the Date/Time the File was received and a total number per file and the letter types and the specific error reason for the Code 1 Reject File and the Error file reject reason. The report can be generated for individual or all files. The 3 files are the Address File, The Code 1 Reject File and the Error File.

Detailed Report: Breaks down each letter type into the three groups, Totals, Code 1 and Error. The report then breaks down Code 1 and Error for each letter type into individual groups with specific letter identification to allow for cleanup, tracking, etc. It also shows the person-identifying information for the individuals whose letters errored in processing. The difference between the From Date and To Date may not exceed 31 days.

4.8.4.3 Total Enrolled Veterans (EED 1)

The *Total Enrolled Veterans (EED 1)* report provides a listing of all Veterans whose most current enrollment record is in a *Pending* enrollment status for the time period, by facility. The *Total Enrolled Veterans (EED 1)* report may be run in a summary mode to reflect total numbers or in a detail mode to list specific Veteran-identifying information for the desired statuses. To be eligible for this report, the Veteran must be a "user enrollee." The category "user enrollee" indicates that a *User Enrollee Valid Through Date* on the Veterans record exists.

The *Total Enrolled Veterans (EED 1)* report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center.

The requester has the option of *detailed* or *summary* report.

4.8.4.4 Total User Enrollee (EED 2)

The *Total User Enrollee (EED 2) summary report* produces a listing of active User Enrollees.

4.8.4.5 PH Unconfirmed For More Than X Days (EED 3) (Retired)

The *PH Unconfirmed for More than X Days (EED 3)* report provides the number of unconfirmed PH registry requests. It includes the number of each *PH Status* that has not reached a **Confirmed** status. It will not include any records that have a *Date of Death*.

The *PH Unconfirmed for More than X Days (EED 3)* report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The *Veterans Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of *detailed* or *summary* report.

4.8.4.6 Total Enrollees per Enrollment Status Grouped by Priority (EED 6) (Retired)

The *Total Enrollees per Enrollment Status Grouped by Priority (EED 6)* report provides the Nationwide number of enrollees for each *Enrollment Status* and each Enrollment Priority/Sub Priority and those who are Un-prioritized. The *Total Enrollees per Enrollment Status Grouped by Priority (EED 6)* report is sorted by Enrollment Priority Group, and provides totals for each *Enrollment Status* and for each *Enrollment Priority/Sub-Priority*.

The *Total Enrollees per Enrollment Status Grouped by Priority (EED 6)* report provides current enrollment records on the total number of Enrollees by Priority Group separated into the various Enrollment Status categories, based on a "*FROM / TO*" date range determined by the requester. Users may select one, many or all of the Priority Groups, and / or one, many, or all of the Enrollment Statuses.

4.8.4.7 EED Weekly Statistics (EED 8)

EED reports are used to capture various updates that occur within a user's specified time frame or scheduled run.

The scheduled report displays each proceeding week's data back to the beginning of the fiscal year (Sunday through Saturday) and calculates the fiscal year averages and totals. The scheduled report includes all individual pages.

The 'On Demand' report shows the individual totals for the time period selected broken down into weekly increments. For example, if the user requested a report for December 1, 2005 to December 31, 2005, the first week displayed would be December 1, 2005 to December 3, 2005. The second week would be from December 4, 2005 to December 10, 2005. The third week would be December 11 to December 17, 2005. The fourth week would be December 19, 2005 to December 24, 2005. The fifth week would be December 25, 2005 to December 31, 2005. The report displays the individual data points on individual report types similar to what is demonstrated in the samples.

The requester has the option of *Detailed* (all reports) or *Summary* (individual reports).

4.8.4.8 Enrollment Override (EED 9)

The *Enrollment Override (EED 9)* report captures Veteran-specific information only on records where a HEC employee manually initiated an override based on an Override Reason. The Veteran specific information contains the Veterans name, SSN and narrative reason.

Summary Report: The *Enrollment Override (EED 9)* summary report provides the total number of *Enrollment Overrides* OR the total of *Enrollment Overrides by Reason* based on a "*FROM / TO*" date range to be determined by the requester.

Detailed Report: The *Enrollment Override (EED 9)* detailed report provides Veteran specific information for the total *Enrollment Overrides* for a "*FROM / TO*" date range to be determined by the requester.

The requester will have the option of selecting a report that will list the Veteran specific data by the LAS that performed the *Enrollment Override*, grouped by *Override Reason*, user may select one, many or all LASs.

OR

By the Veteran, grouped by Veteran SSN, then sub-grouped by Override Reason and then lists the identity of the LAS who performed the Enrollment Update.

 **Note:** The information on this report is limited to overrides performed by a HEC employee (manually initiated override).

4.8.4.9 Total Eligibility Factors (EED 10)

Summary Report: The *Total Eligibility Factors (EED 10)* summary report provides the Nationwide total *Eligibility Factors* for verified enrolled Veterans. The report factors will be broken down into Eligibility Factors. This report can be run on an "*AS OF DATE*" or a "*FROM / TO*" date range to be determined by the requester. The *Summary Report* is also the 'scheduled' report.

Detailed Report: The *Total Eligibility Factors (EED 10)* detailed report provides the total *Eligibility Factors* for verified enrolled Veterans (Primary and Secondary Eligibility Factors) by VISN, or by medical center within VISN. The Veterans Preferred Facility is used to determine the VISN, VAMC / Facility information (only to the VAMC / Parent Level). Detailed reports can be run on an "*AS OF DATE*" or a "*FROM / TO*" date range to be determined by the requester. The *Detailed Report* is NOT a 'scheduled' report.

Reports can be selected for viewing by clicking the appropriate [View](#) link from the *Completed Reports* screen.

4.8.4.10 Duplicate Merge (EED 12)

Summary Report: The *Duplicate Merge (EED 12)* summary report provides the total number of records in the *Merge* process by the three (3) status categories, for a "*FROM / TO*" date range determined by the requester.

'Number of Records Merged by LAS / User' - the total number of records in the *Merge* process by the three (3) status categories by the LAS for a "*FROM / TO*" date range determined by the requester.

Detailed Report: The *Duplicate Merge (EED 12)* detailed report is segregated by LAS and lists individual records in the *Merge* process by two (2) statuses for a "*FROM / TO*" date range determined by the requester.

- 'Completed' which includes a total of days from assignment to completion.
- 'In Process' which includes the total days merge is *In Process* (assigned but not completed).

The detailed report also includes a total of all records in an 'In Process' and 'Completed' status with a calculated average for each.

Reports can be selected for viewing by clicking the appropriate **View** link from the *Completed Reports* screen.

4.8.4.11 Incomplete Registrations Report (EED 19)

There are two reports that track incomplete registrations. The first is the detailed *Incomplete Registrations Report*, which lists incomplete registrations for single, multiple, or all users.

Incomplete registration is defined as a user-started process of adding a person and then saving the person 'In Process' for completion at a later date. The report lists specific Veteran-identifying information to provide managers a way to track and analyse pending items and manage workload. In addition, this information helps resolve unexpected error conditions during the data entry process.

The second report is the summary *Incomplete Registrations Report – Management Aging Report* and lists a total of incomplete applications by username over time (30, 60, 90 days).

After clicking **Run Report** from the *Reports List* menu, the reports can be selected for viewing by clicking the appropriate **View** link from the *Completed Reports* page.

Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

4.8.4.12 Missing Preferred Facility Report (EED 20) (Retired)

The *Missing Preferred Facility Report* lists Veterans who may have no data in place of the identifier for their preferred VA treatment facility ("Preferred Facility"). It is an unscheduled, 'on-demand' report that can be run by an authorized ESR user to identify any 'null' value preferred facilities for manual correction by an authorized ESR user. It will initially be used for a clean-up effort, and thereafter for occasional checking to ensure that there are no data transmission errors resulting in a null value for any particular Veteran.

The *Missing Preferred Facility Report (EED 20)* report provides the individual records that are missing a preferred facility. After selecting Run Report from the *Reports List* menu, the reports

can be selected for viewing by clicking the appropriate **View** link from the *Completed Reports* page. Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

4.8.4.13 Future Discharge Date Report (EED 21)

The *Future Discharge Date Report* provides information on Veterans that have a Future Discharge Date and no Service Separation Date.

The requester can select to run a *Summary Report* or a *Detailed Report*.

The *Future Discharge Date Report (EED 21)* detailed report shows the total number of service members/Veteran records by month that have a Future Discharge Date.

The *Future Discharge Date Report (EED 21)* summary Report is sorted by Future Discharge Date and subtotals on the number of Future Discharge Dates per month/year.

The detailed report has a default sort order of Future Discharge Date but users also have the option to sort by Last Name, SSN, Branch or Service, Service Entry Date, or Future Discharge Date.

The report can be scheduled or ad hoc run.

After clicking **Run Report** from the **Reports List** menu, the reports can be selected for viewing by clicking the appropriate **View** link from the Completed Reports page.

4.8.4.14 Pending Applications (EED 22)

The *Pending Application (EED 22)* report provides information about the total number of Pending Applications. The *Pending Application (EED 22)* summary report includes a list of pending Enrollment Applications along with the enrollment status and whether there was a prior enrollment with Create Date in the date range. The total number of Pending Enrollment applications displays at the bottom of the report.

The *Pending Application (EED 22)* detailed report displays the Veterans personal information (e.g., SSN, ICN, initial notification, prior enrollment along with status, created date, date elapsed from Create Date, etc.).

4.8.4.15 Total Closed Applications (EED 23)

The *Total Closed Applications (EED 23)* report provides information about the total number of closed Enrollment Applications. The summary report provides the total closed applications and the total number of applications with an Enrollment End date within the date range (From and To dates) per VISN and per Site. If the VISN and Site are not selected parameters, the result will only display the count of applications that were closed with the Enrollment End date within the date range From and To dates. Displayed at the bottom of the report, the total closed applications and total number of applications is combined as a grand total.

The detailed Closed Applications report displays the Veterans personal information (e.g., SSN, ICN, IPN date, etc.).

4.8.4.16 MT Signature Indicator By Income Year (IV 1)

The *MT Signature Indicator by Income Year (IV 1)* report provides a count of all Means Tests for a selected *Income Year* that have been imaged and whether they've been signed, do not have a valid signature, or are completed but no image has been received.

In addition, the *MT Signature Indicator by Income Year (IV 1)* report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veterans Preferred Facility is used to determine the *VISN*, *VAMC*, and *Facility* information.

The requester has the option of detailed or summary.

4.8.4.17 Returned Records From SSA Statistics (IV 3)

The *Returned Records from SSA Statistics (IV 3)* report provides a count of all records returned from SSA, valid or invalid, by beneficiary, spouse and dependents.

4.8.4.18 Database SSN Statistics (IV 4)

The *Database SSN Statistics (IV 4)* report provides a count of all SSN Validation Flags in the database.

The SSN counts are broken down by Beneficiary, Dependent and Spouse. For each of these, counts are given for Verified, Invalid, and New SSNs as well as how many are in the verification process and how many need to be resent to SSA for verification.

4.8.4.19 Pseudo SSN (IV 5)

The *Pseudo SSN (IV 5)* report provides a count or listing of all beneficiaries, spouses and dependents that have Pseudo SSNs listed in the database. The *Pseudo SSN (IV 5)* report will only select records that have a Pseudo SSN Reason of "Follow up Required."

The requester has the option of *Detailed* or *Summary*.

4.8.4.20 OPP Extract Period Of Service File Summary Report (OPP 4) (Retired)

This *OPP Extract Period of Service File Summary Report (OPP 4)* is a standard report that is generated by ES at the completion of the OPP data extraction of the Period Of Service (POS). The report provides the Office of Policy and Planning with a summary of the total numbers of

records that have been written to the file. The *OPP 4* report will be generated any time the OPP POS file extract is completed. The *OPP 4* report will be generated any time the OPP CD Condition File extract is completed.

4.8.4.21 OPP Extract Main File Summary Report (OPP 5) (Retired)

This *OPP Extract Main File Summary Report (OPP 5)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Main File data. The *OPP 5* report provides the Office of Policy and Planning with a summary of the total numbers of records by specific categories. The *OPP 5* report will be generated any time the OPP Main File Extract is Completed.

4.8.4.22 OPP Extract Eligibility File Summary Report (OPP 6) (Retired)

The *OPP Extract Eligibility File Summary Report (OPP 6)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Eligibility File data. The *OPP 6* report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 6* report will be generated any time the OPP Eligibility file extract is completed.

4.8.4.23 OPP Extract Rated Disabilities File Summary Report (OPP 7) (Retired)

The *OPP Extract Rated Disabilities File Summary Report (OPP 7)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Rated Disabilities File data. The *OPP 7* report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 7* report will be generated any time the OPP Rated Disabilities file extract is completed.

4.8.4.24 OPP Extract Combat Data File (OPP 8) (Retired)

The *OPP Extract Combat Data File (OPP 8)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Combat Data File. The *OPP 8* report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 8* report will be generated any time the OPP Combat Data file extract is completed.

4.8.4.25 Assigned to Priority Group 8 (P8G 1) (Retired)

The *Assigned to Priority Group 8 (P8G 1)* report produces a summary of Veterans assigned to Priority Group 8 as of a certain date. It includes all current enrollment records with an

Enrollment Status of “Verified” and a Priority Group of “8”. Requester must enter a From Date and a To Date and select either CSV or PDF File Type to run the report.

The Facility selected can be by VISN, Site, or both. If no Facility is selected, the report generates a National summary of Veterans Assigned to Priority Group 8.

4.8.4.26 Income Summary Report (P8G 2) (Retired)

The *Income Summary Report (P8G 2)* report is used to identify Veterans' current income levels for Priority Groups 8b and 8d. The report includes beneficiaries whose current priority group is "8b" or "8d". Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report. The Report displays whether income is:

- less than or equal to the specified amount for the year above the MT threshold where the GMT threshold is less than the MT Threshold
- less than or equal to the specified amount for the year above the GMT threshold where the GMT threshold is greater than the MT Threshold
- greater than the specified amount for the year above the applicable MT or GMT threshold
- less than the MT threshold, greater than the GMT threshold, with a net worth >= \$80,000.00
- not provided on the current Means Test

The *P8G 2* report also displays if the number days since the financial assessment was completed is < 366 days or > 365 days.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Income Summary report.

4.8.4.27 Migration to Priority Group 8 (P8G 3) (Retired)

The *Migration to Priority Group 8 (P8G 3)* report identifies the number of Veterans currently assigned to Priority Group 8 where the Veterans most recent prior Priority Group was 1-7, or Priority Group/Subgroup 8e-8g. Requester must enter a From Date and a To Date and select either CSV or PDF File Type to run the report.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration to Priority Group 8 report.

The Site version of the report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

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4.8.4.28 Migration from Priority Group 8 (P8G 4) (Retired)

The *Migration from Priority Group 8 (P8G 4)* report identifies the number of Veterans currently assigned to Priority Group 1-7 where the Veterans most recent prior Priority Group was 8. Requester must enter a From Date and a To Date and select either CSV or PDF File Type to run the report.

The requester can run the *P8G 4* report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration from Priority Group 8 report.

The Site version of the *P8G 4* report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

4.8.4.29 New Enrollment Processing (QM 3) (Retired)

The *New Enrollment Processing (QM 3)* report provides average time values in days for the individual process steps that are contained in the process of enrolling a new beneficiary. The *QM 3* report only tracks the initial application process. It does not include consecutive updates to the eligibility/enrollment record. The user has the ability to choose either complete or incomplete enrollment records. If detailed and complete are chosen, the system will prompt them to look for an outlier of days - meaning any step in the process that exceeds the days specified. Incomplete is defined as not all steps within the process have been completed. The user will be prompted for the number of days that the record has remained in the last completed status.

In addition, the *QM 3* report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veterans Preferred Facility is used to determine the VISN, VAMC and Facility information.

The requester has the option of Detailed or Summary. The difference between the From Date and To Date may not exceed 31 days for the Summary Report.

ES accepts new Enrollment applications from Veterans whose enrollment status is “Closed Application” with an “Abandoned Application” reason. When processing the new application, the system will not include previous activities or dates entered before the “Closed Application” status. The enrollment application date is updated and based on the new information.

 **Note:** This is a manual, work-around process for VistA currently.

4.8.4.30 Cancelled/Declined (QM 4)

The *Cancelled/Declined (QM 4)* report shows the Nationwide number of enrollees who have an Enrollment Status equal to "Cancelled/Declined" by each Reason Cancelled/Declined. No Date of Death records will be included.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veterans Preferred Facility is used to determine the VISN, VAMC and Facility information.

Bad Address Records (QM 5)

The *Cancelled/Declined (QM 4)* report provides a Summary Report of the number of person records where the current Permanent Mailing Address has the Bad Address Reason populated. The Detailed Report can also be generated to display the person's Name, SSN and Bad Address Reason. No Date of Death records will be included.

The difference between the From Date and the To Date cannot be greater than 31 days. Only one VISN may be chosen per report execution.

4.8.4.31 EED Veteran Survey List (QM 6)

The EED Veteran Survey List (QM 6) report is used to develop a mailing list of Veterans to receive the EED Customer Satisfaction Survey. The *QM 6* report accumulates a user specified number of records working from the data specified in negative-date chronological order until it reaches the number specified by the user. No *Date of Death* records will be included.

4.8.4.32 Unsolicited Updates by VBA (QM 8) (Retired)

The *Unsolicited Updates by VBA (QM 8)* report shows either in *Summary* or *Detailed* format the information related to an unsolicited update sent by VBA. For the *QM 8* report, **Not Processed** indicates that no data from the message was accepted (includes only instances where the message was ignored.)

The *Detailed Report* will display only records **Not Processed**.

4.8.4.33 MST National (QM 10) (Retired)

The *MST National (QM 10)* report provides a summary of the number of Veterans who have an *MST* Status recorded with a *MST* Status Date as of the report run-date. The *QM 10* detailed report can be generated for a specific Fiscal Year, Quarter or user-specified date range to provide a count of the number of Veterans with a recorded *MST* Status Date that falls within the reporting period. The *MST* Status is sorted by *Gender*.

Summary Report:

Each report row represents the accumulated annual total number of Veterans by gender with the specific *MST* Status for all Fiscal Years, the percentage by gender of the total number of vets screened per *MST* status, and the percentage of the total Veterans screened by gender with an *MST* Status of Positive or Negative for all Fiscal Years.

Fiscal Year Report:

Each report row represents the number of persons by gender with the specific *MST* Status per Quarter, the percentage by gender of the total number of vets screened, the percentage of the total Veterans screened by gender with a *MST* Status of Positive or Negative and the totals for each gender and *MST* Status for the Fiscal Year.

Quarterly Report:

Each report row represents the number of persons by gender with the specific MST Status, Total per Quarter, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with an MST Status of Positive or Negative.

Date Range Report:

Each report row represents the number of persons by gender with the specific MST Status within a user-specified date range, Total per selected date range, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with an MST Status of Positive or Negative.

4.8.4.34 Workload Turnaround Time (QM 11) (Retired)

The *Workload Turnaround Time (QM 11)* report provides information about the turnaround time for any or all workload cases for a functional group. The *QM 11* gives a *Summary* or optionally *Detailed* report by user. If it is not run by the user, it uses the date the workload was assigned. If not by user, then it uses the date the workload was logged. The difference between the *From Date* and *To Date* may not exceed 31 days.

If the user selects *Detailed*, they will be prompted for outlier days (the number of days a workload has been in the last status) and the number of random records (how many random records the system should select for review). If no random records are selected, then all of the records that meet the outlier day's criteria will be produced.

 **Note:** An LAS may run the report but the output will be for that user only.

4.8.4.35 Manual Eligibility Update (QM 14)

The *Manual Eligibility Update (QM 14)* report provides, by a Date Range and user specified parameter (number of days), records that were manually updated and then manually updated again (no automatic update in between).

The requester has the option of *Detailed* or *Summary*. The *QM 14* detailed report shows person-identifying information for the specific records updated, along with what was updated and when.

4.8.4.36 Workload for Status Remaining or Exceeding X Days (QM 15)

The *Workload for Status Remaining or Exceeding X Days (QM 15)* report provides, by a Date Range and *Work Item Status*, those workload items that have met or exceeded the number of days specified. Users may also specify the report by *Functional Group* and *Work Item Type*.

4.8.4.37 Community Care Program Eligibility Summary Report (ES-CCP 1)

The *Community Care Program Eligibility Summary Report (ES-CCP 1)* report includes the number of Veterans for each Veterans Choice Eligibility (VCE). You can select an As Of Date, Level and VCE Indicator when generating this report.

4.8.4.38 Community Care Program Eligibility Detail Report (ES-CCP2)

The *Community Care Program Eligibility Detail Report (ES-CCP 2)* detail report includes the CC Eligibility changes for a Veteran for a specific Date Range, and not necessarily what was sent to the TPA.

4.8.4.39 Financial Tests in Process (QM 17) (Retired)

The *Financial Tests in Process (QM 17)* report produces a listing of Financial Tests that have been placed **In-Process**. The *QM 17* reports provides details about how long a test was left in-process and who placed the test in-process.

The requester has the option of *Detailed* or *Summary*. If *Detailed* is selected, users may choose to report details by either *Date* or *LAS*.

 **Note:** Because the **In-Process** Test table does not maintain a record of everything that has ever been in-process, this report will only show those tests that are in an in-process state at the time the report is executed.

4.8.4.40 Outbound HL7 Error (QM 19) (Retired)

The *Outbound HL7 Error (QM 19)* report provides both *Summary* and *Detailed* information on individual Outbound HL7 messages that encounter either an AE or an AR. For ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. Users may select only one *Message Type* per execution. The time span between *From Date* and *To Date* may not exceed 31 days.

4.8.4.41 VBA Query Status (QM 20) (Retired)

The *VBA Query Status (QM 20)* report shows either in *Summary* or *Detailed* the information related to a query to VBA and whether no response or a response of "No VBA Data on File" is received.

4.8.4.42 Address Updates (QM 21) (Retired)

The *Address Updates (QM 21)* report produces a listing of Addresses that have been updated more than once in X amount of days. X is a user defined parameter.

The requester has the option of *Detailed* or *Summary*.

4.8.4.43 PH Reject Reason (QM 23) (Retired)

The *PH Reject Reason (QM 23)* report produces a listing of the reasons a PH was rejected. Optionally, the *QM 23* report results can be listed by user.

The requester has the option of Detailed or Summary.

The *Status* of the PH must be “Rejected.”

4.8.4.44 Inbound HL7 Error (QM 25) (Retired)

The *Inbound HL7 Error (QM 25)* report provides both *Summary* and *Detailed* information on individual Inbound HL7 messages that encounter either an AE or an AR. On the ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. User may select only one *Message Type* per execution. The difference between the *From Date* and *To Date* may not exceed 31 days.

4.8.4.45 Inbound Messages From Sites (QM 28) (Retired)

The *Inbound Message From Sites (QM 28)* report provides Inbound message traffic between ES and sites broken down by *Hour*, by *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF File Type** to run the report.

4.8.4.46 Inbound Messages From MVR (VBA) (QM 29) (Retired)

The *Inbound Message From MVR (VBA) (QM 29)* report provides Inbound message traffic between the ES system and MVR broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF File Type** to run the report.

4.8.4.47 Outbound Messages To Sites (QM 30) (Retired)

The *Outbound Message To Sites (QM 30)* report provides Outbound message traffic between the ES system and the sites broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF File Type** to run the report.

4.8.4.48 VHA Profiles Detail Report (ES-VHAP2)

The **VHAPs Detail Report** provides information on all Veterans associated with each preferred facility selected and VHAP type. When generating the VHAP detail report, the Enrollment System user selects an “As Of Date” which defaults to “January 17, 2020” and only includes ACTIVE VHAPs. The user also selects a “From Date” or a “To Date”. Either date includes all ACTIVE VHAPs as well as INACTIVE VHAPs. The user then selects one or more specific

VHAP or selects all VHAPs. Finally, the user selects one facility: VISN, VISN/Site, or Site. The report can be generated as either a PDF or CSV after the user clicks the Run Report button. The report can be selected for viewing by clicking the appropriate **View** link from the [Completed Reports](#) page.

 **Note:** Only staff with the specific capabilities can view the VHAP Detail Report in the report list.

4.8.4.49 VHA Profiles Summary Report (ES-VHAP1)

The **VHAPs Summary Report** displays the number of Veterans for each VHAP for specific facilities. When generating the VHAP summary report, the Enrollment System user selects an “As Of Date” which defaults to “January 17, 2020” and only includes ACTIVE VHAPs. The user also selects a “From Date” or “To Date”. Either date includes all ACTIVE VHAPs as well as INACTIVE VHAPs. The user then selects one or more specific VHAP or selects all VHAPs. Finally, the user selects one facility: VISN, VISN/Site, or Site. The report can be generated as either a PDF or CSV after the user clicks the Run Report button.

The report can be selected for viewing by clicking the appropriate **View** link from the [Completed Reports](#) page.

 **Note:** Only staff with the specific capabilities can view the VHAP Summary Report in the report list.

4.8.5 Archived Reports

The following reports have been retired and archived:

- Undeliverable Mail (BOS 1)
- Letter Files from Processing Center (COR 1)
- PH Unconfirmed For More Than X Days (EED 3)
- Total Enrollees per Enrollment Status Grouped by Priority (EED 6)
- Missing Preferred Facility Report (EED 20)
- OPP Extract Period Of Service File Summary Report (OPP 4)
- OPP Extract Main File Summary Report (OPP 5)
- OPP Extract Eligibility File Summary Report (OPP 6)
- OPP Extract Rated Disabilities File Summary Report (OPP 7)
- OPP Extract Combat Data File (OPP 8)
- Assigned to Priority Group 8 (P8G 1)
- Income Summary Report (P8G 2)
- Migration to Priority Group 8 (P8G 3)

- Migration from Priority Group 8 (P8G 4)
- New Enrollment Processing (QM 3)
- Unsolicited Updates by VBA (QM 8)
- MST National (QM 10)
- Workload Turnaround Time (QM 11)
- Financial Tests in Process (QM 17)
- Outbound HL7 Error (QM 19)
- VBA Query Status (QM 20)
- Address Updates (QM 21)
- PH Reject Reason (QM 23)
- Inbound HL7 Error (QM 25)
- Inbound Messages From Sites (QM 28)
- Inbound Messages From MVR (VBA) (QM 29)
- Outbound Messages To Sites (QM 30)

4.9 Reference

ts	Reference	VOA Resubmission
	Thresholds	
	EGT Settings	
	Relaxation Percentage	
	VHA Profiles	

Figure 38: Reference

4.9.1 Thresholds

Thresholds enable users to get Geographic Means Test (GMT) thresholds or income thresholds for zip codes, cities and states for a particular income year.

Geographical Region and Income Year

Income Year:

Select the income year from the dropdown for the desired geographic threshold.

 **Note:** GMT Threshold information will only display if using Income Year 2001 or later. GMT Copay Required was not a valid status prior to 2001.

Zip Code:

Enter the zip code for the desired geographical region.

or

State:

Enter a state for the desired geographical region.

City:

Enter a city for the desired geographical region.

 **Note:** When a City and State are entered, the system will prompt the user to verify the Zip Code.

Thresholds

Displays **Thresholds** in place for tests completed for various number of dependents for the *Income Year* selected.

Number of additional dependents (above 7):

1. Enter the number of dependents above 7
2. Click the **CALCULATE THRESHOLD** button to have ES calculate the thresholds for the total number of dependents.

4.9.1.1 Copayments

The **Copayments** screen allows users to view Copayment information for a particular Income Year.

Income Year:

Select the income year from the dropdown for the desired Copayment, including:

-  Inpatient Copayments and Per Diem Charges - (income year selected)
-  GMT Copayments and Per Diem Charges - (income year selected)
-  Outpatient Copayments - (income year selected)

- Medication Copayments - (income year selected)
- Long Term Care Copayments - (income year selected)

4.9.2 EGT Settings

Selecting **EGT Settings** from the **Reference** menu bar displays the Enrollment Group Threshold (EGT) Processing status as well as current EGT and future EGT settings information.

Users are not allowed to edit *Current* or *Historical EGT Setting* information. The user is not allowed to edit an *EGT Setting* record that has an *Enrollment Process Start Date/Time* that is set.

Notes:

- 💡 The user must have the appropriate security permission to add new, update or view *EGT Setting* information. See the *Roles* and *Capability Sets* sections under *Admin* for more information.
- 💡 It is important to note that many Veterans may be disenrolled if the EGT Setting is changed and that re-enrollment is not automatic when the EGT Setting is relaxed.

Enrollment Group Threshold Processing

Process Status:

Process Status is EGT processing. Statuses are:

- Running - set when ES is actively performing EGT Processing.
- Finished - set when EGT Processing has been completed.
- Error - set when EGT Processing has been stopped for any reason.

Process Start Date/Time:

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. *Process Start Date/Time* is populated by ES.

Process End Date/Time:

Process End Date/Time is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. *Process End Date/Time* is populated by ES. Current Enrollment Group Threshold Setting

EGT Effective Date

EGT Effective Date is the date of the enrollment group threshold setting went into effect.

EGT Type

EGT Type determines what rules are used for enrollment inclusion and exclusion.

EGT Priority

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

- Values are 1-8
- *See also* Enrollment Priority Group in the online help

Federal Register Date

Federal Register Date represents the date the EGT change was published in the Federal Register.

Process Status

Process Status is EGT processing. Statuses are:

- Running - set when ES is actively doing the EGT Processing.
- Finished - set when the EGT Processing has been completed.
- Error - set when the EGT Processing has been stopped for any reason.

Process Start Date/Time

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. *Process Start Date/Time* is populated by ES.

Process End Date/Time

Process End Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting ended. *Process End Date/Time* is populated by ES.

Future Enrollment Group Threshold Settings

EGT Effective Date

EGT Effective Date is the date of the enrollment group threshold setting goes into effect.

EGT Type

EGT Type determines what rules will be used for enrollment inclusion and exclusion.

EGT Priority

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

- Values are 1-8
- *See also* Enrollment Priority Group in the online help

Federal Register Date

Federal Register Date represents the date the EGT change was published in the Federal Register.

Process Status

Process Status is EGT processing. Statuses are:

- Running - set when ES is actively doing the EGT Processing.
- Finished - set when the EGT Processing has been completed.
- Error - set when the EGT Processing has been stopped for any reason.

Process Start Date/Time

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. *Process Start Date/Time* is populated by ES.

Process End Date/Time

Process End Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting ended. *Process End Date/Time* is populated by ES.

4.9.2.1 Add/Update EGT Setting

The *Add/Update EGT Setting* screen allows users to add/update Enrollment Group Threshold settings. There may be more than one future *EGT Setting* and it can be edited at any time.

💡 Notes:

- Users must have the appropriate security permission to add new, update or view *EGT Setting* information. Users must also have the appropriate permission to stop a future EGT Setting Process. This may be done by clicking the *Disable* button.
- Veterans may be disenrolled if the *EGT Setting* is changed and that re-enrollment is not automatic when the *EGT Setting* is relaxed.

Add Enrollment Group Threshold Setting

★EGT Type:

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion. ES defaults to **Enrollment Decision**.

★**EGT Priority:**

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. *EGT Priority Value* is also defined as the enrollment priority group determined for the Veteran.

- Choices are 1-8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value set by the system when the *EGT Priority* value is set to 7 or 8.

★**EGT Effective Date:**

EGT Effective Date is the date the *EGT Setting* is to go into effect.

Rules...

- The date can be a date in the past, present or future.
- Before changing an EGT setting to a retroactive *Effective Date*, you must first Disable this *Effective Date* before you will be allowed to enter a new EGT setting with a retroactive *Effective Date*.
- Example: if the *EGT Effective Date* is set to 02/01/02 and a new effective date of 02/22/02 is entered, the 02/22/02 date cannot be stored without Disabling the 02/01/02 date first.

Federal Register Date:

Federal Register Date represents the date the EGT change was published in the Federal Register.

Rules...

- Precise date is required if date entered.
- It can be a date in the past, present and future.

Comments:

Comments is a free-text field that may be used to enter comments pertinent to the EGT change.

★ *Indicates required field*

4.9.2.2 View Historical EGT Settings

The *EGT Settings Change History* screen displays historical EGT settings information for a particular *Change Time*, which includes the date and time of the change.

Once an *EGT Setting* has been disabled, it can only be viewed in the historical data, not future or current views. The *EGT Settings Change History* screen is for display only.

Old and *New Values* are displayed in red for the following categories:

EGT Settings Change History

EGT Type:

The *EGT Type* determines what rules are used for enrollment inclusion and exclusion.

EGT Priority:

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. *EGT Priority Value* is also defined as the enrollment priority group determined for the Veteran.

● Values are 1-8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value used for stratification of the priority levels when the *EGT Priority* value is set to 7 or 8.

● See also Enrollment Priority Group in the online help.

EGT Effective Date:

EGT Effective Date is the date the EGT setting is/was to go into effect.

Federal Register Date:

Federal Register Date represents the date the EGT change was published in the Federal Register.

Comments:

Comments entered by the user that were pertinent to the EGT change.

Disabled:

Disabled in an indicator shows if an *EGT Setting* was *Disabled* for any reason. The most common reason for disabling an *EGT Setting* is when a wrong *EGT Effective Date* was entered.

More...

- ES automatically disables the previous entry on the *EGT Effective Date* of the new *EGT Setting* for any new *EGT Setting* entry.
- A user may not re-enable an EGT setting that has been disabled. The EGT setting can only be viewed in Historical data, not future or current views once an *EGT Setting* has been disabled.
- Users must have appropriate security authorization to set this value.

Last Update Date:

Last Update Date displays the date the *EGT Settings* were last updated.

Last Updated By:

Last Update By displays the user who last updated the *EGT Settings*.

4.9.3 Relaxation Percentage

In January 2009, a new policy was introduced known as the *P8 Relaxation Enhancement*, which allows Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds.

VHA requires the ability to relax this percentage even further in order to manage the number of enrollees over time. To facilitate this, a system parameter was created to store the relaxation percentage value in the event it was to change from the then-current 10% value. However, the system parameter did not allow for the Continuous Enrollment rules to be applied correctly for each Income Year for a percentage that changed in a subsequent year.

The solution to this restriction was to remove the *Relaxation Percentage* system parameter and provide the ability to change the *Relaxation Percentage* by income year. The change would be retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but now qualify under the new relaxation percentage.

To add a new Income Year and relaxation percentage, click on the [Add Income Year](#) link. Only the next Income Year (current calendar year) may be added.

- **Note:** If the next income year is already defined in the system, the [Add Income Year](#) link will not be displayed.

Users may also click the [View Historical](#) link to view the *Relaxation Percentage Change History* screen for a history of Income Year and percentage changes made, with "Old" and "New" values displayed for user-selected dates and times.

- 💡 **Note:** A user must have the appropriate *Capability* added to their security *User Profile* in order to edit and/or view the *Relaxation Percentage* data. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Relaxation Percentage

Income Year:

Select the *Income Year* to which the *Percentage* will be applied from the dropdown.

More...

- The *Income Year* dropdown defaults to the current Income Year and percentage.
- The corresponding percentage for that Income Year is displayed in the **Percentage** field when an **Income Year** is selected from the dropdown.

★Percentage for YYYY:

Enter or update the relaxation percentage for the Income Year chosen.

More...

- *Percentage* defaults to the latest percentage for the *Income Year* selected.
- Changes to the *Percentage* are saved in history.

Rules...

- The *Percentage* value can only be updated for the current and next *Income Years*, and only if the next Income Year has already been added using the [Add Income Year](#) link. All prior Income Year percentages are read-only and cannot be changed.
- The new *Percentage* must be greater than the old value.
- *Percentage* must be a value from 0 to 99.

Start Retroactive Processing

Start Retroactive Processing is an optional batch process applies the change retroactively to the beginning of the Income Year for all Veterans who were previously rejected but now qualify under the new *Percentage*.

Place a check in the check box and click **UPDATE** to run the batch process. The check box defaults to checked.

Click the **UPDATE** button to update the *Relaxation Percentage* or **CANCEL** to return to the *Person Search* screen without making any changes. The **RESET** button resets all of the changed fields to their previous values and returns the user to the current Income Year and percentage.

★ *Indicates required field*

Relaxation Percentage (Add)

The *Relaxation Percentage (Add)* screen allows users to add a Percentage for the current calendar year.

Income Year:

ES displays the next Income Year (current calendar year), which is the only year that can be added.

More...

- Only the current calendar year is displayed for addition.

★ ***Percentage:***

Enter a relaxation percentage for the new Income Year displayed.

Rules...

- The new *Percentage* must be greater than or equal to the current Income Year's old value.
- The *Percentage* must be a value from 0 to 99.

Click the **ADD** button to add the *Relaxation Percentage* or **CANCEL** to return to the *Relaxation Percentage (Update)* screen without making any changes.

★ *Indicates required field*

4.9.4 VHA Profile

[\[Back to Eligibility/VHA Profile\]](#)

VHA has initiated the VHA Profile (VHAP), previously known as Health Benefit Plans (HBPs) and Veteran Medical Benefit Plans (VMBP), that associate the authority for care to the provisioning of health care services, while providing Veterans and their families with an accurate description of the benefits to which they are eligible. The creation of Veterans VHAPs removes the subjectivity associated with and the interpretation of benefits and reduces the need to have VA staff continually interpret benefits for Veterans and their families.

● [Core](#)

- A core VHAP is a profile assigned to each record identifying the benefits a Beneficiary is entitled to and the copays they are responsible for, if any. A record can only have one core VHAP at a time. Because a record can only have one core VHAP at a time, a record will be placed in the best core VHAP available to the Beneficiary.

- [Carveouts](#)

- A carveout VHAP is a profile assigned to certain records that meet additional conditions for the specific carveout profile. A record can have zero, one, or multiple carveout VHAPs assigned at a time.

- [Community Care](#)

- Community Care VHAPs are benefits available to Veterans through community providers when VA cannot provide the care needed. Community Care static eligibility in Enrollment System is based on specific requirements identified as Basic, Grandfathered, Hardship (*General Best Medical Interest*), No Full-Service Medical Facility, and Urgent Care. A record can have one or multiple Community Care profiles assigned at a time such as Basic, or Grandfathered, Urgent Care, No Full-Service Medical Facility, and/or Hardship.

 **Note:** Basic will not be assigned with another Community Care VHAP.

The Enrollment System displays, assigns and shares core, carveout, and Community Care VHAPs.

 **Note:** Users with the appropriate role/capabilities may *View*, *Assign*, and *Unassign* the appropriate VHA Profile from a Veterans record

4.9.4.1 Core VHAPs

The Enrollment System stores and displays the following core VHAPs below:

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
Veteran Full Med Benefits Tx and Rx Copay Exmt	FM	213	All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and are not subject to copay for their inpatient, outpatient services nor medications.	FB01001

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST). Veterans assigned this VHAP meet one of the following conditions:</p> <ul style="list-style-type: none"> • Determined to be 50% or greater SC • Determined to be 10% to 40% Compensable SC* • Received a Medal of Honor (MOH) • Received a Purple Heart (PH)** • Has been a Prisoner of War (POW) • Determined to be Catastrophically Disabled (CD) • Determined to be Unemployable due to SC conditions • In receipt of Aid & Attendance (A&A) • In receipt of Housebound (HB) 	

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • In receipt of a VA Pension • Discharge Due to Disability** • Military Disability Retirement** • Receive Medicaid** • Non-Service Connected (NSC)*** <p>*They are exempt from copay for medications related to their SC rated condition, but they must complete a Pharmacy Copay Exemption Test and the outcome is Rx Copay Exempt to be exempt from NSC medication copays.</p> <p>**They must complete a Pharmacy Copay Exemption Test and the outcome is Rx Copay Exempt to be exempt from NSC medication copays.</p> <p>***NSC Veterans who are subject to Means Testing; the outcome of the Means Test is MT Copay Exempt and Rx Exemption status is Exempt.</p>	
Veteran Full Med Benefits Tx Copay Exmt and Rx Copay Req	FM RxCo	214	All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and are not subject to copay for their inpatient, outpatient services but are	FB01002

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>subject to copay for their medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST). Veterans assigned this VHAP meet one of the following conditions:</p> <ul style="list-style-type: none"> • Determined to be 10% to 40% Compensable SC* • Received a Purple Heart (PH)** • Discharge Due to Disability** • Military Disability Retirement ** • Granted a Financial Hardship based on the evidence provided*** • Receive Medicaid** • Non-Service Connected (NSC)**** 	

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>*They are exempt from copay for medications related to their SC rated condition, but they must complete a Pharmacy Copay Exemption Test and the outcome is Non-Exempt. They must pay copay for their NSC medication copays.</p> <p>**They must complete a Pharmacy Copay Exemption Test and the outcome is Non-Exempt. They must pay copay for their NSC medication.</p> <p>***The Hardship assigns Means Test (MT) Status outcome of MT Copay Required for Medical Benefits Treatments. The Hardship does not affect Pharmacy Copay Exemption Test outcome. If the Pharmacy Copay Exemption Test outcome is Non-Exempt, they are subject to NSC medication copays.</p> <p>****NSC Veterans who are subject to Means Testing; the outcome of the Means Test is MT Copay Exempt and Rx Exemption status is Non-Exempt.</p>	
Veteran Full Med Benefits Tx Copay Req and Rx Copay Exmt 6	FM TxCo 6	215	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	FB01003

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>healthcare benefits and current Means Test is based on Net Worth Adjudication. Their income plus net worth is above the National Threshold, but income alone is below the VA Pension Threshold.</p> <p>They are subject to copays for their inpatient, outpatient services and not subject to copay for their medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST).</p> <p>Veterans assigned this VHAP meet one of the following conditions:</p> <ul style="list-style-type: none"> • 0% SC, non-compensable * • Non-Service Connected (NSC) • MT Status in a Pending Adjudication or MT Copay Required 	

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • Priority Group 6 (i.e., AO, SWA, IR, EC, SHAD, CV, CL) <p>* They are subject to copays for their inpatient, outpatient services and are exempt from copay for their medications.</p>	
Veteran Full Med Benefits Tx Copay Req and Rx Copay Exmt 7	FM TxCo 7	216	<p>All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and current Means Test is based on Net Worth Adjudication. Their income plus net worth is above the National Threshold, but income alone is below the VA Pension Threshold.</p> <p>They are subject to copays for their inpatient, outpatient services but not subject to copay for their medications.</p> <p>Veteran authorized to receive medical benefits with:</p> <ul style="list-style-type: none"> • Copay charges for Treatment • No Copay charges for Medication <p>Must be in:</p> <ul style="list-style-type: none"> • MT Status in a Pending Adjudication • Priority Group 7 	FB01007
Veteran Full Med Benefits Tx	FM TxCo 8	217	All enrolled Veterans have a comprehensive medical benefits package, which VA	FB01008

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
Copay Req and Rx Copay Exmt 8			<p>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.</p> <p>Veteran authorized to receive medical benefits with:</p> <ul style="list-style-type: none"> • Copayment charges for Treatment • No Copayment charges for Medication <p>Must be in:</p> <ul style="list-style-type: none"> • MT Status in a Pending Adjudication or MT Copay Required • Priority Group 8a/b/c/d (i.e., SC 0% and NSC) 	
Veteran Full Med Benefits Tx and Rx Copay Req 6	FM TxCo RxCo 6	218	<p>All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. They are subject to copays for their inpatient, outpatient services and subject to copay for their medications.</p> <p>Veteran authorized to receive medical benefits with:</p> <ul style="list-style-type: none"> • Copay charges for Treatment • Copay charges for Medication <p>Must be in:</p>	FB01004

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • Priority Group 6 (i.e., AO, SWA, IR, SHAD, CV, CL) • Treatment or Medications for SA conditions are Copay Exempt. 	
Veteran Full Med Benefits Tx and Rx Copay Req 8	FM TxCo RxCo 8	219	<p>All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and must complete a Means Test (MT) to determine their copay status for their Medical Treatment and Medication. Veterans receiving inpatient, outpatient services for Non-Service Connected (NSC) conditions and whose income exceeds the applicable National Income Threshold are subject to copayments for inpatient, outpatient services and medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma</p>	FB01009

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>(MST).</p> <p>Veterans assigned this VHAP meet one of the following conditions:</p> <ul style="list-style-type: none"> • 0% SC, Non-Compensable * • NSC • Priority Group 8a/b/c/d (i.e., SC 0% Non-Compensable or NSC) <p>*They are exempt from copay for medications related to their SC condition, but they must complete a Means Test to determine their copay status for NSC inpatient, outpatient services and medications. The outcome of Means Test was MT Copay Required for their inpatient, outpatient services and Non-Exempt for their Pharmacy Copay Exemption Test.</p>	
Veteran Full Med Benefits Tx GMT Copay Req and Copay Exmt 6	FM TxCoG 6	239	<p>All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and must complete a Financial Assessment to determine their copay status for their inpatient, outpatient services and medications.</p> <p>Veterans with gross household income below the geographically adjusted income limits for their resident</p>	FB01012

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>location and who agreed to pay copays. The Means Test outcome of GMT Copay Required and outcome of their Rx Exemption status is Exempt. These Veterans are subject to copays for inpatient services at a reduced rate, copays for outpatient services at the full copay rate, and no copays for medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST).</p> <p>Veterans assigned this VHAP meet the following condition:</p> <ul style="list-style-type: none"> • Priority Group 6 (i.e., SC 0% Non-Compensable or NSC) 	
Veteran Full Med Benefits Tx GMT Copay Req and Rx Copay Exmt	FM TxCoG	220	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	FB01005

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>benefits and must complete a Financial Assessment to determine their copay status for their inpatient, outpatient services and medications.</p> <p>Veterans with gross household income below the geographically adjusted income limits for their resident location and who agreed to pay copays. The Means Test outcome of GMT Copay Required and outcome of their Rx Exemption status is Exempt. These Veterans are subject to copays for their inpatient services at a reduced rate, copayment for their outpatient services at the full copay rate, but no copayment for their medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST).</p> <p>Veterans assigned this VHAP meet one of the following conditions:</p>	

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • 0% SC, non-compensable • Non-Service Connected • Priority Group 7 (i.e., SC 0% Non-Compensable or NSC) 	
<p>Veteran Full Med Benefits Tx GMT and Rx Copay Req 6</p>	<p>FM TxCoG RxCo 6</p>	<p>240</p>	<p>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</p> <p>Veterans with gross household income below the geographically adjusted income limits for their resident location and who agreed to pay copays. The Means Test outcome of GMT Copay Required and outcome of their Rx Exemption status is Non-Exempt. These Veterans are subject to copays for inpatient services at a reduced rate, copays for outpatient services at the full copay rate, and copays for medications</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent</p>	<p>FB01013</p>

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST).</p> <p>Veterans assigned this VHAP meet the following condition:</p> <ul style="list-style-type: none"> • Priority Group 6 (i.e., SC 0% Non-Compensable or NSC) and MT outcome is GMT and Rx Exemption status is Non-Exempt 	
<p>Veteran Full Med Benefits Tx GMT Copay Req and Rx Copay Req</p>	<p>FM TxCoG RxCo</p>	<p>221</p>	<p>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.</p> <p>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</p>	<p>FB01006</p>

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>subject to copays for inpatient services at a reduced rate, copays for outpatient services at the full copay rate, and copays for medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST).</p> <p>Veterans assigned this VHAP meet one of the following conditions:</p> <ul style="list-style-type: none"> • 0% SC, Non-Compensable • Non-Service Connected • Priority Group 7 (i.e., SC 0% Non-Compensable or NSC) 	
Veteran Restricted Med Benefits	RM	222	<p>Veterans who are not enrolled but can be seen for their Service Connected (SC) conditions only (and/or MST if MST is indicated).</p> <p>Veterans assigned this VHAP meet one of the following conditions:</p>	RM01001

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • Cancel/Decline - Receive medical benefits for SC conditions only • Rejected - Receive medical benefits for SC conditions only • Ineligible and SC 0% - Receive medical benefits for SC conditions only • Ineligible and MST - Receive medical benefits for MST conditions only 	
Non Veteran Other Restricted Med Benefits	ORM	223	<p>Non Veterans authorized to receive medical benefits limited to a very specific situation</p> <p>Includes any of the following:</p> <ul style="list-style-type: none"> • MST - Non Veteran (Active Duty) • Presumptive (38 USC 1702- 38 CFR 17.109) • Former Servicemembers with Other Than Honorable (OTH) discharges who present for certain services. 	OR01001
Restricted Examination Only	REO	224	Veterans being registered for a Registry exam (i.e., Burn Pit, Agent Orange, etc.) or Compensation and Pension (C&P) exam as requested by the Veterans Benefits Administration (VBA). The Veterans are not subject to	EX01001

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>Copayment Requirements for exam.</p> <p>Includes any of the following:</p> <ul style="list-style-type: none"> • Veterans being registered for a Registry Exam or C&P exam 	
Humanitarian	HM	225	<p>Civilians presenting to VA for care with no VA eligibility qualifications.</p> <p> Note: Non-enrolled Veterans can be under Humanitarian. They would be a verified Veteran in the Enrollment System but choose NOT to enroll and be in a “Registration Only” status.</p>	HM01001
Applicant in Process	INC	226	<p>Veterans who applied for VA healthcare benefits, but eligibility has not been verified or a final enrollment determination could not be made.</p> <ul style="list-style-type: none"> • Pending; Means Test Required - Veterans whose Veterans Status has been verified and who have not provided initial Means Test to determine enrollment. • Pending; Purple Heart Unconfirmed - A temporary eligibility for 14 days. • Pending; Other - Enrollment System 	AN01001

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>cannot determine enrollment status.</p> <ul style="list-style-type: none"> • Pending; No Eligibility Code - Enrollment System cannot determine enrollment status. • Pending – Enrollment System cannot determine enrollment status. • Unverified - Enrollment System cannot determine enrollment status. • Pending; Eligibility Unverified - Veterans who do not have a prior period of enrollment and still within the 365-day period who have provided evidence of Veteran status. 	
Ineligible	Inel	290	<p>Non-Veterans and Non-Service Connected Veterans who applied for VA healthcare services, but are not enrolled due to an enrollment decision, or after a one year period the application is administratively closed due to no receipt of information needed to verify Veteran status and/or financial information used to determine enrollment status. Also, Veterans who are eligible based on income but refuse to agree to pay copayment.</p> <p>Non-Veterans and Veterans assigned this VHAP meet one of the following conditions:</p>	IN01001

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> 💡 Enrollment Status is Rejected, Below Enrollment Group Threshold (EGT) 💡 Enrollment Status is Closed Application 💡 Enrollment Status is Not Eligible; Ineligible Date 💡 Enrollment Status is Not Eligible; Refuse to pay copay 	
Veteran Full Med Benefits Tx and Rx Copay Exmt 6	FM 6	241	<p>All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and are not subject to copay for their inpatient, outpatient services nor medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma (MST).</p>	FB01010

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>Veterans assigned this VHAP meet the following condition:</p> <ul style="list-style-type: none"> • Determined to be 0% Compensable SC* <p>*They are exempt from copay for medications related to their SC rated condition, but they must complete a Pharmacy Copay Exemption Test and the outcome is Rx Copay Exempt to be exempt from NSC medication copays.</p>	
<p>Veteran Full Med Benefits Tx Copay Exmt and Rx Copay Req 6</p>	<p>FM RxCo 6</p>	<p>242</p>	<p>All enrolled Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. Veterans who meet Veteran status for VA healthcare benefits and are not subject to copay for their inpatient, outpatient services but are subject to copay for their medications.</p> <p>Veterans are exempt from copayments for inpatient, outpatient services and medications related to their Service Connected (SC) related disability and special authority factor(s) – Agent Orange Exposure (AO), Southwest Asia Conditions (SWA), Ionizing Radiation (IR), Nose Throat Radium (NTR), Shipboard Hazard and Defense (SHAD), Combat Veteran (CV), Camp Lejeune (CL), Military Sexual Trauma</p>	<p>FB01011</p>

VHAP - Core	Abbreviation	Profile Code	Description	Coverage Code
			<p>(MST).</p> <p>Veterans assigned this VHAP meet the following condition:</p> <ul style="list-style-type: none"> Determined to be 0% Compensable SC* <p>*They are exempt from copay for medications related to their SC rated condition, but they must complete a Pharmacy Copay Exemption Test and the outcome is Non-Exempt. They must pay copay for their NSC medication copays.</p>	

4.9.4.2 Carveout VHAPs

The Enrollment System stores and displays the following carveout VHAPs below:

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
Allied Beneficiaries	AB	227	<p>Allied Beneficiaries are former members of the armed forces of nations allied with the United States (U.S.) in World War I (except any nation which was an enemy of the United States during World War II) or in World War II.</p> <p>Allied Beneficiaries must have a letter from the Service Personnel Veterans Agency (SPVA) stating their approved disabilities (War Pension Letter).</p>	AL01001
Other Federal Agency	OFA	228	Other Federal Agencies (Civil Service Commission, Department of Commerce,	OF01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>Federal Aviation Admin., Office of Economic Opportunity, Office of Employee’s Comp., Peace Corps, Veterans Administration and any other agency that get injured and comes to VA).</p> <ul style="list-style-type: none"> • Sharing Agreement (excludes DOD) • Other Federal Agency <p> Note: This VHAP must be approved by the Office of Workers Compensation Program (OWCP). The Enrollment System user would either receive notification from OWCP or confirm with them before setting the Other Federal Agency dropdown under the Eligibility tab (where the Other Federal Agency VHAP is assigned).</p>	
Active Duty and Tricare Sharing Agreement	ADTSA	229	<p>Patient receiving care at a VAMC as Active Duty (AD) or TRICARE patient of the Department of Defense (DoD):</p> <p>TRICARE Authorization:</p> <ul style="list-style-type: none"> • Required for TRICARE Prime patients: AD, AD Family, Retiree and Retiree Family enrollees. • NOT required for TRICARE Select patients: AD Family, Retiree, Retiree Family and Reserve Select enrollees. <p>VA/DoD Direct Resource Sharing Agreements not applicable (ref. VA/DoD Direct Resource Sharing Agreements) (e.g. dual eligible Veteran elects Veteran benefit vs. TRICARE benefit).</p>	AC01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>If the patient has a Veteran status and Active Duty Orders, then all Active Duty rules apply:</p> <ul style="list-style-type: none"> • Even if treatment is Service Connected: Patient considered TRICARE Prime enrollee. • Includes active Reserve and National Guard: Federal orders must exceed 30 days. 	
VA Mandatory Nursing Home Eligible Copay Exempt	Full ECS Ex	284	<p>Veterans enrolled in a VA Health Care System and have one of the following:</p> <p>Mandatory Eligibility for necessary nursing home care, when clinically indicated:</p> <ol style="list-style-type: none"> i. Any Veteran in need of nursing home care for a service connected (SC) disability. ii. Any Veteran in need of nursing home care who has a single or combined SC disability rating of 70 percent or greater. This includes a Veteran with a single disability rating of 60 percent but who has a total disability rating based on individual unemployability. <p>From VHA Directive 1601A.02: Veterans are eligible to receive care in VA Community Living Centers (CLCs), a VA nursing home, if they meet the nursing home eligibility and there is available space for the Veteran in a VA CLC. Certain Veterans have mandatory eligibility for nursing home care while other Veterans may be provided nursing home care on a space and resource available basis.</p>	EC01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
VA Extended Care Services Copay Exempt	Ref ECS Ex	285	<p>Veterans Enrolled in VA Health Care System are exempt from extended care copayments if they have one of the following:</p> <ul style="list-style-type: none"> • A Veteran with a compensable service connected disability. • A Veteran whose annual income (determined under 38 U.S.C. 1503) is less than the amount in effect under 38 U.S.C. 1521(b). • Care for a Veteran's non-compensable zero percent service connected disability. • An episode of extended care services that began on or before November 30, 1999. <ul style="list-style-type: none"> • Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed Veterans, radiation-exposed Veterans, Persian Gulf War Veterans, post-Persian Gulf War combat-exposed Veterans, or Camp Lejeune Veterans pursuant to §17.400. • Care for treatment of sexual trauma as authorized under 38 U.S.C. 1720D. • Care or services authorized under 38 U.S.C. 1720E for certain Veterans regarding cancer of the head or neck. • A Veteran who VA determines to be catastrophically disabled, as defined in 38 CFR 17.36(e), is exempt from copayments for adult day health care, non-institutional respite care, and non-institutional geriatric care. • A Veteran receiving care for psychosis or a mental illness other than psychosis pursuant to §17.109. 	EC01002

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • A Veteran who was awarded the Medal of Honor. • Receiving hospice care as part of extended care services <p>These Veterans do not have mandatory eligibility for nursing home care and may be provided needed nursing home care on a space and resources available basis.</p> <p>These Veterans do not pay copayments for extended care services provided by VA (directly or paid for by VA), and do not complete VA Form 10-10EC.</p>	
VA Extended Care Services Copay Required	Ref ECS CoPay	286	<p>Veterans enrolled in VA Health Care System may have an extended care copay if they DO NOT have one of the following:</p> <ul style="list-style-type: none"> • A Veteran with a compensable service connected disability. • A Veteran whose annual income (determined under 38 U.S.C. 1503) is less than the amount in effect under 38 U.S.C. 1521(b). • Care for a Veteran's non-compensable zero percent service connected disability. • An episode of extended care services that began on or before November 30, 1999. • Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed Veterans, radiation-exposed Veterans, Persian Gulf War Veterans, post-Persian Gulf War combat-exposed Veterans, or Camp Lejeune Veterans pursuant to §17.400. 	EC01003

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • Care for treatment of sexual trauma as authorized under 38 U.S.C. 1720D. • Care or services authorized under 38 U.S.C. 1720E for certain Veterans regarding cancer of the head or neck. • A Veteran who VA determines to be catastrophically disabled, as defined in 38 CFR 17.36(e), is exempt from copayments for adult day health care, non-institutional respite care, and non-institutional geriatric care. • A Veteran receiving care for psychosis or a mental illness other than psychosis pursuant to §17.109. • A Veteran who was awarded the Medal of Honor. • Receiving hospice care as part of extended care services <p>These Veterans do not have mandatory eligibility for nursing home care and may be provided needed nursing home care on a space and resources available basis.</p> <p>These Veterans may have copayments for extended care services provided by VA (directly or paid for by VA), and are required to complete VA Form 10-10EC. The monthly copayment amount is calculated based on VA Form 10-10EC information.</p> <p>Includes Veterans who may have to pay copayments for extended care services provided by VA (directly or paid for by VA), because they refuse to provide financial information but agree to pay VA</p>	

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>the applicable copayment amount (documented on VA Form 10-10EC).</p> <p>For extended care services furnished through the Veterans Community Care Program under §§ 17.4000 through 17.4040, the copayment amount at the time of furnishing such care or services by a non-VA entity or provider is \$0. VA will determine and assess the Veteran's copayment amount at the end of the billing process, but at no time will a Veteran's copayment be more than the amount identified in paragraph 38 CFR 17.111(b)(1) or (2).</p>	
VA Extended Care Services Ineligible	Inel ECS	287	<p>Individuals who may receive extended care services on a Humanitarian basis include:</p> <ul style="list-style-type: none"> • Veterans who are not enrolled in VA Health Care System, non-Veterans, and other patients who have no eligibility for Extended Care. • Veterans who refuse to provide financial information and do not agree to pay VA the applicable copayment amount (documented on VA Form 10-10EC) or refuse to pay the required copayments. 	EC01004
Caregiver in Process	CG Inp	291	An individual who is undergoing evaluation for enrollment in Program of Comprehensive Assistance for Family Caregivers or Program of General Caregiver Support Services.	CI01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
Veteran Foreign Medical Plan Note: FMP VHAP inactivates on 05/15/2020	FMP	122	<p>VA will pay for medical services for treating your service connected disabilities, or any disability that is associated with and aggravating a service connected disability if you live or travel outside the United States. This program will also reimburse you for certain treatment of medical services while you are outside the United States, if needed as part of your VA-approved vocational rehabilitation program.</p> <p>If you are living or planning to travel outside the U.S. (other than in the Philippines), you need to register with VA's Foreign Medical Program office, P.O. Box 469061, Denver, CO 80246-9061, USA:</p> <p> Telephone: 1-877-345-8179. For information, visit:</p> <p>https://www.va.gov/communitycare/programs/veterans/fmp/index.asp</p> <p>Veterans living in the Philippines should register with the U.S. Veterans Affairs office in Pasay City. Fax: 011-632-838-4566.</p> <p>If you are traveling or living overseas in one of the following countries, you can telephone the Foreign Medical Program toll free:</p> <ul style="list-style-type: none"> • Germany 0800-1800-011 • Australia 1-800-354-965 • Italy 1-800-782-655 • United Kingdom (England and Scotland) 0800-032-7425 • Mexico 001-877-345-8179 • Japan 00531-13-087 	FM01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • Costa Rica 0800-013-0759 • Spain 900-981-776 <p> Note: Veterans in Mexico or Costa Rica must first dial the United States country code.</p>	
Caregiver General	CG Gen	138	Caregiver General are “caregivers of covered Veterans” under the program in 38 U.S.C. 1720G(b), and provide personal care services to covered Veterans, but do not meet the criteria for designation or approval as a Primary or Secondary Family Caregiver.	CG01001
Caregiver Primary Family	CG Pri	101	Caregiver Primary Family is an individual designated as a “primary provider of personal care services” for the eligible Veteran under 38 U.S.C. 1720G(a)(7)(A) who the Veteran specifies on the joint application and is approved by VA as the primary provider of personal care services for the Veteran.	CP01001
Caregiver Secondary Family	CG Sec	137	Caregiver Secondary Family is an individual approved as a provider of personal care services for the eligible Veteran under 38 U.S.C. 1720G(a)(6)(B), and generally serves as a backup to the Primary Family Caregiver.	CS01001
Beneficiary Newborn	NB	102	Newborn care and post-delivery care for a newborn child for the date of birth plus seven calendar days after the birth of the child when the birth mother is a woman Veteran enrolled in VA health care and receiving maternity care furnished by VA or under authorization from VA and the child is delivered either in a VA facility, or in another facility pursuant to a VA authorization for maternity care at VA expense.	NB01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>Newborn:</p> <ul style="list-style-type: none"> • Born to a woman Veteran receiving maternity services through the VA or VA preauthorized maternity care from a non-VA provider • Authorized Community Provider or a non-VA facility (under a Non-VA Medical Care authorization) • Newborn Eligible from the DATE OF BIRTH + 7 DAYS <ul style="list-style-type: none"> ○ Newborn begins eligibility on its date of birth ○ Eligibility continues for 7 consecutive calendar days 	
Beneficiary CHAMPVA	CHAMP	108	<p>To be eligible for CHAMPVA, the beneficiary cannot be eligible for TRICARE. CHAMPVA provides coverage to the spouse or widow(er) and to the children of a Veteran who:</p> <ul style="list-style-type: none"> • is permanently and totally disabled (P&T) because of an adjudicated service connected disability, or • died as a result of an adjudicated service connected disability or who at the time of death was rated P&T due to service connected conditions, or • died while in an active duty status and in the line of duty, not due to misconduct. The term “active duty” may include periods of inactive duty for training. <p>Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 and older. To be eligible, you must also meet the following conditions:</p>	CV01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • If the beneficiary was 65 or older prior to June 5, 2001, and was otherwise eligible for CHAMPVA, and was entitled to Medicare Part A coverage, then the beneficiary will be eligible for CHAMPVA without the need for Medicare Part B coverage. • If the beneficiary turned 65 before June 5, 2001, and had Medicare Parts A and B, the beneficiary must keep both Medicare Parts A and B to be eligible. • If the beneficiary turned age 65 on or after June 5, 2001, the beneficiary must be enrolled in Medicare Parts A and B to be eligible. • If the beneficiary is entitled to Medicare Part A, the beneficiary must carry Part B to be eligible. Some of the rules that impact CHAMPVA eligibility: <ul style="list-style-type: none"> ○ Ending Date for a Child’s Eligibility. Eligibility for CHAMPVA ends when <ul style="list-style-type: none"> ▪ a child turns 18, unless enrolled in an accredited school as a full-time student, or ▪ a child, who has been a full-time student, turns 23, or ▪ a child marries (as of midnight on the date of marriage), or 	

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> ▪ a stepchild no longer lives in the household of the sponsor • Impact of Divorce or Remarriage of Spouse on Child’s Eligibility. The eligibility of a child is not affected by the divorce or remarriage of the spouse, except in the case of a stepchild. When a stepchild leaves the sponsor’s household, the child is no longer eligible for CHAMPVA. • Helpless Child. A child who, before the age of 18, became permanently incapable of self-support and was rated as a helpless child by a VA Regional Office, is eligible for CHAMPVA with no age limitation. • Spouse. Eligibility for CHAMPVA ends with termination of the marriage to the qualifying sponsor by annulment or divorce CHAMPVA eligibility terminates as of midnight on the effective date of the dissolution of the marriage, as stated in the annulment or divorce decree. • Widow(er) Remarriage Before Age 55. Eligibility for CHAMPVA ends if the widow(er) remarries prior to age 55. CHAMPVA eligibility terminates at midnight on the date of the remarriage. • Widow(er) Remarriage After Age 55. Effective February 4, 2003, Public Law 107-330, authorized the VA to allow benefits to a 	

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>CHAMPVA-qualifying surviving spouse who remarried after age 55. A widow(er) who met the criteria for a CHAMPVA beneficiary, who remarried before the enactment of this legislation, and was 55 years old when they remarried, had until December 31, 2004, to apply for CHAMPVA benefits. For additional information, refer to Fact Sheet 01-16: CHAMPVA Eligibility and Remarriage After Age 55 which can be found on the VHA CC website.</p> <ul style="list-style-type: none"> • Termination of Remarriage. A widow(er) of a qualifying sponsor who remarries, and the remarriage is later terminated by death, divorce or annulment may establish CHAMPVA eligibility. The beginning date of eligibility is the first day of the month after termination of the remarriage or December 1, 1999, whichever date is later. To establish CHAMPVA eligibility, copies of the marriage certificate and death, divorce or annulment documents (as appropriate) must be provided. • What if I am under the age of 65 and entitled to Medicare? You must be enrolled in both Medicare Part A and Medicare Part B to be eligible for CHAMPVA. CHAMPVA will pay after Medicare, Medicare supplemental plans, Medicare HMO plans, and any other health insurance coverage for health care services and supplies. If you are entitled to premium-free Medicare Part A and are not enrolled in Medicare Part 	

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>B, you are not eligible for CHAMPVA. If you later enroll in Medicare Part B, you may apply for CHAMPVA at that time. In that case, CHAMPVA eligibility will begin on the effective date of your Medicare Part B coverage. To be eligible for the CITI program:</p> <ul style="list-style-type: none"> ○ You must be eligible for the CHAMPVA program, ○ You must not be entitled to Medicare, or ○ Enrolled in an HMO. <p>CHAMPVA pays secondary to any other health insurance (OHI) you may have. You MUST use your primary OHI before CHAMPVA and follow their rules. If your OHI does not include VA medical centers in their network of providers, the CITI program would not be available to you. The decision to participate in the CITI program rests with individual VA medical center directors. There is no cost share or deductible for covered services received at a participating CITI.</p>	
Beneficiary Children of Women of Vietnam Veterans	CWVV	110	The Department of Veterans Affairs (VA) provides VA-financed health care benefits to women Vietnam Veterans' birth children who the Veterans Benefits Administration (VBA) has determined to have a covered birth defect. The Children of Women Vietnam Veterans (CWVV) Health Care Benefits Program is not a comprehensive health care plan and only covers those services necessary for the treatment of a covered birth defect and associated medical conditions. It does not cover care that is unrelated to a covered	CW01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>birth defect. The VHA Office of Community Care (VHA OCC) in Denver, Colorado, manages the CWVV Health Care Benefits Program, including the authorization of medical benefits and the subsequent processing and payment of claims.</p> <p>Eligibility: Children whose biological mother is a Vietnam Veteran and who were conceived after the date the Veteran entered the Republic of Vietnam (period beginning Feb. 28, 1961, and ending May 7, 1975), and who have one of the covered birth defects as determined by the VBA are eligible for the program.</p> <p>To enroll in the CWVV Health Care Benefits Program: Eligibility must first be established for a monetary award under the Veterans Benefits Administration (VBA). The Denver VA Regional Office makes the determination regarding that entitlement. You must mail a completed ‘Application for Benefits For Certain Children of Vietnam Veterans With Disabilities’, VA Form 21-0304, along with medical evidence to the VA Regional Office, Veterans Service Center, listed on the form. Once eligibility is determined, the VA will notify the Office of Community Care and enrollment in the CWVV Health Care Benefits Program is automatic.</p>	
Beneficiary Spina Bifida	SB	109	The Department of Veterans Affairs (VA) provides monetary allowances, vocational training and rehabilitation and VA-financed health care benefits to certain Korea and Vietnam Veterans' birth children who have been diagnosed with spina bifida (SB). If you are the birth child of a Vietnam Veteran and you have been	SB01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>diagnosed with SB you may already be receiving monetary allowances, vocational training or rehabilitation due to your condition. For the purpose of the VA SB Health Care Benefits Program, SB is defined as all forms or manifestations of SB (except SB occulta).</p> <p>The Veterans Health Administration Office of Community Care (VHA OCC) in Denver, CO, manages the SB Health Care Benefits Program, including authorization of benefits and the subsequent processing and payment of health care claims after a determination of eligibility has been made by the Denver VA Regional Office (VARO).</p>	
Assisted Reproductive Technology	ART	288	<p>Assisted Reproductive Technologies (ART) are all treatments or procedures that include the in vitro handling of both human oocytes and sperm, or of embryos, for the purpose of establishing a pregnancy. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • in vitro fertilization; • embryo transfer; • gamete intrafallopian transfer; • zygote intrafallopian transfer; • tubal embryo transfer; • gamete and embryo cryopreservation; • oocyte and embryo donation; and, • gestational surrogacy 	AR01001
Employee Only	Emp O	283	<p>Employees (contract, volunteer, or Full-time Equivalent) who are not Veterans. Records assigned this carveout will not be shared via Health Information Exchange. These records will also be assigned</p>	Employee Only

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			Humanitarian as the Core profile for any non-Employee activities.	
High Risk Veteran (VHAP Inactivated)	HRV	289	 Note: Description is intentionally left blank.	HR01001
Dental Comprehensive Care	Den Comp	292	<p>Veterans receive any dental treatment that is reasonably necessary and clinically determined by the treating dentist to meet the Veteran’s dental needs. A recall program must be established for those Veterans who are eligible for comprehensive and repeat dental care.</p> <p>The goal of care is to attain and sustain oral health and function including prosthetic rehabilitation as indicated.</p> <p>Derived from the VHA Handbook 1130.01 dated February 11, 2013</p>	DE01001
Dental Focused Emergent Care	Den Emer	293	<ul style="list-style-type: none"> • Treatment of an oral condition complicating the management of the medical condition for which the Veteran was admitted. • Treatment of an oral condition complicating the management of the medical condition for which the patient was admitted that was initiated but not completed while the Veteran was an inpatient. • Treatment provided to inpatients that are completed after hospital discharge. • Treatment provided to active duty military, military retirees, and CHAMPVA inpatients that are completed after hospital discharge. • Treatment of an emergent/urgent oral condition involving acute pain, infection, trauma and/or hemorrhage; or suspicion of an oral malignancy. 	DE01002

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<ul style="list-style-type: none"> • Inpatients in a non-acute care unit. • Residents in VA Community Living Centers. • Residents in VA Domiciliary Centers. <p>**Inpatients specified under sharing agreements and employees or patients officially authorized treatment for work related oral-dental injuries.**</p> <p>a. A Veteran who is actively engaged in a Chapter 31 vocational rehabilitation program may receive dental care to the extent needed to meet any of the following goals:</p> <ol style="list-style-type: none"> 1. Make possible the Veteran’s entrance into a rehabilitation program; 2. Achieve the goals of the Veteran’s vocational rehabilitation program; 3. Prevent interruption of a rehabilitation program; 4. Hasten the return to a rehabilitation program of a Veteran in interrupted or leave status; 5. Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or dental condition; 6. Secure and adjust to employment during the period of employment assistance; or 7. Enable the Veteran to achieve maximum 	

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p style="text-align: center;">independence in daily living.</p> <p>b. Requests for Class V dental care must be forwarded to the Dental Service by the Chapter 31 Vocational Rehabilitation Program on VA Form 28-8861. This form needs to be provided for each episode of care requested. Dental care must not be provided beyond the anticipated rehabilitation date as specified on the form.</p> <p>Any Veteran scheduled for admission or who is receiving care under Chapter 17 of title 38, U.S.C., may receive outpatient dental care if the dental condition is clinically determined to complicate a medical condition currently under VA treatment. Eligibility for each episode of dental care will be predicated on referral and consultation, followed by a decision based upon clinical judgment. The goal is to provide focused care to treat only the oral conditions that are complicating impact the clinical management of the medical condition currently under treatment. This classification includes medically necessary dental care for Veterans receiving care for Military Sexual Trauma under Title 38 U.S.C. 1720D.</p> <p>Limitations of Treatment Provided Under Class II.</p>	
Dental Humanitarian	Den Hum	294	<p>Treatment of an emergent oral condition such as acute pain, infection, trauma and/or hemorrhage.</p> <p>Derived from the VHA Handbook 1130.01 dated February 11, 2013</p>	DE01003

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
VA DoD Direct Resource Sharing Agreements	DoD DRSA	295	<p>Patient receiving care under Resource Sharing Agreement with Department of Defense (DoD):</p> <ul style="list-style-type: none"> • Eligible Veteran referred to DoD for health care treatment / (ref. VHA OCC DoD Referral Management SOP) • TRICARE authorization not applicable (ref. TRICARE Agreements) / (e.g. dual eligible Veteran elects TRICARE benefit vs Veteran benefit) • Inactive Reserve and National Guard / Patients potentially enrolled at VAMC (ref VHA Directive 1601A.02) (e.g. VAMC provides annual health screenings or fitness for duty screenings) • If patient has a Veteran status and Active Duty Orders (ref. TRICARE Agreements) / Includes active Reserve and National Guard – Federal orders must exceed 30 days 	DR01001
State Veteran Home	SVH	296	<p>Prevailing rate: VA does not provide medications as the rate covers all care including medications. These are Veterans with 70% or greater SC, in the State Veteran Home (SVH) because of their SC, or Totally Disabled based on Individual Unemployability (TDIU).</p> <p>Basic rate: VA provides medications if the Veteran meets one of the eligibility criteria. 50%-60% SC VA provides all medications. 40% SC and below only for SC. Aid and Attendance rules apply.</p> <p>Aid & Attendance Rules:</p>	SV01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>The Aid & Attendance (A&A) increased monthly pension amount may be added to their monthly pension amount if the Veteran meets one of the following conditions:</p> <ul style="list-style-type: none"> • Veteran requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting themselves from the hazards of their daily environment • Veteran is bedridden, in that their disability or disabilities requires that the Veteran remain in bed apart from any prescribed course of convalescence or treatment • Veteran is a patient in a nursing home due to mental or physical incapacity • Veteran's eyesight is limited to a corrected 5/200 visual acuity or less in both eyes; or concentric contraction of the visual field to 5 degrees or less <p>House Bound Rules:</p> <ul style="list-style-type: none"> • This increased monthly pension amount may be added to Veteran's monthly pension amount when they are substantially confined to their immediate premises because of permanent disability. 	

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
Employee Veteran	Emp Vet	297	This profile ONLY applies to Veterans who are also VA employees. The Veteran MUST have a defined Veteran Core Plan. The intention of this profile is to associate it to the encounter when the episode of care is for employee related services and to prevent inappropriate billing based on the employee’s Veteran status.	EV01001
OWCP	OWCP	298	Federal Employee who incurred an injury or illness at a federal facility such as the VA and have an approved Office of Workers Compensation Program (OWCP) claim by Department of Labor.	OW01001
Collateral of Veteran Other	Coll Vet	299	<p>Collateral of Veteran Other identifies collateral population not identified in other specific VHA Profiles. A person, related to or associated with a Veteran (spouse, family member, or significant other) receiving care from the Department of Veterans Affairs (VA). The person is seen by a professional member of the VA health care facility's (HCF’s) staff either within the facility or at a site away from the facility for reasons relating to the Veteran's clinical care.</p> <p>The purpose of this clinical contact must be:</p> <ul style="list-style-type: none"> • An integral part of the Veteran's treatment plan, and • Documented in the treatment plan and progress notes in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. 	CO01001

VHAP Name – Carveout	Abbreviation	Profile Code	Description	Coverage Code
			<p>Examples of collateral visits include:</p> <ul style="list-style-type: none"> • An initial and follow-up contacts for a person assisting a Veteran’s physical rehabilitation program in the home. • Participation of a family member in outpatient family psychotherapy. • Continuing education and follow through with primary care giver such as residential care sponsor. • VHA Transplant Program • Marriage/Family Counseling <p>If a Collateral is not associated with a Caregiver program of one of the CCPs, then Collateral Veteran Other will be automatically assigned.</p>	

4.9.4.3 Community Care Program VHAPs

Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act Community Care Program (CCP) VHAPs:

On June 6th, 2019, the following eligibilities moved over to the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act Community Care VHAPs and are described in the table below:

Name	Abbreviation	Code	Description	Coverage Code
Veteran Plan CCP Basic	CCP B	208	Veterans enrolled in the Veterans Affairs (VA) health care system meet the primary criteria for the new Community Care Program. These Veterans do not qualify for other static eligibilities for example: Grandfathered, Hardship	CC01006

Name	Abbreviation	Code	Description	Coverage Code
			(General Best Medical Interest), State No Full-Service VA, or Urgent Care. These Veterans however can qualify for Service Not Available, Access Standards, or Best Medical Interest (Episodic).	
Veteran Plan CCP State with no Full Service Medical Facility	CCP N	209	Enrolled Veterans who reside in a state with no full-service VA medical facility.	CC01002
Veteran Plan CCP Urgent Care	CCP U	210	<p>Enrolled Veterans who have received care through VA from either a VA or community provider within the past 24 months.</p> <p>Veteran will be charged copays based on their VA eligibility and number of visits to Urgent Care per calendar year.</p> <p>Must receive care within the appropriate community care network of providers.</p>	CC01003
Veteran Plan CCP Grandfather	CCP G	211	<p>Enrolled Veterans who have their eligibility extended from Veterans Choice to the new Community Care Program. There are two groups of Grandfathered Veterans:</p> <ol style="list-style-type: none"> 1. Five Populated Density States 2. Received care through VA from either VA or community provider <p>Both groups require that the Veteran (1) be distance-eligible on the day before the MISSION Act was signed (June 5, 2018), and (2) is distance-eligible under</p>	CC01001

Name	Abbreviation	Code	Description	Coverage Code
			<p>Veterans Choice rules as of the start of the MISSION Act on June 6th, 2019.</p> <p> Note: Group 2 Grandfather eligibility is through June 6th, 2020.</p>	
Veteran Plan CCP Hardship Determination	CCP H	212	<p>Enrolled Veterans who are granted Hardship eligibility. Hardship (General) falls under the pathway of Best Medical Interest (BMI).</p> <ul style="list-style-type: none"> • Example General BMI (Hardship): A Veteran was just diagnosed with a malignancy. The treatment plan includes surgery, chemotherapy and radiation therapy which makes the Veteran ill and weak. The duration of this treatment plan will possibly be 9-12 months. The Veteran lives near a major university Medical Center that offers not only comprehensive oncologic care but also general and specialty care. The veteran has no other community care eligibilities identified (Drive time or fixed eligibilities like grandfathered in). If the VA provider and the Veteran agree that there is a Hardship determination, the Veteran would be 	CC01007

Name	Abbreviation	Code	Description	Coverage Code
			<p>eligible to receive community care for one year.</p> <ul style="list-style-type: none"> • Potential reasons for general best medical interest (Hardship) include geographical challenges, environmental factors, a medical condition that impacts the ability to travel, or if a Veteran needs to travel to their nearest VA medical facility by air, boat, or ferry. Examples include the presence of a body of water (including moving water and still water), a geologic formation that cannot be crossed by road, roads that are not accessible to the general public (such as a road through a military base or restricted area), traffic, or hazardous weather. • As of June 2019, all Hardship consults will have a one-year duration. • VA providers will select a consult duration of either six months or 12-months. As of May 2020, ES 5.12 Release; the Enrollment System will reflect six months and 12-months expiration based on the Corporate Data 	

Name	Abbreviation	Code	Description	Coverage Code
			<p>Warehouse (CDW) information. The six months or 12-months expiration date will be from the date the Enrollment System extracts the data and grants the Hardship. If Hardship eligibility approval is changed to “disapproved” later, the Enrollment System will not make a new Hardship determination; the six month or 12-month eligibility period remains. If there is a new approval in the future, this will reset the six months or 12-months period from the new date the Enrollment System extracts and grants the Hardship.</p> <ul style="list-style-type: none"> • Primary Role: VA providers determine and manage General Best Medical Interest (Hardship) eligibility unless otherwise noted. • Secondary Roles: Chief of Staff, Facility community care office. <p>A Hardship determination means that the Veteran is eligible to receive Community Care, but a review for clinical appropriateness is still required by the designated Delegation of Authority.</p>	

Name	Abbreviation	Code	Description	Coverage Code
Veteran Plan CCP Restricted Care	CCP R	300	<p>A covered Veteran is any Veteran who is enrolled in the “annual patient enrollment” established and operated under section 1705; or is a Veteran who is not enrolled but is otherwise entitled to hospital care, medical services, extended care services and community care services.</p> <p>These Veterans and non-Veterans are only eligible for care related to their Service Connected (SC) conditions, or Military Sexual Trauma (MST), or Mental Health (MH) Other-Than-Honorable (OTH) as indicated in their records.</p> <ul style="list-style-type: none"> • SC 0% to 40% ; SC 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) Non-Veteran (Active Duty) • Emergent Mental Health (MH) Other-Than-Honorable (OTH) or Extended MH OTH • Only eligible for care when it’s related to service connected conditions, Military Sexual Trauma (MST), 	CR01001

Name	Abbreviation	Code	Description	Coverage Code
			or Mental Health Other Than Honorable.	
Veteran Plan CCP Entitled Care	CCPE	301	<p>A covered Veteran is any Veteran who is enrolled in the “annual patient enrollment” established and operated under section 1705; or is a Veteran who is not enrolled but is otherwise entitled to hospital care, medical services, extended care services and community care services.</p> <p>The VHAP Veteran Plan CCP Entitled Care is assigned to Veterans who are not enrolled and their SC is 50% to 100%.</p>	CE01001

 **Note:** The Enrollment System maintained historical data for Geoburden and Air Boat Ferry VHAPs until June 6th, 2019. On June 6th, 2019, Unusual or Excessive Burden and Air Boat Ferry VHAPs became inactive in the Enrollment System and VistA. The Enrollment System also maintains existing VCE Hardship rules generated by VCL clinics for 2-years until all VHAPs have expired.

Example:

- Test Patient, Veteran
 - Assigned Hardship, GEOBURDEN on 10/1/2018

Veteran continues to have Hardship assigned under this GEOBURDEN data for a two-year time-period until 10/1/2020.

Unless:

- a. Veteran becomes not eligible.
- b. Veteran is given an updated consult title of Veteran Plan - CCP Hardship Determination (HPB 212), so the data will change and associate with the Veterans new eligibility Hardship of VHAP 212, overriding the old eligibility Hardship type,

 **Note:** Data that drives eligibility is the VCL consults and/or clinics.

The two-year time-period changes to one-year from the new Hardship date. If the two-year (or one-year period) expires, the Veterans VCE recalculates and the current Hardship eligibility looks at the following pieces of data:

- VCL-GEOBURDEN
- VCL-AIRBOATFERRY

The two eligibilities: VCE and VHAP, are stored in Community Care History.

 **Note:** COMMUNITY CARE - HARDSHIP DETERMINATION, the new consult type for MISSION Act, is the only consult Hardship available to determine Veteran Hardship for all new Veterans as of June 15th, 2019.

4.9.4.4 Inactive VHAPs

The following VHAPs are no longer displayed on the Enrollment System user interface or are incorporated in the new VHAP framework.

Code	Inactive VHAP Name
201	Veteran Plan - Veterans Choice Mileage
202	Veteran Plan - Veterans Choice Wait-Time
203	Veteran Plan – VC Unusual or Excessive Burden
204	Veteran Plan – Veterans Choice Air Boat Ferry

Inactive VHAP Name	Definition
Veteran Plan - Automobile Adaptive Equipment	VA's Automobile Adaptive Equipment Program Plan provides equipment and training to enter, exit, or operate a motor vehicle for service connected Veterans whose Primary Care Provider decides that it is necessary to drive safely and comply with State licensing laws. Please note that only certain service connected conditions qualify. Veterans may also be eligible for financial assistance, in the form of a grant, to purchase a new or used automobile (or other conveyance).
Veteran Plan - Beneficiary Travel	Beneficiary Travel Plan provides a mechanism under 38 U.S.C. 111 for the Veterans Health Administration (VHA) to make payments for travel expenses incurred in the United States to help Veterans and other persons obtain care or services from VHA.

Inactive VHAP Name	Definition
Veteran Plan - Clothing Allowance	Clothing Allowance Plan provides service connected Veterans who must wear a prescribed device that causes their clothing to wear or tear, or if clothing is damaged due to use of a topical ointment, may receive an annual Clothing Allowance payment. (38 USC 1162)
Veteran Plan - Co-Pay Responsibilities (Special medical coverage based on "Qualifying Factors" such as CV, AO, SWAC, SHAD, Camp Lejeune, etc.)	Co-Pay Responsibilities Plan provides Veterans free healthcare services based on a VA compensable service connected condition or other qualifying factor. Most Veterans are asked to complete an annual financial assessment, to determine if they qualify for free services. Veterans whose income exceed the established VA Income Thresholds as well as those who choose not to complete the financial assessment must agree to pay required copays to become eligible for VA healthcare services.
Veteran Plan - Dental	<p>Outpatient dental services and treatment and related dental appliances, shall be furnished under this section only for a dental condition or disability.</p> <p>Inpatient dental services that are professionally determined by a VA dentist in consultation with the referring physician, to be essential to the management of the patient's medical condition under active treatment while receiving hospital, nursing home or domiciliary care. (38 USC 1712)</p>
Veteran Plan - Eye Glasses	<p>Eye Glasses Plan provides service connected Veterans receiving compensation, former Prisoners of War, Purple Heart Recipients, or Veterans in receipt of VA's Aid and Attendance or Housebound benefits and receiving VA care or services, are provided eyeglasses based on clinical need.</p> <p>Otherwise, VA provides eyeglasses only in special circumstances. However, Veterans otherwise receiving VA care or services may be eligible because of medically compelling reasons, as determined by a VA eye care practitioner. (38 CFR 17.149)</p>
Veteran Plan - Foreign Medical Program:	Foreign Medical Program Plan provides pay for medical services for treating your service connected disabilities, or any disability that is associated with and aggravates a service connected disability if you live or travel outside the United States. This program will also reimburse you for certain treatment of medical services while you are outside the United States, if needed, as part of your VA-approved vocational rehabilitation program.

Inactive VHAP Name	Definition
	<p>If you are living or planning to travel outside the U.S. (other than in the Philippines), you need to register with VA's Foreign Medical Program office, P.O. Box 469061, Denver, CO 80246-9061, USA: telephone 303-331-7590. For information, visit:</p> <p>https://www.va.gov/communitycare/programs/veterans/fmp/</p>
<p>Veteran Plan - Hearing Aid:</p>	<p>Hearing Aid Plan provides service connected Veterans receiving compensation, former Prisoners of War, Purple Heart Recipients, or Veterans in receipt of VA's Aid and Attendance or Housebound benefits and receiving VA care or services, are provided hearing aids based on clinical need.</p> <p>Otherwise, VA provides hearing aids only in special circumstances. However, Veterans otherwise receiving VA care or services may be eligible because of medically compelling reasons, as determined by a VA audiologist. (38 CFR 17.149)</p>
<p>Veteran Plan - Home Health</p>	<p>Home Health Plan provides home health services VA's Skilled Home Health Care Services (SHHC) and Homemaker and Home Health Aid Services (H/HHA).</p> <p>Skilled Home Health Care (SHHC) Services SHHC services are in-home services provided by specially trained personnel, including nurses, physical therapists, occupational therapists, speech therapists, and social workers. Care includes clinical assessment, treatment planning, treatment provision, health status monitoring, patient and family education, reassessment, referral, and follow-up.</p> <p>Homemaker/Home Health Aide (H/HHA) Services H/HHA services are personal care and related support services that enable frail or disabled Veterans to live at home. (38 USC 1717)</p>
<p>Veteran Plan - Home Improvements</p>	<p>Home Improvement Plan provides a Home Improvement and Structural Alteration Grant may be awarded for improvements or structural alterations needed to access home or essential bathroom facilities.</p>
<p>Veteran Plan - Long Term Care</p>	<p>Description/definition currently unavailable.</p>

Inactive VHAP Name	Definition
Veteran Plan - Medical Benefits Package (Basic plan coverage for SC, NSC, etc.)	Medical Benefits Package Plan provides a full spectrum of medically necessary services, based on the judgment of your VA primary care provider and in accordance with generally accepted standards of clinical practice. These services include: Primary Care, Health Promotion, Disease Prevention, Diagnosis, Palliative Care, Surgery, Prescriptions for Medications, Prosthetics, Critical Care, Mental Health Care, Women's Health Care, Orthopedics, Radiology, Physical Therapy, and Rehabilitation.
Veteran Plan - Medication and Supplies	Medication and Supplies Plan provides safe, effective, and medically necessary medications to ensure the highest quality care for our nation's Veterans
Veteran Plan - Non VA Emergency Care	In case of emergencies, Veterans should always call 911. VA does not have to be contacted in advance. Veterans should always go to the nearest emergency room whether it's a VA or private facility. If transported by ambulance, the paramedics generally will go to the closest emergency room.
Veteran Plan - Non-Vet Plans	Description/definition currently unavailable.
Veteran Plan - Nursing Home/Community Living Centers (CLC)	<p>Nursing Home/Community Living Centers Plan provides placement in nursing homes, when clinically indicated, may be available either through VA's Community Living Centers (CLC) or contract nursing homes. The Mission of the VA Community Living Centers (VACLIC) program (formerly known as VA Nursing Home Care Units) is to provide compassionate care to Veterans with chronic stable conditions, i.e., those who suffer from dementia, who require rehabilitation or short-term specialized services (such as respite or intravenous therapy), or who need comfort and care at the end of life. A Veteran is eligible for VA nursing home care if he or she:</p> <ul style="list-style-type: none"> • Has a service connected disability rating of 70% or more; • Is unemployable or has an official rating of "permanent and total disabled;" • Has a service connected disability that is clinically determined to require nursing home care; • Is a Nonservice connected Veteran or a "zero percent, noncompensable, service connected" Veteran who requires nursing home care for any Nonservice connected disability and who meets income and asset criteria; or • Needs care, if space and resources are available.

Inactive VHAP Name	Definition										
	<p>Other Veterans are evaluated on a case-by-case basis, with priority given to service connected Veterans and those who need care for post-acute rehabilitation, respite, hospice, geriatric evaluation and management, or spinal cord injury.</p>										
<p>Presumptive (38 USC 1702 - 38 CFR 17.109)</p>	<p> Note: Presumptive (38 USC 1702 - 38 CFR 17.109) and its rules were incorporated into the Other Restricted Medical (ORM) VHAP.</p> <p>Presumptive (38 USC 1702 - 38 CFR 17.109) Plan provides certain Veterans who experience psychosis within a specified time-frame are to have their psychosis presumed to be service connected for purposes of Department of Veterans Affairs (VA) medical benefits. In addition, VA will presume that Persian Gulf War Veterans are service connected for purposes of VA medical benefits if such Veterans develop mental illness other than psychosis within two years after discharge or release from service and before the end of the 2-year period beginning on the last day of the Persian Gulf War (end date not yet determined). (Public Law 110-181; 38 United States Code (U.S.C.) 1702 and the implementing regulation, 38 CFR 17.109)</p> <p>1. Psychosis. Eligibility for benefits under title 38 Code of Federal Regulations (CFR) 17.109(a) is established for treatment of psychosis, and such condition is exempted from copayments under 38 CFR 17.108, 17.110, and 17.111 for any Veteran who served in the United States active duty military, naval, or air service and developed such psychosis within 2 years after discharge or release from the active duty military, naval or air service; and before the following date associated with the war or conflict in which the Veteran served:</p> <table data-bbox="803 1423 1435 1675"> <thead> <tr> <th data-bbox="803 1423 992 1482">Veteran Served During</th> <th data-bbox="1344 1436 1435 1465">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="824 1486 971 1516">World War II</td> <td data-bbox="1300 1486 1435 1516">July 26, 194</td> </tr> <tr> <td data-bbox="808 1528 987 1558">Korean Conflict</td> <td data-bbox="1279 1528 1435 1558">February 1, 19</td> </tr> <tr> <td data-bbox="824 1570 971 1600">Vietnam Era</td> <td data-bbox="1300 1570 1435 1600">May 8, 197</td> </tr> <tr> <td data-bbox="803 1612 992 1642">Persian Gulf War</td> <td data-bbox="1008 1612 1435 1675">End of the 2-year period beginning Persian Gulf War (end date not yet</td> </tr> </tbody> </table>	Veteran Served During	Date	World War II	July 26, 194	Korean Conflict	February 1, 19	Vietnam Era	May 8, 197	Persian Gulf War	End of the 2-year period beginning Persian Gulf War (end date not yet
Veteran Served During	Date										
World War II	July 26, 194										
Korean Conflict	February 1, 19										
Vietnam Era	May 8, 197										
Persian Gulf War	End of the 2-year period beginning Persian Gulf War (end date not yet										

Inactive VHAP Name	Definition
	<p>2. Mental Illness (other than Psychosis). Eligibility for benefits under 38 CFR 17.109(b) is established for treatment of an active mental illness (other than psychosis), and such condition is exempted from copayments under 38 CFR 17.108, 17.110, and 17.111 for any Veteran of the Persian Gulf War who developed such mental illness:</p> <ul style="list-style-type: none"> a. Within 2 years after discharge or release from the active duty military, naval, or air service; and b. Before the end of the 2-year period beginning on the last day of the Persian Gulf War (end date not yet determined).
<p>Veteran Plan - State Home Veteran Plans</p>	<p>State Home Plan provides Nursing home care and medications for Veterans with service connected disabilities.</p> <p>The Secretary shall pay each State home for nursing home care at the rate determined under paragraph (2), in any case in which such care is provided to any Veteran. (Public Law 109-461) (38 USC 1745)</p>
<p>VA/DoD Plan - TRICARE</p>	<p>TRICARE Plan is a regionally managed health care program for active duty and retired members of the uniformed services, their families and survivors. VA bills TRICARE for Nonservice connected medical treatment. There are four options for health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for Life. Each of these options has specific benefits, exclusions, copayment and deductible requirements.</p>
<p>Veteran Plan - Women's Programs</p>	<p>Women's Programs Plan provides a variety of services, including:</p> <ul style="list-style-type: none"> - Women's gender-specific health care (menopause evaluation and symptom management, osteoporosis, incontinence, birth control, breast and gynecological care, maternity and limited infertility services). - Screening and disease prevention programs (for example, mammograms, bone density screening, and cervical cancer screening). <p>Routine gynecologic services are available at VA facilities and include:</p> <ul style="list-style-type: none"> - Human Papilloma Virus (HPV) vaccinations - Pelvic exams, ultrasounds - Birth control counseling and management (medical and surgical) - Pre-pregnancy care - Treatment and prevention of sexually transmitted infections <p>A provider can assist with routine exams, diagnosis, and management of:</p>

Inactive VHAP Name	Definition
	<p>- Pelvic/abdominal pain; Abnormal vaginal bleeding; Vaginal symptoms (dryness/infections); Breast and other women's cancers; Abnormal cervical screening results; Infertility evaluation, including intrauterine insemination (IUI). VA is not authorized to provide or cover the cost of in-vitro fertilization (IVF).; Sexual dysfunction.</p>
<p>Vocational Rehabilitation (Chapter 31)</p>	<p>The Vocational Rehabilitation and Employment (VR&E) Program is authorized by Congress under Title 38, USC, Chapter 31 and Code of Federal Regulations, Part 21. It is sometimes referred to as the Chapter 31 program. This program assists Veterans with service connected disabilities to prepare for, find, and keep suitable jobs.</p> <p>Services that may be provided by the VR&E Program include:</p> <ul style="list-style-type: none"> • Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment • Vocational counseling and rehabilitation planning for employment services • Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance • Assist eligible Veterans with finding and keeping a job, including the use of special employer incentives and job accommodations • On the Job Training (OJT), apprenticeships, and non-paid work experiences • Post-secondary training at a college, vocational, technical or business school • Supportive rehabilitation services including case management, counseling, and medical referrals • Independent living services for Veterans unable to work due to the severity of their disabilities • For Veterans with service connected disabilities so severe that they cannot immediately consider work, this program offers services to improve their ability to live as independently as possible.
<p>VA/DoD Plan - Active Duty Dependent</p>	<p>Description/definition currently unavailable.</p>

Inactive VHAP Name	Definition
VA/DoD Plan - Active Duty Sponsor	Description/definition currently unavailable.
VA/DoD Plan - Former Non-Remarried Spouse	Description/definition currently unavailable.
VA/DoD Plan - Recruit Sponsor	Description/definition currently unavailable.
VA/DoD Plan - Reservist Sponsor	Description/definition currently unavailable.
VA/DoD Plan - Retiree	Description/definition currently unavailable.
VA/DoD Plan - Retiree Dependent	Description/definition currently unavailable.
VA/DoD Plan - Retiree Sponsor	Description/definition currently unavailable.
VA/DoD Plan - Temporary Disability Retirement List (TDRL) Sponsor	Description/definition currently unavailable.
VA/DoD Plan - TRICARE	Description/definition currently unavailable.
VA/DoD Plan - Tricare for Life (TFL)	Description/definition currently unavailable.
Veteran Beneficiary Plan - Camp Lejeune Family	Description/definition currently unavailable.

4.10 VOA Resubmission

4.10.1 Resubmission

In support of federal and VA initiatives, VHA seeks to enhance the self-service offerings available for the nation's Veterans and their ability to access enrollment applications and ongoing VA health benefit eligibility. To this end, VHA provides a more simple-to-use, secure, online Veterans healthcare enrollment experience through VOA.

To facilitate this ongoing effort to improve the Veterans online experience through the VOA application, ESR 3.12 includes the following capabilities:

the ability for HEC users to resubmit pending VOA forms for ESR processing

send automated email communication to the Veteran (if email provided in VOA form submitted) for confirmation of a successful VOA submission

send data in real time, upon request, to VOA for the purpose of pre-population of known enrollment data about the Veteran

Click on the [Show Filter](#) link to display fields which allow the user to filter the resubmission items using a combination of criteria. Click [Hide Filter](#) to hide the filter criteria.

Submission ID

Enter the unique identifier that is assigned by the system to a submitted form for tracking purposes.

Request Received Date:

Enter a date range for which you wish to search (mm/dd/yyyy).

Form Type:

Enter a form type you wish to search for.

Form Pending Reason:

Enter a form reason you wish to search for.

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

Submission ID

Submission ID is the unique identifier that is assigned by the system to a submitted form for tracking purposes (display only).

Person ID

Person ID is the identifier submitted with the form that uniquely identifies the Veteran (display only).

Person Last Name

Person Last Name is the Veterans Last Name associated with the form (display only).

Person First Name

Person First Name is the Veterans First Name associated with the form (display only).

SSN

SSN is the Veterans Social Security Number associated with the form (display only).

DOB

DOB is the Veterans Date of Birth associated with the form (display only).

Gender

Gender is the Veterans Gender.

Request Received Date

Request Received Date is the date and time the particular form was accepted by the system (display only).

Form Type

Form Type is the particular form type that is pending (display only).

Form Pending Reason

Form Pending Reason is the reason or issue for why the forms' processing was suspended (display only).

Placing a check in this check box selects all displayed forms. Otherwise, select individual check boxes for resubmission.

Re-Submit button

When all selections have been made, click the **Re-Submit** button to re-submit the forms. The page is refreshed, and the re-submissions no longer appear on the "pending list".



Submission ID	Person ID	Person Last Name	Person First Name	SSN	DOB	Gender	Request Received Date	Form Type	Form Pending Reason	Select All
40127775697		FITCHIO	FROWNE	862-26-9439	02/07/1940	Male	11/25/2019	1010EZ	Failed to Add Facility Correlation to MVL. Manual Resubmission Needed.	<input type="checkbox"/>

Figure 39: Resubmission

4.10.1.1 Reroute Anonymous Health Care Applications (HCAs)

Important: As of 5.10, Workload Reporting and Productivity (WRAP) functionality is on hold until a later release.

When online Health Care Applications (HCAs) are transmitted to the Enrollment System, (if HCAs have incorrect information or information that cannot be verified), the Enrollment System determines the HCAs to be “anonymous”; however, rather than failing HCAs because they are “anonymous”, the anonymous HCAs are rerouted to the Workload Reporting and Productivity (WRAP) system so the anonymous HCAs can be reviewed and processed manually in order to validate the incorrect or missing information.

 **Note:** Anonymous HCAs are treated the same as mailed-in applications once rerouted to WRAP.

If the Veteran provides an email address, the initial email confirmation will continue to be sent to the Veteran after the online HCA is saved and submitted. The same confirmation email will be used for both anonymous and authenticated online HCAs. Concurrently, the farewell message will continue to display on the **Farewell** screen after the online HCA is saved and submitted. The same farewell message will be used for both anonymous and authenticated online HCAs.

Apply for health care Form 10-10EZ

Please print this page for your records.

Thank you for submitting your application

Health Care Benefit Claim (Form 10-10EZ)

for JR TESTONE

Date submitted

Dec. 4, 2019

How long will it take VA to make a decision on my application?

We usually decide on applications within **1 week**.

We'll contact you by email if we:

- Successfully receive and process your application, or
- Can't process your application for any reason

If we need you to provide more information or documents, we'll contact you by mail.

If we haven't contacted you within a week after you submitted your application

Figure 40: HCA Farewell Message

4.11 ESR Registration

4.11.1 Search and Add New Person

The **Search and Add New Person** screen allows HEC authorized users to register a person through the Enrollment System application. The HEC may encounter a Veteran either directly or

be provided the information via a 1010EZ form. Entering this data into the system facilitates many business processes before the Veteran actually presents at a VAMC. This new registrant information is transmitted to the sites.

Selecting **Search and Add New Person** from the **ESR Registration** dropdown presents users with a **Person Search** screen allowing searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the ES or update a person who is “In Process”. The **Search and Add New Person** screen differs from the **Person Search** screen because it is accessed by selecting **Veteran Search** from the **Veteran** button dropdown.

SSN:

The social security number of the registrant.

- 💡 **Note:** A Collateral of Veteran can be added to the Enrollment System without a social security number. If they are a Veteran also, a warning dialog box displays on the **Add a Person** screen stating an “SSN should be entered if they are a Veteran.”

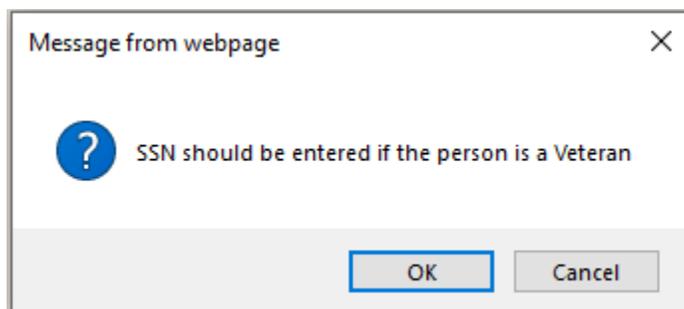


Figure 41: Social Security Warning Message

★ **Last Name:**

The registrant's last name.

Rules...

- Multiple last name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Last names may be entered with the mother's maiden name first, a hyphen, and the father's last name all in the Last Name field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Last Name must be between 1 and 35 characters in length.

First Name:

Registrant's first name. Avoid using nicknames or ambiguous information.

Middle Name:

Registrant's middle name. No parentheses may be used.

★ **Date of Birth:**

The registrant's date of birth. Format: (mm/dd/yyyy)

★ **Birth Sex:**

Birth Sex can be **Male**, **Female** or **All**.

★ **Veteran Indicator:**

The Enrollment System requires the user to select a **Yes** or **No** radio button for the Veteran Indicator.

If the user selects	Then
Yes	<p>The system displays the following new fields (in addition to all existing fields):</p> <ul style="list-style-type: none">i. “Do you wish to Enroll” with options for Yes, No and No Data. <ol style="list-style-type: none">1. If “Yes” then do NOT display the registration fields and default the registration date to current date (the date when the registration record was created) upon completion/submission.2. If “No” then display the following additional field:<ul style="list-style-type: none">a. Self-Reported Registration Only Reason <p> Note: The user is required to enter an Application Date on the Edit Current Eligibility screen when they change the response to the question: <i>Do you wish to Enroll</i> from “No” to “Yes”.</p>
No	<p>The system displays the following fields:</p> <ul style="list-style-type: none">i. Do you wish to Enroll (Defaults to “No”).ii. Self-Reported Registration Only Reason. <p> Note: During Add a Person, the user is required to enter only the <i>Self-Reported Registration Only Reason</i>. Source and Date are set by the system and are displayed only on the Eligibility screen under the Registration panel.</p>



Notes:

- If the Veteran Indicator was changed to “No” (from “Yes”) then the answer to ‘Do You Wish To Enroll’ is not automatically changed. This applies to all scenarios in the Enrollment System including add a person (AAP).
- *Ineligible Date* field disables if the Veteran Indicator is "No" and Do you wish to enroll is "No".

Country

This is the country in which the registrant lives. Select from the dropdown.

More...

If any country other than **United States** is selected, *Zip Code* and *State* fields will not display. Instead, *Province* and *Postal Code* fields will be displayed.

Address

Enter the street and number for the registrant’s current address.

Zip Code

Enter the zip code for the city and state in which the registrant lives in the U.S. This is a free text field of 5 – 9 characters.

More...



Note: When a valid zip code is entered, the system populates the City, State, and County fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected. If the City and/or State does not match up with a valid Zip Code, an error message displays. Check to make sure your data is correct. If anything other than **United States** is selected in the **Country** field, the **Zip Code** and **State** fields will not display. Instead, **Province** and **Postal Codes** fields will be displayed.

City:

Enter a city in which the registrant lives.

State/Province:

State:

Enter the full state name in which the registrant lives in the U.S., if not already populated by the system via the Zip Code entry.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the **Administrative Data Quality Council Intranet Site**.

Province:

Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

Postal Code:

Enter a postal code if a country other than **United States** is selected. Postal Code can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Home Phone Number:

Enter the registrant's home phone number.

Format: (XXX) XXX-XXXX

Find:

Determines if the registrant matched criteria already in the Enrollment System. If not, the **Add** button activates and the user can add the registrant.

Clear

Clears the fields.

Cancel:

Clears all fields.

Add:

If after clicking the **Find** button and the registrant is not already in the Enrollment System, the **Add** button activates and the user can add the registrant.

SSN:

* Last Name:

First Name:

Middle Name:

Preferred Name:

* Date of Birth: (mm/dd/yyyy)

* Birth Sex: Male Female All

* Veteran Indicator: Yes No

Country:

Address:

Zip Code: -

City:

State:

Home Phone Number:

FIND CLEAR CANCEL ADD

Figure 42: Search and Add a New Person screen

Person Search criteria data entered is NOT case-sensitive.

Any combination of the remaining search criteria may be entered once the required information has been entered. Users may enter additional *Identity Traits* to determine if the Veteran already exists in the Enrollment System and Identity Management (IdM).

Person Search Identity Trait Scenarios

If	Then
Veteran is found in ES	ES returns a <i>Person Search Result</i> list with single or multiple matches for the search criteria used.

If	Then
Desired match does not appear	Users may perform another search entering different criteria.
Veteran does not exist	ES displays the following message: <i>“No records were found that matched the specified search criteria”.</i>
Users click the Add button	The information is used to create an IdM request in order to correlate a record known by the Master Veteran Index (MVI) to the system or create an Integration Control Number (ICN) using the information entered.

When IdM successfully returns a new or correlated ICN, the system sets the registrant record “New ESR Application” status to “In Process”.

After completing a Search, if ES returns a *Person Search Result* list with single or multiple matches for the search criteria used, the user has the following options:

Select From List

The user selects a person record by clicking on an **SSN** link.

If	Then
If the Veteran was “In Process”	ES displays the Overview screen with the previously entered data.
If the Veteran exists	ES displays the Overview screen with previously entered data.

Accessing a Sensitive Record

By default, Enrollment System users do NOT have “View Sensitive Records” capabilities. If a user clicks the **SSN** link on the **Person Search Result** panel attempting to access a Sensitive Record without the capability, the Enrollment System displays the following  WARNING***RESTRICTED RECORD*** pop-up message.

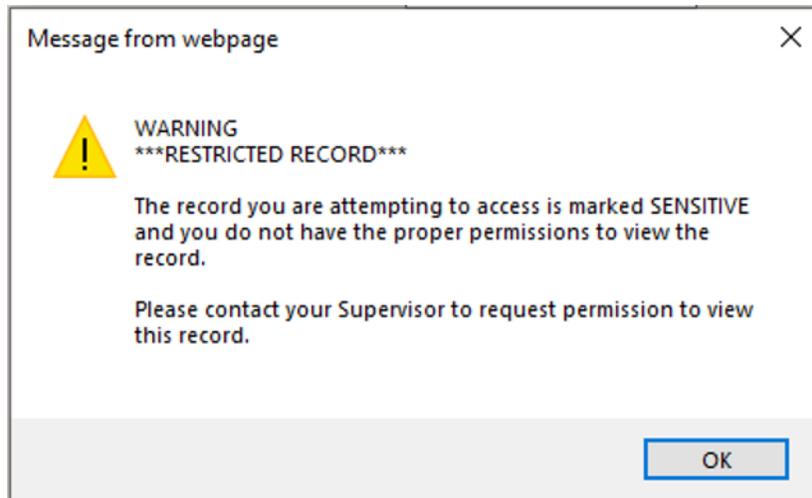


Figure 43: Permission Needed to View Sensitive Record Warning Message

If users need to have the “View Sensitive Records” capability added to their user’s profile, click [here](#) and follow the procedure to have the capability added to a user’s profile.

Once the user has the capability added to their user profile, they can select any Veteran whose record is marked “sensitive”. Once they select a “sensitive” record, another pop-up  WARNING***RESTRICTED RECORD*** message displays alerting them they are about to access a sensitive record.

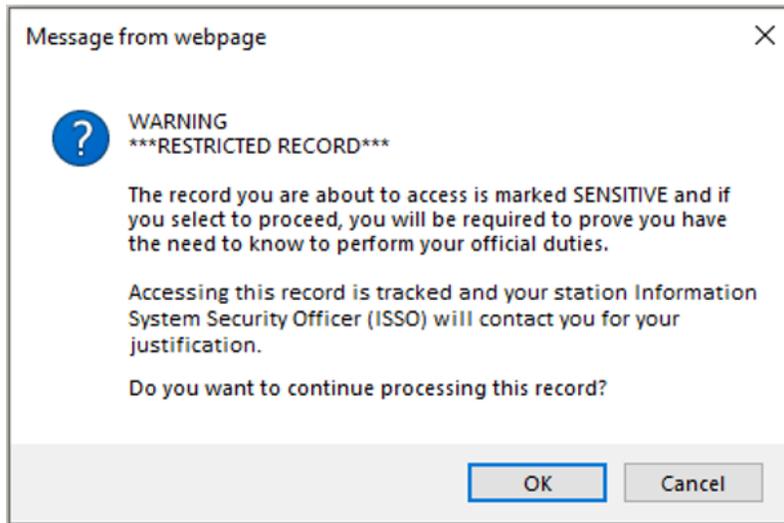


Figure 44: Justification Needed to View Sensitive Record Warning Message

If the user clicks	Then
Cancel	<ol style="list-style-type: none"> 3. The warning message closes. 4. The Person Search fields clear. 5. The user returns to the Person Search or Add a Person screen to perform a new person record search.
OK	<p>The user accesses and views the sensitive record. The user's action are audited. The system records the user's information along with the date/time stamp of when the sensitive record was accessed. In addition, the system logs the "attempt to access" a sensitive record if the person search returns multiple records and a sensitive record is in the list.</p>

Note: The sensitive record warning pop-up message displays only if a sensitivity flag is found. Furthermore, the pop-up is in addition to the current sensitive record banner that displays when a sensitive person record has been accessed through Person Search.

Logged User Account Details for Person Records

The Enrollment System logs the following user account details when a person or sensitive record is accessed from the [Person Search](#) and Add a Person screen.

User Data (Enrollment System User)	Person Record Data (Enrollment System User)
User ID	Name
Name	SSN
ICN	ICN
Date	Member ID
Time	Date of Birth
Title	
VISN and/or Site (Identifies the facility the user works at when the access account is established).	Date
	Time
	VISN and/or Site (Identifies the facility the user works at when the access account is established).

4.11.2 Person Search Result

SSN

If the Veteran was "In Process", click the **SSN** link to display the **Overview** screen with previously entered data.

Last Name

Last Name displays Veterans last name.

First Name

If entered, First Name displays Veterans first name.

Middle Name

If entered, displays the Veterans middle name.

Date of Birth

Date of Birth displays the Veterans date of birth.

MBI

MBI is the Multiple Birth Indicator. It is either Y, N, or blank.

Match

The Match column indicates if the Veteran record returned is either:

- **Yes** – Indicates a Veteran record that matches the Veterans primary information supplied in the Search criteria. These results will be first in the results set since a match scores higher than potential matches.
- **Blank (nothing displays)** – Indicates a Veteran record that is a close match to the Veteran information supplied in the Search criteria. *Example:* Middle and first name is different. These results will be listed after any matches in Match Score order (descending).
- **Potential** – Indicates that some of the Search criteria match, but there are notable differences. *Example:* SSN is different, so name and DOB may match, but SSN is different.
- **Clear** – Users may click on the **Clear** button to clear the list and start a new Person Search.
- **Cancel** – Returns the user to the Person Search screen and clears the list.
- **Add New Record** – If ES indicates that "No records were found that matched the specified search criteria", users may click the **Add** button to begin the process of adding the Veteran in ES. Users may also ignore the multiple results and click the **Add** button to begin the process of adding the Veteran in ES. When the **Add** button is clicked, a request is submitted to IdM to create an ICN for the record, ES displays the *Overview* screen populated with the search data. From here, users may begin registering the Veteran by clicking on any of the tabs to begin entering the required information.

Notes:

- ES will not allow an exact match to be added as a new record.
- ES will not allow the user to click the **ADD** button if any of the required identity traits on the Search page are changed after a search is completed. Another search must be done with the changed identity traits before the **ADD** button can be clicked. Search returns will be limited to ten.
- User must have the appropriate *Capability* added to their security *User Profile* in order to *Add a New Person*. See the *Roles and Capability Sets* sections under *Admin* for more information.

Person Search

SSN:

SSN is defined as the Social Security Number of the Veteran record being added.

- 💡 **Note:** A Collateral of Veteran can be added to the Enrollment System without a social security number. If they are a Veteran also, a warning dialog box displays on the **Add a Person** screen stating an “SSN should be entered if they are a Veteran.”

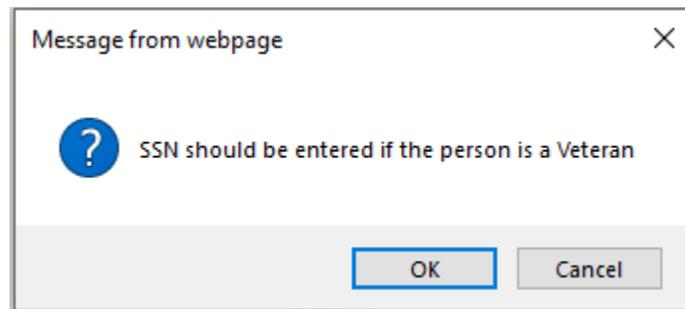


Figure 45: Social Security Warning Message

SSN Rules...

- Acceptable format is 9 numeric characters.
- Cannot be a Pseudo SSN.
- The following SSN can never be possible (according to SSA): 123456789
- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.
- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

★*Last Name:*

The **Last Name** field is the unique identity of a Veteran. Enter the Veterans complete legal last name.

Rules...

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

First Name:

Enter the Veterans complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- First Name is free text 1-35 characters in length.

Middle Name:

Enter the Veterans complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Middle Name is free text 1-35 characters in length.

★Date of Birth:

Veterans date of birth (DOB) is defined as the date the individual was born.

Rules...

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

★Birth Sex:

Birth Sex can be **Male, Female, All**

 **Note:** Because the *Birth Sex* screen is reused from the *Veteran Person Search* screen, “All” is displayed as a ***Birth Sex*** choice. Selecting “All” returns gender-neutral name (used by both males and females).

★Veteran Indicator:

The Enrollment System requires the user to select a “Yes” or “No” radio button for the Veteran Indicator.

If the user selects	Then
Yes	<p>The system displays the following new fields (in addition to all existing fields):</p> <ul style="list-style-type: none"> i. “Do You Wish To Enroll” with options for Yes, No and No Data. <ul style="list-style-type: none"> 1. If “Yes” then do NOT display the registration fields and default the registration date to current date (the date when the registration record was created) upon completion/submitting. 2. If “No” then display the following additional field: <ul style="list-style-type: none"> a. Self-Reported Registration Only Reason <p> Note: The user is required to enter an Application Date on the Edit Current Eligibility screen when they change the response to the question: “Do You Wish To Enroll” from “No” to “Yes”.</p>
No	<p>The system displays the following fields:</p> <ul style="list-style-type: none"> i. “Do You Wish To Enroll” (Defaults to “No”). ii. Self-Reported Registration Only Reason <ul style="list-style-type: none">  Note: During Add a Person, the user is required to enter only the Self-Reported Registration Only Reason. Source and Date are set by the system and are displayed only on the Eligibility screen under the Registration panel.

 **Notes:**

-  If the Veteran Indicator was changed to “No” (from “Yes”) then the answer to ‘Do You Wish To Enroll’ is not automatically changed. This applies to all scenarios in the Enrollment System including add a person (AAP).
-  *Ineligible Date* field disables if the Veteran Indicator is "No" and “Do You Wish To Enroll” is "No".

Country:

Country is the country in which the registrant lives. Select from the dropdown.

More...

-  If any country other than **United States** is selected, **Zip Code** and **State** fields will not display. **Province** and **Postal Code** fields will be displayed, instead.

Address:

Enter the street and number for the registrant's current address.

Zip Code:

Zip Code is a free-text field of five to nine characters for the US city and state the Veteran lives.

Zip Code Scenarios

If	Then
A valid zip code is entered	ES populates the <i>City</i> , <i>State</i> , and <i>County</i> fields.
More than one city exists for a zip code	ES displays a dropdown list from which the desired city may be selected.
City and/or State does not match a valid Zip Code	An error message displays. Check to make sure data is correct.
A country that is not the United States is selected in the Country field	Province and Postal Code fields display, and Zip Code and State fields will not display.

City:

Enter the city the registrant lives in.

State/Province:

State: Enter the full state name in which the Veteran lives in the U.S., if not already populated by the system via the *Zip Code* entry.

- U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. [USPS Publication 28](#) outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.
- Visit the *Administrative Data Quality Council Intranet Site* to view a standard list of values for States and Counties.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

- *Province* is not a required field.

Postal Code:

Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

● *Postal Code* is not a required field.

Home Phone Number:

Enter the Veterans home phone number.

● Format: (XXX) XXX-XXXX

★ *Indicates required field*

4.11.3 Save in Process

The **Save in Process** option allows users to save Veteran records in a “In Process” state so they can be returned to for completion at a later time.

💡 **Note:** The **Save in Process** button becomes available after an *Add New Person* has been started.

Users must use the *Search and Add New Person* screen to find the “In Process” Veteran and resume completion of the required screens and fields to register the Veteran in order to resume a registration that is “In Process”,

Users can only **Cancel Registration** if the Veteran is registered in ES through VistA while their status is “In Process”.

Reports provide information of registrations that are “In Process”.

Users can use the *Search and Add New Person* screen to find and complete Veteran registrations.

4.11.4 Cancel Registration

Selecting **Cancel Registration** cancels the registration that is in progress, or a registration that has been resumed from being “Saved in Process”.

💡 **Note:** The **Cancel Registration** button is only available for an “In Process” Veteran.

A warning message displays before the cancellation is processed and users are returned to the *Search and Add New Person* screen.

4.11.5 Status History

The *Status History/Person Search* screen allows users to see the current status of the ESR application status history.

💡 **Notes:**

- The Status History button function is only available for an “In Process” registrant.
- Users must have the appropriate *Capability* added to their security *User Profile* in order to view the registrant’s *Status History*. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Person Search

Application Signature Date:

Application Signature Date is the date the application was signed and is a display-only field.

Application Method:

Application Method is the method by which the application was received, either by phone, online, or in person, and is a display-only field.

Application Entry Date:

Application Entry Date is the date the application data entry process began and is a display-only field.

Application Status:

Application Status is the status of the application, i.e., “In-Process”, and is a display-only field.

Application Status Date Timestamp:

Application Status Date Timestamp is the timestamp for the status of the application. The **Application Status Date Timestamp** field is ES generated and display-only.

Application Completed Date:

Application Completed Date is the date the application was completed. The **Application Completed Date** field is ES generated and display-only.

User Completed the Application:

User Completed the Application is the date the user completed the application. The **User Completed the Application** field is ES generated and display-only.

4.11.6 Complete Registration

After completing all required fields on the Person Search screens, ES performs the following:

1. Runs consistency checks.
2. Saves the Veteran data.
3. Updates MVI with additional identity data (if any).
4. Sends request to MVI to add preferred facility correlation (if none exists).
5. Determines enrollment eligibility.
6. Sends a query to Veterans Benefits Administration (VBA).
7. Sends a query to the MSDS Service, then sends the data to the sites, including a bulletin alerting them to the new record.

 **Note:** The **Complete Registration** button is only available for a registration that is “In Process”, or a registration that has been resumed from being “Saved in Process”.

4.12 Letters

From the **Letters** menu item located on the menu bar of the Enrollment System, Enrollment System administrators activate or inactivate, and set effective dates for Community Care letters on the **Manage Letters** screen.



Figure 46: Letters Menu Item

In addition, a history screen called, **Manage Letters Change History**, displays letter activations and inactivations.

4.12.1 Manage Letters

All Enrollment System users have permission to view, but not update the **Manage Letters** screen and the **Letter Change History** screen. However, Enrollment System users with Manage Letters edit permissions can activate or inactivate Community Care letters.

When an Enrollment System administrator removes Manage Letters capability from an Enrollment System user, **Manage Letter** fields are disabled and grayed out. However, the Enrollment System user without Manage Letters capability can access Manage Letters History.

4.12.1.1 Letter Changes through Daily Automated or Manual Batch Process

Enrollment System users with Manage Letters permissions activate or inactivate letters as well as set effective dates to trigger the automated letter daily batch process.

The daily batch process selects all letters with an Effective Date equal to the current date. When the Effective Date is reached, a daily batch process sets the current status to Active/Inactive and clears the Effective Date.

Enrollment System users can also manually trigger letter changes through the daily batch process. To manually trigger the daily batch process, click the link below.

[How do I manually Execute the Daily Batch Job to Activate Letter Changes?](#)

Letter Name:

The name of the letter.

Type:

Types of letters in the Enrollment System include:

- General
- IVM (Income Verification Match)
- ENR (Enrollment System)
- MT
- SSN (Social Security Number)
- Handbook

Form Number:

Form number of the letter.

Current Status:

Denotes if the letter is currently active or inactive.

Future Status:

Denotes if the future letter is active or inactive.

The table below describes when a Future Status value of ACTIVE or INACTIVE is selected.

If	Then
A Future Status value of ACTIVE or INACTIVE is selected	<p>An effective date is required.</p> <p>When entered, the Enrollment System requires the effective date be a date that is greater than or equal to the current date. Dates in the past or characters used outside the provided date format (mm/dd/yyyy) give an error.</p>

4.12.1.2 Letter Trigger Rules

There are two types of letter trigger rules:

- Automatic - When there is a change in the eligibility of a letter, the letter will be sent automatically.
- Manual - Enrollment System users can manually trigger and send a letter.

Notes:

- Regardless of where a Letter Request is made from the first validation in the existing Letter Rule Flow, there will be an additional rule added to the existing iLOG Rule Flow that asks, “Is this letter active or inactive?” The Letter Request is part of the coded rule flow, and the Enrollment System makes the active or inactive determination.
- Enrollment System users CANNOT re-mail “Inactive” letters on the **Previously Mailed** tab.
- Enrollment System users CANNOT manually override inactive letters after clicking the **Mail** link of “Inactive” letters on the **Available for Mailing** tab.

4.12.1.3 Manage Letters History

Daily batch process creates a history record that displays the on the **Manage Letters Change History** screen. On the Manage Letters screen, the Enrollment System displays the **View Manage Letter History** link.

#	Letter Name	Type	Form Number	Current Status	Future Status	Effective Date
1	VC-New Distance Eligible	Choice	742-900	Active	Select	(mm/dd/yyyy)
2	VC-New Distance Ineligible	Choice	742-901	Active	Select	(mm/dd/yyyy)
3	VC-Exceptions	Choice	742-903	Active	Select	(mm/dd/yyyy)

Buttons: UPDATE, RESET, CANCEL

Link: View Manage Letter History

Figure 47: View Manage Letter History Link

Clicking the **View Manage Letters History** link displays the **Manage Letter History** screen. Changed Community Care Letter entries are audited and display on the **Manage Letters Change History** screen. Letters on the **Manage Letters Change History** screen contain the *Letter Name*, *Status* (Active or Inactive), and desired *Effective Date*, as well as the name of the Enrollment System user who made the change, which includes the date and time the change was made.

Note: If value changes are made on the **Manage Letters** screen, the **Manage Letters Change History** screen displays the **Old Value** and the **New Value** in red text.

History Change Details (11/21/2018 2:24:59PM)			
Category	Old Value	New Value	Data Changed
Manage Letters History			
Letter Name:	VC-New Distance Ineligible	VC-New Distance Ineligible	
Status:	Active	Active	
Future Status:			
Effective Date:			
Last Update Date:	11/19/2018 12:13:59PM	11/21/2018 2:24:59PM	
Last Update By:	User, Anonymous	864820	
Letter Name:	VC-New Distance Eligible	VC-New Distance Eligible	
Status:	Active	Active	
Future Status:	Inactive	Inactive	
Effective Date:	11/20/2018	11/20/2018	
Last Update Date:	11/20/2018 12:32:05PM	11/21/2018 2:24:59PM	
Last Update By:	User, Anonymous	864820	
Letter Name:	VC-Exceptions	VC-Exceptions	
Status:	Active	Active	
Future Status:			
Effective Date:			
Last Update Date:	11/19/2018 12:13:59PM	11/21/2018 2:24:59PM	
Last Update By:	User, Anonymous	864820	

Figure 48: Manage Letter History

Enrollment System users can select from the **Change Times** drop down and view previous batch jobs. Click the **View Data** button to view the Change Times selected.

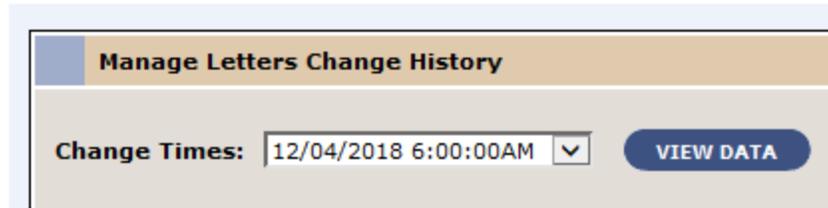


Figure 49: Change Times Drop Down

The top timestamp is the most current processed batch job. As previously stated, batch jobs are processed every day at 6am. If the Enrollment System user runs a batch job for a future date, the timestamp will not display in the Change Times drop down until 6am of that future date.

4.13 Admin

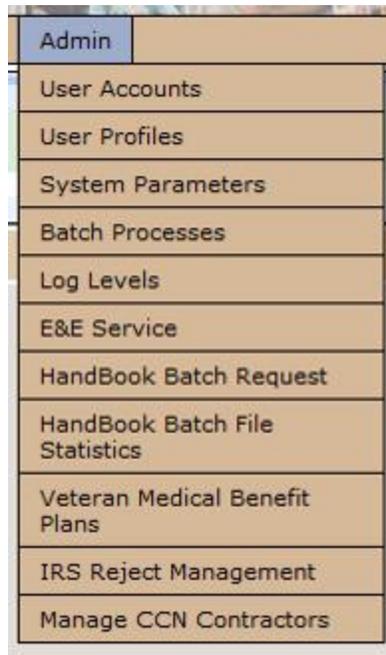


Figure 50: Admin

4.13.1 User Accounts/Search

The *User Accounts/Search* screen allows users to search for a user account by entering a User ID. Each person accessing ES must have a valid, pre-defined ID assigned to them. The administrator must establish/assign this ID prior to accessing the system. The assigned User ID will be identical to the User ID used to access the VHA network.

User ID Scenarios

If	Then
An active User ID is found within the VHA domain, but no active User ID is found within ES	The new User ID account can be added.
An active User ID is not found within the VHA domain, but an active User ID is found within ES	The existing ES User ID account is disabled, and an appropriate message is displayed.
An active User ID is found within the VHA domain as well as within ES	Users are allowed to modify the User ID account information.

If	Then
The User ID entered is not in ES	An error message stating the User ID is invalid or cannot be found as a VHA network ID, is displayed.

User Account Search

★User ID:

Enter the User ID for which you are searching.

★ Indicates Required Field

User Account/Add

The *User Account/Add* screen allows the user to *Add a User Account* (with the appropriate permissions) to ES if the User ID is a valid VHA account.

Users must enter the following user account information:

User ID: (display only)

The assigned User ID will be identical to the User ID used to access the VHA network.

★Last Name:

Enter account user's last name.

Rules...

- May be up to 35 characters maximum.
- This is a required field.

★First Name:

Enter the user's first name.

Rules...

- May be up to 25 characters maximum.
- This is a required field.

Middle Name:

Enter the user's middle name.

Rules...

- May be up to 25 characters maximum.

★Facility:

Select from the dropdown.

Functional Group:

Functional Group is only available for selection/entry if the *Facility* selected is HEC.

Job Title:

Enter the *Job Title* defined as the common name for a group of responsibilities based on duties performed.

Rules...

- The Job Title field is free text with a maximum length of 30.

★ Indicates Required Field

User Account/Modify

The *User Account/Modify* screen allows users to modify the account information (with the appropriate permissions), if the active account is a valid VHA account and is found within ES.

Users may modify the following user account information:

User ID: (display only)

The assigned *User ID* will be identical to the user ID used to access the VHA network.

★Last Name:

Users may modify account user's *Last Name*.

Rules...

- May be up to 35 characters maximum.

★First Name:

The user's first name.

Rules...

- May be up to 25 characters maximum.

Middle Name:

This is the user's middle name.

Rules...

- May be up to 25 characters maximum.

★Facility:

Select the user's facility from the dropdown list.

Functional Group:

Functional Group will only be available for selection/entry if the *Facility* selected is **HEC**.

Job Title:

The *Job Title* is defined as the common name for a group of roles based on duties performed.

Rules...

- Job Title field is free text with a maximum length of 45.
- Agreement Signature Code: (display only)
- When a user's account is initially created, ES will generate an "agreement signature code" that is required to be entered, the first time the user logs into ES using the new user account.
- 💡 **Note:** The Agreement Signature Code is a six-digit, randomly generated code, consisting of characters and/or numbers.

Last Login Date: (display only)

Last Login Date displays the last date and time the user logged into ES.

Account Lock Date:

Account Lock Date is the date the user's account will be locked. The administrator can set this date to suspend user's access to ES as of date entered. The **Account Lock Date** field is set automatically when a user attempts login after more than one year of inactivity. To unlock or reinstate the users account the administrator will clear this field.

★ Indicates Required Field

4.13.1.1 User Profiles Tab

Profile information is used by ES to determine the *Roles* a user has and consequently, the *Capabilities* the user has while logged into ES. A user's *Profile* is basically the combination of *Roles*, *Capability Sets* and *Capabilities* that have been assigned to them by an Administrator or Supervisor.

A user can add additional *Capabilities* to a user's *Profile* or delete *Capabilities* as needed. *Capabilities* can be added to a user's *Profile* individually or by adding/including one or more *Capability Sets* and/or one or more *Roles*.

The *User Profiles* screen allows the user to search for a specific *User Name* by entering the required *First* and *Last Name*. *User ID* is used in the event there is more than one user with identical names.

The results of a successful search display the *Edit User Profiles* screen where the user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

Search for User

Minimum Search Criteria

★ ***Last Name:***

Last Name is defined as the user's last name.

★ ***First Name:***

The user's first name.

Additional Search Criteria

Middle Name:

The user's middle name.

User ID:

The optional *User ID* is defined as the ID used to identify a user on the system. *User ID* is used in the event there is more than one user with identical names.

★ ***Indicates Required Field***

[View User Profiles](#)

View User Profiles screen displays all *User IDs (Profiles)* and their respective names on the system. Click on a *User ID* to **edit** the *User Profile*.

User Profiles

User ID

User ID is the user's identification in ES. Click *User ID* to **edit** the *User Profile*.

Name

Name is the name of the person associated with the User ID.

Edit User Profile

A user can modify a user's profile primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

To add or remove existing *Capabilities* from a user's profile, perform the following:

1. Find the desired user profile.
2. Select the user profile.
3. View a list of *Roles*, *Capability Sets* and/or individual *Capabilities* that are "associated" with that selected user profile.
4. Associate one or more additional *Roles*, *Capability Sets* or individual *Capabilities*, or the user can remove or disassociate an existing *Capability Set* or *Role* or an individual *Capability* from the selected user by de-selecting the *Capability Set* or *Role* or individual *Capability*, not associated with a set or role, from the "associated" list.

Notes:

- All *Capabilities* de-selected in the associated list will be disassociated (removed) from the selected user while all *Capabilities* selected in the "available" list will be added/associated with the selected user.
- The user cannot remove or disassociate a *Capability* that is included in a *Role* or a *Capability Set*. While the user can expand a *Role* or *Capability Set* in order to view the individual *Capabilities* that are contained therein, s/he cannot "customize" the *Role* or *Capability Set* by excluding individual *Capabilities* in the *Role* or *Capability Set*. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets*, which are associated to the *Role* in their entirety. Likewise, a *Capability Set* is made of individual *Capabilities*, which are associated with the set in their entirety.

From the *Edit User Profile* screen, the user can edit the user's profile by adding or removing *Capabilities*, *Capability Sets*, and/or *Roles*.

Three icons are used to identify collapsed *Role*, *Capability*, and *Capability Set*. They are identified as follows:

-  Indicates *Role*.
-  Indicates individual *Capability*.
-  Indicates *Capability Set*.

Click the individual *Role* or *Capability Set* to expand individual *Roles* or *Capability Sets*. Click again to collapse.

Click the **Expand All** hyperlinks to expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*. Click again to collapse.

User Name:

User Name is the user name being edited (ES generated).

Functional Group:

Functional Group is defined as the user's division/department.

Roles and Capabilities Assigned to User - Unselect to Delete

Roles and Capabilities Available to be Assigned - Select to Add

Select

Uncheck the check box to deselect in the *Unselect* section to delete a *Role*, *Capability* or *Capability Set* assigned to.

Check the checkbox in the *Select to Add* section to add a *Role*, a *Capability Set*, or an individual *Capability*.

When satisfied with the selections, save the selections ES modifies the selected user's profile by adding any new selections (*Capabilities*) and removing any de-selections that were made. *Capabilities* associated with a user's profile are not actually removed from the database, instead, they become "historical" information. This information may be viewed by clicking the **VIEW HISTORICAL USER PROFILE** link.

 **Note:** When a *Role* or *Capability Set* is associated with a user, the capabilities include in the Role or Set are removed from the available list, as individual *Capabilities*, after the selections are Updated and Accepted.

Name

Name is the name of the *Role*, *Capability* or *Capability Set*.

Active Date

Active Date is the date the *Role*, *Capability* or *Capability Set* is active.

Rules...

- Active Date must be before the Inactive Date.
- Active Date cannot be in the past.

Inactive Date

Inactive Date is the date the *Role*, *Capability* or *Capability Set* is inactive.

Rules...

- Inactive Date must be after the Active Date (Add Mode).

4.13.1.2 Roles Tab

A user may define a new *Role* (with correct permissions), which is basically, a group of *Capabilities* a user may perform. *Roles* can be defined at any time and are created by selecting individual *Capabilities* and/or *Capability Sets* (a group of *Capabilities*). When defining a *Role*, the user,

1. Enters the *Role Name*, which identifies the *Role*.
2. Views a list of all *Capabilities* and *Capability Sets* that are available for adding to the *Role*.
3. Selects the desired *Capabilities* and/or *Capability Sets* in order to associate them to the new *Role*.

While the user can expand a *Capability Set* in order to view the individual *Capabilities* that are contained in the set, s/he cannot “customize” the *Role* by excluding individual *Capabilities* that are contained in a set. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets*, which are associated with the *Role* in their entirety.

From the *Roles Tab* screen, the user may view, edit, delete and see a history of all *Roles* on the system. Clicking the *Role Name* displays the *Capability Set* permissions for the particular *Role*.

Any *Role* assigned to a user cannot be deleted. It has to be unassigned first before it can be deleted.

The *Roles Tab* screen allows adding (or editing) an (existing) individual *Role* to the system with selected permissions and active and inactive dates.

Three icons are used to identify collapsed *Role*, *Capability*, and *Capability Set*. They are identified as follows:

-  Indicates *Role*.
-  Indicates individual *Capability*.
-  Indicates *Capability Set*.

Click the individual *Role* or *Capability Set* to expand individual *Roles* or *Capability Sets*. Click again to collapse.

Click the **Expand All** hyperlinks to expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*. Click again to collapse.

Add/Edit Role

When adding a *Role*, the user must enter a unique name for the *Role* s/he is defining. The name of the *Role* will be displayed when associating *Roles* to a user. The user can enter a date range, which specifies the period of time that a *Role* will be active and therefore available for use when assigned to a user, if desired.

Role Name:

(Edit mode) Displays the name of the role to be edited.

(Add mode) Enter the name of the role to be added to the system.

Rules...

-  Role Name is a free-text field with a maximum of 50 characters.
-  This is a required field when adding.

Role Description:

(Edit) Displays the *Role Description*.

(Add) Enter a short description of the role. Field is free text.

Active Date:

Active Date displays the date the role became active. Enter a new date if desired.

Rules...

-  Active Date must be before the Inactive Date.
-  Active Date cannot be in the past.
-  Format is mm/dd/yyyy.

- Optional (no date means the Role is active immediately)

Inactive Date:

Inactive Date displays the inactive date. Enter a new date if desired.

Rules...

- Inactive Date must be after the Active Date.
- Format is mm/dd/yyyy.
- Optional (no date means the *Role* is active indefinitely)

4.13.1.3 Capabilities Sets Tab

Capability Sets and Capabilities Currently Assigned to Role - Unselect to Delete (Edit mode only)

Name:

The name of the *Capability Set* (permissions) which exists for the role name.

Remove the checkbox to unassign the *Capability Set*.

Active Date:

The date the *Capability Set* is active.

Inactive Date:

The date the *Capability Set* is inactive.

Capability Sets and Capabilities Available to be Assigned - Select to Add (Add or Edit mode)

Users can see a history of changes that have been made to a particular *Role*. Changed values are displayed in red fonts and are indicated by a  symbol in the **Data Changed** column from the **Capability Sets and Capabilities Available to be Assigned – Select to Add (Add or Edit mode)** screen.

Name:

The name of the *Capability Set* (permissions) available for adding to the role.

Put a check mark in the box to select. Click the name to expand the *Capability Set*.

Rules...

🔴 A *Role* may exist without any *Capability Sets* and/or *Capabilities*.

Active Date:

The date the *Capability Set* will become active.

Inactive Date:

The date the *Capability Set* will become inactive.

Roles Change History

Change Times:

Select a date/time to view capability set changes made for this role.

History Change Details (date/time selected)

- 🔴 Category
- 🔴 Old Value
- 🔴 New Value
- 🔴 Data Changed

Role Name:

Role Name indicates the particular *Role Name* with the *Old Value* and the *New Value*.

Role Description:

Role Description is the role description with the *Old Value* and *New Value*.

Active Date:

Active Date is the date the *Old Roles* and *New Roles* became active.

Inactive Date:

Inactive Date is the date the *Old Roles* and *New Roles* became inactive.

Last Update Date:

Last Update Date are the dates the *Role* changed from the *Old Value* to the *New Value*.

Last Updated By:

Last Updated By displays the user who changed the *Role* from the *Old Value* to the *New Value*.

Assigned Capability Sets

Name:

The *Name* of the Old and New *Assigned Capability Sets*.

Active Date:

The Old and New *Active Dates* for the *Assigned Capability Set*.

Inactive Date:

The Old and New *Inactive Dates* for the *Assigned Capability Set*.

Assigned Capabilities

Name:

Indicates the *Name* of the Old *Assigned Capability* and the *Name* of the New *Assigned Capability*.

User Profiles/Capability Sets

The *User Profiles/Capability Sets* screen allows user to add *Capability Sets* to ES.

Capabilities can be grouped together in two ways as:

- 1) *Capability Sets*, and
- 2) *Roles*

A *Capability Set* is a group (two at minimum) of *Capabilities*, while a *Role* may exist without *Capabilities* and/or *Capability Sets*.

It also allows the user to Edit/Delete *Capability Sets* and view the **Change History** of existing *Capability Sets* on the system. The user may assign/associate as many *Capabilities* as desired to each user, depending on the responsibilities or job activities performed by the user. A user will have all of the *Capabilities* contained in the distinct and complete list of the combined or cumulative *Capabilities* associated to the *Roles*, *Capability Sets* and individual *Capabilities* assigned to the user.

Capability Sets/Edit/Add Capability Set

The *Capability Sets/Edit/Add Capability Set* screen allows adding (or editing) an existing individual *Capability Sets* to the system with selected permissions and active and inactive dates.

Three icons are used to identify collapsed *Role*, *Capability*, and *Capability Set*. They are identified as follows:

-  Indicates *Role*.
-  Indicates individual *Capability*.
-  Indicates *Capability Set*.

Click the individual *Role* or *Capability Set* to expand individual *Roles* or *Capability Sets* . Click again to collapse.

Click the **Expand All** hyperlinks to expand all *Roles and Capabilities Assigned to a User* and to *be Assigned*. Click again to collapse.

The user may enter the date the *Capability* will become active and/or inactive when new, individual *Capabilities* are selected for the user. The user may override the default Active Date (current date) and may optionally enter an Inactive Date for each individual *Capability* that is to be associated with the user. Users may also modify the Active and Inactive Date for existing, individual *Capabilities* associated with the selected user.

Edit Capability Set

Set Name:

(Edit mode) Displays the name for the *Capability Set* (system generated).

- ★ (Add mode) Enter a unique name for the *Capability Set*. Make it short but descriptive.

Rules...

- 🟡 (Add mode) This is a required field.

Set Description:

(Edit mode) Displays a description of the *Capability Set* describing sufficiently what it allows the user to do (system generated).

(Add mode) Enter a longer description of the *Capability Set* describing sufficiently what it allows the user to do.

Active Date:

(Edit Mode) Displays the date the *Capability Set* will become active.

(Add Mode) Enter the date the *Capability Set* will become active.

Rules...

- Active Date must be before the Inactive Date (Add Mode).
- Active Date cannot be in the past.

Inactive Date:

(Edit Mode) Displays the *Inactive Date* for the *Capability Set*.

(Add Mode) Enter the date the *Capability Set* is to become inactive.

Rules...

- Inactive Date must be after the Active Date (Add Mode).

Capabilities Currently Assigned to Set - Unselect to Delete (Edit mode only)

Delete one or more *Capability Sets* from the list by removing the checkmark in the box next to the set name. Click again to add it back in.

 **Note:** A minimum of two *Capabilities* must be assigned to a *Capability Set*.

Capabilities Available to be Assigned to Set - Select to Add (Add or Edit mode)

Click to enter a checkmark in the box next to the set name *Capability Sets* from the list. Choose as many as apply. Click again to uncheck the box.

Click the *Update* button (Edit mode) or *Add* button (Add mode) to accept changes.

Capability Sets/Capability Set Change History

The user can see a history of changes that have been made to a particular *Capability Set* from the Capability Sets/Capability Set Change History screen. Changed values are displayed in red fonts and are indicated by a  symbol in the **Data Changed** column.

Capability Set Change History

Change Times:

Select a date/time to view *Capability Set* changes history.

History Change Details (date/time selected)

- Category
- Old Value
- New Value
- Data Changed

Set Name:

Set Name indicates the Old and New *Set Names* for the *Capability Sets*.

Set Description:

Set Description indicates the Old and New *Set Descriptions* for the *Capability Sets*.

Active Date:

Active Date indicates the Old and New *Active Dates* for the respective *Capability Sets*.

Inactive Date:

Inactive Date indicates the Old and New *Inactive Dates* for the respective *Capability Sets*.

Last Updated Date:

Last Updated Date are the dates the *Capability Set* changed from the *Old Value* to the *New Value*.

Last Updated By:

Last Updated By displays the user who changed the *Capability Set* from the *Old Value* to the *New Value*.

Assigned Capabilities

Assigned Capabilities are individual capabilities that make up the capability *Set Name* shown above in the same column.

4.13.2 System Parameters

The **System Parameters** screen allows the user to change certain system parameter values. The parameters are described below and in the Description section of the *ES System Parameters* screen.

 **Note:** Only the system administrator can modify ES parameters only if the *Capability Set* of **Administer System Parameters** is assigned to their user profile, OR, the *Capability* of **View System Parameters** is assigned to their user profile.

ES parameter values that users may change include:

Accept FDD from MSDS

The *Accept FDD from MSDS* system parameter indicates whether the Future Discharge Date will be accepted from MSDS (Y) or ignored (N).

Unreliable Future Discharge Date coming from eMIS

FDD coming from eMIS is not reliable so a flag in system parameters enables or disables the Future Discharge Date data field from eMIS, allowing users to accept or ignore the Future Discharge Date data field from eMIS.

Agent Orange Special Treatment Authority Exp Date

The *Agent Orange Special Treatment Authority Exp Date* is set to the current date anytime the Agent Orange Special Treatment Authority Indicator is changed from "Y" to "N".

A user with the assigned capability of "Administrator" can reset the switch and the date in the event of an emergency situation.

 **Note:** Due to a database non-null constraint, the default value is a single space.

Agent Orange Special Treatment Authority Indicator

Agent Orange Special Treatment Authority Indicator is a system parameter that indicates whether or not the Agent Orange Special Treatment Authority has expired. Default is “Y”. The default "Y" means that the Indicator has not expired, and it is still in effect. When this value is changed from “Y” to “N”, the *Agent Orange Special Treatment Authority Expiration Date* is set to the current date.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Archive Reports Parameter

Archive Reports Parameter is a system parameter that specifies how long ES will wait until it archives Completed Reports. Default is 24 months until ES archives Completed Reports.

CL_VISTA_FULL_ROLLOUT

The CL VISTA FULL ROLLOUT ES parameter allows selective control of VistA sites to receive HL7 Z11 messages which include Camp Lejeune (CL) data. Valid parameter values include: "ALL", "NONE", single site, or a comma separated list of sites.

Parameter Value	Definition
NONE	"NONE" excludes CL data from all HL7 messaging to any VistA destination.  Note: The initial value for the parameter is set to "NONE" when deployed to any new Enrollment System environment.
ALL	"ALL" includes CL data in HL7 messaging to all VistA destinations. The parameter value should be set to "ALL" for a national production VistA release of Camp Lejeune - Veterans.
Single Site	The parameter value can be set to a single VistA site value. Note that no error checking is done to validate site values. For example: "463" will include CL data only to the Alaska VAMC.
Comma	The parameter value can be set to a comma separated list of sites when multiple, but not all VistA sites should receive CL data. Note that no error checking is done to validate

Parameter Value	Definition
	site values, only formatting checks are performed. The comma separated list cannot contain any spaces. For example: "442,553,123" (include CL data in ZEL segments for only those VistA destinations identified for Initial Operating Capabilities).
Blank Parameter Value	The parameter value cannot be left blank; a valid format as described above must be entered.

Parameter Value Format

- When a list of VistA sites is indicated, the parameter value will accept up to 250 characters.
- The only special character allowed (i.e., non-alphanumeric) is a comma.
- The parameter value is not case sensitive.

Caregiver Enabled:

Caregiver functionality enables if this parameter is set to "Y" (Yes).

Date of Death Supporting Document Start Date

Date of Death Supporting Document Start Date displays the start date of the Date of Death Supporting Document and is set by the System Administrator.

The Date of Death Supporting Document Start Date contains the following parameter values:

- Alphanumeric data type
- 10-character data length
- Date data unit – System date is the default date
- Date of Death Supporting Document Start Date is stored in System Parameters.

Default Handbook Batch Release Control Number

The *Default Handbook Batch Release Control Number* system parameter value represents the default release control number to be used with a Batch Release, unless changed by the user.

This is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook. Default value is control number "1" but can be changed to any control number up to "999".

Duplicate Threshold Value

Duplicate Threshold Value is a system parameter value used by the duplicate identification routine to determine the likelihood that a duplicate spouse and/or dependent record exists. If the total score is greater than or equal to this threshold value, the two records in question are considered potential duplicates. MPI/PSIM will notify HEC when a duplicate beneficiary pair is identified. Default is 60 duplicate records.

ES SID Indicator

ES SID Indicator is a system parameter value used to turn on/off the ability to enter the **Self-Identified Gender Identity** field. Y=Active and N=Inactive. Default is “Y=Active”.

Enrollment Regulation Date

Enrollment Regulation Date is a system parameter used to store the effective date of the regulation to relax restrictions on enrollment in Priority Group 8.

The date of the Enrollment Regulation was 6/15/2009.

Failed Attempts

Failed Attempts is the maximum number of unsuccessful login attempts allowed by the system.

The default is 3 attempts, after which the user will be "locked" and therefore prevented from further attempts to login until the account is "reset" by the system or by an administrator.

HANDBOOK ROLL OUT OVER

Handbook Roll Out Over is a system parameter value used to turn the new enrollment trigger on and off. If the value is set to “N”, the new enrollment trigger will not generate 400H (handbooks) for new enrollments.

This new enrollment trigger allows the Batch Handbook Manager to schedule batch mailings for all Veterans by site and priority. Incoming new enrollments will not receive a Handbook until they are selected through the batch tool. Once all Veterans have received a Handbook, the new enrollment trigger will be turned on (“Y”) and Veterans will automatically get a Handbook instead of a “Welcome Letter” when they enroll.

A "Y" value means the new enrollee triggers are active.

The Handbook Roll Out Over parameter will initially be set to “N” until all Veterans have received a Handbook (Roll Out).

VHAP Data Sharing Indicator

VHAP Data Sharing is a system parameter value that determines whether the ZHP segment will be shared in the Z11 VistA message “Y” or not “N”. VHAPs will be shared with VistA when the flag is set to “Y”. The ES default is “N”.

Handbook Active

Handbook Active is a system parameter value that activates “trigger” events prompting the sending of Handbook communications to the Content Management System (CMS). A change in *Preferred Facility* for a Veteran is one example of a “trigger” event.

Handbook communications will be sent to the CMS if and only if this flag is set to "Y".

The ES default is “Y”.

Identity Service

The administrator can set the Identity Service to be the authority for sharing Date of Death information.

Identify Pending Application Records for Clean-up Processing Job

System Administrators can schedule a one-time processing job to be executed prior to the Pending Letter 365-Day Process Implementation. The Identify Pending Applications Records for Clean-Up Processing Job is for applications that have a Pending status greater than 365 days or less than 366 days and that were created prior to the implementation of the Pending Letter 365-Day functionality.

All responses for letters sent outside of ES (between March-November 2016) received from the print vendor are included in the Clean-Up Process job. The appropriate applicants are notified of information required to complete their application for enrollment in the VA healthcare or that they need to make another application for VA healthcare.

The **Letter History** is located under the **Communications** tab, **Previously Mailed** tab. There will be one of the following entries listed below:

- Sent to AAC
- Rejected at HEC

The mailing address under the **Financial Disclosure Letter** section will not display.

IVM DM IY Cut Off Date

IVM DM IY Cut Off Date is a system parameter value that specifies the month and day within the year when the Current Data Migration Income Year Changes to the next Income Year. The default cut-off date is June 10th.

IVM Final Letter Indicator

IVM Final Letter Indicator is a system parameter value that indicates if the IVM Final Letters can be sent (Y) to the CMS vendor or not (N).

MSDS Reconciliation Indicator

MSDS Reconciliation Indicator is a system parameter value that indicates if the MSDS Reconciliation process is active “Y” or not active “N”.

MSDS Service Indicator

MSDS Service Indicator is a system parameter value that indicates if the MSDS Service is active “Y” or not active “N”.

(See) **MSDS Reconciliation Indicator** for more details.

 **Note:** The purpose of this and the MSDS Service Indicator parameter is to control the building of the HEC Military Service Data record from the existing HEC record and individual site-specific records and the sending of MSDS Service queries. To this end, prior to invoking the Military Service Data Sharing (MSDS) Service, ES will build (reconcile) an accurate military service record from the multiple site records that exist for a Veteran. This reconciliation (seeding) will be run prior to invoking the MSDS Service by setting the MSDS Reconciliation Indicator to “Y”. Once the seeding has completed and the MSDS Service is invoked, the MSDS Reconciliation Indicator is set to “N”, and the MSDS Service Indicator is set to “Y”, allowing incoming Z07 records to trigger a query to the MSDS Service

Maximum Retransmission Count

Maximum Retransmission Count is a system parameter value that represents the total number of times ES will re-transmit a message that has not been acknowledged. Default is 3 times ES will re-transmit a message that has not been acknowledged.

Maximum Retransmission Count for EGT

Maximum Retransmission Count for EGT is a system parameter value that represents the total number of times ES will re-transmit a message that has not been acknowledged for EGT Execution type. Default is 120 times ES will re-transmit a message that has not been acknowledged for EGT.

Maximum Number of Records to CMS

The maximum number of Handbook and Insert requests that can be sent to CMS.

Maximum Number of Record is an ES parameter value that creates entries in the Handbook mail queue and sends the records to CMS via the Handbook batch process. 100,000 (100K) is the default and number of records CMS can process per week depending on Batch Programs used.

Maximum Number of Records to CMS Batch Programs #1 and #2

Batch Program #1 (Handbook bulk generate process) and **Batch Program #2** (Handbook batch process) are *two different programs* and perform *two separate functions*.

Batch Program #1 (Bulk generate process)	Batch Program #2 (Batch process)
Processes ALL records and inserts the records into the handbook_mail_queue table and overrides the Maximum Number of Records parameter (100K) CMS can process per week.	Processes the records from the handbook_mail_queue table and creates the data extract file that is sent to CMS. 100K is the default and number of records CMS can process per week. When the 100k records mark is reached in the CMS_data_Extract file, it STOPS because of an agreement with CMS to send only 100k records per week, which is controlled by the Maximum Number of Records parameter.
<p>Handbook Batch Request Scenarios:</p> <ul style="list-style-type: none"> ● User creates Handbook Batch Request #1 and sets the limit (<i>Maximum Records</i>) to 60K. ● User creates Handbook Batch Request #2 and sets the limit (<i>Maximum Records</i>) to 50K. 	
If	Then
Batch Program #1, the Handbook bulk generate process is used	Batch Program #1 processes Batch Requests #1 and #2 and creates entries in the Handbook mail queue. The result is 110K Handbook mail queue entries, (60K and 50K). Batch Program #1 overrides the default 100K limit set in the <i>Maximum Number of Records to CMS</i> ES parameter.
Batch Program #2, the Handbook batch process is used	Batch Program #2 processes only 100K, per the <i>Maximum Number of Records to CMS</i> ES parameter

Batch Program #1 (Bulk generate process)	Batch Program #2 (Batch process)
	limit, and the remaining 10K are processed in the next run.

Manage Pending Release Date

The *Manage Pending Release Date* system parameter value can be changed by the administrator to a future date. This change puts the Pending Clock Process on hold until that future date is reached, the date is reset, or the date is set in the past, which enables history records processing upon further notice.

The release date is compared to the *Enrollment Determination Create Date* and *Enrollment Application Date* of an application to determine if the following Manage Pending rules are applicable:

- Date enrollment was determined for a new applicant
- Enrollment application date condition is met for re-application

Notes:

- If the *Enrollment Determination Create Date* is before the release date, then ES compares it with *Enrollment Application Date*.
- If the *Enrollment Application Date* is on or after the release date, then Pending Application rules are applicable for the record.
- If the *Enrollment Determination Create Date* is on or after the release date, then Pending Application rules are applicable for the record.
- If both the *Enrollment Determination Create Date* and the *Enrollment Application Date* are before the *Manage Pending Release Date*, then Pending Application rules are NOT applicable for the record.
- In the case of re-application, Manage Pending Application rules still apply, as if a new application was received.

Purge Archive Reports Parameter

Purge Archive Reports Parameter is a system parameter specifying how long ES will wait, after the archive, until it purges Archived Reports. Default is 24 months until it purges Archived Reports.

Retransmit Days

Retransmit Days is a system parameter representing how long ES will wait for an acknowledgement before re-transmitting the message. Default is 3 days of waiting for an acknowledgement before re-transmitting the message.

Retransmit Days for EGT

Retransmit Days for EGT is a system parameter representing how long ES will wait for an acknowledgement before re-transmitting the message for EGT Execution type. Default is 1 day of waiting for an acknowledgement before transmitting the message for EGT.

Retransmit Execution Period

Retransmit Execution Period is a system parameter representing how often the Transmission Log is queried to locate messages for re-transmission. Default is 24 hours before the Transmission Log is queried to locate messages for re-transmission.

Retransmit Execution Period for EGT

Retransmit Execution Period for EGT is a system parameter representing how often the Transmission Log is queried to locate messages for re-transmission for EGT Execution type. Default is 1 hour before the Transmission Log is queried to locate messages for re-transmission for EGT.

SSA SSN Verification Frequency

SSA SSN Verification Frequency is a system parameter representing the frequency with which ES will select SSNs (beneficiary, spouse, and dependent) to transmit to the Social Security Administration for verification. Default is 1 week before ES will select SSNs to transmit to the Social Security Administration for verification.

SW Asia Cond. Special Treatment Authority Exp Date

The *SW Asia Cond. Special Treatment Authority Exp. Date* is set to the current date anytime the SW Asia Conditions Special Treatment Authority Indicator is changed from “Y” to “N”.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

 **Note:** Due to a database non-null constraint, the default value is a single space.

SW Asia Cond. Special Treatment Authority Ind

SW Asia Cond. Special Treatment Authority Ind is a system parameter that indicates that the SW Asia Conditions Special Treatment Authority has not expired. The default “Y” means that it has not expired and is still in effect.

When this value is changed from “Y” to “N”, the SW Asia Conditions Special Treatment Authority Expiration Date is set to the current date.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Transmit Date of Death Indicator

Transmit Date of Death Indicator indicates if Date of Death fields can be transmitted to MVI (“Y”) or not (“N”).

MVI Date of Death Service Indicator

MVI Date of Death Service Indicator indicates if the MVI Date of Death Service is active (“Y”) or not (“N”).

VBA Data Sharing Indicator

VBA Data Sharing Indicator is a system parameter that determines if the sharing of VBA Pension Data via the new ZE2 segment is active (“Y”) or the default, not active (“N”).

After all VistA sites have received the appropriate patch enabling them to receive the new ZE2 segment, the *VBA Data Sharing Indicator* will be set to “Y”.

VFA Start Date

The VFA initiative will reduce the need for Veterans to provide updated financial information to the VA annually to re-establish their eligibility for VA healthcare benefits. New enrollees and Veterans whose Means Tests expired prior to the *VFA Start Date* will be required to submit income information.

The *VFA Start Date* system parameter is the effective date on which the Veteran Financial Assessment (VFA) begins.

Default is beginning of the new year. Example: “01/01/2013”.

VOA Anonymous/Level 1 Process Indicator

The *VOA Anonymous/Level 1 Process Indicator* system parameter is used to moderate the processing load of VOA Anonymous/Level 1 applications: (Y) will create a workload case for each person record not found in MVI; (N) will redirect the applications to the facility.

4.13.2.1 Veterans Community Care Eligibility (VCE) System Parameters

The Veterans Community Care Eligibility (VCE) parameters link contains a group of parameters used in determining Community Care eligibility.

Notes:

- The **VCE Parameters** link on **System Parameters** screen replaces the Veterans Choice (VC) **Driving Distance** and **VC Wait-Time** links.
- When all legacy Hardship eligibilities age off, VCL Geo-burden Exception and VCL Air/Boat/Ferry parameters will have to be turned off manually.

Figure 51: VCE Parameters screen

Click the links below to follow “How Do I...?” VCE Parameter procedures:

[... launch the VCE Parameters screen?](#)

[... allow future effective dating of State/Territory, VCL Geo-Burden Exception and VCL Air/Boat/Ferry parameters?](#)

[... receive an error by having State or Territory exception?](#)

[...update system parameters successfully to remove errors?](#)

[...select system parameters through batch process?](#)

 **Note:** The VCE Parameters History screen shows changes and effective dates to VCE parameters only.

Batch Process to Activate System Parameters

A new process executes daily to select all parameters with an Effective Date equal to the current system date. When the effective date occurs, a batch process sets the effective date equal to the current date.

Changes to the parameter values and effective date are viewable on the **VCE Parameters Change History** screen. There are two possible outcomes:

- The current VCE code set for the Veteran will not be changed by the batch process. The VCE code will continue to reflect as is but will change as updates are made to the Veteran that triggers a recalculation of Community Care (CC) eligibility. In this case, the batch process to Activate System Parameters will NOT need to be executed.
- The VCE code for Veterans that have basic eligibility will change when the parameter changes. In this case, the batch process to Activate System Parameters will need to be executed.
- When one or more VCE parameter values have been set via the Activate System Parameters processes, a notification is sent to an email group requesting that the CC Eligibility Determination Parameter Change job be executed to recalculate eligibility using the new threshold value(s).
- The email notification sent to the email group says the following:
 - What the System Parameter is that changed/from and to
 - The System Parameter effective date
 - Who made the change

Trigger Current Batch Process to Recalculate CC Eligibility

For each system parameter selected, the process will perform the following:

- a. Recalculates the Entire Population of VCEs (Enrolled) to determine if they are still available for Mileage. This would be based on current data. ES would use the data which is currently on file.
- b. Recalculates the Entire Population of applicable CC VHAPs based on the new VCE Determination.
- c. Ensures that the new CC VHAP is synced up with VISTA.

On that effective date, ES runs the Trigger Current Batch Process to Recalculate CC Eligibility job for that population. This could potentially be 9-10 million records. This process would be run after hours, early in the morning on the effective date, or at a date TBD by Operations. This process will be run manually.

After the Trigger Current Batch Process to Recalculate CC Eligibility job is run, each record involved in the VCE Population would now have a VCE Recalculation record recorded in the **View Community Care Determination History** screen. This record would show the VCE code and would show regardless of if the VCE code changed.

Executing the CC Eligibility Determination Parameter Change Job

The *CC Eligibility Determination Parameter Change* job takes new values and recalculates the Community Care eligibility. The CC Eligibility Determination Parameter Change job is executed based on the values set in the parameters and the effective date reaching maturity.

 **Note:** A Z11 is generated for ALL affected Veterans when a *CC Eligibility Determination Parameter Change* job occurs. Z11s will need to be manually coordinated with VistA in batches over several days. VistA can accept only so many transactions at a time, because so many records will be produced from this change job.



Determining Changes Made to Current CC Eligibility Determination Job

Pre-MISSION Act (Not available on 06/06/2019)	
If	Then
The Mileage Exception field value is “40”	<p>Driving distance is not criteria for determining the VCE, and:</p> <ul style="list-style-type: none"> • The State/Territory Exception field drop down is grayed out, cleared out, and is not editable. • The VCL PO Box Exception field is grayed out and is not editable. • An error displays if the user enters data into the State/Territory Exception and VCL PO Box Exception fields. <p> Note: Users need to manually clear out the State/Territory Exception and VCL PO Box Exception fields, if data is entered.</p>
The VCL PO Box Exception field value is “ON”	The Wait Time type of Veterans Choice List (VCL) and LOCATIONNAME , and VCL-POBOX is not a criterion for determining VCE.
The Veterans residential state address is in the State/Territory exception list	The VCE Indicator is eligible for mileage (“M”).
VCE Indicators no longer receive mileage (“M”)	<p>“M” is not listed as an available selection when a manual override is being entered on the Community Care Determination screen.</p> <p> Note: Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions. Enrollment System users will still see the Manual Override and Remove Override functions but will not be able to use them.</p>

Pre-MISSION Act (Not available on 06/06/2019)	
If	Then
The Electronic Wait List field value is “ON”	The Wait Time type of Electronic Wait List (EWL) is not a criterion for determining VCE.
The Consults field value is “ON”	The Wait Time type of Choice First Consult (CON) and LOCATIONNAME of CHOICE-UEXB is not criterion for determining VCE.
The VCL Geo-burden Exception field value is “ON”	The Wait Time Type of “VCL” with LOCATIONNAME of “VCL-GOEBURDEN” is not criteria for determining the VCE.
The VCL Air/Boat/Ferry field value is “ON”	The Wait Time Type of “VCL” with LOCATIONNAME of “VCL-AIRBOATFERRY” is not criteria for determining the VCE.
MISSION Act (Available on 06/06/2019)	
If	Then
Veterans residential state address is in the State/Territory with No-Full Service Medical Facility	The VCE Indicator is eligible for State for No-Full Service VA (“N”).
VCL Geo-burden Exception field value is “ON”	The Wait-Time type LOCATIONNAME of “VCL-GOEBURDEN” is not a criterion for determining VCE.
VCL Air/Boat/Ferry field value is “ON”	The Wait Time type LOCATIONNAME of “VCL-AIRBOATFERRY” is not a criterion for determining VCE.

VCE Parameters History

Changes to parameter values and effective dates are viewed on the **VCE Parameters History** screen.

4.13.3 Batch Processes

The *Batch Process* invoker manually initiates selected ES Batch Processes that perform predefined functions.

4.13.3.1 Management

Batch Process Management

Name

Name is the name of the particular batch process. Click the desired batch process link to add any argument.

Description

Description is a full description describing what the particular batch process does.

Next Scheduled Fire Time

Next Scheduled Fire Time is the time the batch process is next scheduled to run.

Scheduled Trigger Status

Scheduled Trigger Status is the status of the scheduled batch process.

Actions

Actions are the various actions that can be executed for the respective *Batch Process*.

Execute allows immediate execution of the Batch Process.

Execute with Args (Arguments)

The user may specify arguments that will be passed to the batch process. It should be noted that not all batch processes support arguments. See the Operations Manual for specifics.

- Name: The batch process job name.
- Description: A description for the particular batch process.
- Next Scheduled Fire Time: The next date/time the batch process is scheduled to run.
- Scheduled Trigger Status: The scheduled trigger status for the batch process.
- Invocation Args (if supported):
- Enter any supported Arguments here.

Config

Config is an action that allows the user to customize a batch process configuration. A user can specify an e-mail distribution list and set the trigger status to:

- WAITING: the batch process will run at its next scheduled execution date/time, or
- PAUSED: the batch process is put "on hold" and will not run until the status is set back to WAITING.
- Email Distribution List: Any email distributions.
- Trigger Status: Update the Trigger Status between Waiting and Paused.

History

History displays the Batch Process run history.

4.13.3.2 Active

The *Active* screen displays the currently running, and recently run batch processes that encountered an error. There are two "Actions" a user can perform on the listed batch processes: **Cancel** and **Error**.

Once completed, they can be seen in the Actions/History section of the **Batch Process Management** tab.

Actively Running Batch Processes

Name

Name is the Batch Process job name.

Start Date

Start Date is the Date/Time the Batch Process completed.

Run By

Run By is the function that initiated the Batch Process.

Statistics

Statistics displays statistical information for the Batch Process.

Actions

Actions are the actions available for the Batch Processes. They are:

Cancel

Cancel allows the user to cancel (or stop) a currently running process

Error

Error allows the user to remove a Batch Process that encountered an error from the Active list

4.13.4 E&E Service

ES supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. Carrying out the system specific information request, an Enrollment Web Service broker request is made from other systems to ES.

The HEC defines the “views” of data that are provided to authorized service consumers (*Service Accounts*) for the Enrollment Web Service. Each *Service Account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

Example Service Requests are: Person Demographics, Person Eligibility, etc.

The *E&E Service Account Management* list screen enables HEC users to view current existing *Service Accounts*, update existing *Service Accounts*, or add a new *Service Account* for the E&E Web Service interface user.

4.13.4.1 Service Accounts

E&E Service Account Management

Account Name

Click an *Account Name* to edit/update the *Service Account* from the Update Service Account screen.

Contact Name

Contact Name displays the current *Contact Name* for the *Account Name*.

Phone:

Phone displays the current *Phone* number for the *Account Name*.

Active:

Active indicates whether this service account is active or not. **Yes** indicates it is active.

Update Service Account

The *E&E Update Service Account* screen enables the user to update existing *Service Accounts*.

While the ★ fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

The **Add New Service Account** link allows the HEC user to add a new *Service Account*. See the *Add New Service Account* section for more information.

★**Account Name:**

Users may update the *Account Name*. This is a freeform field.

★**Password:**

Users may update the *Password*. Selecting the *Change Password* check box enables the user to update the password.

More...

- The *Password* field cannot be changed from within the field itself. To change the *Password* field, the user must first mark the *Change Password* checkbox. After doing so, the system deletes the current password in the *Password* field and allows the user to enter a new password.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^\$%\$&*-_ +=).
- Passwords are case sensitive.

★**Contact Name:**

Users may update the *Contact Name*. This is a freeform field.

★**Phone:**

Users may update the phone number. This is a freeform field.

★**Active:**

Users may change a **Yes** to **No**, or vice versa. It may also be left unchanged.

For this service account please select from the following Requests:

Users may change the service request type by marking a different checkbox. Users have the option of selecting all of the available account information or just a portion.

 **Note:** ES E&E Web Service Offers Community Care VCE Eligibility Indicators are added to this list in ES 5.2

Click the **UPDATE** button to update the *Service Account* and return to the *E&E Service Account Management* list screen when finished or **CANCEL** to return to the *E&E Service Account Management* list screen without making any changes. The **RESET** button will reset all of the fields to their previous values.

★ *Indicates Required Field*

Add Service Account

The **Add New Service Account** link displays the *Add Service Account* screen that enables users to add new Service Accounts.

★*Account Name:*

Enter an account name for the new service account.

★*Password:*

The *Password* field requires a password for the new service account.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^\$%\$&*-_+=).
- Passwords are case sensitive.

 **Note:** Passwords are "masked", so they may not be read/viewed when displayed to the user, when entered by the user or when displayed to the administrator.

★*Contact Name:*

Enter a contact name for the new service account.

★*Phone:*

Enter a contact phone number for the new service account.

Rules...

- The contact phone number maximum length is 13.

★**Active:**

Make the new service account either Active (Yes) or Inactive (No).

For this service account please select from the following Requests:

Users may select the service request type by marking the desired checkbox. Users have the option of selecting all of the available account information or just a portion.

Click the **ADD** button to add the Service Account and return to the E&E Service Account Management list screen when finished or **CANCEL** to return to the E&E Service Account Management list screen without adding the Service Account. The **RESET** button will clear any values entered in all of the fields.

★ **Indicates Required Field**

4.13.4.2 Service Request

Each *Service Request* consists of a group of data elements, logically categorized, that the requester is authorized to see. Examples of service requests are: *Person Demographics*, *Person Eligibility*, etc.

A Service Request can be shared by many Service Accounts.

The *E&E Service Request Management List* screen enables HEC users to view current existing service requests, update existing requests, or add a new service request.

The **Add New Service Request** link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

E&E Service Request Management

Request Name

Click **Request Name** to edit the Service Request.

Description

Displays a more descriptive label for the Request Name.

E&E Add Service Request

The *E&E Add Service Request* screen enables users to add a Service Request.

Add Service Request

★**Request Name**

Users may update the free-form **Request Name** field.

★**Description**

Users may update the free-form **Description** field.

eeSummary

Users are required to select a minimum of one service request.

More...

- The parent eeSummary folder is collapsed and unselected as indicated by the red box with a white , by default. When users click the plus sign next to the red box, the eeSummary folder expands showing all available child folders.
- Child folders can be expanded using the same method as with the parent eeSummary folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain. One example may be eeSummary.demographics. Once expanded, this folder would display various groups of demographic data for the Veteran.
- Demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark to indicate they are selected.
- Click the red box with a white X next to the folder to select all of the demographic information under the eeSummary.demographics folder. After doing so, all of the red boxes with a white X under the eeSummary.demographics folder will change to a green box with a white checkmark, including the red box with a white X next to the eeSummary.demographics parent folder.

If	Then
Collapsed folder has a green box with a white checkmark next to it	All the child folders and sub-groups are selected.
Collapsed folder has a red box with a white X next to it	None or only some child folders and sub-groups are selected.

Click the **ADD** button to add the *Service Request* and return to the *E&E Service Request Management List* screen when finished or **CANCEL** to return to the *E&E Service Request Management List* screen without adding the *Service Request*. The **RESET** button will clear any values entered in all the fields.

★ *Indicates Required Field*

4.13.4.3 Update Service Request

The *E&E Update Service Request* screen enables the user to update existing Service Requests.

While the ★ fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

The Add New Service Request link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

Update Service Request

★*Request Name*

Users may update the free-form *Request Name* field.

★*Description*

Users may update the free-form *Description* field.

eeSummary

Users may update the service requests.

When finished, click the **UPDATE** button to update the Service Request and return to the E&E Service Request Management List screen, or **CANCEL** to return to the E&E Service Request Management List screen without making any changes. The **RESET** button will reset all of the fields to their previous values.

E&E Web Service VCE and VHAP Data

The Enrollment System's E&E Web Service shares VHAPs and Community Care Eligibility Information with subscribers of the service. VistA receives VHAPs via HL7.

To share VHAPs and Community Care information with other VA systems, Enrollment System administrators click **Admin** on the menu bar, followed-by the **E&E Service** menu item. Enrollment System administrators assign VHAP categories on the **Admin** menu to E&E Web Services. Some VHAPs will originate in the Enrollment System, some VHAPs will originate in other VA systems.

Select one or more categories of an VHAP to share and then enter an Assigned or Unassigned Date.

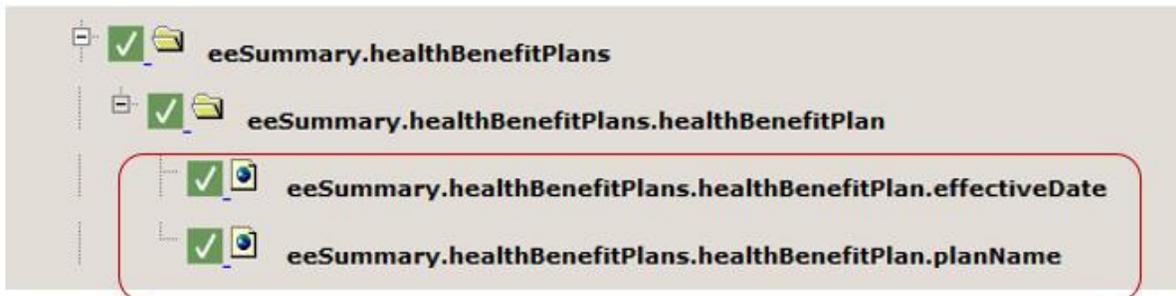


Figure 52: VHAP categories

Notes:

- Individual VHAPs cannot be selected to share.
- DoD or VBA will not be a selectable category and will be grayed out.

EESummary

The E&E Web Service displays the following VHAPs from the HEALTH_BENEFIT_PLAN table on the E&E Web Service User interface:

```
<healthBenefitPlans>
  <healthBenefitPlan>
    <planName>Veteran Plan - CCP Hardship Determination/planName>
    <effectiveDate>2019-04-27T22:22:05.000-05:00</effectiveDate>
  </healthBenefitPlan>
```

E&E Web Service Offers Community Care VCE Eligibility Indicators

The Enrollment System E&E Web Service offers the Community Care VCE Indicators with other VA partner systems (partner systems that have an interface to the Enrollment System).

These Community Care VCE Indicators are as follows:

Community Care Outcome:	Set VCE code to:
Pre-MISSION Act (No longer available on 06/06/2019)	
Basic	B
Hardship	H
Mileage	M
Wait-Time	WT
Not Eligible	X
Mileage and Wait-Time	MWT
Hardship and Wait-Time	HWT
MISSION Act (Available on 06/06/2019)	
Basic	B
Grandfathered	G
Hardship	H
State No Full-Service VA	N
Urgent Care	U
Not Eligible	X
Entitled Care*	E
Restricted Care*	R
Community Care Collateral Program VCE	
ART/IVF	A
Marriage/Family Counseling	C
Newborn	I
VHA Transplant Program	T

**Added ES 5.13; covered under MISSION Act*

Census Rurality

Enrollment System subscribers for Community Care can receive the census rurality designation for each Veteran. The purpose of the census rurality designation is so that the Veterans data can be shared through the E&E Web Service, and used for the appropriate network adequacy standards and drive distance to be consumed by HealthShare Referral Manager (HSRM), an online portal that gives Community Care providers electronic access to referrals forwarded from the VA. If any changes are made to a Veterans census rurality or VCE, an automated notification message displays to alert other VA partner systems (partner systems that have an

interface to the Enrollment System) of the change in real-time. The message is a notification to request updates to the VA partner system's authorized fields from the E&E web service.

 **Note:** Census Rurality is not associated with or dependent on VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act.

Click the below links to perform the following functions:

[How do I display Census Rurality data in E&E Web Service?](#)

[How do I receive Census Rurality Designation?](#)

[How I do send a “Community Care Person Change Event” when the Rurality Changes?](#)

★ *Indicates Required Field*

4.13.5 HandBook Batch Request

4.13.5.1 HandBook Batch Request (Add)

The *HandBook Batch Request (Add)* provides the user with the appropriate *Capability*, the ability to request a *Veterans Benefit HandBook* containing eligibility and benefit information for the Veteran for new enrollments, and periodically thereafter. *HandBook Batch Request (Add)* also provides a communication insert whenever there is a change in *Eligibility Status*, *Preferred Facility* or *Priority Group* change.

After an initial rollout period, the HandBook or HandBook Insert will be provided for new enrollments and whenever there is a change in *Eligibility Status*, *Preferred Facility* or *Priority Group*.

The HandBook will be available to Veterans through mail, email, or online via the MyHealthVet website. The default delivery preference for the HandBook is by mail.

HandBook Batch Request

VIEW HISTORICAL

The **View Historical** link displays the *Handbook Batch Request* screen listing all current and previously scheduled batch requests, as well as cancelled requests.

★*Release Date:*

Enter the scheduled *Release Date* for the batch.

More...

- This is the projected date that the batch request will execute to select Veterans to receive a Handbook.

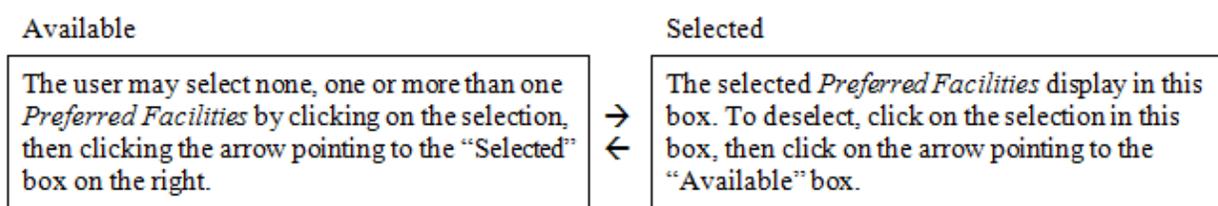
Rules...

- *Release Date* requires a precise date.
- *Release Date* must be a current or future date.

★Preferred Facility

Users must select a *Preferred Facility* (PF) and a *Priority Group*.

Choose one or more PFs from the “Available” selection box on the left by clicking on the PF, then clicking on the right arrow to move your selection over to the “Selected” box to select a *Preferred Facility*.



★Priority Group:

Select all or one *Priority Group*.

More...

- Users should enter the lowest PG to be included in the batch request. ES will include all PGs starting with the highest (PG1 being the highest PG) until the batch is full.

Example: If users select **PG3** (Service Connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor), ES begins to fill the batch with **PG1** (Service Connected 50% to 100%), then **PG2** (Service Connected 30% to 40%), and lastly **PG3** (Service Connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor) until the batch is full.

★Maximum Records:

Enter a maximum batch file size greater than zero and less than one million.

- 💡 **Note:** Keep in mind that the current weekly limit of records the CMS vendor can print is 100K. The default value is one thousand.

Release Control #:

Release Control # represents the default *Release Control #* (RCN) to be used, unless changed by the user.

The default value is set via the **Default Handbook Batch Release Control Number** system parameter.

 **Important Notes:**

- RCN is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook. It should only require changing once or twice a year as a rule.
- If the user has the appropriate *Capability* to change the RCN, they may do so by selecting from the dropdown. If the user changes the RCN to a number other than the default, the system will ask if the user wants to change the default RCN.
- **Notes:** If the user selects “No”, only this batch will have the non-default RCN.
- If the user selects “Yes”, the default RCN will be changed.
- Be warned that when the default RCN is changed, new triggers will initiate new Handbooks being sent to Veterans who have received a previous version, based on the previous default RCN, but will now receive a new version, based on the new default RCN.
- Enter up to 240 characters of notes about the batch request.

Click the **Add** button to schedule or run the Handbook batch request after filling in all required fields. Click the **Reset** button to reset all filled-in fields and start over. Click **Cancel** to leave the page without saving and display the Handbook Batch Request (View Historical) screen.

★ *Indicates Required Field*

4.13.5.2 Handbook Batch Request (View Historical)

The *Handbook Batch Request* (Historical) screen displays a listing all current and previously scheduled batch requests, as well as cancelled requests.

Handbook Batch Request

Any current or historical *Handbook Batch Requests* are listed.

Release Date

Release Date is the scheduled release date for the batch or the day the batch job was scheduled to be executed. Users may click on the batch **Release Date** hyperlink to display batch request statistics for the desired batch request on the *Handbook Batch File Request Statistics* page.

More...

- Information from the previous six months is displayed.
- The list is first sorted by *Release Date* in descending order (most recent on top), and second by *Created Date* in descending order.

Batch Note

Batch Note indicates any notes the user added to the batch request.

Release Control

Release Control is the particular version of the Handbook and may be the same for multiple batch requests.

Priority Groups

Priority Groups are used by the batch to select Veterans to receive Handbooks.

Maximum # of Records Requested

Maximum # of Records Requested represents the maximum batch size for the scheduled batch.

Actual Batch Release Size

The *Release Size* is an estimated count of records to be processed for a batch request with a *Status* of NEW. If the *Status* is COMPLETED, the *Release Size* is the actual count of records processed.

Status

Status represents the scheduled batch job and may be NEW (pending execution), CANCELLED, or COMPLETED. For a batch request in NEW status, the release size is an estimated count of record.

Created Date

Created Date is the date on which the user scheduled the batch job.

Status Modified Date

Status Modified Date is the date the status of the batch job changed to the current status.

Cancel

If the batch job is scheduled, clicking the **Cancel** link will cancel the scheduled batch job. If the batch job displays a *Status* of CANCELLED, this field is blank.

4.13.5.3 Handbook Batch Request Statistics

Handbook Batch Request Statistics is displayed when the user clicks on the Batch Release date hyperlink from the *HandBook Request* (View Historical) page to display batch file request statistics for the desired batch request.

Batch Request Statistics for the date: mm/dd/yyyy

The **View Historical** link displays the *Handbook Batch Request* screen listing all current and previously scheduled batch requests, as well as cancelled requests.

Batch Note

Batch notes added by users when creating the batch request.

Maximum # of Records Requested

Maximum # of Records Requested is the number of records selected by the user on the batch request screen.

Actual Batch Release Size

Actual Batch Release Size is the number of records selected by the batch program Handbook bulk generate.

Records Rejected by HEC

Records Rejected by HEC is the number of records rejected by the HandBook batch program.

Records Sent To CMS

Records Sent to CMS is the number of records sent to CMS vendor.

Records Mailed by CMS

Records Mailed by CMS is the number of records mailed by CMS vendor.

Records Available Online

Records Available Online is the number of records successfully generated but not mailed because the delivery preference is Online.

Handbooks Stored in VBR

Handbooks Stored in VBR is the number of Handbooks stored in VBR.

Benefits at a Glance Stored in VBR

Benefits at a Glance Stored in VBR is the number of Benefits at a Glance stored in VBR.

Records Rejected by CMS

Records Rejected by CMS is the number of records rejected by CMS (included in the Error File).

Records with Code 1 Reject

Records with Code 1 Reject is the number of records with Code 1 Reject error.

Records Returned by USPS

Records Returned by USPS is the number of records returned by the USPS.

Total Count:

Total Count is the total number of records for the respective columns.

4.13.6 Handbook Batch File Statistics

Handbook Batch File Statistics screen displays when the user clicks on the **Handbook Batch File Statistics** selection from the **Admin** button in the **Menu Bar**.

Users can view, for a specific date, statistics related to the weekly generation of Handbook and insert requests included in the batch file and sent to the Content Management System (CMS), including requests generated from the batch request process and handbook/insert generation requests generated by system triggers, such as new enrollees or priority group changes.

The *Handbook Batch File Statistics* allows users to view a list of dates (not exceeding 6 months) that represent when the Handbook batch file was sent to CMS.

Handbook Batch File Processing Date:

Select a batch file processing date from the dropdown. Click the **View Data** button when complete.

HANDBOOK BATCH FILE STATISTICS

SELECT HANDBOOK BATCH FILE PROCESSING DATE

Clicking the **Select Handbook Batch File Processing Date** hyperlink returns the user to the *Handbook Batch File Statistics* processing date selection screen to select a different batch file processing date from the dropdown.

Batch File Date

Batch File Date is the date the Handbook batch file was sent to CMS.

of Batch Requests

of Batch Requests is the number of batch requests included in the batch file and sent to CMS on the selected date.

Records Originated From Batch Request

Records Originated from Batch Request is the number of records sent to CMS that originated from the batch request.

Records Sent To CMS

Handbooks

The total number of *Handbook* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by ES triggers, such as new enrollees or priority group changes.

PF Inserts

The total number of *PF Inserts* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by ES triggers, such as new enrollees or priority group changes.

Benefits Inserts

The total number of *Benefit Inserts* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by ES triggers, such as new enrollees or priority group changes.

Records Mailed by CMS

Records Mailed by CMS is the number of Handbooks successfully mailed to the Veteran from the batch file sent to CMS on the selected date.

Records Available Online

Records Available Online is the number of Handbooks successfully generated from the batch file sent to CMS on the selected date, but not mailed because the delivery preference is Online.

Handbooks Stored in VBR

Handbook Stored in VBR is the number of Handbooks stored in VBR from the batch file sent to CMS on the selected date.

Benefits at a Glance Stored in VBR

Benefits at a Glance Stored in VBR is the number of Benefits at a Glance stored in VBR from the batch file sent to CMS on the selected date.

Records Rejected by CMS

Records Rejected by CMS is the number of records rejected by CMS from the batch file sent to CMS on the selected date.

Records with Code 1 Reject

Records with Code 1 Reject is the number of records with Code 1 Reject from the batch file sent to CMS on the selected date.

Records Returned by USPS

Records Returned by USPS is the number of records returned by USPS from the batch file sent to CMS on the selected date.

4.13.7 IRS Reject Management

4.13.7.1 Managing Rejections

Batch submission rejections and individual record rejections (errors returned specific to a Veteran record) are collected and display.

The IRS Reject Management screen contains two tabs:

Person Submissions

- Listing of individual Veterans submissions that were rejected by the IRS, due to an error in the data submission.
- Records on this page require end user involvement to correct the error and submit a corrected transmission.

Batch Submissions

- Listing of batch submissions (transmission containing many individual submissions) that failed or were rejected.
- All records contained in batch submissions remain unprocessed and display on the ACA Reporting subtab as Error Reason: Batch Transmission Reject.

💡 **Note:** The OIT technical staff manage and correct the records listed on the IRS Reject Management page.

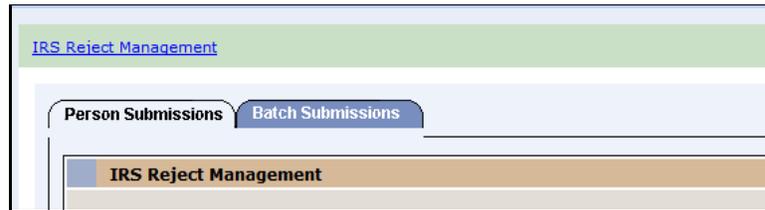
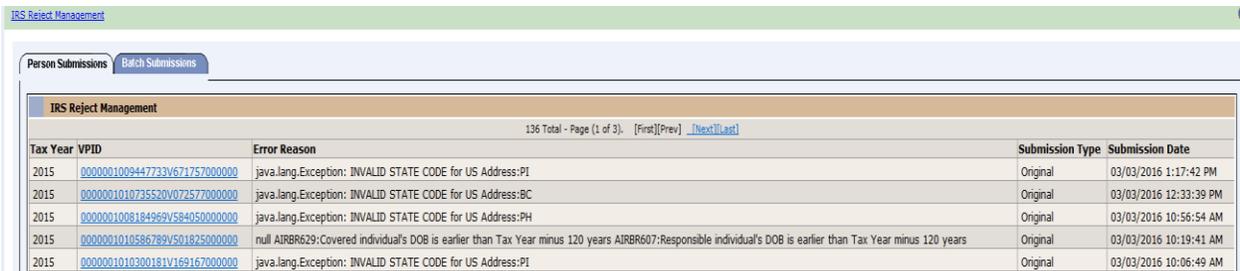


Figure 53: IRS Reject Management

4.13.7.2 Rejected Person Submissions

The *IRS Reject Management* screen displays with a VPID link to search for and access a Veterans record and an Error Reason, a column for the descriptions of the error messages returned by the IRS or of the errors that must be corrected on the Veterans record prior to resubmitting the transmission.

A screenshot of the IRS Reject Management web application showing a table of rejected person submissions. The table has columns for Tax Year, VPID, Error Reason, Submission Type, and Submission Date. There are five rows of data. The table is titled "IRS Reject Management" and shows "136 Total - Page (1 of 3)".

Tax Year	VPID	Error Reason	Submission Type	Submission Date
2015	0000001009447733V671757000000	java.lang.Exception: INVALID STATE CODE for US Address:PI	Original	03/03/2016 1:17:42 PM
2015	0000001010735520V072577000000	java.lang.Exception: INVALID STATE CODE for US Address:BC	Original	03/03/2016 12:33:39 PM
2015	0000001008184969V584050000000	java.lang.Exception: INVALID STATE CODE for US Address:PH	Original	03/03/2016 10:56:54 AM
2015	0000001010586789V501825000000	null AIRBR629:Covered individual's DOB is earlier than Tax Year minus 120 years AIRBR607:Responsible individual's DOB is earlier than Tax Year minus 120 years	Original	03/03/2016 10:19:41 AM
2015	0000001010300181V1691697000000	java.lang.Exception: INVALID STATE CODE for US Address:PI	Original	03/03/2016 10:06:49 AM

Figure 54: IRS Reject Management > Person Submissions > IRS Reject Management

A high level of end user interaction with the *IRS Reject Management* screen is expected.

1. Click the **VPID** hyperlink to open the Veterans record.
2. Correct the related issue noted in the *Error Reason* column.
3. Submit the correction via the **ACA Reporting** subtab under the **Communications** tab.

 **Note:** Error messages may be cryptic and not easily interpreted by end users. Contact the OIT technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

One expected error relates to a Veterans invalid permanent address format/fields.

Error Reason

```
java.lang.Exception: INVALID STATE CODE for US Address:PI This error indicates that
```

```
the Veterans permanent address on file is in US Address format and contains a US
```

```
State field that is not a valid US State
```

i.e., in this example, PI is listed as the US State in the Veterans record.

Solution

1. Correct the Veterans address via the ES Demographics Address tab following normal business practices for updating the address.
2. Navigate to the **Communications** tab, **ACA Reporting** subtab.
3. Click the **Submit Correction** button.
4. Click the **Submit** button.

 **Note:** The coverage months are pre-populated with the *Yes/No* fields set to the covered period of the Veteran.

Another expected error relates to a Veteran with a date of birth (DOB) more than 120 years old.

Error Reason

```
AIRBR629:Covered individual's DOB is earlier than Tax Year minus 120 years  
AIRBR607:Responsible individual's DOB is earlier than Tax Year minus 120  
years This error indicates that the Veteran is living and was actively  
enrolled during some or all of the previous tax year, but the age cannot  
be processed by the IRS
```

 **Note:** The message is duplicated for each Veteran, as the DOB is listed in two different sections of the IRS 1095B (covered individual and responsible individual).

Solution

1. Enter a Date of Death (DOD) or correct the Date of Birth (DOB).

2. Research all possible sources to validate whether or not the Veteran is deceased and if deceased, enter a DOD according to established business practices. It is not necessary to submit a corrected transmission to the IRS.
3. The workflow must be transferred to HcIdM to update the DOB according to the Identity Management (IdM) business processes if the Veterans DOB is incorrect.
4. Validate that the new DOB displays properly in the Veterans record in ES and submit a correction using the ACA Reporting subtab after the DOB is updated by IdM.

 **Note:** The examples of expected errors referenced are not inclusive of all types of errors that you may encounter in the IRS processing. Contact the OIT technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

4.13.7.3 Submit Correction (1095B)

A correction is the submission of a new 1095B form for a Veteran, when the original submission is rejected for data errors or where the coverage period is reported erroneously by ES. i.e., Veteran contacts VHA to report that the 1095B contains an incorrect coverage period, but the transmission was already Accepted by the IRS.

1. Click the **SUBMIT CORRECTION** link in the upper right corner of the **ACA Reporting** subtab to access the Correction form,

 **Note:** Users must be granted permission to Manage ACA Communications to access the link and submit corrected records. Contact the [Enrollment System \(ES\) Access Group ESAccessGroup@va.gov](mailto:ESAccessGroup@va.gov) to request permission.

2. The Correction form displays the *Tax Year*, *Address*, and *Coverage Months* that were transmitted to the IRS as a correction to the Original submission for the tax year.
3. Select the **Yes/No** radio buttons to indicate whether the Veteran was eligible for healthcare benefits for at least one day in a month in the tax year.
4. Select the **Update Address** link to change the Veterans permanent mailing address via the **Demographics** tab.

Figure 55: ACA Reporting > Submit Corrected IRS 1095B Coverage Data

1. Click the **Submit** button on the Correction form to transmit the corrected information to the IRS and return to the main **ACA Reporting** subtab.
 - Note:** Submission Type=Correction and the Reported Coverage Months match the selection boxes chosen on the Correction form.
2. The **ACA Reporting** subtab displays a green banner with a corrected transmission in the Reporting table in a Processing status to indicate success of the submission,

Tax Year	Submission Type	Transmission Status	Error Reason	Submission Date	Reported Coverage Months
2015	Correction	Processing		03/08/2016 12:01:13 PM	Jan, Feb, Mar, Apr,
2015	Original	Accepted		03/03/2016 5:44:51 AM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Figure 56: Communications > ACA Reporting > Messages

1. It may take several hours or several days for the corrected entry to move from the Processing status to a final acknowledgement status and be returned by the IRS after processing.

4.13.8 Manage CCN Contractors

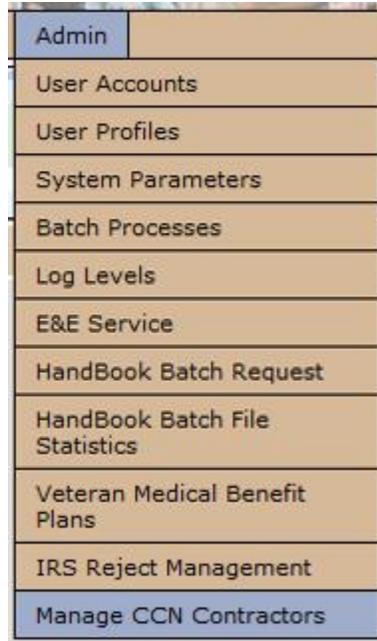


Figure 57: Manage CCN Contractors

The **Administration** menu option “Manage CCN Contractors” directs the user to the **Manage CCN Contractors** screen.

Manage CCN Contractors			
Name	Start Date	End Date	Region
TRW	04/17/2019	04/17/2019	Region 2
Live Long Healthcare	04/17/2019	04/17/2019	Region 3
Health for all	04/10/2040	04/10/2040	

Figure 58: Manage CCN Contractors

Click the **ADD NEW** link to add a CCN Contractor through the **Manage CCN Contractor** screen.

 **Note:** If the user does not have **Edit CCN Contractor** permissions, the system does not display the **ADD NEW** link.

Click the **MANAGE STATES/REGIONS** link to access the **Manage States Region Assignments** screen.



Figure 59: MANAGE STATES / REGIONS link

 **Note:** If the user does not have **Edit CCN Contractor** permissions, the system does not display the **MANAGE STATES/REGIONS** link.

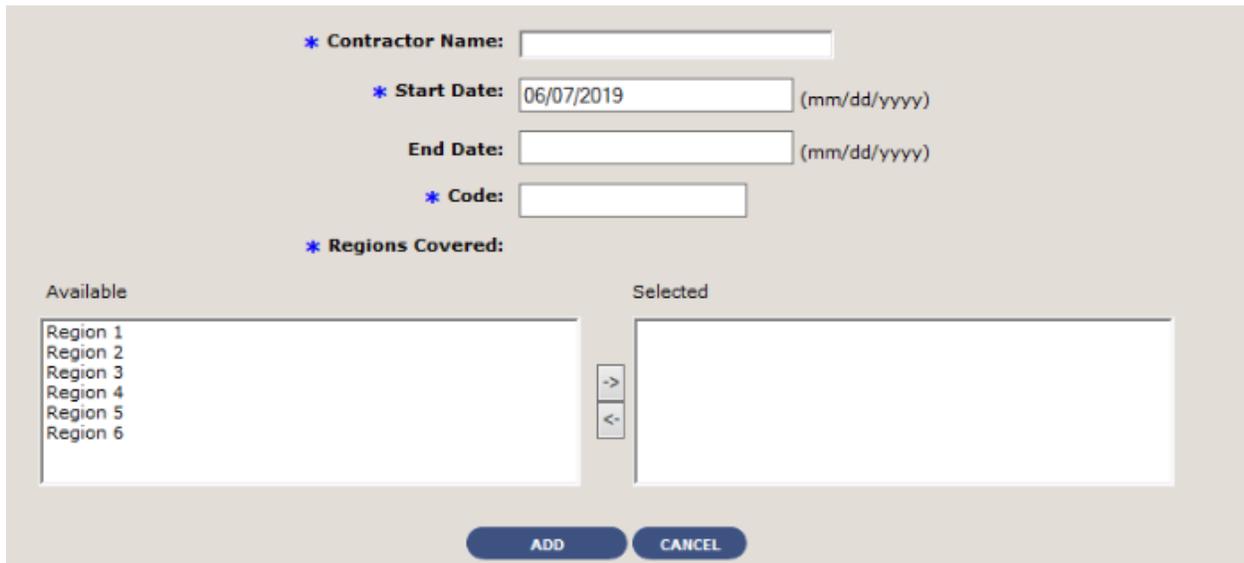
The *Manage CCN Contractors* screen displays columns for each CCN Contractor: **Name**, **Start Date**, **End Date**, and **Regions**.

 **Note:** A Contractor may be assigned multiple regions.

Click the linked name of a Contractor to access the *CCN Contractor Edit* screen.

 **Note:** If the user does not have **Edit CCN Contractor** permissions, the system displays a name without a link.

Add/Edit CCN Contractors Screens



* Contractor Name:

* Start Date: (mm/dd/yyyy)

End Date: (mm/dd/yyyy)

* Code:

* Regions Covered:

Available		Selected
Region 1	-> ←-	
Region 2		
Region 3		
Region 4		
Region 5		
Region 6		

Figure 60: Add CCN Contractor screen

* Contractor Name: TRW

* Start Date: 04/17/2019 (mm/dd/yyyy)

End Date: 04/17/2019 (mm/dd/yyyy)

* Code: DDD

* Regions Covered:

Available	Selected
Region 1 Region 3 Region 4 Region 5 Region 6	Region 2

UPDATE CANCEL

Figure 61: Edit CCN Contractor screen

The *Add* and *Edit CCN Contractor* screens display the following fields:

- ★ **Contractor Name:** Enter contractor name in **Contractor Name** field.
- ★ **Start Date** must be a future date.
- **End Date** an optional field that, if entered, must be in the future or on the same day as the start date.
- 💡 **Note:** Regions refer to the four geographical regions of the country that are supported by a particular contractor.
- ★ **Regions Covered** is a list of available regions users can select single or multiple regions, including Region 1, Region 2, Region 3, Region 4, Region 5, and Region 6.
- ★ **CODE** is a unique three letter code known to both ES and DAS. A header based on this three-letter code will be created to identify and map the contractors.
- 💡 **Note:** When editing an existing Contractor, ES auto-populates the **Start** and **End Date** fields.
- Click the **VIEW HISTORICAL CONTRACTOR INFO** link to display the *Contractor History* screen.
- Click the **ADD** button to add a new Contractor record.
- Click the **Update** button when editing or modifying an existing record.

- Click the **Cancel button** to stop a record from adding or updating according to the following rules:

Add or Edit CCN Contractor Functions

If the	Then
End Date is in the future or on the same day as the Start Date	The Add (or Update) button validates all required fields, as well as validates that the Start and End Dates do not overlap any other Contractors that may have the same regions set.
Overlap Validation fails	ES displays the following error message: <i>“A selected region has already been assigned to a different Contractor.”</i>
Saved record is not active	The region validation is not performed, and the required field validation continues to be performed.  Note: ES saves to a change log, the updated fields, the date/time of the change, and the user who performed the update.
Required fields are not entered	ES displays the standard error message regarding missing required fields.

5 Person Search Tabs

5.1 Overview

The **Overview** screen displays when a person is successfully added to the Enrollment System through the **Add a Person** option or **Veteran Search** option.

Overview	Eligibility	Demographics	Military Service	Financials	Enrollment	Facility	Communications	Document Management
Update Current Eligibility ELIGIBILITY Primary Eligibility Code: PURPLE HEART RECIPIENT Secondary Eligibility Codes: Service-Connected Percentage: Eligibility Status: PENDING VERIFICATION Current Number of VHA Profiles : 3				Update Financial Assessment FINANCIALS Primary Test Type: Co-Pay Exemption Test Means Test Status: Pharmacy Co-Pay Status: GMT Copay Required				
View Community Care Outcome COMMUNITY CARE DETERMINATION No Data Available				Update Enrollment Dates ENROLLMENT Application Date: 03/13/2018 Effective Date of Change: 03/13/2019				
Update Mailing Address DEMOGRAPHICS Address (Street and Number): 123456 TESTING STREET ONE 23456 TESTING STREET TWO 3456 TESTING STREET THREE CITY, MM 99999 UNITED STATES Processing Home Phone: (999) 999-9999				Update Date of Death DEMOGRAPHICS Current Status: Alive				
Future Discharge Date MILITARY SERVICE Is On Active Duty: As Of Date: Future Discharge Date:				View Handbook Communication COMMUNICATIONS No Data on File				
View Veteran Health Identification Card (VHIC) Status OPEN VHIC Error: Veteran Not Found				View Documents DOCUMENT MANAGEMENT No Data on File				

Figure 62: Overview

The **Overview** tab gives users an overview of the beneficiary's current information on file. From this screen the user may:

Overview	
<p>Update Current Eligibility</p> <p>Clicking the Update Current Eligibility link allows users to edit current eligibility information for the beneficiary.</p> <p>Displays the Service Connected percentage, the percentage of disability attributed to injury or disease received or aggravated during active military service.</p> <p>Displays the snapshot of the beneficiary's eligibility as well as their primary and secondary eligibility code.</p> <p>Displays the number of VHAPs as of October 2019) assigned to the Veterans profile.</p> <p>A VHA Profiles link displays on the Update Current Eligibility panel on the Overview screen. Clicking the link takes the user to the VHA Profile screen where individual profiles display and are selectable based on permissions and rules.</p>	<p>ELIGIBILITY</p> <p>Clicking the Eligibility link allows users to view in greater detail the eligibility information that currently exists for the beneficiary. Users may also link to the Edit Current Eligibility screen from the Eligibility link.</p>

<p>Current Number of VHA Profiles: 3</p> <p>Figure 63: VHA Profiles link</p>	
<p>View Community Care Outcome</p> <p>The View Community Care Outcome section displays the following Community Care Eligibility outcomes:</p> <ul style="list-style-type: none"> • Basic • Grandfathered • State No Full-Service VA • Urgent Care • Hardship • Entitled Care • Restricted Care 	<p>COMMUNITY CARE DETERMINATION</p> <p>Clicking the Community Care Determination link displays the <i>Eligibility</i> tab, Community Care Determination, Veteran Information panel, Hardship panel, Community Care Outcome panel, Nearest VACAA Facility, and Hardship Eligible Information panel. All fields on the <i>Community Care Determination</i> screen are view-only and ES populated.</p>
<p>Update Mailing Address</p> <p>Clicking the Update Mailing Address link allows users to add/update the current address information for the beneficiary as well as phone numbers and one personal email address.</p>	<p>DEMOGRAPHICS</p> <p>Clicking the Demographics link allows users to view in greater detail the demographic information that currently exists for the beneficiary. From the <i>Demographics</i> screen, users may also link to:</p> <ul style="list-style-type: none"> • Update/Add Addresses • Update/Add Other Associates • Update Personal Information - Date of Death • Update Insurance • Update Employment
<p>Future Discharge Date</p> <p>Clicking the Future Discharge Date link allows the user to update the Future Discharge Date and associated Future Discharge Date information. This data is shared with VistA.</p>	<p>MILITARY SERVICE</p> <p>Clicking the Military Service link allows users to view the military service information associated with the Future Discharge Date.</p> <ul style="list-style-type: none"> • Is on Active Duty and As of Date are displayed in the Future Discharge Date section. • Is on Active Duty reflects whether the service member/Veteran is on

	<p>active duty as of the last update received from MSDS.</p> <ul style="list-style-type: none"> • <i>As of Date</i> is the last date/time an update was received from MSDS. <p>These fields are non-editable.</p>
<p>View Veteran Health Identification Card (VHIC) Status</p> <p>Clicking the Open VHIC button allows the ES user to directly access the Veterans Health Identification Cards (VHIC) application from within ES and request a VHIC replacement card.</p> <p> Note: User must have the “Access VHIC” capability to click the Open VHIC button.</p> <p>Click the “How Do I...? links below to perform the following functions in the VHIC system.</p> <ul style="list-style-type: none"> • ... access the VHIC system? • ... request a VHIC card replacement on the Veterans record from ES? • ... sign out of VHIC system? 	<p>View Veteran Health Identification Card (VHIC)</p> <p>The VHIC card is for identification and check-in at VA appointments. It cannot be used as a credit card or an insurance card, and it does not authorize or pay for care at non-VA facilities.</p>
<p>Update Financial Assessment</p> <p>Clicking the Update Financial Assessment link allows users to update Financial Assessment information for the beneficiary.</p>	<p>FINANCIALS</p> <p>Clicking the Financials link allows users to view in greater detail the financial overview information that currently exists for the beneficiary.</p>
<p>Update Enrollment Dates</p> <p>Clicking the Update Enrollment Dates link allows the user to update Enrollment Date information for the beneficiary</p>	<p>ENROLLMENT</p> <p>Clicking the Enrollment link provides the user a summary of enrollment information that currently exists for the beneficiary as well as prior enrollments. The summary also provides the user the ability to cancel, decline or override an enrollment, and view the most recent 1010 EZ online application.</p>

<p>Update Date of Death</p> <p>Clicking the Update Date of Death link allows user to update Date of Death information for the beneficiary.</p>	<p>DEMOGRAPHICS</p> <p>Clicking the Demographics link allows the user to view demographic details that currently exist for the beneficiary. From Demographics screen, users may also link to:</p> <ul style="list-style-type: none"> • Update/Add Addresses • Update/Add Other Associates • Update Personal Information-Date of Death • Update Insurance • Update Employment <p>As well the following sub-tabs:</p> <ul style="list-style-type: none"> • Identity Traits • Personal • Associates • Addresses • Insurance
<p>View Handbook Communication</p> <p>Clicking the View Handbook Communication link displays the <i>Communication Log</i> under the Communications tab. The <i>Communication Log</i> contains the following details:</p> <ul style="list-style-type: none"> • Stop Communications, where users can stop handbook communications after providing a reason. • Handbook Status, where users can view previously and available mailed handbooks, delivery preferences, and ACA reporting. 	<p>COMMUNICATIONS</p> <p>Clicking the COMMUNICATIONS link displays the <i>Communication Log</i> under the Communications tab. <i>The Communication Log</i> contains the following details:</p> <ul style="list-style-type: none"> • Stop Communications, where users can stop handbook communications after providing a reason. • Handbook Status, where users can view previously and available mailed handbooks, delivery preferences, and ACA reporting.

	<p>The following links allow users to view the <i>Veteran Benefits Handbook</i> .pdf files for the Veteran:</p> <ul style="list-style-type: none">  Note: The system allows viewing the most current three versions. If a Handbook Communication document cannot be displayed because the VCG is unavailable, an error message displays. <p>Communication to View</p> <p>Veterans Current Benefits at a Glance</p> <p>Clicking the Veterans Current Benefits at a Glance link allows users to view the current abbreviated high-level summary of the <i>Veteran Benefits Handbook</i>.</p> <p>Veterans Benefits at a Glance</p> <p>Clicking the Veterans Benefits at a Glance link allows users to view the previous abbreviated high-level summary of the <i>Veteran Benefits Handbook</i>. If another previous version exists, it will also be displayed.</p> <p>Veterans Current Handbook</p> <p>Clicking the Veterans Current Handbook link allows users to view the current <i>Veteran Benefits Handbook</i>.</p> <p>Veterans Handbook</p> <p>Clicking the Veterans Handbook link allows users to view the previous <i>Veteran Benefits Handbook</i>. If another previous version exists, it will also be displayed.</p>
<p>View Documents</p> <p>Document Management allows Enrollment System users to upload and view a Veterans documents in the Enrollment System.</p>	<p>DOCUMENT MANAGEMENT</p> <p>Clicking the DOCUMENT MANAGEMENT link takes user to the Document Management screen. There are</p>

	two links on the Document Management screen: <i>Search Documents</i> and <i>Upload Documents</i> .
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5.2 Eligibility

5.2.1 Current Eligibility

The **Current Eligibility** panel, found on the **Eligibility** tab, provides a snapshot of the beneficiary’s current eligibility information. Specifically, their *Primary Eligibility Code*, *Veteran Indicator*, *Eligibility Status*, *Eligibility Method of Verification*, and applicable dates. If Eligibility Status is “Not Verified”, the Reason Eligibility is Pending Verification reason displays. If rated Service Connected, the Service Connected percentage and annual check amount are displayed.

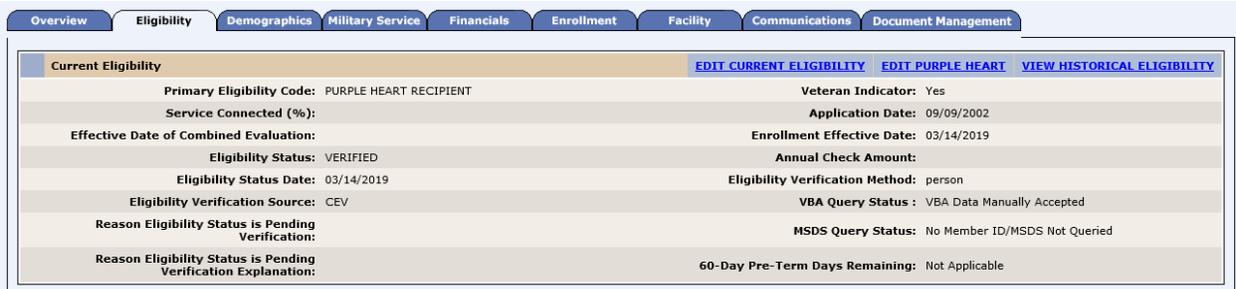
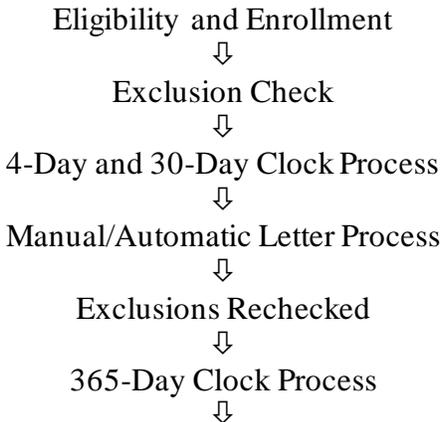


Figure 64: Current Eligibility Panel

Pending Eligibility

The *Pending Eligibility* workflow is as follows:



Application Closed

Eligibility and Enrollment

Applications are evaluated for eligibility based on the following determinations.

If		Then
Eligibility Status is Pending Verification (or is Pending Reverification) and the Veteran Indicator is Y		Reason Eligibility Status is Pending Verification is a required field
If no reason for pending eligibility is selected		An error message appears indicating a reason is required
Eligibility Status is Other		Reason Eligibility Status is Pending Verification Explanation is a required field
	And	
Eligibility Status is set to either Pending Verification or Pending Reverification	If Enrollment Determination Create Date or Enrollment Application Date is on or after the ES configurable Manage Pending Release Date and NONE of the exclusion conditions are met	<ul style="list-style-type: none"> • The 4-day clock begins when the application is submitted for the new applicant. • The 30-day clock begins for existing applicants. • ES checks the exclusion conditions by checking the <i>Pending Letter Exclusions for 365-Day Process</i>. 💡 Note: In the case of re-application, Manage Pending Application rules still apply as if a new application was received.

Eligibility Exclusion Conditions Check for 4-Day, 30-Day, 365-Day Clock Process

After the user commits their changes to the Eligibility information, ES checks for exclusion conditions to determine how to manage the record.

ES checks exclusion conditions when Eligibility:

- Reaches 4th day of 4-Day Clock.
- Reaches 30th day of 30-Day Clock.
- Prior to the generation of the letters in the Pending Letters 365-Day Process.
- Reaches the 366th day of the Initial Pending Notification Clock (IPN Date plus 366 days).
- When a mailing address was updated.

Eligibility exclusions conditions are met if the applicant:

- Meets Active Combat Veteran Eligibility AND "Eligibility Status" is "Verified"
- Is a Veteran with a Future Discharge Date.
- "Enrollment Status" is "Pending; Purple Heart Unconfirmed" AND the applicant has a prior valid period of enrollment.
- "Enrollment Status" is "Pending; Means Test Required" AND the applicant has a prior valid period of enrollment.
- "Enrollment Status" is "Closed Application with Abandoned Application" AND the previous "Enrollment Status" is "Pending; Means Test is Required or Pending".
- Current "Enrollment Status" is one of the following:
 - Verified
 - Deceased
 - Not Applicable
 - Cancel/Decline
 - Not Eligible; Ineligible Date
 - Not Eligible; Refused to Pay Copay
 - Rejected – Below Enrollment Group Threshold
- "Eligibility Status" is "Pending Verification" or "Pending Reverification" and the reason for the status is one of the following:
 - OTH / Pending 7131
 - Demobilizations
 - Active Duty
- "Eligibility" is "Unverified", a final letter will be sent to make sure correct notification is sent to the applicant/Veteran for enrollment in the VA healthcare.

Excluding Pending Letters from 365-Day Clock Process

ES automatically checks for conditions that exclude a record from the Pending Letters 365-Day Process when:

- Completed calculating the enrollment status via the execution of the Determine Enrollment Routine

- **Enrollment Determination Create Date OR Enrollment Application Date** is *on* or *after* the Manage Pending Release Date.

💡 **Note:** The exclusions are checked to start the clock when the enrollment calculation is complete. And, with the new release date addition, ES will check if the **Enrollment Determination Create Date** is *on* or *after* the release date upon completion of enrollment determination. If the **Enrollment Determination Create Date** is on or after the release date upon completion of enrollment determination, then exclusion conditions are checked, and clocks are started.

Excluding Manual/Automatic Letters from 4-Day, 30-Day, 365-Day Clock Process

ES automatically checks for conditions to determine if Manual/Automatic Letters are excluded from the 4-day, 30-day 365-day clock process.

If	Then
Exclusions are identified and exclusion conditions are met	<ul style="list-style-type: none"> ● ES stops the 365-day pending process and new clocks will not be started. ● ES stops any clock in process (4-day, 30-day and 365-day clock). When the 365-day clock is stopped the Initial Pending Notification (IPN) date will be blank. ● No letters will be sent.
No exclusions are identified an application is processed, an Initial Pending Letter email/letter is sent	<ul style="list-style-type: none"> ● Status is updated to Pending; Means Test Required ● Manual generation of letter within 29 days of the 30-day clock ● On the 30th day of the 30-day clock ● Mailing address updated

Sending an Initial Pending Letter

Determine which Initial Pending Letter will be sent based on enrollment status and which letter was previously mailed.

If	And	Then
Enrollment status is “Pending; Eligibility is Unverified”	An Initial Incomplete Application - Eligibility Unverified Letter (742-650) was <u>NOT MAILED</u> in the past	<ul style="list-style-type: none"> • ADD the Initial Incomplete Application - Eligibility Unverified Letter (742-650) for this Veteran in the batch file for Print Vendor to process. • ES will not add the 742-650 letter if the letter was mailed in the past.
Enrollment status is “Pending; Means Test is Required” AND there is no prior valid period of enrollment	An Initial Incomplete Application - Financial Disclosure Letter (742-651) was <u>NOT MAILED</u> in the past	<ul style="list-style-type: none"> • ADD the Initial Incomplete Application - Financial Disclosure Letter (742-651) for this Veteran in the batch file for Print Vendor to process. 💡 Note: If Stop Communications is enabled (Communications tab), letters will not be triggered.

Sending a Closed Application Letter

Determine which Closed Application Letter will be sent based on enrollment status and if exclusions are met.

If	Then
Enrollment status is “Pending: Eligibility status is Unverified”	Send the 742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights letter.
Enrollment status is “Pending: Means Test Required”	Send 742-652 Notification of Closed Application-Financial Disclosure with Appeal Rights letter.
Exclusion conditions are not met	<ul style="list-style-type: none"> • ES automatically sets the Enrollment Status to ‘Closed Application’ on the 366th day from IPN date (Or when IPN clock expired). • ES automatically sends a final letter when Enrollment status is updated to “Closed Application”

Users cannot update the application status to 'Closed Application.'

Manual Letter Conditions

ES displays the **Initial Incomplete Application - Eligibility Unverified Letter** (742-650) and **Initial Incomplete Application - Financial Disclosure Letter** (742-651) in the **Communications** tab, **Available for Mailing** sub-tab. Entries appear on the **Previously Mailed** sub-tab once mailed.

Initial Pending Letters can be manually sent only within the first 29 days of the 30-day clock.

Automatic Letter Conditions

Letters are sent automatically when:

- The 30-Day clock expires.
- Incomplete Application – Eligibility Unverified Letter was NOT mailed OR re-mailed, and communication status was NOT sent to applicant or mailed by Print Vendor.
- Incomplete Application – Financial Disclosure Letter was NOT mailed OR re-mailed, and communication status was NOT sent to Print Vendor or mailed by Print Vendor.
- Enrollment status was calculated to Pending; Means Test Required, AND 4-Day/30-Day clock was not in process.
- Mailing address was updated AND 4-Day clock was not in process, AND the communication status of the previously mailed letter was in one of the following statuses:
 - Return by Post Office

- Rejected Address by Print Vendor
- Reject at HEC.

💡 **Note:** Letters will not be sent if [Stop Communications](#) (located on the **Communications** tab) is enabled.

ES automatically selects qualified Veterans and generates the mail print request to the print vendor via background ES batch processes. The batch process includes all Pending Letters:

- Initial Pending Letters
- Closed Application Letters
- Reminder

The mail request is sent twice per week to the Print Vendor with a maximum of 750,000 records in each request. ES does not allow letters to Veterans to be included in the letter file to the Print Vendor when the following conditions exist:

- A duplicate record exists.
- Required field or fields are missing from the letter.
- Date of Death is populated.
- Bad Address Reason is populated.
- Stop Communications is activated on the Communications tab.

Community Care (CC) Letters Print Vendor (Interface Control Document) ICD:

The *CC Letters Print Vendor Interface Control Document (ICD)* describes why the letter was returned from the Print Vendor and updates the **Communication Status** column within the **Communications Log**.

The following **Communication Statuses** may display:

- ***Rejected Address by Print Vendor:*** The Print Vendor has rejected from Community Care letter file. The Print Vendor provides a Reject reason.
- ***Error by Print Vendor:*** The Print Vendor has found a problem with the information (examples: malformed data or missing required field) provided by the ES.
- ***Mailed by Print Vendor:*** The Print Vendor successfully printed and mailed the Community Care letter to the Veteran.
- ***Returned by Post Office (PO):*** Indicates Community Care letters were returned by the PO as *Undeliverable*. Undeliverable Community Care letters are identified in the **Error Message, Add Comments, Letter, and Status History** panels.

365-Day Clock Process

ES checks if the **Eligibility Status** changed to *Pending Verification* or *Pending Reverification*.

If	Then	
Changed to Pending Verification or Pending Reverification	ES checks if there are exclusion conditions by performing the Check Exclusion Conditions to pending Letters 365-day process.	
No exclusion conditions are met	<p>For:</p> <ul style="list-style-type: none"> • NEW APPLICANTS: The 4-day clock is initiated for new applicants only and the 4-day clock ends. During this time the system does not automatically trigger OR allow the user to manually mail any Pending letters. • EXISTING APPLICANTS: 30-day clock is initiated for existing applicants only. ES performs the Generate Automatically the Appropriate Initial Pending Letter when the 30-day clock ends. 	
	If	Then
	If exclusion conditions are met	The 4-day, 30-day or 365-day clock stops as well as the Pending Letter 365-day process.
	If the clock is in process	ES will not re-start the clock unless the Eligibility Status is changed to <i>Pending Verification</i> or <i>Pending Reverification</i> .
On the 366 th day the exclusions are checked AFTER the 365-clock stopped	And if no exclusion conditions are met	ES sets the Enrolment Status to <i>Closed Application</i> with a Reason as <i>Abandoned Application</i> and sets the IPN date to 'null' on Pending Letter Details.

Application Closed

Application Closed displays all of the fields that appear on the *Current Enrollment* window.

Manage Pending Rules after Receiving New Application

The following Manage Pending rules utilize historical information for calculations and need to be revised in order to consider only the current application data after receiving a new application.

-  **Note:** All Manage Pending rules are applicable when a Veteran has cancelled/declined or closed an application and submits a new application.

The following Manage Pending rules must be revised to handle receiving a new application:

If	Then											
Processing a New Application for an Existing Veteran	Veteran has applied on-line or contacted a VistA or ES user when the Enrollment Status of their current application is ‘Closed Application’ or ‘Cancelled/Declined’.											
Restarting the Manage Pending Clocks after Receiving a New Application	Start a new 30-day clock after the Veteran has submitted a new application. The system verifies the Eligibility Status and all exclusion conditions.											
	<table border="1"> <thead> <tr> <th data-bbox="558 1115 951 1157">If</th> <th data-bbox="951 1115 1227 1157">And</th> <th data-bbox="1227 1115 1604 1157">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="558 1157 951 1367">The Eligibility Status is <i>Pending Verification</i> or <i>Pending Re-verification</i></td> <td data-bbox="951 1157 1227 1367">No exclusion conditions are met</td> <td data-bbox="1227 1157 1604 1367">ES starts the 30-day clock.  Note: The Eligibility Status may or may NOT have changed.</td> </tr> <tr> <td data-bbox="558 1367 951 1608">If the Eligibility Status is <i>Verified</i></td> <td data-bbox="951 1367 1227 1608">No exclusion conditions are met, and the Enrollment Status is <i>Pending means test required</i></td> <td data-bbox="1227 1367 1604 1608">ES starts the 30-day clock.</td> </tr> </tbody> </table>	If	And	Then	The Eligibility Status is <i>Pending Verification</i> or <i>Pending Re-verification</i>	No exclusion conditions are met	ES starts the 30-day clock.  Note: The Eligibility Status may or may NOT have changed.	If the Eligibility Status is <i>Verified</i>	No exclusion conditions are met, and the Enrollment Status is <i>Pending means test required</i>	ES starts the 30-day clock.		
	If	And	Then									
	The Eligibility Status is <i>Pending Verification</i> or <i>Pending Re-verification</i>	No exclusion conditions are met	ES starts the 30-day clock.  Note: The Eligibility Status may or may NOT have changed.									
If the Eligibility Status is <i>Verified</i>	No exclusion conditions are met, and the Enrollment Status is <i>Pending means test required</i>	ES starts the 30-day clock.										
ES starts a new 365-day clock when the ‘mailed by print vendor’ response is received for the Initial Incomplete Application letter (742-650/742-651), which was sent after the Veteran submitted a new application.												

If	Then									
	<ul style="list-style-type: none"> • The bad address indicator will be set if the letter is returned by the post office. There is a new vendor that will work with bad addresses and/or VA Profile that could supply a better mailing address. • The IPN date on all Initial Incomplete Application letters (742-650\742-651) generated prior to the Veteran submitting a new application are set to null. 									
<p>Triggering Initial Incomplete Application Letter After Receiving New Application (Trigger Letter Email)</p>	<p>Automatic letter triggering for the Initial Incomplete Application letters (742-650\742-651). Thirty days after an application is removed from Cancelled/Declined or Closed Application enrollment status, the system attempts to trigger an Initial Incomplete Application Letter (742-650 or 742-651).</p> <table border="1" data-bbox="578 764 1598 1276"> <thead> <tr> <th data-bbox="578 764 948 810">If</th> <th data-bbox="948 764 1227 810">And</th> <th data-bbox="1227 764 1598 810">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="578 810 948 1066">No exclusion conditions are met</td> <td data-bbox="948 810 1227 1066">Enrollment Status is Pending; Eligibility Status is Unverified</td> <td data-bbox="1227 810 1598 1066">ES triggers the 742-650 - Initial Incomplete Application - Eligibility Unverified Letter</td> </tr> <tr> <td data-bbox="578 1066 948 1276">No exclusion conditions are met</td> <td data-bbox="948 1066 1227 1276">Enrollment Status is Pending; Means Test Required</td> <td data-bbox="1227 1066 1598 1276">ES triggers the 742-651 - Initial Incomplete Application - Financial Disclosure Letter</td> </tr> </tbody> </table> <p>The ES allows a user to manually trigger Initial Incomplete Application Letters (742-650/742-651) from the Available for Mailing tab for the first 29 days after a Veteran submits a new application.</p>	If	And	Then	No exclusion conditions are met	Enrollment Status is Pending ; Eligibility Status is Unverified	ES triggers the 742-650 - Initial Incomplete Application - Eligibility Unverified Letter	No exclusion conditions are met	Enrollment Status is Pending; Means Test Required	ES triggers the 742-651 - Initial Incomplete Application - Financial Disclosure Letter
If	And	Then								
No exclusion conditions are met	Enrollment Status is Pending ; Eligibility Status is Unverified	ES triggers the 742-650 - Initial Incomplete Application - Eligibility Unverified Letter								
No exclusion conditions are met	Enrollment Status is Pending; Means Test Required	ES triggers the 742-651 - Initial Incomplete Application - Financial Disclosure Letter								

If	Then			
	<table border="1"> <thead> <tr> <th data-bbox="558 254 894 296">If</th> <th data-bbox="894 254 1604 296">Then</th> </tr> </thead> </table>	If	Then	
	If	Then		
	<p>If the user attempts to manually mail an Initial Incomplete Application Letter after the 30-day clock has expired</p>	<p>The following error message is displayed:</p> <p><i>Manual mailing is only allowed during 29 days of 30-day clock.</i></p>		
<p>Re-mailing</p>	<ul style="list-style-type: none"> • ES only allows the user to re-mail Incomplete Application letters (742-650/742-651/742-653/742-654) that were generated as a part of the current application cycle. • ES will not display re-mail links under the Previously Mailed tab for letters that were generated prior to the application being set to <i>Cancelled/Declined</i> or <i>Closed</i> status. • ES will not show re-mail links for letters that were generated prior to the application being closed or cancelled/declined. • The Previously Mailed tab will show all the letters that were mailed for that Veteran 			
<p>The address is updated and/or Returned/Rejected Letters from the previous application cycle</p>	<p>ES will NOT trigger a new Initial Incomplete Application Letter (742-650/742-651) for a letter generated prior to the new application with a status of: (“Returned by Post Office”, “Reject at HEC”, or “Rejected Address by Print Vendor”).</p>			
<p>Viewing Prior Enrollment After New Application (Manage Eligibility and Enrollment)</p>	<p>ES displays previous <i>Verified</i> statuses in the Initial Enrollment and Most Recent Enrollment sections after a new application is submitted.</p>			
<p>Check Exclusion Conditions After New Application (Check Exclusions for Pending 365-Day Process)</p>	<p>If the applicants Enrollment Status is <i>Pending; Purple Heart Unconfirmed</i></p> <p>AND the applicant has a prior valid period of enrollment,</p>			

If	Then
	ES will not exclude applications from the Pending 365-day letter process due to a verified period of enrollment prior to the application being 'cancelled/declined' or closed.

Example:

Date	Action	Explanation
1/1/2017	Verified Enrollment	Verified
2/14/2017	Cancelled/Declined	User cancels or declines the status
4/15/2017	New Application Processed	This application does not meet the exclusion conditions as there is no “Verified” period of enrollment <u>after</u> the new application was processed
5/1/2017	Pending; Purple Heart Unconfirmed	This application does not meet the exclusion conditions as there is no “Verified” period of enrollment <u>after</u> the new application was processed

ES excludes applications from the Pending 365-day letter process only if the verified period of enrollment began after the Veteran submitted a new application. (Verified periods from previous application cycles should not be considered.)

When the applicants **Enrollment Status** is *Pending; Means Test Required* AND the applicant has a prior valid period of enrollment, ES will not exclude applications from the Pending 365-day letter process due to a verified period of enrollment prior to the application being 'cancelled/declined' or closed. **The means test must be less than 365 days to be valid. It would only be changed if new info was added or through IVM.**

Example:

Date	Action	Explanation
1/1/2017	Verified Enrollment	Verified
2/14/2017	Cancelled/Declined	User cancels or declines the status
4/15/2017	New Application Processed	This application does not meet the exclusion conditions as there is no “Verified” period of enrollment <u>after</u> the new application was processed

Date	Action	Explanation
5/1/2017	Pending; Means Test Required	This application does not meet the exclusion conditions as there is no “Verified” period of enrollment <u>after</u> the new application was processed

ES excludes applications from the Pending 365-day letter process only if the verified period of enrollment began after the Veteran submitted a new application. (Verified periods from previous application cycles should not be considered).

Eligibility for VA Health Care is dependent upon a number of variables that influence the final determination of services for which the Veteran qualifies. These factors include:

- Nature of the Veterans discharge from military service
- Length of service
- VA community care adjudicated disabilities (commonly referred to as Service Connected disabilities)
- Income level
- Available VA resources

Veterans must be enrolled in a VA Healthcare System to receive benefits offered in the Medical Benefits Package. However, *certain* Veterans do not need to be enrolled in a VA Healthcare System to receive medical care benefits.

Veterans that do not need to be enrolled meet the following criteria:

- Veteran has been determined by VA to be 50% or more disabled from Service Connected (SC) conditions.
- Veteran is seeking care for a VA rated Service Connected disability only.
- It is less than one year since Veteran was discharged for a disability that the military determined was incurred or aggravated by their service, but that VA has not yet rated.

To apply for VA Healthcare benefits, including enrollment, Veterans must fill out an application to determine:

- If the individual has qualifying service as a Veteran.
- The individual's Veteran status, which defines the appropriate priority group.

The *Current Eligibility* screen displays the Veterans current eligibility and enrollment information.

Current Eligibility	EDIT CURRENT ELIGIBILITY	EDIT PURPLE HEART	VIEW HISTORICAL ELIGIBILITY
Primary Eligibility Code: SC LESS THAN 50%	Veteran Indicator: Yes		
Service Connected (%): 4	Enrollment Application Date: 04/11/2013		
Effective Date of Combined Evaluation:	Enrollment Effective Date: 01/20/2017		
Eligibility Status: VERIFIED	Annual Check Amount:		
Eligibility Status Date: 04/18/2013	Eligibility Verification Method: DD214		
Eligibility Verification Source: CEV	VBA Query Status : VBA Data Manually Accepted		
Reason Eligibility Status is Pending Verification:	eMIS Query Status: Queried - No Data Received		
Reason Eligibility Status is Pending Verification Explanation:			

Figure 65: Current Eligibility

Primary Eligibility Code:

Primary Eligibility Code is the eligibility factor that has been found to take the highest precedence during the eligibility calculations. Primary Eligibility Code is the Veterans current eligibility code.

The Primary Eligibility Code is assigned to the Veteran based on benefit factors captured on the intake process. The Primary Eligibility Code is the primary factor that determines the Veterans enrollment priority. The Primary Eligibility Code can be used as a single entity or in conjunction with other eligibility codes, in the calculation of the enrollment priority. The Primary Eligibility Code also contributes in determining if the beneficiary needs to complete a Means Test.

Service Connected (%):

Service Connected (%) is the combined Service Connected percentage that is awarded to the Veteran based on Veterans Benefits Administration (VBA) claims evaluation [a number between 0-100].

Effective Date of Combined Evaluation:

The **Effective Date of Combined Evaluation** is the date the Combined Evaluation percentage (based on eligibility factors) made by the VBA.

Eligibility Status:

Eligibility Status is the determination status assigned to the Veterans record. It identifies that the beneficiary is eligible for Enrollment and VHA healthcare. Values include:

- Verified - indicates the individual's Eligibility status has been confirmed.
- Pending Verification - indicates the individual's Eligibility status has not been confirmed but due process is on-going, and action is being taken to confirm the status.
- Pending Re-verification - indicates individual's status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

The **Eligibility Status Date** is the date the eligibility status changed, edited, or updated.

Eligibility Verification Source:

Eligibility Verification Source is the location the eligibility status was determined.

Examples include:

- VAMC & site number
- CEV (if verified from data received from VBA via AITC, AAC, or if manually updated by a HEC user.)

Reason Eligibility Status is Pending Verification:

Reason Eligibility Status is Pending Verification allows the user to select a reason the eligibility status is pending verification. A textbox is displayed to allow the user to enter a reason if **Other** is selected,

The **Reason Eligibility Status is Pending Verification** field is present when **Eligibility Status** is *Pending Re-Verification* or *Pending Verification* and will be one of following values:

- Active Duty
- Demobilization
- OTH (Other than Honorable)
- Pending 7131
- Other
- Pending Proof of Qualifying Military Service
- Signature Required

If the Veteran indicator is *N*; the **Eligibility Status** must be *Verified* for non-Veteran message to appear.

ES automatically determines when a Veteran has a prior valid period of enrollment and displays that enrollment information to exclude the applicant from the 365-day letter.

Reason Eligibility Status Is Pending Verification Explanation:

Reason Eligibility Status Is Pending Verification Explanation is a text box displayed when **Other** is selected as the *Reason Eligibility Status is Pending Verification*.

Veteran Indicator:

Veteran Indicator designates whether the individual is a Veteran or non-Veteran.

Enrollment Application Date:

Enrollment Application Date is the date of the application for enrollment. Some Veterans have been enrolled automatically by ES. When this occurs, the Veteran will not have an application date.

- The date of the postmark is to be entered into VistA as the Enrollment Application Date for Veterans who mail their VA Form 10-10EZ to a VA healthcare facility for processing,
- The date the form is completed online is to be entered into VistA as the Enrollment Application Date for Veterans who complete their VA Form 10-10EZ online.
- The date of the Veterans presence at the facility for the purpose of enrolling is to be entered into VistA as the Enrollment Application Date for Veterans who apply for enrollment in person.

Enrollment Effective Date:

The **Enrollment Effective Date** is the effective date of the specific eligibility change for this individual.

Annual Check Amount:

The **Annual Check Amount** is the total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Eligibility Verification Method:

Eligibility Verification Method is the way or how the user verified the eligibility of the Veteran.

VBA Query Status:

The **VBA Query Status** is the query response status from the VBA for the beneficiary's eligibility. Examples include:

- No VBA Data on File
- Data Accepted - Manual Upload
- Auto-upload - Upload VBA Data
- Queried - Pending Receipt of Data
- Data Pending Review
- Eligibility Data Received from AAC (AITC)
- VBA Data Inconclusive

- Data Rejected
- NULL

MSDS Query Status:

MSDS Query Status is the query response status from MSDS for the Military Service information. Examples include:

- New Record – Pending Submission
- Queried – Pending Response
- Queried – No Data Received
- Military Service Data Received
- Military Service Data Rejected
- Services Data Received but not Uploaded
- No Member ID/MSDS no Queried

Rated SC Disabilities

Code

The code associated with the Service Connected or non-Service Connected medical condition for which the beneficiary has been rated.

The Veterans Benefit Administration (VBA) determines the codes applicable to the Veteran through the compensation review process.

SC %

The percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

SC % data is shared with VistA.

More...

- A Service Connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service Connected ratings are established by VA Regional Offices located throughout the country.

Description

Description of the rated disability code.

Diagnostic Extremity

Defined as the portion of the body in which the disability is located.

Diagnostic Extremity data is shared with VistA.

Extremity examples include:

- Left-Lower Extremity
- Left-Upper Extremity
- Right-Lower Extremity
- Right-Upper Extremity
- Both-Lower Extremities
- Both-Upper Extremities

Original Date

Original Date is the date on which the rating determination was made.

Original Date data is shared with VistA.

More...

- The original effective date for a disability is the date Veterans Benefit Administration (VBA) determines as the first day a disability is considered Service Connected. It could be the date the disability occurred, or if the claim for disability was filed much later, the date of the claim.
- Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002. The date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the Current Effective Date is updated to September 2005, the date the new percentage was determined to take effect.

Current Effective Date

The date on which the rated disability was/is effective.

Current Effective Date data is shared with VistA.

More...

- This is the latest date on which VBA establishes a new Service Connected disability percentage for the particular diagnostic code.

5.2.1.1 Edit Current Eligibility

Data in the **Edit Current Eligibility** fields are used to determine eligibility and enrollment as well as identify additional attributes that enhance the priority of enrollment for a Veteran.

★ Veteran Indicator:

The Veteran status of **Yes** or **No** invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

Determine if the patient requesting care is a Veteran of the U.S. Armed Forces.

If	Then
Yes	<p>Veteran eligibility is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the U.S. Armed forces. Verification of active duty service can be obtained via DD-214, VIS or SHARE, or other authoritative sources.</p> <p>For additional eligibility requirements, refer to the following section in 38 CFR:</p> <ul style="list-style-type: none"> • 3.1 – Definitions • 3.2 – Periods of War • 3.6 – Duty Periods • 3.7 – Individuals and groups considered to have performed active military, naval, or air service • 3.12 – Character of Discharge • 3.12a – Minimum active-duty service requirement • 3.13 – Discharge to change status • 3.14 – Validity of Enlistments • 3.15 – Computation of Service
No	Patient does not meet the conditions of Veteran status.

Current Eligibility data is shared with VistA.

★**Eligibility Status:**

Eligibility Status is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA Health Care.

Eligibility Status data is shared with VistA.

Verified - indicates the individual's Eligibility Status has been confirmed.

Rules...

- If Eligibility Status is *Verified*, Eligibility Verification Method is required.
- Pending Verification - indicates the individual's Eligibility Status has not been confirmed but due process is on-going, and action is being taken to confirm the status.
- Pending Re-verification - indicates the individual's status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

Eligibility Status Date is the date the eligibility status changed, updated, or edited. ES defaults to the current date. The **Eligibility Status Date** is editable.

Eligibility Status Date data is shared with VistA.

Rules...

- Requires a precise date.
- May be after the [Date of Death](#).
- Cannot be prior to the Veterans Date of Birth.
- Cannot be a future date.

Eligibility Verification Method:

Eligibility Verification Method is the way or how the user verified the eligibility of the applicant.

More...

- Eligibility Verification Method is a "free-text" description of "how" or the "source" that eligibility status was checked and verified.

If	Then
Eligibility is verified by HEC or VAMC staff	The entry should identify the way or how the user verified the eligibility for the applicant (e.g. DD-214; DD-215; WD AGO 5355; VBA, SHARE; or 7131 from VARO #., etc.).
Eligibility is NOT verified by HEC or VAMC staff	VHA staff has a duty to assist the Veteran with obtaining verification of eligibility using all resources available.

Eligibility Verification Method data is shared with VistA.

Rules...

- Must be between 2 and 50 characters or left blank.
- Required when Eligibility Status is **Verified**.

Service Connected (SC) (%):

Service Connected (SC) (%) is the combined Service Connected percentage that is awarded to the Veteran based on Veterans Benefits Administration (VBA) claims evaluation [a number between 0-100].

Rules...

- Required when the Veteran has Rated Disability Information.

Effective Date of Combined Evaluation:

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

Effective Date of Combined Evaluations data is shared with VistA.

More...

- When a Veterans condition is determined to be Service Connected, VBA also computes the *Veterans Percent of Combined Evaluation*. Only Service Connected (SC) conditions are now included in calculating the Combined Percent. The **Effective Date of Combined Evaluation** is the date VBA began paying the Veteran compensation benefits for that Percent of Combined Evaluation.
 - For example, if a Veteran is determined to be 20% SC in January 2003 and is increased to 50% SC in March 2005 (but is retroactive to November 2004) and VBA starts paying the Veteran at the 50% SC rate in April 2005, the *Effective Date of Combined Evaluation* is April 2005. It is not the effective date of the decision.

Rules...

- Must be a precise date.
- Cannot be prior to the Veterans Date of Birth.
- Cannot be on or after the Veterans Date of Death.
- Cannot be a future date.

Rated SC Disabilities

Code:

The *Code* associated with the service connected or non-service connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration determines the codes applicable to the Veteran through the compensation review process.

Description:

The *Description* of the rated disability code.

- 💡 **Note:** This field system filled based on the valid rated disability code entered.

Diagnostic Extremity:

This is defined as the portion of the body in which the disability is located.

Choices are:

- Left Lower Extremity
- Left Upper Extremity
- Right Lower Extremity
- Right Upper Extremity
- Both Lower Extremities
- Both Upper Extremities

This data is shared with VistA.

Service Connected Percentage

This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

This data is shared with VistA.

More...

A service connected rating is an official ruling by VA that the beneficiary's illness/condition is directly related to their active military service. Service connected ratings are established by VA Regional Offices located throughout the country.

Rules...

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

Original Effective Date

This is the effective date on which the condition was originally determined to be service connected.

This data is shared with VistA.

More...

The *Original Effective Date* for a disability is the date VBA determines as the first day a disability is considered service connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.

Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the Current Effective Date is updated to September 2005, the date the new percentage was determined to take effect.

Rules...

- Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
- Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date

This is the date on which the rated disability was/is effective.

This data is shared with VistA.

More...

This is the most recent date VBA establishes a new service connected disability percentage for the particular diagnostic code.

Rules...

- Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
- Rated Disability *Current Effective Date* cannot be after *Date of Death*.

 **Note:** The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA)

The VOA File Attachments function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachments, determine what document types they contain, and indicate whether the document is (are) acceptable or not.

FileName

This is the attachment file name. When the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

More...

This allows the user to examine the contents of the attachment in order to determine the document types (DD-214, Military Orders of Award, etc.) and whether or not to “Accept?” the documents as valid.

FileType

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

The allowable values from which to select are: DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

More...

The user may “remove” a *DocType* from the list by selecting “Remove it” for the *DocType* and then clicking the ***UPDATE*** button.

When “Remove it” is selected for the *DocType*, the *Accept?* check box cannot be checked.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a Veteran’s DD-214, Military Orders of Award, etc. To accept the attachment, make sure there is a check in the check box.

Updated

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the ***Updated Date/Time*** field to the current date.

By

When a user edits the *Accept?* indicator via the ***UPDATE*** button, the system updates the ***By*** field ID to the user’s ID.

ADD

When the user clicks the ***ADD*** link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The **UPDATE** button allows the user to update the **DocType and/or Accept?** fields. After doing so, the system updates the **Updated Date/Time** and the **By** fields.

Add/Edit POW Episode

POW Indicator:

Was the Veteran a Prisoner of War?

Yes - Veteran meets the criteria of formerly Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of Yes.

Rules...

When *POW Indicator* is answered **Yes**, the following additional fields are required: *Confinement Location, Capture/Release Dates.*

Release Date must be equal to or greater than the *Capture Date*.

No - Veteran was NOT a former prisoner of war.

No Data

More...

Verification can be obtained from DD-214, POW Registry or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

POW Source is defined as the source where POW documentation was received and or reported.

Choices are:

- All
- DoD - Department of Defense
- NARA - National Archives and Records Admin.
- Other
- VAMC
- VBA - Veterans Benefit Administration
- Veteran
- VistA

Document Type

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

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

★ ***Capture Date***

This is the date on which the Veteran entered into a listed POW camp.

Rules...

Capture and *Release Dates* cannot fall after a person's *Date of Death*.

★ ***Release Date***

This is the date on which the Veteran was released or rescued from the POW camp.

Rules...

- *Release Date* is required if *POW Indicator* is **Yes**.
- *Release Date* must be at least a Month and Year.
- *Release Date* must be equal to or greater than the *Capture Date*.
- *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.

Days of Captivity

This is a system-calculated number of days between the *Capture Date* and *Release Date*.

💡 **Note:** *Days of Captivity* will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

★ ***Confinement Location***

This is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp

This is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

More...

 **Note:** That when a Camp name is selected, the ES automatically system fills the appropriate Camp Code and Camp City.

Camp Code

This code indicates the particular Prisoner of War camp. This is system filled.

Camp City:

The city/country in which the Prisoner of War camp was located. This is system filled.

Date Entered (Edit):

This is the date (mm/dd/yyyy) on which the POW Episode was entered. This is system filled.

Purple Heart Status

This is the PH status assigned to the Veteran (display only). All sites of record are notified for these statuses.

Statuses are:

-  **Confirmed** - once the appropriate fields are annotated and the document status is acceptable (YES), the Veteran is then confirmed as a Purple Heart recipient.
-  **Initial Ltr Sent** - initial letter has been sent to the Veteran. Awaiting reply.
-  **Second Ltr Sent** - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.

Pending

In Process - the PH status confirmation is still being processed.

Aid & Attendance

Aid & Attendance indicates if the beneficiary is receiving A&A benefits from the Dept. of Veterans Affairs.

Yes - the beneficiary is in receipt of Aid & Attendance

More...

A&A is a benefit paid in addition to monthly pension. This benefit may not be paid without eligibility to pension. A&A is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. Verification of this benefit can be verified via VIS, SHARE, or other authoritative source. Beneficiaries in receipt of A&A will be enrolled in PG 4 and will be exempt from all copays.

No - the beneficiary is NOT in receipt of Aid & Attendance benefits

This data is shared with VistA.

 **Note:** This field cannot be edited if the Veteran Indicator is **No**.

Rules...

A beneficiary cannot be both A&A and HB at the same time.

If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

Housebound

Housebound (HB) indicates whether the beneficiary is receiving HB benefits from the Dept. of Veterans Affairs.

Yes - If beneficiary has been determined by VBA to be permanently HB and in receipt of HB benefits.

More...

Housebound is paid in addition to monthly pension. Like A&A, Housebound benefits may not be paid without eligibility to pension. Verification of this benefit can be verified via VIS, SHARE or other authoritative source. Beneficiaries in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.

No - If beneficiary is NOT in receipt of HB benefits.

This data is shared with VistA.

This field cannot be edited if the Veteran Indicator is No.

Rules...

A beneficiary cannot be both A&A and HB at the same time.

If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

VA Pension

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

Yes - If the Veteran is in receipt of a VA Pension.

More...

VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old. Veterans who are more seriously disabled may qualify for **Aid & Attendance** or **Housebound** benefits. These are benefits that are paid in addition to the basic pension rate. The benefit can be verified by [VIS](#), [SHARE](#) or other authoritative source. Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.

No - If the Veteran is NOT in receipt of a VA Pension. This can be verified by VIS, SHARE or other authoritative source.

When the *Veteran Indicator* is changed from **Yes** to **No**, the system automatically sets several fields as follows: *VA Pension Indicator* is set to **No** and the *Pension Award Effective Date* and the *Pension Award Reason* codes are set to null.

This data is shared with VistA.

 **Note:** This field cannot be edited if the Veteran Indicator is **No**.

Rules...

- If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **Yes**, user cannot enter **Yes** for *VA Pension* indicator.
- *Receiving VA Pension* requires *Annual Check Amount* to be \$0 or greater.
- *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.
- If the *VA Pension* indicator is changed to **Yes**, the *Pension Award Effective Date* is required

Pension Award Effective Date

This is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the Pension Award Reason to see if the date on file is the original award or the latest change.

More...

If the Pension Award Effective Date is deleted, the Pension Award Reason code is also deleted.

Rules...

- *Pension Award Effective Date* can be entered or edited only if the *VA Pension* indicator is **Yes**.
- *Pension Award Effective Date* must be a precise date.
- *Pension Award Effective Date* cannot be a future date.
- *Pension Award Effective Date* cannot be prior to the *Pension Termination Date*.
- If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Effective Date* is required.

Pension Award Reason

This is the reason or change reason for the *Pension Award*. Select from the dropdown list.

Rules...

If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Reason* is required.

Pension Termination Date

This is the date on which the *Pension Award* was terminated.

Rules...

- *Pension Termination Date* must be a precise date.
- *Pension Termination Date* cannot be a future date.
- *Pension Termination Date* can only be entered when the *VA Pension* indicator is **No**.
- The *Pension Termination Date* cannot prior to the *Pension Award Effective Date*.
- If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 1

This represents the first reason the pension was terminated. Termination of the *VA Pension* benefit can be for multiple reasons. VBA shares the most recent four codes on file.

Rules...

If the VA Pension indicator is changed from null to No or Yes to No, Pension Award Termination Date is required and at least 1 Pension Termination Reason is required.

Pension Termination Reason 2

This represents the second reason the pension was terminated.

Pension Termination Reason 3

This represents the third reason the pension was terminated.

Pension Termination Reason 4

This represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation

This indicates whether the Veteran is receiving disability payments.

Yes - If Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.

More...

Receipt of disability compensation can be verified via VIS, SHARE, VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-service connected conditions.

No - If Veteran is NOT in receipt of a rated service connected VA disability compensation. This can be verified via SHARE or other authoritative source.

This data is shared with VistA.

Rules...

- *Receiving VA Disability Compensation* requires an *Annual Check Amount* greater than zero.
- *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.

Total Monthly Check Amount

Total Monthly Check Amount is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

If the *VA Pension* indicator is set to **Yes**, then *Total Monthly Check Amount* must be greater than or equal to \$0.

Annual Check Amount:

Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

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

This data is shared with VistA.

Rules...

- *Annual Check Amount* is required when *Receiving VA Disability Compensation* is **Yes**.
- *Annual Check Amount* greater than zero is required when *Permanent & Total* is **Yes**.
- *Annual Check Amount* must be greater than or equal to \$0.00 and less than or equal to \$99999.00.

Unemployable

A code that indicates whether this Veteran is rated unemployable by the VARO due to a service connected condition.

This data is shared with VistA.

 **Note:** This field cannot be edited if the Veteran Indicator is **No**.

Yes - If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than \$0.

No

Permanent & Total

Permanent & Total indicates whether the Veteran is permanently and totally disabled determined by VARO due to a service connected condition.

This data is shared with VistA.

 **Note:** This field cannot be edited if the *Veteran Indicator* is **No**.

Acceptable choices are:

Yes - Veteran is rated P&T by VBA.

More...

P&T is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on SC disability percentage.

Rules...

If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If **Yes**, an effective date must be entered.

No - If Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.

More...

If the Veteran has only one Rated Disability, the SC% must be equal to or greater than 60%.

OR

If the Veteran has more than one Rated Disability, then the SC% must be equal to or greater than 70% AND one of the Rated Disabilities must have SC% equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.

Permanent & Total Effective Date

If *Permanent & Total* is marked as **Yes**, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a service connected condition.

This data is shared with VistA.

Rules...

-  *P&T Effective Date* must be a precise date.
-  *P&T Effective Date* cannot be a future date.

- *P&T Effective Date* cannot be prior to the *Date of Birth*.
- *P&T Effective Date* cannot be after the *Date of Death*

Rated Incompetent:

Rated Incompetent indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

Acceptable choices are:

Yes - Veteran is determined to be Rated Incompetent by the VBA, or civil authorities.

More...

Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veteran's Legal Guardian using Power of Attorney as a source.

No - Veteran is NOT determined to be Rated Incompetent.

No Data

This data is shared with VistA.

 **Note:** This field cannot be edited if the *Veteran* Indicator is No.

Civil Date

Date Ruled Incompetent (Civil) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

- Rated Incompetent *Civil Date* cannot be a future date, but must be after Veterans DOB.
- Rated Incompetent *Civil Date* cannot be after the Veterans *Date of Death*.

VA Date

Date Ruled Incompetent (VA) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

- If the year is omitted, the system uses CURRENT YEAR.
- Rated Incompetent *VA Date* cannot be a future date, must be after Veterans DOB.
- Rated Incompetent *VA Date* cannot be after the Veterans *Date of Death*.

Eligibility for Medicaid

Eligible for Medicaid indicates whether this beneficiary is eligible to receive Medicaid coverage.

Yes - Beneficiary is in receipt of Medicaid benefits or other state sponsored compatible benefits.

More...

Beneficiary is not required to complete financial assessment tests. Verify with beneficiary and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.

No - Beneficiary is NOT in receipt of Medicaid or compatible benefits.

No Data

This data is shared with VistA.

Note: This field cannot be edited if the *Veteran Indicator* is **No**.

Date Medicaid Last Updated

Date Medicaid Last Updated is the date the Eligibility for *Medicaid* indicator was last updated.

 **Note:** This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

Date Medicaid Last Updated cannot be a future date.

This data is shared with VistA.

Ineligible Date

The effective date on which this beneficiary was found to be ineligible for VHA Health Care.

This data is shared with VistA.

Rules...

- *Ineligible Reason* is required when an *Ineligible Date* is entered.
- *Ineligible VARO Decision* is required when an *Ineligible Date* is entered.
- *Ineligible Date* cannot be prior to the earliest Service Entry Date.

- *Ineligible Date* must be a precise date.
- *Ineligible Date* cannot be a future date.
- *Ineligible Date* cannot be a prior to the *Date of Birth*.
- *Ineligible Date* field disables for non-Veterans.
- *Ineligible Date* disables if the Veteran Indicator is set as “No”.

Ineligible Reason (Required Field)

The reason why the beneficiary is ineligible for enrollment into the VA healthcare system. This field is required if an *Ineligible Date* is entered (i.e., Active Duty for Training Only, Served Less Than 24 months, DVA per VARO, OTH Char of Svc-Admin Decision Req).

This data is shared with VistA.

Rules...

- *Ineligible Reason* character length must be 1 - 40 characters.
- *Ineligible Reason* is required when there is an *Ineligible Date*.

Ineligible VARO Decision

The VARO reason why the beneficiary is ineligible for treatment, if *Ineligible Date* is entered. If available, enter VARO Station Number and Date of Decision.

This data is shared with VistA.

Rules...

- This field is not required unless an *Ineligible Date* is entered.
- Character length for *Ineligible VARO Decision* should be between 3 and 75 characters.

Other Eligibility Factors

Discharge Due to Disability

Discharge Due to Disability is an indicator that is collected on the 1010EZ form or systematically set based on business rules applied to data received from MSDS to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

Yes - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

More...

- Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.
- Discharge Due to Disability is systematically set to “Yes” when any ‘regular’ service episode has a Narrative Reason For Separation of:
 - DISABILITY, SEVERANCE PAY, COMBAT RELATED (ENHANCED)
 - DISABILITY, SEVERANCE PAY, NON COMBAT (ENHANCED)
 - DISABILITY, SEVERANCE PAY (ENHANCED)
 - DISABILITY, AGGRAVATION (ENHANCED)
 - DISABILITY, OTHER (ENHANCED)
 - DISABILITY, SEVERANCE PAY, COMBAT RELATED
 - DISABILITY, SEVERANCE PAY
 - DISABILITY, SEVERANCE PAY, NON COMBAT
 - DISABILITY, AGGRAVATION
 - DISABILITY, OTHER
 - DISABILITY, PERMANENT (ENHANCED)
 - DISABILITY, TEMPORARY (ENHANCED)
 - DISABILITY, PERMANENT
 - DISABILITY, TEMPORARY
- OR for ‘guard and reserve service’, any service episode has a Narrative Reason for Separation as stated above AND the service episode is not related to training.

No - Veteran was NOT discharged due to a disability incurred or aggravated in the line of duty.

No Data

Military Disability Retirement

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

Yes - Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay.

More...

Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving Military Disability Retirement are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

No - Veteran is NOT retired from the armed forces due to a disability.

No Data.

Agent Orange Exposure Location

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

- Not Exposed
- Korean DMZ
- Other
- Vietnam

This data is shared with VistA.

Radiation Exposure Method

Radiation Exposure Method is the method by which this patient was exposed to ionizing radiation.

- *Not Exposed*
- *Nagasaki/Hiroshima*- if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.
- *Atmospheric Nuclear Testing* - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
- *H/N and Atmospheric Testing* - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
- *Underground Nuclear Testing* - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
- *Exposure at Nuclear Facility* - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
- *Other* - a method that does not fit any of the other categories.

SW Asia Conditions

SW Asia Conditions indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

Yes - The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.

More...

This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

No - The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.

Spinal Cord Injury

Spinal Cord Injury indicates whether the registrant suffers from a spinal cord injury and to what degree.

This field is display only.

Nose and Throat Radium Treatments

Nose and Throat Radium Treatments indicates whether the registrant underwent NTR treatments while serving in the military or whether it's unknown.

This field is display only.

More...

Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some Veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These Veterans are provided care for this condition at no cost.

Camp Lejeune Eligibility

Yes - If the Veteran is *Camp Lejeune* eligible.

No - If the Veteran is not *Camp Lejeune* eligible.

More...

Camp Lejeune Eligibility indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following:

- Dishonorable
- Other than Honorable
- Undesirable
- Bad Conduct
- Dishonorable-VA

Note: When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a Camp Lejeune Eligibility value. Otherwise, the field is disabled.

This data is shared with VistA.

Verified Methods

 **Note:** *Verified Methods* and the CL fields that follow display only if the *Camp Lejeune Eligibility* indicator is *Yes*.

More...

- This field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.
- These values may come from other sources.

Rules...

Once any Camp Lejeune Verified Method has been selected, at least one must remain selected.

Comments

The free text 200-character ***Comments*** field is enabled and required if a Verified Method of **OTHER** is selected.

CL Date Registered

The ***CL Date Registered*** field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

- When an ES user registers a Veteran, the system populates the **CL Date Registered** field value to the current system date if the *Camp Lejeune Eligibility* indicator is set to *Yes*.
- This field may also be populated through an upload of a CLEAR extract. See *Camp Lejeune Eligibility*
- This field is editable.

CL Eligibility Change Site

The **CL Eligibility Change Site** field displays the point-of-entry site that last changed the on file Camp Lejeune record.

This system-filled field is display only.

More...

Valid values include...

- <VAMC Site> (if changed by a VistA VA facility)
- HEC (if changed by the ES)

CL Eligibility Source of Change

The **CL Eligibility Source of Change** field displays the source that last made a change to the on-file Camp Lejeune record.

More...

Valid values include...

- <ES User Name> (edited by ES user)
- VAMC (when the record is created from VistA VAMC received updates)
- CEV (modified by ES in an automated way {e.g. through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
- VOA (when the record is modified from a VOA submission)
- CLEAR (record is modified as a result of processing a CLEAR extract file)
- DoD (for future use)
- Other (for future use)

This system-filled field is display only.

Non-Veteran Eligibility Codes

Humanitarian Emergency

The Enrollment System user can select the non-Veteran eligibility code of “Humanitarian Emergency”. When the Veteran Indicator is set to "No", "Do You Wish To Enroll" is set to "No", and the non-Vet "Humanitarian Emergency" code is set to "Yes", the Enrollment System will display the only valid period of service selection to the user: “Humanitarian (Non-Vet)”.

TRICARE

TRICARE is the Department of Defense regionally managed Healthcare program for service families.

More...

TRICARE Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with healthcare providers, create or customize a *TRICARE* Online web page, and use the Personal Health Care Manager.

Sharing Agreement

This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

More...

The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country

This is defined as the beneficiary's allied country of origin.

This data is shared with VistA.

Rules...

If an Allied country is selected, the beneficiary will be assigned an *Eligibility Code* of **Allied Veteran**. The *Allied Veteran Country* is required information for registration as an Allied Beneficiary. Authorized selections are (1) Canada or (2) United Kingdom (UK) Great (GRT) Britain / N. Ireland. Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-service connected beneficiary, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

More...

Qualifying Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should authorize the care and reimburse VA. Allied Beneficiaries are individuals receiving a war pension or equivalent for service-related conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK. Grt. Britain / N. Ireland) and Canada). If the Allied Beneficiaries served with Poland and/or Czechoslovakia and are in receipt of a VA monetary benefit from Great (GRT) Britain based on a SC condition, they can elect to be registered as an Allied Beneficiary and country of UK. Grt. Britain / N. Ireland will be selected as the *Allied Veteran Country*. Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-service connected eligibility.

CHAMPVA

Civilian Health and Medical Program of the Uniformed Services or Veterans Affairs (*CHAMPVA*) is an insurance program in which the VA shares the cost of covered healthcare services and supplies for active duty and retired career military persons, their dependents, and survivors.

Yes – The spouse or widower and the children of a Veteran who meet the criteria of CHAMPVA eligibility.

More...

Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a service connected disability, or were rated permanently and totally disabled due to a service connected condition at the time of death, or died of a service connected disability, or died on active duty and the dependents who are not otherwise eligible for DoD TRICARE benefits. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare services and supplies with eligible beneficiaries.

No – The beneficiary does NOT meet the criteria of CHAMPVA eligibility.

Employee

This is an employee of the VAMC.

Yes – The beneficiary is an employee of the VAMC or one of its associated sister facilities.

More...

If **Yes** is selected, then the patient is marked as *Sensitive*.

No – The beneficiary is NOT an employee of the VAMC.

Collateral of Vet:

A *Collateral* is a Veteran or non-Veteran related to or associated with a Veteran receiving care from the VA. The beneficiary is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veterans clinical care. Collateral of Vet is one of the existing eligibility codes, and “Caregiver” is one of the many types of collateral a person can be.

Collateral of Vet eligibility applies to Primary and Secondary eligibility.

The user selects either the "Yes" or "No" radio button.

If	Then
Yes	<p>The Veteran or non-Veteran is associated with a Veteran through a specific program of care.</p> <ul style="list-style-type: none"> ● The purpose of the specific program of care must be an integral part of the person's treatment plan. ● This specific program of care must be documented in the treatment plan in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. <ul style="list-style-type: none"> ● Examples of appropriate designation of a collateral visit include: <ul style="list-style-type: none"> ▪ Initial and follow-up contacts for a person assisting a Veterans physical rehabilitation program in the home; ▪ Participation of a family member in outpatient family psychotherapy; ▪ Continuing education and follow through with primary care giver such as residential care sponsor. <ul style="list-style-type: none"> ● Examples include spouse/child or associate of Veteran.
No	The person does NOT meet the criteria for Collateral of Vet eligibility.

Caregiver information will be displayed under “Collateral of Vet”.

“Collateral of Vet” is automatically assigned by the Enrollment System when:

- Collateral of Vet is set to “Yes”.
- Caregiver Subtype is one of the following three values:
 - Primary Caregiver
 - Secondary Caregiver
 - General Caregiver
- Caregiver Status is set to “In Process”, “Denied”, “Approved”, “Revoked” or “Benefit End”.

Caregiver Grid (Read-Only)

 **Note:** If one or more active Caregiver data rows exists in the Caregiver grid, the Enrollment System does not allow the radio button to be changed to “No”. Active Caregiver data displays one or more rows with a Status of “Process”, “Approved” and/or “Revoked”.

The following read-only Caregiver fields display on the Caregiver grid:

Collateral Of Vet: <input checked="" type="radio"/> Yes <input type="radio"/> No				
Caregiver Subtype	Caregiver Status	Caregiver Status Date	Sponsor Name	Sponsor ID
General Caregiver	Benefit End	04/09/2020	SPONSOR, ESCGIVERFOURTYONE TMBD	9999999999V9999999
Primary Caregiver	Approved	04/03/2020	SPONSOR, ESCGIVERFOURTYTWO TMBD	9999999999V9999999
Secondary Caregiver	Approved	04/03/2020	SPONSOR, ESCGIVERFIFTYONE TMBD	9999999999V9999999
General Caregiver	Approved	04/09/2020	SPONSOR, ESCGIVERFIFTYTWO TMBD	9999999999V9999999

Caregiver Subtype:

This is the Caregiver designation given to the Caregiver for a specific sponsor.

One of the following subtype values display: *Primary Caregiver*, *Secondary Caregiver*, *General Caregiver*.

Caregiver Subtype	Description
Primary Caregiver	One of three types of VA Caregivers. This type is specific to the PCAFC program. The Veteran can have one (1) Primary Caregiver. This is the Veteran’s main Caregiver.
Secondary Caregiver	One of three types of VA Caregivers. This type is specific to the PCAFC program. The Veteran can have up to two (2) Secondary Caregivers. This is the Veteran’s back-up Caregiver.
General Caregiver	One of three types of VA Caregivers. This type is specific to the PGCSS program. The Veteran can have one (1) General Caregiver. This is the Veteran’s only Caregiver.

Caregiver Status:

One of the following statuses display: *Approved*, *Denied*, *In Process*, *Revoked*, and *Benefit End*.

Caregiver statuses, located under the Caregiver Status column, will appear in the Enrollment System, VistA and Cerner simultaneously while Caregiver Support Coordinators (CSCs) go through the training and evaluation in VistA REE/Cerner and the 10-10 CG application process. 10-10 CG is the VA application used by Veteran and Caregiver applicants to enroll into the PCAFC program. The PGCSS program does not require the 10-10CG application.

 **Note:** Cerner Millennium, commonly known as “Cerner”, is an EHR platform and the core of Cerner EHR. The VA’s Millennium application, which includes many healthcare solutions, is used by the Department of Defense's (DoD's) Healthcare Management System Modernization (DHMSM) program and the VA EHRM program.

Caregiver Status	Definition
In Process	<p>The Caregiver will appear in the “In Process” status until they are approved or denied for the Caregiver program. They will be in this status when the record is made. The Caregiver will be conducting evaluations with CSC staff.</p> <p>If the system displays the Caregiver status of “In Process” in the Caregiver grid, then the “Caregiver In Process” carveout VHAP is assigned.</p> <p>However,</p> <ul style="list-style-type: none"> ● If the potential Caregiver is a non-Veteran, then the Caregiver receives a core profile (such as, “Humanitarian” or “ORM”) and the “Caregiver In Process” VHAP is also added as a carveout profile. ● If the potential Caregiver is a Veteran and already has a higher priority VHAP, then that profile remains in place as the core profile and the “Caregiver In Process” VHAP is also added as a carveout profile. ● If the potential Caregiver is a Veteran and does NOT already have a higher priority VHAP (or does not have a VHAP at all), then the “Humanitarian” VHAP is the core profile and the “Caregiver In Process” VHAP is also added as a carveout profile. <p> Note: The system only adds the “Caregiver In Process” VHAP once if the potential Caregiver is “In Process” for more than one Sponsor.</p>
Denied	<p>The Caregiver applied to participate in the Caregiver Program but was denied based on the evaluations conducted by the CSC.</p>

Caregiver Status	Definition
	<p>If the system displays the updated Caregiver status of “Denied” in the Caregiver grid, then the “Caregiver In Process” carveout VHAP is unassigned.</p> <ul style="list-style-type: none"> ● If the Caregiver Status is updated to “Denied” or “Approved” for a Caregiver from a previous status, then the “Caregiver in Process” VHAP is unassigned on the date the “Denied” or “Approved” status was received. <ol style="list-style-type: none"> 1. Before removing the “Caregiver in Process” VHAP, the system checks to see if the potential Caregiver has more than one approved and/or revoked “In Process” Caregiver Status. <ol style="list-style-type: none"> I. If there is more than one, then the system will NOT remove the “Caregiver in Process” VHAP. II. If there is only one, then the system unassigned the “Caregiver in Process” VHAP. <p>“Denied Date” displays in Caregiver Record Management Application (CARMA) when a Caregiver’s status is changed to “Denied”.</p>
Approved	<p>The Caregiver has been approved after completing the training and evaluations in the Computerized Patient Record System (CPRS). CPRS provides clinicians, managers, support staff, researchers, and others an integrated patient record system. They are marked as “Approved” in CARMA and can complete their registration process within the Enrollment System and VistA.</p> <p>If the user changes the Caregiver from “In Process” to “Approved”, the caregiver status updates in both VistA and the Enrollment System, and both systems will be in sync. The Enrollment System calculates the eligibility status and assigns the appropriate VHAP(s).</p>
Revoked	<p>A Caregiver who was approved for the Caregiver Program but is decided to be removed from the program for a reason decided upon by the CSC’s staff.</p> <p>The Caregiver VHAP remains in place when the “Revoked” status is in place.</p>

Caregiver Status	Definition
Benefit End	<p>A Caregiver who was revoked (possibly with a future benefit end date) has reached their benefit end date. CARMA sends the “Benefit End” status to trigger the termination of their Caregiver VHAP.</p> <p>When a Caregiver is ineligible for the Caregiver Program and future benefits have stopped, the Enrollment System and VistA update the VHAP status from “assigned” to “unassigned” on the “Benefit End” date. The Enrollment System then receives the Caregiver Status of “Benefit End” and recalculates the eligibility and VHAP.</p> <p>Note: The Enrollment System does NOT send the Caregiver Status to VistA or VA Profile, therefore not sending to Cerner. The system only sends VHAPs to VistA and VA Profile. Cerner will get the other CG fields, including Caregiver Status, from another source directly from VA Profile.</p> <p>The Enrollment System displays the “Revoked” Caregiver Status and the Caregiver Status Date is sent with every new status update. The VHAP remains in place in the Caregiver grid until the “Benefit End” status is received.</p> <p>When the “Benefit End” status is received, the Enrollment System updates to display the “Benefit End” status in the Caregiver grid (with an updated Caregiver status date) and the VHAP is removed on the date the “Benefit End” status is received.</p>

Caregiver Status Date

This is the status date of the current Caregiver Status (the date that CARMA sends the current status to the Enrollment System and VistA).

Date field (mm/dd/yyyy).

Sponsor Name

Sponsor name includes First Name, Middle Name, Last Name.

This is the name of the Veteran that the Caregiver is providing personal care services.

Sponsor ID

Sponsor ID displays the ICN for the Veteran/Sponsor.

Community Care Programs

Community Care Programs display under the **Community Care Program** label. “Collateral of Vet” eligibility is automatically assigned by the Enrollment System when Collateral of Vet is “Yes”. Users who select the “Yes” radio button on the **Community Care Program** label are prompted to add or remove Community Care Program(s).



Collateral Of Vet: Yes No

Community Care Program: Yes No No Data

ADD COMMUNITY CARE PROGRAM **REMOVE COMMUNITY CARE PROGRAM**

Select to Remove	Community Care Program	Effective Date	Sponsor Name	Sponsor ICN
<input type="checkbox"/>	Marriage/Family Counseling	1/1/2020	-	-
<input type="checkbox"/>	Newborn	1/2/2020	-	-
<input type="checkbox"/>	ART/IVF	5/1/2020	-	-
<input type="checkbox"/>	VHA Transplant Program	6/10/2020	-	-

Figure 66: Community Care Programs

When users select “Add Community Care Program”, they will be able to add a Community Care Program to the record. The new Collateral can be associated with one or more Community Care Collateral Program(s). Community Care Collateral Programs can be added or removed from existing records at any time and they do not expire. When users enter in an effective date in the **Effective Date** field, the effective date can be in the past or the present but NOT in the future.

 **Notes:**

- Sponsor Name and Sponsor ID fields are grayed out for the 5.13 September release. Both fields will become available in a later release.
- Community Care Collateral Programs must have ONE Veteran sponsor associated (will be available in a later release).
- **If the Collateral dies:**
 - a. Collateral programs, VHAPs and VCEs are removed.

Note: For the ART/IVF program, the Veteran Community Care Eligibility (viewed in the Enrollment System only), and VHAP remain on the record and they will not be removed for any ineligible reason.

Collateral of Veteran and Community Care Collateral Programs:

i. **ART/IVF**

- Users can only add one “Assisted Reproductive Technology” program per collateral record.

ii. **Marriage/Family Counseling**

- The Marriage/Family Counseling program may be added more than one time to a record. If the Marriage/Family Counseling program has been added more than one time to a record, the Effective Date must be unique. Duplicate Effective Dates are not allowed.

iii. **Newborn**

- Users can only add one “Newborn” program per Collateral of Veteran record.

iv. **VHA Transplant Program**

- The VHA Transplant program may be added more than one time to a record. If the VHA Transplant program has been added more than one time to a record, the Effective Date must be unique; you cannot have duplicate Effective Dates.

 **Note:** Community Care Collateral Program records are NOT included in the geocoding process for rurality data.

Other Federal Agency

This is defined as another source for the beneficiary's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense**, **Department of the Army** etc.

Expanded MH Care Non-Enrollee:

Users can add “Expanded MH Care Non-Enrollee” as a non-Veteran Primary Eligibility Code by selecting the “Yes” or “No” radio button “Expanded MH Care Non-Enrollee” options.

OTH Eligibility Factor:

If the user selects the “Yes” radio button on *Expanded MH Care Non-Enrollee*, the “OTH Eligibility Factor” dropdown expands and displays the following eligibility factors:

- Emergent MH OTH
- Extended MH OTH

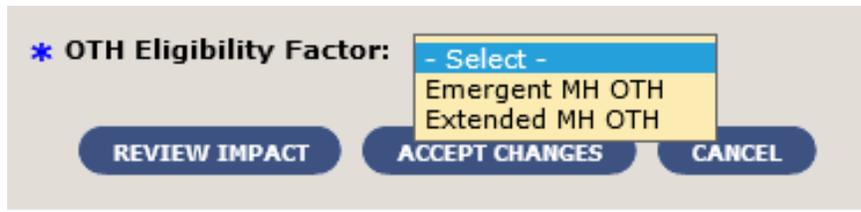


Figure 67: Expanded OTH Eligibility Factor Dropdown

Note: The Enrollment System initially defaults to the radio button, “No data” on the **Expanded MH Care Non-Enrollee** field.



Figure 68: Expanded MH Care Non-Enrollee “No Data” defaulted radio button

The user must select either the “Emergent MH OTH” or the “Extended MH OTH” from the **OTH Eligibility Factor** dropdown. If the user selects “Emergent MH OTH”, additional fields expand and display 90-day and 365-day periods. The Enrollment System then determines if there was a prior 90-day period for that record in the current 365-day period.

If	Then
Yes	The Enrollment System considers the start date of the 90-day period.

If	Then
	<p> Note: The start date is the date the application was submitted to the Enrollment System.</p>
The start date is older than 90 days	Proceed to the “Add Subsequent 90-Day Period of Care” feature.
The start date is less than or equal to 90 days old	<p>Resume the 90-day period (displays the remaining days from the original start date).</p> <p>For example: If the 90-day period started on 4/1/2019, then on 4/10/2019 the remaining days displays “80”.</p>
No	<p>The Enrollment System starts the Initial 90-day and 365-day periods of care and performs the following functions:</p> <ul style="list-style-type: none"> • Sets the start date to the current date (default to the date when the user selected “Emergent MH OTH”). • Sets the end date for the initial 90-day period of care. • Sets the authorization status to “Approved” for the initial 90-day period of care. <p>Once the Enrollment System performs the changes,</p> <ol style="list-style-type: none"> 1. Click the Accept Changes button. <p>Upon clicking the Accept Changes button, the Enrollment System performs the following field validations:</p> <p>If the Veteran Indicator is “Yes”</p> <p>OR,</p> <p>If the Service Connected % is NOT null</p>

If	Then
	<p>AND,</p> <p>The user selects “Yes” for the Expanded MH Care Non-Enrollee, then the Enrollment System displays the following error message:</p> <p><i>“User should be Non-Veteran when MH OTH Indicator is Yes.”</i></p> <p>If an OTH Eligibility Factor value has not been selected, the following error message displays: “An OTH eligibility factor must be selected.”</p>

After the Enrollment System processes the request and adds the initial 90-day period of care, a read-only **Remaining Days** field displays. The Enrollment System allows the user to identify where the Veteran falls within the 90-day period of care during mental health care treatment and displays the remaining days within the current 90-day period of care. For example: If the 90-day period started on 4/1/2019, then on 4/10/2019 the remaining days displays “80”.

On the **Edit Current Eligibility** screen, the eligibility status becomes “Verified” and the enrollment status becomes “Not Applicable”.

After the Enrollment System adds the initial 90-day period of care, the Enrollment System determines if an initial 90-day period exists within a current 365-day period.

If	Then
The initial 90-day period of care does NOT exist	The Enrollment System will NOT allow the user to add Authorization Status.
A subsequent 90-day period of care is being added, but the start date falls after the end of the first 365-day period	<p>The Enrollment System treats the start date as an initial 90-day period for a new 365-day period.</p> <p>Ex: 365-Day Period: 2 90-Day Period: 1</p>

If	Then
There is NOT an initial 90-day period of care within the current 365-day period	The Enrollment System will NOT allow the user to add Authorization Status for the first 90-day period added in a new 365-day period.
There IS an initial 90-day period of care within the current 365-day period	The Enrollment System requires the user to enter Authorization Information in order to add a subsequent 90-day period of care.

Add, Edit or Update the Authorization Status

Authorization Status is the status of a 90-day period of care that has been added. Authorization Status is located on the **Edit Current Eligibility** screen of the Enrollment System.

The Enrollment System displays an “Authorization Status” drop-down with the following options:

- Approved
- Denied
- Pending

If	Then
The user selects “Approved”	<p>The Enrollment System displays the additional required fields below:</p> <ul style="list-style-type: none"> • Authorized By <ul style="list-style-type: none"> • Free form text box with character limit of 60 characters and special characters &, ^, \, ~, and are not allowed. <ul style="list-style-type: none"> ▪ If the Authorized By entered includes any of the special characters &, ^, \, ~ or , then the following error message displays: “<i>Authorization By contains one of the following special characters '~ ^&'</i>”. • The user cannot edit this field after submitting changes. • Authorization Received Date <ul style="list-style-type: none"> • Authorization Received Date field (mm/dd/yyyy)

If	Then
	<p>The user can create a new authorization request and then will be able to enter a date into the Date Request Submitted field. However, after submitting the new authorization request, the user will not be able to edit the date.</p> <ul style="list-style-type: none"> ● Start Date <ul style="list-style-type: none"> ● Date field (mm/dd/yyyy) <ul style="list-style-type: none"> ○ The user cannot edit this field after submitting changes. <p>If the authorization status is “Approved”, the user cannot add more than one future subsequent 90-day period during the current 90-day period of care. Users can only add one future 90-day period of care while the applicant is in their current 90-day period of care. If the user attempts to add more than one future subsequent record during the current 90-day period, then following error message displays: <i>“Only one future subsequent record can exist.”</i></p>
The user selects “Denied”	<p>The Enrollment System displays the additional required field:</p> <ul style="list-style-type: none"> ● Comments/Reason <ul style="list-style-type: none"> ● Free form text box with character limit of 60 characters and special characters &, ^, \, ~, and are not allowed. <ul style="list-style-type: none"> ▪ If the Comment/Reason entered includes any of the special characters &, ^, \, ~ or , then the following error message displays: <i>“Comments/Reason contains one of the following special characters ‘~ \^&’</i>.” ● The user cannot edit this field after submitting changes.

If	Then
	<p>The user can create a new authorization request and then will be able to enter a date into the Date Request Submitted field. However, after submitting the new authorization request, the user will not be able to edit the date.</p> <p>Once a final decision, of either an approval or denial has been made, the user cannot change the Authorization Status.</p>
<p>The user selects “Pending”</p>	<p>No other fields display other than the Date Request Submitted field.</p> <p>The Enrollment System determines if there is an existing authorization record with a “Pending” status.</p> <ul style="list-style-type: none"> • If there is an existing authorization record with a “Pending” status, then the user cannot add a new authorization record. • If there are no existing authorization records with a “Pending” status, then the user can add a new authorization record. <p> Note: There cannot be multiple authorization records with “Pending” status.</p> <p>The Enrollment System will not allow the user to select authorization status of “Pending” while creating a new request.</p> <p>Once a final decision, of either an approval or denial has been made, the user cannot change the Authorization Status.</p>

Once the user clicks the **Accept Changes** button, the Enrollment System will save the status and related fields that the user has selected and entered.

Enrollment System users with required permissions can edit or delete the 90-day periods of care information for the current 365-day period only for correcting data. If the 90-day period has been edited, the Enrollment System adjusts all affected dates.

SHRPE Field Validations

Once the Enrollment System user clicks the **Accept Changes** button, the Enrollment System determines if the following SHRPE field validations were met:

If	Then
Date Request Submitted is not entered	<p>The Enrollment System displays the following error message:</p> <p><i>“Date Request Submitted is required.”</i></p>
Date Request Submitted is a future date,	<p>The Enrollment System displays the following error message:</p> <p><i>“Date Request Submitted must be a valid date.”</i></p>
Authorization Status value has not been selected	<p>The Enrollment System displays the following error message:</p> <p><i>“An Authorization Status must be selected.”</i></p>
Authorized By is not entered	<p>The Enrollment System displays the following error message:</p> <p><i>“Authorized By is required.”</i></p>
Authorization Received Date is not entered	<p>The Enrollment System displays the following error message:</p> <p><i>“Authorization Received Date is required.”</i></p>
The Authorization Received Date is a future date	<p>The following error message displays:</p> <p><i>“Authorization Received Date must be a valid date.”</i></p> <p>The Enrollment System does not allow the user to add a future date for the Authorization Received Date.</p>
Comment/Reason is not entered	<p>The Enrollment System displays the following error message:</p>

If	Then
	<i>“Comments/Reason is required.”</i>
The user attempts to add more than one future subsequent record (in “Approved” status) during the current 90-day period	The Enrollment System displays the following error message: <i>“Only one future subsequent record can exist.”</i>

Start Date Validations

The Enrollment System determines if following SHRPE start date validations were met:

If	Then
Start Date is not entered	The Enrollment System displays the following error message: <i>“Start date is required”.</i>
Start Date is entered	The Enrollment System checks the following conditions: <ul style="list-style-type: none"> • The start date shall not fall within an existing 90-day period of care. • The start date of the subsequent 90-day period of care shall be prior to the end date of the 365-day period.
The Enrollment System user attempts to add a 90-day period of care after the second 90-day period has been applied in a given 365-day period	The Enrollment System displays the following warning message to prompt the user: <i>“This person has already received at least two 90-day periods of care.”</i> The Enrollment System user can click the OK button, and add another 90-day period of care, if approved.

Expire 90-Day Period of Care

If a subsequent 90-day period of care has not been added and authorized, upon reaching the 91st day of the current 90-day period, the Enrollment System expires the current 90-day period of care and continues to display the current Primary Eligibility Code and OTH Eligibility Factor. Furthermore, the Enrollment System will not change the **Expanded MH Care Non-Enrollees** radio button from “Yes” to “No”, and “0” displays in the **Remaining Days** field.

Inactivate 90-Day Period of Care and 365-Day Period

The Enrollment Systems inactivates and stops the 90-day period(s) of care if:

- The Primary Eligibility Code changed and is no longer “Expanded MH Care Non-Enrollees”.
- **Note:** This can be due to completion of Veterans Benefits Administration (VBA) adjudication.

Once the Enrollment System stops the 90-day period, the eligibility is recalculated, and “Expanded MH Care Non-Enrollee” radio button changes from “Yes” to “No”.

- **Note:** If the Enrollment System user updates the Person information and changes the eligibility code back to “Expanded MH Care Non-Enrollee”, they can do so, there are no restrictions. If the Eligibility Code is changed back to “Expanded MH Care Non-Enrollee”, the Enrollment System also allows the OTH Eligibility Factor and the 90-day and 365-day periods to resume as well and checks to see if there was a prior 90-day period for this record after the application date in the current 365-day period occurs.

Receive, Process and Send Expanded MH Care Non-Enrollee Information

The Enrollment System receives and processes “Expanded Mental Health (MH) Care Non-Enrollee” information (MH Eligibility code and OTH Eligibility factors) and sends a Z11 message containing the MH Eligibility code and OTH Eligibility factors to VistA.

- **Note:** A Z11 message is triggered to VistA from the Enrollment System on all changes, not just Enrollment status updates.

How the processing works is the Enrollment System recognizes and matches each OTH Eligibility Factor name in the Enrollment System with the Expanded MH Care type name in VistA. The Enrollment status is then set to ‘Not Applicable’ and the Enrollment System rejects the additional 90-day period of care that is sent from another Veterans Affairs Medical Center (VAMC) ONLY IF the Veteran has a 90-day period of care established at their original VA site.

If	And	Then
The Enrollment System already has a 90-day period of care in place for the Veteran and receives another 90-day period of care with a conflicting Start Date		The Enrollment System rejects it.
<p>The Enrollment System already has an initial 90-day period of care and one or more subsequent 90-day periods (period 1, 2, 3, or 4) in place for the former servicemember.</p> <p> Note: Each 365-Day Period and 90-Day Period of Care is given a numeric value (1, 2, 3, or 4).</p>	The Enrollment System receives a new 90-day period of care from VistA that does not have the next period number (example, “period 1”) in the information they receive from VistA	The Enrollment System rejects it.

Display Other Than Honorable (OTH) Eligibility Code and Eligibility Factor

The Enrollment System displays the new OTH eligibility code and eligibility factor on the **Eligibility** screen in a panel called, **Expanded Mental Health Care**. The Enrollment System always displays the **Expanded Mental Health Care** panel but, will only display the OTH eligibility factor if the Primary Eligibility Code is set to “Expanded MH Care Non-Enrollee” (even if the 90-day period expired and there is no future (authorized) 90-day period of care for the applicant). But, if the Primary Eligibility Code entered into the Enrollment System is not “Expanded MH Care Non-Enrollee”, then the **Expanded Mental Health Care** panel displays, “No data available”.

 **Note:** VistA or the Enrollment System will not remove the “Expanded MH Care Non-Enrollee” Primary Eligibility code automatically after completion of a 90-day period of care.

The Enrollment System determines the type of information that displays depending on if the eligibility factor is “Extended MH OTH” or “Emergent MH OTH”.

If	Then
Eligibility factor is “Extended MH OTH”	“OTH Eligibility Factor” displays.
Eligibility factor is “Emergent MH OTH”	The following information displays:

If	Then
	<ul style="list-style-type: none"> • OTH Eligibility Factor • 365-Day Period • Current 90-Day Period of Care • Remaining Days (for the current 90-day period of care) • The authorization request information (for the current 90-day period of care) • All Previous 90-day periods of care

The Enrollment System stores and displays updates on the **View Historical VHA Profiles screen**.

VHA Profiles Update for Other Than Honorable

The Enrollment System ties the “Other – Restricted Medical Benefit” VHAPs to the “Expanded MH Care Non-Enrollee” Primary Eligibility Code when the following conditions are met:

- The Eligibility Status is “Verified”.
- The Veteran Indicator is “No”.
- The Enrollment Status is “Not Applicable”.

Qualified former Servicemembers, who are “other than honorable”, will receive the “Other – Restricted Medical Benefit” plan, which does not have a priority group. The priority group displays as “N/A”.

Calculating 90-Day Periods

The initial 90-day period of care in any 365-day period has a total of 91 days. The End Date equals “Start Date + 90 days”.

Example: If the initial period’s Start Date is “09/26/2019”, then the End Date will be “12/25/2019” (09/26 + 90 days).

Any additional 90-day periods of care within a 365-day period will have a total of 90 days. The End Date will equal “Start Date + 89 days.”

Example: If a subsequent period’s Start Date is “12/26/2019”, then the End Date will be “3/24/2020” (12/26 + 89 days).

▼ Expanded MH Care Non-Enrollee: Yes No No Data

* OTH Eligibility Factor: **Emergent MH OTH** EDIT PERIODS DELETE PERIODS ADD 90-DAY PERIOD

365-Day Period	90-Day Period	Start Date	End Date	Authorization Status	Authorization By	Authorization Received Date	Date Request Submitted	Remaining Days	Comments/Reasons
2	1	01/05/2020	04/04/2020	APPROVED	T.DAVIS	10/03/2019	10/03/2019	91	
1	4	09/29/2019	12/27/2019	APPROVED	T.DAVIS	10/03/2019	10/03/2019	84	
1	3	07/01/2019	09/28/2019	APPROVED	T.DAVIS	10/03/2019	10/03/2019	0	
1	2	04/02/2019	06/30/2019	APPROVED	T.DAVIS	10/03/2019	10/03/2019	0	
1	1	01/01/2019	04/01/2019	APPROVED				0	

REVIEW IMPACT ACCEPT CHANGES CANCEL

Figure 69: Initial 90-day period of care and an additional 90-day period of care

15-Day Backdating and Forward Dating for Subsequent 90-Day Periods

Determine the 15-day backdating and forward dating for subsequent 90-day periods.

If	Then
The current 90-day period is ACTIVE	<p>The Start Date of the subsequent 90-day period shall be limited to the “current period’s End Date+ 1” (the next consecutive day after the current period ends) through forward-dating up to 15 days.</p> <p>Example: If the current 90-day period has an End Date is “10/29/2019”, then the Start Date range for the new subsequent 90-day period will be “10/30/2019 through 11/14/2019”.</p>
The current 90-day period is EXPIRED	<p>The Start Date of the subsequent 90-day period shall be limited to backdating and forward-dating up to 15 days from the current date.</p> <p>Example: If the current 90-day period ended on 9/09/2019 and the current date is 9/26/2019, then the Start Date range for the new subsequent 90-day period will be 9/11/2019 through 10/11/2019.</p>

Upon clicking the **Accept Changes** button, the following validations are performed:

If	Then
The Start Date is not between “current period’s End Date + 1” and “(current period’s End Date + 1) + 15”	Display the following error message: “Start Date can only be from the day after current period ends up to +15 days”.
The Start Date is not between “current date – 15” and “current date + 15”	Display the following error message: “Start Date can only be +/- 15 days from today”.

365-Day Period	90-Day Period	Start Date	End Date	Authorization Status	Authorization By	Authorization Received Date	Date Request Submitted	Remaining Days	Comments/Reasons
1	2	01/07/2020	04/05/2020	APPROVED	Dr. Parsons	10/09/2019	10/09/2019	90	
1	1	10/07/2019	01/06/2020	APPROVED				89	

Figure 70: Active current 90-day period of care

365-Day Period	90-Day Period	Start Date	End Date	Authorization Status	Authorization By	Authorization Received Date	Date Request Submitted	Remaining Days	Comments/Reasons
1	2	01/18/2020	04/05/2020	APPROVED	Dr. Parsons	01/20/2020	01/20/2020	90	
1	1	10/07/2019	01/06/2020	APPROVED				0	

Figure 71: Expired current 90-day period of care

5.2.1.2 Edit Purple Heart

Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces. Purple Heart Recipients must be confirmed using a DD-214 (Discharge), DD-215 (Correction to Discharge), WD AGO (War Department Adjutant General's Office Form), Service Records showing the award, Military Orders of the Award, or other authoritative sources. A copy of the certificate in and of itself is not confirmation of PH status. Confirmed PH recipients will be enrolled in PG 3 and will be exempt from outpatient medical care copays.

A Mariner's medal, while it may be similar to a PH, is not the same. Therefore, this beneficiary cannot be listed as a PH recipient.

VIEW HISTORICAL PURPLE HEART

Purple Heart Status:

Purple Heart Status is the Purple Heart status assigned to the Veteran (display only). Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable, **YES**, the Veteran is then confirmed as a Purple Heart recipient. All sites of record are notified.
- *In Process* - the Purple Heart status confirmation is still being processed. All sites of record are notified.
- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply. All sites of record are notified.
- *Pending* - All sites of record are notified.
- *Rejected* - All sites of record are notified.

Status Update:

Status Update is the date the beneficiary's PH *Status* was last updated (display only).

Purple Heart Facility:

Purple Heart Facility is the facility from which the Purple Heart information was received (display only).

Assigned LAS:

The Legal Administrative Specialist (LAS) assigned to the case (display only).

The **Assigned LAS** field is editable for users with the proper permissions.

Rejected Remarks:

Rejected Remarks is a remark for why PH was rejected. Select from the dropdown.

Last Update Date:

Last Update Date is the date and time the record was last updated (Read-Only).

Last Updated By:

Last Updated By is the user who made the last update (Read-Only).

 **Note:** The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments:

The **VOA File Attachments** function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. Users are able to view the attachments, determine what document types they contain, and indicate whether the documents are acceptable or not.

File Name:

File Name is the attachment file name. If the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

File Type:

File Type is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

Doc Type:

Doc Type are allowable values from which to select are: DD-214, DD-215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

Accept?:

Accept? allows users the ability to either accept or reject the attached document. The decision is displayed here.

Updated:

When a user edits the Accept? indicator via the **UPDATE** button, ES updates the **Updated Date/Time** field to the current date.

By:

When a user edits the Accept? indicator via the **UPDATE** button, the system updates the **By** field ID to the user's ID.

ADD:

When the user clicks the **ADD** link, the system allows the user to add another DocType for a file attachment.

UPDATE

The **UPDATE** button allows the user to update the **Doc Type** and/or **Accept?** fields. After doing so, the system updates the **Updated** date/time and the **By** fields.

LOG NEW DOCUMENT

New Document Receipt

Document Receipt

Document Receipt Date:

Enter the date the Purple Heart documentation was received.

Rules...

🔴 Format: mm/dd/yyyy

Document Log In Date:

Document Log In Date is the date the confirmation documentation was logged in (display only).

Assigned LAS:

Select the Legal Administrative Specialist (LAS) to be assigned to the case from the dropdown.

Document Type:

Select the type of confirmation Purple Heart documentation from the dropdown.

Data Source:

Select the data source for the confirmation Purple Heart documentation from the dropdown.

Document Acceptable:

Is documentation acceptable?

If	Then
Yes	Document is acceptable.
No	<p>User may enter Unacceptable Remarks if answering No to Document Acceptable.</p> <p>Rules...</p> <ul style="list-style-type: none"> ● The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veterans PH Award must be provided. For example, any one of the following documents is acceptable: ● DD-214 (Discharge) ● DD-215 (Discharge Update) ● World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO) ● Service Records showing the award ● Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

5.2.1.3 View Historical Eligibility

Clicking the **View Historical Eligibility** link takes the user to the **Eligibility Change History** screen. All fields that appear on the **Eligibility Change History** screen are system populated, read only fields. These are the same fields that appear on the **Eligibility** screen. All updated Community Care data displays on the **Eligibility Change History** screen.

Fields are: Eligibility Details, Old Value, New Value, Data Changed.

5.2.2 Registration

The long-term goal of the Health Eligibility Center (HEC), within Member Services, is to separate registration-only records from VHA Enrollment.

The Enrollment System displays the following "Registration Only" fields on the **Eligibility** screen on the **Registration** panel:

Do You Wish To Enroll

- “No Data” is the default.
- The user is required to select “Yes” or “No” on a post-separate registration record.
 - The user CAN change the answer from “No” to “Yes”.
 - The user CANNOT change the answer from “Yes” to “No” unless the user has the "Edit Registration Reason" capability.
- The system CANNOT change the “Do You Wish To Enroll” answer automatically except for the following scenarios:

If	Then
The online Healthcare Application (HCA) is received for a person already known in the Enrollment System with a “Do You Wish To Enroll” value of “No” and there is no future discharge date (FDD)	The system defaults the “Do You Wish To Enroll” to “Yes” when the HCA is received.
The FDD expires in the Enrollment System and the Veteran Indicator is set to “No”	The system will: <ol style="list-style-type: none"> 1. Set the Veteran Indicator to “Yes”. 2. Set the Eligibility to “Pending Verification”. 3. Set the “Do You Wish To Enroll” question to “Yes”.
The FDD expires in the Enrollment System and the Veteran Indicator is set to “Yes”	The system will: <ol style="list-style-type: none"> 1. Retain the Veteran Indicator as “Yes”. 2. Retain the Eligibility as is. 3. Set the “Do You Wish To Enroll” question to “Yes”.

- The Enrollment System will NOT allow the user to change the answer from “Yes” to “No” even after re-enrollment followed by “Cancelled/Declined” or “Closed Application” Enrollment status unless the user has the "Edit Registration Reason" capability.

💡 **Notes:**

- Once the record is closed or cancelled/declined, and a new application is being processed, the “Do You Wish To Enroll” question remains as “Yes” (unchanged) since a person cannot be unknown twice. Registration is for persons unknown.
- On existing records, when the prompt “Do You Wish To Enroll” is displayed in VistA, if the value is “No”, it cannot be changed except in the Enrollment System. In the Enrollment System, users can change the “Do You Wish To Enroll” value to “Yes” on all records.
- The system does not allow the user to set the "Cancelled/Declined Indicator" to “Yes” when the enrollment status is “Registration Only” or when the “Do You Wish To Enroll” is “No” unless the user has the "Edit Registration Reason" capability.
- The system does not allow the user to change the answer to "Do You Wish To Enroll" once submitted unless they have the "Edit Registration Reason" capability.
 - Only the users with the "Edit Registration Reason" capability can change the answer to "Do You Wish To Enroll".

Registration Only Date:

- Always populated with a date.

If the record	Then
Is created in the Enrollment System	The Registration Only Date is set to current date by the system. This is the date the user can complete registration.
Is previously not known to the Enrollment System (and received from VistA)	The Registration Only Date is accepted from VistA .

Self-Reported Registration Only Reason:

- Populates when "Do You Wish To Enroll" is “No”.
- The following reasons will be available to the user through a dropdown:
 - C&P Disability Benefits Exam
 - Active Duty
 - Service Connected Only
 - Exposure Registry Exam
 - Research
 - Humanitarian/Emergency
 - Employee

- Beneficiary
- Other Than Honorable (OTH)
- Marriage/Family Counseling
- Collateral (Other)
- ART/IVF
- Newborn
- Legislative Mandate
- Other
- VHA Transplant Program
- The following three reason are automatically assigned. The system does NOT display these reasons in the Self-Reported Registration Only Reason dropdown:
 - i. North Chicago Active Duty
 - ii. [Unanswered](#)
 - iii. Caregiver

 **Notes:**

- The user cannot select more than one value for "Self-Reported Registration Only Reason".
- The user cannot change the submitted "Self-Reported Registration Only Reason" unless they have appropriate capabilities.
- Users with the "Edit Registration Reason" capability elevated access can select all registration reasons and change the answer of "Do You Wish To Enroll".

Source of Registration:

- Populates when "Do You Wish To Enroll" is "No".
- Sets to "HEC" regardless of the user's actual location (VAMC, VistA site or HEC) when a registration record is entered into the Enrollment System.
- Based on rules, the Enrollment System sets the Source of Registration to one of the following:

Source of Registration	Rules for Caregiver
HCA	Populates when the Enrollment System processes a message from the HCA application for a person not previously known to the Enrollment System.
HEC	Populates when a new registration is entered into the Enrollment System (example: Add a Person).

Source of Registration	Rules for Caregiver
VAMC	<p>Populates when the registration is received into the Enrollment System from a VistA site (example: Register a Patient, Load/Edit Patient data).</p> <p> Note: This station identifier value is set by VistA REE and sent to the Enrollment System through HL7 messaging with registration data.</p>
CARMA	<p>Populates when the registration is received into the Enrollment System from a VistA site (example: Register a Patient, Load/Edit Patient data).</p>
Other	<p>Populates when the registration (post “Registration Only”) record without Registration Only fields is received from VistA but is NOT from site 556.</p>

Saving “In Process” Registration Details

If the Enrollment System user is creating a new record but decides to save their work, clicking the **Save in Process** button saves the “in process” registration details and locks the record. “In process” registration details are saved on the **Eligibility** screen and will be displayed under the **Registration** panel. All changes to registration data are saved on the **View Registration History** screen.

Validating the Completed Registration

The Enrollment System continues to apply validations upon the completion of the registration. Validations include Language Entry Date, Eligibility Verification Date (if the Eligibility status is “Verified”, etc). If any validation errors occur, the system displays the following error message for the following "Registration Only" fields:

Veteran Indicator:

- When the registration data is saved and the user has NOT indicated a “Yes” or “No” value on the Veteran Indicator field, the following error message displays:
 - “A Yes or No value for the Veteran indicator is required.”

Do You Wish To Enroll:

- When the registration data is saved and has NOT indicated a “Yes” or “No” value on the “Do you wish to Enroll” field, the following error message is displayed:
 - “A Yes or No indication for the intent to enroll is required.”

Self-Reported Registration Only Reason:

- When the New Registration fields are saved but the user has NOT selected a self -reported registration reason, the following error message is displayed:
 - “Self-Reported Registration Reason must be selected.”

The table below describes information the Enrollment System processes and manages for “Registration Only” records:

Enrollment System Process	Description
<p>Financial Information</p>	<p>The Enrollment System does NOT accept financials for Registration Only Records. During add a person (AAP), if the user adds financial/income test details, the system displays the following error message upon clicking the Complete Registration button:</p> <p style="text-align: center;"><i>“Financial Information cannot be entered for Registration Only Records”.</i></p> <p>The Registration Only records will NOT be subject to:</p> <ol style="list-style-type: none"> a. means testing b. pharmacy (Rx) copay testing
<p>Military Service Information</p>	<p>The Enrollment System does not require but allows the user to enter any military service information if available. The enrollment status remains “Registration Only” regardless of the outcome of the military service information process.</p> <p>If the user enters an FDD when the answer to "Do You Wish To Enroll" is “No”, then, upon clicking the Update button, the system presents a pop-up message to confirm the entry of the FDD for a Registration Only record.</p>

Enrollment System Process	Description
	<p><i>"The Future Discharge Date is only applicable to active duty service members who intend to enroll upon discharge. Click OK to continue."</i></p>
<p>Pre-Separation Person without Registration Details</p>	<ul style="list-style-type: none"> ● The Enrollment System will NOT allow the user to add any registration data for pre-separation enrollment records into the system. ● The system does not require or validate any registration fields for existing (pre-separation) records. ● The system continues to apply enrollment calculations. ● The existing enrollment records (from prior to separation) do not result in an enrollment status of "Registration Only". ● The system displays the "Do You Wish To Enroll" radio button question. <div data-bbox="818 1003 1334 1045" style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> <p>▶ Do You Wish To Enroll: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> No Data</p> </div> <p style="text-align: center;">Figure 72: Do You Wish To Enroll radio button question</p> <p>Note: The system will not auto enroll pre-separation records (example: enrollment changes).</p>
<p>Post-Separation VistA REE records (without the "Do You Wish To Enroll" enroll value, "North Chicago", "CAPRI", and all other records received from VistA without New Registration Data)</p>	<ul style="list-style-type: none"> ● The Enrollment System receives records from VistA. ● The system verifies if registration data exists on the record. <ul style="list-style-type: none"> a. If there is NO registration data, then system verifies the Application Date. b. If the Application Date is blank, then: <ul style="list-style-type: none"> i. Set the value of "Do You Wish To Enroll" to "No". ii. Set the Registration Only Date to the current date. iii. Verify the site number. <ul style="list-style-type: none"> 1. If the site number is 556, then set the Self-

Enrollment System Process	Description
	<p>Reported Registration Only Reason to “North Chicago Active Duty”, and Source of Registration to “VAMC”.</p> <ol style="list-style-type: none"> 2. If the site number is NOT 556 then, set the Self-Reported Registration Only Reason to “Unanswered”, and Source of Registration to “Other” if the record is coming from VistA. 3. If the Application Date is NOT blank, if registration data is available in the HL7 OR Enrollment Determination is complete in the Enrollment System then, do NOT change the registration data. <ul style="list-style-type: none"> • The system stores the original/incoming value for “Do You Wish To Enroll” received from VistA. 💡 Notes: If the “Do You Wish To Enroll” value is “Yes” or “No” in the Enrollment System and the value received from VistA is “No Data”, then the system retains the value (“Yes” or “No”) and accepts all other updates from VistA REE.
<p>Person-Caregiver (Registration Only)</p>	<ul style="list-style-type: none"> • The Enrollment System receives Caregiver records from CARMA. • The system sets the Veteran Indicator to “No”. • The system sets the New Registration fields as follows: <ol style="list-style-type: none"> a. “Do You Wish To Enroll” to “No”.

Enrollment System Process	Description
	<ul style="list-style-type: none"> b. Self-Reported Registration Reason to “Caregiver” c. Source of Registration to “Other” d. Registration Date to the current date
<p>Person (Registration Only)</p>	<ul style="list-style-type: none"> • The system shall calculate the Enrollment Status to Registration Only as follows: <ul style="list-style-type: none"> a. If the value of “Do You Wish To Enroll” is “No” and the Veteran Indicator is “Yes” and there is no date of death, then set the enrollment status to “Registration Only”. <p>Note: If a date of death exists on the record, then set the enrollment status to “Deceased”.</p> b. If the value of “Do You Wish To Enroll” is “No” and the Veteran Indicator is “NO”, then set the enrollment status to “Registration Only”.
<p>HCA Applications (Registration Only)</p>	<ul style="list-style-type: none"> • The Enrollment System defaults to “Yes” for the “Do You Wish To Enroll” question when receiving an HCA application and an FDD is <u>not</u> present for a record that currently has: <ul style="list-style-type: none"> a. Veteran Indicator as “No” b. “Do You Wish To Enroll” as “No” or an empty field. • The system processes all HCA applications per current enrollment rules. 💡 Note: If an HCA is received, the system defaults the answer to “Yes”. The pre-separation record may already exist in the Enrollment System with a “Do You Wish To Enroll” of “No”. Or, the pre-separation record may already exist in the system without a “Do You Wish To Enroll” value. • If an FDD <u>is</u> present on the HCA message, the Enrollment System updates the:

Enrollment System Process	Description
	<p>a. "Veteran Indicator" to "No", and the;</p> <p>b. "Do You Wish To Enroll" question to "No" when receiving an HCA application for a <u>new record</u>.</p> <p>The Enrollment System then sets:</p> <p>a. "Self-Reported Registration Reason" to "Active Duty",</p> <p>b. "Source of Registration" to "HCA", and;</p> <p>c. "Enrollment Status" to "Registration Only".</p>
Pending 365 Day Clock	If the enrollment status is "Registration Only", the 365-day clock process does NOT start.
VHA Profile	<p>The Enrollment System assigns a VHAP for "Registration Only" records as follows:</p> <ul style="list-style-type: none"> ● If the Self-Reported Registration Only reason is: "Exposure Registry Exam", "C&P - Disability Benefits Exam" or "Research" and the enrollment status is "Registration Only", then "Registration Only" is assigned to the VHAP. ● The Restricted Medical Benefit Profile is updated to include the enrollment status of "Registration Only". ● The Humanitarian Profile is updated to include the enrollment status of "Registration Only". ● The Ineligible Profile is updated to include the enrollment status of "Registration Only". ● The ORM Profile is updated to include the enrollment status of "Registration Only".

Share Registration Only with E&E Web Service

When a registration is completed, registration data shared through the E&E Web Service will be as follows:

1. “Do You Wish To Enroll”
2. Self-Reported Registration Only Reason
3. Registration Only Date
4. Source of Registration

Send and Receive HL7 Messages for Registration Only to and from VistA

When a registration is completed, registration data communicated to VistA through HL7 messaging is the following:

1. “Do You Wish To Enroll”
2. Self-Reported Registration Only Reason
3. Registration Only Date
4. Source of Registration

When a registration is completed at a VistA site, the following registration data will be received and processed into ES through HL7 Messaging:

1. “Do You Wish To Enroll”
2. Self-Reported Registration Only Reason
3. Registration Only Date
4. Source of Registration

5.2.3 Rated SC Disabilities

Code:

The code is associated with the Service Connected (SC) or non-Service Connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration (VBA) determines the codes applicable to the Veteran through the compensation review process.

Description:

Description of the rated disability code.

 **Note:** This field system filled based on the valid rated disability code entered.

Diagnostic Extremity:

Diagnostic Extremity is defined as the portion of the body in which the disability is located.

Extremity choices are:

- Left-Lower Extremity
- Left-Upper Extremity
- Right-Lower Extremity
- Right-Upper Extremity
- Both-Lower Extremities
- Both-Upper Extremities

Diagnostic Extremity data is shared with VistA.

Service Connected Percentage (%):

Service Connected Percentage (%) is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

Service Connected Percentage (%) data is shared with VistA.

More...

- A Service Connected rating is an official ruling by VA that the beneficiary's illness/condition is directly related to their active military service. Service Connected ratings are established by VA Regional Offices located throughout the country.

Rules...

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

Original Effective Date:

Original Effective Date is the effective date on which the condition was originally determined to be Service Connected.

Original Effective Date data is shared with VistA.

More...

- The Original Effective Date for a disability is the date Veterans Benefit Administration (VBA) determines as the first day a disability is considered Service Connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.
 - Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the Current Effective Date is updated

to September 2005, the date the new percentage was determined to take effect.

Rules...

- Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
- Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date:

Current Effective Date is the date on which the rated disability was/is effective.

Current Effective Date data is shared with VistA.

More...

- Current Effective Date is the most recent date Veterans Benefit Administration (VBA) establishes a new Service Connected disability percentage for the particular diagnostic code.

Rules...

- Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
 - Rated Disability *Current Effective Date* cannot be after *Date of Death*.
-  **Note:** The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

Veterans Online Application (VOA) File Attachments

The **VOA File Attachments** function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system.

VOA file attachments can be copies of documents such as *DD-214s*, *Military Orders of Award*, etc. and be in a limited variety of file types. Users are able to view the attachments, determine what document types they contain, and indicate whether the document is (are) acceptable or not.

Click the ► arrow to expand the VOA file attachments list.

FileName

FileName is the attachment file name. When the user clicks on the file name, ES displays the contents of the selected file attachment in a new window.

More...

- FileName allows the user to examine the contents of the attachment in order to determine the document types such as: *DD-214*, *Military Orders of Award*, etc., and whether or not to **Accept?** the documents as valid.

FileType

FileType is the attachment file type. One example is pdf. ES determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

DocType is the allowable values from which to select are: *DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.*

More...

- Users may “remove” a *DocType* from the list by selecting “Remove it” for the *DocType* and then clicking the **UPDATE** button.
 - The **Accept?** check box cannot be checked when “Remove it” is selected for the *DocType*.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a *Veterans DD-214, Military Orders of Award, etc.* Make sure there is a check in the **Accept?** check box to accept the attachment.

Updated

ES updates the Updated Date/Time field to the current date when a user edits the **Accept?** indicator via the **UPDATE** button.

By

ES updates the By field ID to the user’s ID when a user edits the **Accept?** indicator via the **UPDATE** button.

ADD

ES allows the user to add another *DocType* for a file attachment when the user clicks the [ADD](#) link.

UPDATE

The **UPDATE** button allows the user to update the **DocType** and/or **Accept?** fields. ES updates the *Updated Date/Time* and the *By* fields after clicking **UPDATE**.

5.2.4 Prisoner of War

Add/Edit POW Episode

POW Indicator:

Determine if Veteran was a Prisoner of War (POW).

If	Then
Yes	<p>Veteran meets the criteria of formerly Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of Yes.</p> <p>Rules...</p> <ul style="list-style-type: none"> • When <i>POW Indicator</i> is answered Yes, the following additional fields are required: <ul style="list-style-type: none"> • Confinement Location, • Capture/Release Dates • <i>Release Date</i> must be equal to or greater than the <i>Capture Date</i>.
No	Veteran was NOT a former prisoner of war.

POW Indicator data is not shared with VistA

More...

- Verification can be obtained from DD-214, [POW Registry](#) or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

POW Source is defined as the source where POW documentation was received and/or reported. Choices are:

- All
- DoD - Department of Defense
- NARA - National Archives and Records Admin.
- Other

- VAMC
- VBA - Veterans Benefit Administration
- Veteran
- VistA

Document Type:

POW Document Type is defined as the type of document sent to the HEC for proof that Veteran was a POW. Valid types are:

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

★*Capture Date:*

Capture Date is the date on which the Veteran entered into a listed POW camp.

Rules...

- *Capture and Release Dates cannot fall after a person's Date of Death.*

★*Release Date:*

Release Date is the date on which the Veteran was released or rescued from the POW camp.

Rules...

Release Date:

- Is required if POW Indicator is **Yes**.
- Must be at least a Month and Year.
- Must be equal to or greater than the Capture Date.
- Capture and Release Dates cannot fall after a person's Date of Death.

Days of Captivity:

This is an ES-calculated number of days between the *Capture Date* and *Release Date*.

- **Note:** *Days of Captivity* will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

★**Confinement Location:**

Confinement Location is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp:

Camp is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

 **Note:** that when a Camp name is selected, the ES automatically system fills the appropriate Camp Code and Camp City.

Camp Code:

This ES-system filled code indicates the particular Prisoner of War camp.

Camp City:

The city/country in which the Prisoner of War camp was located. This is ES filled.

Date Entered (Edit):

Date Entered (Edit) is the date (mm/dd/yyyy) on which the POW Episode was entered. This is ES filled.

Purple Heart Status:

Purple Heart Status is the Purple Heart (PH) status assigned to the Veteran (display only). All sites of record are notified for these statuses. Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable (YES), the Veteran is then confirmed as a Purple Heart recipient.
- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply.
- *Second Ltr Sent* - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.
- *Pending*
- *In Process* - the PH status confirmation is still being processed.

Aid & Attendance:

Aid & Attendance indicates if the Veteran is receiving A&A benefits from the Dept. of Veterans Affairs.

If	Then
Yes	<p>The Veteran is in receipt of Aid & Attendance</p> <ul style="list-style-type: none"> • Aid & Attendance is a benefit paid in addition to monthly pension. • Aid & Attendance benefit may not be paid without eligibility to pension. • Aid & Attendance is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. • Verification of this benefit can be verified via <u>VIS</u>, <u>SHARE</u>, or other authoritative source. • Veterans in receipt of Aid & Attendance will be enrolled in PG 4 and will be exempt from all copays.
No	<p>The Veteran is NOT in receipt of Aid & Attendance benefits.</p> <p> Note: Aid & Attendance field cannot be edited if <u>Veteran Indicator</u> is No.</p>

Aid & Attendance data is shared with VistA.

Rules...

- A Veteran cannot be both Aid & Attendance and House Bound (HB) at the same time.
- If the Service Connected % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

Housebound:

Housebound (HB) indicates whether the Veteran is receiving HB benefits from the Dept. of Veterans Affairs.

Veterans Benefits Administration (VBA) determines if Veteran is permanently HB and in receipt of HB benefits.

If	Then
Yes	<p>Housebound (HB) is paid in addition to monthly pension. Like Aid & Attendance, Housebound benefits may not be paid without eligibility to pension.</p> <ul style="list-style-type: none"> • Verification of this benefit can be verified via <u>VIS</u>, <u>SHARE</u> or other authoritative source. • Veterans in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.
No	<p>Veteran is NOT in receipt of HB benefits.</p> <p>💡 Note: Housebound field cannot be edited if <u>Veteran Indicator</u> is No.</p>

Rules...

- A Veteran cannot be both Aid & Attendance and House Bound (HB) at the same time.
- If the Service Connected % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

Housebound data is shared with VistA.

VA Pension:

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

If	Then
Yes	<p>VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old.</p> <ul style="list-style-type: none"> • Veterans who are more seriously disabled may qualify for Aid & Attendance or Housebound benefits. • Aid & Attendance or Housebound benefits are benefits that are paid in addition to the basic pension rate. • VA Pension benefit can be verified by VIS, SHARE or other authoritative source. • Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.
No	<p>This can be verified by VIS, SHARE or other authoritative source.</p> <p>When the Veteran Indicator is changed from Yes to No, ES automatically sets several fields as follows:</p> <p>VA Pension Indicator is set to No and the Pension Award Effective Date and the Pension Award Reason codes are set to null.</p> <p> Note: VA Pension field cannot be edited if <u>Veteran Indicator</u> is No.</p>

Rules...

- If the Service Connected % is greater than or equal to 90% and Aid & Attendance or Housebound indicator is **Yes**, user cannot enter **Yes** for VA Pension indicator.
- Receiving VA Pension requires Annual Check Amount to be \$0 or greater.
- Receiving VA Disability Compensation and VA Pension indicators cannot both be **Yes**.
- If the VA Pension indicator is changed to **Yes**, the Pension Award Effective Date is required

VA Pension data is shared with VistA.

Pension Award Effective Date:

Pension Award Effective Date is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the **Pension Award Reason to** see if the date on file is the original award or the latest change.

More...

- If the Pension Award Effective Date is deleted, the Pension Award Reason code is also deleted.

Rules...

Pension Award Effective Date:

- Can be entered or edited only if the VA Pension indicator is **Yes**.
- Must be a precise date.
- Cannot be a future date.
- Cannot be prior to the Pension Termination Date.
- Pension Award Effective Date is required if the VA Pension indicator is changed from null to **Yes** or **No** to **Yes**.

Pension Award Reason:

Pension Award Reason is the reason or change reason for the *Pension Award*. Select from the dropdown list.

Rules...

- *Pension Award Reason* is required if the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**.

Pension Termination Date:

Pension Termination Date is the date on which the *Pension Award* was terminated.

Rules...

Pension Terminated Date:

- Must be a precise date.
- Cannot be a future date.
- Can only be entered when the *VA Pension* indicator is **No**.
- Cannot prior to the *Pension Award Effective Date*.
- *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required if the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**.

Pension Termination Reason 1:

Pension Termination Reason 1 represents the first reason the pension was terminated. Termination of the *VA Pension* benefit can be for multiple reasons. Veterans Benefit Administration (VBA) shares the most recent four codes on file.

Rules...

- *Pension Award Termination Date* is required and at least 1 *Pension Termination Reason* is required if the VA Pension indicator is changed from null to No or Yes to No.

Pension Termination Reason 2:

Pension Termination Reason 2 represents the second reason the pension was terminated.

Pension Termination Reason 3:

Pension Termination Reason 3 represents the third reason the pension was terminated.

Pension Termination Reason 4:

Pension Termination Reason 4 represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation:

Receiving VA Disability Compensation indicates whether the Veteran is receiving disability payments.

If	Then
Yes	<p>Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.</p> <p>More...</p> <ul style="list-style-type: none">● Receipt of disability compensation can be verified via VIS, SHARE, VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-Service Connected conditions.
No	<p>Veteran is NOT in receipt of a rated Service Connected VA disability compensation. This can be verified via SHARE or other authoritative source.</p>

Receiving VA Disability Compensation data is shared with VistA.

Rules...

- Receiving VA Disability Compensation requires an Annual Check Amount greater than zero.
- Receiving VA Disability Compensation and VA Pension indicators cannot both be **Yes**.

Total Monthly Check Amount:

Total Monthly Check Amount is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

- Total Monthly Check Amount must be greater than or equal to \$0 if the VA Pension indicator is set to Yes.

Annual Check Amount:

Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

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

Annual Check Amount data is shared with VistA.

Rules...

Annual Check Amount:

- Is required when *Receiving VA Disability Compensation* is **Yes**.
- Must be greater than zero is required when *Permanent & Total* is **Yes**.
- Must be greater than or equal to \$0.00 and less than or equal to \$99999.00.

Unemployable:

A code that indicates whether this Veteran is rated unemployable by the VARO due to a Service Connected condition.

Unemployable data is shared with VistA.

Yes - Veteran must have Service Connected % equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than \$0.

💡 **Note:** **Unemployable** field cannot be edited if the Veteran Indicator is **No**.

Permanent & Total (P&T):

Permanent & Total (P&T) indicates whether the Veteran is permanently and totally disabled determined by VARO due to a Service Connected condition.

If	Then						
Yes	<p>Veteran is rated P&T by Veterans Benefit Administration (VBA). More...</p> <ul style="list-style-type: none">  P&T is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on Service Connected disability percentage. <table border="1" data-bbox="706 808 1550 1205"> <thead> <tr> <th data-bbox="706 808 1015 846">If</th> <th data-bbox="1015 808 1550 846">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="706 846 1015 968">Veteran has only one Rated Disability</td> <td data-bbox="1015 846 1550 968">Service Connected % must be equal to or greater than 60% .</td> </tr> <tr> <td data-bbox="706 968 1015 1205">Veteran has more than one Rated Disability</td> <td data-bbox="1015 968 1550 1205">Service Connected % must be equal to or greater than 70% AND one of the Rated Disabilities must have Service Connected % equal to or greater than 40% . When not sure about entering P&T, leave it out of your update.</td> </tr> </tbody> </table>	If	Then	Veteran has only one Rated Disability	Service Connected % must be equal to or greater than 60% .	Veteran has more than one Rated Disability	Service Connected % must be equal to or greater than 70% AND one of the Rated Disabilities must have Service Connected % equal to or greater than 40% . When not sure about entering P&T, leave it out of your update.
If	Then						
Veteran has only one Rated Disability	Service Connected % must be equal to or greater than 60% .						
Veteran has more than one Rated Disability	Service Connected % must be equal to or greater than 70% AND one of the Rated Disabilities must have Service Connected % equal to or greater than 40% . When not sure about entering P&T, leave it out of your update.						
No	<p>Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.</p> <p> Note: Permanent & Tool field cannot be edited if <u>Veteran Indicator</u> is No.</p>						

Rules...

-  If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If **Yes**, an effective date must be entered.

Permanent & Tool data is shared with VistA.

Permanent & Total (P&T) Effective Date:

If Permanent & Total (P&T) is marked as **Yes**, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a Service Connected condition.

Permanent & Total Effective Date data is shared with VistA.

Rules...

P&T Effective Date:

- Must be a precise date.
- Cannot be a future date.
- Cannot be prior to the Date of Birth.
- Cannot be after the Date of Death.

Rated Incompetent:

Rated Incompetent indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

If	Then
Yes	Veteran is determined to be Rated Incompetent by Veterans Benefit Administration (VBA), or civil authorities. More... <ul style="list-style-type: none"> ● Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veterans Legal Guardian using Power of Attorney as a source.
No	Veteran is NOT determined to be Rated Incompetent. 💡 Note: Rated Incompetent field cannot be edited if <i>Veteran Indicator</i> is No .

Rated Incompetent data is shared with VistA.

Civil Date:

Date Ruled Incompetent (Civil Date) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

Date Rate Incompetent (Civil Date):

- Cannot be a future date but must be after Veterans DOB.
- Cannot be after the Veterans *Date of Death*.

VA Date:

Date Ruled Incompetent (VA Date) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

Date Ruled Incompetent (VA Date):

- If the year is omitted, the system uses CURRENT YEAR.
- Cannot be a future date, must be after Veterans DOB.
- Cannot be after the Veterans *Date of Death*.

Eligibility for Medicaid:

Eligible for Medicaid indicates whether Veteran is eligible to receive Medicaid coverage.

If	Then
Yes	<p>The Veteran is in receipt of Medicaid benefits or other state sponsored compatible benefits.</p> <p>More...</p> <ul style="list-style-type: none"> • Veteran is not required to complete financial assessment tests. Verify with Veteran and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.
No	<p>Veteran is NOT in receipt of Medicaid or compatible benefits.</p> <p> Note: Eligibility for Medicaid field cannot be edited if <i>Veteran Indicator</i> is No.</p>

Eligibility for Medicaid data is shared with VistA.

Date Medicaid Last Updated:

Date Medicaid Last Updated is the date the Eligibility for Medicaid indicator was last updated.

 **Note:** The **Date Medicaid Last Updated** field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

- Date Medicaid Last Updated cannot be a future date.

Date Medicaid Last Updated data is shared with VistA.

Ineligible Date:

Ineligible Date is the effective date on which this Veteran was found to be ineligible for VHA Health Care.

Ineligible Date data is shared with VistA.

Rules...

Ineligible Date:

- Must be a precise date.
- Cannot be a future date.
- Cannot be a prior to the Date of Birth.
- *Ineligible Reason* is required when an Ineligible Date is entered.
- The *Ineligible VARO Decision* is required when an Ineligible Date is entered.
- The Ineligible Date cannot be prior to the earliest Service Entry Date.
- *Ineligible Date* field disables for non-Veterans.
- *Ineligible Date* disables if the Veteran Indicator is set as “No”.

★*Ineligible Reason:*

Ineligible Reason is the reason why the Veteran is ineligible for enrollment into the VA healthcare system. The Ineligible Reason field is required if an *Ineligible Date* is entered.

Ineligible Reasons include:

- Active Duty for Training Only
- Served Less Than 24 months
- DVA per VARO
- OTH Char of Svc-Admin Decision Req

Ineligible Reason data is shared with VistA.

Rules...

Ineligible Reason:

- Character length must be 1 - 40 characters.
- Is required when there is an *Ineligible Date*.

Ineligible VARO Decision:

The Ineligible VARO Decision is why the Veteran is ineligible for treatment if *Ineligible Date* is entered. If available, enter *VARO Station Number* and *Date of Decision*.

Ineligible VARO Decision data is shared with VistA.

Rules...

Ineligible VARO Decision:

- Is not required unless an Ineligible Date is entered.
- Character length for Ineligible VARO Decision should be between 3 and 75 characters.

Non-Veteran Eligibility Codes

TRICARE:

TRICARE is the Department of Defense (DoD) regionally managed Healthcare program for service families.

More...

- TRICARE Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with healthcare providers, create or customize a TRICARE Online web page, and use the Personal Health Care Manager.

Sharing Agreement:

Sharing Agreement is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

More...

- The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country:

Allied Veteran Country is defined as the Veterans allied country of origin.

Allied Veteran Country data is shared with VistA.

Rules...

- Veteran will be assigned an Eligibility Code of Allied Veteran if an Allied Veteran Country is selected.
- Allied Veteran Country is required information for registration as an Allied Beneficiary. Authorized selections are:
 - Canada, United Kingdom (UK), Great Britain / N. Ireland (GRT).
 - Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-Service Connected Veteran, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

More...

- Qualifying Allied Beneficiaries are eligible for treatment for Service Connected conditions only and the Allied Country should authorize the care and reimburse VA.
- Allied Beneficiaries are individuals receiving a war pension or equivalent for Service Connected conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK., Great Britain / N. Ireland) and Canada).
- If the Allied Beneficiaries served with Poland and/or Czechoslovakia and are in receipt of a VA monetary benefit from Great Britain (GRT) based on a Service Connected condition, they can elect to be registered as an Allied Beneficiary, and country of UK. Grt. Britain / N. Ireland will be selected as the Allied Veteran Country. Allied Beneficiaries are eligible for treatment for Service Connected conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-Service Connected eligibility.

CHAMPVA:

Civilian Health and Medical Program of the Uniformed Services or Veterans Affairs (*CHAMPVA*) is an insurance program in which the VA shares the cost of covered healthcare services and supplies for active duty and retired career military persons, their dependents, and survivors.

If	Then
Yes	<p>The spouse or widower, and the children of a Veteran meet the criteria of CHAMPVA eligibility.</p> <p><i>More...</i></p> <ul style="list-style-type: none"> • Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a Service Connected disability, or were rated permanently and totally disabled due to a Service Connected condition at the time of death, or died of a Service Connected disability, or died on active duty and the dependents who are not otherwise eligible for DoD TRICARE benefits. • CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare services and supplies with eligible Veterans.
No	The Veteran does NOT meet the criteria of CHAMPVA eligibility.

Employee:

Determine if the Veteran is an employee of the VAMC.

If	Then
Yes	<p>The Veteran is an employee of the VAMC or one of its associated sister facilities.</p> <ul style="list-style-type: none"> • The Veteran is marked as <i>Sensitive</i> if Yes is selected.
No	The Veteran is NOT an employee of the VAMC.

Collateral of Vet:

Collateral of Veteran is a person related to or associated with a Veteran receiving care from the VA. The person is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veterans clinical care.

If	Then
Yes	<p>The person is not a Veteran but is associated with a Veteran through a specific program of care.</p> <p><i>More...</i></p> <ul style="list-style-type: none"> • The purpose of the specific program of care must be an integral part of the person's treatment plan. • This specific program of care must be documented in the treatment plan in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. <ul style="list-style-type: none"> • Examples of appropriate designation of a collateral visit include: <ul style="list-style-type: none"> ▪ Initial and follow-up contacts for a person assisting a Veterans physical rehabilitation program in the home; ▪ Participation of a family member in outpatient family psychotherapy; ▪ Continuing education and follow through with primary care giver such as residential care sponsor. <ul style="list-style-type: none"> • Examples include spouse/child or associate of Veteran.
No	The person does NOT meet the criteria for Collateral of Vet.

Other Federal Agency:

Other Federal Agency is defined as another source for the beneficiary's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense, Department of the Army** etc.

★ Indicates Required Field.

Selecting Period of Service

The **Select Period of Service** screen displays when user has manually changed the *Veteran Indicator* on the **Edit Current Eligibility** screen from **Yes** to **No**, (making a Veteran a non-Veteran) and clicked the **Accept Changes** button.

The *Period of Service (POS)* values available are contingent on the specific *Non-Veteran Eligibility Code* selected. If multiple *Non-Veteran Eligibility Codes* are selected, ES will determine the available *Period of Service* dropdown selections based on a hierarchy. Only one POS may be selected. ES will not allow the submission of the data until the POS is entered.

Primary Eligibility Code:

Primary Eligibility Code is the *Non-Veteran Eligibility Code* that has been selected on the **Edit Current Eligibility** screen.

ES filled.

★*Period of Service:*

Period of Service (POS) is the POS which best classifies the Veteran. The primary period of service is the POS that takes precedence in determining the highest benefits afforded to the beneficiary.

POS data is shared with VistA.

More...

- Users must manually enter a *Period of Service* if they manually change the *Veteran Indicator* from **Yes** to **No**, making a Veteran a non-Veteran.
- The *Period of Service* is contingent on the specific *Non-Veteran Eligibility Code* that has been entered on the **Edit Current Eligibility** screen.
- ES will determine the available *Period of Service* dropdown selections based on a hierarchy if multiple *Non-Veteran Eligibility Codes* are selected,
- Only one POS may be entered.

★ Indicates Required Field

5.2.5 VHA Profiles

A **VHA Profiles** link displays on the **Update Current Eligibility** panel on the **Overview** screen.

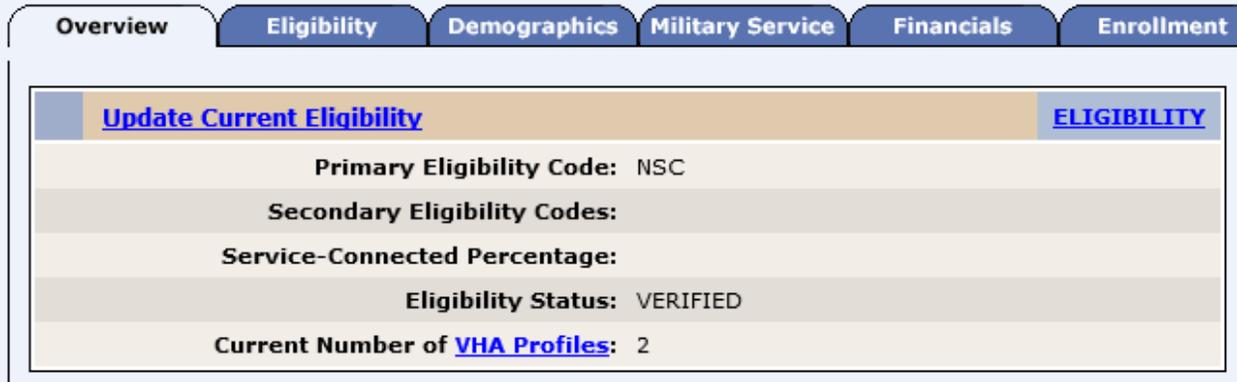


Figure 73: VHA Profiles link on Update Current Eligibility panel

Clicking the link takes the user to the **VHA Profiles** screen where individual categories assigned to the record are displayed.

The **VHA Profiles** screen contains names of the VHAPs in blue font with a red arrow (▶) denoting a dropdown. When a user clicks a blue VHAP dropdown, a short description of the VHAP displays.

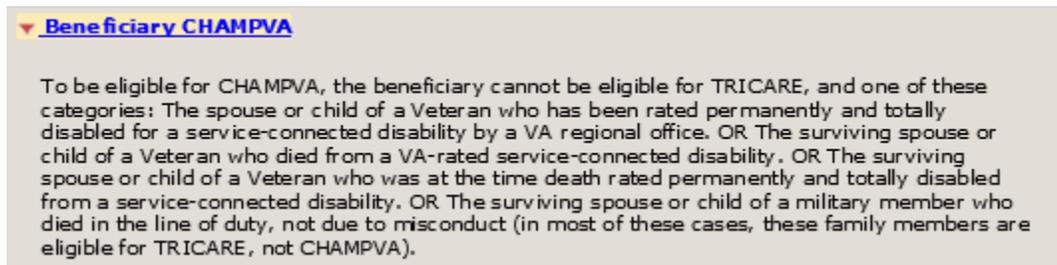


Figure 74: Short VHAP description

Longer, more detailed descriptions are found by clicking [here](#) or by clicking the screen **Help** button located to the right under **Eligibility** → **VHA Profile** screens.

Users with the appropriate *Role/Capabilities* may **View**, **Assign** and **Unassign** profiles to a record. If a Veteran has a “Deceased” enrollment status, the Enrollment System will unassign their profile, move the unassigned to the History screen, and prevent the user from assigning a profile to the deceased Veteran by graying out and disabling the profile checkbox.

On the **VHA Profiles Assigned and Available** screen, users will find grayed-out (non-selectable) profiles and selectable profiles. If a profile has automated rules, it cannot be assigned by a user and the profile will be grayed out. If a profile does not have automated rules, it can be assigned by a user with the appropriate capability.

The Enrollment System automatically assigns and unassigns core, carveout, and Community Care profiles to records when the record qualifies or unqualifies, based on the eligibility rules for

each profile. The eligibility factors for each record can be changed by an Enrollment System user, by an external system message, or the Extract, Transform and Load process. For example, the Enrollment System could receive rated disability information from VBA which can cause a change to the core profile assigned to a Veterans record.

 **Notes:**

-  Assigning and unassigning of core or carveout profiles do not impact the assigning and/or unassigning of Community Care profiles. Categories will display in the Eligibility tab and the Community Care Outcome panel on the Community Care Determination screen.

VHA Profiles Assigned – Unselect to Unassign

The **VHA Profiles Assigned – Unselect to Unassign** screen displays categories assigned to a Veteran with the date and time the profile was last updated. Unselect the profile by clicking the non-grayed out check box by the profile to "unassign" a profile from a record. Click the **UPDATE** button when finished. The **Current Eligibility** screen appears with a confirmation message that the "*VHA Profiles updated successfully*".

The Enrollment System automatically assigns and unassigns core, carveout, and Community Care profiles to records when the record qualifies (or unqualifies), based on the eligibility rules for each. Eligibility factors for each record can be changed by an Enrollment System user, by an external system message, or the Extract, Transform and Load process. For example, the Enrollment System could receive a *Military Service Data Sharing (MSDS)* message with updated military service information that could cause a change to the core profile assigned to a record.

VHA Profiles Assigned - Unselect to Unassign		RETURN TO ELIGIBILITY	VIEW HISTORICAL VHA PROFILES
Unselect	VHA Profile	VHA Profile Abbreviation	Last Updated Date
<input checked="" type="checkbox"/>	▶ Applicant in Process	INC	2020-01-22 10:47:42
<input checked="" type="checkbox"/>	▶ Beneficiary CHAMPVA	CHAMP	2020-01-22 10:47:38
<input checked="" type="checkbox"/>	▶ Beneficiary Children of Women of Vietnam Veterans	CWVV	2020-01-22 10:47:38

Figure 75: VHA Profiles Assigned – Unselect to Unassign

Users may also click on the **View Historical VHA Profiles** link for historical profile information from the **View VHA Profiles** screen.

VHA Profiles Available – Select to Assign

The **VHA Profiles Available – Select to Assign** screen displays available profiles assigned to a Veteran. Select the profile by clicking the checkbox by the profile to "add" a profile to a record. Do this for any or all available profiles that are appropriate for the record.

Click the **UPDATE** button when finished. The **Current Eligibility** screen displays with a confirmation message that the "*VHA Profiles updated successfully*".

Note: Grayed out checkboxes are profiles that can only be assigned or unassigned by the Enrollment System. Non-grayed out checkboxes are profiles that can be manually assigned by users with the appropriate role/capabilities.

VHA Profiles Available - Select to Assign		
Select	VHA Profile	VHA Profile Abbreviation
<input type="checkbox"/>	▶ Active Duty and Sharing Agreements	ADSA
<input type="checkbox"/>	▶ Allied Beneficiaries	AB
<input type="checkbox"/>	▶ Assisted Reproductive Technology	ART
<input type="checkbox"/>	▶ Beneficiary Newborn	NB

Figure 76: VHA Profiles Available – Select to Assign

View Historical VHA Profiles

Users can click the **VIEW HISTORICAL VHA PROFILES** link to view read-only, historical profile information. On the History screen, changes are identified in red text under the New Value column. Enrollment System users can view the data changed by clicking the **Data Changed** buttons .

Assigning a Carveout VHAP to Caregiver

The Enrollment System assigns one carveout VHAP if the Caregiver has been approved for the same Caregiver subtype for more than one Sponsor. For example, Joe is a non-Veteran. He is the Primary Family Caregiver to a Veteran named John, the Secondary Family Caregiver to a Veteran named James, the General Caregiver to a Veteran named William, and the Primary Family Caregiver to a Veteran named Robert. The caregiver subtype for Veteran John has been terminated with the “Benefit End” status, but non-Veteran Joe still has the following “Caregiver Primary Family” carveout profile:

- “Humanitarian” core profile
- “Caregiver Primary Family” carveout profile for Veteran Robert (Veteran John has the Caregiver Status of “Benefit End”)
- “Caregiver Secondary Family” carveout profile for Veteran James
- “Caregiver General” carveout profile for Veteran William

Another example is for a Veteran named Peter. Peter is the General Caregiver to a Veteran named Tyrone, and the Primary Family Caregiver to a Veteran named Ronald. The General Caregiver subtype for Veteran Tyrone has been terminated with the “Benefit End” status so Veteran Peter no longer has the following “Caregiver General” carveout profile:

- “Humanitarian” core profile

- Caregiver status for Veteran Tyrone is “Benefit End”
- “Caregiver Primary Family” carveout profile for Veteran Ronald

The table below determines if the Caregiver is a Veteran or non-Veteran and if they have a VHAP.

If	And	Then
Non-Veteran		They receive a core VHAP (such as “Humanitarian” or “ORM”) and a carveout VHAP is added.
Veteran	Has a core VHAP	That core VHAP remains and a caregiver carveout VHAP is added.
Veteran	Does NOT have a core VHAP (or no VHAP at all)	The core VHAP is “Humanitarian” and a carveout VHAP is added.

All four VHAPs can be individually assigned (only once) to one Caregiver at the same time.

- “Humanitarian” core
- “Caregiver In Process” carveout
- “Caregiver Primary Family” carveout
- “Caregiver Secondary Family” carveout
- “Caregiver General” carveout

Sharing Caregiver VHAP information using E&E Web Service

The Enrollment System will share Caregiver VHAP information with other systems using the E&E Web Service, an eligibility and enrollment service in the Enrollment System.

Using the E&E Web Service, the Enrollment System shares Caregiver VHAP information with other systems who subscribe to the web service. The shared Caregiver VHAP information includes any updates to the Caregiver VHAPs.

Users who subscribe to the E&E web service can pull the Caregiver VHAP information on their end and view it.

 **Note:** The new Caregiver fields will not be shared with other systems through the E&E Web Service.

Sending Caregiver VHAP Data to VA Profile

The Enrollment System will share Caregiver VHAP data with Cerner by sending the data to VA Profile. The new Caregiver data fields will not be shared with VA Profile.

View Historical VHA Profiles

Users can click the **VIEW HISTORICAL VHA PROFILES** link to view read-only, historical profile information. On the History screen, changes are identified in red text under the New Value column. Enrollment System users can view the data changed by clicking the **Data**

Changed buttons  .

Inactive VHA Profiles

Profiles marked as "inactive" in the Enrollment System will NOT display on the **VHA Profiles** screen under the **VHA Profiles Assigned** or **VHA Profiles Available** panels. Inactive profiles will display on the **VHA Profiles Change History** screen.

5.2.6 Secondary Eligibility Codes

The Enrollment System completes the calculation of the Primary Eligibility Code and determines if the Veteran record has no, one, or many Secondary Eligibility Codes.

 **Note:** Cannot have a Secondary Eligibility Code without a Primary Eligibility Code.

The system does not assign any eligibility code as both a “Primary” and a “Secondary” eligibility code. The system assigns the Secondary Eligibility Code in the following order of precedence:

Veteran Eligibility Codes:

- Prisoner of War
- Purple Heart Recipient
- Aid & Attendance
- Housebound
- NSC, VA Pension
- World War I

Non- Veteran Eligibility Codes:

- Humanitarian Emergency
- Sharing Agreement

- TRICARE
- Allied Veteran
- CHAMPVA
- Employee
- Collateral of Vet
- Other Federal Agency

5.2.7 Other Eligibility Factors

VIEW CLINICAL DETERMINATION

On the **VIEW CLINICAL DETERMINATION** screen, various other eligibility factors for the beneficiary are displayed. Examples include but are not be limited to:

- Environmental Contaminants
- Radiation Exposure
- Receiving Military Disability Retirement
- Catastrophic Disability
- Military Sexual Trauma
- Nose Throat Radium
- Spinal Cord Injury
- Combat Veteran Eligible
- SHAD
- Camp Lejeune

 **Note:** VA amended the regulation concerning how a Veteran is determined catastrophically disabled for the purposes of enrollment in PG 4. Prior regulations relied on specific codes from the following:

- International Classification of Diseases
- Ninth Revision
- Clinical Modification (ICD-9-CM)
- Current Procedural Terminology (CPT®)

The use of ICD-9-CM, ICD-10-CM, and CPT® codes in determining CD was eliminated. This ensures that CD regulations will not be out of date when new code versions are published. The revisions also broadened some of the clinical criteria for a finding of CD.

User may click on the **View Clinical Determination** link to access current and historical clinical determination information. Clinical determination information consists of Catastrophic Disability (CD), which includes the CD Descriptor, Military Sexual Trauma (MST), Nose Throat Radium

(NTR), and Spinal Cord Injury information. This information is collected at the VAMC and sent to ES to be used in Eligibility and Enrollment Processing. Clinical determination information is shared with the VistA sites the beneficiary has visited.

Because ES no longer collects ICD data, “CD Condition”, “CD Procedure” and “CD Diagnosis” data categories on the **Clinical Determination** screen were replaced with “CD Descriptor” data.

Users may also click the **View Historical Retired CD Fields** link for historical clinical determination information from the **Clinical Determination** screen. The removed historical ICD data will remain on file on the **Retired Catastrophic Disability Fields Change History** screen.

Other Eligibility Factors

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 10-10EZ form or systematically set based on business rules applied to data received from MSDS to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

Yes - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

More...

Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

Discharge Due to Disability is systematically set to “Yes” when any ‘regular’ service episode has a Narrative Reason For Separation of:

- DISABILITY, SEVERANCE PAY, COMBAT RELATED (ENHANCED)
- DISABILITY, SEVERANCE PAY, NON COMBAT (ENHANCED)
- DISABILITY, SEVERANCE PAY (ENHANCED)
- DISABILITY, AGGRAVATION (ENHANCED)
- DISABILITY, OTHER (ENHANCED)
- DISABILITY, SEVERANCE PAY, COMBAT RELATED
- DISABILITY, SEVERANCE PAY
- DISABILITY, SEVERANCE PAY, NON COMBAT
- DISABILITY, AGGRAVATION
- DISABILITY, OTHER
- DISABILITY, PERMANENT (ENHANCED)
- DISABILITY, TEMPORARY (ENHANCED)

- DISABILITY, PERMANENT
- DISABILITY, TEMPORARY

OR for ‘guard and reserve service’, any service episode has a Narrative Reason for Separation as stated above AND the service episode is not related to training.

Military Disability Retirement:

Is the Veteran receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

If	Then
Yes	Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay. <i>More...</i> <ul style="list-style-type: none"> ● Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving Military Disability Retirement are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.
No	Veteran is NOT retired from the armed forces due to a disability.

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

- Not Exposed
- Korean DMZ
- Other
- Vietnam

Agent Orange Exposure Location data is shared with VistA.

Radiation Exposure Method:

Radiation Exposure Method is the method by which this patient was exposed to ionizing radiation.

- Not Exposed

- *Nagasaki/Hiroshima* - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.
- *Atmospheric Nuclear Testing* - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
- *H/N and Atmospheric Testing* - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
- *Underground Nuclear Testing* - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
- *Exposure at Nuclear Facility* - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
- *Other* - a method that does not fit any of the other categories.

SW Asia Conditions:

SW Asia Conditions indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

If	Then
Yes	<p>The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.</p> <p><i>More...</i></p> <ul style="list-style-type: none"> ● This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.
No	<p>The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.</p>

Spinal Cord Injury:

Spinal Cord Injury indicates whether the registrant suffers from a spinal cord injury and to what degree.

The **Spinal Cord Injury** field is display-only.

Nose and Throat Radium Treatments:

Nose and Throat Radium Treatments indicates whether the registrant underwent NTR treatments while serving in the military or whether it's unknown.

The **Nose and Throat Radium Treatment** field is display-only.

More...

- Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some Veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These Veterans are provided care for this condition at no cost.

Camp Lejeune Eligibility:

If	Then
Yes	The Veteran is Camp Lejeune eligible.
No	<p>The Veteran is not Camp Lejeune eligible.</p> <p>More...</p> <ul style="list-style-type: none"> ● Camp Lejeune Eligibility indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following: <ul style="list-style-type: none"> ● Dishonorable ● Other than Honorable ● Undesirable ● Bad Conduct ● Dishonorable-VA <p>💡 Note: When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a <i>Camp Lejeune Eligibility</i> value. Otherwise, the field is disabled.</p>

Camp Lejeune Eligibility data is shared with VistA.

Verified Methods:

💡 **Note:** Verified Methods and the CL fields that follow display only if the Camp Lejeune Eligibility indicator is *Yes*.

More...

- **Verified Methods** field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.
- Values may come from other sources.

Rules...

- Once a Camp Lejeune Verified Method has been selected, at least one Camp Lejeune Method must remain selected.

Comments:

If a Verified Method of **OTHER** is selected, the free-text, 200-character **Comments** field is enabled and required.

CL Date Registered:

The **CL Date Registered** field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

- ES populates the **CL Date Registered** field value to the current system date if the *Camp Lejeune Eligibility* indicator is set to *Yes* when an ES user registers a Veteran.
 - The **CL Date Registered** field may also be populated through an upload of a CLEAR extract. See
 -
 - Camp Lejeune Eligibility.
- **CL Date Registered** field is editable.

CL Eligibility Change Site:

The **CL Eligibility Change Site** field displays the point-of-entry site that last changed the on-file Camp Lejeune record.

CL Eligibility Change Site is ES-filled field and display-only.

More...

- Valid values include...
- <VAMC Site> (if changed by a VistA VA facility)
- HEC (if changed by the ES)

CL Eligibility Source of Change:

The **CL Eligibility Source of Change** field displays the source that last made a change to the on-file Camp Lejeune record.

More...

- Valid values include...
 - <ES User Name> (edited by ES user)
 - VAMC (when the record is created from VistA VAMC received updates)

- CEV (modified by ES in an automated way {e.g., through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
- VOA (when the record is modified from a VOA submission)
- CLEAR (record is modified as a result of processing a CLEAR extract file)
- DoD (for future use)
- Other (for future use)
- ES-filled field and display-only.

5.2.8 Caregiver

Part of the VA MISSION Act of 2018 – Title 1, Chapter 5, Subtitle C, Family Caregivers – ends the restriction of limiting the Caregiver Support Program (CSP) to Post 9/11 Veterans only and expands eligibility for the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to include: (1) Veterans injured in the line of duty on or before May 7, 1975 (end of the Vietnam War) and on or after September 11, 2001 and (2) All Veterans injured in the line of duty.

Under the scope of the MISSION Act, expanded VA benefits are provided to approved Primary Family Caregivers and Secondary Family Caregivers authorized for the PCAFC.

In addition to the PCAFC, there is also the Program of General Caregiver Support Services (PGCSS) which similarly has expanded benefits provided to approved General Caregivers under the Caregivers and Veterans Omnibus Health Services Act of 2010.

Three types of VA Caregivers exist. Each one is specific to one of the programs and has its own VHA Profile (VHAP) and unique VA benefits. The three caregiver subtypes are:

- a. Primary Family Caregiver (PCAFC)
- b. Secondary Family Caregiver (PCAFC)

PCAFC is a program that provides comprehensive VA benefits and services to eligible post-9/11 Veterans and their qualified Caregivers who meet specific eligibility criteria. Examples of VA benefits include: a monthly stipend paid directly to the Primary Family Caregiver, health coverage under Civilian Health and Medical Program of the Uniformed Services or Veterans Affairs (CHAMPVA) if no other coverage exists, and travel, lodging and subsistence. Under this program, the Veteran may appoint one Primary Family Caregiver and up to two Secondary Family Caregivers who serve as back-up to the Primary Family Caregiver when needed. The Secondary Family Caregivers have more restrictive VA benefits. Under the PCAFC, a Veteran may have up to three (3) Caregivers appointed in these roles at a given time.

- c. General Caregiver (PGCSS)

PGCSS is a program that provides more restrictive VA benefits and services. Examples include: telehealth, respite care, and counseling in connection with the Veteran’s treatment plan. Under this program, the Veteran may appoint one General Caregiver at a time.

In order to accurately capture the Caregivers and provide the appropriate VHAP, the Enrollment System is expanding the “Collateral of Vet” eligibility code to identify the Caregiver Subtype, assign the appropriate VHAP, and share the caregiver information with other systems, including VA Profile and VistA REE.

 **Note:** VA Profile aggregates, deconflicts, and manages a VA Customer Profile for common and shared data (e.g. contact information such as: home address, mailing address, home phone number, work number, and email, as well as other demographics, military history, etc.). VA Profile modernizes VA systems and processes to enable an accessible and reliable VA Customer Profile that can be shared across the VA while enhancing digital experiences and supporting data interventions to gain insights into customer and employee behaviors.

Receive, Send, and View Caregiver Information

The Enrollment System receives and processes the Caregiver’s registration information from VistA REE on a Z07 message. If the Z07 is received after the Enrollment System has already added the person, then the Z07 is treated as an update to an existing record and ES determines if an update to a data field is necessary.

The Enrollment System sends the Caregiver’s eligibility code, VHAP information, and registration data to VistA REE on a Z11 message. Z07 and Z11 messages are triggered to and from VistA REE and the Enrollment System for all Caregiver registration data, eligibility code, and VHAP changes.

 **Notes:**

-  The Enrollment System and VistA REE use HL7 messaging to ensure both applications stay in sync.
-  Enrollment System users view Caregiver profiles related to VHAPs.

Caregiver Record Management Application (CARMA) FAQs:

- **Does CARMA require SSN from a Caregiver as part of the application process?**
No. There is a field for either SSN or TIN, but an SSN is not required.
- **Does CARMA require an SSN from a Primary Caregiver?**
As part of the stipend process, a primary Caregiver is required to provide an SSN or TIN if they would like to receive the monetary stipend.
- **So, would a pseudo SSN be need for Caregivers?**

At times, yes. Examples would be users needing to get a person into the system but didn't have their SSN on hand or couldn't verify it. Another example would be the person never had a SSN at all.

- **How would a person know if they are a Caregiver?**

In the Caregiver grid, the status will indicate who is participating in the Caregiver Program.

5.2.9 Community Care

Community Care is a benefit available to Veterans that live beyond a reasonable distance from a VA Healthcare Center, but due to hardship, cannot easily reach a VA Healthcare Center. However, these Veterans might be eligible to receive health care from a non-VA provider within their community.

In ES, the **Eligibility** tab displays a **Community Care** section listing the applicable Community Care Eligibility and VHAPs section listing the assigned to the Veteran. The View **Community Care Determination** link allows users to access the **Community Care Determination** view only window.

5.2.9.1 Community Care Determination

The **Community Care Determination** screen displays Veteran information related to the Veterans location and eligibility for Community Care.

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act was signed into law on June 6, 2018. The MISSION Act goes into effect on June 6, 2019 and VA must consider the criteria for Veterans to be considered eligible for the Veterans Community Care Program under the MISSION Act. There are six pathways for eligibility for Community Care services. The six pathways are State No Full-Service VA, Service Unavailable, Grandfathered, Access Standards, Best Medical Interest, and Quality Standards. The Enrollment System changes supports the eligibility for the Veterans Community Care Program and the below Community Care services. The rest of the pathways to support eligibility for Community Care will be implemented via other VA systems.

- Grandfathered
- State with No Full-Service VA
- Urgent Care
- Hardship non-episodic (General Best Medical Interest)
- Entitled Care (added 5.13 release)
- Restricted Care (added 5.13 release)

Community Care is a benefit available to Veterans that live beyond a reasonable distance from an VA Healthcare Center, or due to hardship, cannot easily reach a VA facility. These Veterans might be eligible to receive health care from a non-VA provider within their community. The Eligibility tab displays a Community Care section listing the applicable VHAPs assigned to the Veteran. The **Community Care** link allows the user to access the Community Care Determination view only window.

The **Community Care** hyperlink allows the user to access the Community Care Determination and Community Care Determination History view-only window.

The **Community Care Determination** screen displays a Veterans information related to the Veterans location and eligibility for Community Care. Most important is the **Community Care Outcome** section that shows the determination of the Veterans Community Care status.

Pre-MISSION Act Community Care Determination screen:

VISN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date	Clinic/Consult Title	Clinic Stop Code	Clinic Stop Code Name
VISN 21	VCL	LONG BEACH VAMC (#593)	05/13/2017	VCL-airboatferry	669	COMMUNITY CARE CONSULT

Figure 77: Pre-MISSION Act Community Care Determination screen

MISSION Act Community Care Determination screen:

Community Care Determination		VIEW COMMUNITY CARE DETERMINATION HISTORY		RETURN TO ELIGIBILITY									
Veteran Information Residential Address Status (BAI): N/A Address Accuracy: Residential Address at the time of Drive Distance Determination: Residential 0000 ANYWHERE ST. ANYWHEREVILLE MM 99999 - 9999 CCN Contractor Region: Enrolled: 04/18/2019 Included in the initial population for Grandfather consideration: No SEND TO CONTRACTORS View Data Sent to CCN Contractors View Data Sent to TPA			Community Care Outcome Community Care: Hardship Community Care: State No Full-Service VA Manual Override: <input type="radio"/> Yes Remove Override: <input type="radio"/> Yes										
Phone Numbers Home: (999)999-9999 Cell: (999)999-9999 Work: N/A Temp: N/A			Nearest VACAA Facility VISN Number: N/A Station Name/Station Number: N/A Station Address: N/A Distance: N/A Date Determined: N/A Result: N/A										
Hardship Site Granting Hardship: WEST PALM BEACH VAMC (#548) Date Hardship Granted: 05/08/2019 Date Hardship Expires: 05/08/2020													
Hardship Information <table border="1"> <thead> <tr> <th>VISN</th> <th>Record Type</th> <th>Medical Facility (Station No.)</th> <th>Clinic/Consult Title</th> </tr> </thead> <tbody> <tr> <td>VISN 8</td> <td>CON</td> <td>WEST PALM BEACH VAMC (#548)</td> <td>Community Care-Hardship Determination</td> </tr> </tbody> </table>						VISN	Record Type	Medical Facility (Station No.)	Clinic/Consult Title	VISN 8	CON	WEST PALM BEACH VAMC (#548)	Community Care-Hardship Determination
VISN	Record Type	Medical Facility (Station No.)	Clinic/Consult Title										
VISN 8	CON	WEST PALM BEACH VAMC (#548)	Community Care-Hardship Determination										

Figure 78: MISSION Act Community Care Determination screen

Important: Under MISSION Act, and only specific to the newly added consults and profiles, the following Hardship Information fields will NOT display as of 06/15/2019:

- Clinically Indicated Date
- Clinic Stop Code
- Clinic Stop Code Name

Note: Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions. Enrollment System users will still see the Manual Override and Remove Override functions but will not be able to use them.

Community Care Eligibility

Enrollment System focuses on the eligibilities for the following services which are effective 06/06/2019:

- Grandfathered
- State with No Full-Service VA
- Urgent Care
- Hardship non-episodic (General Best Medical Interest)
- Entitled Care (added 5.13 release)
- Restricted Care (added 5.13 release)

The Community Care Program is available to enrolled Veterans. Refer to the following "How Do I...?" procedures below to determine a Veterans eligibility.

- [... determine Community Care Program eligibility?](#)
- [... determine if the Veteran meets the Basic qualifications for Community Care Program?](#)
- [... determine if the Veteran meets the Entitled Care qualifications for Community Care Program?](#)
- [... determine if the Veteran meets the Restricted Care qualifications for Community Care Program?](#)
- [... determine if the Veteran meets the criteria for Initial Population for Grandfather consideration?](#)
- [... determine if the Veteran is eligible for Grandfather status?](#)
- [... determine if the Veteran is eligible for Grandfather status retaining rules?](#)
- [... determine if the Veteran is eligible to regain Grandfather status rules?](#)
- [... determine if the Veteran meets criteria for Hardship based on GEOBURDEN or AIR, BOAT, or FERRY or COMMUNITY CARE–HARDSHIP DETERMINATION?](#)
- [... determine if the Veteran is eligible for "State with no Full-Service Medical Facility"?](#)
- [... determine if the Veteran is eligible for Urgent Care?](#)
- [... determine if the Veteran is no longer eligible?](#)
- [... set Veterans Community Care Eligibility \(VCE\) Indicator?](#)

5.2.9.1.1 Community Care Determination History

The **Community Care Determination History** screen lists the following information: *Old Value*, *New Value*, and *Data Changed*. All updated data displays on this screen.

A green icon  in the **Data Changed** column shows when a change is made by a user or the system.

Change Times:

Enrollment System users can select from the **Change Times** drop down and view previous batch jobs. The top timestamp is the most current processed batch job. Batch jobs are processed every day at 6am. If the Enrollment System user runs a batch job for a future date, the timestamp will not display in the Change Times drop down until 6am of that future date.

View Data:

Displays the data selected from the **Change Times** dropdown.

Export:

Exports the data selected from the **Change Times** dropdown as a .csv file.

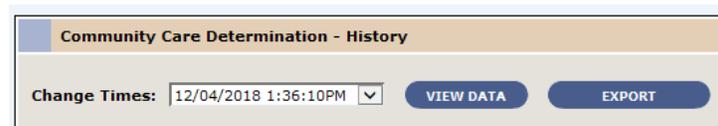


Figure 79: CC History Change Times

The following sections display on the **History** screen categories:

- Community Care Outcome:
 - Veterans Community Care Eligibility (VCE): Displays the old and/or new values for the VCE.
 - Community Care Outcome Description: Displays the description of the Community Care Outcome.
 - Last Edited: Displays the date and time the Community Care Outcome was edited.
 - Edited By: Displays whom edited the Community Care Outcome.

- Manual Override
 - **Note:** Regardless of Override permissions, all Enrollment System users will see the Manual Override and Remove Override functions but will not be able to use them. Only available to Enrollment System users with Manual Override permissions. Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions.
 - Manual Override Reason Type: Displays the reason for the override.
 - Manual Override Indicator: Displays the Manual Override Indicator.

- Manual Override Reason Comments: Displays additional comments, entered in by a user, regarding Manual Override.
- Last Edited: Displays the date and time the Manual Override was edited.
- Edited By: Displays whom edited the Manual Override.

● Veteran Information:

- Accuracy: Accuracy is the PSSG determined, geocoding driving distance calculation.
- Bad Address Reason: Reason the permanent address is invalid or incorrect.
- Address Line 1: Displays address.
- Address Line 2: Additional line for address information.
- Address Line 3: Additional line for address information.

Category	Old Value	New Value
Community Care Outcome		
Veterans Community Care Eligibility (VCE):	B	B
Community Care Outcome Description:	Basic	Basic
Last Edited:	07/30/2020 11:08:55AM	07/30/2020 11:08:55AM
Edited By:	User, Anonymous	User, Anonymous
Veterans Community Care Eligibility (VCE):		C
Community Care Outcome Description:		Marriage/Family Counseling
Last Edited:		08/07/2020 8:29:32AM
Edited By:		User, Anonymous

Figure 80: CC Outcome, CC Manual Override, and Veteran Information Panels

● Hardship

- Site Granting Hardship: Displays the site granting hardship if there is a current hardship.
- Date Hardship Granted: Displays the date the hardship was granted.
- Date Hardship Expires: Displays the date the hardship expires.

● Hardship Information

- Information: Displays:
 - VISN: (Veterans Integrated Service Network). Identifies the facility the user works at when the access account is established.

- Record Type: Associated acronym/value on the geocoding table: VCL (Veterans Choice List), and CON (Choice First Consult).
 - Medical Facility (Station No.): Station name and number on the geocoding table.
 - Clinically Indicated Date: *(Not displayed as of 06/15/2019)* Appointment desired date in the geocoding table. The following four columns display (permission based):
 - Clinic/Consult Time
 - Clinic Stop Code *(Not displayed as of 06/15/2019)*
 - Clinic Stop Code Name *(Not displayed as of 06/15/2019)*
 - Consult Status
- Last Edited: Displays date and time the Hardship was edited.
- Edited By: Displays whom edited the Hardship.

Hardship							
Site Granting Hardship:							
Date Hardship Granted:							
Date Hardship Expires:							
Hardship Information							
Information:				Information:			
VISN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date	VISN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date
Last Edited:							
Edited By:							

Figure 81: Hardship and Hardship Information Panel

5.2.9.1.2 Veteran Information

Residential Address Status Bad Address Indicator (BAI):

Residential Address component doesn't have bad address indicator, this field is only populated if the residential address was copied from permanent mailing. Possible status values are: Options are "U" for Undeliverable, "H" for Homeless, "N" for Address not found, "O" for Other, or NULL (no value) if no Bad Address Indicator (BAI).

Address Accuracy

Address Accuracy is the PSSG determined, geocoding driving distance calculation. ES displays the following values: *AdminPlaces, Point Address, Postal, PostalExt, Street Address, or Street Name.*

Address

The address type residential is used to determine Community Care eligibility.

- Address Line 1 (Street details)
- Address Line 2 (if applicable)
- Address Line 3 (if applicable)
- City, State, ZIP

Enrolled:

The date that the Veteran was enrolled in the VA healthcare system.

Included in the initial population for Grandfather consideration:

The **Included in the initial population for Grandfather consideration:** field displays a "Yes" or "No" value or "N/A" for CC Collaterals.

The following rules apply to the Included in the initial population for Grandfather consideration field:

- Veteran was mileage eligible on 06/05/18 then the field will be populated with "Yes". If not, populate with "No".
- Any new Veterans added to the Enrollment System after initial Grandfather Population Consideration would be given a "No."

Send to Contractors:

The **Send to Contractors** button provides the ability to manually send the Veteran information to the Third-Party Administrator (TPA) Contractor and the Community Care Network (CCN) Contractor.

When the user clicks the **Send to Contractors** button, the Enrollment System adds a copy of the record which includes identity traits, contact information (e.g. home address, mailing address, home phone number, work number, email, etc.) and CC eligibility information to the batch for transmission in the next daily file.

Veteran Information	
Residential Address Status (BAI):	N/A
Address Accuracy:	USA_ZIP4.StreetAddress
Residential Address at the time of Drive Distance Determination	Residential
	1111 ANYWHERE PLACE SOME CITY VA 99999 - 9999
CCN Contractor Region:	Region 1
Enrolled:	06/14/2017
Included in the initial population for Grandfather consideration:	Yes
<div style="border: 2px solid red; padding: 5px; display: inline-block; background-color: #4a7ebb; color: white; border-radius: 10px;"> SEND TO CONTRACTORS </div>	
View Data Sent to CCN Contractors	View Data Sent to TPA

Figure 82: Send to Contractors button

 **Notes:**

- Users must have the “VC Contractor Transmit” capability in order to see **Send to Contractor** button.
- If the Veterans Community Care eligibility code does not display on the Community Care Determination screen, the **Send to Contractors** button does not display.

View Data Sent to CCN Contractors and View Data Sent to TPA

The Enrollment System sends a copy of the CC eligibility records to both the TPA and a Community Care Network (CCN) Contractor when a new CC eligible record is added to the system or when a CC eligible record has an update to identity, contact, and/or CC eligibility information. If the information is only sent to the TPA, the success message states, “*Person data marked to send to TPA Contractors.*” If the Veteran’s information is sent to both the TPA and the CCN, the success message states, “*Person data marked to send to both TPA and CCN Contractors.*”

 **Notes:**

- All transmissions to TPAs and CCNs are recorded and displayed on the TPA and CCN Message Log screens.
- Community Care eligible persons are sent to CCNs and TPAs in the daily file which now includes eligible "Not-Enrolled Covered Veterans" and CC Collaterals.

Veteran Information

Residential Address Status (BAI): N/A

Address Accuracy: USA_ZIP4.StreetAddress

Residential Address at the time of Drive Distance Determination: Residential

1111 ANYWHERE PLACE
SOME CITY VA 99999 - 9999

CCN Contractor Region: Region 1

Enrolled: 06/14/2017

Included in the initial population for Grandfather consideration: Yes

[SEND TO CONTRACTORS](#)

[View Data Sent to CCN Contractors](#)
[View Data Sent to TPA](#)

Figure 83: View Data Sent to CCN Contractors and View Data Sent to TPA links

View Data Sent to CCN Contractors

Clicking the **View Data Sent to CCN Contractors** link accesses the **CCN Contractor Message Log**. On the CCN Message Log, users can view records sent to CCN Contractors. However, because contractor searches are no longer at the patient level, the CCN Message Log is only accessed at the patient level on the patient record within the **Community Care Determination** screen.

CCN Contractor Message Log						
					EXPORT	RETURN TO COMMUNITY CARE DETERMINATION
23 Total - Page (1 of 1).						
Transmission Date	Status	Type	Contractor	CCN Request Made	Transmission Details	
07/23/2019 9:38:23PM	DAS Success	Solicited	All		View	
07/10/2019 9:10:18PM	Contractor: Received	Unsolicited	All	07/11/2019 4:00:16AM	View	
06/24/2019 3:41:47PM	Contractor: Received	Manual	All	06/25/2019 4:00:10AM	View	

Figure 84: CCN Message Log screen

CCN Transmission Date:

Displays the CCN transmission date and time.

Status:

Displays the record-level status.

Type:

Displays the type that triggered the record to the CCN Contractor.

Contractor

Displays the CCN contractor.

CCN Request Made:

Displays the date and time the CCN request was made.

CCN Transmission Details:

When record information is sent to CCN Contractors, a log entry of **CCN Transmission Details**, is created. Users can access the log entry by clicking the **View** link. The log entry includes the following data:

- Date and time that the message was created.
- Veterans information included in the record.
- **BACK TO MESSAGE LOG** link where the user can return to the Records Sent List screen.

The following rules determine what the log entry shows, depending on which type of Veteran record was sent to the CCN Contractor:

Record Send Scenarios

If	Then
The Send was due to a user <i>manually</i> triggering a Veteran record from the Community Care Determination screen	The username of the user who manually triggered the record, as well as the date and time of the trigger, displays on the log entry.
The Send was due to a <i>solicited</i> request from the CCN Contractor	The log entry includes the following: Date and time the request was received Date and time the record was sent An indicator that the record was sent because of a solicited request
The Send was due to a <i>change</i> in a Veterans demographics or VCE	The log entry indicates that the record was sent because of an unsolicited request.

If	Then
The Send was from the <i>initial file</i>	The log entry includes the date and time it was received back from the CCN Contractor.

 **Notes:**

- If a temporary address was given, the record displays **Temporary Address**. Otherwise, ES displays the address field as **Permanent Address**.
- **CCN Transmission Details** can be viewed from the **Veteran Information** panel, **View Data Sent to CCN Contractors** on the **Community Care Determination** screen under the **Eligibility** tab.

When there are multiple VCE values, the Enrollment System sends a collection of VCEs along with effective dates to the CCNs. For example, G, H, N, U would be:

- G effective date
- H effective date
- N effective date
- U effective date

Community Care Outcome:	Set VCE code to:
Basic	B
Grandfathered	G
Hardship	H
State No Full-Service VA	N
Urgent Care	U
Ineligible	X
Entitled Care*	E
Restricted Care*	R
ART/IVF*	A
Marriage/Family Counseling*	C
Newborn*	I
VHA Transplant*	T

**added in the 5.13 release*

*The parameter, **Transmission of new VCE codes to CCN/TPA Enabled**, which indicates whether VCE codes for Collaterals and covered Veterans will be transmitted to CCN or TPA, will be turned OFF until permitted to be turned on by the business.

View Community Care Outcome	COMMUNITY CARE DETERMINATION
Community Care: ART/IVF	
Community Care: Marriage/Family Counseling	
Community Care: State No Full-Service VA	
Community Care: VHA Transplant Program	

Figure 85: Community Care Outcome Panel

 **Note:** VCE data values are communicated to the CCN vendor.

In addition, priority group and enrollment effective date are sent to the CCNs as well as the Enrollment System adding the priority group and effective date to the **CCN Contractor Message Log** screen.

Residential Address:	1111 ANY ADDRESS MANASSAS, VA 20111
Permanent Mailing Address:	1111 ANY ADDRESS MANASSAS, VA 20111
Bad Address Indicator:	
Personal Email Address:	
Home Phone Number:	
Cell Phone Number:	
Temporary Phone Number:	
Preferred Facility Number:	987
Preferred Facility Name:	CHEY6
CC Eligibility Information:	Basic
CC Determination Date:	05/02/2019
Priority Group:	4
Effective Date:	05/02/2019

Figure 86: CCN Message Log screen (Veteran information was purposefully left blank)

 **Note:** The following CCN CSV Message Log export screenshot is a partial view of the export.

Export Button

Clicking the **Export** button allows for users to download the record into a csv. The downloaded csv report reflects what is on the **CCN Message Log** screen. Screen headings will populate the top row of the csv. The most recent record will be at the top of the report.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Residential Address	Permanent M Bad Address	Personal Email Address	Home Phone Number	Cell Phone Num	Tempora	Preferred Facility Number	Preferred Facility Name	Priority Group	Effective Date	CC Eligibility Information	CC Determination Date		
2	1111 ANY ADDRESS	1111 ANY ADDRESS	MANASSAS, VA 20111				987	CHEY6		4	5/2/2019	Basic	5/2/2019	
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
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27														
28														
29														
30														
31														
32														
33														

Figure 87: CCN CSV Message Log Export

On-Demand Demographic Contact Information and Eligibility Information Sent to CCN Contractors from Community Care Determination Screen

The **Send to Contractors** button displays from the **Community Care Determination** screen, **Veteran Information** panel; however, the **Send to Contractors** button also does not display if the Veterans Community Care eligibility code does not display.

Acknowledgement Message from CCN Contractors

ES receives an acknowledgement message from the CCN Contractor that received a record. ES stores the acknowledgment date/time and result. The date/time and result are shared with VistA.

Manage Demographic Contact Information (Manage State Regions Assignments)

Users with **Edit CCN Contractor** permission can access the **Manage State Region Assignments** screen.

Select the states or territory associated with “regions” from a required, view-only list from the **Region** column. Any region not selected triggers the following error message:

“An entry for all states and territories is required.”

The regions choices are:

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

Regions refer to the four geographical regions of the country that are supported by a particular contractor.

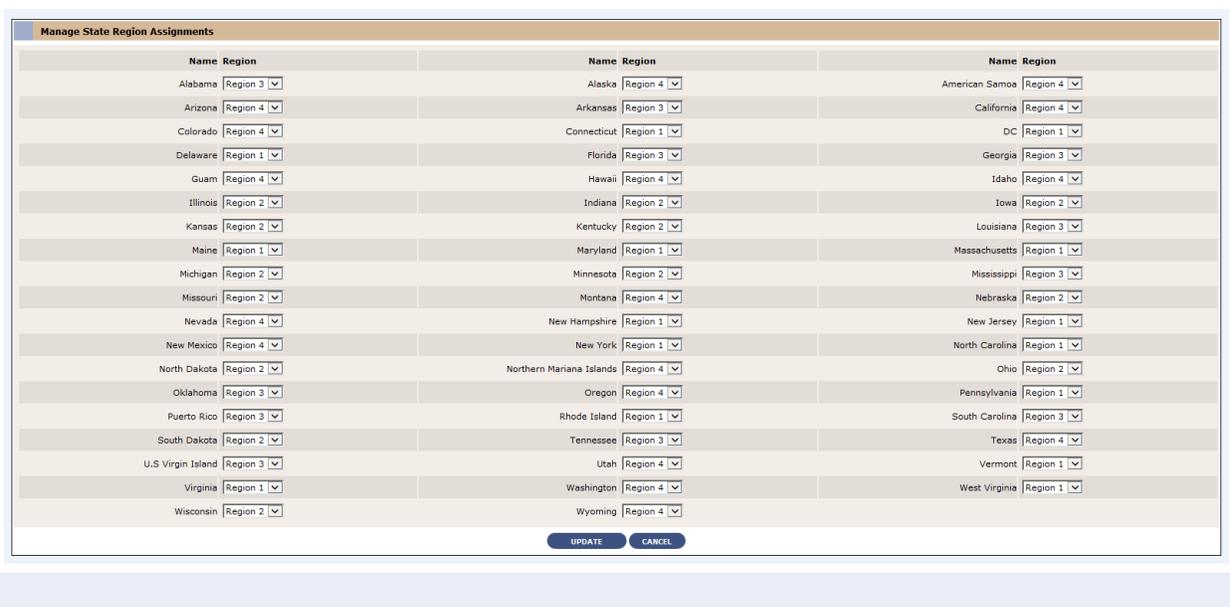


Figure 88: Manage State Region Assignments

Click the **VIEW HISTORICAL ASSIGNMENTS** link to launch the **Historical Region/State Associations** screen. The user can update the region or cancel out of the screen.

Regions are derived from the Veterans **Residential Address**. ES saves the update to a log file if the user updates a region. The update reflects the new region, as well as the date/time the update occurred.

A change on the **CCN Contractor Region** screen is reflected in the **Community Care Determination** screen as a view-only field.

View Data Sent to TPA link

Clicking the **View Data Sent to TPA** link accesses the **Third-Party Administration (TPA) Message Log**. On the TPA Message Log, users can view records sent to TPA. However, because contractor searches are no longer at the patient level, the TPA Message Log is only accessed at the patient level on the patient record within the **Community Care Determination** screen.

 **Note:** TPA Negative File is sent to TPA for Veterans that are no longer enrolled or no longer eligible for Community Care (includes prior CC Eligible Collaterals).



Transmission Date	Status	Veteran	Transmission Details
07/01/2019 04:00:07AM	Sent to Contractor	VHICRAD, DEVTEST	View

Figure 89: TPA Message Log

Transmission Date

Displays the TPA transmission date and time.

Status

Displays the TPA record-level status and will be in sync with the CCN record-level status.

Veteran

Name of the Veteran.

Last Name, First Name format.

Transmission Details

Users view the TPA Transmission Details by clicking the **View Data Sent to TPA** link from the **Community Care Determination** screen and clicks the **View** link in the **Transmission Details** column to view a record. The **TPA Transmission Details** screen displays TPA specific data fields.

View

Clicking **View** from the **Transmission Details** column allows users to view TPA Transmission Details. The **TPA Transmission Details** screen displays TPA specific data fields.

Transmission Date

The Transmission Date defaults to the current date. However, the user can edit the date to reflect a date that is prior to the current date. The transmission date is also updated whenever the record is updated before the “Sent” status.

Notes:

-  This process is repeated until the record is picked up and sent to DAS.
-  Once the Veterans record goes to DAS, any changes to that person creates a new entry thereafter.
-  All new VCE data values are communicated to the TPA Vendor.

When there are multiple VCE values, the Enrollment System sends a collection of VCEs along with their effective date to the TPAs. For example, G, H, N, U would be:

-  G Effective Date
-  H Effective Date
-  N Effective Date
-  U Effective Date

The Enrollment System determines the Community Care Program (CCP) eligibilities for services. An enrolled Veteran may qualify for one or more of the following Veterans Community Care Eligibilities (VCE):

Community Care Outcomes:	Set VCE code to:
Pre-MISSION Act (No longer available on 06/06/2019)	
Basic	B
Hardship	H
Mileage	M
Wait-Time	WT
Not Eligible	X
Mileage and Wait-Time	MWT
Hardship and Wait-Time	HWT
MISSION Act (Available on 06/06/2019)	
Basic	B
Grandfathered	G
Hardship	H
State No Full-Service VA	N
Urgent Care	U
Ineligible	X
Entitled Care*	E
Restricted Care*	R
ART/IVF*	A
Marriage/Family Counseling*	C
Newborn*	I
VHA Transplant*	T

**added in the 5.13 release*

*The parameter, **Transmission of new VCE codes to CCN/TPA Enabled**, which indicates whether VCE codes for Collaterals and covered Veterans will be transmitted to CCN or TPA, will be turned OFF until permitted to be turned on by the business.

In addition, priority group and enrollment effective date are sent to the TPAs as well as the Enrollment System adding the priority group and effective date to the **TPA Transmission Details** screen.

The Enrollment System updates the **TPA Transmission Details** screen by displaying VCE combinations as a single value VCE and the effective date.

Pre-MISSION Act TPA Transmission Details screen:

1111 ANY ADDRESS
MANASSAS, VA 20111
UNITED STATES

Permanent Mailing Address:

Bad Address Indicator:

Address Time Stamp: 05/02/2019 6:04:53PM

PR Foreign Address:

POS Foreign Address:

Home Phone Number:

Cell Phone Number:

Temp Phone Number:

Temp Address Start Date:

Temp Address End Date:

VCE: Basic

Service Connection Ind: Y

Non Service Connection Ind: N

Special Aud Ind: N

Visn GEO:

GEO Station:

GEO Station Name:

FileType IND: Positive

TPA Transfer Date: 05/02/2019

NLE ES: N

NLE ES DATE:

GEO DATE:

Preferred Facility Number: 987

Preferred Facility Name: BPCHEY6

Figure 90: Pre-MISSION Act TPA Transmission Details screen (Veteran information was purposefully left blank)

Post-MISSION Act TPA Transmission Details screen:

Permanent Mailing Address:	1111 ANY ADDRESS MANASSAS, VA 20111 UNITED STATES
Bad Address Indicator:	
Address Time Stamp:	05/02/2019 6:04:53PM
PR Foreign Address:	
POS Foreign Address:	
Home Phone Number:	
Cell Phone Number:	
Temp Phone Number:	
Temp Address Start Date:	
Temp Address End Date:	
VCE:	Basic
Effective Date:	05/02/2019
FileType IND:	Positive
TPA Transfer Date:	05/02/2019
NLE ES:	N
NLE ES DATE:	
Preferred Facility Number:	987
Preferred Facility Name:	BPCHEY6
Priority Group:	1
Effective Date:	05/02/2019

Figure 91: MISSION Act TPA Transmission Details screen (Veteran information was purposefully left blank)

Export Button

Clicking the **Export** button allows for users to download the record into a csv. The downloaded csv report reflects what is on the **TPA Message Log** screen. Screen headings will populate the top row of the csv. The most recent record will be at the top of the report.

The Enrollment System updates the TPAMessageLogExport.csv to show each VCE and effective date appended to the end, as well as the priority group and effective date.

Pre-MISSION Act CSV export:

 **Note:** The following TPA CSV Message Log export screen shot is a partial view of the export.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Permanent Mailing Address	Bad Address	Address Tim	PR Forei	POS Forei	Home Ph	Cell Ph	Tempora	Temp Ad	Temp Ad	VCE	Service C	Non Serv	Special F	Visn	GEC	GEO Stat	GEO Stat	File Type	TPA Tran	NLE ES	NLE ES C	Preferrec	Preferrec	GEO Date
2	1111 ANY ADDRESS MANASSAS, VA 20111U		05/02/2019	6:04:53PM								Basic	Y	N	N				Positive	5/2/2019	N			987	BPCHEY6
3																									

Figure 92: Pre-MISSION Act TPA CSV Message Log Export

Post-MISSION Act CSV export:

The Enrollment System updates the TPAMessageLogExport.csv to show each VCE and effective date appended to the end, as well as the priority group and effective date.

Note: The following TPA CSV Message Log export screen shot is a partial view of the export.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
1	Permanen	Bad Adre	Address TI	PR Forei	POS Forei	Home Ph	Cell Ph	Phone	Tempora	Temp Addi	Temp Addi	File Type	TPA Trans	NLE ES	NLE ES Dat	Preferred	Preferred	Priority Gr	Effective C	VCE	Effective Date	
2	1111 ANY ADDRESS N	05/02/2019	6:04:53PM									Positive	5/2/2019	N			987	BPCHEY6	1	5/2/2019	Basic	5/2/2019
3																						

Figure 93 : MISSION Act TPA CSV Message Log Export

5.2.9.1.3 Phone Numbers

Phone numbers on file for the Veteran: *Home, Cell, Work, Temporary.*

5.2.9.1.4 Hardship

The Hardship section displays the following additional Hardship data: *Site Granting Hardship, Date Hardship Granted, and Date Hardship Expires.* The Hardship panel displays either a six month of 12-month expiration.

Site Granting Hardship:

The site ID of the site granting the hardship.

Date Hardship Granted:

The date that the hardship was granted.

Date Hardship Expires:

The hardship expiration date.

Hardship	
Site Granting Hardship:	WEST PALM BEACH VAMC (#548)
Date Hardship Granted:	01/15/2020
Date Hardship Expires:	07/15/2020

Figure 94: Six months Hardship expiration

Hardship	
Site Granting Hardship:	WEST PALM BEACH VAMC (#548)
Date Hardship Granted:	05/08/2019
Date Hardship Expires:	05/08/2020

Figure 95: 12-months Hardship expiration

 **Notes:**

- If a hardship is not determined, "No Hardship" displays and the fields do not appear.
- As of 06/06/2019 MISSION Act, all enrolled Veterans can only be assigned Hardship via consult.
- For Veterans who do not have Grandfather status, the *Nearest VACAA Facility* panel populates all fields with "N/A". Mileage information will stay in *Community Care History*.

VISN Number:

Number for the station in the geocoding table.

Record Type:

Associated acronym/value on the geocoding table: VCL (Veterans Choice List), and CON (Choice First Consult).

Medical Facility (Station No.):

Station name and number on the geocoding table

Clinically Indicated Date: (Not displayed as of 06/15/2019)

Appointment desired date in the geocoding table

The following four columns display (permission based):

- Clinic/Consult Time
- Clinic Stop Code (Not displayed as of 06/15/2019)
- Clinic Stop Code Name (Not displayed as of 06/15/2019)
- Consult Status

Sending Initial Copy of Veteran Records to CCN Contractors (VCE Code Information)

The Enrollment System sends an initial copy of a Veterans record to CCN Contractors containing the Veterans Community Care (CC) information (e.g., CC Eligibility Program and Services, Demographics) to the CCN Contractors when the contracts are awarded.

The initial copy of the Veterans record to be sent to CCN Contractors contains the following VCE information:

- "B" if they are enrolled and are not Hardship eligible
- "G" if Grandfather eligible
- "N" if eligible for State No Full-Service VA
- "U" if Urgent Care eligible
- "H" if Hardship eligible

The Enrollment receives a message from the CCN Contractor requesting updated demographic contact information (e.g. home address, mailing address, home phone number, work number, email, etc.) and VCE for a Veteran. Upon receipt of the message, The Enrollment System immediately sends the Veterans Demographic and VCE information to all CCN Contractors.

Demographic and VCE Information Changes

When there is a change in demographic and VCE information for a Veteran, the Enrollment System automatically sends the Veterans record to the CCN Contractor.

When the Enrollment System *receives* a message from the CCN Contractor requesting information for a Veteran, the Enrollment System sends VCE information and the Veterans demographic to all CCN Contractors.

 **Notes:**

- A Veteran can have a collection of VCEs, each with their own effective date.
- Coding Accuracy Support System (CASS) Certification status based on an address is not a factor for sharing the address with the CCN Contractors.
- The Enrollment System determines if the Permanent Mailing Address or the Temporary Mailing Address is considered the active correspondence mailing address based on current business rules.

5.2.9.1.5 Community Care Outcome

The **Community Care Outcome** section displays the Veterans Community Care Determination status which is the eligibility of the Community Care Program.

Veterans Community Care Eligibility (VCE)	VCE Code	Description
Basic	B	Enrolled Veterans in the Veterans Affairs (VA) health care system meet the primary criteria for the new Community Care Program. These Veterans do not qualify for other static eligibilities; for example: Grandfathered, Hardship (General Best Medical Interest), State No Full-Service VA, or Urgent Care. These Veterans however can be considered for Service Not Available, Access Standards, or Episodic Best Medical Interest (BMI).
Hardship	H	Enrolled Veterans in a VA health care system. This eligibility is considered General Best Medical Interest. Veterans who meet MISSION Act access standards (wait time and drive time) may still face unusual or excessive burdens in accessing care at the VA based on Environmental or geographic inaccessibility (including air, boat, ferry) or Medical condition and Veteran has received a consult. This eligibility has an expiration (6 months or 12 months).
Ineligible	X	Veterans who do not meet the criteria for enrollment in VA health care nor the criteria for not enrolled covered

Veterans Community Care Eligibility (VCE)	VCE Code	Description
		Veterans. This also includes Veterans who were eligible and subsequently became ineligible for VA health care.
Grandfathered	G	Enrolled Veterans who were driving distance-eligible under Veterans Choice Program. Require that the Veteran (1) be distance-eligible on the day before the MISSION Act was signed (June 5, 2018), and (2) is distance-eligible under Veterans Choice rules as of the start of the MISSION Act on June 6, 2019 and lives in one of the five states with the lowest population density from the 2010 Census: North Dakota, South Dakota, Montana, Alaska, and Wyoming.
State No Full-Service VA	N	Enrolled Veterans who reside in a state with no full-service VA medical facility.
Urgent Care	U	Enrolled Veterans who have received care through VA from either a VA or community provider within the past 24 months.
Entitled Care	E	Not enrolled covered Veterans who are 50 to 100% rated service connected and otherwise entitled to hospital care, medical services, extended care services and community care services. These Veterans are eligible for episodic care and flu shots.
Restricted Care	R	<p>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, Military Sexual Trauma (MST), or Mental Health Other Than Honorable (OTH) as documented in their record.</p> <p>This population includes Veterans and non-Veterans if they meet the following eligibility: 0% to 40%; SC 0% (non-compensable); or Veteran who 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; MST Non-Veteran (Active Duty); Emergent Mental Health (MH) Other-Than-Honorable (OTH) or Extended MH OTH.</p>

Community Care Outcome
Community Care: Hardship
Community Care: State No Full-Service VA
Community Care: Urgent Care

Figure 96: Community Care Outcome

The table below describes inactive VCEs that are no longer assigned as of 06/06/2019.

Inactive Veterans Community Care Eligibility (VCE)	VCE Code	Description
Wait-Time	WT	<p>Enrolled Veterans who are waiting more than 30 days for an appointment from the date clinically determined by his or her VA health care provider or the date the Veteran wishes to be seen if there is no clinically determined date. Wait-Time eligibility is a Veterans Choice eligibility that will no longer be assigned once Veterans Choice ends on June 6, 2019.</p> <p> Note: Wait-Time eligibility will be retained in the Veterans Community Care Determination History.</p>
Mileage	M	<p>Enrolled Veterans who meet mileage criteria as described in the Veterans Choice legislation of 2014. Drive distance is calculated from the Veterans residence to the nearest VACAA facility.</p> <p>Mileage is a Veterans Choice eligibility that will no longer be assigned once Veterans Choice ends at the start of the MISSION Act on June 6, 2019. The Veterans Choice Mileage eligibility rules will be used in determining MISSION Act grandfather eligibility but will not be assigned as an eligibility.</p> <p>Note: Mileage eligibility will be retained in the Veterans Community Care Determination History.</p>

5.2.9.1.6 Community Care Collateral Program VCEs

Community Care Collateral Program Veteran Community Care Eligibility (VCE)	VCE Code	VCE Description
ART/IVF	A	<p>Collateral of Veteran who is the legal spouse of the Service Connected Veteran who is receiving care from the Department of Veterans Affairs for Assisted Reproductive Technologies (ART) related care.</p> <p>Assisted Reproductive Technologies (ART) are all treatments or procedures that include the in vitro handling of both human oocytes and sperm, or of embryos, for the purpose of establishing a pregnancy. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • in vitro fertilization; • embryo transfer; • gamete intrafallopian transfer; • zygote intrafallopian transfer; • tubal embryo transfer; • gamete and embryo cryopreservation; oocyte and embryo donation; and, gestational surrogacy <p> Note: The Community Care Outcome description is Assisted Reproductive Technology.</p>
Marriage/Family Counseling	C	<p>Collateral of Veteran who is a family member or other responsible person (a parent, husband, wife or sibling) for the interpretation or explanation of the results of psychiatric or other medical examinations and procedures and/or advice on how to assist the enrolled Veteran.</p>
Newborn	I	<p>Collateral of Veteran who is the newborn of a female enrolled Veteran receiving care from the Department of Veterans Affairs (VA).</p> <p>Newborn care and post-delivery care for a newborn child for the date of birth plus seven calendar days after the birth of the child when the birth mother is a woman Veteran enrolled in VA health care and receiving maternity care furnished by VA or under authorization from VA and the child is delivered either in a VA facility, or in another facility pursuant</p>

Community Care Collateral Program Veteran Community Care Eligibility (VCE)	VCE Code	VCE Description
		<p>to a VA authorization for maternity care at VA expense.</p> <p> Note: Community Care Outcome description is Beneficiary Newborn</p>
VHA Transplant Program	T	<p>Collateral of Veteran who is a person, related to or associated with an enrolled Veteran participating in the VHA Transplant Program.</p> <p>The VHA Transplant Program consists of solid organ (kidney, liver, heart, lung, kidney/pancreas, and heart/lung,) and bone marrow/stem cell life-saving procedures.</p> <p> Note: Community Care Outcome description is Transplant.</p>

Community Care Collateral Program VCE outcomes display on the **View Community Care Outcome** panel on the **Overview** screen and the **Community Care Outcome** panel on the **Community Care Determination** screen.

Manual Override and Remove Override:

For Enrollment System users with Manual Override permissions, Enrollment System users can override this determination by selecting **Yes** on the **Manual Override** field when a Veteran is determined *Not Eligible*. Click the **Remove Override** option to cancel this override.

Manual Override and Remove Override displays when the user clicks the red arrow. Manual Override and Remove Override allows the user to perform the following:

-  Specify a Community Care Override Reason:
 -  Administrative Decision
 -  Enrollment System Record Error
 -  Legislative Change
-  Enter Community Care Override Comments (required)
 -  Specify the Community Care Outcome (Current or New)

Notes:

- The Enrollment System removed the option of “M” (mileage) on Manual Override on June 6, 2019.
 - Community Care Collateral VCEs do NOT display under manual override.
- Update displays a confirmation message “Community Care Updated Successfully”; Cancel takes you back to the Community Care Determination screen in its initial state.

The screenshot shows a form with the following elements:

- Manual Override:** A dropdown menu with a red triangle icon and a radio button selected for "Yes".
- * Community Care Override Reason:** A dropdown menu currently showing "- Select -".
- * Community Care Override Comments:** A large text input area with up and down arrow icons on the right side.
- Community Care Outcome (Current):** A text field containing the value "Hardship, State No Full-Service VA, Urgent Care".
- * Community Care Outcome (New):** A dropdown menu currently showing "- Select -".
- Buttons:** Two blue buttons labeled "UPDATE" and "CANCEL" are positioned below the outcome dropdowns.
- Remove Override:** A radio button is selected for "No" at the bottom of the form.

Figure 97: Manual Override and Remove Override functions

The Enrollment System displays the VCE combinations in the following format in the Manual Override dropdowns, **Community Care Outcome (Current)** and **Community Care Outcome (New)** where the existing codes currently display. Each code displays a description as follows:

Existing Code	If changed to:	Then the Community Care Outcome Becomes:	Outcome description:
B (Basic)	X	X	Not eligible
H (Hardship)	X	X	Not eligible
G	B	B	Basic

Existing Code	If changed to:	Then the Community Care Outcome Becomes:	Outcome description:
(Grandfathered)			
G (Grandfathered)	X	X	Not eligible
X (Ineligible)	B	B	Veteran becomes Eligible
GN (Grandfathered No Full-Service)	X	X	Not eligible
GH (Grandfathered Hardship)	X	X	Not eligible
HN (Hardship, No Full-Service)	X	X	Not eligible
HNU Hardship, No Full-Service, Urgent Care)	X	X	Not eligible
U (Urgent Care)	X	X	Not eligible
GU Grandfathered, Urgent Care)	X	X	Not eligible
GHN (Grandfathered, Hardship, No Full-Service)	X	X	Not eligible
GHU (Grandfathered, Hardship, Urgent Care)	X	X	Not eligible
GNU Grandfathered, No Full-Service, Urgent Care)	X	X	Not eligible
HU	X	X	Not eligible

Existing Code	If changed to:	Then the Community Care Outcome Becomes:	Outcome description:
(Hardship, Urgent Care)			
GHNU Grandfathered, Hardship, No Full- Service, Urgent Care)	X	X	Not eligible
B (Basic)	G	G	Grandfathered
H (Hardship)	G	HG	Hardship and Grandfathered
HN (Hardship, No Full- Service)	G	GHN	Grandfathered, Hardship, No Full- Service VA
HNU (Hardship, No Full- Service, Urgent Care)	G	GHNU	Grandfathered, Hardship, No Full- Service VA, Urgent Care
U (Urgent Care)	G	GU	Grandfathered, Urgent Care
HU (Hardship, Urgent Care)	G	GHU	Grandfathered, Hardship, Urgent Care
NU (No Full-Service, Urgent Care)	G	GNU	Grandfathered, No Full- Service VA, Urgent Care
N (No Full-Service)	G	GN	Grandfathered, No Full- Service VA
X (Ineligible)	R	R	Restricted
X (Ineligible)	E	E	Entitled
R (Restricted Care)	E	E	Entitled

In addition, if the Enrollment System makes a determination to a record that has an “X” override, the override would be removed or if override is “B”, the Enrollment System makes a determination that the Veteran is no longer enrolled.

Update and Cancel Buttons:

The **Update** button displays a confirmation message "Community Care Updated Successfully"; The **Cancel** button takes them back to the **Community Care Determination** screen in its initial state.

- 💡 **Note:** Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions. Enrollment System users will still see the Manual Override and Remove Override functions but will not be able to use them.

Perform the following "How Do I..." procedures to apply a manual override as well as remove an override:

[... apply a Manual Override?](#)

[... remove Override?](#)

5.2.9.1.7 Nearest Veterans Access, Choice, Accountability Act (VACAA) Facility on the Community Care Determination Screen

VACAA Facility information is used for geocoding in the PSSG Drive Distance Information table.

💡 **Notes:**

- Records with VCE status of "G" (Grandfathered) are sent with the monthly geocoding process. Records with residential address changes are included in the daily geocoding process.
- "Community Care Collateral Program" records will reflect as "N/A" for all VACAA fields. Not enrolled Covered Veterans ("Entitled Care" and "Restricted Care") records are included in geocoding processes to obtain rurality information.
- Geocoding processing times are Central Standard Time (CST) zone.

VISN Number:

Number for the station in the geocoding table.

Station Name / Station Number:

Name or number of the nearest VACAA facility.

Station Address:

The full station address.

Distance (driving distance):

Distance in miles. Displays all eight decimal place values.

Date Determined:

Date geocoding was performed in the MM/DDYYYY format. Result:

The results are displayed in text not numeric code as follows:

- Address cannot be coded.
- Veteran Address is less than or equal to 40 miles and does not meet the exceptions.
- Veteran resides in the state of Alaska (AK).
- Veteran resides in the state of Hawaii (HI).
- Veteran resides in the state of New Hampshire (NH) and is greater than 20 miles from the White River junction VA Medical Facility.
- Veteran resides more than 40 miles from a VA facility.
- Veteran resident in US territories – Guam, American Samoa, Northern Mariana Islands (CNMI), US Virgin Islands and the Philippines.

View Geocode Transmit History Link

The **Geocode Transmit History** link, located under the **Nearest VCAA Facility** section of the **Community Care Determination** screen, takes Enrollment System users to the **Geocode Transmit History** screen.

Nearest VACAA Facility

VISN Number: 16

Station Name/Station Number: G.V. (SONNY) MONTGOMERY / 586

Station Address: 9999 Test Avenue
Test City, MU 99999-9999

Distance: 51.34300000

Date Determined: 0

Result: Veteran Address is more than 40 miles from the nearest VA Medical Facility (designated as VACAA)

[View Geocode Transmit History](#)

Figure 98: View Geocode Transmit History link

View Geocode Transmit History

Enrollment System users view PSSG geocode history on the **Geocode Transmit History** screen.

Geocode Transmit History												
											EXPORT	RETURN TO COMMUNITY CARE DETERMINATION
9 Total - Page (1 of 1).												
Modified Date	Geocoding Result	Driving Distance	Geocode Station ID	Geocode Date	Address Line 1	Address Line 2	City	State	Census URI	Addr Lat	Addr Long	GEOCODE SW VER
12/04/2018 04:00:04AM	Veteran is equal to or less than 40	40.00000000	602	18-Jul-18	9999 Test Avenue		Test City	MU	U	34	-81	

Figure 99: Geocode Transmit History

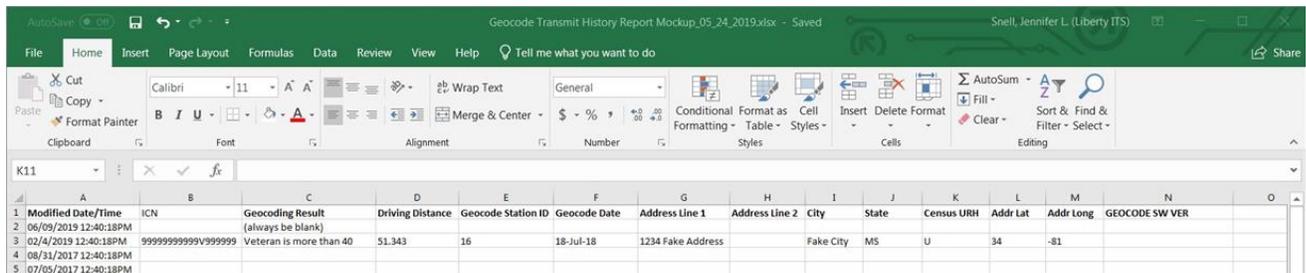
 **Note:** If a Veteran presents no geocode transmit history data, a system error in a green banner at the top of the **Geocode Transmit History** screen displays the following message: *"No Geocode Transmit History Data available for this Veteran."*



Figure 100: Green banner system banner alerting the Enrollment System user that “No Geocode Transmit History Data available for this Veteran.”

Enrollment System users may click the **Export** button to export and download geocode transmit history data into a csv spreadsheet.

 **Note:** Under **Address Longitude** column, an apostrophe (‘) in front of the address displays. The apostrophe is necessary, so the minus sign is not interpreted as a formula in Excel.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Modified Date/Time	ICN	Geocoding Result	Driving Distance	Geocode Station ID	Geocode Date	Address Line 1	Address Line 2	City	State	Census URH	Addr Lat	Addr Long	GEOCODE SW VER	
1	06/09/2019 12:40:18PM		(always be blank)												
2	02/4/2019 12:40:18PM	99999999999999999999	Veteran is more than 40	51.343	16	18-Jul-18	1234 Fake Address		Fake City	MS	U	34	-81		
3	08/31/2017 12:40:18PM														
4	07/05/2017 12:40:18PM														

Figure 101: Geocode Transmit History Record

5.2.9.1.8 VA Maintaining Internal Systems and Strengthening Integrated Outside Networks MISSION Act

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act was signed into law on June 6, 2018. The MISSION Act went into effect on June 6, 2019 and VA must consider the criteria for Veterans to be considered eligible for the Veterans Community Care Program under the MISSION Act. There are six pathways for eligibility for Community Care services. The six pathways are State No Full-Service VA, Service Unavailable, Grandfathered, Access Standards, Best Medical Interest, and Quality Standards. The Enrollment System change supports the eligibility for the Veterans Community Care Program and the below Community Care services. The rest of the pathways to support eligibility for Community Care will be implemented via other VA systems.

-  Grandfathered
-  State with No Full-Service VA
-  Urgent Care
-  Hardship non-episodic (General Best Medical Interest)

The rest of the pathways to support eligibility for Community Care will be implemented via other VA systems.

Click the links below to perform the following MISSION Act “How Do I?” procedures:

[... identify records that meet Initial Grandfather Status of the MISSION Act?](#)

[... recalculate the VCE based on new Community Care Program rules?](#)

Activating MISSION Act Changes Per Policy

The Enrollment System allows authorized Enrollment System users to establish a configurable date to activate the MISSION Act changes per policy. When authorized users set the date the CCP functionality becomes effective, the Enrollment System captures the user's identity, the date that they set the "effective date" and the actual CCP Grandfather status effective date. MISSION Act will then update to the System Parameters screen.

For example:

Enrollment System user's identity – Test Patient

Date Set for Community Care Program Effective Date – 11/29/2018

Community Care Program Activation Date – 06/06/2019

Notes:

- The Enrollment System user's identity data is stored in the database not on the System Parameters screen.
- The Enrollment System user sets the Effective Date on the System Parameters screen.

Enabling a New Rules Flow

The Enrollment System enables a new rules flow based on existing and new rules.

Note: The Veteran must be enrolled as a precondition.

Veteran is assigned a VCE "B" (for Basic), assuming the Veteran is not eligible for any of the following Grandfather scenarios below:

- 💡 **Note:** Grandfather is only VCE "G" eligibility.

For "B" (for Basic):

- Assign VCE of "H" (for Hardship).

For Hardship:

- Assign VCE of "N" (for CCP State with no Full-Service Medical Facility), if applicable.

For No Full-Service Facility:

- Assign VCE of "U" (for Urgent Care), if applicable.

Notes:

- All new Community Care eligibilities must have “Community Care Outcomes” displayed in the expected places of the Enrollment System (for example, the Overview tab, View Community Care Determination panel, Community Care Determination screen and the Community Care Determination History screen).
- Processing times will be in Central Standard Time (CST) zone.

Category	Old Value	New Value	Data Changed
Community Care Outcome			
Veterans Community Care Eligibility (VCE):	U	U	
Community Care Outcome:	Urgent Care	Urgent Care	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	
Veterans Community Care Eligibility (VCE):	N	N	
Community Care Outcome:	State No Full-Service VA	State No Full-Service VA	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	
Veterans Community Care Eligibility (VCE):	G	G	
Community Care Outcome:	Grandfathered	Grandfathered	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	

Figure 102: Community Care Outcomes

Retaining the Grandfather Rules Flow

 **Note:** The Veteran must be enrolled as a pre-condition.

The Enrollment System enables a retained Grandfather rules flow. A separate and distinct rule flow exists for those Grandfathered (“G”) records that were part of the original population (06/06/2019) and were assigned a “G”.

Click the following “How Do I?” link to retain Community Care Program Grandfather status:

[... retain Community Care Program Grandfather Status?](#)

5.2.9.1.9 ESCC Quality Report

The Enrollment System provides Enrollment System users, through a manually created Outlook mail group, a daily Enrollment System Community Care (ESCC) quality report containing the following information:

- Discrepancy between Residential Address and Geocoding
- Planning System Support Group (PSSG) ETL (Exchange, Transform, and Load)

- Reconciliation Process for Title-38 Care Received for Grandfather VCE (CDW)
- State with No Full-Service Medical Facility
- Veterans Community Care Eligibility (VCE) Group
- Third-Party Administrator (TPA) and Community Care Network (CCN)
- Records Failed to be Sent to VistA for VHAP

The daily ESCC quality report will be generated and sent through email in the AM, Eastern Standard Time (EST), and includes previous day data. ICNs in the emailed report can be sent unencrypted per VA policies.

For detailed descriptions of each section contained in the daily quality report, continue below. To view a sample ESCC Quality Report, click the [Sample ESCC Quality Report](#) link for a sample.

For users who wish to receive the daily report through the existing Batch Process functionality under the **Admin** menu, Enrollment System users can have their email address added to the quality report email group and receive it every morning at 9AM EST and 8AM CST.

Discrepancy between Residential Address and Geocoding

This quality report provides the discrepancy between all records that currently have, or have ever had throughout history, a VCE equal to Grandfathered and their residential address changed, but the record was not sent to PSSG for geocoding or PSSG did not return any data. All records that had a residential address change must be processed for Rurality, but discrepancies are not captured in this report. If an investigation is required, the Enrollment System provides Veteran ICNs for 20 or less records. Leading and trailing zeros will not be included in the display of the ICNs.

Planning System Support Group (PSSG) ETL (Exchange, Transform, and Load)

Provides differences between the number of records the Enrollment System sent to PSSG and the number of records returned to the Enrollment System. If an investigation is necessary, the Enrollment System provides Veteran ICNs for 20 or less records. Leading and trailing zeros will not be included in the display of the ICNs.

Reconciliation Process for Title-38 Care Received for Grandfather VCE (CDW)

Grandfathered Records

Records processed for Title 38 care received from the Corporate Data Warehouse (CDW) and the number of records the Enrollment System assigned Grandfather (G) status. If an investigation is necessary, the Enrollment System provides Veteran ICNs for 20 or less records. Leading and trailing zeros will not be included in the display of the ICNs.

CDW ETL Hardship

- The number of Veterans that have the new *Hardship VHAP* that need to be recalculated and need to be investigated.
- The number of Veterans that have the *Hardship Legacy Age Off* that need to be recalculated and need to be investigated.
- The number of Veterans that have the *Hardship Expiration of Consults* that need to be recalculated and need to be investigated.

If an investigation is necessary, the Enrollment System provides Veteran ICNs for 20 or less records.

Urgent Care

Provides daily counts of how many Veterans that should have Urgent Care (U) and that need to be recalculated and investigated. If investigation is necessary, the Enrollment System provides Veteran ICNs for 20 or less records. Leading and trailing zeros will not be included in the display of the ICNs.

State with No Full-Service Medical Facility

Provides daily counts of how many Veterans that should have State with No Full-Service Medical Facility (N) that need to be recalculated and investigated. If a worklist item is created with a consistency check failure, then no investigation is required. If an investigation is required, the Enrollment System provides Veteran ICNs for 20 or less records. Leading and trailing zeros will not be included in the display of the ICNs.

Third-Party Administrator (TPA) and Community Care Network (CCN)

Provides daily counts of the records that have the “Contractor Received” status.

Records Failed to be Sent to VistA for VHAP Change

Reports daily counts of failed Veteran records that were slated to be sent to VistA for VHAP changes. If an investigation is necessary, the Enrollment System provides Veteran ICNs for 20 or less records. Leading and trailing zeros will not be included in the display of the ICNs.

Veterans Community Care Eligibility (VCE) Group

Provides daily counts of the total number of records in each Veterans Community Care Eligibility (VCE) group, for the prior two days.

Sample ESCC Quality Report

Report Created Date: October 08, 2019 04:16 PM

Eligibility Data Processing Date: October 07, 2019

Discrepancy between Residential Address and Geocoding

Description: Displays the discrepancy between records that are Grandfather eligible or eligible to regain Grandfather eligibility and had a residential address change, but the record was not sent to PSSG for geocoding or did not receive geocoding data from PSSG.

Discrepancy between Residential Address and Geocoding*	Record Count of Unchanged Addresses**	Investigation Required for Records	Sample of ICNs (Max 20)
40	35	5	1999999999V999996, 2999999999V999994

* Residential address record modified date is later than the Geocoding record modified date.

** Changed address can be a change to Line 1, city, state or zip as compared to geocode_transmit Line 1, city, state or zip

PSSG

Description: Displays the difference between the number of records ES sent to PSSG and the number of records returned.

ES Count of records flagged for Geocoding	ETL Count of records in PSSG request	ETL Count of records in PSSG response	Investigation required for records
8158	8158	8154	4

Reconciliation Process for Title-38 Care Received for Grandfather VCE (CDW)

Description: Displays the number of records processed for Title 38 care received from CDW and the number of records ES assigned Grandfather Status.

Number of Paid Claim Records Received from CDW	Recalculated VCE count to include Grandfathered VCE	Number of Records Assigned Grandfathered Status	Investigation required for records
250	89	80	9

Urgent Care

Description: Displays the number of records that do not qualify for Urgent Care.

Count of Records with U	Count of Records with U That do Not meet the Business Rules for U (Should Have Received Care Under Title 38 Within the Past Two Years)	Investigation required for records	Sample of ICNs (Max 20)
280	80	80	1999999999V999993, 2999999999V999994

Description: Displays the number of records that qualify for Urgent Care.

Count of Records with care under Title 38 that meet U	Recalculated VCE count to include U	Investigation required for records	Sample of ICNs (Max 20)
300	285	15	1999999999V999992, 2999999999V999991

VCE

Description: Displays total VCE number by type.

VCE Type	VCE Counts for October 06, 2019	VCE Counts for October 07, 2019
Basic	217,117	217,114
Hardship	7	7
Ineligible	95,912	95,912
Grandfathered	5	5
State No Full-Service VA	3	3
Urgent Care	4	5
Total	313,048	313,046

Hardship

Description: Displays the number of new records from CDW.

Count of records from CDW	Count of Enrolled Persons with Hardship	Recalculated VCE count to include H	Investigation required for records
104	92	90	2

Description: Displays the number of Legacy Age off (ADR) records.

# of Legacy records reach maturity	Count of legacy records recalculated	Recalculated VCE count to include H	Investigation required for records
10	9	1	1

Description: Displays the number of records for Expiration of Consults (ADR).

# of Hardship consults records reach maturity	Count of Hardship consult records recalculated	Recalculated VCE count to include H	Investigation required for records
19	15	4	4

State No Full-Service VA

Description: Displays the number of records that do not qualify for VCE, State with no full-service VA Medical facility.

Count of Records with N	Count of Records with N that do not meet the business rules for N (qualifying States and White River Junction NH)	Investigation required for records	Sample of ICNs (Max 20)
280	80	80	1999999999V999992, 2999999999V999994,

Description: Displays the number of records that qualify for VCE, State with no full-service VA Medical facility.

Count of Records with address change that meet N	Recalculated VCE count to include N	Investigation required for records	Sample of ICNs (Max 20)
300	285	15	1999999999V999993, 2999999999V999996

CCN/TPA Information

Description: Displays the file type, status and number of records for CCN and TPA.

File Type	Status	Count
TPA Positive	N/A	0
TPA Negative	N/A	0
CCN Daily	Sent	7

Records Failed to be Sent to Vista for VHAP Change

Description: Displays only for Community Care VHAPs, if there is no associated work item (Category: Consistency Checks) and no associated Z11 transaction.

VHAPs Created Daily in ES and Not Sent to Vista	Records with VCE changes that do not have a corresponding VHAPs	Sample of ICNs (Max 20)
200		

5.2.10 Community Care Collateral Program

If a [Community Care Program](#) is associated with a Collateral’s record, Community Care Program(s) display on the **Community Care Collateral Program** panel.

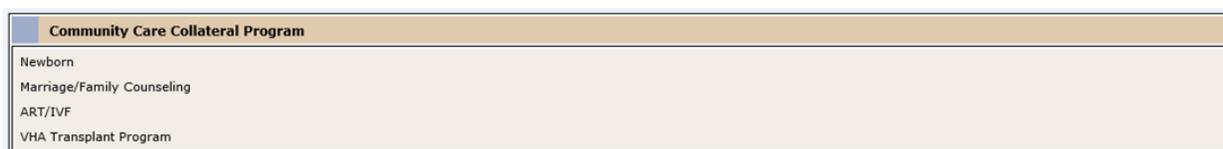


Figure 103: Community Care Collateral Program

5.2.11 Other Ineligibility

The **Other Ineligibility** section displays other ineligibility factors such as the reason, the VARO decision, and the effective date the Veteran was found to be ineligible for VHA Health Care.

5.2.12 Expanded Mental Health Care

Suicide prevention is a Department of Veterans Affairs (VA) top clinical priority. In 2017, all Veterans Health Administration (VHA) medical centers started offering emergency stabilization care for former Servicemembers who present at a facility with an emergent mental health care need. Former Servicemembers with an “Other Than Honorable” (OTH) administrative discharge (who are waiting for their additional discharge adjudication to be completed) may receive care for their mental health care emergency needs for an initial 90-day period, which can include inpatient, residential or outpatient care. Additional 90-day periods of care may be authorized as needed by a Veterans Integrated Service Network (VISN) Chief Medical Officer. In addition, former Servicemembers who are OTH who present at a facility with an immediate need for mental health care related to combat or military sexual trauma (MST) may receive care too. The Suicide High Risk Patient Enhancements (SHRPE) eligibility enhancements will identify eligibility for emergency mental health care services for former Servicemembers with OTH administrative discharge and track their care. The enhancements involve creating a new “Expanded MH Care Non-Enrollee” non-veteran primary eligibility code, creating two new eligibility factors to identify the OTH related mental health care reason, and adding the 90-day tracking cycles, where applicable, in the Enrollment System (ES). ES will be the authoritative

source for capturing and sharing the OTH data, including the new eligibility code, the new eligibility factors and the OTH periods data.

The addition of the new eligibility code and eligibility factors and their data will support providing access to emergent and other mental health care to former Servicemembers who are not otherwise covered by existing eligibility alternatives.

5.2.13 Financial Assessment

The **Financial Assessment** section allows users to view a Veterans current and historical financial assessment information. Financial assessment includes applicable spouse and dependent information.

▼ Current Financial Assessment (Income Year 2005)		DEPENDENTS	FINANCIAL DETAILS	VIEW CHANGES MADE THIS INCOME YEAR
Disclose Financial Information:	Yes	Agree to Pay Deductible:		
Primary Test Type:	Means Test	Test Effective Date:	01/09/2006	
Test Determined Status:	MT Copay Exempt	Test Status:	No Longer Required	
Site Conducting Test:	TOMAH VAMC (# 676)	Date Test Completed:	01/09/2006	
Centralized Anniversary Date Adjusted:		Adjudication Date:		
Pharmacy Co-pay Status:		Long Term Care Status:		
Hardship Granted:		Source of Financial Information:	VAMC	
Number of Inpatient Days:	0	Number of Outpatient Days:	42	
Married Last Calendar Year:	No	Total Dependents	0	
BT Financial Indicator:		PG8 Relaxation Indicator:		

Figure 104: Financial Assessment

5.3 Demographics

5.3.1 Overview

The **Overview** screen presents the user with a snapshot of the demographic information that is available for the beneficiary.

Users may:

- **Update Addresses** – allows users to add/update Veterans mailing address information, which includes: Residential Address, Permanent Mailing Address, Temporary Mailing Address or Confidential Address. A checkbox appears next to the active address type.
- **Update Associates** – presents the user with a snapshot of the current associate information available for the Veteran. Users may click on a current Name link to update the information for that associate. Users may also click on the **Add Associate** button to add other associates. The **Add Other Associates** link also presents the user with the **Add Associates** screen allowing them to add other associates.
- **Update Personal** – allows user to add or update items such as beneficiary's Date of Death, Employment Status and Preferred Language (currently inactive) information.

- **Update Insurance** – allows the user to access insurance information as well as enter/edit specific beneficiary insurance information.
- **Demographics** – a history of Veteran record modifications will be viewed on **Demographics** detailing who modified the record and the time it happened.

Email Address Panel:

The **Email Address** panel is found under the **Demographics** tab on the **Addresses** screen. The **Email Address** panel displays any existing email address(es). To add or edit an email address, click the **Add/Edit Address** hyperlink on the **Demographics** tab, **Overview** sub-tab, or on the **Demographics** tab, **Addresses** sub-tab. From the displayed screen, Enrollment System users can click the **Add Email Address** button to add an email address. Once added, the Enrollment System user clicks the **Update** button to save the change.

Email Address:

This field defaults to Personal.

- **Note:** This field previously allowed business email addresses to be entered in ES. Any remaining business email address can be edited or removed but will not be sent to VistA or VA Profile. A new business email address cannot be added.

Email Address Format:

Enter the actual email address in the format:

- myemail@providername.com
- Email Address must be between 0 and 80 characters.

Source of Change / Site of Change:

A list of acceptable sources that may change a beneficiary's (registrant's) phone number. Select from the drop-down.

Possible Options:

1. HBSC (Health Benefit Site Change)
 - a. Site of change defaults to 742 – HEALTH ELIGIBILITY CENTER
2. HEC (Health Eligibility Center)
 - a. Site of change defaults to 742 – HEALTH ELIGIBILITY CENTER
3. VAMC (Veterans Affairs Medical Center)
 - a. Site of change can be set to the appropriate VAMC by the user
4. VA Profile (VA Profile system)
 - a. Site of change is set to blank and cannot be set by the user

Last Update:

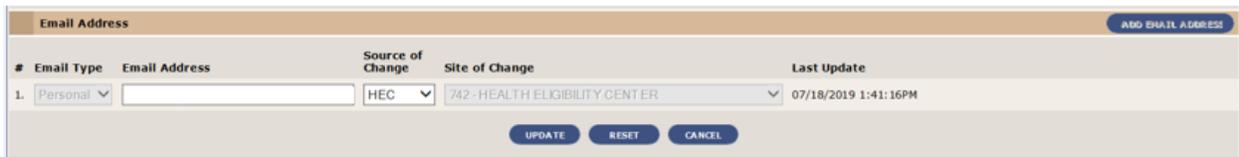
Last Update identifies the date and time the email address was last updated. This field is system filled.

Sharing Personal Email Address:

The Enrollment System allows entry and sharing of one personal email address per Veteran with VistA and VA Profile.

Enrollment System users can locate the personal email address panel by clicking the **Add/Edit Address** hyperlink on the **Demographics** tab, **Overview** sub-tab, or on the **Demographics** tab, **Addresses** sub-tab. When the Enrollment System user clicks the **Add/Edit Address** button, users are taken to the **Add/Edit Address** screen where users can add an email address. If there is an existing email address, users can edit it in the **Email Address** panel, **Email Address** field. The **Email Type** drop down defaults to “Personal”. The **Add Email Address** button will disable and gray out when there is an existing email address because the Enrollment System can only use one personal email address. Once edited, the Enrollment System user clicks the **Update** button to save the change.

 **Note:** Previously, business email addresses were also entered into the Enrollment System but are no longer used and will not be sent to VistA in the Z05. Any remaining business email address after ES 5.7 can still be viewed and edited in the Enrollment System but a new business email address cannot be added.



#	Email Type	Email Address	Source of Change	Site of Change	Last Update
1.	Personal		HEC	742 - HEALTH ELIGIBILITY CENTER	07/18/2019 1:41:16PM

Figure 105: Email Address section where Enrollment System users can add an email address to share

Enrollment System users can delete an email address by clicking on the **Add/Edit Address**, find the **Email Address** panel, click in the **Email Address** field and click on the “x” to delete or by removing the characters in the **Email Address** field. Once deleted, the Enrollment System user clicks the **Update** button to save the deletion.

 **Note:** Any remaining business email address after ES 5.7 can be deleted.

Email Address					ADD EMAIL ADDRESS
#	Email Type	Email Address	Source of Change	Site of Change	Last Update
1.	Personal	test@testmail.com	HEC	742-HEALTH ELIGIBILITY CENTER	07/18/2019 1:41:16PM

Figure 106: Existing personal email address displaying last updated date and time

5.3.2 Identity Traits

Identity Traits are a set of data fields that uniquely identify the Veteran.

When *Identity Trait* updates are pending, the user can only view data. ES prevents any updates or edits to the Veterans information.

VIEW SUBMITTED IDENTITY TRAITS

Allows users to view the *Identity Traits* updates that have been submitted for this patient and the current status of those updates for user-selected dates/times.

VIEW HISTORICAL IDENTITY TRAITS

Allows users to view the *Identity Traits History* changes made for this patient with "Old" and "New" values for user-selected dates/times.

Prefix:

Prefix is the title supplied for the beneficiary such as Mr., Ms., Mrs., etc.

Rules...

- If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
- *Prefix* is free-text and must be between 1 and 10 characters.

The **Name** fields are an important element in the unique identity of a person.

First Name:

Enter the Veterans complete legal first name. Avoid using nicknames or ambiguous information.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- First Name must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if the Veteran does not have a middle name; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- No parenthesis may be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- Middle Name must be between 1 and 25 characters.

★ *Last Name:*

Enter the Veterans complete legal Last Name.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Multiple Last Name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.

- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- Last Name must be between 1 and 35 characters.
- Individual's Last Name is a required field.

Preferred Name:

Preferred name is what the Enrollment System user enters into the **Preferred Name** field or the preferred name the Enrollment System receives from MVI. All Enrollment System users have access to the **MVI Tool Kit** link located under **Demographics** and the **Identity Traits** sub-tab, but only users who have access to MVI will be directed to the MVI system.

Figure 107: Identity Traits screen with the Preferred Name field highlighted

The preferred name displays in the banner and displays as a single field. Preferred name will not display middle or last name.

Figure 108: Banner displaying the Veterans preferred name

Click the following link to edit a Veterans preferred name.

[... edit a Veterans preferred name?](#)

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- Suffix must be between 1 and 10 characters.

Member ID:

Member ID represents the Veterans EDIPI. Member ID is a read-only field in ES and a unique identifier for each Veteran in the Community Care program. Member ID is the identifier on the Community Care identity card.

SSN:

SSN is defined as the individual's social security number.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

- *In-Process* ...SSN validation is being processed.
- *Invalid per SSA* ...SSA has declared SSN invalid.
- *New Record* ...indicates this is a new record and needs to be sent to SSA for verification.
- *Resend to SSA* ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

SSA Verification Date indicates the date of the SSN verification from the Social Security Administration (system generated).

SSA Message:

SSA Message is an error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

SSN Source of Change is an audit field to capture the source of the updated SSN. Select from the dropdown.

Pseudo SSN Reason:

Choices for assigning a Veteran Pseudo SSN are:

- Follow-up required
- Verification Process:
 1. System sends letter to beneficiary asking for SSN.
 2. If Veteran returns SSN, HEC then sends the SSN validation request to the SSA.
- No SSN assigned
- Refused to Provide

Pseudo SSN Reason data is shared with VistA.

💡 **Note:** If a Veteran has a *Pseudo SSN* in VistA, it will not display in ES. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

- Pseudo SSN Reason is required for first time entry of Pseudo SSN where no SSN previously existed.

Birth Sex:

Birth Sex is defined as the gender that best describes the Veterans sex.

More...

- In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.
- The acceptable choices are:
 - F – Female
 - M – Male

Self-Identified Gender Identity:

The gender with which the Veteran identifies.

Date of Birth:

The Date of Birth is the date the Veteran was born.

Rules...

Date of Birth:

- Cannot be a future date.
- Cannot occur after the Date of Death.
- Cannot occur after the Ineligible Date.
- Cannot occur after the Enrollment Application Date.
- Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.

Place of Birth City:

The Place of Birth City is where the beneficiary was born. Place of Birth City is display only. Place of Birth City data is shared with VistA.

Place of Birth State:

The Place of Birth State is where the beneficiary was born. Place of Birth State is display only.

Place of Birth State data is shared with VistA.

Multiple Birth Indicator:

Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included. Multiple Birth Indicator is display only.

Multiple Birth Indicator data is shared with VistA.

Mother's Maiden Name:

Displays the beneficiary 's mother's maiden name in "LAST NAME, FIRST NAME MI" format. Mother's Maiden Name is display only.

Race:

Race or racial group to which the beneficiary belongs. *Race* is display only and can have multiple values.

Race data is shared with VistA.

Ethnicity:

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only.

Ethnicity data is shared with VistA.

VIEW SUBMITTED IDENTITY TRAITS

Allows users to view the *Identity Traits* updates that have been submitted for the Veteran, and the current status of those updates for user-selected dates/times.

VIEW HISTORICAL IDENTITY TRAITS

Allows user to view the *Identity Traits* history changes made for this person with "Old" and "New" values for user-selected dates/times.

Prefix:

Prefix is the title supplied for the registrant such as Mr., Ms., Mrs., etc.

Rules...

- If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
- *Prefix* is free text and must be between 1 and 10 characters.

The **Name** fields are an important element in the unique identity of a person.

First Name:

Enter the Veterans complete legal first name. Avoid using nicknames or ambiguous information.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- First Name must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if the Veteran does not have a middle name; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- No parenthesis may be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- Middle Name must be between 1 and 25 characters.

★ **Last Name:**

Enter the Veterans complete legal Last Name.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Multiple Last Name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the **Last Name** field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- Last Name must be between 1 and 35 characters.
- Individual's Last Name is a required field.

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- Suffix must be between 1 and 10 characters.

Member ID:

Member ID represents the Veterans EDIPI. Member ID is a read-only field in ES and a unique identifier for each Veteran in the Community Care program. Member ID is the identifier on the Community Care identity card.

SSN:

SSN is defined as the individual's social security number.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

- *In-Process* ...SSN validation is being processed.
- *Invalid per SSA* ...SSA has declared SSN invalid.
- *New Record* ...indicates this is a new record and needs to be sent to SSA for verification.
- *Resend to SSA* ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

SSA Verification Date indicates the date of the SSN verification from the Social Security Administration (system generated).

SSA Message:

SSA Message is an error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

SSN Source of Change is an audit field to capture the source of the updated SSN. Select from the dropdown.

Pseudo SSN Reason:

Choices for assigning a Veteran Pseudo SSN are:

- Follow-up required
- Verification Process:
 1. System sends letter to beneficiary asking for SSN.
 2. If Veteran returns SSN, HEC then sends the SSN validation request to the SSA.
- No SSN assigned
- Refused to Provide

Pseudo SSN Reason data is shared with VistA.

💡 **Note:** If a Veteran has a *Pseudo SSN* in VistA, it will not display in ES. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

- Pseudo SSN Reason is required for first time entry of Pseudo SSN where no SSN previously existed.

Birth Sex:

Birth Sex is defined as the gender that best describes the Veterans sex.

More...

- In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.
- The acceptable choices are:
 - F – Female
 - M – Male

Self-Identified Gender Identity:

The gender with which the Veteran identifies.

Date of Birth:

The Date of Birth is the date the Veteran was born.

Rules...

Date of Birth:

- Cannot be a future date.
- Cannot occur after the Date of Death.

- Cannot occur after the Ineligible Date.
- Cannot occur after the Enrollment Application Date.
- Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.

Place of Birth City:

The Place of Birth City is where the beneficiary was born. Place of Birth City is display only. Place of Birth City data is shared with VistA.

Place of Birth State:

The Place of Birth State is where the beneficiary was born. Place of Birth State is display only. Place of Birth State data is shared with VistA.

Multiple Birth Indicator:

Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included. Multiple Birth Indicator is display only. Multiple Birth Indicator data is shared with VistA.

Mother's Maiden Name:

Displays the beneficiary 's mother's maiden name in "LAST NAME, FIRST NAME MI" format. Mother's Maiden Name is display only.

Race:

Race or racial group to which the beneficiary belongs. *Race* is display only and can have multiple values. Race data is shared with VistA.

Ethnicity:

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only. Ethnicity data is shared with VistA.

★ ***Indicates Required Field***

5.3.3 Personal (Person History)

ES maintains the history of all Veteran record modifications, including Date of Death information.

Sensitivity Flag:

Sensitivity Flag is an indication that this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

The indicator notifies HEC of a classified record.

Sensitivity Flag data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected, user may select a site from the *Sensitivity Flag Change Site* dropdown.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for *Sensitivity Flag Change Source*, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected for *Sensitivity Flag Change Source*, user may then select a site from the dropdown.

Degree:

The **Degree** field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Alias Names:

Alias Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Alias Names field is display-only.

Alias SSNs:

Alias SSNs that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

Alias SSNs field is display-only.

Date of Death:

Date of Death is defined as the official deceased date for the individual.

 **Note:** ES automatically deletes the *Death Notification Source*, *Death Notification Site* and the *Date of Death Report Date* when Date of Death is deleted.

More...

- Death certificates are required to enter a Date of Death. Dates of Death must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.
- ES will populate the following fields if the Date of Death was received from MVI:
 - Date of Death
 - Death Notification Source: This field from MVI contains one of the following values: VAMC INPATIENT DEATH, NCA, CORP, SPOUSE/NOK/OTHER PERSON, EVVE QUERY, SSA DMF, DoD, or Death Notification Site.
- ES does not process Date of Death information sent by VistA.
- Use the following as authoritative sources in order of precedence: Veterans Health Administration (VHA) facility is an authoritative source for Date of Death if the person died in the VHA facility or while under VA auspices.
 - SSA
 - Department of Vital Statistics
 - Death Certificate
 - National Cemetery Administration (NCA) is an authoritative source for the Date of Death if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

- Date of Death must be a precise date (MM/DD/YYYY) for ES to save the record. However, ES will accept an imprecise Date of Death that was sent by MVI.
- Imprecise Date of Death does not apply to HL7.
- Date of Death cannot be a future date or a date prior to the Date of Birth.
- If Date of Death is populated, the Death Notification Source is required information.

- If the Date of Death is reported in the YYYY format by MVI, and:
 - The death occurred in the prior year, the Enrollment End Date will be set to the last day of the prior year (e.g., the reported death is 2016 and today is 1/21/2017, the Enrollment End Date will be 12/31/2016).
 - The Date of Death occurred in the current year, the Enrollment End Date will be set to the current date (e.g., the reported death is 2017 and today is 1/21/2017, the Enrollment End Date will be 1/21/2017).
- If the Date of Death is reported in the MM/YYYY format by MVI, and:
 - The death occurred in the prior year, the Enrollment End Date will be set to the last day of the reported month of that year (e.g., the reported death is 03/2016 and today is 1/21/2017, the Enrollment End Date will be 3/31/2016).
 - The death occurred in the prior month of the current year, the Enrollment End Date will be set to the last day of the reported month of the current year (e.g., the reported death is 01/2017 and today is 2/21/2017, the Enrollment End Date will be 1/31/2017).
 - The death occurred in the current month of the current year, the Enrollment End Date is the current date (e.g., if today is 2/14/2017 and date of death sent is 02/2017, the system will set the date to 2/14/2017).
- If the Date of Death is deleted, ES automatically NULLS out the Death Notification Source, Supporting Document Short Name, Date of Death Entered By, and the Date on which Date of Death was entered. The Date of Death Update Date should be set to the current date.

Death Notification Source:

Death Notification Source is defined as the source of the Date of Death being added. The Death Notification Source value appears as SPOUSE/NOK/OTHER PERSON when the Date of Death is entered. Death Notification Source is a read-only field.

Death Notification Source is required information if the Date of Death is populated.

Rules...

- SPOUSE/NOK/OTHER PERSON will be the only value in the **Source of Notification** field.
- After a Date of Death is entered, a popup with following message appears: "Death Notification Source will be set to SPOUSE/NOK/OTHER PERSON." Clicking OK will populate the Death Notification Source as that.

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the Date of Death is reported or updated (system filled and may be imprecise).

More...

- ES will use the date received if the source does not supply a date.

★Preferred Facility:

ES automatically determines the Veterans *Preferred Facility* by obtaining a list of active and inactive PCPs from the Corporate Data Warehouse (CDW). "PCP" is the Veterans Primary Care Provider.

The PCP is assigned in preferential order by source designation: Active PCP, Inactive PCP, ESR, then Vista. The source designation is next to the **Preferred Facility** field.

PCPs are displayed and not editable if there are preferred facilities with a source designation of "PCP Active".

Updates to the **Preferred Facility** fields are allowed only if the preferred facilities' source designation is "PCP Inactive", "ESR", "Vista", or "NULL."

From the dropdown, the user is required to select at least one *Preferred Facility*, if none exist. When selecting, the source designation for the selected/edited facility is set to "ESR".

Preferred Facility data is shared with Vista.

★Preferred Language: (Currently Inactive)

The Veterans preferred language. The **Preferred Language** field defaults to English but may be changed.

The user selects their preferred language from a dropdown list.

★Language Entry Date: (Currently Inactive)

The date the Veterans preferred language was entered. The date can be entered manually or automatically.

More...

- The initial value for the **Language Entry Date** field is blank.
- If no date is entered, the value defaults to the current date upon a successful update.
- If the user selects a value from the Preferred Language drop-down list, the **Language Entry Date** field is blank, but can be edited. For example, if a Veteran enters his/her preferred language on a 10-10EZ form, the ES user should enter the date of the 10-10EZ form into the **Language Entry Date** field.

Rules...

Language Entry Date:

- Cannot be a future date.
- Can be a date in the past; however, the date cannot be before the Veterans date of birth.

Claim Folder Number:

A number is automatically assigned by VBA to each Veterans claim for VA benefits.

Claim Folder Number data is shared with VistA.

Rules...

- The *Claim Folder Number* is a 7-9-character unique number utilized by the VBA prior to its conversion to use of the SSN. The data field will accept either this 7-9 character unique number or the SSN. A claim number is established only if the beneficiary has filed a benefit claim with VBA. Leave the Claim Folder Number field blank if a claim number has not been established.
- The SSN data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
- A Pseudo SSN is not appropriate for this field.
- To edit the *Claim Folder Number*, click the **Demographics** tab → **Personal** sub-tab, click Update to save.

Claim Folder Location:

The Claim Folder Location is the VA regional office or record location where the beneficiary's claim folder is filed.

Claim Folder Location data is shared with VistA.

Emergency Response:

The Emergency Response indicator can be multiple values. Only **Hurricane Katrina** can be selected, presently.

User Enrollee Valid Through:

Veterans who receive or are scheduled to receive healthcare services during a given fiscal year. A Veteran who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

User Enrollee Valid Through field is ES filled.

User Enrollee Site:

Defined as a site that first identifies a user status for a given fiscal year.

User Enrollee Site field is ES filled.

Appointment Request Date:

The date VistA captures when the *Appointment Request Response* question is answered. ES captures the current date/time the prompt was answered.

A date is shown only if a response is displayed in the **Appointment Request Response** field.

The **Appointment Request Date** field is ES filled and Appointment Request Date data is shared with VistA.

Appointment Request Response:

The Appointment Request Response is the "Yes" or "No" or null response from the Veteran when asked "Do you want an appointment?" as entered on the 10-10EZ form or as entered when registering a Veteran through the ESR Registration process.

The **Appointment Request Response** field is system filled Appointment Request Response data is shared with VistA.

Benefit Applied For (VOA):

The benefit for which the applicant has applied.

Benefit Applied for (VOA) field is ES filled.

Marital Status:

Marital status of the Veteran. Select from the dropdown.

Marital Status data is shared with VistA.

Religion:

Defined as the listed religion for the Veteran.

The **Religion** field is ES filled.

Father's Name:

Defined as the father's name of the Veteran in the format of LAST, FIRST MIDDLE SUFFIX.

The **Father's Name** field is ES filled.

Mother's Name:

Defined as the mother's name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

The **Mother's Name** field is system filled.

Employment Status:

The current employment status of the Veteran. Select from the dropdown.

If	Then
Employment Status is set to "Retired"	Date of Retirement field may be edited.
Employment Status is changed from "Retired" to any other value	Date of Retirement field will be deleted.
Employment Status is changed to "Unknown" or "Not Employed"	The following field values will be deleted: <ul style="list-style-type: none">• Employer Name• Employer Address Group• Employer Phone Number• Date of Retirement

Employer Name:

A free-text field of 1 – 30 characters which displays the applicant's employer's name.

The **Employer Name** field is ES filled.

Occupation:

A free-text field of 1 – 30 characters which displays the applicant's occupation.

The **Occupation** field is ES filled.

Employer Address Line 1:

A free-text field of 1 – 30 characters which displays the employer's address. *Address Line 1* is the number and street or post office box of a mailing address.

The **Employer Address Line 1** field is ES filled.

Employer Address Line 2:

A free-text field of 1 – 30 characters which displays the employer’s address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

The **Employer Address Line 2** field is ES filled.

Employer Address Line 3:

A free-text field of 1 – 30 characters which displays the employer’s address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

The **Employer Address Line 3** field is ES filled.

City:

A free-text field of 1 – 30 characters which displays the employer’s city.

The **City** field is ES filled.

State:

Displays the employer’s state.

The **State** field is ES filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer’s zip code.

The **Zip Code** field is ES filled.

Employer Phone Number:

A free-text field of 3 – 30 characters which displays the Veterans employer’s phone number.

Employer Phone Number field is ES filled.

Date of Retirement:

The applicant’s Retirement Date in standard date format (mm/dd/yyyy).

The **Date of Retirement** field is ES filled unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If **Employment Status** field is changed from "Retired" to any other value, the **Date of Retirement** field will be deleted.

★ *Indicates Required Field*

5.3.4 Personal (Add a Person)

The **Add-a-Person Personal** screen is pre-populated with the data that was entered in the **Search and Add a New Person** screen under the **ESR Registration** button.

Certain fields are now required, and others become editable as described and indicated below when adding (registering) a new person

VIEW HISTORICAL PERSONAL DATA

ES maintains the history of all Veteran record modifications, including Date of Death (DOD) information.

Sensitivity Flag:

An indication that this registrant record is a sensitive record and only those with a business purpose should view the related information. The indicator notifies HEC of a classified record.

Sensitivity Flag data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, Sensitivity Flag Change Site defaults to **Health Eligibility Center**.

Users may select a site from the **Sensitivity Flag Change Site** dropdown if **VAMC** is selected.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for Sensitivity Flag Change Source, Sensitivity Flag Change Site defaults to *Health Eligibility Center*. Users may then select a site from the dropdown if **VAMC** is selected for Sensitivity Flag Change Source.

Degree:

The **Degree** field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Alias First Names:

Alias First Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

- Alias First Names must be between 2 and 40 characters.
- Multiple Alias First Names can be entered separated by a space.

Alias Last Names:

Alias Last Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

- Alias Last Names must be between 2 and 40 characters.
- Multiple Alias Last Names can be entered separated by a space.

Alias SSN:

Alias SSNs that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

The **Alias SSN** field is editable using the rules below as a guide.

Date of Death:

Date of Death is defined as the official deceased date for the individual.

 **Note:** ES automatically deletes the Death Notification Source, Death Notification Site and the Date of Death Report Date when Date of Death is deleted. Date of Death is not sent to VistA, and ES does not process Date of Death information sent by VistA.

More...

- Death certificates are generally required to enter a Date of Death. Dates of Death must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.

If	Then
The Date of Death was received from MVI (Master Veteran Index)	ES populates the following fields: <ul style="list-style-type: none"> • Date of Death • Source of Notification: This field from MVI contains one of the following values: VAMC INPATIENT DEATH, NCA, CORP, SPOUSE/NOK/OTHER PERSON, EVVE QUERY, SSA DMF, and DoD. • Death Notification Site • Date of Death is not sent to VistA. Also, ES does not process any Date of Death information sent by VistA.

- Use the following as authoritative sources in order of precedence:
 - Veterans Health Administration (VHA) facility is an authoritative source for Date of Death if the person died in the VHA facility or while under VA auspices.
 - SSA
 - Department of Vital Statistics
 - Death Certificate
 - National Cemetery Administration (NCA) is an authoritative source for the Date of Death if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

- Date of Death must be a precise date (mm/dd/yyyy) for the ES to save the record. However, ES will accept an imprecise Date of Death that was sent by MVI. This only applies to Date of Death not HL7.
- Date of Death cannot be a future date or a date prior to the Date of Birth.
- ES will not interpret the source of notification as “Death Certificate on File.”
- ES will accept the Date of Death values that MVI sent.
- The Date of Death Update Date is set to the current date.
- ES will accept imprecise date for Date of Death from MVI.
- Imprecise Date of Date is in the format of MM/YYYY (06/2014), the Date of Death will be 06/2014 and the Enrollment End Date will be set to 6/30/2014

If	Then
Date of Death is populated	The Death Notification Source is required information.

If	Then								
ES receives Date of Death notification for a Veteran (from MVI)	ES retrieves the Date of Death, Entered Date/Date Last Updated, Entered By/Updated By, Death Notification Site and Source of Notification via the Retrieve Primary View traits from MVI.								
Date of Death was set to null, the Lazarus Date will be populated with the date on which the Date of Death was deleted. (The Lazarus Date is not visible to the user)	ES will automatically null out the Death Notification Source, Entered By/Updated By and the Entered Date/Date Last Updated fields.								
Date of Death is imprecise	<p>ES will set the Date of Death and Enrollment End Date to the following:</p> <table border="1" data-bbox="708 835 1562 1201"> <thead> <tr> <th data-bbox="708 835 1065 871">If</th> <th data-bbox="1065 835 1562 871">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="708 871 1065 1012">Imprecise Date of Death is in the format of YYYY (2014)</td> <td data-bbox="1065 871 1562 1012">The Date of Death will be 2014 and the Enrollment End Date will be set to 12/31/2014</td> </tr> <tr> <td data-bbox="708 1012 1065 1113">The Date of Death is in a past year</td> <td data-bbox="1065 1012 1562 1113">The Enrollment End Date will be set to New Year's Eve of that past year.</td> </tr> <tr> <td data-bbox="708 1113 1065 1201">the Date of Death is in the current year</td> <td data-bbox="1065 1113 1562 1201">The Enrollment End Date will be set to the current date.</td> </tr> </tbody> </table>	If	Then	Imprecise Date of Death is in the format of YYYY (2014)	The Date of Death will be 2014 and the Enrollment End Date will be set to 12/31/2014	The Date of Death is in a past year	The Enrollment End Date will be set to New Year's Eve of that past year.	the Date of Death is in the current year	The Enrollment End Date will be set to the current date.
If	Then								
Imprecise Date of Death is in the format of YYYY (2014)	The Date of Death will be 2014 and the Enrollment End Date will be set to 12/31/2014								
The Date of Death is in a past year	The Enrollment End Date will be set to New Year's Eve of that past year.								
the Date of Death is in the current year	The Enrollment End Date will be set to the current date.								
The Date of Death was in a past year	Th Enrollment End Date will be set to the end of the given month of that past year.								
The Date of Death is in a past month of the current year	The Enrollment End Date will be set to the end of the given month in the current year. For example, if today is April 20, 2017 and the Date of Death is 032017, the Enrollment End Date will be 03/31/2017.								
The Date of Death is the current month in the current year	The Enrollment End Date will be set to the current date. For example, if today is April 20, 2017 and the Date of Death is 042017, the Enrollment End Date will be 04/20/2017.								
The Date of Death is the current month	The Enrollment End Date is set to today's date (e.g., today is April 20, 2017 and the Date of Death is 042017 then the Enrollment End Date will be 04/20/2017).								
The Date of Death is precise	The Enrollment End Date will be set to the Date of Death.								

If	Then
The Date of Death is modified	The Send Update Message (Z05) will not execute and the information will not be shared with the person's sites of record.
The Enrollment Status is modified	ES will execute the Send Update Message (Z11) and share the information with the person's sites of record.
The Date of Death is deleted	ES automatically NULLS out the Death Notification Source, Supporting Document Short Name, Date of Death Entered By, and the Date on which Date of Death was entered. The Date of Death Update Date should be set to the current date.

Death Notification Source:

Defined as the source of the DOD being added. The only Death Notification Source value is SPOUSE/NOK/OTHER PERSON.

Rules...

- After a Date of Death is entered, a popup displays with "Death Notification Source" that is set to SPOUSE/NOK/OTHER PERSON." Click **OK** to populate the Death Notification Source as "SPOUSE/NOK/OTHER PERSON."

Supporting Document Short Name

Defined as a document that provides evidence that a Veteran is deceased. This document is known as a *Supporting Document* or *Supporting Document Short Name*. Supporting Document names are usually long, which is why the term, Supporting Document Short Name, exists. The **Supporting Document** dropdown enables a user to list the document type that shows that a Veteran is deceased.

The **Supporting Document Short Name** dropdown is grayed out for a living Veteran until the user populates the Date of Death field and clicks the **OK** or **Close** button on the *Death Notification Source* popup.

The **Supporting Document** dropdown is enabled and becomes a mandatory field after the user clicks the **OK** or **Close** button on the *Death Notification Source* popup,

A popup message displays with a description of the selected Document when users select a *Document Short Name*. This provides information that helps when choosing the correct Supporting Document Short Name.

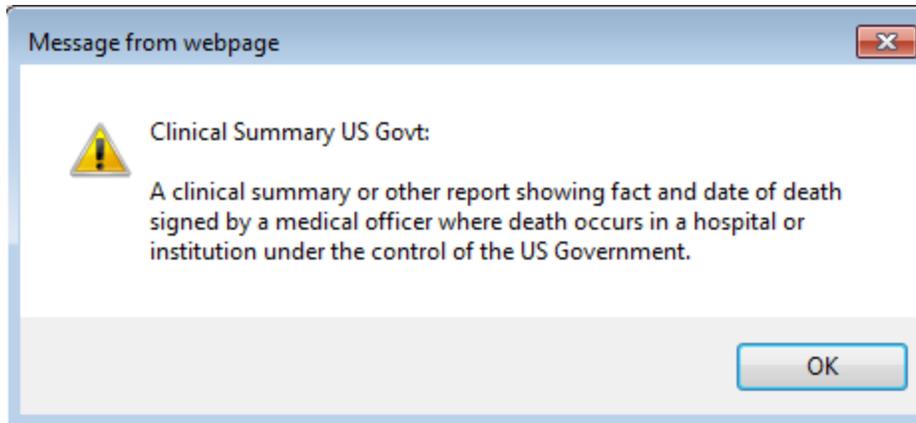


Figure 109: Example of the Supporting Document Short Name Description Popup

Supporting Document Short Name Descriptions

Supporting Document Short Name	Supporting Document Short Name Description
Beneficiary Support Tool (inactive)	Beneficiary Support Tool
Clinical Summary US Govt	A clinical summary or other report showing fact and date of death signed by a medical officer where death occurs in a hospital or institution under the control of the US Government.
Coroner's Report	A copy of a coroner's report of death or a verdict of a coroner's jury of the State or community where death occurred, provided such report or verdict properly identified the deceased. [38 CFR § 3.211 (a)(2)]
Death Certificate	Death Certificate [38 CFR § 3.211 (a)(1)]
Death Certificate US Govt	A death certificate signed by a medical officer where death occurs in a hospital or institution under the control of the US Government.
EVVE Certification	EVVE Certification
EVVE Fact of Death Query	EVVE Fact of Death Query
Military Personnel Sources (inactive)	Military Personnel Sources
National Cemetery Administration (NCA) Electronic File (inactive)	Electronic Notification by NCA
No Other 38 CFR Documentation Affidavit Provided	If the foregoing evidence cannot be furnished, the reason must be stated. The fact of death may then be established by the affidavits of persons who have personal knowledge of the fact of death, have viewed the body of the deceased, know it to be the body of the person whose death is being established, setting forth all the facts and circumstances concerning the death, place, date, time and cause thereof.

Supporting Document Short Name	Supporting Document Short Name Description
No Other 38 CFR Documentation Official Finding	If proof of death, as defined in paragraphs (a) through (e) of this section in the CFR document cannot be furnished, a finding of fact of death, where death is otherwise shown by competent evidence, may be made by an official authorized to approve such findings. Where it is indicated that the Veteran died under circumstances which precluded recovery or identification of the body, the fact of death should be established by the best evidence, which from the nature of the case must be supposed to exist.
No Other 38 CFR Documentation Other Federal Agency Finding	In the absence of evidence to the contrary, a finding of fact of death made by another Federal agency will be accepted for the purposes of paragraph (f) of this section of the CFR document
Non-US Death Civilian Employee Official Report	An official report of death from the head of the department concerned, where the deceased person was at the time of death, a civilian employee of such department where death occurred abroad.
Non-US Death Public Record Authenticated	A copy of the public records of death authenticated by the US consul or other agency of the State Department if death occurs abroad.
Non-US Death US Consular Report of Death	A US consular report of death bearing the signature and seal of the US consul if death occurs abroad.
Official Report Uniformed Service	An official report of death of a member of a uniformed service from the Secretary of the department concerned where death occurs while deceased was on the retired list in an inactive duty status or in the active service.
SSA DMF (inactive)	Social Security Association Death Master File.
State Public Record of Death	A copy of the public record of the State or community where death occurred [38 CFR § 3.211 (a)(1)]
Under VA Auspices	Documentation of Death from non-VA provider when death occurred under VA auspices
Unexplained Absence 38 CFR § 3.212 Criteria Met	Unexplained absence for 7 years as defined in 38 CFR § 3.212.
VA Medical Center (VAMC) EHR Inpatient Death	VAMC Electronic Health Record

 **Notes:**

-  If a Supporting Document Short Name is inactive, ES can receive it from MVI. However, it is not listed in the Supporting Document Short Name dropdown.
-  If an ES user selects the EVVE Certification or EVVE Fact of Death Supporting Document Short Name, MVI will reject it: MVI will send the previously filled in Date of Death information back to ES.

Supporting Document Short Name for an Already Deceased Veteran:

For a Veteran whose Enrollment Status is *Deceased*, the following occurs:

- The **Supporting Document Short Name** dropdown is initially set to an optional **Select** field.

If	Then
A user updates the Date of Death field	The Supporting Document dropdown becomes a mandatory field.
A user decides NOT to update the Date of Death field	The Supporting Document dropdown remains Optional.
A user updates the Supporting Document Short Name without updating the Date of Death field	The Supporting Document Short Name will NOT be sent to MVI.
A Veterans Enrollment Status changes to NOT deceased	The Date of Death is removed, and the Supporting Document dropdown is disabled and is grayed out.
The Supporting Document Short Name is sent from MVI	ES populates the Supporting Document Short Name field with the retrieved value.
MVI sends a populated Date of Death and a null Supporting Document Short Name	ES will accept the null value. The Supporting Document Short Name dropdown will be active, and a user will be able to select a Short Name value once.
MVI sends a populated Supporting Document Short Name	Users will not be able to change it without also changing the Date of Death and Death Notification Site. 💡 Notes: <ul style="list-style-type: none"> ● ES does not send Supporting Document Short Name information to VistA. ● ES will ignore the Supporting Document Short Name information sent by VistA in a Z07 message.

History Change Details

Users display **History Change Details** by clicking the **View Historical Personal Data** link at the top of the *Personal* screen. ES displays the Supporting Document Short Name under the **Death Source Notification** field on the *History* screen.

History Change Details (01/12/2018 12:33:20PM)			
Category	Old Value	New Value	Data Changed
Sensitivity Flag:	No	No	
Sensitivity Flag Change Source:	HEC	HEC	
Sensitivity Flag Change Site:	HEALTH ELIGIBILITY CENTER	HEALTH ELIGIBILITY CENTER	
Sensitivity Flag Change Date:	04/11/2013	04/11/2013	
Degree:			
Alias Names:			
Employment Status:			
Date of Death:		01/01/2018	
Death Notification Source:		SPOUSE/NOK/OTHER PERSON	
Supporting Document Short Name:		Clinical Summary US Govt	
Death Notification Site:			
Date of Death Report Date:	08/03/2015	01/12/2018	
Most Recent Preferred Facility:	CHEYENNE VA MEDICAL	CHEYENNE VA MEDICAL	
Preferred Language:	English	English	
Language Entry Date:	04/21/2015	04/21/2015	
Claim Folder Number:			
Claim Folder Location:			
Emergency Response:			
User Enrollee Valid Through:			
User Enrollee Site:			
Appointment Request Date:	04/11/2013	04/11/2013	
Appointment Request Response:	No	No	
Last Update Date:	01/11/2018 1:37:59PM	01/12/2018 12:33:20PM	
Last Updated By:	MsdService	User, Anonymous	

Figure 110: History Change Details

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the DOD is reported or updated (system filled and may be imprecise).

More...

-  ES will use the date received if the source does not supply a date.

★Preferred Facility:

The facility processing the registrant's application for VA healthcare benefits can designate the VA healthcare site selected by the registrant as the Preferred Facility. The Preferred Facility can be changed by any site the registrant has visited if the Veteran requests a change. Select from the dropdown.

Preferred Data information is shared with VistA.

★**Preferred Language: (Currently Inactive)**

The Veterans preferred language. This field defaults to English but may be changed.

The user selects the *Preferred Language* from a dropdown list.

★**Language Entry Date: (Currently Inactive)**

The date the Veterans *Preferred Language* data was entered. The date can be entered manually or automatically.

More...

If	Then
No date is entered	The value defaults to the current date upon a successful update.
The user selects a value from the Preferred Language dropdown list	The Language Entry Date field is blank but can be edited.

- The initial value for the *Language Entry Date* field is blank.

Rules...

Language Entry Date:

- Cannot be a future date.
- Can be a date in the past. However, the date cannot be before the Veterans date of birth.

Claim Folder Number:

A number is automatically assigned by VBA to each individual's claim for VA benefits.

Claim Folder Number data is shared with VistA.

Rules...

- The *Claim Folder Number* is a 7-9-character unique number utilized by the VBA prior to its conversion to use of the SSN. The data field will accept either this 7-9-character unique number or the SSN. A claim number is established only if the registrant has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.
- The SSN data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
- A Pseudo SSN is not appropriate for this field.

- To edit the *Claim Folder Number*, click the **Demographics** tab → **Personal** sub-tab, click Update to save.

Claim Folder Location:

The Claim Folder Location is the VA regional office or record location where the registrant's claim folder is filed.

Claim Folder Location data is shared with VistA.

Emergency Response:

The Emergency Response indicator can be multiple values. Currently, only **Hurricane Katrina** can be selected.

User Enrollee Valid Through:

Individuals who receive or are scheduled to receive healthcare services during a given fiscal year. A registrant who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

The **User Enrollee Valid Through** field is system filled.

User Enrollee Site:

Defined as a site that first identifies a user status for a given fiscal year.

The **User Enrollee Site** field is system filled.

Appointment Request Date:

The date when the *Appointment Request Response* question is answered “Yes”. ES captures the current date the prompt was answered.

A date is shown only if a “Yes” response is displayed in the required **Appointment Request Date** field.

Appointment Request Date data is shared with VistA.

★Appointment Request Response:

Select either “Yes” or “No” from the dropdown.

When selecting “Yes”, the **Appointment Request Response** field will populate with the current date. If answered “No”, the field will remain blank.

Appointment Request Response data is shared with VistA.

Benefit Applied For:

The benefit for which the registrant has applied. Select from the dropdown.

★Marital Status:

Marital status of the registrant and is a required field. Select from the dropdown.

Marital Status data is shared with VistA.

Religion:

Defined as the listed religion for the registrant. Select from the dropdown.

Father's Last Name:

Defined as the father's last name for the registrant. **Father's Last Name** is free text field and must be between 2 and 40 characters.

Father's First Name:

Defined as the father's first name for the registrant. **Father's First Name** is free-text field and must be between 2 and 40 characters.

Mother's Last Name:

Defined as the mother's last name for the registrant. **Mother's Last Name** is free-text field and must be between 2 and 40 characters.

Mother's First Name:

Defined as the mother's first name for the registrant. **Mother's First Name** is free-text and must be between 2 and 40 characters.

Employment Status:

Employment Status is the current employment status of the Veteran. Select from the dropdown.

If	Then
Employment Status is set to Retired	The Date of Retirement field may be edited
Employment Status is changed from Retired to any other value	The Date of Retirement field will be deleted.
Employment Status is changed to Unknown or Not Employed	The following field values will be deleted: <ul style="list-style-type: none"> • Employer Name • Employer Address Group • Employer Phone Number

Date of Retirement

Employer Name:

The registrant's employer's name is a free text field of 1 – 40 characters.

Occupation:

The registrant's occupation is a free text field of 1 – 40 characters.

Country:

The registrant's employer's country location. Select from the dropdown.

More...

Determine Veterans employer's country location.

If	Then
Any country other than United States is selected	Zip Code and State fields will not display. Instead, Province and Postal Code fields will be displayed.

Address Line 1:

The employer's address is a free-text field of 1 – 35 characters. **Address Line 1** is the number and street or post office box of a mailing address.

Address Line 2:

The employer's address is a free-text field of 1 – 30 characters. **Address Line 2** is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer's address is a free-text field of 1 – 30 characters. **Address Line 3** is the text supplemental to the number and street of a mailing address.

Zip Code:

A free-text field of 5 – 10 characters which displays the employer's zip code.

Zip Code is the mail code used for mail delivery within the USA only. The **Zip Code** field will not display if anything other than **United States** is selected in the **Country** field.

City:

The employer's city is a free-text field of 1 – 15 characters

State/Province:

State: Enter the full state name associated with the employer's address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the **Administrative Data Quality Council Intranet Site**.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

County/Postal Code:

County: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the **Administrative Data Quality Council Intranet Site**.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Employer Phone Number:

The registrant's employer's phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the registrant's Retirement Date in standard date format (mm/dd/yyyy).

Field is not editable unless **Employment Status** is equal to "Retired". If the **Employment Status** is equal to "Retired", this field can be edited.

If **Employment Status** field is changed from "Retired" to any other value, the **Date of Retirement field** will be deleted.

★ ***Indicates Required Field***

5.3.5 Associates

The **Associates Overview** screen presents the user with a snapshot of the current associate information available for the beneficiary including **Name**, **Relationship**, Role, and **Address** and phone numbers (Phones).

Users may click on a current **Name** link to update the information for that associate. Click the **Add Associate** button to add associates.

From the **Associates Overview** screen, users may also click the **View Historical Associates** link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times.

5.3.5.1 Add (Update) Associates

The initial **Associates** screen displays any existing associates for the Veteran. Users may click on a current **Name** link to update the information for that associate. If none exist, none will display.

Click the **Add Associates** button to add associates.

VIEW HISTORICAL ASSOCIATES

Name

ES displays the name of the associate currently on file for the Veteran.

Users may click on an associate's name to update.

Relationship

ES displays the Relationship of the Associate to the beneficiary currently on file. Association Relationship is defined as the relationship of that contact person to the Veteran.

Role

ES displays the Role of the associate to the beneficiary currently on file. Examples include but are not limited to:

- Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
- Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
- Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.
- Primary Next of Kin – This is the closest living blood relative to the beneficiary. (Display only)
- Other Next of Kin – This is the next closest living blood relative to the beneficiary. (Display only)
- Emergency Contact – This is the beneficiary's primary contact in case of an emergency. (Display only)
- Other Emergency Contact – This is the beneficiary's secondary contact in case of an emergency. (Display only)
- Designee – This is an individual appointed by the beneficiary. (Display only)

Address

ES displays the address of the associate currently on file for the Veteran.

Phones

ES displays the phone numbers of the associate currently on file for the Veteran.

Add (Update) Associates

Relationship:

Association relationship is defined as the relationship of that contact person to the applicant.

More...

- Among acceptable choices are:

- Self - Yourself
- Spouse - a marriage partner; a husband or wife
- Son - one's male child, a male descendent
- Daughter - one's female child, a female descendent
- Stepson - a spouse's son by a previous union
- Stepdaughter - a spouse's daughter by a previous union
- Brother - a male having the same parents as another or one parent in common with another
- Sister - a female having the same parents as another or one parent in common with another

★**Role:**

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
- There can be multiple active Civil Guardians assigned to the Associate.
- Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
- There can only be one active VA Guardian assigned to the Associate.
- Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.
- There can be multiple active POAs assigned to the Associate.
- Primary Next of Kin – This is the closest living blood relative to the beneficiary. (Display only)
- Other Next of Kin – This is the next closest living blood relative to the beneficiary. (Display only)
- Emergency Contact – This is the beneficiary’s primary contact in case of an emergency. (Display only)
- Other Emergency Contact – This is the beneficiary’s secondary contact in case of an emergency. (Display only)

- Designee – This is an individual appointed by the beneficiary. (Display only)

★**Organization/Name:**

The organization designated as either the beneficiary's guardian or POA.

More...

- Examples are:
- VA Institution name
- Disabled American Veterans
- Paralyzed Veterans of America
- American Legion
- Veterans of Foreign War
- Vietnam Veterans of America
- Military Order of the Purple Heart

Rules...

- Organization Name cannot be greater than 35 characters.
- Organization Name or First Name and Last Name are required.

First Name:

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- First Name is free text 1-35 characters in length.

Middle Name:

Enter the associate's complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Middle Name is free text 3-35 characters in length.

★**Last Name:**

Enter the associate's complete legal last name.

Rules...

- Associate's Last Name is a required field.
- Multiple Last Name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the **Last Name** field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Last Name must be between 2 and 35 characters in length.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

More...

- Zip Code may also be used to identify city/state/county associated with an address.
- City: Enter the name of the City used for the address.

State:

Enter the full state name associated with the address.

County:

Enter the county in which the associate lives.

Phone:

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

(Update) Phone Number Last Update:

(Update) Phone Number Last Update is a read-only field that displays the date/time the **Phone** field was last updated.

(Update) Deactivation Date:

(Update) Deactivation Date is the date on which the Associate's Role becomes inactive. If a date already exists, the user may delete it.

(Update) Deactivation Date data is shared with VistA.

More...

- A **HEC Notification of VA Guardian Deactivation** bulletin is triggered when a **VA Guardian** Deactivation Date is entered. The bulletin is sent to [G.DGEN Eligibility Alert @\(site\).med.va.gov](mailto:G.DGEN.Eligibility.Alert@(site).med.va.gov).
- Deactivated Roles are kept in History.

Rules...

- The Deactivation Date must be precise (mm/dd/yyyy).
- The Deactivation Date must be after the Date of Birth.
- The Deactivation Date can be before, after or the same as the Date of Death.
- The Deactivation Date can be in the past, present or future.
- A VA Guardian cannot be added if there is already an active VA Guardian. The current VA Guardian must be deactivated before adding a new VA Guardian.

★ ***Indicates Required Field***

5.3.5.2 Add Associates (Add a Person)

The **Add-a-Person Associates Overview** screen presents users with a snapshot of the current associate information available for the registrant including *Name, Relationship, Role, and Address* and *Phones* (phone numbers).

None will display if none exist. Click the **Add Associate** button to add an associate.

Certain fields are now required, and others become editable as described and indicated below when adding (registering) a new person.

💡 **Note:** *Associates* are not required to complete the registration.

Users may also click the **View Historical Associates** link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times from the **Associates (Add a Person)** screen.

 **Note:** *Role* choices while “Adding a Person” are different than when updating a record for a Veteran already in the enrollment system.

VA Guardian and **POA** (Power of Attorney) roles may be added only after the registrant has been added (registered) into the enrollment system.

Roles added through VistA are not editable through ESR.

ADD ASSOCIATE **VIEW HISTORICAL ASSOCIATES**

Name:

ES displays the name of the associate currently on file for the registrant.

If *Name* displays as a link, the user may click on the link to open the *Update Associate* page for editing.

Relationship:

ES displays the relationship of the associate to the registrant currently on file. Association *Relationship* is defined as the relationship of that contact person to the registrant.

Role:

ES displays the role of the associate to the registrant currently on file. Examples include the following:

-  Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
-  Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
-  Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.

Example roles while “Adding a Person” include the following:

-  Primary Next of Kin – Closest living blood relative to the registrant.
-  Other Next of Kin – Next closest living blood relative to the registrant.

- Emergency Contact – Registrant’s primary contact in case of an emergency.
- Other Emergency Contact – Registrant’s secondary contact in case of an emergency.
- Designee – An individual appointed by the registrant.

Address:

ES displays the address of the associate currently on file for the registrant.

Phones:

ES displays the phone numbers of the associate currently on file for the registrant.

Add Associate

★*Relationship:*

Association relationship is defined as the relationship of that contact person to the registrant.

Relationship is a required field if Other Next of Kin or Primary Next of Kin roles are selected.

More...

Acceptable relationship choices are:

- Self - Yourself
- Spouse - Marriage partner; a husband or wife
- Son - one's male child, a male descendent
- Daughter - One's female child, a female descendent
- Stepson - Spouse's son by a previous union
- Stepdaughter - Spouse's daughter by a previous union
- Brother - Male having the same parents as another or one parent in common with another
- Sister - Female having the same parents as another or one parent in common with another
- Relationship is a required field if Role selected is Other Next of Kin or Primary Next of Kin.
- Designee – Individual appointed by the registrant.
- Emergency Contact – Registrant’s primary contact in case of an emergency.
- Other Next of Kin – Next closest living blood relative to the registrant.
- Other Emergency Contact – This is the registrant’s secondary contact in case of an emergency.

★**Role:**

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- Primary Next of Kin – Closest living blood relative to the registrant.

Organization/Name:

The name of the organization designated as the registrant's *designee, emergency contact, or NOK*. Examples are:

- VA Institution name
- Disabled American Veterans
- Paralyzed Veterans of America
- American Legion
- Veterans of Foreign War
- Vietnam Veterans of America
- Military Order of the Purple Heart

Rules...

- Organization Name cannot be greater than 35 characters.

★**First Name:**

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Associate's **First Name** is a required field.
- Apostrophes and hyphens are the only punctuation that can be used.
- First Name is free text 1-35 characters in length.

Middle Name:

Enter the associate's complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Middle Name is free text 3-35 characters in length.

★**Last Name:**

Enter the associate's complete legal last name.

Rules...

- Associate's **Last Name** is a required field.
- Multiple Last Name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the **Last Name** field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Last Name must be between 2 and 35 characters in length.

★*Address Line 1:*

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

★*Zip Code:*

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Zip Code may also be used to identify city/state/county associated with an address.

★*City:*

Enter the name of the city used for the address.

★*State:*

Enter the full state name associated with the address.

County:

Enter the county in which the associate lives.

★*Phone:*

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

★ *Indicates Required Field*

How do I...

...[add an associate in ES?](#)

5.3.5.3 Add Emergency Contact, Next of Kin, or Designee

Enrollment System users can view, add, or update name(s), address information and phone number(s) of emergency contacts, next of kin (NoK), or designees for a Veteran. The Enrollment System sends all associate updates to VistA sites.

The screenshot shows a web form for adding an associate. At the top, there is a dropdown menu for 'Role' with a blue asterisk indicating it is required. Below it is another dropdown for 'Copy Existing Associate'. The form then has several text input fields: 'Relationship', 'Organization/Name', 'First Name', 'Middle Name', and 'Last Name'. A checkbox labeled 'Copy Permanent Mailing Address from Veteran' is located below these fields. The 'Country' field is a dropdown menu with a note: 'Note: Only US addresses are currently allowed'. Below the country field are three text input fields for 'Address Line 1', 'Address Line 2', and 'Address Line 3'. The 'Zip Code' field is split into two boxes with a hyphen between them. Below the zip code are text input fields for 'City', 'State', and 'County'. The 'Phone' field is a single text input. At the bottom of the form are three buttons: 'ADD', 'CLEAR', and 'CANCEL'.

Figure 111: Add Associate screen

★*Role*

On the **Add Associates** screen, the following options display under the **Role** dropdown:

- Designee
- Emergency Contact
- Other Emergency Contact
- Primary Next of Kin
- Other Next of Kin
- Guardian Civil
- Guardian VA
- Power of Attorney

The screenshot shows a form with the following fields and their current state:

- * Role:** A dropdown menu is expanded, showing the following options: - Select -, Designee, Emergency Contact, Guardian Civil, Guardian VA, Other Next of Kin, Other emergency contact, Power of Attorney, and Primary Next of Kin.
- Copy Existing Associate:** A checkbox.
- Relationship:** A dropdown menu.
- Organization/Name:** A text input field.
- First Name:** A text input field.

Figure 112: Role dropdown expanded displaying available role types

If the Enrollment System user selects *Designee*, *Emergency Contact*, *Other Emergency Contact*, *Primary Next of Kin*, or *Other Next of Kin* from the **Role** dropdown, then the following fields display:

- Relationship
 - i. Required for Emergency Contact, Other Emergency Contact, Primary Next of Kin, and Other Next of Kin
 - ii. NOT required for Designee
- Organization/Name
- ★First Name
- Middle Name
- ★Last Name
- Country
- ★Address Line 1
 - Address is only required if the phone is not entered.
- Address Line 2
- Address Line 3
- ★Zip Code
 - Zip code is required if Address Line 1 is entered.

- Zip Code + 4
- ★City
 - City is required if Address Line 1 is entered.
- ★State
 - State is required if Address Line 1 is entered.
- County
- ★Phone
 - Phone is only required if the address is not entered.

Only a single *Designee* is allowed; however, if a user selects another designee, the following popup displays:

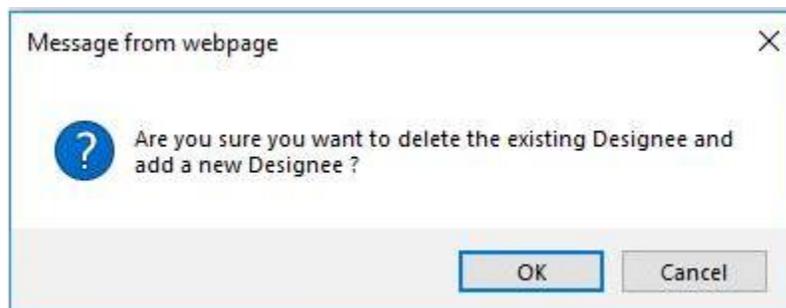


Figure 113: Dialog box asking the Enrollment System user if they are sure about deleting the current designee and adding a new designee

Copy Permanent Address to Other Address Fields

Clicking the **Add Associate** button located under the **Demographics, Associates** tab, Enrollment System users find the **Copy Permanent Mailing Address from Veteran** checkbox. When the user clicks the **Copy Permanent Mailing Address from Veteran** checkbox, the Enrollment System populates the **Permanent Address** field on the **Add Associates** and **Update Associates** screens with the Veterans permanent address to the following address fields:

- Address line 1
- Address line 2
- Address line 3
- City state
- Zip code
- County

Added or edited address fields remain editable independent of the Veterans permanent address.

Copy Permanent Mailing Address from Veteran

Figure 114: Copy Permanent Mailing Address from Veteran checkbox

If	Then
The Copy Permanent Mailing Address from Veteran checkbox is unchecked	The following address fields are blank: <ul style="list-style-type: none"> • Address line 1 • Address line 2 • Address line 3 • City state • Zip code • County
A permanent mailing address is NOT on file	The Copy Permanent Mailing Address from Veteran checkbox is grayed out

Copy Existing Associate

Clicking the **Add Associate** button located under the **Demographics, Associates** tab, Enrollment System users will find the **Copy Existing Associate** dropdown that displays all associate types. When the **Role** field is blank, the **Copy Existing Associate** dropdown menu is grayed out. Once a role is selected for editing, the **Copy Existing Associate** dropdown menu populates with all associates types except for the role being added or edited which is grayed out.

Example: If Emergency Contact is being edited, the existing Emergency Contact info displays as grayed out in the **Copy Existing Associate** dropdown

The first name, middle name, and last name of the role displays within the **Copy Existing Associate** dropdown.

When a row is selected from the **Copy Existing Associate** dropdown, all fields, including the existing associate and the role being edited, populate, except for the **Role** field.

Add Emergency Contact Information

When an Enrollment System user enters new emergency contact information for a Veteran and clicks the **Save** button, the Enrollment System captures this saved emergency contact information on the **View Historical Associates** screen where the user can view the emergency contact information. If the Enrollment System user clicks the **Cancel** button after entering in the emergency contact information, the Enrollment System does not save the emergency contact information, nor does it capture the emergency contact information on the **View Historical Associates** screen.

The Enrollment System saves the newly added emergency contact information, date and time when the emergency contact information was added, and the individual user who added the emergency information. Enrollment System users with appropriate permissions can view the Veterans NoK information on the **View Historical Associates** screen.

After clicking the **OK** button on the popup, the user can update the associate information or copy an existing associate from the **Copy Existing Associate** dropdown menu.

The Enrollment System will not allow an *Other Emergency Contact* to be added when there is no *Emergency Contact*. If the user attempts to add an *Other Emergency Contact* with no *Emergency Contact*, the following error message displays: “Please enter an *Emergency Contact* prior to adding an *Other Emergency Contact*”.

Concurrently, The Enrollment System will not allow *Other Next of Kin* to be added when there is no *Primary Next of Kin*. If the Enrollment System user attempts to add an *Other Next of Kin* when there is no *Primary Next of Kin*, the following error message displays: “Please enter a *Primary Next of Kin* prior to adding an *Other Next of Kin*.”

Add New or Edit Next of Kin (NoK) Information

Enrollment System users save a Veterans newly added or edited next of kin information, so users will have accurate information if a situation arises where the next of kin (NoK) needs to be contacted.

If the Enrollment System user selects *Designee*, *Emergency Contact*, *Other Emergency Contact*, *Primary Next of Kin*, and *Other Next of Kin* associate types, the **Name** column on the **Demographics** → **Associates** screen, displays as a hyperlink.

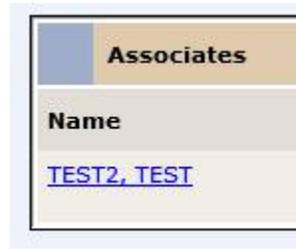


Figure 115: The Name column displays the name of the emergency contact

The **Role** column displays the associate (emergency contact) type being edited and will be grayed out. Any updates made to an associate record will be recorded within the **View Historical Associates** tab along with the user’s ID and last updated date and time



Figure 116: The Role column displays the emergency contact type

When the Enrollment System user enters new or edited NoK information for a Veteran and chooses to save this information, the Enrollment System captures the new or edited NoK

information and allows the user to view the new NoK information on the **View Historical Associates** screen.

If the Enrollment System user clicks the **Cancel** button prior to saving the newly added or edited NoK information, then the Enrollment System does not save the added or edited NoK information and does not capture the NoK information on the **View Historical Associates** screen.

The Enrollment System saves the new NoK information, date and time when the NoK information was added, and the individual user who added the NoK information. Enrollment System users with appropriate permissions can view the Veterans NoK information on the **View Historical Associates** screen.

History Change Details (09/23/2019 9:43:07AM)			
Category	Old Value	New Value	Data Changed
Relationship:	FATHER	FATHER	
Role:	Primary Next of Kin	Primary Next of Kin	
Organization/Name:			
Prefix:			
First Name:	TEST	TEST	
Middle Name:			
Last Name:	TEST2	TEST2	
Suffix:			
Phone Number:	(999)999-9999	(999)999-9999	
Address Line 1:	9999 STREET	9999 STREET	
Address Line 2:			
Address Line 3:			
Zip Code:	99999	99999	
Zip Plus 4:			
City:	CITY	CITY	
State:	AK	MD	
County:			
Country:			
Deactivation Date:			
Last Update Date:	09/23/2019 9:43:08AM	09/23/2019 9:43:07AM	
Last Updated By:	User, Anonymous	User, Anonymous	

Figure 117: History of emergency contact changes

Add New Designee Information

Enrollment System users can add and save a Veterans new Designee information.

When an Enrollment System user enters new Designee information for a Veteran, the Enrollment System saves and captures the newly added Designee on the **View Historical Associates** screen and allows the user to view the saved Designee information.

If the Enrollment System user enters new Designee information for a Veteran but clicks the **Cancel** button prior to saving this information, then the Enrollment System does not save the newly added Designee information or capture it on the **View Historical Associates** screen.

Edited Designee Information

Enrollment System users can edit and save a Veterans edited Designee information.

When the Enrollment System user saves edited Designee information for a Veteran, then the Enrollment System saves and captures the edited Designee information on the **View Historical Associates** screen and allows the user to view the edited Designee information on the **View Historical Associates** screen.

If the Enrollment System user edits Designee information for a Veteran but clicks the **Cancel** button prior to saving this information, then the Enrollment System does not save the edited Designee information or capture it on the **View Historical Associates** screen.

The Enrollment System saves the old and new edited Designee information, date and time when the Designee information was changed, and the individual user who changed the Designee information. Enrollment System users with appropriate permissions can view the Veterans Designee information on the **View Historical Associates** screen.

Save Edited Emergency Contact Information

Enrollment System users save a Veterans added, edited or updated emergency contact information so users will have accurate information if an emergency arises.

When the Enrollment System user saves newly added emergency contact information for a Veteran, the Enrollment System captures the edited emergency contact information, and allows the user to view the previously edited emergency contact information on the **View Historical Associates** screen.

If the Enrollment System user clicks the **Cancel** button prior to saving the edited emergency contact information, then the Enrollment System does not save the edited emergency contact information and does not capture the contact information on the **View Historical Associates** screen.

The Enrollment System saves the old and new emergency contact information, date and time when the emergency information was changed, and the individual user who changed the emergency information. Enrollment System users with appropriate permissions can view the Veterans emergency information on the **View Historical Associates** screen.

Specify if Emergency Contact Information is Primary or Secondary

Enrollment System users need to specify if a Veterans emergency contact information is the primary or secondary emergency contact, so they can contact the right people if an emergency arises.

When an Enrollment System user indicates if a Veterans new emergency contact information is either a “primary” or “secondary” emergency contact, the Enrollment System saves the “primary” and “secondary” emergency contact information on the **View Historical Associates** screen.

Delete Emergency Contact or Next of Kin Information

Enrollment System users delete a Veteran s emergency contact information or next of kin (Nok), so users will not have inaccurate emergency contact and NoK information if an emergency arises.

On the **Demographics** → **Associates** screen, a **Delete** button displays. Each associate has a checkbox under the **Delete** button.

 **Note:** Only users who have the “Delete Associate” capability can see the **Delete** button and checkboxes on the **Demographics** → **Associates** screen.

If	Then
<p>No checkboxes are checked</p>	<p>The Delete button is grayed out.</p>  <p>Figure 118: The delete button displayed as inactivated and grayed out when checkbox is not checked</p>
<p>One or more checkboxes are checked</p>	<p>The Delete button display in blue and is clickable.</p>  <p>Figure 119: The delete button activates when checkbox is checked</p>

When the **Delete** button is clicked, a delete dialog message displays to the user with the following message: “Are you sure you want to delete the selected Associate(s)?”

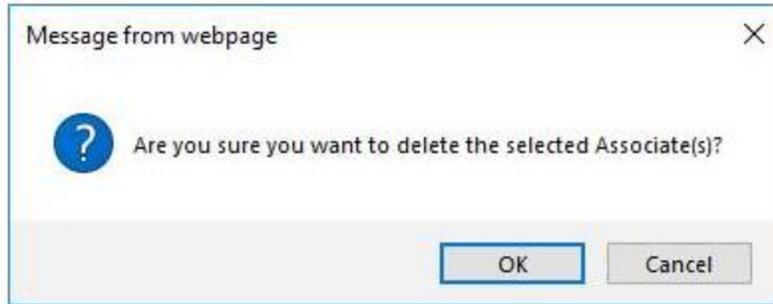


Figure 120: Dialog message asking if the user is sure about deleting the selected associate(s)

If	Then
The user clicks OK on the delete dialog message	The Enrollment System performs the following: <ol style="list-style-type: none"> a. Moves the selected associates to history b. Records the current date time to the “Last Updated Date” field c. Records the user’s ID to the “Last Updated By” field
The user clicks Cancel on the delete dialog message	The Enrollment System displays the existing emergency contact and NoK information and does not capture it the deletion on the View Historical Associates screen.

On the **Demographics → Update Associate** screen, a **Delete** button displays. When the user clicks the **Delete** button, a deleted dialog message appears.

Note: Only users who have the “Delete Associate” capability can see the **Delete** button on the **Demographics → Update Associate** screen.

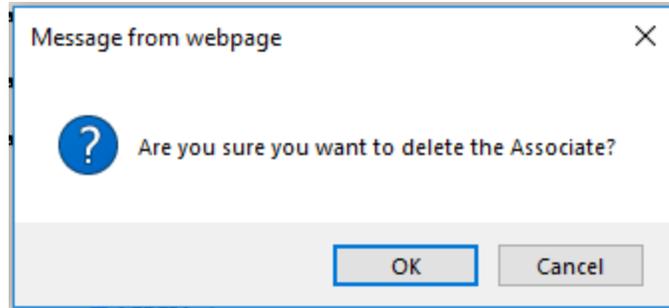


Figure 121: Update Associate Delete dialog message

If	Then
<p>The user clicks OK on the delete dialog message</p>	<p>The Enrollment System performs the following:</p> <ul style="list-style-type: none"> a. Records the current date time to the “Last Updated Date” field b. Records the user’s ID to the “Last Updated By” field <p>When an Enrollment System user deletes existing emergency contact or NoK information for a Veteran and saves the deletion, the Enrollment System no longer displays the deleted emergency contact or NoK information and captures this deleted information so users, with the appropriate permissions, can view the deleted emergency contact and NoK information on the View Historical Associates screen.</p>
<p>The user clicks Cancel on the delete dialog message</p>	<p>The Enrollment System displays the existing emergency contact and NoK information and does not capture the data entered on the View Historical Associates screen.</p>

Share Emergency Contact and Next of Kin (NoK) Information and Updates with VistA

The Enrollment System shares the Veterans added and edited emergency contact or next of kin (NoK) information, so that all correlated VistA Registration, Eligibility and Enrollment sites can receive it. Concurrently, if the Enrollment System receives associate information from another site, it is sent out to the other correlated sites. This includes any addition, edit or deletion of any emergency contact or associate field. When any addition, edit or deletion of contact or NoK information occurs, the Enrollment System triggers a Z05 message to the Veterans correlated site(s). The Z05 message will contain HL7 segments, “ZCT” and “ZGD”, for each associate of

file. If there is no data for an associate type, its related HL7 segment will be sent with blank data fields. “ZCT” is for the contact information and “ZGD” is for the guardian information.

5.3.5.4 Foreign Address Associate

The Enrollment System allows foreign addresses for associates to be added, stored, and sent to VistA.

On the **Add Associate** screen, Enrollment System users add an associate with a foreign address, and then click the **Add** button to add the associate with a foreign address.

After a user adds and saves a foreign address for an associate in the Enrollment System, the system triggers a Z05 message which contains the *Country*, *Province*, and *Postal Code* to each correlated VistA site.

When the Enrollment System receives a Z07 message from VistA, the system stores the foreign address.

The following foreign address information will be saved in the system in addition to the existing address fields:

- Foreign Address
- Country
- Postal Code instead of Zip Code
- Province instead of State

Note: County will not be stored when Country is not US

The Enrollment System stores foreign addresses for each associate type (emergency contact, next of kin, Designee, Guardian VA, Guardian Civil and Power of Attorney and associate) so associates can have their foreign addresses on file.

Users can also view foreign address information in the **View Historical Associates** screen.

5.3.6 Addresses

Select the **Demographics** tab and then the **Addresses** subtab to add or update the Veterans address. **Addresses** provides the ability to view, update, and add address, phone number, and email address information for the current beneficiary.

Update Addresses

Addresses can consist of *Residential*, *Permanent*, and *Temporary* addresses. Click the **Residential Address**, **Permanent Mailing Address**, or **Temporary Mailing Address** to display the **Add/Edit Address** screen for the selected address. Alternatively, click the **ADD/EDIT ADDRESS** button to display the **Add/Edit Address** screen where you can select the type of address to update or add. If the information already exists, the fields are populated appropriately.

Residential Address

The Residential Address can be the same or different from the Permanent or Temporary mailing addresses. The Residential Address is where the Veteran/beneficiary resides and is a physical location different from a P.O. Box or General Delivery. The Residential Address is used for determining Veterans eligibility for some benefits (i.e., Community Care).

Residential Addresses will be marked for geocoding when updated or added. Residential Address appears under the **Demographics** tab, **Overview** sub-tab, but not on the **Overview** screen under the **Overview** tab.

When the Veterans residential address changes, new mileage eligibility criteria is calculated.

The **Residential Address** screen consists of the following fields:

- Country
- Address Line 1
- Address Line 2
- Address Line 3
- Zip Code
- Zip Code (4 Digit Extension)
- City
- State
- County
- Postal Code
- Country
- Province
- Source of Change
- Site of Change
- Last Update (System Generated, view only)

Selecting Residential Address will gray out the following fields:

- Bad Address Reason
- Category Fields

 **Note:** If a user attempts to edit or add a Residential Address that is not a physical location where the beneficiary lives (e.g., a general delivery or post office box), the following warning message displays:

WARNING: You cannot enter “P. O. Box Only” or “General Deliver Only” for a Residential Address

Permanent Mailing Address

A Permanent Mailing Address, which displays under the Overview screen under the Overview tab (unless there is an active Temporary Mailing Address), Overview sub-tab, and the Demographics tab. Permanent Mailing Address is required address for creating a new record in the Enrollment System and VistA. Veteran/beneficiary can use a P.O. Box or General Delivery for all U.S. State and Territories for a Permanent Mailing Address. If there isn't a Residential Address, the Veteran/beneficiary will use a Permanent Address as their mailing address.

Notes:

- In the Permanent Mailing Address section, the available fields change based on the Country selected. If the country is United States, then Zip Code, State and County are available. If the country is anything other than the United States, Province and Postal Code are available instead.
- Permanent Mailing Address can also be set from the Undeliverable Mail Search Results screen under the Mail menu at the top of the ES Screen

Temporary Mailing Address

A Veterans (registrant's) address that is to be used for a limited time. It must have a *Start Date* and may or may not have an *End Date*. If the Temporary Address is active, then the Veteran will use the Temporary Address as their mailing address. The Active Temporary Mailing Address displays on the **Overview** tab, and **Overview** sub-tab under the **Demographics** sub-tab.

Phone Numbers Panel

The Phone Numbers panel displays any existing phone numbers. To add or edit a phone number, click the Residential Address, Permanent Mailing Address, or Temporary Mailing Address or click the **Overview** sub-tab under the **Demographics** tab to display the **Add/Edit Address** screen. From the displayed screen, click the **Add Phone Number** button to add a phone number.

Phone Type:

This identifies the type of phone number. Select from the dropdown. *Phone Type* is required if a *Phone Number* is entered.

Phone Numbers:

- Phone Number is defined as the numeric telephone number for the specific phone type.
- Format: (XXX) XXX-XXXX XXXXX
- The Phone Number must be between 0 and 20 characters.

How do I...

...[change a phone number in ES?](#)

Email Address Panel

The **Email Address** panel is found under the **Demographics** tab on the **Addresses** screen. The **Email Address** panel displays any existing email address(es). To add or edit an email address, click the **Add/Edit Address** hyperlink on the **Demographics** tab, **Overview** sub-tab, or on the **Demographics** tab, **Addresses** sub-tab. From the displayed screen, Enrollment System users can click the **Add Email Address** button to add an email address. Once added, the Enrollment System user clicks the **Update** button to save the change.

Email Address:

This field defaults to Personal

- **Note:** This field previously allowed business email addresses to be entered in ES. Any remaining business email address can be edited or removed but will not be sent to VistA or VA Profile. A new business email address cannot be added.

Email Address Format:

Enter the actual email address in the format:

- myemail@providename.com
- Email Address must be between 0 and 80 characters.

Source of Change / Site of Change:

A list of acceptable sources that may change a beneficiary's (registrant's) phone number. Select from the drop-down.

Possible Options:

5. HBSC (Health Benefit Site Change)
 - a. Site of change defaults to 742 – HEALTH ELIGIBILITY CENTER
6. HEC (Health Eligibility Center)
 - a. Site of change defaults to 742 – HEALTH ELIGIBILITY CENTER
7. VAMC (Veteran Affairs Medical Center)
 - a. Site of change can be set to the appropriate VAMC by the user
8. VA Profile (VA Profile system)
 - a. Site of change is set to blank and cannot be set by the user

Last Update:

Last Update identifies the date and time the email address was last updated. This field is system filled.

Sharing Personal Email Address:

The Enrollment System allows entry and sharing of one personal email address per Veteran with VistA and VA Profile.

Enrollment System users can locate the personal email address panel by clicking the **Add/Edit Address** hyperlink on the **Demographics** tab, **Overview** sub-tab, or on the **Demographics** tab, **Addresses** sub-tab. When the Enrollment System user clicks the **Add/Edit Address** button, users are taken to the **Add/Edit Address** screen where users can add an email address. If there is an existing email address, users can edit it in the **Email Address** panel, **Email Address** field. The **Email Type** drop down defaults to “Personal”. The **Add Email Address** button will disable and gray out when there is an existing email address because the Enrollment System can only use one personal email address. Once edited, the Enrollment System user clicks the **Update** button to save the change.

 **Note:** Previously, business email addresses were also entered into the Enrollment System but are no longer used and will not be sent to VistA in the Z05. Any remaining business email address after ES 5.7 can still be viewed and edited in the Enrollment System but a new business email address cannot be added.

Figure 122: Email Address section where Enrollment System users can add an email address to share

Enrollment System users can delete an email address by clicking on the **Add/Edit Address**, find the **Email Address** panel, click in the **Email Address** field and click on the “x” to delete or by removing the characters in the **Email Address** field. Once deleted, the Enrollment System user clicks the **Update** button to save the deletion.

 **Note:** Any remaining business email address after ES 5.7 can be deleted.

Figure 123: Existing personal email address displaying last updated date and time

5.3.6.1 Add/Edit Address

The **Add/Edit Address** screen allows users to select an address type and add or edit an Address for the Veteran.

There can only be one current/active mailing address for any address type. ES determines the current/active address based on the last update.

All address changes are shared with VistA.

Add/Edit Address:

Select an address type from the dropdown. This can be the *Residential*, *Permanent*, or *Temporary Mailing Address*. All address types use the same fields.

★Country:

Select the country from the dropdown for the primary residence in which the associate (registrant) lives.

★*Address Line 1:*

Address Line 1 is the number and street or post office box of a mailing address.

Rules...

- Address Line 1 must be 3 – 35 characters.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

★*Zip Code:*

Zip Code is the mail code used for mail delivery within the USA only. If a country other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

More...

- *Zip Code* may also be used to identify city/state/county associated with an address.
- 💡 **Note:** When a valid zip code is entered, the system populates the *City*, *State*, and *County* fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected. If the City and/or State does not match up with a valid Zip Code, an error message displays. Check to make sure your data is correct.
- Either 5- or 9-digit code may be used.

★*City:*

Enter the name of the city used for the address.

★*State/Province:*

State: Enter the full state name associated with the address (required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

County/Postal Code:

County: Enter the county in which the associate (registrant) lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Bad Address Reason (Permanent Address only):

The Bad Address Reason is a method to designate the permanent address as invalid or incorrect. There are three choices for the BAD ADDRESS INDICATOR.

 **Note:** Address Not Found will be available only if a Bad Address Reason of ADDRESS NOT FOUND is in the database for the given address.

(NULL) value indicates the beneficiary's address is assumed to be good.

The Bad Address Reasons are:

-  Homeless - indicates that a Veteran (registrant) has no known address.
-  Other - indicates that an address is not Undeliverable or Homeless, but that it is not being shared with other sites or used for mailing.
-  Undeliverable - indicates a piece of mail was sent and returned with no forwarding address. It would also be entered if it was known that mail cannot be delivered to that address.
-  Bad Address Reason is only associated with the permanent address.

How do I...

...[apply a Bad Address Reason to a Permanent Mailing Address on ES?](#)

Source of Change:

Source of Change is defined as a list of acceptable sources that may change a Veterans (registrant's) address. Select from the dropdown.

Site of Change:

The identity of the particular site that made the address change. Select from the dropdown.

Rules...

- Site of Change is not editable unless the Source of Change is **VAMC**.

Start Date: (Temporary Address only)

The start date for when the temporary address should be used.

End Date: (Temporary Address only)

The end date for when the temporary address should be used.

CASS Certified Type:

ES validates and determines the **CASS Certified Type** if the following updates or changes occur:

- Added or edited addresses
- "USA" is selected as country

Once processing ends, the system receives the validation result:

- If the status received back from the validation process indicates that it **PASSED** validation, the **CASS Certified Type** is set to **Certified**.
- If the status received back from the validation process indicates that it **FAILED** validation, then:

- Set the CASS Certified Type to Failed.
- Send a bulletin to the sending site (listed below) to notify them that the address sent was not valid.

💡 **Note:** When a user enters a new address or edits an existing address, the system will set the CASS Certified field value to 'NC' (Not Checked).

Each Address type has a CASS Certified field for address validity. The label field values are read only on the Add/Edit Address window and on the Address History window. The CASS Certified field will follow the HL7 record format for each of the address types.

The CASS field defaults to Not Checked. By editing or adding an address and then clicking the Update button, the CASS certification process is initiated. The Residential and Permanent Mailing Address types located the in the USA will be sent for validation.

CASS certification responses include:

- NOT CHECKED initiates the address validation process to determine the new field value. If the validation process responds with an error or exception condition, the system sets the CASS Certification field value for the address being validated to 'Not Checked.'
 - PROCESSING are the Certifications sent for validation and logged in the History window by date, time and status changes.
 - CERTIFIED are processed validations with accepted results.
 - FAILED initiates a notification that the address was not valid.
- 💡 **Note:** A bulletin is triggered when a new address fails CASS certification and the bulletin is sent to [G.DGEN Eligibility Alert @\(site\).med.va.gov](mailto:G.DGEN.Eligibility.Alert@(site).med.va.gov).

If the validation process responds with an error or exception condition, the system sets the CASS Certified field value for the address being validated to NOT CHECKED.

If the field of the new or updated address is NOT CHECKED, then the CASS Certification has not been sent for validation. The system will then send the address to the CASS validation queue for PROCESSING. The system will log the date and time that the address queued for validation. The logged date and time will be displayed as a field on the *Address History* screen.

When a response of CERTIFIED or FAILED is received from the validation process, the system will create a Z05 HL7 message for address sharing.

CASS Certified Date:

Date the CASS type was certified.

Last Update:

Identifies the date and time the record was last updated. This field is ES filled.

(Add) Phone Numbers

Phone Type:

This identifies the type of phone number. Select from the dropdown.

Rules...

- Phone Type is required if a Phone Number is entered.

Phone Number:

Phone Number is defined as the numeric telephone number for the specific phone type.

Format: (XXX) XXX-XXXX XXXXX

Source of Change:

Source of Change is a list of acceptable sources that may change a Veterans (registrant's) phone number. Select from the dropdown.

Site of Change:

The identity of the particular site that made the phone number change. Not applicable unless Source of Change is **VAMC**.

Last Update:

Identifies the date and time the phone record was last updated. This field is ES filled.

(Add) Email Addresses

Email Type:

Identifies the type of email address. Choices are:

Business

Private

Email Address:

Enter the actual email address in the format: myemail@providename.com

How do I...

...[make an email address change in ES?](#)

Source of Change:

Source of Change is a list of acceptable sources that may change a Veterans (registrant's) email address. Select from the dropdown.

Site of Change:

This is the identity of the particular site that made the email address change. Not applicable unless Source of Change is **VAMC**.

Last Update:

This identifies the date and time the email record was last updated. This field is system filled.

Confidential Address:

It is VA's policy that all Veterans have a right to receive written communication or correspondence pertaining to health information in a confidential manner by alternative means or at an alternative location other than the Veterans (registrant's) Permanent Address of record. Once the Veteran (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the Veteran (registrant) must specify a start date for use of the Confidential Address and may also request a date when the use of this address should end.

The Veteran also has the ability to specify to what types of communications the Confidential Address should apply. The current communication types are:

- Eligibility/Enrollment
- Appointment/Scheduling;
- Copayments/Veteran Billing;
- For Medical;
- Start and End Date (The start date can be a past or future date and the end date must be later than the start date or set to NULL)
- For All Others.
- Category
- The Confidential Phone Number data is shared with VistA.

View Historical Address:

A history of Residential Address additions and changes will be displayed when the user clicks the **View Historical Addresses** link. This shows the Residential, Permanent, and Temporary Address information.

In addition, **Confidential Address** is shown.

It is VA's policy that all Veterans have a right to receive written communication or correspondence pertaining to health information in a confidential manner by alternative means or at an alternative location other than the Veterans (registrant's) Permanent Address of record. Once the Veteran (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the Veteran (registrant) must specify a start date for use of the Confidential Address and may also request a date when the use of this address should end.

The Veteran also has the ability to specify to what types of communications the **Confidential Address** should apply. The current communication types are:

- Eligibility/Enrollment
- Appointment/Scheduling;
- Copayments/Veteran Billing;

- For Medical;
- Start and End Date (The start date can be a past or future date and the end date must be later than the start date or set to NULL)
- For All Others.
- Category
- The Confidential Phone Number data is shared with VistA.

5.3.6.2 Real-Time Address Validation

The following address fields display to the right of the existing address entry fields within the **Add-A-Person** and **Demographics** screens.

- “Validation Service Address:” dropdown (followed by the number of results returned by the service in parentheses)
- Country
- Address Line 1
- Address Line 2
- Address Line 3
- Zip Code/Postal Code
- 💡 **Note:** “Postal Code” displays when Country is not equal to “United States”.

- City
- State/Province
- 💡 **Note:** “Province” displays when Country is not equal to “United States”.

- County
- Confidence Level
- Delivery Point Validation
- “Run Address Validation Service” button

The fields are available for the Residential Address, Permanent Mailing Address, and Temporary Mailing Address options.

- 💡 **Note:** Confidential address will be added during a later release.

When an address is returned from the VA Profile address validation service, the Universal Addressing Module (UAM), the address fields under the **Validation Service Address** section compare the existing values under the **Original Address** section and differences are highlighted in yellow, as displayed in the screen shot below.

The screenshot shows a web form titled 'Add/Edit Address' with a 'Residential Address' dropdown. The form is divided into two main sections: 'Original Address' and 'Validation Service Address'. The 'Validation Service Address' section is highlighted with a red border. It includes a dropdown menu for 'Validation Service Address' with the selected value '0000 ANYWHERE ST. Anywhere City MM (CL - 88) (Undeliverable)'. Below this, there are fields for Country (United States), Address Line 1 (0000 ANYWHERE ST.), Address Line 2, Address Line 3, Zip Code (99999), City (ANYWHERE CITY), State (MM), and County (ANYWHERE COUNTY). A 'Confidence Level' field is also present. At the bottom of the highlighted section is a blue button labeled 'RUN ADDRESS VALIDATION SERVICE'. The 'Original Address' section on the left has radio buttons for 'Original Address' and 'Validation Service Address', with the latter being selected.

Figure 124: Validation Service Address

New Address Entry Fields:

If	Then
Multiple results are returned by the service	Results display to the Enrollment System user within the dropdown and are sorted in descending order based on the confidence level number.
An error message is returned by the VA Profile UAM service	<p>The error message displays to the user within the red error banner.</p> <p><u>Address Messages and Errors:</u></p> <ul style="list-style-type: none"> • CONFIRMED • STREET_NUMBER_VALIDATED_BUT_MISSING_UNIT_NUMBER • STREET_NUMBER_VALIDATED_BUT_BAD_UNIT_NUMBER • MULTIPLE_MATCHES_FOUND • UNDELIVERABLE • MISSING_ZIP • FALSE_POSITIVE <p> Note: Error messages are shown in ES as they are received from the system, so additional V360 specific messages may be displayed</p>
An error is returned	The radio button defaults to the Original Address option, the Validation Service Address radio button is grayed out and the Enrollment System user saves the address by clicking the Update button.

If	Then
	 Note: The error message received from the UAM service displays to the Enrollment System user.

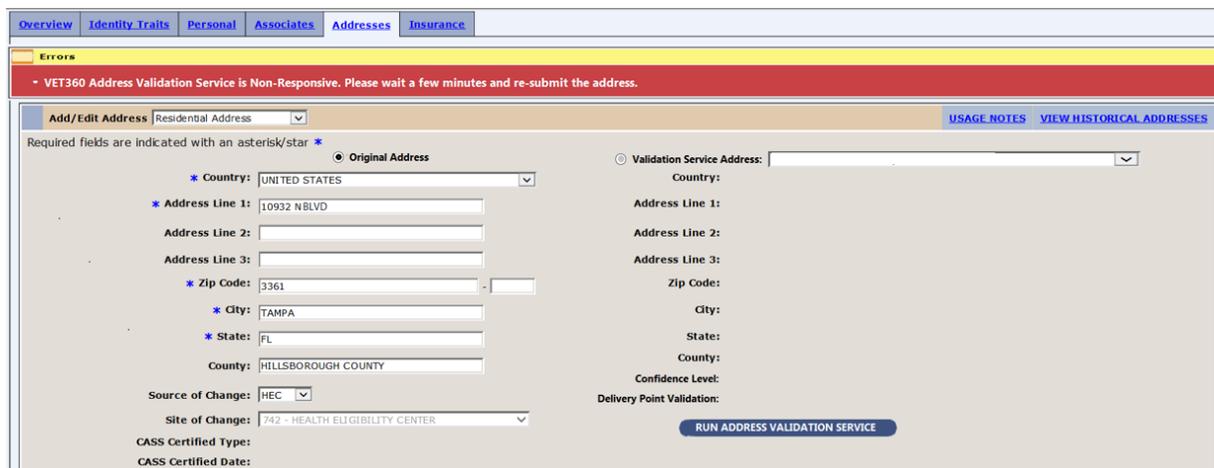


Figure 125: Address Validation Error

5.3.6.2.1 Validate Address with VA Profile UAM Service (Send Message to VA Profile/Receive VA Profile Message)

The Enrollment System sends a request to the UAM service after the Enrollment System user enters in the **Original Address** required fields and clicks the **RUN ADDRESS VALIDATION SERVICE** button.

 **Note:** If a required field is not completed on the **Original Address** section, an error message displays to the Enrollment System user.

Once a successful response is received from the UAM service, the Enrollment System displays the address response fields to the Enrollment System user. If the Enrollment System does not receive a response from the UAM service, the following message displays as an error within the Validation Service Address section:

ERROR: VA Profile Address Validation Service is Non-Responsive. Please verify the address and save.

 **Note:** The existing required field validations still apply to the “Original Address” section when the **Original Address** radio button is selected.

5.3.6.2.2 Save Validated Address within Enrollment System (Manage Address Contact Information)

Making a change to any address field within the **Original Address** section requires the Enrollment System user to click the **RUN ADDRESS VALIDATION SERVICE** button at least once prior to clicking the **UPDATE** button to save changes.

 Notes:

- The **UPDATE** button is grayed out until the **RUN ADDRESS VALIDATION SERVICE** button has been clicked at least once.
- If the Enrollment System user updates an address field in the **Original Address** section after receiving a response from the UAM service, the **UPDATE** button is grayed out again and requires the Enrollment System user to click the **RUN ADDRESS VALIDATION SERVICE** button again.

Figure 126: User Updated Address Field

If the **Country** field is blank, the Enrollment System forces the Enrollment System user to validate the address if US is populated automatically. If the Enrollment System user does not make any updates to an address field within the **Original Address** section, the Enrollment System user can make updates to the **Phone** and **Email** sections and save without clicking the **RUN ADDRESS VALIDATION SERVICE** button.

After the Enrollment System user clicks the **UPDATE** button, existing address field values are saved to the **History** column and the user's ID and any newly updated address field values are saved to the **New Value** column under the **VIEW HISTORICAL ADDRESSES** tab.

The existing CASS certification process begins when the Enrollment System user saves the updated address.

5.3.6.3 Bad Address Indicator (BAI)

When the Enrollment System receives a VA Profile permanent mailing address from VA Profile, it compares the received VA Profile permanent mailing address to the Enrollment System

permanent mailing address for that specific Veteran and determines if the Enrollment System permanent mailing address matches the VA Profile permanent mailing address.

If	Then
Yes	The Enrollment System sets the Bad Address Reason field to “Undeliverable” on the Addresses screen.
No	No update to the Enrollment System permanent mailing address occurs.

When the Enrollment System receives an update for a permanent mailing address with a blank BAI then the Enrollment System determines if the VA Profile permanent mailing address is newer than the Enrollment System permanent address based on the date/time stamp.

If	Then
The VA Profile permanent mailing address is newer	The Enrollment System applies the VA Profile permanent mailing address.
The VA Profile permanent mailing address is NOT newer	The Enrollment System will NOT apply the VA Profile permanent mailing address.

 **Note:** When the Enrollment System sends a BAI to VA Profile, the Enrollment System sends the value of "True" instead of the Bad Address Reasons value selected by the user.

Bad Address Reasons include:

-  HOMELESS
-  OTHER
-  UNDELIVERABLE

5.3.6.4 Override Invalid Residential or Permanent Mailing Address

Sometimes, an Enrollment System user validates a residential address or permanent mailing address through an override when the Universal Addressing Module (UAM), a third-party system that validates addresses, considers the address to be “invalid” and gives an error. An example of an “invalid” address would be a Veteran moving to a new neighborhood but UAM not recognizing the new address.

To validate a residential or permanent mailing address through an override, the user clicks the **Demographics** → **Address** → **ADD/EDIT ADDRESS** link, followed by selecting the residential address and permanent mailing address from the **Add/Edit Address** dropdown to edit and update. The user enters the address information, then clicks the **RUN ADDRESS VALIDATION SERVICE** button.

The screenshot shows a web form titled "Add/Edit Address" with a dropdown menu set to "Residential Address". At the top right, there are links for "USAGE NOTES" and "VIEW HISTORICAL ADDRESSES". Below the title, a note states "Required fields are indicated with an asterisk/star *". The form is divided into two sections: "Original Address" (selected with a radio button) and "Validation Service Address" (unselected). The "Original Address" section contains fields for Country, Address Line 1, Address Line 2, Address Line 3, Zip Code, City, State, and County, with asterisks indicating required fields. The "Validation Service Address" section contains similar fields. At the bottom right, there is a "Confidence Level:" field and a "Delivery Point Validation:" section containing a blue button labeled "RUN ADDRESS VALIDATION SERVICE", which is highlighted with a red rectangular box.

Figure 127: Run Address Validation Service Button

The UAM responds with the following error, “*No Candidate Address Found*”, as UAM considers this new address to be “invalid”. The user then overrides this error by clicking the **Original Address** button and then clicking the **Update** button at the bottom of the screen. The Enrollment System then sends a UAM validation key (ex. 1548710199) as well as an Override Flag to VA Profile, overriding the error.

 **Notes:**

-  The Enrollment System only sends a UAM validation key when an address is considered “invalid” by UAM, but the user overrides the address by clicking the Original Address and Update buttons.
-  If there are several updates to a single address, the Enrollment System only sends the most recent update.

5.3.7 Addresses Tab (View Only)

Update Address Section:

All addresses submitted by the Veteran are view only.

The current address is identified by a green checkmark.

Start and end dates are associated with the Temporary and Confidential addresses only.

Addresses can be modified by clicking the **Add/Edit Address** link.

Phone Numbers Section:

Phone numbers are view only and can be updated by clicking the Add/Edit Address link.

Email Addresses Section:

Email addresses are view only and can be updated by clicking the Add/Edit Address link.

5.3.8 Insurance

5.3.8.1 Insurance Overview

The **Insurance Overview** screen presents the user with a snapshot of the current insurance information available for the Veteran including information at other facilities.

Insurance - Facilities (Verified Insurance)

Displays all the facilities with insurance information on file. Click on a facility to view the insurance information on file for the Veteran. The user cannot edit this information.



Figure 128: Insurance – Facilities (Verified Insurance)

Insurance - HEC

Displays the current insurance information on file with the HEC.

User can either click on a current insurance company name to update that information or click the **Add Private Insurance** button to add private insurance information. User can also click the **Add Medicare** button to add Medicare information or on the Medicare link to edit the current Medicare information.

The following channels will be displayed on the **Insurance - HEC** screen.

- CCN = Channel
- HCA = Channel
- HEC = Channel

Insurance - OHI (Other Health Insurance)

ES receives, and processes information verified by VistA and sent by the Community Care Network (CCN) Contractors in two locations.

- When ES receives unverified OHI, ES displays the OHI in the Insurance-HEC section.

- Once verified, ES applies the OHI to the Veteran and displays OHI in the Insurance – Facilities (Verified Insurance) section.
 - Each verified OHI received is treated as a new entry.
 - ES applies HL7 rules to determine if the insurance received is new or updated, but NOT duplicated. VistA performs this check.
 - ES does NOT send updated OHI to the CCN Contractor.
 - ES shares OHI with VistA.

Last Updated By

When the Insurance record is received from a CCN Contractor, ES enters the CCN Contractor’s Name in this field.

5.3.8.2 Sending CCN OHI Notification Email:

The Enrollment System sends a CCN OHI Notification email to Veterans Affairs Office of Community Care Contracting Officer's Representative (VA OCC CORs) when an OHI file is received from a Community Care Network (CCN) Contractor.

Staff who are listed on the CCNRegion1CORTeam@va.gov notification email distribution list can view the CCN OHI Notification email sent to VA OCC CORs when OHI was received from any CCN contractor.

The CCN OHI Notification email contains the following notification data:

Email Subject Title: CCN OHI Notification

Good Morning,

Attached is a notification that Community Care Network Contractor XXXXXXXXX has sent a file containing Other Health Information (OHI) to the Enrollment System (ES) for your records.

Date	Time	Time Zone	CCN Contractor Name	File Name	# of Records Sent by CCN Contractor	# of Records Received by ES	# of Records Processed by ES	# of Records Rejected by ES due to Validation Errors
4/15/2019	06:00AM	CST	Optum	TEST1	2,500	2500	2,410	90

If there are questions regarding this email notification, please contact IT at the following number: (855) 673-4357.

Thank You,
The Enrollment System IT Team

When the OHI is received from CCN contractors, the CCN OHI Notification email is sent to COR regions. For example, Region 1 COR team receives notifications for Region 1, Region 2 COR team receives notifications for Region 2.

Names of mail groups are as follows:

- CCN Region 1 COR Team
- CCN Region 2 COR Team
- CCN Region 3 COR Team
- CCN Region 4 COR Team
- CCN Region 5 COR Team
- CCN Region 6 COR Team

Note: One CCN OHI Notification email is sent per file.

5.3.8.3 Add/Update Insurance Carrier

★*Insurance Company Name:*

The name of the insurance company.

More...

- **Insurance Company Name** is a required field and can be a multiple.
- This data is shared with VistA.

Rules...

- Insurance Company Name must be between 3 and 30 characters.
- Insurance Company Name is a required field.

Type of Plan:

Type of Plan is the type of insurance that the insurance company is generally associated with. Select from the dropdown.

Type of Plan data is shared with VistA.

Policy Number:

Policy Number (Subscriber ID) is defined as the insured's unique identification number assigned by the payer organization for this policy. If this insurance is an individual policy, the policy # will be stored in this field.

Policy Number data is shared with VistA.

Group Name:

Group Name is the name that the insurance company uses to identify this plan.

Group Name data is shared with VistA.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan.

Group Number data is shared with VistA.

Name of Insured:

Name of Insured is the name of the individual for which this policy was issued. If the Patient's Relationship to the Insured is 'Patient', then this name will default to the patient's name.

Name of Insured data is shared with VistA.

★Insured's Relationship to Veteran:

Insured's Relationship to Veteran is defined as what best describes the beneficiary's relationship to the person who holds this policy (or insured). Choose from the dropdown.

Insured's Relationship to Veteran data is shared with VistA.

Effective Date/Coverage:

Effective Date/Coverage is the date this policy went into effect for this beneficiary.

Effective Date/Coverage data is shared with VistA.

Rules...

- Effective Date/Coverage can be an imprecise date and can be a future date. However, it cannot be before the DOB or after the DOD.
- If the year is omitted, the system uses the CURRENT YEAR.
- Effective Date/Coverage is not required when Insurance Company Name is **Private**.

Plan Expiration Date:

Plan Expiration Date is the date this insurance policy coverage expires for this beneficiary. If the user enters only a month/day or month only and omits the year, the system defaults to the CURRENT YEAR. If no partial date is entered, the field remains null.

This data is shared with VistA.

Rules...

- Plan Expiration Date can be an imprecise date and can be a future date. This date must be after the effective date.
- Plan Expiration Date is required when Insurance Company Name is **Private**.

Pre-Cert Required:

Pre-Certification Required is an indicator for the need to get pre-certification.

Pre-Cert Required data is shared with VistA.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

Address Line 1 data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Rules...

- Address Line 1 must be 3-35 characters.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 2 data is shared with VistA.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Address Line 3 data is shared with VistA.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Zip Code may also be used to identify city/state/county associated with an address.

Zip Code data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

City:

Enter the name of the city used for the address.

City data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State

Enter the full state name associated with the address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

State data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County

Enter the county in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

County data is shared with VistA.

Pre-Certification Phone

The insurance carrier's numeric pre-certification phone number.

Pre-Certification Phone data is shared with VistA.

This would be the number to call for pre-authorizations for certain medical treatments or medications.

Carrier Phone

The insurance carrier's numeric phone number.

Carrier Phone data is shared with VistA.

Format: (XXX)XXX-XXXX

Carrier Fax

The insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update

Source of Last Update date is the entity responsible for the last update. Select the following from the dropdown:

- Data Match
- IVM
- Interview
- PURCHASED CARE CHOICE
- Pre-Registration
- eIIV

Insured's Date of Birth:

The insured's date of birth.

 Notes:

- The Insured's Date of Birth is added to the Z04 Message and included on the Insurance Verification Process File.
- The Insured's Date of Birth will not replace Identity Trait of the Veteran.
- If Insured's Date of Birth is received from VistA, ES will not overwrite with the new DOB from the CCN Contractor.
- Insured's Date of Birth is for insurance ONLY and used only when validating insurance information.

Source of Information Code:

Determine if source of information code is 14 or 3.

If insurance comes into ES as	Then
Other Health Insurance (OHI) and through CCN/DAS	<ol style="list-style-type: none">1. ES assigns source of information code 14.2. The records are transmitted on an HL7 message to VistA and entered into the Insurance Buffer file for validation.

If insurance comes into ES as	Then
VOA (aka HCA)  Note: Insurance from VOA (aka HCA) is considered HEC insurance because information received from HCA is stored in ES prior to sending to VistA.	<ol style="list-style-type: none"> <li data-bbox="863 268 1481 506">1. ES assigns source of information code 3.  Note: Source of information code 3 (aka HEC also known as IVM), is a set of temporary records waiting for validation. A record only stays in the Insurance buffer until it's validated. <li data-bbox="863 520 1481 655">2. The records are transmitted on a Z04 message to VistA and the record goes to the insurance multiple in the PATIENT file on the Veterans record once validated.

 *Indicates Required Field*

5.3.8.3.1 Add/Update Insurance Carrier - Medicare

ES populates the following fields when a user chooses to enter Medicare Part A:

-  Insurance Company Name is set to **Medicare**
-  Group Name is set to Part A
-  Group Number is set to **Part A**

ES populates the following fields when a user chooses to enter Medicare Part B:

-  Group Name is set to **Part B**
-  Group Number is set to Part B

Update Insurance Carrier – Medicare

Insurance Company Name:

This is the name of the insurance company. Defaults to **Medicare**.

Type of Medicare:

Indicate the Type of Medicare being updated. Choices are:

-  Type A This is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
-  Type A & B This is Medicare medical insurance that helps pay for doctors, services, outpatient hospital care, durable medical equipment, and some medical services that aren't covered by Part A.

- ES defaults to **Part A**, but can be changed to **Part A & B**.

Medicare Part A

★*Medicare Claim Number:*

The Medicare number assigned to the claim.

★*Name on Medicare Card:*

The Name exactly as it appears on the Medicare card.

Group Name:

The name that the insurance company uses to identify this plan. Defaults to Type A.

Group Number:

The number or code, which the insurance company uses to identify this plan. Defaults to Type A.

Part A Effective Date:

The Part A Effective Date is the date *Medicare Part A* went into effect for this beneficiary.

Rules:

- Cannot be before DOB.
- Cannot be after DOD.
- Part A indicator must be **Yes** if date is populated.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

💡 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9 -digit code may be used.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Zip Code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the city used for the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full state name associated with the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

County:

Enter the county in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Carrier Phone:

The insurance carrier's numeric phone number.

Format : (XXX) XXX-XXXX

Carrier Fax:

The insurance carrier's numeric fax number.

Format: (XXX) XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

Medicare Part B

★Medicare Claim Number:

The Medicare number assigned to the claim.

★Name on Medicare Card:

The Name exactly as it appears on the Medicare card.

Group Name:

Group Name is the name that the insurance company uses to identify this plan. Defaults to Part B.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan. Defaults to Part B.

Part B Effective Date:

The Part B Effective Date is the date Medicare Part B went into effect for this beneficiary.

Rules...

- Cannot be before DOB
- Cannot be after DOD
- If date populated, part B indicator must be **Yes**.
- Medicare Part A Effective Date is required before Medicare Part B Effective Date can be entered.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of a mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Zip Code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the city used for the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full state name associated with the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the county in which the insurance carrier does business.

Carrier Phone:

This is the insurance carrier's numeric phone number.

Format: (XXX)XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

★ ***Indicates Required Field***

5.4 Military Service

5.4.1 Send Query to MSDS Service

After selecting the **Military Service** tab, the **SEND QUERY TO MSDS SERVICE** button displays at the top of the screen. The key objective of the Military Service Data Sharing (MSDS) Web Service is to provide ES with authoritative data consisting of the best Military Service Episodes (MSE) data for the Veteran. The **SEND QUERY TO MSDS SERVICE** button sends a request to MSDS to obtain updated Military Service information.

When sending an MSDS query, ES displays the Send MSDS Query Message that requires confirmation of the request. Click **Confirm** to send the query and a message indicates that the query is sent.

- When a query is sent to MSDS and the person's record has a Member ID (EDIPI) and the query does not return a response after 24 hours, the query status is set to "Queried – No Data Received" and a work item is created.
- When a query is sent to MSDS and the person's record does not have a Member ID (EDIPI) and if a call to MVI does not return a Member ID, the system retries the call to the MVI Web Service twice. If after two tries the record still does not have an EDIPI, the system sets the MSDS request status to "No Member ID/MSDS Not Queried" and creates the HEC MSE record out of the site data.
- 💡 **NOTE:** If HEC MSE records are available in ES, the system will use both the existing HEC MSE data and any site data (from VistA) and process the business rules for creating a new MSE record. These business rules include comparing branch of service, service start and end dates for overlaps, discharge type, etc.

5.4.2 Current Military Service

From the **Current Military Service** screen, the user can add or modify Military Service information and View Historical Military Service information. Users can also delete one or more

HEC Military Service Episodes (MSE) as a group of data. If the user deletes a HEC-entered MSE, ES will automatically delete any HEC-entered Combat Episodes and/or OEF/OIF Combat Episodes (OEF/OIF Source is CEV) that falls within the MSE being deleted.

The user can delete one or more HEC Combat Episodes as a group of data. Do so by clicking the **DELETE** button within the Combat Episodes - HEC area of the screen.

The user can delete one or more OEF/OIF Combat Episodes as a group of data. Do so by clicking the DELETE button within the OEF/OIF Combat Episodes - HEC area of the screen. The OEF/OIF Source can be any value.

Before deleting any Military Service information, ES will ask for confirmation from the user. The deleted Military Service information will become part of the record after the **UPDATE** button is clicked. A history of deleted Military Service information will be maintained by ES.

ES displays the Military Service information by the site that sent it and HEC as a site that enters/edits it. Click the ▶ arrow or the site name to expand the military information. Click it again to collapse.

Is on Active Duty:

Is on Active Duty is an indicator received from MSDS (the authoritative source of military service information) to indicate whether, as of the last update from MSDS, the service member/Veteran is on active duty. This is a non-editable field.

- Yes
- No
- Blank

As of Date:

As of Date is the last date/time the Is on Active Duty indicator was received from MSDS. This is a non-editable field.

- Date/Time
- Blank

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 10-10EZ form or systematically set based on business rules applied to data received from MSDS to reflect that the Veteran was discharged from the military for a disability incurred or aggravated in the line of duty. When manually set it is confirmed using the DD-214, VBA files (VIS, SHARE, or Rating Letter), or other authoritative source.

- Yes
- No

- Unknown

This data is shared with VistA.

More...

- Receipt of Disability Severance Pay or a clear statement indicating the individual was discharged due to a disability, confirmations are needed to indicate **Yes** in this field. Veterans can be listed as *SC* only if the determination was made by the VA Regional Office.

Discharge Due to Disability is systematically set to “Yes” when any ‘regular’ service episode has a Reason For Early Separation of:

- DISABILITY, SEVERANCE PAY, COMBAT RELATED (ENHANCED)
- DISABILITY, SEVERANCE PAY, NON COMBAT (ENHANCED)
- DISABILITY, SEVERANCE PAY (ENHANCED)
- DISABILITY, AGGRAVATION (ENHANCED)
- DISABILITY, OTHER (ENHANCED)
- DISABILITY, SEVERANCE PAY, COMBAT RELATED
- DISABILITY, SEVERANCE PAY
- DISABILITY, SEVERANCE PAY, NON COMBAT
- DISABILITY, AGGRAVATION
- DISABILITY, OTHER
- DISABILITY, PERMANENT (ENHANCED)
- DISABILITY, TEMPORARY (ENHANCED)
- DISABILITY, PERMANENT
- DISABILITY, TEMPORARY
- OR for ‘guard and reserve service’, any service episode has a Narrative Reason for Separation as stated above AND the service episode is not related to training.

Military Disability Retirement:

Military Disability Retirement is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from the military for a disability incurred or aggravated in the line of duty and is receiving disability retirement from a branch of the U.S. Armed Forces. Confirmation using the DD-214 or other discharge documentation or information from VBA files (VIS, SHARE, or Rating Letter) is required.

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

- Yes - If Primary Eligibility Code is NSC, the system will not allow saving the record with Military Disability Retirement set to YES.
 - Military Disability Retirement cannot be YES unless the SC% is 10% or greater.
- No
- Unknown

This data is shared with VistA.

Rules...

- Veterans may be listed as SC only if the determination has been made by the VA Regional Office.

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

Veterans exposed to AO outside a Vietnam MSE are eligible for an AO examination but no AO indicator will be applied.

- Not Exposed
- Korean DMZ
- Other
- Vietnam

Radiation Exposure Method:

Radiation Exposure Method is the means by which this Veteran was exposed to ionizing radiation.

- Not Exposed
- Nagasaki/Hiroshima - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946
- Atmospheric Nuclear Testing - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV)
- H/N and Atmospheric Testing - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site
- Underground Nuclear Testing - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974
- Exposure at Nuclear Facility - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992

- Other

This data is shared with VistA.

 **Note:** If the Veteran cannot provide documentation confirming Radiation Exposure, confirmation must be obtained by HEC staff through the Defense Threat Reduction Agency (DTRA).

Sites must provide completed Ionizing Radiation Verification form request to HEC.

SW Asia Conditions:

SW Asia Conditions indicates if the Veteran needs care for conditions potentially related to service in SW Asia during the Gulf War. This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later.

SW Asia Theater of Operations is defined as: Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

- *Yes* - Answer Yes if Veteran served in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.
- *No* - Answer No if the Veteran did not serve in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.

This data is shared with VistA.

Medal Of Honor Indicator:

The *Medal Of Honor Indicator* specifies whether the Veteran received a Medal Of Honor (MOH) during his/her time of service. This field is now editable.

When the *Medal Of Honor Indicator* is set to **Yes**, additional fields are displayed, some of which require entry.

More...

- All MOH data is kept in history and may be viewed by clicking the View Historical Military Service link.
- Veterans who are recipients of the Congressional Medal of Honor are assigned to Priority Group 1 and receive all VA hospital and medical services afforded by law. MOH recipients are not required to complete an Income Means test to receive health care benefits or an Rx co-pay test to receive prescription benefits.

Rules...

- A Veteran who has a confirmed MOH is assigned to Enrollment Priority Group 1, is not subject to means or Rx co-pay testing, and is not charged co-payments.

Medal of Honor (MOH) Award Date:

The Enrollment System receives and stores the Medal of Honor Award Date data element from the MSDS broker messages.

 Notes:

-  All Enrollment System users will need the Edit MOH Capability to add or edit Medal of Honor Information.
-  Enrollment System Administrators must apply the Edit MOH Capability to the Enrollment System user’s profile, role, or capability set for the user to add or edit MOH fields.

The table below determines different scenarios for the **Medal of Honor Indicator** field.

If	Then
The “Medal of Honor Indicator” field is received from the authoritative source (MSDS broker) with a value of “Yes” and the “Medal of Honor Award Date” field is “Null”	The Enrollment System records the “Medal of Honor Indicator” as “Yes” and the “Medal of Honor Award Date” field as “Null”
All conditions are met	The “Medal of Honor Award Date” is stored and is available for display in ES when it is received from the broker
A new Medal of Honor Award Date is received from the authoritative source (MSDS broker) when there is an existing MOH Award Date	The current MOH Award Date records to history and the new MOH Award Date is stored

Manually Enter MOH Data

Once on the **Military Service** screen, perform the following steps.

1. Click the **Yes** radio button of the **Medal of Honor Indicator** and the following four required fields display:
 -  Document Type
 -  Document Receipt Date
 -  Source of Change
 -  Medal of Honor Award Date
2. Manually enter data into the four required fields.

Figure 129: Medal of Honor Indicator fields

The table below determines types of verification errors the Enrollment System user receives after typing in specific data or not typing in data into the **Medal of Honor Indicator** fields.

If the Enrollment System user	Then they will receive a verification error alerting them that
Clicks Update without any of the required fields complete	All four fields are required.
Types in a future date for Medal of Honor Award Date	The Medal of Honor Award Date cannot be in the future, and the future date is not saved in the Enrollment System.
Types in a Medal of Honor Award Date that is BEFORE the Veterans 15 th birthday	The Medal of Honor Award Date must be AFTER the Veterans 15 th birthday, and the Medal of Honor Award Date is not saved in the Enrollment System.

Once the required fields have been entered correctly, click the **Update** button.

The Enrollment System user will receive a message alerting that the Military Service screen updated successfully. The Enrollment System will send the Z11 message to VistA.

Share MOH Data with VistA REE

The Enrollment System shares the Medal of Honor Award Date and the Medal of Honor Status Update Date with VistA REE, and notifies VistA REE of any of the following MOH data changes:

- The Z11 HL7 message updates include the following field names that are in the VistA application:
 - MOH Award Date
 - MOH Status Date

The parsed and raw HL7 message views updates include the MOH Award Dates and MOH Status Update Dates.

- A Z11 HL7 message is sent to each VistA site of record when the authoritative source (MSDS broker) updates the Enrollment System with a change to a Veterans MOH information.
- A Z11 HL7 message is sent to each VistA site of record when the Enrollment System user updates the Enrollment System with a change to a Veterans MOH information.

• **Note:** VistA sites receive the MOH Award Date and MOH Status Update Date from the Enrollment System and process MOH as Priority Group 1 after installation of patch DG*5.3*972.

To view the Z11 message sent to VistA,

1. Click the **Facility** tab.
2. Click the **View All HL7 Messages** link.

Transmission Date	Status	Message Type	Facility	Raw Data	Transmission Details	Retransmit
2018/11/14 14:14:41	Awaiting Acknowledgement	QBUZ11-S:Site Eligibility or Enrollment Data to VA Facility	MANCHESTER VAMC (#608)	View	View	RETRANSMIT

Figure 130: Z11 HL7 Message Sent to VistA

To view the Raw Data,

1. Click the **View** link under the **Raw Data** column.
2. Notice the following:

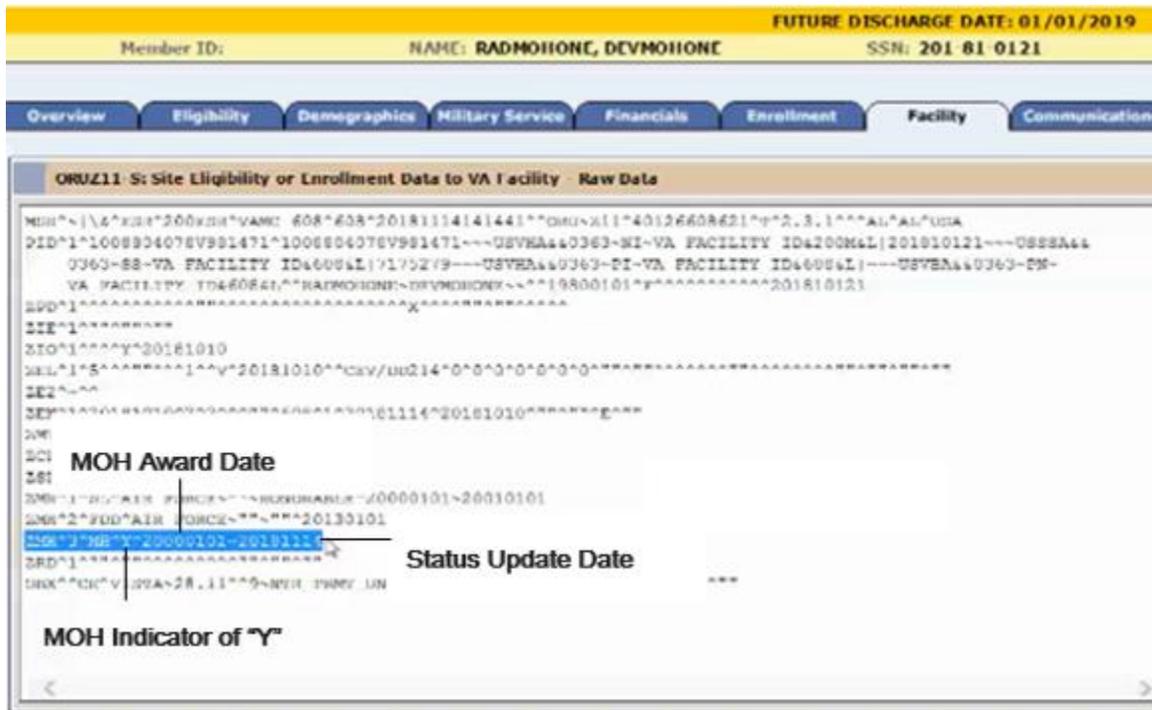


Figure 131: Raw Data for MOH Indicator

View MOH Award Date in Military Service History

To view the MOH Award Date field in the History screen,

1. Click the **Military Service** tab
2. Click the **View Historical Military Service** link.

The following required fields are populated with the following values:

- MOH Indicator: “Yes”, “No”, or “No Data”
- Document Type: “VBA/DOD File” “Other Official Service Records” or BLANK
- Document Receipt Date: Date user entered, or date message was received or BLANK
- Source of Change: “VADIR”, “WebHINQ”, “VBA”, “Other” or BLANK
- Medal of Honor Award Date: MOH award date from message/user entry or BLANK
- Decoration Status: “Confirmed” or BLANK
- Status Update Date: Date the MOH Indicator was changed or BLANK

★*Document Type:*

Enter the *Document Type* which verifies the MOH. Select from the dropdown. The *Document Type* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Document Receipt Date:

The *Document Receipt Date* is the date the document was received by the HEC and entered by the user. The *Document Receipt Date* defaults to the system date but can be changed. The *Document Receipt Date* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Rules...

- The MOH *Document Receipt Date* cannot be a future date.
- The MOH Document Receipt Date must be a precise date.

★*Source of Change:*

The Source of Change is the source of the MOH indicator. The Source of Change is only displayed if the Medal Of Honor Indicator is **Yes**.

💡 **Note:** Valid displayed values also include “WebHINQ” and “VADIR” if the MOH information was populated from the MSDS Broker.

When entered by the user, the *Source of Change* must be either “VBA” or “Other”.

Decoration Status:

The *Decoration Status* indicates if the MOH has been verified by the user. The *Decoration Status* is set to *Confirmed* when the *Medal Of Honor Indicator* is changed from **No** to **Yes** and the record is updated.

Status Update Date:

The *Status Update Date* is the date on which any of the MOH fields was updated by the user. The *Status Update Date* defaults to the system date. The *Status Update Date* is only displayed if the *Medal Of Honor Indicator* is **Yes**.

The Status Update Date is display only.

SHAD:

SHAD/Project 112 stands for Shipboard Hazard and Defense. Choices are:

- Yes
- No

This data is shared with VistA.

More...

- Based upon eligibility factors these Veterans are to receive the needed hospital care, medical services and nursing home care at no cost for any illness possibly related to their participation. However, the Veteran may be charged a co-payment for care of conditions found to have resulted from a cause other than their participation in SHAD/Project 112 tests.
- Facility staff can obtain access to a secure server, which contains a listing of Veterans who participated in SHAD/Project 112 by going to the VA Intranet Project 112 (*Including Project SHAD*) web site.

Camp Lejeune Eligibility:

Yes - If the Veteran is Camp Lejeune eligible.

No - If the Veteran is not Camp Lejeune eligible.

More...

- *Camp Lejeune Eligibility* indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following:
 - Dishonorable
 - Other than Honorable
 - Undesirable
 - Bad Conduct
 - Dishonorable-VA

 **Note:** When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a *Camp Lejeune Eligibility* value. Otherwise, the field is disabled.

This data is shared with VistA.

Verified Methods:

Note: Verified Methods and the CL fields that follow display only if the Camp Lejeune Eligibility indicator is Yes.

More...

- This field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.
- These values may come from other sources.

Rules...

- Once any Camp Lejeune Verified Method has been selected, at least one must remain selected.

Comments:

The free text 200-character **Comments** field is enabled and required if a Verified Method of **OTHER** is selected.

CL Date Registered: (Edit/Update Mode)

The **CL Date Registered** field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

- When an ES user registers a Veteran, the system populates the **CL Date Registered** field value to the current system date if the **Camp Lejeune Eligibility** indicator is set to **Yes**.
- This field may also be populated through an upload of a CLEAR extract. See
-
- Camp Lejeune Eligibility.
- This field is editable.

CL Eligibility Change Site: (Edit/Update Mode)

- The **CL Eligibility Change Site** field displays the point-of-entry site that last changed the on-idle Camp Lejeune record.
- This system-filled field is display only.

More...

- Valid values include...
 - <VAMC Site> (if changed by a VistA VA facility)
 - HEC (if changed by the ES)

CL Eligibility Source of Change: (Edit/Update Mode)

The **CL Eligibility Source of Change** field displays the source that last made a change to the on-file Camp Lejeune record.

More...

- Valid values include...
 - <ES User Name> (edited by ES user)

- VAMC (when the record is created from VistA VAMC received updates)
 - CEV (modified by ES in an automated way {e.g. through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
 - VOA (when the record is modified from a VOA submission)
 - CLEAR (record is modified as a result of processing a CLEAR extract file)
 - DoD (for future use)
 - HCA
 - Other (for future use)
- This system-filled field is display only.

Filipino Veteran Proof:

Filipino Veterans must reside in the US and be US Citizens or lawfully admitted for permanent residence. Receipt of VA compensation at the full-dollar rate is considered proof of meeting the citizenship requirements. Otherwise, Veteran must provide documentation in order to establish proof of US citizenship, or lawful admittance for permanent US residency.

Choose from the dropdown listing.

Rules...

- Filipino Veteran Proof of military service is required information for these Branches of Service:
 - Regular (Old) Filipino Scout
 - Regular Filipino Scout Service combined with Special (New) Filipino Scout or Commonwealth Army Service
 - Guerilla and Combination Service
 - Commonwealth Army
 - Special (New) Filipino Scout

• **Note:** The system will automatically delete the *Filipino Veteran Proof* when the last HEC-entered MSE that has a *Branch of Service* of **F. Commonwealth** or **F. Guerilla** or **F. Scouts New** is deleted.

More...

- The primary source of verification of qualifying military service is VBA files (HINQ, VBA, SHARE). Otherwise, Veteran must provide a copy of their DD-214 or other authoritative documentation from the U.S. Army or Department of Defense. If documentation is questionable, coordination with the VARO in the Philippines is required.

Combat Veteran Eligibility End Date:

The date the Veterans' combat Veteran eligibility ended.

This data is shared with VistA.

On January 28, 2008, The National Defense Authorization Act (NDAA) of 2008 was signed by President Bush. This Act extends the period of enhanced healthcare eligibility provided a Veteran who served in a theater of combat operations on or after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.

Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

The system determines if the Veteran is Combat Veteran eligible using the following criteria and then automatically sets the *Combat Veteran Eligibility End Date* based on the criteria defined by the NDAA of 2008.

- (IF *Service Separation Date* (SSD) is precise AND greater than or equal to 11/11/98, AND
- The *Combat End Date* is greater than 11/11/98 and the *Combat Location* is **Yugoslavia OR Somalia OR Gulf War OR Persian Gulf War OR Other**
- **OR** the *OEF Start Date* is precise and on or after 9/01/2001 AND the *End Date* is precise AND greater than or equal to 09/11/2001
- **OR** the *OIF Start Date* is precise and on or after 3/01/2003 AND the *OIF End Date* is precise AND is greater than or equal to 03/19/2003
- **OR** the *OEF/OIF UNK Start Date* is on or after 9/1/01 AND the *OEF/OIF UNK End Date* is precise AND is greater than or equal to 09/11/2001
- **OR** the *CONFLICT UNSPECIFIED Start Date* is on or after 11/1/1998 AND the *CONFLICT UNSPECIFIED End Date* is precise AND is greater than 11/11/1998
- **THEN** the Veteran is considered CV Eligible.

Eligible for Class II Dental:

This field indicates (**Yes** or **No**) if a Veteran is eligible for treatment as reasonably necessary for the one-time correction of the non-compensable, Service Connected dental disability [Class II]. **Yes** indicates that the Veterans DD-214 or VBA Files indicate the Veteran was not provided a complete dental examination and all appropriate dental treatment within the 90-day period immediately before discharge or release. This means the Veteran is eligible for a complete dental examination and all appropriate dental treatment.

No means that the Veteran is not eligible for dental services.

This non-required field is system-filled and can be Yes, No, or null.

More...

- The user may edit the field and change a Yes to a No or a No to a Yes but is not required.
- If the user changes a Yes to a No, the system deletes the Class II Dental Application Due Before date and the field is collapsed.
- If the user changes a No to a Yes, the Class II Dental Application Due Before field appears and the system calculates the date using the most recent date of Military Service Separation plus 180 days.

Class II Dental Application Due Before:

This date is calculated in the ES based on the most recent date of Military Service Separation plus 180 days. The date should be precise.

This date is not directly updatable by the user.

More...

- If the date cannot be calculated for any reason, the calculation results in a valid null date and a Work Item, 'Unsupported Dental Application Due Date', is created.
- If the Eligible for Class II Dental indicator is No, the Class II Dental Application Due Before field is not visible.

5.4.3 OEF/OIF Combat Episodes

OEF/OIF data is used for calculating CV End Date when possible.

If HEC receives OEF/OIF or VIS unspecified episodes for which there are no corresponding Military Service Episode, HEC calculates a proxy CV End Date based on the Combat End Date.

For example:

HEC receives from VHA Support Service Center (VSSC) -- that Veteran has OIF dates of 1/1/04 through 12/31/04 and last *Service Separation Date* of 1/1/2002. HEC calculates *CV End Date* based on 12/31/04 (OIF END DATE) and sends an Unsupported CV End Date Bulletin (future release) to the VistA sites of record advising them of the need to capture the missing MSE data. Once the updated MSE data is added on VistA, this automatically updates the *CV End Date* using the last *Service Separation Date*.

Add OEF/OIF Combat Episode

Multiple *OEF/OIF Combat Episodes* may be added by multiple clicks of the ***Add OEF/OIF Combat Episode*** button.

To enter OEF/OIF combat dates, there must be at least one MSE. Clicking the ***DELETE*** button will delete the particular group of Military Service information as a group of data.

★*Combat Location:*

Select the OEF/OIF *Combat Location* from the dropdown.

Rules...

- The *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.

★**Combat Start Date:**

Enter the *Combat Start Date*.

Rules...

- The combat episode *Combat Start Date* for *Combat Location OEF* or *Unknown OEF/OIF* must be on or after 09/01/2001.
- The combat episode *Combat Start Date* for *Combat Location Conflict Unspecified* must be on or after 11/01/1998.
- The combat episode *Combat Start Date* for *Combat Location OIF* must be on or after 03/01/2003.
- The *Combat Start Date* or *Combat End Dates* must fall within a single *Military Service Episode*.
- The *Combat Start Date* must be a precise date.
- The *Combat Start Date* must be prior or equal to the *Date of Death*.
- The *Combat Start Date* cannot be a future date.

★**Combat End Date:**

Enter the *Combat End Date*.

Rules...

- The combat episode *Combat End Date* for *Combat Location OEF* or *Unknown OEF/OIF* must be on or after 9/11/2001.
- The combat episode *Combat End Date* for *Combat Location Conflict Unspecified* must be on or after 11/11/1998.
- The combat episode *Combat End Date* for *Combat Location OIF* must be on or after 3/19/2003.
- The *Combat End Date* must be a precise date.
- The *Combat End Date* must be prior or equal to the *Date of Death*.
- The *Combat End Date* cannot be a future date.

Combat Pay Type:

Select a *Combat Pay Type* from the dropdown. This field is not required.

OEF/OIF Source:

When *Combat Locations* of **OEF, OIF, Unknown OEF/OIF**, or **Combat Unspecified** are entered, the system defaults the *OEF/OIF Source* to **CEV** and cannot be changed.

5.4.4 Combat Service Locations

Placeholder - to be displayed only if/when data values are available

Combat Service Location:

Display Only

Combat Pay Start Date:

Display Only

Combat Pay End Date:

Display Only

Combat Service Source:

Display Only

5.4.5 Military Service Episodes - HEC

Add Military Service Episode

HEC (multiple *Military Service Episodes* may be added by multiple clicks of the ***Add Military Service Episode*** button)

Military Service Episode (MSE) consists of the Service Entry Date, Future Discharge Date (FDD) (not required, Source of Information (required if Future Discharge Date is entered), Other Explanation (required if Source of Information is “other.”) Service Separation date (required if no Future Discharge Date is entered), Service Component (not required), Service Discharge Type (not required if Future Discharge is entered), Branch of Service required and Military Service Number (not required). The MSE dates cannot overlap. All MSE dates must be precise.

On entry of a new Military Service Episode - HEC record, the User can only enter:

Branch of Service, Service Entry Date, Future Discharge Date, Source of Information, and Other Explanation (if applicable)

OR

Branch of Service, Service Entry Date, Service Separation Date, Service Component (not required), and Discharge Type.

Military Service Number:

A service number that is assigned during the Veterans episodes of military service.

If the military service number is the same as the Veterans social security number, click the button titled "Same As SSN" to enter.

More...

- Confirm using the DD-214, VBA Files (VIS, SHARE or Rating Letter), or other authoritative source.

★Branch of Service:

A service organization that a Veteran served in during his/her episodes of military service. Choose from the dropdown listing.

Rules...

- *Branch of Service* selections of F. Commonwealth, F. Guerilla F. Scout New, F Scout Old require *Service End Date* and *Service Start Date* that fall within the World War II Period.
- *Filipino Veteran Proof of US Citizenship* is required if the Veteran *Branch of Service* is any of the following:
 - F. Commonwealth
 - F. Guerilla
 - F. Scouts New
- *Branch of Service* is a required entry for each Military Service Episode.

Service Component:

Service Component is the major component of the Armed Services.

Rules...

- This is not a required field. However, if entered, certain *Branches of Service* are required for various choices of *Service Component*.
- If *Branch of Service* is deleted, the system will delete the *Service Component*, if present.

Pay Plan:

The pay grade of a Service Member/Veteran at the time of his/her episode of military service.

Rules...

- This field is non-editable and is provided by MSDS.
- ES will only display pay plans of type ME (Enlisted), MO (Officer), MW (Warrant), or MC (Cadet).

★*Service Entry Date:*

The date a Veteran commenced his/her episodes of military service.

Rules...

- Military Service Episode Dates must be precise.
- The *Service Entry Date* must be greater than or equal to the Veterans birth date + 15 years.
- Service Entry Date must be prior or equal to the Date of Death.
- The Service Entry Date must be prior or equal to the Service Separation Date for the Military Service Episode.
- Service Entry Date cannot be a future date.
- Format: (mm/dd/yyyy)

Future Discharge Date:

The projected date a service member/Veteran will be discharged from active duty. The Future Discharge Date (FDD) is shared with VistA.

Rules...

- The *Future Discharge Date* must be a precise date.
- The *Future Discharge Date* cannot be the current date.
- If manually entered or received from Health Care Application (HCA), the *Future Discharge Date* cannot be greater than 730 days (two years) in the future. There is no restriction for Future Discharge Dates received from MSDS.
- days in the future. There is no restriction for Future Discharge Dates received from MSDS.
- Only authorized ES users can enter/edit a *Future Discharge Date* that was previously set by an ES user.
- An authorized ES user or MSDS can overwrite a *Future Discharge Date* that was last updated by MSDS or HCA.
- The *Future Discharge Date* can be accepted from HCA.
- HCA cannot overwrite the *Future Discharge Date* and Source of Information that was previously set by an ES user or MSDS.
- HCA can overwrite the *Future Discharge Date* and Source of Information that was previously received from HCA.
- The *Future Discharge Date* can only be entered if there is an associated Service Entry Date and a Branch of Service.
- *Future Discharge Dates* received from MSDS will only be processed for Active Duty service members.

- There cannot be a *Future Discharge Date* AND a Service Separation Date for the same service episode (same branch of service and Service Entry Date).
- When a Service Separation Date is entered or received, the *Future Discharge Date* is moved to history.
- The Enrollment System does not require but allows the user to enter any military service information if available. The enrollment status remains “Registration Only” regardless of the outcome of the military service information process.

If the user enters an FDD when the answer to "Do You Wish To Enroll" is “No”, then, upon clicking the Update button, the system presents a pop-up message to confirm the entry of the FDD for a Registration Only record.

"The Future Discharge Date is only applicable to active duty service members who intend to enroll upon discharge. Click OK to continue."

Source of Information:

Identifies the source of where the Future Discharge Date came from.

Rules...

- *Source of Information* is required if a Future Discharge Date is entered manually.
- Only an ES user can modify a *Source of Information* that was previously set by an ES user.
- *The Source of Information* will be automatically set to *Enterprise Military Information Service*, if the Future Discharge Date was received from MSDS.
- *The Source of Information* will be automatically set to Health Care Application if the Future Discharge Date was received from HCA.
- For manual entry or manual updates, only “Military Service Documents” or “Other” are allowed.
- An ES user can update the *Source of Information* previously set by another ES user, HCA, or MSDS.
- 💡 **Note:** For manual updates, a user can only select “Military Service Documents” or “Other”.
- MSDS can update the *Source of Information* previously set by MSDS or HCA.
- HCA can only update the *Source of Information* previously set by HCA.
- When a Service Separation Date is entered or received, the *Source of Information* is moved to history.

Other Explanation:

The explanation of where the Future Discharge Date came from if not from a military service document. For manual entry or updates of the Source of Information only.

Rules...

- If the *Source of Information* is “Other,” then Other Explanation is required.
- **Other Explanation** is a free text field
- *Other Explanation* cannot exceed 255 characters.
- When a *Service Separation Date* is entered or received via MSDS, the *Other Explanation* is moved to history.

Service Separation Date:

The date a Veteran ended his/her episodes of military service.

Rules...

- Military Service Episode dates must be precise.
- *Service Separation Date* must be later than or equal to the *Service Entry Date*.
- Service Separation Date must be prior or equal to the Date of Death.
- *Service Separation Date* cannot be a future date.
- Format: (mm/dd/yyyy)
- *Service Separation Date* is a required entry if there is no *Future Discharge Date*.

Discharge Type:

This is the type of discharge type the Veteran received when released from military duty.

Choices are:

Bad Conduct

One receives a bad conduct discharge (BCD) when separated from the service under conditions other than honorable. A bad conduct discharge is given only by an approved sentence of a general or a special court-martial.

- 💡 **Note:** Administrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

Dishonorable

One receives a dishonorable discharge (DD) when separated from the service under dishonorable conditions. A dishonorable discharge is given only by a general court-martial and as appropriate for serious offenses calling for dishonorable separation as part of the punishment.

- 💡 **Note:** Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

Dishonorable-VA

Dishonorable for VA purposes means that for the VBA, there is another reason or circumstance that the VBA has determined that makes the Veteran “Dishonorable” for VA purposes (*Dishonorable-VA*).

 **Note:** Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

General

One receives a general discharge when separated from the service under honorable conditions, without a sufficiently meritorious military record to deserve an honorable discharge.

Honorable

To receive an honorable discharge, one must have received a rating from good to excellent for their military service. Even though only qualifying for a general discharge, the individual may receive an honorable discharge under two circumstances:

-  When being separated because of a disability incurred in the line of duty, or
-  If any awards for gallantry in action, heroism, or other meritorious service were received.

Honorable-VA

Honorable for VA purposes means that for the VBA, even though their DD-214 says “General” or “Other Than Honorable”, there is another reason or circumstance that the VBA has determined that makes the Veteran “Honorable” for VA purposes (*Honorable-VA*).

Other Than Honorable

Other than an honorable discharge is given for misconduct or security reasons.

 **Note:** Administrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

Undesirable

An undesirable discharge is the equivalent of a dishonorable discharge without the felony conviction.

Unfitness is a common reason for receiving an undesirable discharge.

 **Note:** Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

Rules...

-  Service *Discharge Type* is required information for all Military Service Episodes unless the episode has a Future Discharge Date.

Reason for Early Separation:

The reason the Veteran separated from the military earlier than expected can be due to disability, hardship, or early out at the convenience of the government.

Rules...

-  An ES user cannot overwrite/modify a Reason for Early Separation that was set by MSDS.
-  MSDS can overwrite a Reason for Early Separation that was set by MSDS or an ES user.
-  An ES user can overwrite/modify a Reason for Early Separation that was set by an ES user.
-  Once a Reason for Early Separation is set by MSDS, the system displays this information as a label.
-  If a Reason for Early Separation is NOT set by MSDS, a dropdown pick list is available for the User to make a selection.

5.4.6 Combat Episodes - HEC

Multiple *Combat Episodes* can be added. To enter combat dates, there must be at least one MSE. All combat dates must be precise.

★*Combat Location:*

The combat location where a Veteran served. Please select from the dropdown.

★*Combat Start Date:*

The actual date the Veterans combat service originated.

Rules...

-  The *Combat Start Date* or *End Date* must fall within a single MSE.
-  *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.

- The *Combat End Date* must be later than or equal to the *Combat Start Date*.
- Combat Start Date must be prior to or equal to the Date of Death.
- *Combat Start Date* cannot be a future date.
- Combat Location dates cannot overlap.
- Combat Start Date must be a precise date.
- Format: (mm/dd/yyyy)

★*Combat End Date:*

The actual date that the Veterans combat service ended.

Rules...

- The *Combat End Date* must be later than or equal to the *Combat Start Date*.
- *Combat End Date* must be prior or equal to the official end date of the selected *Combat Location*.
- Combat End Date must be prior to or equal to the Date of Death.
- *Combat End Date* cannot be a future date.
- *Combat Location* dates cannot overlap.
- *Combat End Date* must be a precise date.
- Format: (mm/dd/yyyy)

5.4.7 Period of Service

The system automatically calculates the *POS* based on the Veterans *Service Entry Dates* and *Service Separation Dates* after clicking the *Calculate POS* button)

These are periods of service (POS) equal to the latest war time period that a Veteran served.

Some examples of choices include WWI, WWII, Pre-Korean, Korean, Post Korean, Vietnam Era, Post-Vietnam, Persian Gulf War, etc.

More...

- In some examples shown below, the system automatically assigns the HEC (Veteran) *Period of Service* based on the Veterans *Service Entry Dates* and *Service Separation Dates* and assigns (after clicking the ***Calculate POS*** button) the POS in the following order:
- Korean 6/27/1950 – 1/31/1955
- Merchant Marine 12//07/1941 – 8/15/1945
- Persian Gulf War On or after 8/2/1990

- Pre-Korean Peacetime before 6/27/1950
- Post Korean 2/1/1955 – 2/27/1961
- Post-Vietnam Era 5/8/75 – 8/1/1990
- Spanish American 4/21/1898 – 7/4/1902
- Vietnam Era 2/28/1961 – 5/7/1975
- World War II 12/7/1941 – 12/31/1946
- World War I 4/6/1917 – 11/11/1918
- If there are NO *Service Entry* and *Service Separation Dates*, the system uses the Site Service Entry and Separation Dates on file and assigns in accordance with the order of the assignments above. If there is NO Service Data on file, the system assigns **Other** or **None**.
- User may also manually select a POS.

★ *Indicates Required Field*

5.5 Financials

5.5.1 Financial Overview

This screen displays financial overview information for the beneficiary. The following summary categories are displayed.

Income Year:

Select an *Income Year* from the dropdown and then click the **View Data** button.

PRINT 1010EZ – Click this button to print the Veterans populated 10-10EZ form (Jul 2013) for the Income Year selected.

PRINT 1010EZR – Click this button to print the Veterans populated 10-10EZR form (Jul 2013) for the Income Year selected.

💡 **Note:** Clicking either **PRINT** button displays the form as a .pdf file in the browser window, at which time the user may elect to Print or Save the file.

DEPENDENTS FINANCIAL DETAILS VIEW CHANGES MADE THIS INCOME YEAR

Financial Assessment – Current Financial Assessment indicates the most recent financial information currently on file.

A new added informational field to this area for ES 4.1.0 is the *BT* (Beneficiary Travel) *Financial Indicator*.

- Dependents
- Financial Summary
- Financial Details
- GMT Address
- Hardship
- Income Verification

A new added informational field to this area for ESR 3.12 is the *IVM Conversion Date*.

- Co-Pay Exemption Test
- Means Test
- Thresholds
- Beneficiary Travel
- To display information for a collapsed category, click either the category name or the  .

The category will display any information and the red arrow will then point down,  . To collapse, simply click either the category name or the red arrow again.

5.5.2 Financial Assessment

While many beneficiaries qualify for cost-free healthcare services based on a compensable Service Connected condition or other qualifying factor, most beneficiaries are required to complete an annual Financial Assessment (FA) or Means Test (MT) to determine if they qualify for cost-free services. Beneficiaries whose household income and net worth exceed the established threshold as well as those who choose not to disclose their financial information must agree to pay the required copays to become eligible for VA healthcare services. Note that new beneficiaries who apply for enrollment after January 16, 2003 and who decline to provide income information are not eligible for enrollment. Veterans eligible for enrollment will receive their enrollment confirmation and priority group assignment; enrollees will also receive information regarding their copay requirements, if applicable.

Will the Veteran be charged copays?

Many Veterans qualify for cost-free health care and/or medications based on any one or more of the following:

- Catastrophically Disabled

- Receiving a Purple Heart Medal
- Former Prisoner of War Status
- Compensable Service Connected disabilities
- Pension, A&A or Housebound
- Low income
- Other qualifying factors including treatment related to their military service experience.

Some Veterans are not charged copays for health care or medications furnished for treatment of conditions related to their military service. This includes exposure to Agent Orange, Ionizing Radiation, **SW Asia Conditions** during the Gulf War, Project 112/SHAD, Nose and Throat Radium treatment, or Sexual Trauma while in the military, or care of combat-related conditions for 2 years following discharge from active duty.

Services Exempt from Inpatient and Outpatient Copays

The following services are exempt from inpatient and outpatient copays:

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for Military Sexual Trauma
- Compensation and pension examination requested by VBA
- Care that is part of a VA-approved research project
- Outpatient dental care
- Readjustment counseling and related mental health services for (PTSD)
- Emergency Treatment at other than VA facilities
- Care for cancer of head or neck caused from nose or throat radium treatments given while in the military
- Publicly announced VA public health initiatives, i.e. health fairs
- Flu shots and Immunizations
- Care related to service for Veterans who served in combat or against a hostile force during a period of hostilities after November 11, 1998

What should the beneficiary do if s/he can't afford to pay copays?

There are three options:

- Request a Waiver of Debt to "waive" existing copay debt when a Veterans projected income for the current year will be substantially reduced and affect their ability to pay

the debt. To request a waiver, the beneficiary must submit proof that they can't financially afford to make payments to VA. For more information, they should contact the Revenue or Billing office at the VA healthcare facility where they receive care.

- Request a Hardship Determination. If the beneficiary requests a hardship, they're asking VA to change their Priority Group assignment. Submission of their current financial information is required so that a determination can be made. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.
- Request an Offer in Compromise. An Offer in Compromise is an offer and acceptance of a partial payment in settlement and full satisfaction of the debt as it exists at the time the offer is made. Most compromise offers that are accepted must be for a lump sum payment payable in full 30 days from the date of acceptance of the offer. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.

Who is Subject to Provide a Financial Assessment (Means Test)?

Certain NSC and 0% non-compensable Service Connected Veterans are asked to report gross household income and net worth from the previous calendar year.

In determining the beneficiary's VA Health Care benefit, it is generally to their advantage to provide income information if their gross household income (less allowable deductions) is equal to or less than a certain amount. From the amounts the beneficiary reports on the Financial Worksheet, VA will calculate and inform them of their income-based benefits.

Current year income and net worth can be considered when there is a hardship.

💡 **Note:** If beneficiary declines to give their financial information, VA will:

- Place beneficiary in Priority Group 8, AND;
- Require they agree to pay the copay fees for Group 8 before treatment can be given.

Important: Beneficiaries with no special eligibility factors who are applying for enrollment after January 16, 2003 and report income, after the medical deductible, above the MT thresholds or decline to provide income information are placed in Priority Group (PG) 8 and are not eligible for enrollment or care of their non-service connected conditions.

5.5.2.1 Financial Details

This section allows the user to view a beneficiary's current and historical financial assessment information. The financial assessment includes applicable spouse and dependent information.

💡 **Note:** The rules for setting GMT Copay Required or Pending Adjudication were changed beginning with calendar year 2010. This General Counsel ruling affects the Priority Group assigned to the Veteran.

Effective calendar year 2010 for income Years 2009 and greater, the setting for GMT Copay Required or Pending Adjudication has changed for those Veterans who meet the Income and Net Worth ranges as described under the field “*Do you want to send this for Adjudication?*” below.

Veterans who have very low income where the GMT Threshold is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, will now be placed in Priority Group 7.

Edit Financial Details (Income Year **XXXX**)

★*Do you want to send this for Adjudication?:*

This displays only when after completing a current Means Test and the evaluation of total computed income, MT Threshold, GMT Thresholds, Net Worth and Net Worth Threshold determines the means test status could be one of three statuses:

When the GMT Threshold is greater than the MT Threshold and the user selects:

- Yes - MT Status will be set to Pending Adjudication.
- No - MT Status will be set to GMT Copay Required.

or

When the GMT Threshold is less than or equal to the MT Threshold and the user selects:

- Yes - MT Status will be set to Pending Adjudication.
- No - If Net Income is greater than the GMT Threshold, MT Status will be set to MT Copay Required.
- No - If Net Income is less than or equal to the GMT Threshold, MT Status will be set to GMT Copay Required.

★*Married Last Calendar Year:*

Was the beneficiary married during the Last Calendar Year?

Income Test (Add Income Test)

★*Test Effective Date:*

Effective date is the date the Income Test takes effect.

Rules...

- *Test Effective Date* must be a date in the past or today's date.
- Format: (mm/dd/yyyy)

★*Disclose Financial Income:*

Does the beneficiary choose to disclose Financial Information?

Agree to Pay Deductible:

Does the beneficiary choose to pay the deductible?

Rules...

- *Agree to Pay Deductible* is required when Disclose Financial Income is No.
- Beneficiary must answer Yes or No if the Veteran has a MT status of MT Copay Required or GMT Copay Required or Pending Adjudication.
- If the beneficiary chooses No, s/he is considered Ineligible.

Dependency Factors (spouse)

SSN:

Dependent's SSN is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on an SSN to expand additional Dependency Factor information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to patient (display only).

Gender:

The spouse's gender.

Date of Marriage:

Date of marriage is defined as the date the spouse became a dependent.

Rules...

- This date cannot be before the Veterans DOB or spouse's DOB.
- This date cannot be a future date.
- *Date of Marriage* must be before date of relationship termination.
- Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

- Yes
- *No* - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Rules...

- Format: (mm/dd/yyyy)

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

- Yes
- *No* - If **No** enter **Yes** or **No** if the beneficiary contributed to the Spouse's support during the previous calendar year.

Amount Contributed to Spousal Support:

If a dollar value exists, it will be presented as display only.

Contributed to Spousal Support (if the answer to Lived with Veteran Last Calendar Year is No):

- Yes
- No

Dependency Factors (child)

SSN:

Dependent's SSN is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on an SSN to expand additional Dependency Factor information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to beneficiary (display only).

Gender:

This is the gender of the dependent.

Dependent Effective Date:

Dependent Effective Date is defined as the date the child became a dependent.

Rules...

- Date must be on or after DOB.
- Date cannot be a future date.
- Imprecise dates are allowed.
- Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

- Yes
- *No* - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Resided with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

- Yes
- *No* - If **No** enter Yes or No if the beneficiary Contributed to Child Support during the previous calendar year.

Contributed to Child Support (if answer to Resided with Veteran Last Calendar Year is No)

- Yes
- No

Child has Income:

Enter in this field whether the child had earned or unearned income last calendar year. Income payable to another person as guardian or custodian of the child is considered to be the child's income.

Rules...

- If the Available *Income* indicator is answered **Yes** or **No** then the *Child has Income* indicator is required.

Available Income (if answer to Child Has Income is Yes):

Indicate whether the child's income and/or net worth was/were available to the beneficiary last calendar year.

More...

- The child's income and/or net worth are almost always determined to be available.
- A child's income and/or net worth may be excluded when the child is not in the beneficiary's custody and the beneficiary does not have direct access to the child's income or when the beneficiary has custody, but s/he can prove that the income is not available to him/her (e.g. a trust that the beneficiary doesn't have access to OR social security that's going to a separated spouse.)

Rules...

- If the *Available Income* indicator is answered **Yes** or **No** then the *Child Has Income* indicator is required.
- If the *Available Income* indicator is answered **Yes**, then the *Child Has Income* indicator cannot be answered **No** or left blank.

In School:

In School is defined as a dependent 18-23 years old who is a full-time student in school.

Incapable of Self Support:

Dependent child is Permanently and Totally disabled and *Incapable of Self-Support*.

More...

- Answer Yes if the child is over the age of 18 and became permanently and totally disabled and incapable of self-support before reaching the age of 18.
- Indicator is not a required field and can be a multiple (one per dependent). This is collected for dependent person type only.

Income (pre-Feb. 2005 format)

Employment:

Enter in this field the annual amount of Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

Exclude income from the beneficiary's farm, ranch, property or business.

US Civil Service:

Enter in this field any income derived from governmental civil service jobs held.

Interest/Dividend/Annuity:

Enter in this field all income derived from Interest, Dividends and Annuities held.

Unemployment:

Enter in this field all income derived from Unemployment Compensation.

Income - Retirement

Social Security:

Enter in this field all Social Security income.

Military Retirement:

Enter in this field all income derived from any *Military Retirement*.

Railroad Retirement:

Enter in this field any *Railroad Retirement* income.

Other Retirement:

Enter in this field any *Other Retirement* income not reportable in other categories.

Income - Workers Comp/Black Lung, Other

Workers Comp/ Black Lung:

Enter in this field any Workers' Compensation and/or Black Lung benefits received.

Other Income:

Enter in this field any Other Income not reportable in other categories; e.g. prizes and awards, punitive damages, deceased employee's wages paid to estate or beneficiary.

Exclude welfare.

Income (post-Feb. 2005 format)

Total Employment Income:

Enter in this field the annual amount of Total Gross Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

This data is shared with VistA.

Exclude income from the beneficiary's farm, ranch, property or business.

Total Employment Income must be 0 through 9999999.00.

Ranch, Farm, Property or Business:

Enter in this field the annual amount of income from the beneficiary's farm, ranch, property or business, minus operating expenses, received during the previous year.

Depreciation is not considered a deductible expense.

Ranch, Farm, Property or Business must be 0 through 9999999.00.

Other Income:

List *Other Income* amounts (Social Security, compensation, pension, interest, dividends. Exclude welfare).

Other Income must be 0 through 9999999.00

This data is shared with VistA.

More...

- Enter in this field the annual amount of other income Social Security received during the previous calendar year. This includes, but is not limited to, Social Security Retirement and/or Disability Income; compensation benefits such as VA disability, unemployment, retirement and pension income; interest; and dividends. Exclude welfare or need-based payments from a governmental agency, profit from occasional sale of property, reinvested interest on IRAs.

Expenses

Education Expenses:

Enter the total amount of college and vocational education expenses paid during the reporting year.

More...

- This would include tuition, books, fees, materials, etc.
- The beneficiary is not allowed to enter a Child's Education Expenses unless the child also had Employment Income information.

Rules...

- *Education Expenses* must be 0 through 9999999.00.

Non-reimbursable Medical Expenses:

Enter the total amount of unreimbursed medical expenses paid by the beneficiary during the previous calendar year.

More...

- The expenses can be for the beneficiary or for persons that the Veteran has a legal or moral obligation to support. The expenses must actually have been paid by the beneficiary.
- Reportable medical expenses include amounts paid for fees of physicians, dentists, and other providers of health services; hospital and nursing home fees; medical insurance premiums (including the Medicare premium); drugs and medicines; eyeglasses; any other expenses that are reasonably related to medical care.
- Do not list expenses which the beneficiary has paid if the beneficiary expects to receive reimbursement from insurance or some other source.
- By law, not all of the unreimbursed medical expenses paid by the beneficiary during the previous calendar year may be deducted from the total annual income. The total amount of the unreimbursed medical expenses entered in this field will be automatically adjusted based upon the beneficiary's maximum annual pension amount and number of dependents.

Rules...

Non-reimbursable Medical Expenses must be 0 through 9999999.00.

Adjusted Medical Expenses:

This is a calculated field based on the value entered for Gross Medical Expenses and the number of dependents active for the test.

Funeral/Burial Expenses:

Enter in this field amounts paid by the beneficiary during the previous calendar year for funeral or burial expenses of the beneficiary's deceased spouse or child or for pre-paid funeral or burial expenses of the beneficiary, spouse, or any dependent child.

More...

- Do not report amounts paid for funeral or burial expenses of other relatives such as parents, siblings, etc.

Assets

On the **Assets** panel, the following fields are now disabled as of the 5.13 release; September 2020:

- Cash and Bank Account Balance
- Land, Buildings Less Mortgage, and Liens
- Other Property of Assets

Disabling these fields prevents the supplemental adjudication question from being presented. The supplemental adjudication question is no longer required as part of the financial assessment process used to assign a Veteran's enrollment priority group, copay responsibilities and other benefits and should no longer be presented in any financial assessment scenario. The Enrollment System will hide the three fields when completing a new Income Test OR viewing a historical Income Test with no values (zero or no data). Existing records display read-only values (greater than zero only) in the three fields ("Cash and Bank Account Balance", "Land, Buildings Less Mortgage, and Liens", and "Other Property of Assets") if they are on file for historical Income Tests.

 **Note:** Enrollment System users can enter a single "Income Test" each year for a record. The financial information entered as part of the "Income Test" will be used to automatically create a "Means Test" and/or "RX Copay/Pharmacy Test" depending on the type of financial testing that the beneficiary is subject to.

- **Income Test:** Single test entered in the Enrollment System that is used to gather financial information.
- **Means Test:** If a beneficiary is subject to means testing, information from the income test is used to create a means test. The status of the means test determines if the beneficiary will be required to make copayments for treatment.
- **RX Copay/Pharmacy Test:** If a beneficiary is subject to RX Copay/Pharmacy testing, information from the income test is used to create a RX Copay/Pharmacy test. The status of the RX Copay/Pharmacy test determines if the beneficiary will be required to make copayments for prescription medications.
- **Long Term Care (LTC) Test:** If a beneficiary is subject to Long Term Care testing, a separate Long Term Care (LTC) test will be completed. The status of the Long Term Care test determines if the beneficiary will be required to make copayments for long term care services.

Means Test Pending Adjudication Status Changes

The Means Test calculation is being updated to assure multiple things: (1) that new Means Tests are not put in a "Pending Adjudication" status forever, (2) that the Veteran is not placed in a priority group he or she does not qualify for; and (3) that the Veteran does not incorrectly appear to be waiting for adjudication of his or her means test. The outcome of these changes is that a new Means Test will no longer be placed in a "Pending Adjudication" status.

Debts (pre-Feb. 2005 format)

\$

Here is where all debts are individually entered for the Veteran and Spouse only. Debt information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

Rules...

- *Debts* must be a dollar amount 0 to 9999999.00.
- *Debts* for a person cannot exceed the dollar amount in the asset type of Other Property or Assets amount for that same person.

★ ***Indicates Required Field***

5.5.2.2 Dependents

5.5.2.2.1 Dependents Overview

This screen lists the dependent overview of current dependents (both Active and Inactive) on file for the beneficiary. The dependents are listed by SSN, Name, Relationship and Status. Resorting may be done on any category by either clicking on the category name or on the ▼ or the ⇅ symbols. Click again to sort the opposite (ascending/descending) of the pervious sort.

FINANCIAL DETAILS VIEW HISTORICAL DEPENDENTS

SSN:

Displays dependent's Social Security Number. Click on an SSN link to edit the dependent information.

Name:

Displays dependent's name.

Relationship:

Displays dependent's relationship to the beneficiary.

Status:

Displays dependent's current status.

5.5.2.2.2 Add/Edit Dependent Spouse

(Edit) means that these additional fields are available in the Edit mode.

Prefix:

Dependent title is the title supplied for the dependent such as Ms., Mrs.

Rules...

- *Prefix* is free text and must be between 1 and 10 characters.
- *Dependent Title* is not a required field.

★**First Name:**

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

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

Last Name:

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

Rules...

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

Maiden Name:

Spouse' *Maiden Name* is defined as the spouse' family name prior to the marriage.
This data is shared with VistA.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Rules...

- SSN cannot be a Pseudo SSN.
- The following SSN can never be possible (according to SSA):23456789
- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- Middle two numbers cannot be 00.
- Last four numbers cannot be 0000.
- First three numbers cannot be 000.

Pseudo SSN:

Pseudo SSN is an SSN that may be generated in ES as 9 numbers. The "P" is removed by the system.

This data is shared with VistA.

💡 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal SSN was not given.

Three reasons for assigning a spouse Pseudo SSN are:

- Follow-up required
- Refused to provide information
 - No SSN assigned

This data is shared with VistA.

💡 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

★Gender:

Spouse gender is defined as the gender that best describes this individual's sex.

More...

- In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

★*Date of Birth:*

Spouse date of birth is the date the spouse was born.

Rules ...

- DOB must be before date of marriage.
- Can be imprecise.
- DOB cannot be a future date.
- DOB must be before date of relationship termination.
- Formats: 'm/dd/yyyy' or 'm/yyyy'

★*Date of Marriage:*

Date of Marriage is the date the spouse became a dependent.

Rules...

- This is the effective date for this spouse.
- This date cannot be before the Veterans DOB or spouse's DOB.
- This date cannot be a future date.
- *Date of Marriage* must be before date of relationship termination.

Date of Marriage cannot be after Date of Death.

Formats: 'm/dd/yyyy' 'm/yyyy' or 'yyyy'

Inactive Date:

This is the date the marriage was terminated.

Rules...

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

Address Line 1:

Address Line 1 is the number and street or post office box of the spouse's mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of the spouse's mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of the spouse's mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the *City* used for the spouse's address.

State:

Enter the *State* name associated with the spouse's address.

Last Changed:

System displays last date and time the spouse's address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

Contributed to Spousal Support:

Contributed to Spousal Support is not applicable when Lived with Veteran Last Calendar Year is Yes.

SSN Source of Change (Edit):

SSN Source of Change is an audit field to capture the source of the updated SSN. Choices are:

- Other
- VAMC
- Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

- In-Process
- Invalid per SSA
- New Record
- Resend to SSA
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

- If *Employment Status* is set to "retired" the ***Date of Retirement*** field may be edited.
- If *Employment Status* is changed to "Unknown" or "Not Employed" the following field values will be deleted:
 - Employer Name
 - Employer Address Group
 - Employer Phone

Date of Retirement

The acceptable choices are:

- ACTIVE MILITARY DUTY

- EMPLOYED FULL-TIME
- EMPLOYED PART-TIME
- NOT EMPLOYED
- RETIRED
- SELF EMPLOYED
- UNKNOWN

Employer Name:

This is a free text field of 1 – 30 characters which displays the spouse’s employer’s name.
Field is system filled.

Occupation:

This is a free text field of 1 – 30 characters which displays the spouse’s occupation.
Field is system filled.

Employer Address Line 1:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 1* is the number and street or post office box of a mailing address.
Field is system filled.

Employer Address Line 2:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 2* is the text supplemental to the number and street of a mailing address.
Field is system filled.

Employer Address Line 3:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 3* is the text supplemental to the number and street of a mailing address.
Field is system filled.

City:

This is a free text field of 1 – 30 characters which displays the employer’s city.
Field is system filled.

State:

This field displays the employer's state.
Field is system filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer's zip code.
Field is system filled.

Employer Phone Number:

This is a free text field of 3 – 30 characters which displays the spouse employer's phone number.
Field is system filled.

Date of Retirement:

This is the spouse's Retirement Date in standard date format.
Field is system filled unless *Employment Status* is equal to "retired" If the *Employment Status* is equal to "retired" this field can be edited.
If *Employment Status* is changed from "retired" to any other value, the *Date of Retirement* field will be deleted.

★ *Indicates Required Field*

5.5.2.2.3 Add Dependent Spouse (Add a Person)

This screen allows the user to add a dependent spouse for the person being registered.
When adding (registering) a new person, certain fields are now required, and others become editable as described and indicated below.

 **Note:** Adding a dependent spouse is not required to complete a registration.

Prefix:

Dependent title is the title supplied for the dependent such as Ms., Mrs.

Rules...

Prefix is free text and must be between 1 and 10 characters.

★*First Name:*

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

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

★*Last Name:*

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

Rules...

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

Maiden Name:

Spouse's *Maiden Name* is defined as the spouse's family name prior to the marriage.

This data is shared with VistA.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Spouse SSN is a required field if a Pseudo SSN Reason is not supplied.

Pseudo SSN:

Pseudo SSN is an SSN that may be generated in ES as 9 numbers. The “P” is removed by the system.

This data is shared with VistA.

 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal SSN was not given.

Three reasons for assigning a spouse Pseudo SSN are:

-  Follow-up required
-  Refused to provide information
-  Pseudo SSN Reason is required if no SSN is assigned.

This data is shared with VistA.

 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

★*Gender:*

Spouse gender is defined as the gender that best describes this individual's sex.

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

★*Date of Birth:*

Spouse date of birth is the date the spouse was born.

Rules ...

-  DOB must be before date of marriage.
-  DOB can be imprecise.
-  DOB cannot be a future date.
-  DOB must be before date of relationship termination.
-  Formats: 'm/dd/yyyy' or 'm/yyyy'

★*Date of Marriage:*

Date of Marriage is the date the spouse became a dependent.

Rules...

- This is the effective date for this spouse.
- This date cannot be before the Veterans DOB or spouse' DOB.
- This date cannot be a future date.
- Date of Marriage must be before date of relationship termination.
- Date of Marriage cannot be after Date of Death.
- Formats: 'm/dd/yyyy' 'm/yyyy' or 'yyyy'

Inactive Date:

This is the date the marriage was terminated.

Rules...

- Inactive Date must occur after Date of Marriage.

Address Line 1:

Address Line 1 is the number and street or post office box of the spouse's mailing address.

Address Line 2:

Address Line 2 is the text supplemental to the number and street of the spouse's mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of the spouse's mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the *City* used for the spouse's address.

State:

Enter the *State* name associated with the spouse's address.

Last Changed:

System displays last date and time the spouse's address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

Contributed to Spousal Support:

Contributed to Spousal Support is not applicable when Lived with Veteran Last Calendar Year is Yes.

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

If *Employment Status* is set to "retired" the *Date of Retirement* field may be edited.

If *Employment Status* is changed to "Unknown" or "Not Employed" the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone
- Date of Retirement

More...

- The acceptable choices are:
 - ACTIVE MILITARY DUTY
 - EMPLOYED FULL-TIME
 - EMPLOYED PART-TIME
 - NOT EMPLOYED
 - RETIRED
 - SELF EMPLOYED
 - UNKNOWN

Employer Name:

The spouse's employer's name is a free text field of 1 – 30 characters.

Occupation:

The spouse's occupation is a free text field of 1 – 30 characters.

Country:

From the dropdown, select the spouse employer's country.

Address Line 1:

The employer's address is a free text field of 1 – 30 characters. *Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

The employer's address is a free text field of 1 – 30 characters. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer's address is a free text field of 1 – 30 characters. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

City:

The employer's city is a free text field of 1 – 30 characters.

State/Province:

State: Enter the full state name associated with the employer's address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

County/Postal Code:

County: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Employer Phone Number:

The spouse employer's phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the spouse's Retirement Date in standard date format.

If the *Employment Status* is equal to "retired" this field can be edited.

If *Employment Status* is changed from "retired" to any other value, the *Date of Retirement* field will be deleted.

★ ***Indicates Required Field***

5.5.2.2.4 Add/Edit Child (Dependent)

(Edit) means that these additional fields are available in the Edit mode.

★*Dependent Effective Date:*

Dependent Effective Date is defined as the date the child became a Dependent.

Rules...

- Date must be on or after DOB.
- Date cannot be a future date.

- Imprecise dates are allowed.

Inactive Date:

The Inactive Date is the date the child (dependent) is no longer considered a valid dependent.

Rules...

- *Inactive Date* must be after child's DOB and equal to or prior to the DOD. Examples may include the child reaching the age limit, dying, etc.

Prefix:

Dependent title is the title supplied for the dependent such as Mr., Ms.

★*First Name:*

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

Rules...

- *First Name* must be between 1 and 25 characters.
- Apostrophes and hyphens are the only punctuation that can be used.

Middle Name:

Enter the full middle name, when available. Leave *Middle Name* blank if one does not exist; do not use NMI or NMN.

★*Last Name:*

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

Rules...

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

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- If entering a Suffix, (such as JR, SR, III) no punctuation must be used.
- Suffix must be between 1 and 10 characters.

SSN:

Dependent Child's SSN is defined as the Social Security Number given to that child by the Social Security Administration. The acceptable format is 9 numeric characters.

Rules...

- SSN cannot be a *Pseudo SSN*.
- Dependent Child's SSN is a required field and cannot be a multiple (one per dependent) unless a Pseudo SSN Reason is provided.
- If beneficiary has multiple dependents the SSNs cannot be the same.

Pseudo SSN:

Pseudo SSN is an SSN that may be generated in ES as 9 numbers. The """" is removed by the system.

This data is shared with VistA.

 **Note:** If a dependent child has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Rules...

- Pseudo SSN is not required if SSN is supplied.
- Pseudo SSN Reason:
 - *Pseudo SSN Reason* is defined as the reason a legal SSN was not given.
 - Three reasons for assigning a dependent Pseudo SSN are:
 - Follow-up required
 - Refused to provide information
 - No SSN assigned

This data is shared with VistA.

 **Note:** If a dependent child has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

★Relationship:

Dependent child's relationship to beneficiary is defined as the child's relationship to the beneficiary. The acceptable choices are:

-  Son
-  Daughter
-  Stepson
-  Stepdaughter

Rules...

-  Dependent child's *Relationship* to beneficiary is a required field and can be a multiple (one per dependent).
-  If *Relationship* = son or stepson, gender can only be male.
-  If *Relationship* = daughter or stepdaughter, gender can only be female.

★Date of Birth:

Dependent child's Date of Birth is the date this child was born.

Rules...

-  Date cannot be a future date.
-  Format: (mm/dd/yyyy)

SSN Source of Change (Edit):

SSN Source of Change is an audit field to capture the source of the updated SSN. Choices are:

-  Other
-  VAMC
-  Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

-  In-Process

- Invalid per SSA
- New Record
- Resend to SSA
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Resided with Veteran Last Calendar Year:

Acceptable responses are:

- Yes
- No
- *Resided with Veteran Last Calendar Year* is defined as a dependent who lived with the beneficiary for the last calendar year.

Contributed to Child Support:

Acceptable responses are:

- Yes
- No
- If dependent did not live with beneficiary last calendar year and the beneficiary contributed to the child's support, answer **Yes**. Otherwise, answer **No**.

This data is shared with VistA.

Rules...

- Contributed to Child Support Indicator can only be set to **Yes** if the Resided with Veteran Last Calendar Year indicator is **No**.

Child has Income:

Enter in this field whether the child had earned or unearned income and/or net worth last calendar year.

This data is shared with VistA.

More...

- Income payable to another person as guardian or custodian of the child is considered to be the child's income.

Available Income:

Was dependent child's income available to the beneficiary?

This data is shared with VistA.

Rules...

- *Available Income* indicator can only be answered if the *Child Has Income* indicator is set to **Yes**.

In School:

In School is defined as a dependent 18-23 years old who is a full-time student in school.

This data is shared with VistA.

Incapable of Self Support

Dependent Child that is permanently incapable of self-support.

This indicates that the child is over the age of 18 and became permanently incapable of self-support before reaching the age of 18.

This data is shared with VistA.

★ ***Indicates Required Field***

5.5.2.3 Hardship

Financial hardships are entered into the Enrollment System so Veterans will be placed in the appropriate enrollment priority and VHAP. Users with appropriate capabilities can review, enter, edit or delete a financial hardship on an enrolled or rejected Veteran record that has a financial assessment status of “GMT Copay Required” or “Means Test (MT) Copay Required” using the following **Hardship** screens:

- **Hardship Overview**
- **Edit Hardship**

5.5.2.3.1 Hardship

Enrollment System users can view an overview of the hardship including the reason, effective date, site granting the hardship, and the review date on the **Person Search** → **Financials** screen.



Hardship		VIEW HARDSHIP DETAILS	
Hardship Reason:	Slip and Fall	Site Granting Hardship:	987
Effective Date:	03/21/2019	Review Date:	03/21/2019
Income Verification			

Figure 132: Hardship

Hardship Reason:

The reason for the hardship requests, dropdown list in the Enrollment System and free text in VistA.

Hardship Effective Date:

Date that the hardship becomes effective.

- Allows entry of the Hardship Effective Date (Date).
- Cannot be a future date.
- Cannot be prior to the current Means Test Effective Date.
- Defaults to the current date but can still be edited.

Site Granting Hardship:

The original site where the hardship is granted (if granted in the Enrollment System, the user's site from their profile is used).

Defaults to the granting user's site number from their Enrollment System user profile. Format: "987" or "987-A4".

 **Note:** The Health Eligibility Center (HEC) does not grant hardships, but if someone assigned to the HEC did grant a hardship, it will display as site "742" (HEALTH ELIGIBILITY CENTER).

Review Date:

Date that the hardship is scheduled to be reviewed by a user.

Defaults to November 1st of the current year.

5.5.2.3.2 Hardship Overview

 **Notes:**

- In order to edit/remove a financial hardship, the user will need to enter a new means test on the **Financial Details** screen.
- Users with appropriate capabilities can edit a financial hardship on an enrolled and rejected record that has a financial assessment status of “GMT Copay Required” or “Means Test (MT) Copay Required”.

- Users will need the following hardship capabilities:
 - Add Hardship
 - Expire Hardship
 - Edit Hardship
 - Delete Hardship

- Users must be assigned the "Add Hardship" capability to see the Grant Hardship button.

Hardship Overview Screen

Current Means Test Status

Displays current means test status from the income test.

Income Year

Displays current means test income year.

Effective Date

Displays the effective date of the financial hardship.

Means Test Date

Displays current means test date.

Agree to Pay Deductible

Displays selected means test “Agree to Pay Deductible” answer.

Means Test (MT) Threshold

Displays the means test threshold for the income year of the current income test.

Geographic Means Test (GMT) Threshold

Displays the geographic means test threshold for the income year of the selected income test.

Hardship?

Displays as “Yes” when there is a current hardship, blank if no current hardship.

 **Note:** If a current hardship exists, hardship details display. If there is no current hardship, details do NOT display.

Hardship Effective Date

Displays the Hardship Effective Date when there is a current hardship. The field is blank if there is no current hardship.

Review Date

Displays the Hardship Review Date when there is a current hardship. The field is blank if there is no current hardship.

Site Granting Hardship

Displays the Site Granting Hardship when there is a current hardship. The field is blank if there is no current hardship.

Approved by

Displays the Lastname, Firstname of the user who approved the hardship if the current hardship was entered in the Enrollment System. Displays the site number that granted the hardship if the current hardship was entered at a VistA site.

 **Note:** The Lastname, Firstname of the user who approved the hardship is retained at the granting VistA site.

The field is blank if there is no current hardship.

Hardship Reason

Displays the Hardship Reason when there is a current hardship. The field is blank if there is no current hardship.

Notes:

-  Comments will still display for existing and new VistA entered hardships.
-  The hardship reason is deleted (but remains in history) when the entire hardship is deleted, but the comment does remain and is not deleted.

Comments

Displays hardship comments when there is a current hardship. The field is blank if there is no current hardship.

 **Note:** Free text comments can be displayed from existing and new VistA entered hardships.

View Historical Hardships hyperlink

The hyperlink **View Historical Hardship** displays in the top right corner of the **Hardship Overview** screen. When the **View Historical Hardship** link is clicked, the **Hardship Change History** screen displays. The **Hardship Change History** screen displays all fields from the **Edit Hardship Details** screen including *reason for hardship deletion, old values, new values, change date/time* and *last updated by* user name or site number. **RETURN TO HARSHIP** hyperlink takes the user back to the **Hardship Overview** screen.

Cancel button

Clicking the **Cancel** button returns the user to the **Person Search** → **Financials** screen and does not commit any data to the system.

Grant Hardship button

Clicking the **Grant Hardship** button allows the user to add a hardship to a record.

Granting a Financial Hardship

When the user clicks the **Grant Hardship** button and the current means test status is “Pending Adjudication”, the Enrollment System validates if the current means test status of the record is “MT Copay Required” or “GMT Copay Required”. If the means test is not either status, the following error message displays:

Error Message: Income test status must be MT Copay Required or GMT Copay Required to grant a hardship.

When a hardship is granted, the system defaults the “Hardship Review Date” to be 60 days prior to the hardship expiration date. If there are less than or equal to 60 days until the expiration date, the “Hardship Review Date” sets to the current date.

-  The system will not display the **Grant Hardship** button when an existing financial hardship has expired.

- The system will update to display the **Hardship Granted** field on the **Financials** screen as blank when the means test status is "No Longer Required".
- The system will update to **not** display the **Hardship** dropdown section on the **Financials** screen when the means test status is "No Longer Required".

Clicking the **Grant Hardship** button determines the following:

If	Then
The enrollment status is not "Verified" or "Rejected; Below Enrollment Group Threshold"	The following error message displays: <i>Error Message: Enrollment status must be verified or rejected; below enrollment group threshold to grant a hardship.</i>
The current means test is not for the most recent income year	The following error message displays: <i>Error Message: Income test must be from the most recent income year to grant a hardship.</i>
The current means test status of the record is not "MT Copay Required", "GMT Copay Required", or "Pending Adjudication"	The following error message displays: <i>Error Message: Income test status must be MT Copay Required, GMT Copay Required, or Pending Adjudication to grant a hardship.</i>
No site number linked to the user's profile	The following error message displays: <i>Error Message: Your ES user profile is not linked to a site. Please contact your ES administrator to link your profile to a site and add hardships.</i>

When all validations are met, the user is automatically taken back to the Edit Hardship Details screen

Edit Hardship button

Edit Hardship remains hidden until the **Hardship** field status is "Yes". The system will also not display the **Edit Hardship** button when an existing financial hardship has expired.

 **Note:** In order to edit/remove a financial hardship, the user will need to enter a new means test on the **Financial Details** screen.

Clicking the **Edit Hardship** button takes the user to the **Edit Hardship Details** screen for the current hardship. The existing hardship is only editable if the VistA site from the user’s profile **MATCHES** the site of the existing hardship.

The Enrollment System determines the following:

If	Then
The site granting hardship is greater than three digits AND the fourth character is “A”	The site number from the user's profile must match exactly
The site granting hardship is greater than or equal to three digits AND the fourth character is NOT “A”	The first three digits of the user's profile must match the first three digits of the site granting hardship
The user’s assigned site does NOT match the site granting hardship	The following error message displays: <i>Error Message: Only users assigned to the site granting hardship can edit the current hardship.</i>
The user’s assigned site does match the site granting hardship	The following fields are editable: Means Test Status Hardship Effective Date Hardship Review Date Hardship Reason Comments All changes are saved on the Hardship Change History screen.
The income year is NOT the current year minus one	The following error message displays: <i>Error Message: Only hardships from the current income year may be edited.</i> Example: During 2019, only hardships from income year 2018 can be edited
The record is NOT subject to means testing and current means test status is NOT GMT Copay Required or MT Copay Exempt	The following error message displays: <i>Error Message: Edit hardship may not be selected at this point.</i>

If	Then
All conditions are met	<p>The Enrollment System saves the updates, directs the user to the Hardship Overview screen, and displays the following message:</p> <p><i>Success Message: Hardship successfully updated.</i></p>

Note: The Delete and Edit Hardship buttons appear after the hardship has been granted.

Delete Hardship button

Clicking the **Delete Hardship** button displays a free text field with the title: “Reason for Hardship Deletion”, along with an **Accept Changes** and **Cancel** button. The required **Reason for Hardship Deletion** field has a 200-character limit and a minimum of five characters that must be entered into the text field. When the user clicks the **Accept Changes** button after clicking the **Delete Hardship** button, the Enrollment System determines the following:

If	Then
The reason for hardship deletion is NOT at least five characters	<p>The following error message displays:</p> <p><i>Error Message: Reason for hardship deletion is required and must be at least 5 characters.</i></p>
The reason for hardship deletion is greater than 200 characters,	<p>The following error message displays:</p> <p><i>Error Message: Reason for hardship deletion cannot be more than 200 characters.</i></p>
The reason for hardship deletion is at least five characters and is NOT greater than 200 characters	<ol style="list-style-type: none"> a. The current hardship details are moved to Hardship Change History. b. The means test status without the hardship is recalculated. c. The appropriate enrollment status, priority group, and VHAP(s) based on eligibility, enrollment, and profile rules are calculated. d. The following message displays:

If	Then
	<p><i>Success Message: Hardship successfully deleted</i></p>
<p>The income year is NOT the current year minus one</p>	<p>The following error message displays:</p> <p><i>Error Message: Only hardships from the current income year may be deleted.</i></p> <p>Example: During 2019, only hardships from income year 2018 can be edited</p>
<p>The user’s assigned site in the Enrollment System does NOT match the site granting hardship</p>	<p>The following error message displays:</p> <p><i>Error Message: Only users assigned to the site granting hardship can edit the current hardship.</i></p>
<p>Hardship is deleted when there is an associated income test and if there is a current hardship</p>	<p>The Add Income Test button disables, and the Married Last Calendar Year, Disclose Financial Income, and Agree to Pay Deductible radio buttons disable when a hardship is re-entered on the Edit Financial Details screen.</p>

Expire Hardship button:

The **Expire Hardship** button remains hidden until the **Hardship Granted** status is “Yes”. The system will also not display the **Expire Hardship** button when an existing financial hardship has expired.

Clicking the Expire Hardship button displays the following fields:

- a. Hardship Expiration Date field (required).
- b. Hardship Review Date, which updates to the “Hardship Expiration Date” entered. The Hardship Review Date field displays on the Financials Overview screen on the Hardship panel.
- c. Comments field (required).
 - i. The Comments field is a free text field. Comments can be greater than or equal to five characters and less than or equal to 200 characters.

- ii. Existing comments display below the text field but are not editable.

- d. Reason for Hardship Expiration dropdown field (required).
 - i. Menu options for the “Reason for Hardship Expiration” dropdown include:
 1. Registration Error
 1. Fraudulent Entry
 2. Veteran Request
 3. Entered in Error
 4. Other

 - ii. The “Reason for Hardship Expiration” is stored in the Hardship History and will NOT be sent to VistA.

Expiring a Financial Hardship

The Enrollment System automatically expires financial hardships at the end of each financial hardship granting year (12/31).

The user can view the following expired financial hardship information:

- The date a hardship will expire
- The date a hardship has expired
- The update message sent to VistA after the financial hardship expires

The system no longer allows the deletion of financial hardships; they will only expire. Financial Hardships can either be automatically or manually expired.

Manually Expiring a Hardship

When an Enrollment System user manually expires an active financial hardship after clicking the **Expire Hardship** button on the **Hardship Overview** screen.

- 💡 **Note:** Only users with the “Expire Hardship” capability can click the Expire Hardship button on the Hardship Overview screen. The Expire Hardship button is disabled for users who do not have the “Expire Hardship” capability.

After the user manually expires the financial hardship, the following validations are checked:

If	Then
There is no site number linked to the user's Enrollment System profile	<p>The system displays the following error message:</p> <p><i>Error Message: Your ES user profile is not linked to a site. Please contact your ES administrator to link your profile to a site.</i></p>
The user's site number does not match the site granting hardship	<p>The system displays the following error message:</p> <p><i>Error Message: Your site number does not match the site granting hardship.</i></p>

After the expire hardship validations are checked, the user clicks the **Accept Changes** button. After the user accepts the changes, the following validations are checked:

If	Then
The Hardship Expiration Date is a future date or prior to the hardship effective date	<p>The following error message displays:</p> <p><i>Error Message: Hardship expiration date cannot be a future date or prior to the hardship effective date.</i></p>
The Comments field is NOT at least 5 characters	<p>The following error message displays:</p> <p><i>Error Message: Comment is required and must be at least 5 characters.</i></p>
The Comments field is greater than 200 characters	<p>The following error message displays:</p> <p><i>Error Message: Comment cannot be more than 200 characters.</i></p>
Any required field is NOT completed	<p>The following error message displays:</p> <p><i>Error Message: Required field(s) must be completed prior to saving a hardship.</i></p>

Once the changes are validated, the system saves the updates, takes the user to the Hardship Overview screen, and displays the following message:

Success Message: Hardship successfully expired.

Once successful:

- i. The Hardship Granted field sets to: “EXP”.
- ii. The Hardship Expiration Date sets to the expiration date entered.
- iii. The Hardship Review Date sets to the current date.
- iv. The Reason for Hardship Expiration sets to the reason selected.

The Enrollment System sends a Z10 message to each correlated VistA site when any update to the hardship expiration date occurs. When the hardship is granted in Vista, the Enrollment System then receives a Z07 message from VistA containing the hardship expiration date.

On January 1st of each year, the Enrollment System runs a batch process to expire all hardships with a past hardship expiration date.

- a. The Hardship Granted field sets to: “EXP”.
- b. The Hardship Expiration Date (12/31/XX) remains the existing date.
- c. The Hardship Review Date (11/01/XX) remains the existing date.
- d. The Reason for Hardship Expiration sets to “End of Year Hardship Expiration”

 **Note:** This is an automatically applied reason and is not available for the user to assign manually in the dropdown

When hardships expire, the Enrollment System:

- a. Defaults the “Agree to Pay Deductible” answer to “Yes” if “Agree to Pay Deductible” is blank or if the hardship expires. A hardship cannot be granted in the Enrollment System when “Agree to Pay Deductible” is “No”.
- b. Recalculates the means test status based on current income information.
- c. Recalculates the enrollment and eligibility status based on the updated means test.
- d. Recalculates the VHA Profile (VHAP).

5.5.2.3.3 Edit Hardship Details

 **Note:** Users with appropriate capabilities can edit a financial hardship on an enrolled and rejected record that has a financial assessment status of “GMT Copay Required” or “Means Test (MT) Copay Required”.

Current Means Test Status

Displays current means test status.

Income Year

Displays current means test income year.

Means Test Date

Displays the current means test effective date.

Agree to Pay Deductible

Displays current means test “Agree to Pay Deductible” answer.

Means Test Status dropdown

If	Then
The current means test status is “MT Copay Required” or “Pending Adjudication”	The following options are included in the dropdown: <ul style="list-style-type: none">• MT Copay Exempt• GMT Copay Required
The current means test status is GMT Copay Required	The following option is included in the dropdown: <ul style="list-style-type: none">• MT Copay Exempt

Hardship Effective Date

- a. Allows entry of the Hardship Effective Date (Date).
- b. Cannot be a future date.
- c. Cannot be prior to the current Means Test Effective Date.
- d. Defaults to the current date but can still be edited.

Review Date

Defaults to December 31st of the current year.

Site Granting Hardship

Defaults to the granting user’s site number from their Enrollment System user profile.
Format: “987” or “987 A4”.

Approved by

Defaults to the granting user’s Last Name, First Name.

Hardship Reason dropdown

Displays a dropdown list with the following options:

- The loss of employment
- Bankruptcy with direct impact on attributable household income, or Reduction of attributable household income
- Extraordinary personal debts
- Paid out-of-pocket medical expenses
- Serious illness to Veteran or family member to include those that they have a “moral responsibility to assist”
- Increased number of dependents
- Moved to a higher cost of living area

Comments dropdown

Displays a dropdown list with the following options:

Documentation is scanned in and stored with the patient’s medical record.

Cancel button

Clicking the **Cancel** button returns the user to the **Edit Hardship Details** screen and does not commit any data to the system.

Accept Changes button

When clicking the **Accept Changes** button, the following conditions are checked:

If	Then
No site number is linked to the user’s profile	The following error message displays: <i>Error Message: Your ES user profile is not linked to a site. Please contact your ES</i>

If	Then
	<i>administrator to link your profile to a site and add hardships.</i>
The Hardship Effective Date is a future date or prior to the current means test effective date	<p>The following error message displays:</p> <p><i>Error Message: Hardship effective date cannot be a future date or prior to the current means test effective date.</i></p>
All conditions are met	<p>The Enrollment System saves the updates, directs the user to the Hardship Overview screen, and displays the following message:</p> <p><i>Success Message: Hardship successfully updated.</i></p> <p>When updates are made to hardship, such as “successful entry” or “expiration”, the Enrollment System sends an updated Z10 message to all VistA sites the hardship is associated with.</p> <p>Note: The Reason for Hardship Deletion field will NOT be sent to VistA but will be stored in the Hardship Change History screen.</p>

The screenshot displays the 'Edit Hardship Details' screen. At the top, there is a navigation bar with tabs for Overview, Eligibility, Demographics, Military Service, Financials, Enrollment, Facility, and Communications. Below this, the main content area is titled 'Edit Hardship Details' and includes a 'VIEW HISTORICAL HARDSHIPS' link. The form contains the following fields and values:

- Current Means Test Status: MT Copay Required
- Income Year: 2018
- Means Test Date: 4/15/2019
- Agreed to Pay Deductible: YES
- * Means Test Status: MT Copay Exempt (dropdown menu)
- * Hardship Effective Date: 5/2/2019 (m m/dd/yyyy)
- Review Date: 12/31/2019
- Site Granting Hardship: 987
- Approved By: UserLastName, UserFirstName
- * Hardship Reason: The Loss of Employment (dropdown menu)
- * Comments: Documentation is scanned in and stored with the patient's medical record (dropdown menu)

At the bottom of the form, there are two buttons: 'CANCEL' and 'Accept Change'.

Figure 133: Edit Hardship Details Screen

5.5.3 Adjudication (Income Year XXXX)

Many factors are used to determine whether a Means Test (MT) should be placed in a **Pending Adjudication** status including:

- Total Income vs. the MT and GMT Thresholds,
 - Total Income plus Net Worth vs. Net Worth Thresholds, and
 - Income from Farm/Ranch/Property or Business
- 💡 **Note:** A ruling was made by the General Counsel, effective for calendar year 2010 for Income Years 2009 and greater. The setting for GMT Copay Required or Pending Adjudication was changed for those Veterans who have very low income where the GMTT is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold. These Veterans will now be placed in Priority Group 7. When adjudicating the case, these factors, along with others (such as the age of the patient and how long their assets are expected to last at their current income level) are used to help determine the *Means Test Status* for the patient.

The *Means Test Status* must be equal to **Pending Adjudication** in order to perform this action.

Adjudication (Income Year XXXX)

Means Test Threshold:

This is the current *Means Test Threshold* for the current income year (Display Only).

GMT Threshold:

This is the *Geographic Means Test Threshold* for the current income year for the area of the country in which the patient was living at the time the *MT* was completed (Display Only).

★ **Means Test Status:**

When the *GMT Threshold* is greater than the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

GMT Copay Required

MT Copay Exempt

When the *GMT Threshold* is less than or equal to the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

- 🌟 MT Copay Required
- 🌟 MT Copay Exempt

★ **Indicates Required Field**

5.6 Enrollment

Enrollment data includes the fields used to determine when an individual has applied for enrollment into the VA Health Care System, among these are the beneficiary's Enrollment Priority and Enrollment Status.

Overview Eligibility Demographics Military Service Financials **Enrollment** Facility Communications

Current Enrollment [VIEW HISTORICAL ENROLLMENT](#)

Required fields are indicated with an asterisk/star *

Enrollment Category:	Not Enrolled	Enrollment Date:	
Enrollment Status:	Deceased	Enrollment Effective Date:	06/16/2017
Enrollment Priority:	Group 1	Enrollment End Date:	01/19/2017
Preferred Facility:	CHEYENNE VA MEDICAL	Source of Enrollment:	VAMC
Facility Received:	MANCHESTER VAMC	EGT Type at Time of Enrollment:	Enrollment Decision
EGT Priority at Time of Enrollment:	Group 8d	Initial Enrollment Priority:	Group 7c

[View Prior Enrollments](#)

Cancel/Decline/Override Enrollment

Enrollment Application Date: 04/11/2013 (mm/dd/yyyy)

Canceled/Declined Indicator: Yes No No Data

Enrollment Override: Yes No

UPDATE **CANCEL**

Online Application

View Most Recent 1010EZ Online Application: **VIEW**

Figure 134: Enrollment

VIEW HISTORICAL ENROLLMENT

5.6.1 Current Enrollment

This displays the summary of the beneficiary's current enrollment status.

If the Enrollment and Eligibility exclusion conditions are not met, the system automatically sets the Enrollment Status to 'Closed Application.' The system automatically sends a final letter when Enrollment status is updated to 'Closed Application':

If the most recent Enrollment status was 'Pending: Eligibility status is Unverified,' then trigger the 742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights.

If the most recent Enrollment status is 'Pending: Means Test Required' then send 742-652 Notification of Closed Application- Financial Disclosure with Appeal Rights

Users cannot update the application status to 'Closed Application'.

Below are the statuses associated with the Enrollment process:

Enrollment Statuses

Status	Enrollment Category	Definition	Action Required
Registration Only	Not Enrolled	Assigned when a Veteran wishes to not enroll or if a non-Veteran shows up in person to a VHA.	<p>If the Veteran elects to NOT enroll, (and in the case of non-Veterans who cannot enroll), then action is NOT required.</p> <p>If the Veteran chooses to enroll after making a decision to not enroll, they must contact a VA to apply for enrollment.</p>
Unverified	In Process	Assigned by VistA when the Veterans preliminary priority is above the EGT setting or when VistA is unable to calculate a preliminary priority based on eligibility factors.	None
Verified	Enrolled	HECMS assigns this status to enrollment records that are in a priority that the Secretary of VA has determined may be enrolled. This status indicates the Veteran is enrolled and eligible for VA medical benefits	None

Status	Enrollment Category	Definition	Action Required
Deceased	Not Enrolled	Assigned by VistA or HEC when a Date of Death is entered in the Veterans record.	None
Cancelled/Declined	Not Enrolled	Assigned when a HEC user has received a Veterans written request to cancel/decline enrollment and has entered the request into HECMS.	None
Rejected, ; Below Enrollment Group Threshold	Not Enrolled	This status is assigned to VistA when the Veterans preliminary enrollment priority is one that the Secretary has determined may not be enrolled (enrollment priority is below the EGT)	None
Rejected; Initial Application from VAMC	Not Enrolled	This status is assigned initially for records sent from a VistA site.	This is a temporary status in ES when ES first receives an application from VistA.
Pending, No eligibility code	In Process	This status is assigned by HECMS when the patient's record does not contain enough information to calculate a primary eligibility code.	None
Pending, means test required	In Process	This status is assigned by HECMS when a non-compensable 0% SC or NSC Veteran without special eligibility does not have a current means test on file.	The enrollment status will be updated when the requirements for a current means test is met.
Pending, Eligibility status is unverified	In Process	HECMS assigns this status when the Veterans records do not contain verified eligibility information	If the eligibility verification status is blank or Pending, medical facility staff must verify the Veterans eligibility. If the Veteran is other than NSC or 0% SC, sites must provide the source documentation to HEC for manual processing
Pending, Other	In Process	HECMS assigns this status when there is insufficient information to complete processing of the enrollment record.	HEC staff will review and resolve the issues preventing completion of the enrollment process.
Not eligible, refused to pay copay	Not Enrolled	Assigned by VistA or HEC when a compensable 0% SC Veteran without special eligibility has refused to pay VA copays for health care.	None
Not eligible, ineligible date	Not Enrolled	Assigned to HECMS when an ineligible Date is entered in patient's record.	None

Status	Enrollment Category	Definition	Action Required
Closed application	Not Enrolled	Status assigned when application is pending verification for which additional information requested is not received within 366 days, so that no further actions are taken on the abandoned application.	None

View Historical Enrollment

Enrollment Change History lets you select specific change events. Click the dropdown and select from the list. The Historical Change Details display the Enrollment Change History for this beneficiary with "Old" and "New" values for the selected date and time.

5.6.2 View Prior Enrollments

The View Prior Enrollments section displays enrollment information for the previous period of enrollment and the initial period of enrollment and ES will exclude the application from the 365-day letter process. This section displays all of the fields that appear in the Enrollment section but are divided into two columns: **Initial Enrollment Period** and **Most Recent Enrollment Period**.

5.6.3 Cancel/Decline/Override Enrollment (includes Add a Person)

Enrollment data includes the enrollment information for the registrant in the VA Health Care System. This displays the summary of the registrant's current enrollment status.

When adding (registering) a new person, additional fields display. Some are required, and others become editable as described and indicated below.

★ *Enrollment Application Date:*

The *Enrollment Application Date* is the date of the application for enrollment.

 **Note:** The *Enrollment Application Date* is required when Adding a Person (registration).
More...

-  For registrants who mail their VA Form 10-10EZ to a VA Health Care facility for processing, the date of the postmark is to be entered into VistA as the *Enrollment Application Date*.
-  For registrants who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the *Enrollment Application Date*.

- For beneficiaries who apply for enrollment in person, the date of the registrant's presence at the facility for the purpose of enrolling is to be entered into VistA as the *Enrollment Application Date*.

Rules...

- Enrollment Application Date cannot be a future date.
- Enrollment Application Date requires a precise date.
- Enrollment Application Date cannot be after the Date of Death.
- Enrollment Application Date cannot be prior to the Date of Birth.
- Enrollment Application Date cannot be prior to 10/01/1996.

Manage Enrollment Application Date

The Enrollment System validates the Enrollment Application Date field as follows:

- When a user changes the Cancelled/Declined or Closed Application Indicator from 'Yes' to 'No', the following actions should occur:
 - The Enrollment Application Date field is set to 'NULL'.
 - The Enrollment Application Date becomes a required field.
 - The system displays a blue asterisk (*) indicating that the field is required.
- If the user clicks 'Update' after changing the Cancelled/Declined indicator to 'No' and the Enrollment Application Date is set to 'NULL', the system displays the following error message:
Enrollment Application Date is required when the Canceled/Declined Indicator is set to No.
- If the user clicks 'Update' after changing the Closed Application indicator to 'No' and the Enrollment Application Date is set to 'NULL', the system displays the following error message:
Enrollment Application Date is required when the Closed Application Indicator is set to No.

Rules...

- The new Enrollment Application Date must be greater than (after) or equal to the most recent Enrollment End Date.
 - If the date entered in the Enrollment Application Date field is less than the current Enrollment End Date, the system displays the following error message:
Enrollment Application Date cannot be prior to the current Enrollment End date or a future date.
- The new Enrollment Application Date must be less than (before) or equal to the current date (The enrollment application date cannot be in the future).

- If the date entered in the Enrollment Application Date field is greater than the current date, the system displays the following error message:
Enrollment Application Date cannot be prior to the current Enrollment End date or a future date.
- The new Enrollment Application Date must be less than (before) the Date of Death.
- **Note:** This is current functionality.
 - If the date entered in the Enrollment Application Date field is greater than the Date of Death, the system displays the following error message:
Application Date must be equal to or prior to the Date of Death.
- The new Enrollment Application Date must be greater than (after) the Date of Birth.
 - If the date entered in the Enrollment Application Date field is less than the Date of Birth, the system displays the following error message:
Enrollment Application Date cannot be prior to the Date of Birth.
- The new Enrollment Application Date must be greater than (after) 10/01/1996.
 - If the date entered in the Enrollment Application Date field is less than the Date 10/01/1996, the system displays the following error message:
Enrollment Application Date cannot be prior to 10/01/1996.
- The validation rules above are only applicable when the user is changing the Cancelled/Declined or Closed Indicator from 'Yes' to 'No'. If the user changes the Cancelled/Declined indicator from 'Yes' to 'No Data', the Enrollment Application Date can be changed per existing behavior.
 - When a user clicks 'Update' after changing the Cancelled/Declined Indicator from 'No' or 'No Data' to 'Yes', the following message is displayed in a pop-up window (This would only apply to EED users):
Are you sure you want to set the Cancelled/Declined indicator to Yes?

Update the Overview screen to show Enrollment End Date when an Application is set to Cancelled/Declined or Closed Status.

- When the enrollment status of an application is set to Cancelled/Declined or Closed, the overview screen of the enrollment system displays the "Enrollment End Date" within the "Update Enrollment Dates" field.
- When the enrollment status of an application is NOT Cancelled/Declined or Closed, the "Effective Date of Change" field continues to display on the Overview screen within the "Update Enrollment Dates" field.

Manage Pending Reminder Incomplete Application Letters

The following are the rules related to managing Reminder Incomplete Application Letters.

Trigger Reminder Incomplete Application Letters

Reminder Incomplete Application Letters are automatically triggered 326 days after an IPN (Initial Pending Notification) letter is mailed (40 days prior to the 366th day).

- If the exclusion conditions are NOT met, the system checks the enrollment status.
- If the enrollment status is: 'Pending; Eligibility status is unverified', the system automatically triggers:
742-653 Reminder Incomplete Application - Eligibility Unverified Letter
- If the enrollment status is: 'Pending; Means Test is Required', the system automatically triggers:
742-654 Reminder Incomplete Application - Financial Disclosure Letter
- The system will NOT reset the IPN date or IPN clock when sending the Reminder Incomplete Application Letters.

Each Reminder Incomplete Application Letter includes the date that the application is scheduled to close (366th day after the IPN date).

Send Reminder Incomplete Application Letters to Print Vendor

All letters triggered successfully, without a status of “Reject at HEC”, are added to the Communications Log with a status of “Send to Print Vendor”.

- Upon creating the letter batch file to the print vendor, the system checks to ensure the enrollment status is still applicable to the letter being sent.
- If the exclusion conditions are still not met and the enrollment status is still applicable, the letter is included in the batch file and the status is updated to “Sent to Print Vendor”.
- If the exclusion conditions are met or if the enrollment status is no longer applicable, the letter should be removed from the batch file and the status is updated to “Reject at HEC”.
- The system will NOT reset the IPN clock. The IPN clock continues and the application may be closed on the 366th day.
- The system receives a response from the print vendor for each Reminder Incomplete Application Letter sent and displays the response in the “Status” column within the “Previously Mailed” tab.
- Regardless of the status received from the print vendor, the system will NOT reset the IPN clock. The IPN clock continues and the application may be closed on the 366th day, although the Veteran did not receive a reminder letter.
- The system records each sent letter in the “Previously Mailed” (Communications Log) tab.
- The system records each letter in the Communications Log with a trigger type of “Automatic”.
- If a user clicks on a (742-653 or 742-654) Reminder Incomplete Application Letter under the Previously Mailed tab, the following fields are populated, in addition to the standard fields:

Initial Pending Notification Date

The IPN date at the time of sending the Reminder Incomplete Application Letter is populated.

Days Elapsed

The difference between the IPN date and the current date.

- Days Elapsed = Current Date - IPN date.
- The system allows an ES user to re-mail Reminder Incomplete Application Letters (742-653/742-654), which were generated during the current enrollment cycle.
- Re-mail links will only be displayed for users that have the “Manually Mail/Re-mail Letter” capability.
- Re-mail URL links will only be displayed for Reminder Incomplete Application Letters that were generated during the current enrollment cycle.
- The system allows re-mail of the appropriate reminder letter based on the enrollment status and only if none of the exclusion conditions are met.
- If the user attempts to re-mail the 742-653 Reminder Incomplete Application Eligibility Unverified Letter and the Enrollment status is: 'Pending; Eligibility status is unverified', no exclusion conditions are met, and a final letter (742-652/742-652A) was not sent, the letter is sent and recorded in the Communications Log with a trigger type of “Manual”.
- If any condition is not met, the attempt is written to the Communications Log with a status of “Reject at HEC” and the following message displays:
This letter has failed to meet the conditions to send the letter. The conditions that failed are:
The system displays a bulleted list of ALL conditions that were not met.
- If the user attempts to re-mail the (742-654) Reminder Incomplete Application - Financial Disclosure Letter and the Enrollment status is: 'Pending; Means Test is Required', no exclusion conditions are met, and a final letter (742-652/742-652A) was not sent, the letter is sent and recorded in the Communications Log with a trigger type of “Manual”.
- If any condition is not met, the attempt is written to the Communications Log with a status of “Reject at HEC” and the following message is displayed:
This letter has failed to meet the conditions to send the letter. The conditions that failed are:
The system displays a bulleted list of ALL conditions that were not met.
- The system will not reset or interrupt the IPN clock when re-mailing a Reminder Incomplete Application Letter (742-653/742-654).
- Reminder Incomplete Application Letters (742-653/742-654) will NOT be included within the “Available for Mailing” tab.

- Reminder Incomplete Application Letters (742-653/742-654) will not be re-mailed or automatically triggered if any of the items below are true:
 - A duplicate letter is already pending to be sent for the application.
 - A required field or fields are missing from the letter.
 - A Date of Death was populated for the Veteran.
 - The “Stop Communications” option is selected.
- Reminder Incomplete Application Letters (742-653/742-654) are triggered even when the bad address reason is populated.

Historical Pending Application Cleanup:

Upon processing the historical cleanup batch for Manage Pending, all Veterans are sent a reminder letter approximately 40 days prior to receiving their final closed application letter. The appropriate Reminder Incomplete Application Letter (742-653/742-654) is automatically triggered 326 days after the initial pending notification.

Regardless of the status received from the print vendor, the IPN clock will not reset or interrupt the 365-day clock. The system triggers an email bulletin/notification when the Reminder Incomplete Application Letters are sent and ready to be processed by the print vendor.

Application Signature Date:

The *Application Signature Date* is the date of the application for enrollment was signed.

Rules...

- Application Signature Date cannot be a future date.
- Application Signature Date requires a precise date.
- Application Signature Date cannot be prior to the Date of Birth.
- Application Signature Date cannot be after the Date of Death.

Application Method:

The Application Method is means by which the application was filed. Choose from the dropdown.

Cancelled/Declined Indicator:

This indicates if Veteran either cancelled or declined enrollment in the VA Health Care system.

Rules...

- *Enrollment Category* must be **Enrolled** or **In Process**, in order to set the *Cancelled/Declined Indicator* to **Yes**.
- The Veterans requests to cancel/decline enrollment must be provided to the HEC in writing.
- Veterans who decline or cancel enrollment are not eligible for care of non-service connected conditions; however, emergent care can be provided on a humanitarian basis.
- Veterans can reapply for enrollment at any time, however, they will be considered "new" registrants and enrollment will be based upon the current enrollment criteria.

Cancelled/Declined Effective Date:

Cancelled/Declined Effective Date is the date the Veteran requested, in writing, to cancel or decline enrollment. The system defaults to the current date.

Rules...

- Cancelled/Declined Effective Date is required when the Cancelled/Declined Indicator is set to **YES**.
- Cancelled/Declined Effective Date must be a precise date.
- Cancelled/Declined Effective Date cannot be:
 - A date prior to the Veterans *Date of Birth*.
 - A future date.
 - A date that is equal to or prior to the *Enrollment Application Date*.
 - After the *Date of Death*.

Reason Cancelled/Declined:

Reason Cancelled/Declined is defined as the reason why a Veteran has chosen to cancel or decline enrollment in the VA Health Care System.

This data is shared with VistA.

Choices are:

- *Other Insurance – Veteran is covered under other insurance*
- *Other (when selected, **Cancelled/Declined Remarks** field is required)*
- *Dissatisfied with VA Care – Veteran is dissatisfied with the VA care s/he has received*
- *Geographic Access – Veteran lives too far from a VA Health Care facility*

Rules...

- Reason Cancelled/Declined is a required entry when Cancelled/Declined Indicator is **Yes**.

- When Reason Cancelled/Declined choice is **Other**, *Cancelled/Declined Remarks* is a required field.

Reason Cancelled/Declined Not Processed:

Reason Cancelled/ Declined Not Processed is the reason the cancel decline request has not been processed by the HEC user. Select from the dropdown.

Rules...

- Reason Cancel/Declined Not Processed is not valid unless Canceled/Declined Indicator is No.

Cancelled/Declined Remarks:

Cancelled/Decline Remarks is a free-text explanation of the reason for cancelling or declining enrollment.

This data is shared with VistA.

Rules...

- *Cancelled/Declined Remarks* cannot be greater than 60 characters.
- *Cancelled/Declined Remarks* cannot be entered unless *Reason Cancelled/Declined* is **Other**. It may also be left blank.

Enrollment Override:

Enrollment Override flag is defined as a flag that when set, will initiate the determination of a beneficiary's enrollment priority.

💡 **Note:** This flag can only be set by a HEC user.

More...

- It is used in those cases where a beneficiary may have been incorrectly placed in a *Rejected; Stop New Enrollments* OR *Rejected; Below Enrollment Group Threshold Enrollment* status.
- It could also be used when a beneficiary was incorrectly enrolled into a priority group that should be rejected.

★*Enrollment Override Reason:*

The following reasons are provided for the enrollment override from the dropdown:

- Forced Rejection – A/O
- Forced Rejection – Cancel/Decline Remove
- Forced Rejection – Combat in Error

- Forced Rejection – Hardship (or in good faith)
- Forced Rejection – IVD Conversion
- Forced Rejection – Ineligible to Eligible
- Forced Rejection – MT Edited by Site
- Forced Rejection – Medicaid Yes to No
- Rejection Override – Project SHAD
- Rejection Override – Agree to Pay from No to Yes
- Rejection Override – Back Dated Enrollment Dates
- Rejection Override – Continuation of Enrollment from 2003 MT
- Rejection Override – Ineligible to Eligible

Rules...

- Enrollment Override Reason is required when Enrollment Override is Yes.

Enrollment Override Comments:

This is a free text comments area for the enrollment override.

Closed Application:

When the Enrollment Status is set to 'Closed Application', the system displays the following fields in 'Cancel/Decline/Override Enrollment' section only.

The section label displays as: **Cancel/Declined/ Override/Close Enrollment** when the current enrollment status is Closed Application. The Closed Application Indicator is set as:

- Yes (Non-editable radio button)
- No (Editable radio button). This can only be set to NO when the current Enrollment Status is set to Closed Application. The system allows the user to manually remove the Closed Application status by setting the Closed Application Indicator to 'No'.

Rules...

- Max character Limit: 255, allows Alpha Numeric and Special Characters.

5.6.4 Online Application

The online application allows the user to view the most recent 1010EZ Online Application. Click the **View** button to review the information.

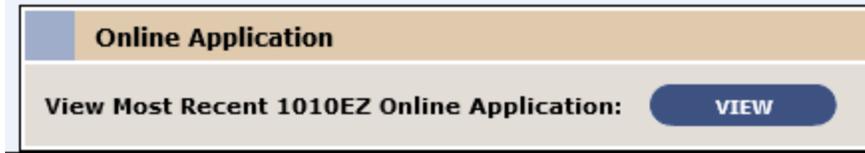


Figure 135: Online Application

5.6.5 Manage Pending Pre-Closure Letters

Manage Pending Pre-Closure Letters

A *Manage Pending Pre-Closure Letter* is sent notifying the Veteran that the application will be closed within X days under the manual/historical process.

 **Note:** The number of days is determined by the VA, if the Veteran does not contact the VA to continue enrollment.

If	Then
Veteran has not submitted additional documents to the VA to continue enrollment	A second, Reminder Incomplete Application Letter , is mailed reminding the Veteran that the Veteran needs to contact the VA about continued enrollment or the application will be closed in approximately 30 days.
Veteran still has not contacted the VA after 30 days	The application is closed on the 366 th day and the Veteran is sent a closure letter.

A 365-day clock begins in ES when a confirmed mailing response is received from the Print Vendor for the **Initial Pending Pre-Closure Letter**, which was mailed to the Veteran on the 30th day under the automated/normal process.

If	Then
Veterans mailing address is NOT confirmed	The 365-day clock does NOT begin, and the Initial Pending Pre-Closure Letter remains in a “pending” state in ES until the address is confirmed. Note: Users can manually update the address.
Veterans mailing address is confirmed	The 365-day clock begins, and the Initial Pending Pre-Closure Letter will be in a “successfully mailed” state in ES.

Manage Pending Pre-Closure Letter Scenarios and Acceptance Criteria

The following table describes scenarios and acceptance criteria for Manage Pending Pre-Closure Letters.

Scenario	Acceptance Criteria									
Deceased since the initial mailing	Veteran information excludes Veteran records whose status in ES is listed as deceased since the initial mailing.									
Current bad address indicator (BAI)	<p>The file of Veteran information excludes Veteran records with a current bad address indicator (BAI).</p> <p>Determine if the Veteran records have a bad address indicator (BAI).</p> <table border="1" data-bbox="574 688 1360 1289"> <thead> <tr> <th data-bbox="574 688 881 730">If</th> <th data-bbox="886 688 1096 730">And</th> <th data-bbox="1101 688 1360 730">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="574 737 881 1010">Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)</td> <td data-bbox="886 737 1096 1010">The address has not changed</td> <td data-bbox="1101 737 1360 1010">The record is excluded from the file.</td> </tr> <tr> <td data-bbox="574 1016 881 1289">Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)</td> <td data-bbox="886 1016 1096 1289">The address changed since the initial mail release date</td> <td data-bbox="1101 1016 1360 1289">The Veteran record is included in the pre-closure mailing file.</td> </tr> </tbody> </table>	If	And	Then	Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)	The address has not changed	The record is excluded from the file.	Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)	The address changed since the initial mail release date	The Veteran record is included in the pre-closure mailing file.
If	And	Then								
Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)	The address has not changed	The record is excluded from the file.								
Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)	The address changed since the initial mail release date	The Veteran record is included in the pre-closure mailing file.								
Final determination recorded in ES since last mailing	The file of Veteran information excludes Veteran records with a final determination recorded in ES since the last mailing									
Failed address validation via the Coding Accuracy Support System (CASS)	The file of Veteran information excludes records that failed address validation via the Coding Accuracy Support System (CASS) from the initial mailing									
Input File	The input file is generated and provided by OIT. The pre-closure letter mailing job does not validate or exclude any records included within the file									
Pre-Closure Letter Type and Title:	<p>Letter type: 742-655</p> <p>Title: “Pre-Closure Letter”</p>									

Mail Responses from Initial Mailing and Pre-Closure Letter Mailing Imported into ES Communications Log

Mail responses of initial pending letters (742-650/742-651) and the new pre-closure letter (742-655) are imported and displayed under the **Previously Mailed** and **Available for Mailing** tabs.

Initial Pending Pre-Closure Letter Mail Response Scenario and Acceptance Criteria

The following table describes scenarios and acceptance criteria for Initial Pending Pre-Closure Letter Mail Response.

Response Scenario	Acceptance Criteria
<p>Response from initial pending pre-closure letter mailing (742-650/651)</p>	<p>Imported to ES Communications Log for users to view letter activity.</p> <ul style="list-style-type: none"> a. The initial pending pre-closure letter status and date displays under the Previously Mailed tab in the ES Communications Log as: <ul style="list-style-type: none"> ○ Status Date ○ Status Rejected ○ Returned Mail, etc. ○ 742-650/742-651 + Name (Initial Incomplete Application - Type) ○ Type (ENR) ○ Recipient (Veteran) ○ Select to Re-mail (left blank; no capability required) b. The 742-650 and 742-651 letters remain listed under the Available for Mailing tab c. The initial pending pre-closure letter information displays in the list under the Communications Log, Previously Mailed tab sub-titled "Letter Mailed on Behalf of Veteran," which includes: <i>status date</i>, <i>status</i>, <i>name/number</i>, <i>type</i>, <i>recipient</i>, and <i>re-mail</i> (with re-mail link not functional for user viewing). d. Initial pending pre-closure letters sent as part of the <i>historical pending process</i> are not available for re-mail by users.

Response Scenario	Acceptance Criteria
<p>Response from initial pending pre-closure letter (742-655)</p>	<p>Imported to ES Communications Log for users to view the letter activity.</p> <ul style="list-style-type: none"> a. The initial pending pre-closure letter status and date display under the Previously Mailed tab in the ES Communications Log as: <ul style="list-style-type: none"> ○ Status Date ○ Status (rejected, returned mail, etc.) ○ 742-655 + Name (Pre-Closure Letter) ○ Type (ENR) ○ Recipient (Veteran) ○ Select to Re-mail is left blank/inactive b. The initial pending pre-closure letter name, form number, and type (ENR) is found on the ES Communications Log, under Available for Mailing tab. <ul style="list-style-type: none"> ○ The Select to Mail column is blank and inactive c. Initial pending pre-closure letter information displays in the list under the Communications Log, Previously Mailed tab sub-titled "Letter Mailed on Behalf of Veteran," which includes: <i>status date</i>, <i>status</i>, <i>name/number</i>, <i>type</i>, <i>recipient</i>, and <i>re-mail</i> (with re-mail link not functional for viewing). d. The initial pending pre-closure letter is available for re-mail by users.

Setting Enrollment Application to Closed Application and Applying Enrollment End Date

Set enrollment applications to "Closed Application" status and apply an enrollment end date based on a file provided by the Business, which contains ICNs and enrollment end dates for each application to be closed.

Setting Enrollment Applications and Applying Enrollment End Date (Closed Application)
Acceptance Criteria

The following table describes scenarios and acceptance criteria for Closed Application.

Closed Application Scenario	Acceptance Criteria
OIT performing closure processes	OIT performs closure processes from a designated list of Veteran records who were mailed a pre-closure letter on demand per HEC Director's request; OIT will provide the list to HEC Director for approval.
Enrollment Status for each record in the file	Set to Closed Application .
Record Enrollment End Date	Record Enrollment End is populated by the job with the date of the Enrollment Status provided by the HEC Director.
Input File	Is generated and provided by OIT.
Validating and Excluding	Closed Application job does not validate or exclude any records included within the file.
Close Application Job Completion	Upon completion of the Closed Application job, ES displays each record with the enrollment status of Closed Application .

Reusable Option to Mail a Final Closure Letter on Demand

The **Reusable Option to Mail a Final Closure Letter on Demand** is a configurable option of sending or not sending closure letters (742-652/742-652A) to Veterans whose applications are closed by the new **Closed Application** job.

Determine the acceptance criteria of when to use the reusable option to mail a final closure letter on demand to a Veteran.

If	Then
Requested by the HEC Director	OIT runs the reusable Closed Application job to mail a closure letter after the date the pre-closure mailings were released by the print vendor.
A closure letter is triggered	It is viewable in the Communications Log just as automatically triggered closure letters are displayed

5.7 Facility

5.7.1 Facility

This screen lists facilities the beneficiary has visited along with information associated with each of those facilities. The checkmark indicates the beneficiary's preferred facility.

Facilities

[SEND QUERY MESSAGE Z07](#)
[VIEW ALL HL7 MESSAGES](#)
[VIEW ALL ARCHIVED HL7 MESSAGES](#)
[VIEW SITE HL7 MESSAGES](#)

Primary Means Test Facility:

This indicates whether this site is the original Means Test facility (**Yes** or **No**).

Income Year:

The *Income Year* for the most current Means Test on file.

Number of Inpatient Days:

This is the number of days the beneficiary was an inpatient.

Date of Last Visit:

This is the beneficiary's last Outpatient Visit date to the medical facility.

Number of Outpatient Days:

This is the number of outpatient days the beneficiary had during the Means Test or Copay period.

Fee Basis Program Information

Fee Basis Program

The *Fee Basis Program* provides payment authorization for eligible beneficiaries to obtain outpatient medical treatment services through the private sector. Beneficiaries can obtain authorization for fee-based services by a VA healthcare provider when it has been determined that direct VA medical services are not available or geographically inaccessible to meet the beneficiary's treatment needs.

This displays any *Fee Basis Program Information* on file for the beneficiary.

Rules...

- The beneficiary may not have more than one current Fee Basis program of the same type per VAMC site.
- The beneficiary may have multiple Fee Basis programs of different types at the same VAMC site.
- S/he may also have multiple programs of the same type but with different start/end dates spanning several years.

More...

- The Fee-Basis Program evolved from the Hometown Program. In December 1945, General Paul R. Hawley, Chief Medical Director, Veterans Administration, recognized that many admissions could be avoided by treating a Veteran (beneficiary) before they needed hospitalization. Therefore, General Hawley instituted a plan for "hometown" medical and dental care at government expense for Veterans (beneficiaries) with Service Connected ailments. Under the "hometown" program, eligible Veterans (beneficiaries) could be treated in their community by a doctor or dentist of their choice. At the same time, a similar "hometown pharmacy" program was placed in operation where drugs could be purchased at government expense from the Veterans (beneficiary's) local pharmacist as prescribed by their private physician.

Fee Basis Treatment Type

Short-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of short-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - No Fee Card Issued.

Long-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of long-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - Fee ID Card Issued.

Fee Basis Authorization From Date

Effective date of Fee Status authorization

Fee Basis Authorization To Date

Termination date of Fee Status authorization

Fee Basis Report Date

Report Date is the date the update is received.

5.7.2 Send Z05 Message to VistA

Z05 messages are sent to the Veterans related treatment facility or facilities after a change is made on the **Demographic** tab. After changes are made on the **Demographics** tab, ES users can view the following Z05 message values on the **Facility** tab of ES or VistA.

Facility tab on ES	VistA
<ul style="list-style-type: none"> ● VistA sites. Users can select a VistA site by clicking View All HL7 Messages or View Site HL7 Messages. ● The date the change was made. ● The updated field on the message. 	<ul style="list-style-type: none"> ● The received Z05 message. ● Updated information in the Patient File or IVM Demographic Tool. 💡 Note: For more information on data going into the IVM Demographic Tool, please refer to the IVM User Manual on the VA Software Document Library.
<ul style="list-style-type: none"> ● The date the registration was completed (user entry or HCA). ● New values. 	
<ul style="list-style-type: none"> ● A Z05 message sent to all sites when a Z07 message is received from VistA. ● The demographic update on the Z07 message. 	

💡 **Note:** ES no longer filters outgoing Z05 HL7 messages to VistA sites based on sender or content.

5.7.3 Send Z07 Query Message

User may query one or all of the VA facilities that the beneficiary has previously visited to obtain updated information. Because *Income Year* is required, go to the **Financials** tab to determine the last income year on file before sending a query.

💡 **Note:** When MVI becomes the authoritative service for DOD information:

If DOD info is updated in ES, a Z05 message will not get sent to VistA.

ES will ignore the Date of Death information on the Z07 message sent by VistA.

Facility:

A designated VA medical facility.

★**Income Year:**

The *Income Year* for which the query is being made.

Rules...

- **Income Year** is a required field (Vista will not process a QRY~Z07 that has no income year supplied).

★ **Indicates Required Field**

5.7.4 View Site/All Archived/All HL7 Messages

This log holds the detailed transmission information for each interface transmission sent or received. View Site HL7 Messages displays just the detailed transmission information for the particular site selected. View All Archived HL7 Messages displays the archived detailed transmission message log information for all the sites. These archived HL7 messages will be permanently deleted per an agreed upon schedule. View All HL7 Messages displays the detailed transmission information for all the sites the beneficiary has visited.

This Log is a system-generated file, based on the data within the interface message.

HL7 Message Log

Transmission Date

The date/time the transmission was made to this site or received from this site.

Status

The *Status* of this transmission. Acceptable values include:

- Awaiting acknowledgement = message transmitted and application level acknowledgement pending
- Awaiting transmission = message triggered and built but waiting to be sent out or processed in.
- Complete = message transmitted, and application level acknowledgement received.
- Error = message transmitted and application or commit acknowledgement returned with an error.
- Not Transmitted = outbound message transmission/query attempted however after several tries (as defined by the DBA) the message was never successfully transmitted.
- Pending = set for query transmitted and awaiting requested message response.

- Retransmission Failed = number of retransmissions was exceeded without successful completion.
- Retransmit = message requires retransmission.

More...

- **Status** is a system-generated field, based on the data within the interface message.

Message Type

Clicking the *Message Type* hyperlink provides the ability to view a message in a parsed state.

The HL7 *Message Type* defines its purpose, such as ORU (Observational Results Unsolicited), ORF (Observational Report Response), QRY (Query Message), etc.

Appropriate codes include:

- 'ACK', 'Acknowledgement'
- 'ORU~Z04', 'Insurance Data Transmission'
- 'ORU~Z05', 'Demographic Data Transmission'
- 'ORU~Z06', 'IVM Verified Means Test Transmission'
- 'ORU~Z07', 'Unsolicited Full Data Transmission'
- 'ORU~Z09', 'IVM Billing Collection Transmission'
- 'ORU~Z10', 'Unsolicited Income Test Data Trans'
- 'ORU~Z11', 'Unsolicited Eligibility/Enrollment Trans'
- 'ORU~Z12', 'Unsolicited Death from MVR'
- 'ORU~Z13', 'Unsolicited Lazarus from MVR'
- 'ORF~Z07', 'Solicited Full Data Transmission'
- 'ORF~Z10', 'Solicited Income Test Data Trans'
- 'ORF~Z11', 'Solicited Eligibility/Enrollment Trans'
- 'QRY~Z07', 'Full Data Transmission Query'
- 'QRY~Z10', 'Financial Query Transmission'
- 'QRY~Z11', 'Eligibility Query Transmission'.

Clicking the link displays to the user the message segments with their respective fields and the data associated with each of the fields.

Facility (View All Archived/All HL7 Messages)

The designated VAMC receiving *Facility*.

Raw Data

Clicking the View link presents the user with the raw delimited message segment data.

This is the unparsed data, material or information in its original transmitted format.

Transmission Details

Clicking the **View** link presents the user with the *Transmission Details* as illustrated below.

Example:

Batch Message ID: *157989* - The Batch Message ID is the unique identifier for the batch in which this message was transmitted.

Message ID: *157988* - The Message ID is defined as the unique number identifying this transmission. This is equal to the HL7 Message ID for HL7 transmissions.

Message Type: *ORUZI1-S* - See *Message Type* above.

Transmission Site: *DAYTON*- Transmission Site is the facility name and number either sending data to or receiving data from ES. It is the external system communicating with ES.

Transmission Date: *11/02/2005* - See *Transmission Date* above.

Transmission Status: *Complete* - See *Status* above.

ACK Type: *AA* - What kind of ACK message was received. Values include:

- **AA = Application Accept** - An acknowledgment message (ACK) indicates successful processing of the messages that were received.
- **AR = Application Reject** - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message structural problems and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)
- **AE = Application Error** - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message data problems and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)

Users can locate **Early Separation Reason** under the **ZMH – VA Specific Military Segment** of transmission details.

Retransmit

This button allows the user to retransmit a message to the external system.

5.8 Communications

The *Communications* screen contains lists of letters that are scheduled to be sent to the Veteran, Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. This screen allows users the ability to view historical letter communications for a single Veteran or beneficiary as well as provide for the ability to cancel a letter, mail and re-mail specific letters.

Stop Communications Console

From the **Communications** tab, the **Stop Communications** console displays. Checking the **Stop Communications** checkbox on the console will stop the Enrollment System from sending letters and handbooks/inserts to a living Veteran.



Figure 136: Stop Communications Console

A user can stop sending letters and handbooks/inserts to a living Veteran for one of the following reasons:

- **Administrative Reason:** If this option is chosen, the user must give an explanation in the **Explanation** box.
- **Received Unverified Date of Death:** There is no proof of death of the Veteran.
- **Undeliverable Mail.**

Unchecking the **Stop Communications** checkbox restarts the process of sending letters and handbooks/inserts to the living Veteran.

- 💡 **Note:** The user will need the **Edit/Stop Communications** functionality enabled on their user profile to stop sending letters and handbooks/inserts.

If Stop Communications is selected:

- Letters and handbooks/inserts will **not** get sent to the Veteran. **No exceptions to this rule.**
- There will be a “*Stop Communications has been selected*” message after the user clicks the **Name** link in the **Previously Mailed** tab, the **Mail** link in the **Available for Mailing** tab, or the **Mail** link in the **Handbook Status** tab, where a popup message will display.
- The **Cancel Mailing** checkbox will remain on the **Add Comments** console if a letter or handbook is in **Send to AAC**, **Send to CMS** or **Send to Print Vendor** status under the **Name** link in the **Previously Mailed** tab.
- Letters that are automatically triggered will **not** be added to the letter queue or sent to the Print Vendor.

5.8.1 Previously Mailed

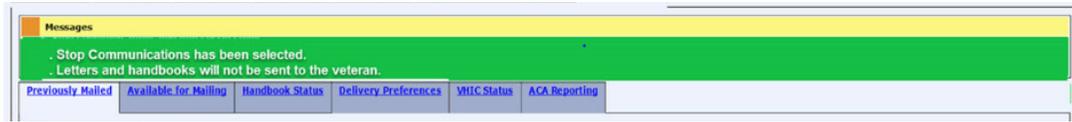


Figure 137: Previously Mailed

Letter Mailed on Behalf of Veteran

The **Previously Mailed** tab displays the Closed Application letter history. The letter information comes from the print vendor and populates the letter history in the **Previously Mailed** tab. Users can re-mail Closed Application letters from the **Previously Mailed** tab.

Users can select a letter, located in the **Name** column, to drill down to the communication status details.

Pending Letter Details:

The information received from the print vendor for each Pending Verification letter, includes but is not limited to, the following:

- Date of the Letter
- Name of the Letter
- Applicant Identity Traits
- Communication Status
- Actual Date Mailed

The following fields display for Pending Letters (650 and 651) only: **Initial Notification Date**, **Days Elapsed** and **Trigger**. These fields are not displayed for Closed Letters (652 and 652A)

Click the **Letter** dropdown to display the following pending letter details:

Status Date:

Indicates the date the letter was processed for mailing by the AITC (previously AAC). Status Date is automatically set by the system anytime the Communication Status is modified.

Status:

This indicates the current mailing status of the correspondence. Statuses include:

- Send to AAC

- Sent to AAC
- Mailed by HEC

Reject at HEC

This indicates the conditions to send the letter were not met or the letter did not meet the requirements to be sent.

Reject by AAC

Error by AAC

Return by Post Office

 **Note:** When the *Communication Status* is manually set to *Returned by Post Office* and committed, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.

- Mailed by AAC
- Sent to HEC Printer
- Address Changed and Mailed by AAC
- Cancel by HEC
- Send to CMS (Content Management System)
- Sent to CMS
- Rejected Address by CMS
- Error by CMS
- Mailed by CMS

Name:

This is the name of the particular letter sent on behalf of the beneficiary. The user can click the Name link of the letter to enter the **Letter Type** Comments screen.

Type:

The letter type is identified by one of the following options:

- General
- IVM - Income Verification Matching
- ENR - Enrollment
- MT - Means Test
- SSN - Social Security Number

Recipient:

This is the individual to whom the letter was mailed. Recipients are:

- Veteran
- Spouse
- POA

Select to Re-mail:

The user may manually re-mail specific letters (by clicking on the Mail link) that have been previously sent to the beneficiary if the initial letter has a Communication *Status* that is NOT **Sent to AAC** or **Sent to AAC**.

Users can also view Closed Application Letter history on the **Communication Log**.

5.8.2 Available for Mailing

[60-Day Pre-Term Letters and 1199 Eligibility Letter](#)

[Hardship Expiration Letter](#)

Letters Eligible to be Mailed on Behalf of Veteran

The system sends an email bulletin/notification when Pending Letters are ready to be processed. The Community Care Letter Decision Table defines trigger events and conditions to determine if letters are to be sent.

User is allowed to manually trigger Initial Pending Letters (650 and 651) only within 29 days of the 30-day clock.

When the 30-day clock expires, the system checks the Enrollment Status:

- If the Enrollment Status is 'Pending; Eligibility status is Unverified' and 742-650 was NOT previously mailed, then the 742-650 Initial Incomplete Application-Eligibility Unverified Letter is automatically triggered.
- If the Enrollment Status is 'Pending; Means Test Required' and a 742-651 was NOT previously mailed, then the 742-651 Initial Incomplete Application-Financial Disclosure Letter is automatically triggered.

When the Enrollment Status is updated to Closed Application, the system automatically triggers a final letter:

- If the most recent Enrollment Status was 'Pending; Eligibility status is Unverified,' then the 742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights is triggered.
- If the most recent Enrollment Status is 'Pending; Means Test Required', then the 742-652 Notification of Closed Application-Financial Disclosure with Appeal Rights is sent.

UPDATE VETERAN ADDRESS

Name

This is the name of the particular letter eligible to be mailed on behalf of the beneficiary.

Type

This indicates the *Type* of letter. They are:

- General
- *IVM* - Income Verification Matching
- *ENR* - Enrollment
- *MT* - Means Test
- *SSN* - Social Security Number

Form Number

This is the number of the government or Federal form that is available for sending to the Veteran (beneficiary).

Select to Mail

If all the required fields are present, clicking the Mail hyperlink selects the letter to be sent for mailing by the mail center.

60-Day Pre-Term Letters and 1199 Eligibility Letter [\[back\]](#)

The Enrollment System automatically populates and manually sends the following 60-Day Pre-Term Letters, and 1199 Eligibility Letter.

Color Key for Table:

Initial Letter

Final Letter

Ineligible Letter

Eligible Letter

Name	Type	Form Number	Select to Mail	Description
VHA-EED Decision Notice 60-Day Pre- Term Initial Other Than Hon-DVA	ENR	IB 10-1206	Mail	These letters are sent out when a Veteran is enrolled but then an Enrollment System user determines that they are in an INELIGIBLE condition. The Enrollment System user sends out a letter that starts the 60-day clock as well as displays a 60-day banner notifying the Enrollment System user that they are in a “Pre-Term Countdown Condition”.
VHA-EED Decision Notice 60-Day Pre- Term Initial Less Than 24 Months	ENR	IB 10-1205	Mail	
VHA-EED Decision Notice 60-Day Pre- Term Initial Active Duty for Training	ENR	IB 10-1204	Mail	
VHA-EED Decision Notice 60-Day Pre- Term Final Other Than Hon-DVA	ENR	IB 10-1203	Mail	At the end of the 60-days, the user will manually send a final letter to the Veteran alerting them that their 60-days has expired, and they are being set to an INELIGIBLE status in the Enrollment System. Setting the Veteran in an INELIGIBLE status is performed manually by the Enrollment System user.
VHA-EED Decision Notice Template-60- Day Final Less Than 24 Months	ENR	IB 10-1202	Mail	
VHA-EED Decision Notice 60-Day Pre- Term Final Active Duty for Training	ENR	IB 10-1201	Mail	
VHA-EED Decision Notice - Ineligible Less Than 24 Months	ENR	IB 10-1208	Mail	
VHA-EED	ENR	IB 10-1207	Mail	These letters are sent out to an unenrolled Veteran, for example. The Enrollment System user sends the Veteran an INELIGIBLE letter stating they will be placed in an INELIGIBLE status on the

Name	Type	Form Number	Select to Mail	Description
Decision Notice - Ineligible Other Than Hon-DVA				Enrollment System effective immediately. All 10 letters are sent manually.
VHA-EED Decision Notice - Ineligible Active Duty for Training	ENR	IB 10-1200	<u>Mail</u>	Note: The file to the print vendor for a VHA-EED Decision Notice - Ineligible Less Than 24 Months (IB 10-1208), VHA- EED Decision Notice - Ineligible Other Than Hon-DVA (IB 10- 1207), or VHA-EED Decision Notice - Ineligible Active Duty For Training (IB 10-1200) letter shall also contain the current date that the letter is triggered for mailing.
VHA-EED Decision Notice 60-Day Pre- Term Status	ENR	IB 10-1199	<u>Mail</u>	The Enrollment System User manually sends this letter to a Veteran if the Veteran returns to an ELIGIBLE status after being sent any of the letters above. If the Veteran returns to an INELIGIBLE status, the Enrollment System user would manually update the Veterans application. Note: The file to the print vendor for the VHA-EED Decision Notice 60-Day Pre-Term Status (IB 10-1199) letter shall also include the current enrollment priority group for the Veterans record.

 **Note:** The re-mail function shall be available for all 60-Day Pre-Term and Eligibility Letters.

The 60-Day Pre-Term and Eligibility Letters display under the **Available for Mailing** sub-tab under the **Communications** tab of the Enrollment System and are brought into the Enrollment System pre-filled. When Enrollment System users click the **Mail** button, letters are sent out to Veterans.

 **Notes:**

- Letters are batched and sent to the print vendor daily.
- Letters are manually assembled by Enrollment System users. This means Enrollment System users start with a blank letter template, copy and paste all of the fields from the Enrollment System that go into the letter template, and then send the letter out to the Veteran.
- Enrollment System users can mail letters and make updates at any time.

Letters Eligible to be Mailed on behalf of Veterans			
23 Total - Page (1 of 1).			
Name	Type	Form Number	Select to Mail
SSN Validation Letter - Veteran	SSN	742-290	Mail
Veteran SSN Reminder Letter	SSN	742-291	Mail
Pseudo SSN Verification Letter	SSN	742-292	Mail
Pseudo SSN Verification Reminder Letter	SSN	742-293	Mail
Enrollment Welcome Letter	ENR	742-600C	Mail
Welcome Enrollment Letter for Potential Pensioners	ENR	742-600D	Mail
Cancel/Decline Enrollment Letter	ENR	742-620A	Mail
Subsequent Rejection Letter	ENR	742-623C	Mail
Enrollment Reassessment, Below EGT	ENR	742-623D	Mail
Priority Change Notification; Catastrophic Disability	ENR	742-640B	Mail
Priority Change Notification; POW	ENR	742-640C	Mail
Priority Change Notification; CV Status	ENR	742-640V	Mail
MT Status Change Notification	ENR	742-648D	Mail
Priority Change Notification; SHAD	ENR	742-649G	Mail
Priority Change Notification; AO Location is not Vietnam	ENR	742-649H	Mail
Priority Change Notification; IR Method is not Atank	ENR	742-649I	Mail
CD Confirmation; No Priority Change (Priority 1, 2, 3 or 4)	ENR	742-649K	Mail
Initial Incomplete Application - Eligibility Unverified Letter	ENR	742-650	Mail
Initial Incomplete Application - Financial Disclosure Letter	ENR	742-651	Mail
Historical Incomplete Beneficiary Status Change Letter	ENR	742-655	Mail
VHA-EED Decision Notice 60 Day Pre-Term Initial Other Than Non-DVA	ENR	# 10-1206	Mail
VHA-EED Decision Notice 60 Day Pre-Term Initial Less Than 24 Months	ENR	# 10-1205	Mail
VHA-EED Decision Notice 60 Day Pre-Term Initial Active Duty For Training	ENR	# 10-1204	Mail
VHA-EED Decision Notice 60 Day Pre-Term Final Other Than Non-DVA	ENR	# 10-1201	Mail
VHA-EED Decision Notice 60 Day Pre-Term Final Less Than 24 Months	ENR	# 10-1202	Mail
VHA-EED Decision Notice 60 Day Pre-Term Final Active Duty For Training	ENR	# 10-1201	Mail
VHA-EED Decision Notice - Ineligible Less Than 24 Months	ENR	# 10-1208	Mail
VHA-EED Decision Notice - Ineligible Other Than Non-DVA	ENR	# 10-1207	Mail
VHA-EED Decision Notice - Ineligible Active Duty For Training	ENR	# 10-1200	Mail
VHA-EED Decision Notice 60 Day Pre-Term Status	ENR	# 10-1199	Mail
VC - New Distance Eligible	Choice	742-900	Mail
VC - New Distance Ineligible	Choice	742-901	Mail
VC - Exceptions	Choice	742-903	Mail

Figure 138: 60-Day Pre-Term and Eligibility Letters

When the Enrollment System user clicks the **Mail** button of a selected Pre-Term or Eligibility Letter, and there are no errors, a row displays under the **Previously Mailed** tab with the status of “Send to Print Vendor” for that selected Pre-Term or Eligibility Letter.

After the Enrollment System user clicks the **Mail** button for an initial Pre-Term letter, the table below determines if the 60-Day Pre-Term clock is in process

If the 60-Day Pre-Term clock is in process, and the System user	And	Then
Clicks the Mail button for an initial Pre-Term letter (such as: IB 10-	The letter	An error message displays, and the attempt is recorded on the Previously Mailed tab with a status of “Reject at HEC”.

If the 60-Day Pre-Term clock is in process, and the System user	And	Then
1204, IB 10-1205, IB 10-1206)	type matches the letter type that the in-process clock is associated with	<p>💡 Notes:</p> <ul style="list-style-type: none"> ● The error message reads, 60-Day Pre-Term Clock is In-Process for this Letter Type. ● The override functionality is available for this error.
Clicks the Mail button for an initial Pre-Term Letter (such as: IB 10-1204, IB 10-1205, IB 10-1206)	The letter type does not match the letter type that the in-process clock is associated with	A row is created under the Previously Mailed tab with the status of “Send to Print Vendor”.
Enables Stop Communications		The standard stop communications error message displays, and the attempt is recorded under the Previously Mailed tab with the status of “Reject at HEC”.

This letter has failed to meet the conditions to send the letter. The conditions that failed are:

- 60-Day Pre-Term Clock is In-Process for this letter type

Do you want to override this condition and send the letter? Yes

Comments:

UPDATE CANCEL

Figure 139: Override Checkbox

All Pre-Term and Eligibility Letters include the following fields when sending a file to the print vendor:

- Veterans Legal name

- Veterans Address as determined by address hierarchy
- Veterans ICN

Start and Display 60-Day Pre-Term Clock

The 60-Day Pre-Term clock starts and displays in the Enrollment System when a Pre-Term Initial Letter is successfully mailed to the Veteran. Essentially, when the Enrollment System receives a Mailed by Print Vendor response from the print vendor for one of the following Pre-Term Initial Letters: IB 10-1206, IB 10- 1205, or IB 10-1204, the 60-Day Pre-Term clock starts on the “Date Mailed” date. The remaining days from the date mailed to the end of the 60-day clock display under the **Eligibility** tab on the **60-Day Pre-Term Days Remaining** field. Once the print vendor returns a successfully mailed response, the display will begin counting down from that day.

60 DAY PRE-TERM IN-PROCESS	
Member ID:	NAME: TESTWENONE, SHAWN SSN: 305-95-4021 DOB: 04/25/1940 ENROLL STATUS: PENDING
Overview Eligibility Demographics Military Service Financials Enrollment Facility Communications	
Current Eligibility EDIT CURRENT ELIGIBILITY EDIT PURPLE HEART VIEW HISTORICAL ELIGIBILITY	
Primary Eligibility Code: SC LESS THAN 50%	Veteran Indicator: Yes
Service Connected (%): 0	Enrollment Application Date: 02/14/2018
Effective Date of Combined Evaluation:	Enrollment Effective Date: 02/14/2018
Eligibility Status: VERIFIED	Annual Check Amount:
Eligibility Status Date: 02/12/2018	Eligibility Verification Method: dd214
Eligibility Verification Source: CEV	VBA Query Status : VBA Data Manually Accepted
Reason Eligibility Status is Pending Verification:	MSDS Query Status: No Member ID/MSDS Not Queried
Reason Eligibility Status is Pending Verification Explanation:	60 Day Pre-Term Days Remaining: 42

Figure 140: Remaining 60-Day Pre-Term Days

When the Enrollment System triggers a letter on Tuesday, it gets to the print vendor on Thursday, and it won't be mailed by the print vendor until Monday.

Once the print vendor sends the Enrollment System a notification that the letter has been mailed, The Enrollment System starts the clock which would match the date that exists on the letter.

When the 60-Day Pre-Term clock expires, the **60-Day Pre-Term Days Remaining** field sets to “Expired”.

60 DAY EXPIRED-VET INELIGIBLE

Member ID: NAME: **TESTWENONE, SHAWN** SSN: **305-95-4021** DOB: **04/25/1940** ENROLL STATUS: **PENDING**

Overview Eligibility Demographics Military Service Financials Enrollment Facility Communications

Current Eligibility [EDIT CURRENT ELIGIBILITY](#) [EDIT PURPLE HEART](#) [VIEW HISTORICAL ELIGIBILITY](#)

Primary Eligibility Code: SC LESS THAN 50%	Veteran Indicator: Yes
Service Connected (%): 0	Enrollment Application Date: 02/14/2018
Effective Date of Combined Evaluation:	Enrollment Effective Date: 02/14/2018
Eligibility Status: VERIFIED	Annual Check Amount:
Eligibility Status Date: 02/12/2018	Eligibility Verification Method: dd214
Eligibility Verification Source: CEV	VBA Query Status : VBA Data Manually Accepted
Reason Eligibility Status is Pending Verification:	MSDS Query Status: No Member ID/MSDS Not Queried
Reason Eligibility Status is Pending Verification Explanation:	60 Day Pre-Term Days Remaining: Expired

Figure 141: Expired 60-Day Pre-Term Days

The table below determines different scenarios for the 60-Day Pre-Term Days Remaining field if the Enrollment System user receives an "Error" or "Returned" status for a 1204, 1205, 1206 letter or the Enrollment System user clicks the Mail button to send an 1199 letter.

If	Then
A status of “Error by Print Vendor” or “Returned by Post Office” is received for a Pre-Term Initial Letter (such as: IB 10-1204, IB 10-1205, or IB 10-1206)	The 60-Day Pre-Term Clock for that Pre-Term Initial Letter expires when the Enrollment System user clicks the Mail button, and the 60-Day Pre-Term Days Remaining field sets to “Not applicable.”
The Enrollment System user clicks the Mail button for an VHA-EED Decision Notice 60-Day Pre-Term Status (IB 10- 1199) letter	The 60-Day Pre-Term Days Remaining field sets to “Not applicable” and the banner is removed. For example, if the initial letter is set as mailed by the print vendor and then a week later the Enrollment System receives “a return by USPS”, then the clock and banner are removed. Same thing happens when an 1199 letter is sent, it cancels the in-progress clock and banner.

Member ID: NAME: **TESTWENONE, SHAWN** SSN: **305-95-4021** DOB: **04/25/1940** ENROLL STATUS: **PENDING**

Overview Eligibility Demographics Military Service Financials Enrollment Facility Communications

Current Eligibility [EDIT CURRENT ELIGIBILITY](#) [EDIT PURPLE HEART](#) [VIEW HISTORICAL ELIGIBILITY](#)

Primary Eligibility Code: SC LESS THAN 50%	Veteran Indicator: Yes
Service Connected (%): 0	Enrollment Application Date: 02/14/2018
Effective Date of Combined Evaluation:	Enrollment Effective Date: 02/14/2018
Eligibility Status: VERIFIED	Annual Check Amount:
Eligibility Status Date: 02/12/2018	Eligibility Verification Method: dd214
Eligibility Verification Source: CEV	VBA Query Status : VBA Data Manually Accepted
Reason Eligibility Status is Pending Verification:	MSDS Query Status: No Member ID/MSDS Not Queried
Reason Eligibility Status is Pending Verification Explanation:	60 Day Pre-Term Days Remaining: Not Applicable

Figure 142: Not Applicable 60-Day Pre-Term Days

The table below determines different scenarios if the Enrollment System user clicks the **Mail** button, **Re-Mail** button, or checks the override check box for 1204, 1205, or 1206 letters.

If a 60-Day Pre-Term clock is in process, and the Enrollment System user	And	Then
Clicks the Mail button for an Initial Pre-Term Letter such as: IB 10-1204, IB 10-1205, IB 10-1206	The letter type does not match the letter type that the in-process clock is associated with	The in-process 60-Day Pre-Term Clock expires, and the 60-Day Pre-Term Days Remaining sets to “Not applicable”. Note: A new 60-Day Pre-Term clock starts after a “Mailed by Print Vendor” response for the new letter is received.
Clicks Re-Mail button for an Initial Pre-Term letter such as IB 10 1204, IB 10 1205, IB 10 1206		Any in-process 60-Day Pre-Term Clock expires, and the 60-Day Pre-Term Days Remaining field sets to “Not applicable”. Note: A new 60-Day Pre-Term Clock starts after a “Mailed by Print Vendor” response for the new letter is received.
Checks the Override check box for an initial Pre-Term Letter such as: IB 10 1204, IB 10 1205, IB 10 1206		Any in-process 60-Day Pre-Term clock expires, and the 60-Day Pre-Term Days Remaining field sets to “Not applicable”. Note: A new 60-Day Pre-Term clock starts after a “Mailed by Print Vendor” response for the new letter is received.

Display “60-Day Pre-Term In-Process” Banner when Pre-Term Clock is In-Process

When a Pre-Term Initial Letter is successfully mailed to a Veteran or when a 60-day clock has expired, an "in-process" banner displays in the Enrollment System.

60 DAY PRE-TERM IN-PROCESS				
Member ID:	NAME: TESTWENONE, SHAWN	SSN: 305-95-4021	DOB: 04/25/1940	ENROLL STATUS: PENDING
Overview	Eligibility	Demographics	Military Service	Financials
			Enrollment	Facility
				Communications
Current Eligibility		EDIT CURRENT ELIGIBILITY EDIT PURPLE HEART VIEW HISTORICAL ELIGIBILITY		
Primary Eligibility Code:	SC LESS THAN 50%	Veteran Indicator:	Yes	
Service Connected (%):	0	Enrollment Application Date:	02/14/2018	
Effective Date of Combined Evaluation:		Enrollment Effective Date:	02/14/2018	
Eligibility Status:	VERIFIED	Annual Check Amount:		
Eligibility Status Date:	02/12/2018	Eligibility Verification Method:	d0214	
Eligibility Verification Source:	CEV	VBA Query Status:	VBA Data Manually Accepted	
Reason Eligibility Status is Pending Verification:		MSDS Query Status:	No Member ID/MSDS Not Queried	
Reason Eligibility Status is Pending Verification Explanation:		60 Day Pre-Term Days Remaining:	42	

Figure 143: 60-Day Pre-Term Clock In-Process Banner

The table below determines different scenarios for the “60-Day Pre-Term Days In-Process” banner if the Enrollment System user receives an "Error" or "Returned" status for a 1204, 1205, 1206 letter or the Enrollment System user receives a response for 1204, 1205, or 1206 letters.

If	Then
If a status of “Error by Print Vendor” or “Returned by Post Office” is received for a Pre- Term Initial Letter such as: IB 10-1204, IB 10- 1205, or IB 10-1206	The “60-Day Pre-Term in Process” banner is removed. The banner updates to read: “60-Day EXPIRED-VET INELIGIBLE” after expiration of the 60-day Pre-Term clock. The Pre-Term banner is removed after the user clicks the “Mail” button for a VHA-EED Decision Notice 60-Day Pre-Term Status (IB 10-1199) Letter.
A “Mailed by Print Vendor” response is received from an Initial Pre-Term Letter such as: IB 10- 1204, IB 10-1205, or IB 10-1206	The “60-Day Pre-Term In-Process” banner from the print vendor displays.

60 DAY EXPIRED-VET INELIGIBLE				
Member ID:	NAME: TESTWENONE, SHAWN	SSN: 305-95-4021	DOB: 04/25/1940	ENROLL STATUS: PENDING
Overview	Eligibility	Demographics	Military Service	Financials
			Enrollment	Facility
				Communications
Current Eligibility EDIT CURRENT ELIGIBILITY EDIT PURPLE HEART VIEW HISTORICAL ELIGIBILITY				
Primary Eligibility Code: SC LESS THAN 50%		Veteran Indicator: Yes		
Service Connected (%): 0		Enrollment Application Date: 02/14/2018		
Effective Date of Combined Evaluation:		Enrollment Effective Date: 02/14/2018		
Eligibility Status: VERIFIED		Annual Check Amount:		
Eligibility Status Date: 02/12/2018		Eligibility Verification Method: dd214		
Eligibility Verification Source: CEV		VBA Query Status : VBA Data Manually Accepted		
Reason Eligibility Status is Pending Verification:		MSDS Query Status: No Member ID/MSDS Not Queried		
Reason Eligibility Status is Pending Verification Explanation:		60 Day Pre-Term Days Remaining: Expired		

Figure 144: 60-Day Expired Ineligible Banner

The table below determines different scenarios if the Enrollment System user clicks the **Mail** button, **Re-Mail** button, or checks the override check box, and if there are additional active banner messages for 1204, 1205, or 1206 letters.

If	And	Then
The Enrollment System user clicks the Mail button for an initial Pre-Term Letter such as: IB 10-1204, IB 10-1205, IB 10-1206	The letter type does not match the letter type that the current Pre-Term banner is displayed for	The 60-Day Expired Vet Ineligible banner is removed, and a new 60-Day Pre-Term In- Process banner displays once a new “Mailed by Print Vendor” response is received from the print vendor.
The Enrollment System user clicks the “ Re-Mail ” button for an Initial Pre-Term Letter such as: IB 10-1204, IB 10-1205, IB 10-1206		The 60-Day Expired Vet Ineligible banner is removed, and a new 60-Day Pre-Term In- Process banner displays once a new “Mailed by Print Vendor” response is received from the print vendor.
The Enrollment System user checks the Override check box for an Initial Pre-Term letter such as IB 10-1204, IB 10-1205, IB 10-1206)		The 60-Day Expired Vet Ineligible banner is removed, and a new 60-Day Pre-Term In- Process banner displays once a new “Mailed by Print Vendor” response is received from the print vendor.
Any additional banner message is active	The Veteran has a future discharge date	All messages display, and the 60-Day Pre- Term banner takes priority and displays.

Manually Remove Future Discharge Date from Military Service Data Sharing

When an Enrollment System user, online application (1010-EZ) or Military Service Data Sharing (MSDS) adds a Future Discharge Date (FDD), it displays in the banner letting the Enrollment System user know that the record has an FDD.

The screenshot shows a banner for a member with the following details:

- Member ID: [REDACTED]
- NAME: TESTWENONE, SHAWN
- SSN: 305-95-4021
- DOB: 04/25/1940
- ENROLL STATUS: PENDING

The banner also displays a yellow warning: "60 DAY PRE-TERM IN-PROCESS : FUTURE DISCHARGE DATE: 12/25/2019". Below the banner are tabs for Overview, Eligibility, Demographics, Military Service, Financials, Enrollment, Facility, and Communications. The "Eligibility" tab is active, showing the following information:

Current Eligibility		EDIT CURRENT ELIGIBILITY	EDIT PURPLE HEART	VIEW HISTORICAL ELIGIBILITY
Primary Eligibility Code:	SC LESS THAN 50%	Veteran Indicator:	Yes	
Service Connected (%):	0	Enrollment Application Date:	02/14/2018	
Effective Date of Combined Evaluation:		Enrollment Effective Date:	02/14/2018	
Eligibility Status:	VERIFIED	Annual Check Amount:		
Eligibility Status Date:	02/12/2018	Eligibility Verification Method:	d0214	
Eligibility Verification Source:	CEV	VBA Query Status:	VBA Data Manually Accepted	
Reason Eligibility Status is Pending Verification:		MSDS Query Status:	No Member ID/MSDS Not Queried	
Reason Eligibility Status is Pending Verification Explanation:		60 Day Pre-Term Days Remaining:	42	

Figure 145: 60-Day Pre-Term In-Process & Future Discharge Date Banner

The FDD gets entered on the **Military Service** screen, **Military Service Episodes – HEC** section.

The screenshot shows the "Military Service Episodes - HEC" screen. It contains two service episode forms. The first form has the following fields:

- Military Service Number: [REDACTED] (DELETE)
- Branch of Service: ARMY
- Service Component: Activated Reserve
- Pay Plan:
- Service Entry Date: 01/17/2000 (mm/dd/yyyy)
- Future Discharge Date: [REDACTED] (mm/dd/yyyy)**
- Service Separation Date: 01/02/2002 (mm/dd/yyyy)
- Discharge Type: GENERAL
- Reason for Early Separation: DISABILITY, OTHER

The second form has the following fields:

- Military Service Number: [REDACTED] (DELETE)
- Branch of Service: ARMY
- Service Component: Regular
- Pay Plan:
- Service Entry Date: 01/01/2011 (mm/dd/yyyy)
- Future Discharge Date: [REDACTED] (mm/dd/yyyy)
- Service Separation Date: 10/05/2016 (mm/dd/yyyy)

Figure 146: Future Discharge Date (FDD) field displaying on the Military Service Screen

However, the Enrollment System user can turn off the FDD from MSDS by entering "N" into the **Value** field of the **Accept FDD from MSDS** parameter on the **System Parameters** screen.

System Parameters (ESR Version: 5.5.0.01024)					
Parameter Name	Data Type	Data Length	Value	Data Unit	Description
Accept FDD from MSDS	Alphanumeric	1	<input type="text" value="N"/>		The system parameter indicates whether the Future Discharge Date will be accepted from MSDS (Y) or ignored (N)

Figure 147: Not Accepting FDD from MSDS

Manage “Manually Mail/Re-Mail Pre-Term Eligibility Letters” Capability

Enrollment System administrators can control which users can click the **Mail** button for each Pre-Term and Eligibility Letter under the **Available for Mailing** tab.

If the "Manually Mail/Re- Mail Pre-Term Eligibility Letters" capability is	Then
Assigned to an Enrollment System user	The Enrollment System user can click the Mail button for each Pre-Term and Eligibility Letter under the Available for Mailing tab.
NOT assigned to an Enrollment System user	The Mail button is grayed out, and the Enrollment System user cannot click the Mail button for any Pre-Term or Eligibility Letter under the Available for Mailing tab.

Manually Expire the 60-Day Pre-Term Clock

Enrollment System users can manually expire the 60-Day Pre-Term clock or set the clock to a specified number of days. This manual expiration or specified day set updates the 60-Day Pre-Term Days Remaining field to “Not Applicable” or “Expired” and removes the “60-Day Pre-Term In-Process” banner, the “60-Day Expired-Vet Ineligible” banner or the “60-Day Expired-Vet Ineligible” banner.

Hardship Expiration Letter [\[back\]](#)

A hardship expiration letter will be sent 60-days in advance to inform Veterans that their financial hardship will expire unless they submit a new means test.

Rules...

The Enrollment System:

1. Generates a hardship expiration letter on 11/1 (60-days prior) for any record where the hardship expiration date is 12/31 (for all Veterans) for the current year and the Hardship is active with status of "Yes".
 - **Note:** The Hardship Review Date defaults to "11/01" for the current year (60-days prior to the hardship expiration on 12/31), except when the hardship granted is less than 60-days prior to the hardship expiration date. If the hardship is 60-days less prior to the hardship expiration date, then the review date sets to the current date.
2. Starts the mail process to generate the letter (sending file to print vendor).
3. Lists the hardship expiration letter on the **Communication Log** as well as under the **Available for Mailing** and the **Previously Mailed** tabs.

The following expiration letter details display below:

- a. **Name:** Financial Hardship - Hardship Expiration Letter
 - b. **Type:** ENR
 - c. **Recipient:** Veteran
 - d. **Form Number:** IB 10-1418
 - e. **Select to Mail:** Enabled
 - f. **Available for Remail:** Yes
4. Will NOT mail nor can the user manually mail a hardship expiration letter if the enrollment status is "deceased". The following error message displays if the Veteran is deceased:

Error Message:

"This letter has failed to meet the conditions to send the letter. The conditions that failed are:

Veteran is deceased."

The user cannot override the error message.

5. Will NOT generate a hardship expiration letter with "Date of Death" on file.
6. Will NOT mail nor can the user manually mail a hardship expiration letter if the current means test is "No Longer Required" or the Hardship status is NOT "Yes". The following error message displays if the current means test is "No Longer Required":

Error Message:

"This letter has failed to meet the conditions to send the letter. The conditions that failed are:

Veteran is not subject to means testing or does not have an active hardship."

The user cannot override the error message.

7. Will NOT mail nor can the user manually mail a hardship expiration letter if the Veteran is not within the 60-day window (11/01-12/31) of the hardship expiration. The following error message displays if the Veteran is NOT within the 60-day window:

Error Message:

"This letter has failed to meet the conditions to send the letter. The conditions that failed are:

Veteran is not within 60 days of their hardship expiration."

The user cannot override the error message.

9. Will NOT generate a hardship expiration letter if "Stop Communications" is enabled under the **Communications** tab.
10. A user cannot manually mail a duplicate hardship expiration letter if a hardship expiration letter is already in "Send to Print Vendor" status.
11. Triggers a file containing the standard letter variables to the print vendor. The file contains the following:
 - a. Header:
 - i. Form Number
 - ii. Current Date
 - iii. Comm Log ID
 - iv. Short VPID
 - b. Name:
 - i. Last Name
 - ii. First Name
 - iii. Middle Name
 - iv. Suffix
 - c. Address:
 - i. Address Line 1
 - ii. Address Line 2
 - iii. Address Line 3
 - iv. City
 - v. State
 - vi. Country Code

- vii. Zip Code+4
- viii. Postal Code (Foreign Address)
- ix. County
- x. Province (Foreign Address)

12. Generates and sends the following email bulletin after completing the print vendor file generation:

Type of Letter	Email Template Name	Email Template Description	Email Template Text	Email Recipient List	Email Subject Title
IB 10-1418	HARDSHIP_EXPIRATION_LETTER_PROCESSING	Hardship Expiration Letter Processing	<p>Letter Processing to the Content Management System completed on ~CompletedDateTime~</p> <p>Files created for the print center: ~NumberOfFiles~ Letters to send to the print center: ~NumberLettersSent~ Letters Rejected: ~NumberLetterRejected~ Total Number being Resent for Remail: ~NumberLettersRemailed~</p> <p>Total number of forms: ~CommunicationsPerFormTxt~</p> <p>Total number of forms rejected sorted by reason: ~RejectPerReasonPerFormTxt~</p> <p>File Name Record Count ----- ----- ~FileNameRecordCountTxt~</p>	VHAHECEEDAdministrators@va.gov	Hardship Expiration Letter Processing Complete

5.8.3 Letter Type Communications

Cancel Mailing:

Allows user to cancel a letter mailing by placing a check in the check box, entering any comments and then clicking the Update button.

Rules...

- Only letters with a *Communication Status* of **Send to AAC** (AITC) may be manually cancelled (change *Communications Status* to **Cancel By HEC**).

Undeliverable Mail:

This indicates that the letter was undeliverable and was *Returned by Post Office*.

Comments:

The user may enter a comment for each letter. This is free text with a maximum character length of 255.

UPDATE VETERAN ADDRESS

Communications Detail (Letter Type)

Case Number:

The *Case Number* is the workload number of the Veteran associated with the communication to be mailed.

Length: 9 (fixed)

Communication Status:

The only values that can be manually selected are **Cancelled by HEC** and **Return by Post Office**.

Date Mailed:

This is the date the correspondence was generated.

- 💡 **Note:** The date the correspondence is generated is not necessarily the date it will be mailed, although generally it's only 1 or 2 days after.

Recipient Type:

The *Recipient Type* is a category describing the person to whom a letter was addressed and mailed. Appropriate values include:

- Veteran
- Spouse
- POA

HEC/AAC Reject Reason:

This is the reason the letter was rejected.

The *Reject Reason* received from HEC or AAC can be one or multiple reasons.

Bar Code ID:

The communication *Bar Code ID* is the system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event (if applicable), and the individual.

Status Date/Time:

Status Date/Time is automatically set by the system anytime the Communication Status is modified.

Remail Indicator:

The *Remail Indicator* is the status of a communication that was previously mailed.

The statuses are **Resend** and **Remailed**.

Mailing Address:

This is the current active address for the beneficiary.

Comments

Comment Date

This is the date Comment was entered.

Comment By

This is the user who entered the *Comment*.

Comment

This is the *Comment* entered by the user and the specified date.

Status History

Status Date/Time

Date/Time Status was last changed.

Status

What the *Status* was changed to on the *Status Date/Time*.

5.8.4 Handbook Status

The VA proposed the capability to provide a *Veteran Benefits Handbook* containing eligibility and benefit information to the Veteran.

After an initial rollout period, the Handbook or Handbook Insert is provided for new enrollments and whenever there is a change in Enrollment such as *Priority Group*.

The Handbook is available to Veterans through mail or online via the MyHealth_eVet website. The default delivery preference for the Handbook is by mail. The delivery preference may be changed by HEC staff at the request of the Veteran. See the for the selected Handbook name.

Delivery Preference section for more details.

The *Handbook Status Communications* screen contains status information about Handbook communications that are scheduled to and have been sent to the Veteran. The user has the ability to mail a *Veteran Benefits Handbook* or to View the current and two historical Handbook communications for a Veteran.

 **Note:** A user must have the appropriate *Capability* added to their security *User Profile* in order to view and/or print the *Veteran Benefits Handbook* and the Benefits Profile data. See the *Roles* and *Capability Sets* sections under **Admin** for more information.

The system allows an authorized user the ability to *Mail a Patient Benefits Handbook* to the Veteran if there isn't a *Patient Benefits Handbook* with a status of Send to CMS.

Mail Handbook

Communication Name

Indicates the name of the communication that is available for mailing.

Communication Type

Indicates the type of the communication that is available for mailing.

Select to Mail

Clicking on the Mail hyperlink allows an authorized user to mail a *Patient Benefits Handbook* to the Veteran, if there isn't a *Patient Benefits Handbook* with a status of Send to CMS.

Veterans Health Benefits Handbook Status

Status Date

Indicates the date on which the *Veteran Benefits Handbook* or *Insert* status changed.

Id

Indicates the ID number assigned to the *Veteran Benefits Handbook* or *Insert* status change.

Version

Indicates the version of the communication.

Status

Indicates the current Veteran Benefits Handbook or Insert status. Statuses include:

- Send to CMS (Content Management System)

The ES has packaged the Veterans Benefits Parameters and it is ready to be sent to the CMS for processing. This status may be changed to Cancelled by HEC.

- Reject at HEC

💡 **Note:** The system will not send the Veterans Benefits Parameters file to the CMS under the following conditions:

- A duplicate record exists.
- Required field or fields are missing.
- The Date of Death field is populated.
- Cancelled by HEC

💡 **Note:** The HEC will have the capability to manually update the Status to Cancelled by HEC only if the Veteran Benefits Communication (Veteran Benefits Handbook or Insert) being cancelled has a Status of Send to CMS.

- Sent to CMS

ES has sent the Veterans Benefits Parameters to the CMS for processing.

- Return by Post Office

- Error by CMS

The CMS has found a problem with the information (e.g. malformed data, or missing required data) provided from ESR, and the CMS could not create a Veterans Benefits Communications. The CMS will provide a Reject Reason. However, the CMS will NOT create the digital copies of the Veterans Benefits Communications.

- Rejected Address by CMS

The Veterans Bad Address Reason is populated or the address failed address validation. However, the CMS still creates the digital copies of the Veterans Benefits Communications.

- Mailed by CMS

The CMS has mailed the Veterans Benefits Communication to the Veteran. The Publisher has successfully printed and mailed the Veterans Benefits Communications to the Veteran.

Communication Name

Indicates the name of the communication. Examples could include, *Veteran Benefits Handbook, Preferred Facility Insert*, etc.

Clicking the link takes the user to a *Handbook Communications Detail* screen where the status can be viewed in more detail. From this screen, the mailing can be cancelled, if not already sent. Comments may also be added, which includes a history of previous comments.

Communications Name Link

This screen is arrived at by clicking on the ***Communication Name*** link on the *Handbook Status* screen and allows the user with the appropriate *Capability* to cancel a Handbook Communication that has not yet been sent. The Status must be Send to CMS.

Add Comments

Cancel Mailing

To cancel a mailing that has a Status of Send to CMS, place a check in the *Cancel* check box.

💡 **Note:** If the Status is anything other than Send to CMS, the Cancel check box does not display.

Comments

The user may enter a comment in the *Comments* text box. This is free text with a maximum character length of 255.

<Communication Name Information>

Additional detailed information is displayed here. The screen title is the name of the file selected from the Handbook Status screen. This includes:

- ID Number
- Communication Status

- Status Date/Time
- Date Mailed
- Mailing Address

Comments

A history of comments for the selected Handbook name.

Status History

A history of statuses for the selected Handbook name.

5.8.5 Delivery Preference

The VA proposed the capability to provide the Veteran with delivery preferences for the Veteran Benefits Handbook.

This functionality allows the delivery preferences to be accessible to HEC users who are authorized to access this functionality. The user will search for a specific Veteran and have the ability to view the delivery preferences, change the delivery preference from mail to online or from online to mail, input or edit an email address, and input or edit an email type.

After updating the changes to the delivery preferences, an email will be sent to the Veteran to acknowledge the change. The existing Confidential, Temporary, or Permanent addresses in ESR will be used as the mailing address for those who select the delivery preference of “mail.”

The user also has the ability to view the delivery preferences change history by clicking on the VIEW HISTORICAL DELIVERY PREFERENCES link. This information includes the name of the user who made the change, the change source (either HEC or Veteran Self Service), the information changed, and the date/time stamp when the changes were made.

Delivery Preferences

VIEW HISTORICAL DELIVERY PREFERENCES

Delivery Preferences:

This is the delivery preference by which the Veteran wishes to receive the Veteran Benefits Handbook, either online or by mail. The default delivery preference is “Mail”.

Select from the dropdown.

Rules...

- The user cannot select an online delivery preference unless one printed copy of the handbook has been generated.

Email Address:

This is the email address to which a notification is sent informing the Veteran that the electronic version of their Veteran Benefits Handbook is available on the MyHealth_eVet website.

More...

- This field is only active if “Online” is selected in the Delivery Preference field.
- This Email field is a separate and unique field from the email fields located on the Demographics/Address screen and will not be shared with sites the Veteran has visited.

Rules...

- If the *Delivery Preferences* selected is “Online”, an email address must be entered or exist.

Email Type:

The user may select either a “Private/Personal” or a “Business” email address.

More...

- This field is only active if “Online” is selected in the Delivery Preference field.

5.8.5.1 Preferred Communication Method (not available in this release)

Vets.gov

Through the 10-10 EZ application form on www.vets.gov, Veterans are able to choose a preferred method of communication. For example, if their Veterans Health Administration enrollment status changes, they are notified immediately of the change.

Communications Tab on ES

From the **Communications** tab and the Delivery Preference link, a dropdown list displays and a Veteran can select one or all of the following options:

Phone (Voice)

If selected, a valid contact phone number is required.

Phone (Text)

If selected, a valid contact cell phone is required.

Email

If selected, a valid email address is required.

US Postal Mail Service

If selected, the address with the “Purpose of Use” identifier set to mailing is used.

Vets.gov saves the preferred communication method(s). ES saves the preferred communication method(s) within the **Administrative Data Repository (ADR)**.

Demographics Tab on ES

Checking a preferred method of communication is also made available on the **Demographics** tab. The user is able to check the following:

Phone (Voice)

If selected, a valid contact phone number is required.

Phone (Text)

If selected, a valid contact cell phone is required.

Email

If selected, a valid email address is required.

US Postal Mail Service

If selected, the address with the “Purpose of Use” identifier set to Mailing is used.

If no selection is made, the default method is set to “US Postal Mail Service”

The existing “Delivery Preferences” dropdown within “Communications” is updated to include the options: Phone – Voice, Phone – Text, Email, US Postal Mail Service.

VA Profile

The Veteran, depending on the preferred Communication Method, will receive an unsolicited communication when his or her enrollment status changes.

5.8.6 Affordable Care Act (ACA) Reporting

5.8.6.1 Reporting MEC to the IRS

In April 2016, the Veterans Health Administration (VHA) was mandated by legislation to report Minimum Essential Coverage (MEC) periods to the Internal Revenue Service (IRS) for all Veterans and Beneficiaries that were provided healthcare benefits in the previous tax year.

The reporting functionality is via electronic Web service submissions from the Enrollment System (ES) to the service provided by the IRS for purposes of ACA MEC reporting.

- ES transmits the name, address, Social Security Number (SSN), Date of Birth (DOB) and the coverage month indicator for each month the person was in a valid status to receive benefits. Reporting is in whole month periods only; coverage for one day in a month is sufficient to report the entire month.
- The transmission entries display the date, status, reported coverage period, and any error messages returned when the transmission is rejected by the IRS. (This information is not shared with VistA.)
- Note:** If no entries display on the page, the individual may not have been qualified for MEC in the previous tax year, or the individual may not have a record processed at the current time in ES.

5.8.6.2 IRS Transmissions

ES automatically selects all qualified Veterans and transmits the original submissions to the IRS, via ES background batch processes.

No end user involvement is required to transmit the population of all the Veteran records.

Individual transmission records are available to view and correct as they are completed. There is no need to wait for all of the processing to be completed.

5.8.6.3 Viewing IRS Reporting Results

The ACA Reporting subtab is located under the Communications tab.

- Note:** To view the ACA Reporting subtab, you must be granted permission. To request permission, contact the [Enrollment System \(ES\) Access Group<ESAccessGroup@va.gov>](mailto:ESAccessGroup@va.gov)

Tax Year	Submission Type	Transmission Status	Error Reason	Submission Date	Reported Coverage Months
2015	Original	Accepted		03/03/2016 5:44:51 AM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Figure 148: ACA Reporting

Tax Year

Tax year is the year for which the Veteran qualified for Minimum Essential Coverage (MEC) and was reported to the IRS. A new entry is required for each tax year that a Veteran remains enrolled.

Submission Type

Submission type is the type of transaction reported with values marked as Original or Corrected.

Original

Original submission is the first transmission attempt sent for the Veteran for the previous tax year. Most records are only one entry and are marked as Original.

Correction

Correction submission is an Original submission that contains errors or was transmitted erroneously by the system. An Original submission must exist before a Correction transmission can be transmitted.

Replacement

Replacement submission occurs when a batch transmission that originally contained the record, fails and is replaced and retransmitted. A Replacement submission is the same as an Original submission.

Transmission Status

Processing

In the Processing transmission, the record was transmitted to the IRS and is pending acknowledgement and acceptance. Submissions may remain in a Processing status for up to 5 days before ES is informed of the final status.

Accepted

In the Accepted transmission, the record was transmitted to the IRS, was acknowledged as containing no errors, and was accepted as a valid report. Most transmissions result in an Accepted status.

Rejected

In the Rejected transmission, the record was received by the IRS, was found to have errors, and was returned, so that the errors could be corrected. The error description contains the reason Rejected.

 **Note:** The end user is required to correct the errors and submit a corrected 1095B.

Expired

In the Expired transmission, the record remained in a Processing status for a period of time that exceeds the threshold required for final acknowledgement.

 **Note:** OIT resolve and retransmit Expired submission issues.

Batch Transmission Reject

In the batch transmission reject, the rejected record is part of a full batch that was Rejected or Failed.

 **Note:** OIT resolve and resubmit Batch submission errors.

Error Reason

The error reason is a description of the reason the transmission was Rejected by the IRS. The value is empty if no errors are reported.

The error reason is populated only for a transmission status of Rejected, where the IRS found an error on the submission. The field contains the error message returned by the IRS.

The error messages may be cryptic and not easily interpreted by end users. Contact the OIT technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

Submission Date

Submission date is the date and time the record was transmitted to the IRS.

Reported Coverage Months

The Reported Coverage Months, as reported to the IRS, is a list containing the months of valid coverage for which the Veteran was evaluated and deemed qualified for MEC.

The Veteran needs to be entitled to healthcare benefits for at least one day in a month, for the month to qualify. For each month, you must select a value of Yes or No.

i.e., Veteran initially was Verified Enrolled PG1 on 4/15/2015, and cancelled/declined on 8/1/2015; the months reported are Apr, May, June, Jul, and Aug.

 **Note:** Veterans address is transmitted along with the period of coverage. The user may correct the address using the *Demographics* screen.

5.8.6.4 Viewing ACA Mail Correspondence

 **Note:** You must be explicitly granted permission in order to view the ACA Reporting subtab. To request permission, contact the [Enrollment System \(ES\) Access Group](mailto:ESAccessGroup@va.gov) ESAccessGroup@va.gov

ACA Mail Correspondence Sent on Behalf of the Veteran table displays tax year, submission type, mail status, communication name (letter type), select to view the document (View link), status date, and select to re-mail (Remail link).

-  No end user involvement is required to transmit the population of all the Veteran records.
-  Users may submit a correction to the original data if an error is found. Corrections are submitted via the ACA Reporting subtab under the Communications tab in the ES user interface.
-  The correction process triggers the mailing of a corrected form, as well as transmitting the corrected data to the IRS.

The following are explanations of each field that displays in the ACA Mail Correspondence table on the ACA Reporting subtab.

Tax Year

Tax year is the year for which the Veteran qualified for Minimum Essential Coverage (MEC) and was reported to the IRS. A new entry is required for each tax year that a Veteran remains enrolled.

Submission Type

Original

Original submission is the first transmission attempt sent for the Veteran for the previous tax year. Most records are only one entry and are marked as Original.

Correction

Correction submission is an Original submission that contains errors or was transmitted erroneously by the system. An Original submission must exist before a Correction transmission can be transmitted.

Mail Status

Mail status indicates the position in the mailing process.

PENDING TRANSMISSION TO CMS (Content Management Services)

Record is in queue to be sent to the print vendor.

SENT TO CMS

Record was sent to the print vendor for mailing and ES is waiting for the mailing response.

MAILED BY CMS

Record was successfully mailed by the print vendor.

ENROLLMENT REJECT

Record does not meet the rules needed for the mailing to be sent to the print vendor.
(i.e., missing or invalid address)

RETURN BY POST OFFICE

Record was sent and mailed by the print vendor and was subsequently returned by USPS.

CANCEL BY HEC

Record was cancelled prior to being sent to the print vendor.

REJECTED ADDRESS BY CMS

Record was sent to the print vendor but was never mailed due to failure of the CASS address validation rules.

ERROR BY CMS

Record was rejected by the print vendor due to missing or invalid fields in the request.

Communication Name

Communication Name is the letter template name that was requested for print.

- ACA TAX FORM 1095B
- 742-800A ACA Letter (the letter sent to living Veterans)
- 742-800D ACA Letter (the letter sent to the family of deceased Veterans)

Select to View Document

Click the **View** link to open an electronic copy of the (.pdf) document that was mailed to the Veteran.

 **Note:** If the document was not yet returned by the print vendor, the field displays the text 'PDF Unavailable'.

Status Date

Status Date is the date and time the mail communication record was updated.

Select to Remail

Click the **Remail** link to resubmit the mail record to the print vendor.

 **Note:** The Remail link is only available for the communication type, ACA TAX FORM 1095B, and the appropriate ACA letter is correlated at the time the mailing is sent to the print vendor.

5.8.6.5 Submit Correction (Mail Correspondence)

Correction is used to submit a new 1095B submission and related mail correspondence for a Veteran, in cases where the original submission is rejected for errors and for cases in which the system erroneously reported the coverage period (i.e., when a Veteran contacts VHA to report the 1095B is listed with incorrect coverage period, but the transmission was already Accepted by the IRS).

1. To access the Correction form, click the SUBMIT CORRECTION link in the upper right corner of the ACA Reporting subtab.
 **Note:** To access the link and submit corrected records, you must be explicitly granted permission to **Manage ACA Communications**. To request permission, contact the [Enrollment System \(ES\) Access Group](mailto:ESAccessGroup@va.gov) ESAccessGroup@va.gov
2. The Correction form displays the Tax Year, Address, and Coverage Months that are on the printed 1095B form mailed to the Veteran and transmitted to the IRS as a Correction to the Original submission for the tax year.
3. Select the Yes/No buttons to indicate whether the Veteran was eligible for healthcare benefits for at least one day of a month in the tax year.

Figure 149: ACA Reporting > Submit Corrected IRS 1095B Coverage Data

4. Select the Update Address link to change the Veterans permanent mailing address via the ES Demographics functions.

Figure 150: Correction Form

5. Click the **Submit** button on the Correction form to transmit the corrected information to the IRS and return to the main ACA Reporting subtab.

Tax Year	Submission Type	Transmission Status	Error Reason	Submission Date	Reported Coverage Months
2015	Correction	Failed		07/15/2016 1:56:00 PM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec
2015	Original	Accepted		06/21/2016 9:17:18 AM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Tax Year	Submission Type	Mail Status	Communication Name	Select to View Document	Status Date	Select to Remail
2015	Correction	PENDING TRANSMISSION TO CMS	ACA TAX FORM 1095B	PDF Unavailable	07/15/2016 1:56:03 PM	Remail

Figure 151: ACA Reporting

ACA Mail Correspondence Sent on Behalf of Veteran table

At the end of the ACA correspondence mailing process:

- A green banner displays indicating success of the submission.
- The new Corrected transmission displays in the IRS Reporting table.
- A new ACA TAX FORM 1095B mail communication entry displays in the ACA Mail Correspondence table with a status of PENDING TRANSMISSION TO CMS.
- The Corrected transmission is sent to the IRS immediately.
- The mail request is sent to the print vendor during the next available transfer during that week.

5.9 Document Management

Document Management allows Enrollment System users to upload and view a Veterans documents in the Enrollment System. The **View Documents** panel is located on the **Overview** screen and the **Document Management** tab is located on the main menu.

Search and Upload Documents on the Document Management Screen

There are two links on the **Document Management** screen: *Search Documents* and *Upload Documents*.



Figure 152: Search Documents and Upload Documents links

Search Documents

The Enrollment System displays the following fields on the **Search Documents** screen:

- a. Document Type dropdown
- b. Document Name dropdown
- c. Date Uploaded by User – Select calendar or enter in valid date values mm/dd/yyyy
- d. Uploaded by User dropdown
- e. Uploaded by Station dropdown
- f. Show Removed Documents checkbox

Document Type

Document Name

Date Uploaded by User (mm/dd/yyyy)

Uploaded by User

Uploaded by Station

Show Removed Documents

Figure 153: Search Documents fields

View Documents on the Search Documents screen

In the **View Documents** panel, the following document features display if one or more documents have been uploaded:

- Document Name
- Document Type
- Date Uploaded
- Uploaded by User
- User’s Station
- Comments
- Add New Comment
- Document ID
- History

View Documents							
1 Total - Page (1 of 1)							
Document Name	Document Type	Date Uploaded	Uploaded by User	User's Station	Comments	Add New Comment	Document ID
DD-215	Proof of Discharge	10/03/2019	User, Anonymous	43BGD - ABERDEEN CBOC	<ul style="list-style-type: none"> • User, Anonymous 10/03/2019 02:42:14 PM - This is a document upload test. • User, Anonymous 10/03/2019 03:35:22 PM - This is a newly added comment. 	Add Comment	2019109f918439ed2630e4c162e89dbf4e56abf2
							View History

Figure 154: View Documents on the Search Documents screen

If no documents have been added to the Veterans **View Documents** panel, a “*No Data Available*” message displays.

Before clicking the **FIND** button, the Enrollment System user must select from at least one field. If the user does not select or populate at least one or more of the options, the error message

“Select or populate at least one search criteria.” displays. The **CLEAR** button will reset and clear out all search criteria.

Documents display in chronological order, with the most recent date at the top, by date uploaded. If multiple documents with the same Document Name have been uploaded:

- a. Documents display with most recent date at the top.
- b. A number in parentheses is listed to the right of the document name, such as <Document Name>(2), <Document Name>(1).

If an Enrollment System user wants to view both removed and active documents for a Veteran they are searching, users would click the **Show Removed Documents** checkbox.

A hyperlink called, **VIEW HISTORY** under the **History** column takes the Enrollment System user to the **Document Management History** screen.

Add Comments to Document

When the Enrollment System user clicks the **Add Comment** link, it takes them to the **Add New Comment** screen. The Enrollment System displays the following view-only fields on the **Add New Comment** screen:

- Document Name link – The Document Name link is based on the Enrollment System user's selection of Document Type.
- Document Type
- Date Uploaded
- Uploaded by User
- Uploaded by Station – Enrollment System user's station number and name.
- Comments
- Document ID

Add New Comment						
Document Name	Document Type	Date Uploaded	Uploaded by User	Uploaded by Station	Comments	Document ID
DD-214	Proof of Discharge	10/03/2019	User, Anonymous	438GD - ABERDEEN CBOC	<ul style="list-style-type: none"> • User, Anonymous: 10/03/2019 02:42:14 PM - This is a document upload test. • User, Anonymous: 10/03/2019 03:35:22 PM - This is a newly added comment. 	2019109f918439ed2630e4c162e89dbf4e56abf2

Figure 155: Add New Comment

The record that was chosen on the **Search Documents** screen populates the **Add New Comment** screen. On the **Add New Comment** screen, Enrollment System users with view and upload document, and/or remove comment permissions see the **Add New Comment** link on every individual record.

A comment is required; a 200-character limit in a free text box.



Figure 156: Comments text box along with the Confirm and Cancel buttons

Enrollment System users can click the **CONFIRM** button to add a comment or click the **CANCEL** button to cancel. Clicking either button returns the Enrollment System user back to the **Search Documents** screen.

Newly added comments display as a bulleted list.

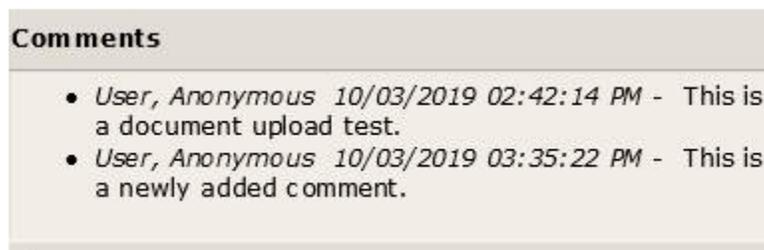


Figure 157: Comments column displaying multiple comments

Upload Documents

The Enrollment System displays the following fields, in the following order on the **Upload Documents** screen:

- a. ★ Document Type dropdown.
- ★ Document Name dropdown. The Document Name dropdown is grayed out and disabled until the user selects an option in the Document Type dropdown.
- b. ★ Upload Document field. The Browse button displays to the right.
- c. Comments textbox.
- d. ADD and CANCEL buttons. Both buttons display together.

★ *Indicates Required fields.*

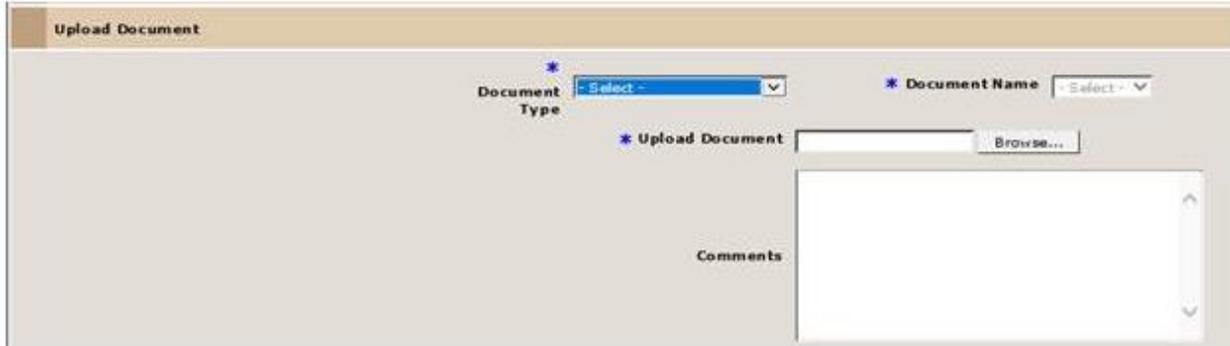


Figure 158: Upload Document

When the user clicks the **Document Type** field, the following options display:

- i. [Proof of Discharge](#)
- ii. [Proof of Special Eligibility](#)
- iii. [Proof of Death](#)
- iv. [Appeals](#)

Initially, the **Document Name** dropdown is disabled but when the Enrollment System user selects from the **Document Type** dropdown, the **Document Name** dropdown enables. When the Enrollment System user clicks the **BROWSE** button, they can select a PDF document to upload to the Enrollment System. There is no limit to the document size that can be uploaded. Once the Enrollment System user adds a document by clicking the **Add** button, the Enrollment System determines if there are any errors.

If	Then the following error message displays
Document Name was NOT selected	<i>"Document Name is required".</i>
No document in the Upload Document field	<i>"Document Upload is required".</i>
Uploaded document is not in PDF format	<i>"PDF format is required".</i>
Document path is incorrect in the Upload Document field	<i>"Document Upload path is incorrect".</i>
The user has entered over 200 characters in the Comments field	<p><i>"Comments cannot be greater than 200 characters".</i></p> <p>  Note: The user cannot add characters past the 200-character limit in the Comments field. Users can add an additional comment to accommodate a longer comment.</p>
All error checks passed	<i>"Document was successfully uploaded and added".</i>

The **Submit** button remains disabled until the user has populated all required fields (★) so the user is unable to send invalid data. Concurrently, this also ensures the **Document Management** screen does not have to be reloaded and the user will not lose the uploaded document file.

The Enrollment System populates the table in the **View Document** panel with information about the upload.

If the user clicks the **CANCEL** button, the system removes the entered values the user selected or uploaded in the fields on the **Upload Document** panel.

- a. The following cancellation message displays: *“Document upload was cancelled.”*

Proof of Discharge:

When the Enrollment System user selects **Proof of Discharge** from the **Document Type** dropdown, the following options display when the user clicks the **Document Name** dropdown:

- a. DD-214
- b. DD-215
- c. WD AGO 53
- d. WD AGO 55

Proof of Special Eligibility:

When the Enrollment System user selects **Proof of Eligibility** from the **Document Type** dropdown, the following options display when the user clicks the **Document Name** dropdown:

- a. Military Orders of Award
- b. Official letter from National Archives
- c. Other Official Service Awards
- d. VBA/DoD File

Proof of Death:

When the Enrollment System user selects **Proof of Death** from the **Document Type** dropdown, the following options display when the user clicks the **Document Name** dropdown:

- a. Clinical Summary US Govt
- b. Coroner's Report
- c. Death Certificate

- d. Death Certificate US Govt
- e. EVVE Certification
- f. EVVE Fact of Death Query
- g. No Other 38 CFR Documentation Affidavit Provided
- h. No Other 38 CFR Documentation Official Finding
- i. No Other 38 CFR Document Other Federal Agency Finding
- j. Non-US Death Civilian Employee Official Report
- k. Non-US Death Public Record Authenticated
- l. Non-US Death US Consular Report of Death
- m. Official Report Uniformed Service
- n. State Public Record of Death
- o. Unexplained Absence 38 CFR § 3.212 Criteria Met

 **Note:** Proof of Death documents are also listed in the **Supporting Document Short Name** dropdown.

Appeals:

When the Enrollment System user selects **Appeals** from the **Document Type** dropdown, the following options display when the user clicks the **Document Name** dropdown:

- a. Hardship
- b. Notice of disagreements
- c. Cancel/Decline letters
- d. Subjugation

View Documents on the Upload Documents screen

The **View Documents** panel contains a table. The columns on the table are named:

- a. Document Name
- b. Document Type
- c. Date Uploaded
- d. Uploaded by User
- e. User's Station
- f. Comments
- g. Document ID
- h. Remove link – The Remove link is displayed if the Enrollment System user has the "Remove" permission.

View Documents							
1 Total - Page (1 of 1).							
Document Name	Document Type	Date Uploaded	Uploaded by User	User's Station	Comments	Document ID	Remove
ID-214	Proof of Discharge	10/03/2019	User, Anonymous	438GD - ABERDEEN CBOC	• User, Anonymous 10/03/2019 02:42:14 AM - This is a document upload test.	2019109918439ed2630e4c162e89df4e56af2	Remove

Figure 159: View Documents panel on Upload Documents screen

The documents display in chronological order, most recent date at the top, by date uploaded. If multiple documents with the same document name have been uploaded:

- a. The most recent dated documents display at the top.
- b. A number in parentheses shall be listed to the right of the document name, as in <Document Name>(2), <Document Name>(1).

When a document has been successfully uploaded. A hyperlink on the document name displays. When the Enrollment System user clicks the document name hyperlink, the uploaded document displays as a PDF. The user can save and print the PDF.

In the **Date Uploaded** column, the upload date and timestamp display as mm/dd/yyyy displays. The name of the user who uploaded the document is listed in the **Uploaded by User** column and their station will display in the **Uploaded by Station** column. Comments display in the **Comments** column. If the user did not enter any comments, the **Comments** field is blank. A chronological document ID is assigned to the document on the **Document ID** column. And, a **Remove** link for each individual record displays, if the user has “remove” permissions.

Remove Document

 **Note:** The **Remove Document** link only displays for users with “remove” permissions.

When an Enrollment System user clicks the **Remove Document** link for one document at a time, the user navigates to the **Remove Document** screen.

The **Remove Document** screen displays the following required information:

- a.  Removal Reason dropdown. User is required to select one.
 - The following removal reasons are:
 - i. Uploaded to the incorrect individual's record
 - ii. Duplicate
 - iii. Veteran request
 - iv. Image not legible/bad scan
- b.  Comments

 Required information

The user can click the **CONFIRM** or **CANCEL** button once selected. If the user clicks **CONFIRM**, the Enrollment System deletes the document row in the **View Documents** table. The Enrollment System also deletes the document in the Enrollment System and communicates through the Document ID, that the document is to be deleted in the Data Access Service (DAS) system. A document removal message displays, *“Document has been removed”*. If the user clicks the **CANCEL** button, the Enrollment System displays the following cancellation message: *“Remove document was cancelled.”*

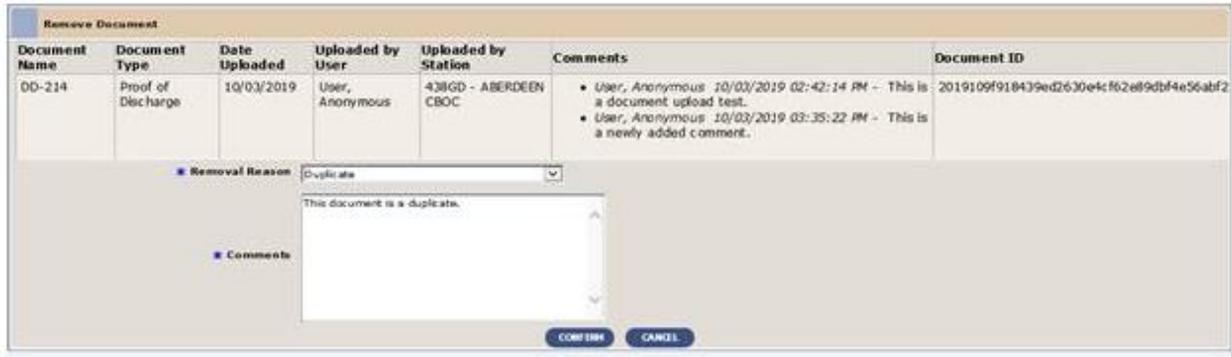


Figure 160: Remove Document

Document Management History

When an Enrollment System user clicks the **VIEW HISTORY** link, it takes users to the **Document Management History** Screen. The **Document Management History** screen includes the history of each document associated with that Veterans record and displays the following categories: who added a comment and when, who uploaded a document and when, and who removed document and when. The history screen also displays an export feature.

Document Management History		RETURN TO SEARCH DOCUMENTS SCREEN
Category	Value	
Comments		
Comment:	Removal testing	
Added By:	10/03/2019 03:53:38 PM	
Date Added:	Sakariya, Dhavalakumar	
Comment:	dufwe	
Added By:	10/03/2019 03:53:57 PM	
Date Added:	Sakariya, Dhavalakumar	
Upload Document		
Document Name:	DD-214	
Document Type:	Proof of Discharge	
Uploaded by Station:	742	
Document ID:	201910209987676688ae59b30ed8c0f5d09d9	
Upload Date:	10/03/2019 03:53:38 PM	
Uploaded by:	Sakariya, Dhavalakumar	
Remove Document		
Document Name:	DD-214	
Document Type:	Proof of Discharge	
Document ID:	201910209987676688ae59b30ed8c0f5d09d9	
Removed by Station:	742	
Removal Reason:	Uploaded to the incorrect individual's record	
Removal Date:	10/03/2019 03:53:57 PM	
Removed by:	Sakariya, Dhavalakumar	

Figure 161: Document Management History

Document Management Screen Capability Settings

Document Management screen capability settings define a user's capability on the **Upload Documents** panel.

There will be three capabilities:

- a. View:
 - i. View-only.

- b. View and Upload:
 - i. CANNOT edit or delete their own statement after it has been added.
 - ii. Can add multiple statements to their own record, one statement at a time.
 - iii. Can view and upload a document.

- c. View, Upload, and Remove (Advanced User):
 - i. Can go into their own or others past records to add a statement.
 - ii. Can add multiple statements to an existing record.
 - iii. Can view, upload and remove documents.

Important:

- Enrollment System users, who have appropriate capabilities assigned, can access the View Documents panel.
- The Remove column on the View Documents panel and the Remove Reason dropdown on the Remove Document screen are hidden if the Enrollment System user does NOT have the *Advanced User Document Management* capability.

6 Special Instructions for Error Correction

None

7 Caveats and Exceptions

None

8 Project-Specific Scenarios

8.1 How Do I ...

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

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



Figure 162: ES Tabs

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

In this version of the online help, is a step-by-step procedure demonstrating how to use the *E&E Service* to add and update Service Accounts and Service Requests. See the [Admin/E&E Service](#) section of the user guide. As an aid, the individual task has been categorized under the particular "Button" (shown below) in the ES where the functionality is located.

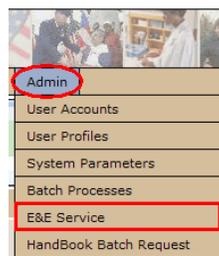


Figure 163: Admin > E&E Service

... how to Disable Autofill Functionality on ICN Search in Chrome? [\[back\]](#)

To disable autofill functionality from the ICN text field while using Chrome, perform the following steps.

1. Launch the Chrome browser.
2. Click the **Customize and Control Google Chrome** button in the URL ribbon (three vertical ellipses in the upper right of the browser).

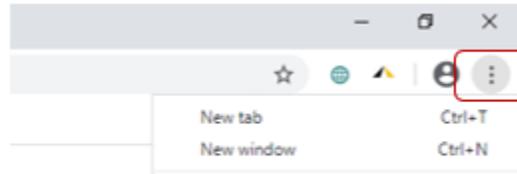


Figure 164: Customize and Control Google Chrome button

3. Click **Settings**.
4. Select **AutoFill** located in the left pane.
5. Select the **Addresses and more** option in the middle pane.
6. Click the **Save and fill addresses** slider to disable.

Save and fill addresses
Includes information like phone numbers, email addresses, and shipping addresses



Figure 165: Disable Autofill

7. Click **Default Browser** in the left pane.
8. Click the **Advanced** dropdown.
9. Click the **Clear browser data** panel on the **Privacy and Security** section.
10. Click the **Advanced** tab.
11. Check the following options: "Cookies and other site data", "Cached images and files", "Autofill form data" as displayed in the screen shot, if not already selected.

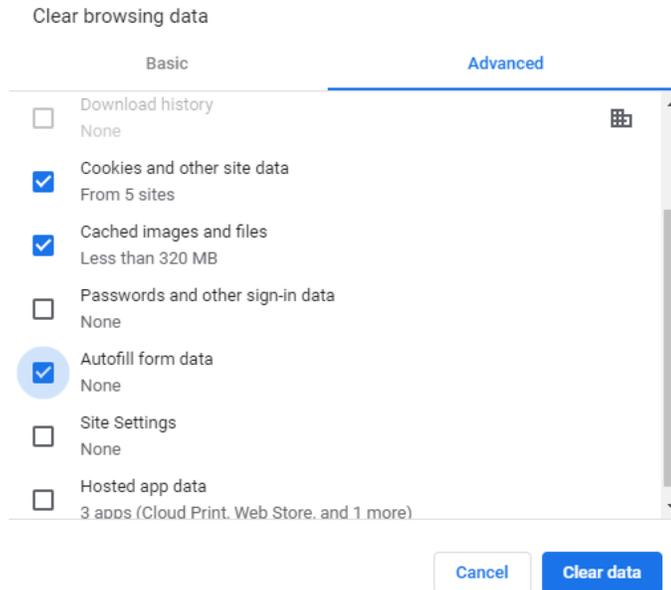


Figure 166: Clearing Browser Data

12. Click **Clear data** button on the lower right of the **Clear browser data** window.
13. Close and reopen the Chrome.
14. Perform the following steps from the Enrollment System.
15. Launch the Enrollment System from Chrome.
16. Accept the agreement.
17. Click the **Enter** button.
18. Attempt to search using an ICN on **Person Search** screen.
19. Observe that no previously entered ICN(s) appear (as autofill) in the ICN text field.
20. Complete search and return to **Person Search** screen
21. Attempt search using a different ICN.
22. Observe that no previously entered ICN(s) appear (as autofill) in the ICN text field.

 **Note:** Disabling the Chrome browser autofill setting is specific to Enrollment System version 79.0.3945.88. If using an older version of Chrome, attempt to follow the steps above to disable autofill functionality. If the steps provided above are of no assistance, perform the following steps.

1. Click the **Customize and Control Google Chrome** button in the URL ribbon (three vertical ellipses in the upper right of the browser).

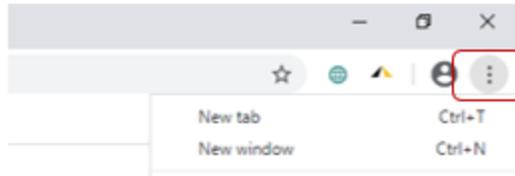


Figure 167: Customize and Control Google Chrome

2. Click **Help**.
3. Click **Help Center**.
4. Type in “disable autofill” into the **How can we help you?** text field.

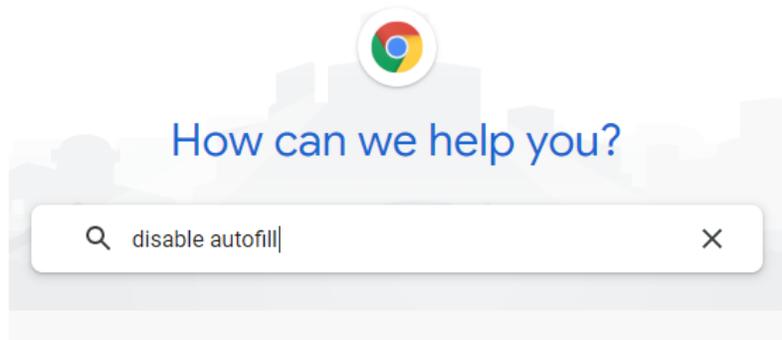


Figure 168: How can we help you?

5. Search for steps on disabling autofill.

8.2 Person Search / Sensitive Record

...submit a request for the “View Sensitive Records” capability [\[back\]](#)

To get the “View Sensitive Record” capability added to your profile, perform the following procedure.

The Enrollment System user,

1. Submits a request for access profile modification through LEAF. Follow the steps to submit a request below:

- a. Click the **LEAF Access request direct link**: [Member Services System Access](#)
- b. Click the **System Access Request** button on the left panel.
- c. Select “ES Access Request” on Step 1 and Step 2 on the **Resource Request - Member Services System Access** screen.
- d. Click the **Click here to Proceed** button and your request number will be created.
- e. Select “Modify Existing Access” under the **Action** dropdown on your Request # screen.
- f. Select “Duties Added” under the **Purpose** dropdown.

Important: Additional access needs should be noted in the comments section at the bottom of request.

- g. Click the **Next Question** button. Here you will be presented with a series of request related questions. Incomplete requests may result in delays. Upon completion of the request, you will be given an opportunity to print the submission. To return to the previous question, click the **Previous Question** button.

 **Note:** Please refer to the Knowledge Base Job Aide located at **LEAF Access Job Aide** link - [Enrollment System Access Job Aid](#) for additional guidance.

LEAF is a means to make a request for access profile modification. Any issues with this request should be sent to the Enrollment System Access Group or directly to the Enrollment System Administrator.

Once the LEAF process is complete, the Enrollment System Administrator,

2. Approves the LEAF request for the access profile modification.
3. Contacts the Information System Security Officer (ISSO) to manually complete the capability request.

The ISSO,

4. Manually completes the capability request outside of the Enrollment System by using a step/action procedure.

 **Note:** An expiration date for the capability can be entered into the **Inactive Date** field, if desired. This expiration date removes the capability from the user’s profile on the expiration date.

5. Confirms the user’s need to view the sensitive record.
6. Approves the request.

7. Contacts the Enrollment System administrator to add the capability to the user's profile.

The Enrollment System administrator,

8. Adds the "View Sensitive Records" capability to the user's profile.

8.3 Overview

The Overview tab displays an overview of the beneficiary's current information. Refer to the **Overview** section for more detailed information.

[... access the VHIC system? \[back\]](#)

Clicking the **Open VHIC** button allows the ES user to directly access the Veterans Health Identification Cards (VHIC) application and request a VHIC replacement card.

 **Notes:** There are two ways to grant VHIC access from ES:

1. Update user profile to add the VHIC capability.
2. Update rules or capability (requires a batch to run).

Further assistance on VHIC is available within the VHIC system if needed.

[... request a VHIC card replacement on the Veterans record from ES? \[back\]](#)

1. Complete a **Person Search** in ES.

A query is sent to MVI which brings back the latest VHIC card ID if one exists. Users will find the **Open VHIC** button displaying under the **Overview** tab.

2. Click the **Open VHIC** button.

 **Notes:**

-  The Open VHIC button will be grayed out if users do not have Manage VHIC permissions or if a VHIC card ID is not received from MVI.
-  The Open VHIC button is controlled by a capability and users must request capability if the button is grey with no error message.
-  Capabilities within ES allows users to choose which users have permission to access the VHIC system.

Determine if the user has **Open VHIC** button permissions.

If users	Then
Do not have Manage VHIC permissions	<p>Open VHIC button will be grayed out.</p> <p> Note: When the administrator adds Access VHIC permissions to the user’s profile, ES sends an automatic request provisioning the user within the VHIC system. The reverse occurs if the Access VHIC capability is removed from the user’s profile. Users would be de-provisioned from the VHIC system.</p>
Do have Manage VHIC permissions	<p>ES requests the latest VHIC card ID from MVI when a Person Search is complete. If a VHIC card ID is received, the Open VHIC button displays and is activated.</p>

3. Click the **Open VHIC** button if permissions already exist or have been added.

Clicking the **Open VHIC** button sends the user to the VHIC system by opening a new tab in the ES web browser and users will be directly logged onto the VHIC landing page using verified ES user credentials.

If login credentials	Then
Are not accepted	<p>Users are redirected to VHIC system login screen.</p> <p> Note: Users who can’t replace a card will have to go through the IAM card replacement/new card website that they currently use.</p>
Are accepted	<p>User is granted access to VHIC system.</p> <p> Note: Users granted access to the VHIC system enter on a landing page showing the latest card request. From the landing page, a replacement request can be made if all conditions are met for the Veteran to receive a replacement VHIC.</p>

Users are provided access to the VHIC system once the user’s credentials are verified. ES sends the VHIC correlation identifier (VHIC ID) to the VHIC system, so users do not have to search for the specific Veteran that they are looking in the ES.

If Veteran Identifier	Then
Matches a record in VHIC system	<p>The Veterans VHIC information will be displayed in the VHIC system and the user will automatically enter on the VHIC landing page which displays Veteran Identity and Card Details on the latest card request.</p>  <p style="text-align: center;">Figure 169: VHIC Card Details Landing Page</p> <p>Clicking the Get Replacement Card button takes ES users to step 4 which confirms Veteran identity.</p>
“Veteran not found” message appears	<p>The Veteran may not be in MVI due to an unverified or pending enrollment status.</p> <p>Proceed to the step below in determining how to assist the Veteran.</p>

If the ES user is a	Then
Health Resource Center (HRC) call center representative	<p>The ES user reviews the Veterans eligibility status on the Veterans ES record to determine the issue.</p> <p> Note: If it's a means test issue, then the ES user informs the Veteran to contact or go to their VA facility's enrollment and eligibility office to update the Veterans means test.</p>
VA facility representative	The ES user would advise the Veteran of their enrollment and eligibility status and how to correct it.

Once users confirm the mailing address for the Veterans VHIC on step 4, users will click **Next** taking them to step 5, **Save Request/Veteran Card Details** where users will verify the following VHIC information:

- Name as it will appear on card
- Address card will be mailed to
- Replacement reason
- Veteran/Card details

Users will then click the **Submit** button which will submit the VHIC replacement request.

The Veterans card replacement details will be saved and/or on hold until the ES user clicks **Submit**.

Once ES users click the **Submit** button, the VHIC replacement card details are submitted, and the submitted card status as well as the date the card replacement was requested display.

Veteran Card Details



Name as it will appear on card:
RADUATTEN VHISHINETEN

Address card will be mailed to:
RADUATTEN VHISHINETEN
1901 ULMERTON RD STE 200
CLEARWATER, FL 337622311 USA

Replacement Reason:
Lost

Service Connected	N	Card Number	15038660
Medal of Honor	N	Member ID	
Purple Heart	N	ICN	1017289971V437264
Prisoner of War	N	Plan ID	7346-243-588
		VISN	7
		Facility	742
		Date of Birth	1/1/1990
		Expiration Date	10/5/2028

Card Status Submitted

Card Request Date 10/17/2018

No Branch of Service is available

Reason for Hold:
Not Applicable

Figure 170: Step 5: Submitted VHIC Card Replacement

... sign out of the VHIC system? [back]

When users complete their work in the VHIC system, their ES session would still be available if the ES time out period has not exceeded.

If time out period has	And	Then
Not exceeded		The user's ES session remains available.
Exceeded	Users have not extended their ES session	Users will be logged of ES. 💡 Note: If users exit the VHIC system by closing the VHIC tab within their browser, users are only signed out of their VHIC session and not signed out of their ES session.

... make appointment request and management edit changes in the Enrollment System and VistA?

The appointment request and management edit change allows Enrollment System and VistA users to change the appointment request indicator from a “No” to a “Yes” value. For example, if the VAMC contacts a Veteran for an appointment and they initially say “no, they do not want an appointment”, but the Veteran later changes their mind to “Yes, they do”. Once the Enrollment

System or VistA user changes the value to “Yes” then the Veteran will be added to the “near list” at their local preferred facility and will receive a call a schedule their appointment.

Making a Management Edit Change

To make a management change edit in Enrollment System, perform the following steps:

1. Add a new a person on the **Person Search** screen.
2. Click the **Find** button.

The Enrollment System user receives a response that “*no records were found that matched the specified search criteria*”.

3. Click the **Add** button.
4. Click the **Eligibility** tab from the **Overview** screen.
5. Click the **Edit Current Eligibility** link.
6. Select the eligibility status from the **Eligibility Status** dropdown.
7. Enter in the eligibility method verification code in the **Eligibility Method Verification** field.
8. Scroll down and click the **Accept Changes** button.
9. Click the **Demographics** tab.
10. Click the **Add/Edit Address** link.
11. Select the type of address under the **Add/Edit Address** dropdown.
12. Enter in the required fields.
13. Click the **Add Phone Number** button once complete adding in required address information.
14. Select the type of phone number under the **Phone Number** dropdown.
15. Enter in the phone number in the **Phone Number** field.
16. Click the **Update** button.

The address and phone number have been added.

17. Click the **Identity Traits** link.
18. Enter in the required fields.
19. Click the **Update** button.

The identity traits have been successfully updated.

20. Click the **Personal** sub-tab.
21. Select the preferred facility under the **Preferred Facility** dropdown.
22. Enter in the language entry date in the **Language Entry Date** field.
23. Select the appointment request response from the **Appointment Request Response** dropdown. Select either “Yes” or “No”.

Note: If the Enrollment System user selects “Yes”, the **Appointment Request Date** field will auto-populate with a read-only date.

24. Select the marital status from the **Marital Status** field.

25. Click the **Update** button.

Person updated successfully.

26. Click the **Enrollment** tab.

27. Scroll down and enter in the enrollment application date in the **Enrollment Application Date** field.

28. Click the **Update** button.

Enrollment updated successfully.

29. Click the **Save in Process** menu option from the **ESR Registration** dropdown.

30. Click the **Complete Registration** menu option from the **ESR Registration** dropdown.

The person is now enrolled, and the Enrollment System user will not be able to edit the appointment request.

Editing the Appointment Request

To make an appointment request edit in Enrollment System, perform the following steps:

1. Click the **Demographics** tab from the **Overview** screen.
2. Click the **Personal** sub-tab.

3. Scroll down and locate the **Appointment Request Date** field. Also, notice the **Appointment Request Response** is set to the desired value made by the ES user. If the value is “No”, the **Appointment Request Date** field and the **Appointment Request Response** are not editable.

Note: To make both fields editable,

- a. Click the **Financials** tab.
 - b. Click the **Financial Details** link.
 - c. Click the **Add Income Test** button.
 - d. Enter in the required fields and any additional income fields needed.
 - e. Click the **Accept Changes** button.
4. Click the **Demographics** tab.
 5. Click the **Personal** sub-tab.
 6. Scroll down to the **Appointment Request Response** field and notice a **Change to Yes** button has been activated and the **Appointment Request Response** field is now editable. The **Appointment Request Date** field is auto-populated with a date.
 7. Click the **Change to Yes** button.

The following dialog displays alerting the ES user that upon clicking “Yes”, this Veteran will be added to a “Near List” of their preferred facility.

2. Click the **OK** button.

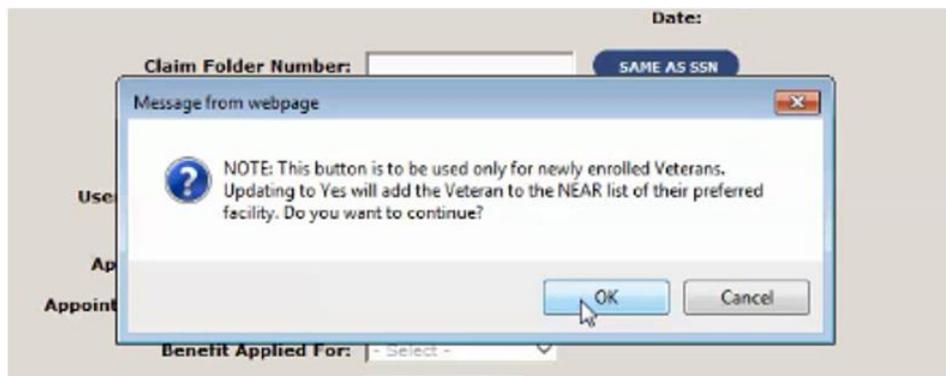


Figure 171: Message box alerting the user that clicking “Yes” will add the Veteran to the Near List

8. Click the **Update** button.

 **Note:** Enrollment System users can only make one appointment request change.

9. Scroll back up and click the **View Historical Personal Data** link to view the Appointment Request changes made.
10. Select the times changed from the **Change Times** dropdown, if needed.
11. Click the **View Data** button.

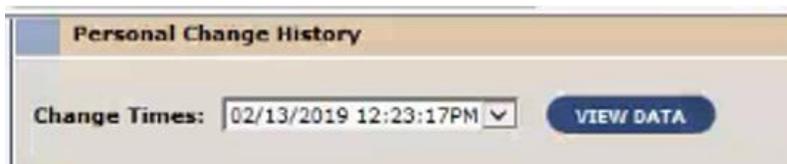


Figure 172: Change Times drop down

12. Scroll down to the Appointment Request data on the historical screen and notice the changes made to the Appointment Request.

 **Note:** An audit is maintained in the “View Historical Personal Data” tab as shown in the below screen shot.

Appointment Request Date:	05/01/2019	
Appointment Request Response:	Yes	
Last Update Date:	05/01/2019 8:31:10AM	05/01/2019 8:32:00AM
Last Updated By:	User, Anonymous	User, Anonymous

Figure 173: Appointment Request Data

To view the Z11 sent out from this appointment request change, perform the following steps:

13. Click the **Facility** tab.
14. Click **View all HL7** messages.
15. Click the Z11 link desired under the **Message Type** column.

HL7 Message Log						
6 Total - Page (1 of 1).						
Transmission Date	Status	Message Type	Facility	Raw Data	Transmission Details	Retransmit
2019/02/13 13:59:25	Awaiting Acknowledgement	ORUZ11-S:Site Eligibility or Enrollment Data to VA Facility	MANCHESTER VAMC (#608)	View	View	RETRANSMIT
2019/02/13 12:23:22	Awaiting Acknowledgement	ORUZ11-S:Site Eligibility or Enrollment Data to VA Facility	MANCHESTER VAMC (#608)	View	View	RETRANSMIT
2019/02/13 12:13:21	Awaiting Acknowledgement	ORUZ11-S:Site Eligibility or Enrollment Data to VA Facility	MANCHESTER VAMC (#608)	View	View	RETRANSMIT
2019/02/13 12:11:59	Awaiting Acknowledgement	ORUZ11-S:Site Eligibility or Enrollment Data to VA Facility	MANCHESTER VAMC (#608)	View	View	RETRANSMIT
2019/02/13 12:11:58	Awaiting Acknowledgement	ORYZ11-M:MVR Eligibility Query to MVR	AUSTIN INFORMATION TECH CTR (#200)	View	View	
2019/02/13 12:11:58	Awaiting Acknowledgement	ORUZ10-S:Site Income Test Data to VA Facility	MANCHESTER VAMC (#608)	View	View	RETRANSMIT

Figure 174: Z11 message under the Message Type column

16. Scroll down to the Z10 – VA Specific Patient Info Segment section.

17. Notice the following Appointment data sent to VistA: *Appointment Request on 1010EZ, Appointment Request Date, Appointment Change Date, Original Appointment Request, Original Appointment Change Date.*

Z10 - VA Specific Patient Info Segment	
SET ID	1
APPOINTMENT REQUEST ON 1010EZ.	Y
APPOINTMENT REQUEST DATE	20190213
APPOINTMENT CHANGE DATE	20190213
ORIGINAL APPOINTMENT REQUEST	N
ORIGINAL APPOINTMENT CHANGE DATE	20190213

Figure 175: Z10 – VA Specific Patient Info Segment section

 **Note:** If the Veteran cancels or declines the appointment, there is a batch process that cleans up the data and will wipe out the appointment the request.

8.4 Eligibility

... identify records that meet initial Grandfather status of the MISSION Act? [\[back\]](#)

 **Note:** For an existing record of “M” (mileage) to be eligible for initial Grandfather status, the record must follow the below initial Grandfather rule process:

1. Determine if the Veteran mileage is eligible as of 06/05/2018 (day before MISSION Act was signed into law).

If	Then
Yes	<ol style="list-style-type: none"> 1. Mark record for initial population for initial Grandfather consideration. 2. Proceed to step 2 to determine if the Veteran is eligible for mileage on 06/06/2019.
No	Veteran is not eligible for initial Grandfather status.

2. Determine if the Veteran is still eligible for mileage on 06/06/2019.

If	Then
Yes	Proceed to step 3.
No	Veteran is not eligible for initial Grandfather status.

3. Determine if the Veteran resides in one of the five following lowest population sites below:

- Alaska (AK)
- Wyoming (WY)
- Montana (MT)
- North Dakota (ND)
- South Dakota (SD)

If	Then
Yes	Veteran is eligible for initial Grandfather status. Create VCE of “G” (Grandfather) and the determination date.
No	Proceed to step 4.

4. Determine if Veteran received care under Title 38 a year prior to MISSION Act being signed into law (06/06/2017 – 06/06/2018).

If	Then
Yes	Veteran is eligible for initial Grandfather status. Create VCE of “G” (Grandfather) and the determination date.
No	Veteran is not eligible for initial Grandfather status. This means that a Veteran does not have an appointment for care in the designated date range.

 Notes:

-  All new Community Care eligibilities must have “Community Care Outcomes” displayed in the expected places of the Enrollment System (for example, under the **Overview** tab, **View Community Care Determination** panel, **Community Care Determination** screen, and the **Community Care Determination History** screen).
-  Processing times will be in Central Standard Time (CST) zone.

Category	Old Value	New Value	Data Changed
Community Care Outcome			
Veterans Community Care Eligibility (VCE):	U	U	
Community Care Outcome:	Urgent Care	Urgent Care	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	
Veterans Community Care Eligibility (VCE):	N	N	
Community Care Outcome:	State No Full-Service VA	State No Full-Service VA	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	
Veterans Community Care Eligibility (VCE):	G	G	
Community Care Outcome:	Grandfathered	Grandfathered	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	

Figure 176: Community Care Outcomes

... recalculate the VCE based on new Community Care Program rules? [\[back\]](#)

The Enrollment System determines Community Care eligibility for the entire population of enrolled Veterans and recalculates the VCE based on new Community Care Program (CCP) rules (effective 06/06/19) for any Veteran that has an inactive VCE value such as Mileage (M), Mileage/Wait-Time (MWT), Wait-Time (WT), or any permutations of M and WT, and it is recorded in Community Care History.

If	Then
Hardship data exists for “No Full-Service VA” status, “Hardship and No Full-Service VA” status, or “Urgent Care” status	<p>The Enrollment System records the old and new outcome of the total population.</p> <ul style="list-style-type: none">  For “Basic”, the old description will be used until 06/05/2019 11:59PM. On 06/06/2019, “Basic” will be used.  For “Hardship”, the old description will be used until 6/5/2019 11:59 PM. On 06/06/2019, “Hardship” will be used.

The Enrollment System assigns and unassigns VHAPs to a Veterans' profile based on "Determine VHAP" rules. The assign and unassign functionality currently exist in the Enrollment System and applies to all new CCP VHAPs. The Enrollment System also sends all new VHAP assignments as an HL7 Message (Z11). Each VHAP represents a single segment. All new MISSION Act VHAPs available are sent to VistA.

... retain Community Care Program Grandfather status? [\[back\]](#)

1. Determine if the Veteran has ever been assigned a VCE of "G"?

If	Then
Yes	Veteran is a part of the Grandfather population.
No	Veteran is not eligible for Grandfather status.

2. Determine if the Veteran still eligible for mileage under existing Veterans Access, Choice, and Accountability (VACAA) rules.

If	Then
Yes	Proceed to step 3.
No	Veteran is not eligible for Grandfather status.

3. Determine if the Veteran reside in five lowest population density states:

1. Alaska (AK)
2. Wyoming (WY)
3. Montana (MT)
4. North Dakota (ND)
5. South Dakota (SD)

If	Then
Yes	Retain Grandfather status, VCE of "G" and the determination date.
No	Proceed to step 4.

4. Determine if the date is 06/06/20 or earlier.

If	Then
Yes	Determine if the Veteran receive care under Title 38 (06/06/2017 – 06/06/2018). <ol style="list-style-type: none"> 1. If yes, Veteran is eligible for Grandfather status. Proceed to step 5.

If	Then
	2. If no, Veteran is not eligible for Grandfather status.
No	Veteran is no longer eligible for Grandfather status.

5. Determine if the Veteran is eligible for VCE of “M” (mileage within the context of Grandfather).

If	Then
Yes	<p>Determine if the Veteran lives in Alaska (AK), Wyoming (WY), Montana (MT), South Dakota (SD), or North Dakota (ND).</p> <p>5. If yes, the Veteran is still Grandfathered.</p> <p>6. If no, determine if it’s 06/07/2020 or later.</p> <ul style="list-style-type: none"> ○ If yes, 06/07/2020 Grandfather rules no longer apply to this population. ○ If no, determine if the Veteran meets received care eligibility. <ul style="list-style-type: none"> ▪ If yes, the Veteran is still Grandfathered until 06/06/2020. <p>If no, the Veteran regains Grandfather population eligibility.</p>
No	<p>Regain Grandfather population.</p> <p>Determine VCE.</p>

 Notes:

- All new Community Care eligibilities must have “Community Care Outcomes” displayed in the expected places of the Enrollment System (for example, the **Overview** tab, **View Community Care Determination** panel, **Community Care Determination** screen and the **Community Care Determination History** screen.).
- Processing times will be in Central Standard Time (CST) zone.

Category	Old Value	New Value	Data Changed
Community Care Outcome			
Veterans Community Care Eligibility (VCE):	U	U	
Community Care Outcome:	Urgent Care	Urgent Care	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	
Veterans Community Care Eligibility (VCE):	N	N	
Community Care Outcome:	State No Full-Service VA	State No Full-Service VA	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	
Veterans Community Care Eligibility (VCE):	G	G	
Community Care Outcome:	Grandfathered	Grandfathered	
Last Edited:	04/12/2019 4:00:08PM	04/12/2019 7:00:17PM	
Edited By:	Job-RecalculateVCE	Job-VCEParametersChangedProces	

Figure 177: Community Care Outcomes

[... determine Community Care Program eligibility? \[back\]](#)

The Enrollment System determines the Community Care Program (CCP) eligibilities for services. An enrolled Veteran may qualify for one or more of the following Veterans Community Care Eligibilities (VCE):

Veterans Community Care Eligibility (VCE)	VCE Code	Description
Basic	B	Enrolled Veterans in the Veterans Affairs (VA) health care system meet the primary criteria for the new Community Care Program. These Veterans do not qualify for other static eligibilities; for example: Grandfathered, Hardship (General Best Medical Interest), State No Full-Service VA, or Urgent Care. These Veterans however can be considered for Service Not Available, Access Standards, or Episodic Best Medical Interest (BMI).
Hardship	H	Enrolled Veterans in a VA health care system. This eligibility is considered General Best Medical Interest. Veterans who meet MISSION Act access standards (wait time and drive time) may still face unusual or excessive burdens in accessing care at the VA based on Environmental or geographic inaccessibility (including air, boat, ferry) or Medical condition and Veteran has received a consult. This eligibility has an expiration (six months or 12 months).
Ineligible	X	Veterans who do not meet the criteria for enrollment in VA health care nor the criteria for not enrolled covered Veterans. This also includes Veterans who were eligible and subsequently became ineligible for VA health care.
Grandfathered	G	Enrolled Veterans who were driving distance-eligible under Veterans Choice Program. Require that the Veteran (1) be distance-eligible on the day before the MISSION Act was signed (June 5, 2018), and (2) is

Veterans Community Care Eligibility (VCE)	VCE Code	Description
		distance-eligible under Veterans Choice rules as of the start of the MISSION Act on June 6, 2019 and lives in one of the five states with the lowest population density from the 2010 Census: North Dakota, South Dakota, Montana, Alaska, and Wyoming.
State No Full-Service VA	N	Enrolled Veterans who reside in a state with no full-service VA medical facility.
Urgent Care	U	Enrolled Veterans who have received care through VA from either a VA or community provider within the past 24 months.
Entitled Care	E	Not enrolled covered Veterans who are 50 to 100% rated service connected and otherwise entitled to hospital care, medical services, extended care services and community care services. These Veterans are eligible for episodic care and flu shots.
Restricted Care	R	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, Military Sexual Trauma (MST), or Mental Health Other Than Honorable (OTH) as documented in their record. This population includes Veterans and non-Veterans if they meet the following eligibility: 0% to 40%; SC 0% (non-compensable); or Veteran who 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; MST Non-Veteran (Active Duty); Emergent Mental Health (MH) Other-Than-Honorable (OTH) or Extended MH OTH.

 **Notes:**

-  Veterans may be determined to be no longer eligible for the Community Care Program, or not eligible for the Community Care Program, or eligible for the Community Care Program, but no longer eligible for Community Care Services.
-  The Enrollment System checks for a Mail Stop Indicator on the Veterans Record. This data is coming in from MVI, so a Date of Death is not necessarily on the Veteran’s record, but the VA knows the Veteran is deceased. If MAIL_STOP_REASON is equal to “Unverified Date of Death indicated from MVI correlation”, then exclude from the population that would be otherwise eligible for a Community Care VHAP. In this scenario, the VCE_Indicator would also be set to Null.

... determine if the Veteran meets the Basic qualifications for Community Care Program?

[\[back\]](#)

When determining enrollment for Basic, the following below must be met for the Veteran to qualify for the Community Care Program:

- Veteran's current enrollment status is "Verified".

OR

- Veteran's current enrollment status is one of the "not enrolled" statuses:
 - Pending
 - Means Test Required or Pending
 - Purple Heart Unconfirmed

AND the Veteran has a previous period of valid enrollment.

... determine if the Veteran meets the Entitled Care qualifications for Community Care Program? [\[back\]](#)

When determining eligibility for Entitled Care, the following below must be met for the Veteran to qualify for the Community Care Program:

- Veteran Indicator is "True".
- Eligibility Status is "Verified".
- Enrollment Status is:
 - Cancelled/Declined
 - Registration Only
- Service Connection is equal to or greater than 50%.

 **Note:** Entitled Care eligible Veterans are eligible for episodic care and flu shots.

... determine if the Veteran meets the Restricted Care qualifications for Community Care Program? [\[back\]](#)

When determining eligibility for Restricted Care, at least ONE of the following below must be met for the Veteran to qualify for the Community Care Program:

- Veteran Indicator is "True".
- Eligibility Status is "Verified".

- Enrollment Status is:
 - Cancelled/Declined
 - Registration Only
- Service Connection is 0-40%.

OR

- Veteran Indicator is “True”.
- Eligibility Status is “Verified”.
- Enrollment Status is:
 - Not Eligible; Ineligible Date
 - Not Eligible; Refused to Pay Copay
 - Registration Only
 - Rejected; Below Enrollment Group Threshold
- Service Connection is 0% Non-Compensable.

OR

- Veteran Indicator is “True”.
- Eligibility Status is “Verified”.
- Enrollment Status is:
 - Cancelled/Declined
 - Not Eligible; Ineligible Date
 - Not Eligible; Refused to Pay Copay
 - Registration Only
 - Rejected; Below Enrollment Group Threshold
- Military Sexual Trauma is “Screened, Reports MST”

OR

- Veteran Indicator is “False”.
- Enrollment Status is:
 - Not Applicable
 - Registration Only
 - Not Eligible; Ineligible Date
- Military Sexual Trauma is “Screened, Reports MST”.

OR

- Veteran Indicator is “False”.
- Eligibility Status is “Verified”.
- Enrollment Status is:
 - Not Applicable
 - Registration Only
- Primary Eligibility is “Expanded MH Care Non-Enrollee”.

OR

- Veteran Indicator is “True”.
- Service Connection is 0%.
- Total Check Amount is “0”.
- Rated Disability is “Unspecified Neurosis”.
- Enrollment Status is “Rejected; Below Enrollment Group Threshold”
- Priority Group is “8”.
- Priority Group Sub Type is “e”.

OR

- Veteran Indicator is “True”
- Service Connection is 0%
- Total Check Amount is “0”.
- Rated Disability is “Unspecified Neurosis”.
- Enrollment Status is “Not Eligible; Ineligible Date”.
- Ineligible Date is after 06/13/2013.
- Secondary Eligibility is “Humanitarian Emergency”.

 **Note:** Restricted Care eligible population are only eligible for care related to their Service Connected conditions, Military Sexual Trauma (MST), or Mental Health Other Than Honorable (OTH) as documented in their record.

... determine if the Veteran meets the criteria for Initial Population for Grandfather consideration? [\[back\]](#)

For Veterans assigned mileage on 6/5/2018, records will be marked “Yes” for the initial population for grandfather consideration, otherwise, the record will be marked “No”.

... determine if the Veteran is eligible for Grandfather status? [\[back\]](#)

1. Meets the basic Veterans Community Care Program qualifications (refer to the [Basic Qualifications for the Community Care Program](#)).

AND

2. Determine if the Veteran eligible for mileage on 06/05/2018.

If	Then
Yes	Mark the record for initial population for grandfather consideration and proceed to step 3.
No	Veteran not eligible for Grandfather status.

3. Determine if the Veteran is still mileage eligible on 06/06/2019.

If	Then
Yes	Proceed to step 4.
No	Veteran not eligible for Grandfather status.

4. Determine if the Veteran resides in the five lowest population density states:

- Alaska (AK)
- Wyoming (WY)
- Montana (MT)
- North Dakota (ND)
- South Dakota (SD)

If	Then
Yes	Create VCE of “G” and the determination date
No	Proceed to step 5.

5. Determine if the Veteran received care under Title 38 between the dates of 06/06/2017 - 06/06/2018.

If	Then
Yes	Veteran is eligible for Grandfather status. 1. Create VCE of “G” (Grandfather) 2. Create the determination date.

If	Then
No	Veteran is not eligible for Grandfather status.

... determine if the Veteran is eligible for Grandfather status retaining rules? [\[back\]](#)

- Meets the basic Veterans Community Care Program qualifications (refer to the [Basic Qualifications for the Community Care Program](#)).

AND

- For Grandfathered records that were part of the original population (6/6/2019) and were assigned a “G” there will be a separate and distinct rule flow for those records. For the Title 38 Rules, effective 06/07/2020 Title 38 Care Received is no longer a criterion for Grandfathered eligibility.

... determine if the Veteran is eligible to regain Grandfather status rules? [\[back\]](#)

1. Meets the basic Veterans Community Care Program qualifications (refer to the [Basic Qualifications for the Community Care Program](#)).

AND

2. Determine if the Veteran is part of the Grandfather group being tracked because they fell out of Grandfather.

If	Then
Yes	Proceed to step 3.
No	Veteran not eligible for Grandfather status.

3. Determine if the Veteran moved.

If	Then
Yes	Proceed to step 4.
No	Veteran not eligible for Grandfather status.

4. Determine if the Veteran is still eligible for mileage under existing Veterans Choice Mileage Rules.

If	Then
Yes	Proceed to step 5.
No	Veteran is not eligible for Grandfather status.

5. Determine if the Veteran resides in the five lowest population density states:

- Alaska (AK)
- Wyoming (WY)
- Montana (MT)
- North Dakota (ND)
- South Dakota (SD)

If	Then
Yes	<ol style="list-style-type: none"> 1. Mark the record as Grandfather status. 2. Update the determination date.
No	Proceed to step 6.

6. Determine if the date is 06/07/2020 or later.

If	Then
Yes	Do not consider care data.
No	<p>Did the Veteran receive care under Title 38 (6/6/17 – 6/6/18)?</p> <ul style="list-style-type: none"> • If yes, Veteran is eligible for Grandfather status. <ol style="list-style-type: none"> 1. Create VCE of “G” (Grandfather) 2. Create the determination date. • If no, the Veteran is not eligible for Grandfather status.

Note: Even if the Veteran loses Grandfather eligibility, track the Veteran for changes in residential address for a further consideration of the Veterans Choice Mileage Rules.

... determine if the Veteran meets criteria for Hardship based on GEOBURDEN or AIR,

BOAT or FERRY, or COMMUNITY CARE–HARDSHIP DETERMINATION? [\[back\]](#)

- The enrolled Veteran qualifies for Veterans Community Care eligibility for “Hardship” based on GEOBURDEN or “AIR, BOAT or FERRY, or “COMMUNITY CARE-HARDSHIP DETERMINATION” if the following criteria are true for the Veteran:
- Meets the basic Veterans Community Care Program qualifications (refer to the [Basic Qualifications for the Community Care Program](#)).

AND at least one of the following is true:

- Where the CLINIC NAME or LOCATIONNAME is set to any of the following:
 - VCL-GEOBURDEN
 - VCL-AIRBOATFERRY

-  **Note:** The consult "COMMUNITY CARE-HARDSHIP DETERMINATION" goes into effect with the MISSION Act on June 15th, 2019 and this is the only method of new hardship starting 06/15/2019.

... determine if the Veteran is eligible for "State with no Full-Service Medical Facility"?
[\[back\]](#)

The Veteran qualifies for "State with no Full-Service Medical Facility" eligibility if the following criteria are true for the Veteran:

- Meets the basic Veterans Community Care Program qualifications (refer to the [Basic Qualifications for the Community Care Program](#)).

AND at least ONE of the following is true:

- Veterans residential address is in a state specified in the VACAA law (the states are: Alaska (AK) and Hawaii (HI)).

OR

- Veterans residential address is in New Hampshire (NH) and is not assigned White River Junction Veterans Affairs Medical Center (VAMC), OR Veterans Residential address is in New Hampshire and is more than 20 miles from the White River Junction VAMC.

OR

- Veterans residential address is in one of the following US Territories:
 - For the following territories: Guam, American Samoa, CNMI (Northern Mariana Islands), and US Virgin Islands.
 - Philippines Islands (PH/PI)
 - US Minor Outlying Islands (UM):
 - Baker Island Atoll
 - Howard Island Atoll
 - Jarvis Island
 - Johnston Atoll (also known as Kalama Atoll)
 - Kingman Reef
 - Midway Islands
 - Navassa Island
 - Palmyra Atoll
 - Wake Island (also known as Wake Atoll)
 - Federated States of Micronesia (FM)
 - Republic of the Marshall Islands (MH)
 - Republic of Palau (PW) (sometimes spelled Belau or Pelew)

... determine if the Veteran is eligible for Urgent Care? [\[back\]](#)

A Veteran qualifies for Urgent Care if they meet the following criteria:

- Meets the basic Veterans Community Care Program qualifications (refer to the [Basic Qualifications for the Community Care Program](#)).

AND

- Enrolled Veteran must have received care under Title 38 within two (2) years of date Veteran is seeking care.

 **Note:** A Veteran loses their Urgent Care eligibility if they meet the following criteria:

- Veterans who were enrolled and become no longer enrolled.

- Enrolled Veterans who received care under Title 38 outside of the two (2) years, rolling two years, of date Veteran is seeking non-VA urgent care.

... determine if the Veteran is no longer eligible? [\[back\]](#)

A Veteran no longer qualifies for the CCP if they were previously eligible for the CCP (for example, had a previous VCE determination that was not 'X' (ineligible)) and has a change in enrollment status from one of the “enrolled” statuses to one of the “not enrolled” statuses (see the Determine Enrollment use cases for the list of Enrollment statuses that are considered “enrolled” and “not enrolled”).

... set Veterans Community Care Eligibility (VCE) Indicator? [\[back\]](#)

Set the Veterans Community Care Eligibility (VCE) indicator as described in the following table below:

Community Care Outcome:	Set VCE code to:
Pre-MISSION Act (No longer available on 06/06/2019)	
Basic	B
Hardship	H
Mileage	M
Wait-Time	WT
Not Eligible	X
Mileage and Wait-Time	MWT
Hardship and Wait-Time	HWT
MISSION Act (Available on 06/06/2019)	
Basic	B
Grandfathered	G
Hardship	H
State No Full-Service VA	N
Urgent Care	U
Not Eligible	X
Entitled Care*	E
Restricted Care*	R
Collateral Community Care Program VCE	
ART/IVF	A
Marriage/Family Counseling	C
Newborn	I
VHA Transplant	T

**Added ES 5.13; covered under MISSION Act*

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
 -  **Note:** If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
3. From the *Overview* screen click the Update Current Eligibility link to display the *Edit Current Eligibility* screen.
4. Enter your method for determining the beneficiary's Service Connection in the *Eligibility Verification Method* field. This can be **HINQ**, **VBA**, **DD-214/DD-215** or **Rating Letter**.
 -  **Note:** *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.
5. Enter a SC percentage between 0 and 100% in the *Service Connected* field.
 -  **Note:** Service Connected (%) is required when the Veteran has *Rated SC Disabilities* information.
6. Enter an *Effective Date of Combined Evaluation*. The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.
 -  **Note:** This date cannot be in the future and must be precise.
7. Click on the **Add Rated SC Disabilities** button to display the rated SC disabilities fields.
8. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.
 -  **Note:** The system automatically fills in the description based on the *Code* number entered.
9. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.
10. Enter a SC % between 0 and 100.
 -  **Note:** *Rated Disabilities* are required when *Service Connected %* is zero or greater. A *Disability %* is required for each *Rated Disability* entered.
11. Enter in the **Original Effective Date** field the date the condition was originally determined to be Service Connected.
12. Enter in the **Current Effective Date** field the date on which the rated disability was/is effective. This is the most recent date on which VBA establishes a new Service Connected disability percentage for the particular diagnostic code.
13. Click the "Yes" radio button in the *Receiving VA Disability Compensation* field if the beneficiary is receiving disability compensation.
14. Enter an amount in the **Total Monthly Check Amount** field if the beneficiary is receiving disability compensation or a pension check.
 -  **Note:** The *Annual Check Amount* is system filled based on the amount entered in the **Total Monthly Check Amount** field.
15. Click Accept Changes.

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

4. From the *Overview* screen click the Update Current Eligibility link to display the **Edit Current Eligibility** screen.
5. Change/update the *Service Connected* percentage.
6. Update the *Effective Date of Combined Evaluation*.
7. Click the **Rated Disabilities** button to display the related fields.
8. Click the **ADD RATED SC DISABILITIES** button to add another rated disability.
9. Change the existing *Rated SC Disabilities* percentage as necessary. Change the *Current Effective Date*. Update the *Original Effective Date* if necessary.
10. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.

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

11. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.
12. Enter a SC % between 0 and 100.

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

13. Enter in the **Original Effective Date** field the date the condition was originally determined to be Service Connected.
14. Enter in the **Current Effective Date** field the date on which the rated disability was/is effective. This is the most recent date VBA established the new Service Connected disability percentage for community care particular diagnostic code.
15. Enter another *Rated SC Disability* by repeating steps 10 - 14.
16. Change the *Total Monthly Check Amount* that corresponds with the increase in the SC %.

 **Note:** Notice the *Annual Check Amount* is system calculated.

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

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

18. If the changes look OK, you can click the **Accept Changes** button to accept the changes. Otherwise, click the **Discard Changes** button to cancel the changes and start over if desired. If the **Accept Changes** button is clicked, you will now notice the new updates in the **Current Eligibility** summary as well as the **Rated SC Disabilities** summary for the beneficiary.

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

... Confirm a Veterans Purple Heart status with previously unacceptable documentation?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

4. Click on the ELIGIBILITY link to display the *Current Eligibility* screen.
5. From the *Current Eligibility* screen, click the EDIT PURPLE HEART link.

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

6. In the *Document Receipt* section of the *Edit Purple Heart* screen, select a *Document Type* from the dropdown.
7. Select a *Data Source* from the dropdown.
8. Select the "Yes" radio button for *Document Acceptable*.
9. Click the **UPDATE** button to update the PH documentation.

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

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

... Confirm a Veterans Purple Heart update when the site enters the PH status?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

4. From the *Overview* screen, click on the ELIGIBILITY link to display the Current Eligibility screen under the Eligibility tab.
5. From the Current Eligibility screen, click the EDIT PURPLE HEART link to display the Edit Purple Heart screen.
6. For *Assigned LAS*, assign yourself. Select from the dropdown.
7. Click the **LOG NEW DOCUMENT** button to log a new document.
8. In the *Document Receipt* section, select a *Document Type* from the dropdown.
9. Select a *Data Source* from the dropdown.
10. Select the "Yes" radio button for *Document Acceptable*.
11. Click the **UPDATE** button to update the PH documentation.
12. The *Current Eligibility* screen appears with a "Purple Heart added successfully." message.

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

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

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the Person Search screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

3. From the *Overview* screen click the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. From the **Edit Current Eligibility** screen, click the **Change Indicator to No** button for the *Veteran Indicator*.
5. Leave the *Eligibility Status* as **Verified**.
6. For *Eligibility Verification Method*, enter the way or how the user verified the eligibility of the applicant.
7. Example may be "DD-214 at 644." etc.
8. Enter a date in the *Ineligible Date* field.
9. Enter a reason in the *Ineligible Reason* field.

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

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

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

11. To view the impact the updates would make without committing the changes, click the **Review Impact** button. If the **Accept Changes** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **NOT ELIGIBLE**.

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

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

3. From the *Overview* screen click the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. On the *Edit Current Eligibility* screen, change the *Veteran Indicator* to **Yes** by clicking the **CHANGE INDICATOR TO YES** button.

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

5. Leave the *Eligibility Status* as **Verified**.
6. Enter an *Eligibility Status Date*.
7. Enter an Eligibility Verification Method as appropriate.
8. If there is a date in the Ineligible *Date* field, delete it.

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

9. To view the impact the updates would make without committing the changes, click the **Review Impact** button. If the **Accept Changes** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **PENDING**. It's pending because the beneficiary does not have a Means Test on file.

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

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
5. Make a selection from the ***Radiation Exposure Method*** field dropdown.
6. To review the impact, click the ***Review Impact*** button.

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

7. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes. The *Current Eligibility* summary screen under the **Eligibility** tab appears and you'll notice **Radiation Exposure** appears under the **Other Eligibility Factors** section.

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

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

IMPORTANT NOTE

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

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

4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
5. Select **Vietnam** from the *Agent Orange Exposure Location* field dropdown.
6. To review the impact, click the **Review Impact** button.
 -  **Note:** From the *Eligibility Edit Review Page* you'll see **Agent Orange Exposure** under the **Proposed Status** column on the *Other Eligibility Factors* row.
 -  **Note:** The *Enrollment Status* changed from **Rejected; Below Enrollment Group Threshold** to **Verified** and the *Enrollment Priority* changed from **Group 8G** to **6**.
7. If everything looks acceptable, click the **Accept Changes** button at the bottom of the page to commit the changes. The *Current Eligibility* screen under the **Eligibility** tab appears, and the *Agent Orange Exposure Location* selected appears under the **Other Eligibility Factors** section.

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
 -  **Note:** The beneficiary's Eligibility Status is **Verified**. His Primary Eligibility Code is **NSC**. Also note the beneficiary's Enrollment Status is **PENDING**, due to having no current income test data on file.
3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
5. Make a selection from the *Agent Orange Exposure Location* field dropdown.
6. To review the impact, click the **Review Impact** button.
 -  **Note:** From the *Eligibility Edit Review Page* you'll see **Agent Orange Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.
7. If everything looks acceptable, click the **Accept Changes** button at the bottom of the page to commit the changes. The *Current Eligibility* screen under the **Eligibility** tab appears, and you'll notice the **Agent Orange Exposure Location** selected appears under the **Other Eligibility Factors** section.

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

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

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file

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

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

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

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. Scroll down to the bottom of the Edit Current Eligibility screen.
5. If not already expanded, click on the Other Eligibility Factors link to expand it. If already expanded, click the **Yes** radio button for the *SW Asia Conditions* field.
6. When finished, click the **Review Impact** button. After clicking the **Review Impact** button, the system displays the *Eligibility Edit Review Page*. Note that **SW Asia Conditions** displays under the **Proposed Status** column for the **Other Eligibility Factors** field. The beneficiary's *Enrollment Status* will change from **Rejected; Below Enrollment Group Threshold** to **Verified**.

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

7. If the changes are acceptable, click the **Accept Changes** button to accept the changes. The *Current Eligibility* screen displays with the new *Enrollment Status* of **VERIFIED (Group**

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

... Add Pension information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veterans *Enrollment Status* can be any number.

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

3. From the Overview screen, begin by clicking the Update Current Eligibility link. The *Edit Current Eligibility* screen displays.
4. On the *Edit Current Eligibility* screen, click the "Yes" radio button for the **VA Pension** field.
5. Enter a precise date in the **Pension Award Effective Date** field. See the **Rules ...** in the online help or the user manual for this field for additional date restrictions.
6. Enter a *Pension Award Reason* from the dropdown. The Receiving VA Disability Compensation field should indicate "No".
7. Enter a Total Monthly Check Amount in dollars. The **Annual Check Amount** field will be calculated based on the amount in the **Total Monthly Check Amount** field.
8. To see the impact of the changes without committing them, click the **Review Impact** button.
9. When completed, click the **Accept Changes** button to commit the changes. The system returns to the *Current Eligibility* screen.

IMPORTANT NOTE

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

... Remove Pension information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veterans **Enrollment Status** Priority Group (PG) should be 5, unless another eligibility qualifies the Veteran for a higher (lower number) PG. The Veterans *Primary Eligibility Code* should be "NSC, VA Pension", and there should be a dollar amount for the *Annual Check Amount* on the *Current Eligibility* screen.
3. From the *Overview* screen, begin by clicking the Update Current Eligibility link. The *Edit Current Eligibility* screen displays.
4. On the *Edit Current Eligibility* screen, click the "No" radio button for the **VA Pension** field. The **Pension Award ...** fields will be grayed out and additional **Pension Termination ...** fields will appear.
5. Enter a precise date in the **Pension Termination Date** field. See the **Rules ...** in the online help or the user manual for this field for additional date restrictions.
6. Enter a Pension Termination Reason 1 from the dropdown.
7. Make sure the **Receiving VA Disability Compensation** field indicates "No".
8. Remove the Total Monthly Check Amount. The **Annual Check Amount** field amount will be cleared by the system.
9. When completed, click the **Accept Changes** button. The system returns to the *Current Eligibility* screen.

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

... Add Prisoner of War (POW) information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veterans **Enrollment Status** can be any PG. However, if the PG is 4 or lower (higher number), it will change to PG 3 after the system accepts the POW data.
3. From the Overview screen, begin by clicking the Update Current Eligibility link.
4. The *Edit Current Eligibility* screen displays.
5. From the *Edit Current Eligibility* screen, click on the **Add POW Episode** button. Additional **POW** fields display.
6. For the **POW Source** field, select from the dropdown.
7. For the **Document Type** field, select from the dropdown.
8. For the **Capture Date** field, enter at least a month and a year. See the in the online help or the user manual for this field for additional date restrictions.
9. For the **Rules ... Release Date** field, enter at least a month and a year. See the **Rules ...** in the online help or the user manual for this field for additional date restrictions.
 -  **Note:** The system will calculate the *Days of Captivity* field if precise dates are entered for the capture and release dates. Otherwise, it will remain blank.
10. For the **Confinement Location** field, select from the dropdown.
11. For the **Camp** field, select from the dropdown. The system will calculate, and system fill the *Camp Code* and *Camp City* based on the *Confinement Location* selected.
12. When completed, click the **Accept Changes** button. The system returns to the *Current Eligibility* screen.
 -  **Note:** The change can be verified by noting the Primary Eligibility Code is now "Prisoner of War" and the Veterans Enrollment Status has changed to PG 3 (if previously in a lower priority (higher number)).

... Input Allied Veteran information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's **Enrollment Status** is "Pending".
3. From the *Overview* screen, begin by clicking the Update Current Eligibility link. The *Edit Current Eligibility* screen displays.
4. From the Edit Current Eligibility screen, for the Veteran Indicator field, click the button that says, **Change Indicator to No**.
5. Change the **Eligibility Status** field selected to **Verified**.
6. The **Eligibility Status Date** field defaults to the current date but may be changed. This date cannot be a future date and is required when a valid Eligibility Status is selected.
7. Enter "Consulate Letter" or other valid verification method in the **Eligibility Verification Method** field.
8. Under the **Non-Veteran Eligibility Codes** section, make a selection from the dropdown for the **Allied Veteran Country** field.
9. When finished, click either the **Review Impact** or the **Accept Changes** button. The Select Period Of Service screen displays when a user has manually changed the Veteran Indicator from "Yes" to "No", (making a Veteran a non-Veteran) and clicks the **Accept Changes** button.
10. Select a Period of Service from the dropdown.
11. When finished, click the **Update** button. The *Current Eligibility* screen displays with the changes visible. The **Primary Eligibility Code** should now be "Allied Veteran" and the **Enrollment Status** should be "Not Applicable", or, if an *Ineligible Date* and *Ineligible Reason* were entered, "Not Eligible". The *Eligibility Status* will now be Verified.

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veterans **Enrollment Status** should be PG 3 (PH) and his *Primary Eligibility Code* should be "Purple Heart Recipient". After removal of the PH data, the **Enrollment Status** should be lower (higher number) unless the Veteran has another eligibility placing him in a higher priority.

3. From the *Overview* screen, begin by clicking the **Eligibility** tab. The *Current Eligibility* screen displays.
4. From the *Current Eligibility* screen, click on the **Edit Purple Heart** link. The *Edit Purple Heart* screen displays.
5. On the *Edit Purple Heart* screen, select the appropriate individual from the dropdown for the **Assigned LAS** field.
6. For the **Rejected Remarks** field, select "Entered in Error" from the dropdown. When completed, click the **Update** button at the bottom of the screen. The system returns to the *Current Eligibility* screen with a confirmation message that the Purple Heart was updated successfully. The PH listing is also no longer displayed under the **Secondary Eligibility Codes** section of the *Current Eligibility* screen.

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

... Update Veteran Discharge Due to Disability information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview screen*. This screen gives the user an overview of the beneficiary's current information on file.

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

3. From the *Overview* screen, begin by clicking the **Update Current Eligibility** link to go directly to the *Edit Current Eligibility* screen. On the *Edit Current Eligibility* screen, the Veteran Indicator should indicate "Yes".
4. In the **Other Eligibility Factors** section, change the **Discharge Due to Disability** field indicator from "No Data" or "No" to "Yes".
5. When finished, click either the Review Impact or the Accept Changes button. The **Enrollment Status** should now indicate Verified (Group 3)

... apply a Manual Override? [\[back\]](#)

Note: Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions. Enrollment System users will still see the Manual Override and Remove Override functions but will not be able to use them.

In this scenario we will use the **Manual Override** button and enter the override reason.

1. Select the ★Community Care Override Reason (required) from the following values:

- Administrative Decision
- Enrollment Systems Record Error
- Legislative Change

2. Select the ★Community Care Override Comments and provide a reason for the manual override (required).

3. Select the Community Care Outcome Indicator.

💡 **Note:** Select one or two VCE Indicator(s). The Business Rules for these select boxes are shown in the Excel Spreadsheet attached in the last section.

4. Click Update or Cancel.

💡 **Note:** **Update** displays a confirmation message, “*Community Care Outcome Updated Successfully*”; **Cancel** takes you back to the *Community Care Determination* screen in its initial state.

[...remove an Override? \[back\]](#)

Note: Manual Override and Remove Override functions will be disabled for users who do NOT have Manual Override permissions. Enrollment System users will still see the Manual Override and Remove Override functions but will not be able to use them.

To cancel and override, perform the following procedure:

1. Select the ★Community Care Remove Override Reason.

2. Select from the following values:

- Administrative Decision
- Enrollment Systems Record Error
- Legislative Change

3. Select the Community Care Remove Override Comments, a free-form text field. (Required)

4. The user will **not** be required to select a VCE Indicator. The system will automatically recalculate the correct VCE Indicator based on the data present on the Veterans Record.

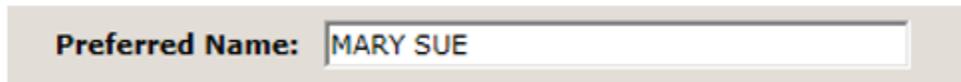
5. Click Update or Cancel. Update displays a confirmation message “*Community Care Manual Override Removed Successfully*”; Cancel takes them back to the **Community Care Determination** screen in its initial state.

8.5 Demographics

... edit a Veterans preferred name? [\[back\]](#)

Perform the following steps in the Enrollment System to edit Veterans preferred name for an existing record.

1. Click into the **Preferred Name** field.
2. Edit the Veterans preferred name.

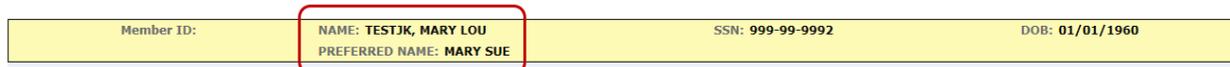


A screenshot of a form field labeled "Preferred Name:" with a text input box containing the name "MARY SUE".

Figure 178: Preferred Name field

Note: Make sure the **Place of Birth City** and the **Place of Birth State** required fields are populated before clicking the **Update** button.

3. Click the **Update** button once all required fields have been entered.



A screenshot of a member banner with a yellow background. It contains the following information: Member ID: (blank), NAME: TESTJK, MARY LOU, SSN: 999-99-9992, and DOB: 01/01/1960. The preferred name field is highlighted with a red box and contains the text "PREFERRED NAME: MARY SUE".

Figure 179: Banner with updated preferred name

The preferred name has been successfully updated.

Notes:

If	Then
A preferred name has been entered for a Veteran	The Enrollment System user cannot delete a preferred name once the name has been entered. Note: As of Enrollment System 5.6, deleting a preferred name requires an override in the MVI toolkit. The user would clear out the

If	Then
	Preferred Name field in MVI and click the Save button to perform an override.
<p>The preferred name is populated, and the Enrollment System user leaves the Preferred Name field blank (Example: Changing “John” to “”.)</p> <p>Note: Enrollment System users have at least one valid character in the Preferred Name field when editing preferred name.</p>	<p>The following error message displays after clicking the Update button: <i>"Preferred Name Cannot be Blank"</i></p>
<p>If the Enrollment System user enters preferred name with characters other than alphabetical characters, apostrophes, hyphens, and spaces (Example: numbers or symbols).</p>	<p>The following error message displays after clicking the Update button: <i>"Preferred Name is Invalid"</i></p>
<p>The Update button is clicked, and no errors are present</p>	<p>The following success message displays: <i>" Identity Traits updated successfully. "</i></p>

... enter a *Beneficiary's Date of Death*?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

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

On the Personal screen, enter a date in the Date of Death field. If a **Date of Death** is entered, the user must click the OK or Close button after the *Death Notification Source* popup appears:

- SPOUSE/NOK/OTHER PERSON will be the only value in the *Death Notification Source* field. (For the date of death to be promoted to the Primary View in MVI, the *Death Notification Source* must be SPOUSE/NOK/OTHER PERSON.)
 - After a *Date of Death* is entered, a popup with this message will appear. It will contain this message: "Death Notification Source will be set to SPOUSE/NOK/OTHER PERSON."
 - 💡 **Note:** Notice that the *Death Notification Source* (required if *Date of Death* field populated) and *Death Notification Site* fields appeared because a *Date of Death* was entered.
4. Click OK and the *Death Notification Source* field will be populated with the SPOUSE/NOK/OTHER PERSON value. Alternatively, click Update to save the *Date of Death* information in the database. If the user does not click the OK button, the *Death Notification Source* field will remain null. If the user clicks the Cancel button without clicking the OK button, the *Date of Death* fields will revert to the previous values.
 5. Choose a *Death Notification Site* (not required) from the dropdown if appropriate.
 6. To commit the changes, click the **Update** button.
- 💡 **Note:** The Overview screen under the Demographics tab will display, and you should see a message indicating the person was updated successfully. You will note that the Date of Death Status under Update Personal indicates Deceased.

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
 2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
- 💡 **Note:** The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary's Enrollment Status is **DECEASED (GROUP 6)**. Notice the DOD in the yellow status bar.
3. From the *Overview* screen, begin by clicking the Update Date of Death link to display the *Personal* screen under **Demographics**.
 4. Scroll down to the ***Date of Death*** field and delete the date.

- 💡 **Note:** Notice that when the *Date of Death* is deleted, the system also deletes the *Death Notification Source*.

5. After deleting the date, click the **Update** button at the bottom of the screen. The *Personal* screen under **Demographics** appears with an *...updated successfully message*.
 -  **Note:** The *Enrollment Status* now reads **PENDING** and the *Date of Death Status* is **Alive**.
 -  The Enrollment Status is **PENDING** because the beneficiary does not have a current **Financial Assessment** on file.
 -  The beneficiary must complete a **Financial Assessment** and upon completion, will be placed in the applicable Priority Group.
 -  After the Date of Death is deleted and saved, SPOUSE/NOK/OTHER PERSON is the only option on the Death Notification Source dropdown.
 -  If the user deletes the Date of Death, the Date of Death fields will be blank and the 'Lazarus Date' will populate (the date on which the Date of Death was deleted).

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
 -  **Note:** The beneficiary's *Eligibility Status* is **Verified**.
3. From the *Overview* page, begin by clicking the Update Mailing Address link to display the *Permanent Mailing Address* page.
4. From the *Permanent Mailing Address* page, make a selection from the dropdown for the **Bad Address Reason** field.
5. For the optional *Source of Change*, the user may make a selection from the dropdown, if different from what may already be there.
 -  **Note:** If **VAMC** is selected, the user may then select a site from the *Site of Change* dropdown or leave it as **Health Eligibility Center**.
6. When finished, click the **Update** button.
 -  **Note:** After clicking the **Update** button, the system displays the *Overview* screen under **Demographics** and an "Address updated successfully." message displays. You'll notice that there is now a *Bad Address Reason* of "XXXXXXXX" in the Update Mailing Address section of the page.

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

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

3. From the *Overview* page, begin by clicking the Update Mailing Address link to display the Permanent Mailing Address page.
4. If necessary, change the *Country* default from the **United States**.
5. Update the information in *Address Line 1* as necessary. Use *Address Line 2* for apartment numbers, if necessary.
6. Update the required *Zip Code*, as necessary. When a valid zip code is entered, the system populates the **City**, **State**, and **County** fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected. If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.
7. Make any other additions/updates as necessary such as *Phone Numbers* and/or *Email Addresses*.
8. When finished, click the **Update** button. To return to the original information, click the **Reset** button. To cancel out of the screen altogether, click the **Cancel** button to return to the *Overview* screen within **Demographics**.

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

...perform a Letter Override

1. Click the Previously Mailed tab.
2. Click the Mail link under the Select to Remail column.
3. Check the Yes checkbox to the "Do you want to override this condition and send the letter?" question.
4. Click the Update button. The **Mail** link on the **Previously Mailed** tab for that Veteran will be disabled.

 **Note:** The user will need the **Override to Send** functionality enabled on their user profile to perform a letter override.

... update a Veterans Preferred Facility in the VA Health Care System?

In this scenario we're going to update a Veterans Preferred Facility in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
3. From the *Overview* page, begin by clicking the **Demographics** tab to display the *Demographics/Overview* screen.
4. From the *Demographics/Overview* screen, click on the **Personal** "sub-tab" to display the *Personal* screen.
5. In the *Personal* screen, find the **Preferred Facility** field and click on the dropdown and select a new preferred facility.
6. When finished, click the **Update** button. The system will return you to the *Demographics/Overview* screen with a message that your update was successful.
7. To verify your change in preferred facility was successful, click on the **Facility** tab. The *Facilities* screen lists the Veterans preferred facility. Look for a facility with a white check mark in a green box next to it. This indicates the Veterans preferred facility.

...change a phone number in ES? [\[back\]](#)

In this scenario, the ES user makes an area code change to a Veteran.

1. Enter in Veterans ICN on the **Pearson Search** screen.
2. Click **Find**.
3. Click the **Demographics** tab.
4. Click the **Addresses** sub-tab.
5. Scroll down to the bottom of the **Addresses** screen.

Notice the **Phone Numbers** and **Email Addresses** sections.

6. Click the **Add/Edit Address** button.
7. Change the phone number.
8. Click **Update** once complete.

The following message displays: *Contact Information updated successfully.*

1. Click the [Person Search](#) link on the upper-left to see changes made on the **Addresses** sub-tab.
2. Notice the area code changes on the **Addresses** sub-tab.
 - 💡 **Note:** ES users must click back to the **Addresses** sub-tab to see changes. The **Person Search** link will take ES users back to the **Overview** tab.
3. Click the **View Historical Addresses** link.
4. Scroll to the **Phones** section and view the old and new values of the phone number area code, the last update made, and the user who made the update. Each update is annotated with a **Data Changed**  icon.
5. Click the **Facility** tab to check if the area code change was accepted.
6. Click the **View All HL7 Messages** link and locate the recent area code change. Recent changes appear at the top.

Notice the area code change has been received by the respective facilities.

The Transmission Date time is central standard time (CST). A Z05 message was triggered to all facilities for this Veteran requiring an area code change.

...make an email address update in ES? [\[back\]](#)

In this scenario, the ES user will make an email address change to a Veteran.

From the **Overview** screen on ES,

1. Click the **Demographics** tab.
2. Click the **Addresses** sub-tab.
3. Click the **Add/Edit Addresses** button to the right.
4. Scroll to the bottom of the **Add/Edit Addresses** screen to the **Email Address** section.
5. Update/edit the email address to the preferred email address.
6. Click the **Update** button.

ES updates and the following message displays: *Contact Information updated successfully.*

7. Re-click the **Addresses** sub-tab to view changes made to the email address.
8. Click the **View Historical Addresses** link to view the old and new values of the email address, the last update made, and the user who made the update. Each update is annotated with a **Data Changed**  icon.
9. Click the **Facility** tab.
10. Click the **View All HL7 Messages** link to view the sites the email address was sent to on the HL7 Message Log.

...add an associate in ES? [\[back\]](#)

In this scenario, an associate with a role, address, phone number is added on ES.

On the **Demographics** tab of ES,

1. Click the **Associates** tab.

Notice the **Relationships** under the **Associates** pane.

 **Note:** When users make a change to a Veteran on VistA, VistA sends a Z07 message to ES.

2. Click the **Facility** tab to check if the Associate Add change was accepted.
3. Click the **View All HL7 Messages** link and locate the recent change made. Recent changes appear at the top.

Notice the Association changes have gone to the respective facilities on the **HL7 Message Log**.

4. Click the **Person Search** link on the upper-left to see changes made.

 **Note:** The **Person Search** link refreshes your Veteran record. But users must click back to their respective tabs to see changes. The Person Search link will take them back to the Overview tab.

Notice the name of the associate has been added to the **Associate** screen under **Demographics** tab, Associates sub-tab.

...change a Temporary Mailing Address in ES?

In this scenario, the ES user makes a temporary mailing address change and updates the **Start Date**.

 **Note:** The **Start Date** must be the current date.

1. Click the **Addresses** sub-tab under the **Demographics** tab to update the temporary address.

ES users can click the **Temporary Address** link to edit the temporary address or click the **Add/Edit Address** button to the left to make edits to the temporary address.

 **Note:** If the user clicks the **Add/Edit** button to edit an address, the ES user can select an address to edit from the addresses' dropdown to the left.

2. Update/edit the temporary address.

When the user clicks the **Update** button, ES displays the following message: *Contact Information updated successfully.*

3. Notice the temporary address change was accepted and the **Start Date** field was populated with the current date.
4. Click the **View Historical Addresses** link and view old and new values of the temporary address.

5. Click the **Facility** tab to see which facilities this change was sent.
6. Click the **View All HL7 Messages** link and locate the recent change made. Recent changes appear at the top.
7. Notice the facilities the temporary address change was sent to on the **HL7 Message Log**.

...*apply a Bad Address Reason to a Permanent Mailing Address on ES?* [\[back\]](#)

In this scenario, the ES user makes the permanent mailing address bad address reason “UNDELIVERABLE”.

1. Click the **Addresses** sub-tab under the **Demographics** tab.
1. Click the **Permanent Address** link.
2. Under the **Bad Address Reason** dropdown, select **UNDELIVERABLE**.
3. Click the **Update** button.

ES updates and the following information displays: *Contact Information updated successfully.*

4. Notice the Bad Address Reason of **UNDELIVERABLE** in red font on the **Overview** screen.
5. Click the **Addresses** sub-tab.
6. Click the **View Historical Addresses** link and locate bad address reason.
7. Locate the added Bad Address Reason of "UNDELIVERABLE" under **Permanent Address**.
8. Click the **Facility** tab to see which facilities this change was sent.
9. Click the **View All HL7 Messages** link and locate the recent change made. Recent changes appear at the top.
10. Notice all the facilities the Bad Address Reason was sent on the **HL7 Message Log**.

8.6 Military Service

...*Add new Military Service information?*

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veterans *Enrollment Status* can be any Priority Group (PG) or "Pending".

3. From the *Overview* screen, begin by clicking the **Military Service** tab.
4. From the *Current Military Service* screen, update an existing Military Service Episode (MSE) by changing one or more existing fields.
5. When completed, click the **UPDATE** button. The *Current Military Service* screen refreshes with a confirmation message. To add a new Military Service Episode (MSE), click on the **Add Military Service Episode** button. A blank set of **MSE** fields will display under an existing MSE or MSEs, or alone if none already exist.

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

6. On the *Current Military Service* screen, enter data in the *Military Service Number* field either manually or by clicking the **Same As SSN** button.
7. Select a *Branch of Service* from the dropdown.
8. Enter a precise *Service Entry Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
9. Enter a precise *Service Separation Date* for the MSE. **See the Rules ...** for this field under the field name in the online help or the user manual.
10. Select a *Service Component* from the dropdown.
11. Select the appropriate *Discharge Type* from the dropdown.
12. When finished, click the **Update** button to add the new **MSE**. The **Reset** button clears the previously entered data allowing the user to start over. The system will display the newly added **MSE** with a message that your update was successful. Be sure to click the **Calculate POS** button again to recalculate the new POS for the new MSE, and click the **Update** button again to record the recalculated POS.

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

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

...Add Future Discharge Date?

In this scenario we are going to enter a Military Service Episode with a Future Discharge Date

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *ICN* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veterans *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Military Service** tab.
4. From the *Current Military Service* screen, create a **Military Service Episode** (MSE) by selecting a Branch of Service from the dropdown.
5. Enter a precise *Service Entry Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
6. Enter a precise *Future Discharge Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
7. Select a *Source of Information* from the dropdown (e.g. Military Service Documents or Other).
8. If you selected "Other" as the *Source of Information*, you will be prompted to enter an "Other Explanation".
9. Enter a free text explanation up to 255 characters in the **Other Explanation** field.
10. When completed, click the **UPDATE** button. The *Current Military Service* screen refreshes with a confirmation message.
 -  **Note:** A Service Separation Date cannot be entered along with a Future Discharge Date.
11. When finished, click the **Update** button to add the new MSE. The Reset button clears the previously entered data allowing the user to start over. The system will display the newly added MSE with a message that your update was successful.

...Enter a Reason for Early Separation for a Military Service Episode?

In this scenario we are going to enter a Reason for Early Separation for a Military Service Episode.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *ICN* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
 -  If there is a match, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
 -  The Veterans *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Military Service** tab.
4. On the *Current Military Service* screen, find the **Military Service Episode** (MSE) to which you want to add a Reason for Early Separation.

5. In the Reason for Early Separation field, click the dropdown list arrow and select one of the reasons.
 -  **Note:** If the field is greyed out, it means MSDS has already set the value and you cannot change it.
6. When finished, click the *Update* button to update the MSE.
7. The Reset button clears the previously entered data allowing the user to start over.
8. The system displays the newly added Reason for Early Separation for the MSE with a message that your update was successful.

...Update Combat Veteran Information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the *Find* button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
 -  **Note:** The beneficiary's **Enrollment Status** is "Verified (Group #)".
3. From the Overview screen, begin by clicking the Military Service link to display the Current Military Service screen.
4. From the Current Military Service screen, begin by clicking on the **Add OEF/OIF Combat Episode** button.
5. Under the **Combat Location** field, select the appropriate choice from the dropdown that falls completely within a single Military Service Episode.
6. Enter a precise Combat Start Date. The Combat Start Date or Combat End Date must fall within a single Military Service Episode. Additional restrictions can be found under the "**Rules ...**" for this field in the online help or in the current **ES User Guide**.
7. Enter a precise Combat End Date. The same restrictions apply to this date as they do for the Combat Start Date.
8. Select the appropriate Combat Pay Type from the dropdown. The system defaults to "CEV" for the OEF/OIF Source.
9. Under the **Military Service Episodes HEC** section of the Current Military Service screen, click on the **Add Military Service Episode** button to begin adding a military service episode.
10. For the **Military Service Number** field, the user may either enter a Military Service Number manually or click on the **Same as SSN** button.
11. Select the desired Branch of Service from the dropdown.

12. Enter a precise Service Entry Date. Read the "**Rules ...**" in the online help under this field or in the current ES User Manual for specifics on the allowable dates.
13. Enter a precise Service Separation Date. Read the "**Rules ...**" in the online help under this field or in the current **ES User Guide** for specifics on the allowable dates.
14. Select a Service Component from the dropdown.
15. Select a Discharge Type from the dropdown.
16. Under the **Period of Service** section, click the **Calculate POS** button to have the system calculate the period of service based on the Military Service Episodes entered.
17. When finished, click the **Update** button to record the entries. Be sure to click the **Calculate POS** button again to recalculate the new HEC POS after adding the new MSE to the record, then click the **Update** button to record the new HEC POS.
18. Click the *View Historical Military Service* link to verify the added or updated combat information.

...Update a Veterans Period of Service (POS) information?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's **Enrollment Status** is "Verified (Group #)".
3. From the *Overview* screen, begin by clicking the *Military Service* link to display the *Current Military Service* screen.
4. Under the **Military Service Episodes HEC** section of the *Current Military Service* screen, click on the **Add Military Service Episode** button to begin adding a military service episode.
5. For the *Military Service Number* field, click on the **Same as SSN** button, or enter it manually.
6. Select the desired *Branch of Service* from the dropdown.
7. Enter a precise *Service Entry Date*. Read the "**Rules ...**" in the online help under this field or in the current **ES User Guide** for specifics on the allowable dates.
8. Enter a precise *Service Separation Date*. Read the "**Rules ...**" in the online help under this field or in the current **ES User Guide** for specifics on the allowable dates.
9. Select a *Service Component* from the dropdown.
10. Select a *Discharge Type* from the dropdown.

11. When finished, click the **Update** button to complete the task. The system will display the message, "Military Service updated successfully".
12. Click the **Calculate POS** button at the bottom of the window to have the system calculate the period of service based on the new **Military Service Episode** entered. The system will display the message, "The Period of Service has been calculated". Be sure to click the **Update** button again to record the new calculated POS.
13. Click the *View Historical Military Service* link to verify the added or updated combat information.

8.7 Financials

... Deactivate a Veterans Spouse/Dependent?

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

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The beneficiary's *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Financials** tab, the *Update Financial Assessment* link, or the *Financials* link. All three will display the **Financial Overview** screen.
4. From the *Financial Overview* screen, click on the *Financial Details* link. The **Edit Financial Details** (Income Year XXXX) screen will display. Any dependents associated with the Veteran will display here under the "Dependency Factors" section.
5. From the **Edit Financial Details** (Income year XXXX) screen, for the **Married Last Calendar Year** field, click on the "No" radio button.
6. Under the "Dependency Factors" section, click on the *Spouse SSN* link. Additional fields will display, including the *Inactive Date* field.
7. In the *Inactive Date* field, enter a precise date. The *Inactive Date* must occur after *Date of Marriage*.
8. To view the impact of the changes, click the **Review Impact** button. The system displays the "These changes impact the financial assessment in the following:" screen. From here you can see the Total and Net Income reduction as well as the *Number of Dependents* reduced by 1.
9. If acceptable, click on the **Complete Assessment** button to accept the changes. The **Financial Overview** screen displays. On this screen you can see also see the Total and Net Income dollar amount changes in the "Financial Summary" section.

10. From the *Financial Overview* screen, click the Dependents link to view the *Dependents Overview (Income Year XXXX)* screen. For the deactivated Spouse Dependent, the **Status** should now be "Inactive".
11. From the *Dependents Overview (Income Year XXXX)* screen, click on the Financial Details link to display the Edit Financial Details (Income year XXXX) screen.
12. From the *Edit Financial Details (Income year XXXX)* screen, click on the spouse's SSN link in the "Dependency Factors" section to display additional fields, if not already displayed. From here you can confirm the system accepted the inactive date by verifying the date in the **Inactive Date** field.
 -  **Note:** If the spouse inactive date is in a later year than the current Means Test (MT), the system will still show the spouse as "Active" rather than "Inactive", since the spouse was married to the Veteran for the most recent MT. The next MT will show the spouse as "Inactive".

8.8 Enrollment

... *Cancel/Decline a beneficiary's enrollment in the VA Health Care System?*

In this scenario we're going to learn how to cancel/decline a beneficiary's enrollment in the VA Health Care System.

IMPORTANT NOTE

-  **Note:** Prior to placing a Veteran in a *Cancel/Decline* status, internal procedures require a HEC representative contact the Veteran and document their contact using a Report of contact (ROC). The ROC must confirm that the Veteran has been fully informed of the possible consequences of his/her decision in relation to the receipt of current and possible future VA healthcare benefits.
1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
 2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
 -  **Note:** The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.
 3. From the *Overview* page, begin by clicking the Enrollment link to display the *Current Enrollment* page.
 -  **Note:** You may also click the **Enrollment** tab to display the *Current Enrollment* page.
 4. For the ***Canceled/Declined Indicator*** field, click the **Yes** radio button.

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

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

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

6. When finished, click the *Update* button. After clicking the *Update* button, the system displays the *Overview* page and an “Enrollment updated successfully.” message displays.

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

... Reverse a beneficiary's Cancel/Decline enrollment in the VA Health Care System?

In this scenario we're going to learn how to reverse a beneficiary's Cancel/Decline enrollment in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the *Find* button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

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

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

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

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

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

5. When finished, click the *Update* button. After clicking the Update button, the system displays the *Overview* page and an “Enrollment updated successfully.” message displays.

 **Note:** Also note the beneficiary’s Enrollment Status is now **VERIFIED (GROUP3)**.

...execute a Batch Process

Locating a Record on the Batch Process Management screen

1. Select **Admin**.
2. Select **Batch Process**.
3. Click CTRL + F to find your record on the **Batch Process Management** screen, under the **Management** tab.

4. Enter in the name of your record, for example: "pvmailing".
5. Search for your record.
6. Locate the record with the file type you need, such as "Code1Reject". For example, `scheduledJob.PVMailingResponseCode1RejectFileProcess`

Configuring a Record

1. Click the **Config** link on record "pvmailing".
2. Enter in your email address into the **Email Distribution List** field to receive updates
3. Click **Update**.

Executing a Record

1. Locate the "pvmailing" record with the Code1Reject file type.
2. Click the **Execute** link.

The record is successfully executed. The following message displays in the banner:

*The message to invoke the Batch Process
(scheduledjob.PVMailingResponseConfirmationfileProcess) was sent successfully.*

3. Click the **Management** tab to return to the **Batch Process Management** screen.
4. 4. Ensure each record is complete on the **Active** tab.

History

1. Locate the "pvmailing" record with the Code1Reject file type.

The latest processed record displays as the very first record on the Recent Batch Process results screen. The number of successful and error'd-out records display under the Statistics section as shown below:

```
processedFilePath=/u02/esr/WL2/batchProcess/PLC/FromCMS, numberOfTotalRecords=0,  
processingStartDate=20180625104300,  
processName=PVMailingResponseCode1RejectFileProcess, wasInterrupted=false,  
processingDuration=0.138 secs, executedOnServer=vaausappesr800.aac.va.gov,  
processingEndDate=20180625104300, numberOfSuccessfulRecords=0,  
numberOfErrorRecords=02.
```

2. Click the **Management** tab to return to the **Batch Process Management** screen.

Close Application History Process

scheduledJob.CloseApplicationHistoryProcess

1. Click the **Execute with Args** link.

2. Enter an Invocation Argument into the **Invocation Args (if supported)** field.
3. Click **Custom Execute**.

Locating the Date Mailed and Mailed Address on a Record

1. Enter the ICN into the **ICN** field on the **Home** screen.
2. Click **Find**.
3. Click the **Enrollment** tab.
4. Identify the Enrollment Status is *Pending: Eligibility Status is Unverified*.
5. Click the **Communications** tab.
6. Notice **Status Date**, **Status**, and **Name**: sections.
7. Click the **Name** link.
8. Notice the **Date Mailed** and the **Mailing Address**.

Mailing and Remailing Links on Records

Remail Link

1. Click the Communications tab.
2. Notice the **Remail** link on your record.
 -  **Note:** Rejected records do not display a Remail link on the Communications tab.

Mail Link

1. Click the **Available for Mailing** link on the **Communications** tab.
2. Notice the **Mail** link for the record.
 -  **Note:** Pre-Closure letters do NOT have a **Mail** link.

Executing the Handbook Batch Process

1. Click **Admin** on the **Home** screen.
2. Click **Handbook Batch Request**.
 - Click the **Execute** links for the desired records on the **Management** tab.
3. Ensure each record is complete on the **Active** tab.

8.9 Facility

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

8.10 Communications

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

... View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System?

In this scenario we're going to learn how to View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. In the lower right-hand corner of the *Overview* screen is the Communications area with 2 links. One is the *View Handbook Communication* link and the other is the COMMUNICATIONS link. They both present the user with the Communication Log screen and the **Handbook Status** tab displayed. Below the two links on the *Overview* screen, the system displays two different configurations, depending on whether the Veteran record has no current handbook on file, or one or more than one handbook on file. The configurations are as follows:
 - When there is no Handbook on file... **"No Data on File"**
 - When there are one or more Handbooks on file... **Communication to View**
 - **Date** The date on which the Handbook PDF was uploaded into the Veteran Benefits Repository (VBR).
 - **Source** (*Mail* means the source of the Handbook is from the Content Management System (CMS) vendor and the Handbook was mailed to the Veteran. The system stores a PDF copy on file.)
 - Under the first column heading are anywhere from two to six links, depending on whether the Veteran has one *Veteran Benefits Handbook*, or 3 or more handbooks on file. The system displays a maximum of three Veteran Benefits Handbooks and three Veterans Benefits at a Glance..

- The most recent handbook link is titled Veterans Current Handbook. The next two most recent handbook links are titled Veterans Handbook. Clicking on any of the “Handbook” links will display a PDF copy of a version of the *Veteran Benefits Handbook* in a new window.
 - In addition to links for the *Veteran Benefits Handbook* are links to the current and next two most recent versions of a condensed edition of the *Veteran Benefits Handbook* entitled Veterans Current Benefits at a Glance and Veterans Benefits at a Glance. The Veterans Benefits at a Glance is an abbreviated high-level summary of the *Veteran Benefits Handbook*.
3. From the *Overview* screen, begin by clicking the Veterans Current Benefits at a Glance link. The abbreviated high-level summary of the *Veteran Benefits Handbook* displays in a new window as a PDF file. From here the viewer may either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.
 - 💡 **Note:** The HEC user should not have any occasion to save or print the online *Veteran Benefits Handbook* or *Veterans Benefits at a Glance* since they are saved and available in the Veterans ES record. If, however, the user wishes to save and/or print the PDFs, perform the following steps.
 4. To save the PDF file, click on the *File* menu item, and then select *Save As ...*. Select a location and rename the file if desired, then click the **Save** button.
 5. To print the PDF file, click on the *File* menu item, then select *Print ...*. Configure your printing parameters as you would for any other PDF file, then click the **OK** button.
 6. After you have viewed, saved and/or printed the *Veteran Benefits Handbook* PDF file, close the new window normally.
 7. The Veterans *Overview* screen should now be visible again.
 8. From the *Overview* screen, click the Veterans Current Handbook link. The latest *Veteran Benefits Handbook* PDF file displays in a new window. From here the user can either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.
 9. Repeat steps 4 and 5 to save and/or print the new PDF file.

... check the status of the handbook communications

The user can navigate to the *Communication Log* screen, where there are four tabs from which to view/update various types of Communications information. To do this, follow the steps below.

As noted in Step 2 above, in the lower right-hand corner of the *Overview* screen is the Communications area with two links. One is the *View Handbook Communication* link and the other is the *COMMUNICATIONS* link.

1. From the *Overview* screen, begin by clicking on the View Handbook Communication link. The *Communication Log* screen displays with the **Handbook Status** tab displayed. The *Handbook Status* communications tab contains status information about Handbook communications that are scheduled to and were sent to the Veteran. The user has the ability to Mail a *Veteran Benefits Handbook* or to View the current and two historical (if they exist) Handbook communications for a Veteran.
 -  **Note:** The **View** link under the **Veterans Handbook, Veterans Profile** and **Raw Data** columns will appear only if:
 - a. The user has the proper permission (Capabilities) to view these columns, and;
 - b. The condition under the Status column is “Mailed by CMS”.
2. Click on a hyperlink under the **Communications Name** column. The detailed *Communication Log* screen displays with more detailed information on the handbook Status History and Comments, including the ability to add comments to the log.
3. After viewing or adding comments, click either the *Cancel* or *Update* button. The *Communication Log* screen redisplay with the **Handbook Status** tab selected. If comments were entered and the Update button was clicked, you’ll see that the Status Date for that particular ID selected is updated to the current date.
4. From the *Communication Log/Handbook Status* screen, reselect the hyperlink under the **Communications Name** column. The detailed *Communication Log* screen displays with the comments just entered under the *Comments* section with the date and time entered, the username who entered it, and the comment itself.

...Start and stop communication via the Stop Communications checkbox?

1. Check the Stop Communications checkbox to enable.
2. Select an option on the Reason dropdown. If Administrative Reason is selected, a free-form Explanation field will appear. You will need to provide details about why Administrative Reason was selected.
3. Click the Update button.
4. Uncheck the Stop Communications Checkbox to disable communications from sending.
5. Click the Update button.

The ES supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to ES, carrying out the system specific information request.

For this service, the HEC defines the “views” of data that are provided to authorized service consumers (*Service Accounts*). Each *Service account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

8.11 Admin/E&E Service

New in this version of the online help, is a step-by-step procedure demonstrating how to use the E&E Service to add and update Service Accounts and Service Requests. As an aid, the individual task has been categorized under the “Button” (shown below) in the ES where the functionality is located.

... Add and Update Service Accounts and Requests?

In this scenario we're going to learn how to add/update Service Accounts/Requests in the VA health care system.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, move the mouse over the Admin button until the sub-menu items appear. Click on E&E Service in the sub-menu.

The E&E Service/E&E Service Account Management screen displays. On this screen are displayed previously added E&E Service Accounts, if any exist.

3. From the E&E Service Account Management screen, begin adding a new service account by clicking the Add New Service Account hyperlink.

The Add Service Account screen displays.

The agency requesting an E&E Service Account will provide the Account Name, Contact Name and Phone number.

4. Enter data in all fields including a VA standard Password.

 **Note:** The Account Name and Contact Name fields accept only letters and no spaces. The Phone field must be formatted as (123)456-7890.

Active "Yes or No" sets the account to retrieve specific information.

 **Note:** At this point, the user has the option of selecting from an existing list of service requests by clicking the check box next to one or more service requests, or, creating different service requests, then returning to this service account and updating it with the new service request.

5. When completed, click the Add button to establish the service account.

The E&E Service Account Management screen appears, and the system displays the message, "Service account added successfully.". The new service account will be listed on this screen along with all pre-existing service accounts, if any.

... update an existing E&E Service Account?

1. To update an existing E&E Service Account, perform the following. The following steps assume the user is logged into the ES and on the Person Search screen.

From the Person Search screen, roll your mouse over the Admin button until the sub-menu items appear. Click on the E&E Service in the sub-menu.

The E&E Service/E&E Service Account Management screen displays. Displayed on this screen are all previously added E&E Service Accounts, if any exist.

2. To edit an existing service account, click on the Account Name hyperlink.

The Update Service Account screen displays. From this screen, the user may edit some or all information, including changing the password and activating or deactivating the service account.

3. When finished updating the service account, click the Update button to complete the update.

The E&E Service Account Management screen reappears, and the system displays the message, "Service account updated successfully."

... to add a new E&E Service Request?

To add a new E&E Service Request, perform the following. The following steps assume the user is logged into the ES and on the Person Search screen.

Creating a new service request assigns specific data elements the agency can retrieve through the E&E Service.

1. From the Person Search screen, roll your mouse over the Admin button until the sub-menu items appear. Click on the E&E Service in the sub-menu.

The E&E Service/E&E Service Account Management screen displays. Displayed on this screen are all previously added E&E Service Accounts, if any exist.

2. To establish a new service request, click on the Service Requests tab.

The E&E Service/E&E Service Request Management screen displays. Displayed on this screen are all previously added E&E Service Requests, if any exist.

3. On the E&E Service Request Management screen, click on the Add New Service Request hyperlink.

The Add Service Request screen displays.

The agency requesting an E&E Service Account will also provide the data elements needed from the Veteran record. The user will create the Request Name and Description from the information provided.

4. Enter a name (alpha characters only) in the Request Name field with no spaces.
5. Enter a description in the Description field (spaces/numbers allowed, but no special characters).

 **Note:** Service requests are independent from service accounts and may be assigned to any service account.

By default, the **eeSummary** folder is collapsed and unselected. When the user clicks the plus sign next to the red box, the **eeSummary** folder expands to show all available folders below it.

These "child" folders can be expanded using the same method as with the **eeSummary** "parent" folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain.

One example may be **eeSummary.demographics**. Once expanded, this folder displays various groups of demographic data for the Veteran.

In the above example, the demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark to indicate they are selected.

Or, to select all of the demographic information under the **eeSummary.demographics** folder, simply click the red box with a white X next to the folder. After doing so, all of the red boxes with a white X under the **eeSummary.demographics** folder will change to a green box with a white checkmark, including the red box with a white X next to the **eeSummary.demographics** parent folder.

If a collapsed folder has a green box with a white checkmark next to it, that indicates that all its children and sub-groups are selected as well.

If a collapsed folder has a red box with a white X next to it, that means none, or only some children and sub-groups are selected.

 **Note:** Before adding a service request, the specific data elements based on the request description must be located in the **eeSummary** (E&E Summary) and assigned to the service request.

6. Before adding the service request, select at least one data element (E&E Summary) using the guidance in the previous step.
7. When completed, click the Add button to add the service request.

The E&E Service Request Management screen appears, and the system displays the message, "Service Request has been saved successfully". The new service request is now listed under the Service Request tab and is available for assignment to any service account.

... update an existing E&E Service Request?

To update an existing E&E Service Request, perform the following. The following steps assume the user is logged into the ES and on the Person Search screen.

1. From the Person Search screen, roll your mouse over the Admin button until the sub-menu items appear. Click on the E&E Service in the sub-menu.

The E&E Service/E&E Service Account Management screen displays.

2. Click on the Service Requests tab.

The E&E Service/E&E Service Request Management screen displays. Displayed on this screen are all previously added E&E Service Requests.

3. To edit an existing service request, click on the Request Name hyperlink.

The Update Service Request screen displays. From this screen, the user may select and/or deselect some or all of the data elements.

4. Edit the service request as desired.
5. When completed, click the Update button to complete the update.

The E&E Service/E&E Service Request Management screen reappears, and the system displays the message, "Service Request has been saved successfully".

... assign/unassign an E&E Service Request?

To assign/unassign an E&E Service Request to an E&E Service Account, perform the following. The following steps assume the user is logged into the ES and on the Person Search screen.

1. From the Person Search screen, roll your mouse over the Admin button until the sub-menu items appear. Click on the E&E Service in the sub-menu.

The E&E Service/E&E Service Account Management screen displays.

2. Locate the service account to which you wish to add/remove a service request and click the Account Name hyperlink.

The Update Service Account screen appears listing all existing service requests with check boxes next to each.

3. Click the check box next to each service request you wish to add to the service account or uncheck any check boxes you wish to remove.
4. When completed, click on the Update button to save your changes to the service account.

The E&E Service Account Management screen reappears, and the system displays the message, "Service account updated successfully."

 **Note:** At any time, the user may add/remove a service request(s) assigned to a service account by clicking on the service account hyperlink, then checking and unchecking the boxes next to the list of available service requests and updating the service account.

...Add VHAP(s) to E&E Web Service

ES administrators assign VHAP(s) on the **Administration** tab to E&E Web Services. Some VHAPs originate in ES, some VHAPs originate in other VA systems.

1. Select one or more categories of a VHAP to share.

 Notes:

-  Individual VHAPs cannot be selected to share.

- DoD or VBA is not a selectable category and is grayed out.

2. Enter an Assigned or Unassigned Date.

EE Summary

The E&E Web Service displays the following VHAPs from the HEALTH_BENEFIT_PLAN Table on the E&E Web Service User Interface:

```
<healthBenefitPlans>
  <healthBenefitPlan>
    <planName>Veteran Plan - CCP Hardship Determination/<planName>
    <effectiveDate>2019-04-27T22:22:05.000-05:00</effectiveDate>
  </healthBenefitPlan>
```

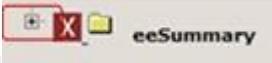
ES E&E Web Service Offers Community Care VCE Eligibility Indicators

The Enrollment System E&E Web Service offers the Community Care VCE Indicators with other VA systems. These Community Care VCE Indicators are as follows:

Code	Name	Description
B	Basic	Basic
H	Hardship	Hardship
X	Ineligible	Not Eligible
ND	Not determined	Community Care Eligibility not determined
G	Grandfathered	Grandfathered
N	State No Full-Service VA	State No Full-Service VA
U	Urgent Care	Urgent Care
A	ART/IVF	Assisted Reproductive Technology
I	Newborn	Beneficiary Newborn
T	VHA Transplant Program	Transplant
C	Marriage/Family Counseling	Marriage/Family Counseling
R	Restricted Care	Restricted Care
E	Entitled Care	Entitled Care

... display Census Rurality data in E&E Web Service? [\[back\]](#)

Under the Enrollment System **Admin** tab located on the menu bar, navigate to the **E&E Service** menu item.

1. Click the **Service Requests** tab.
2. Click the **CommunityCareEligibility** Request Name link.
3. Click the **eeSummary** folder expand function .

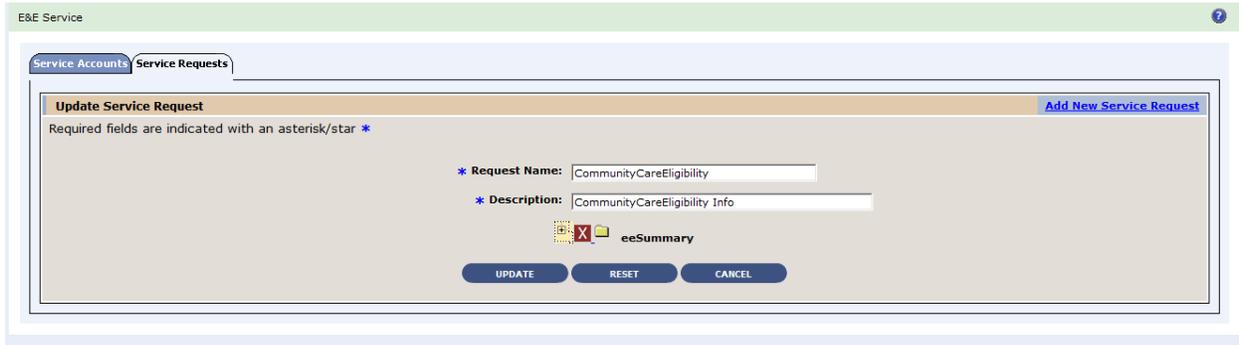


Figure 180: eeSummary for Community Care Eligibility Info

4. Navigate to the **eeSummary.communityCareEligibilityInfo** folder.
5. Click the expand/close  function to expand to display the Community Care contents within folder.
 -  **Note:** Service Request information will be provided to the Enrollment System user when a service request follows a green check . Service Request information will NOT be provided to the Enrollment System user when a service request follows a red X .

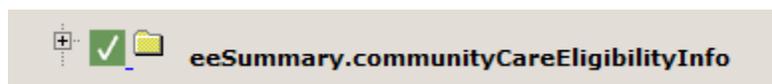


Figure 181: eeSummary.CommunityCareEligibilityInfo Configuration Folder

Under the **eeSummary.communityCareEligibilityInfo** folder, there are three new rurality fields displayed on the E&E Service screen under the Community Care Eligibility section:

-  CensusURHCode
-  CensusURHCode Name
-  CensusURHCode Description



Figure 182: Rurality Fields: Effective Date, Description, and Code

With permissions assigned by the Enrollment System administrator, Enrollment System users can view the new **Census Rurality** field in the payload from PSSG for each Veteran record, and on the **E&E Web Service** screen. On the **E&E Web Service** screen, Enrollment System users can request and receive the new census rurality field through the existing Community Care Eligibility Service Request.

 **Note:** If the residential address changes for Veterans, their records are sent to PSSG because the Enrollment System needs the rurality information to be available on the E&E for subscribers.

Descriptions on Reference Table

The table below describes Urban, Rural, and Highly Rural references.

Reference	Description
Urban	Census tracts with at least thirty (30) percent of the population residing in an urbanized area as defined by the Census Bureau.
Rural	Areas not designed as Urban or Highly Rural Location.
Highly Rural	Defined as a sparsely populated area located in a county that has fewer than seven individuals residing in that county per square mile.

When finished, click the **Find** button to locate the Service Request and return to the **E&E Service Account Management** list screen.

[... receive Census Rurality Designation? \[back\]](#)

On the Enrollment System, perform the following steps.

1. Click the **Service Request** tab on the E&E Service screen under **Admin**.
2. Navigate to the **CommunityCareEligibility** link.
3. Click the **CommunityCareEligibility** link.
4. Expand the **eeSummary** configuration data tree.
5. Navigate to the **eeSummary.communityCareEligibilityInfo** configuration folder.
6. Click the expand/close  function to expand the **eeSummary.communityCareEligibilityInfo** configuration.

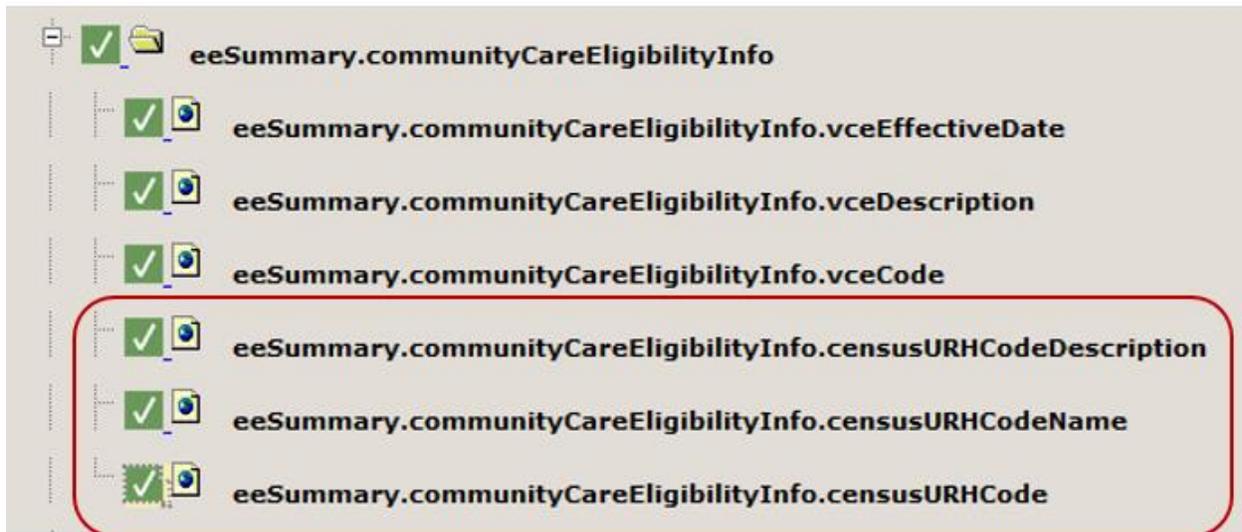


Figure 183: Rurality Fields: Effective Date, Description, and Code

7. Click the green check box  to inactivate the rurality configuration or click the red X  to activate the desired rurality configuration.

 **Note:** The green check box  denotes that the rurality configuration is turned on and  active. The red X  denotes that the rurality configuration is turned off and not active. Clicking the green check box turns the rurality configuration  off as the green check becomes a red X  denoting that the rurality configuration has been turned off and is inactive. Re-clicking the red X  turns the rurality configuration active once again as denoted with a green check box .

8. Click the **Update** button once complete.

... send a “Community Care Person Change Event” when the Rurality Changes? [back]

When rurality changes, the ETL will pick up the change and set an indicator in the GEO transmit table. Then a batch process runs and then picks up that flag which is indicated by “Y”, and it will send the change event for each Veteran this flag is set to.

To send a “Community Care Person Change Event” when the rurality changes, perform the following steps on the Enrollment System:

1. Click **Admin** > **Batch Process** screen.
2. Click the [Execute](#) link for **scheduledjob.RuralityChanged** under the **Active** tab of the **Batch Process Management Process** screen.

After the batch process runs and the event is sent out, the Enrollment System resets the flag in the database. The rurality change batch job process runs at 2pm and 6pm EST. The rurality change history will be available under the [History](#) link screen on the **Batch Process Management** screen.

... add a VHAP to E&E Webservice?

VHAPs on file for each record are included as an available field within the E&E webservice.

 **Note:** VHAP data is included within the “healthBenefitPlans” folder as displayed in the screen shot below.

1. Navigate to the configuration screen located under the **Service Request** tab on the **E&E Service** screen located under **Admin**.

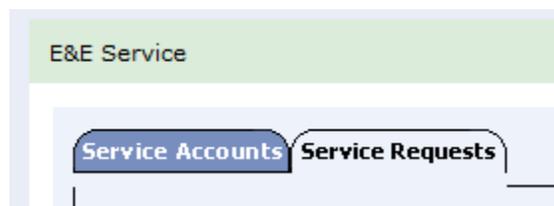


Figure 184: Service Request Tab

2. Click the **HealthBenefitPlans** link.
3. Click to expand the **eeSummary** configuration data tree
4. Navigate to **eeSummary.healthBenefitPlans**.

- Click the expand/close  function to expand the **eeSummary.healthBenefitPlans.healthBenefitPlan** configuration folder.

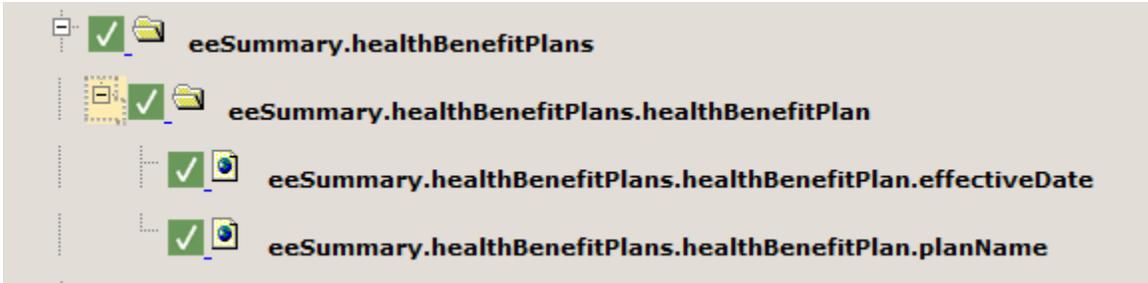


Figure 185: Selected Configuration Folder

- Click the green check box  to inactivate the VHAP configuration or click the red X  to activate the desired VHAP configuration.

 **Note:** The green check box  denotes that the VHAP configuration is turned on and active. The red X  denotes that the VHAP configuration is turned off and not active. Clicking the green check box turns the VHAP configuration off as the green check becomes a red X  denoting that the VHAP configuration has been turned off and is inactive. Re-Clicking the red X  turns the VHAP configuration back on as the green check reappears, and the VHAP configuration is active again.

In this example, effectiveDate has been turned off. Off is noted with a red X .

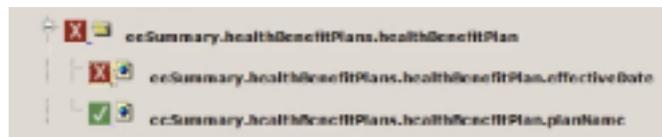


Figure 186: Inactive Configuration

- Click **Update** once complete.

The Effective Date has been removed from all VHAPs.

 **Note:** This is the web service subscription consumer configuration, so it is not specific to a Veteran. Any settings under Admin, E&E Service are not specific to any Veteran.

To turn the configuration back on, re-click the red X . A green check mark  denotes that the configuration is once again active. Click the **Update** button once complete.

 **Note:** The effective date is no longer available for that specific account. It does not affect the Veterans record at all. The E&E Web Service Configuration only applies to the data that we supply in the web service response. In other words, if HSRM asks for “effective date” information for a Veteran, they cannot access this information until an administrator turns effective date back on for that Veteran.

8.12 Admin/Letters

... manually Execute the Daily Batch Job to Activate Letter Changes? [back]

To manually execute the daily batch job to activate letter changes, perform the following steps:

1. Click **Admin** on the menu bar.
2. Click **Batch Processes**.



Figure 187: Admin → Batch Process

On the Management tab of the **Batch Processes** screen,

1. Navigate to `scheduledJob.activateLetterChanges`.
2. Click the **Execute** link to execute the batch job.

[Execute](#) | [Execute with Args](#) | [Config](#) | [History](#)

Figure 188: Execute Link

The Enrollment System user receives the following message:

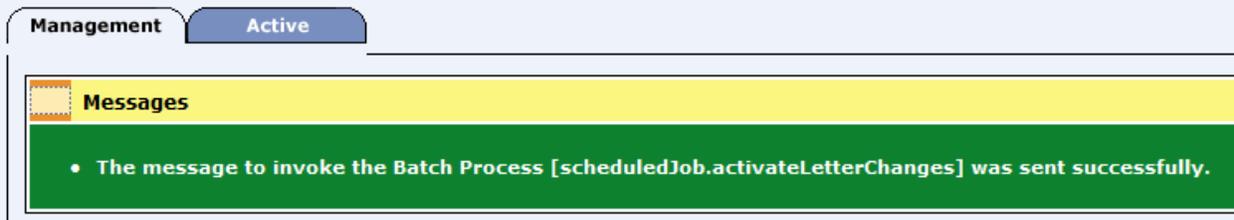


Figure 189: Successfully Invoked Batch Process

Batch jobs are processed every day at 6am. If the Enrollment System user runs a batch job for a future date, the timestamp will not display in the **Change Times** drop down until 6am of that future date on the **Manage Letters Change History** screen.

Sending Inactive Letters

When an Enrollment System user attempts to send an inactive letter under the **Communications** tab and **Available for Mailing** link, they receive the following message:



Figure 190: Selected Letter Not Active for Mailing

The Enrollment System user must re-activate the letter on the **Mailing Letters** screen for it to be active for mailing once again.

#	Letter Name	Type	Form Number	Current Status	Future Status	Effective Date
1	VC-New Distance Eligible	Choice	742-900	Inactive	Select ▼	<input type="text"/> (mm/dd/yyyy)
2	VC-New Distance Ineligible	Choice	742-901	Active	Select ▼	<input type="text"/> (mm/dd/yyyy)
3	VC-Exceptions	Choice	742-903	Active	Select ▼	<input type="text"/> (mm/dd/yyyy)

UPDATE RESET CANCEL

Figure 191: Letter in "Inactive" Status

To activate a letter, perform the following steps:

1. Select "Active" from the **Future Status** drop down of the "Inactive" letter.
2. Enter a current or future date in the **Effective Date** field.
3. Click **OK** when prompted with a *Are you sure you want to update?* dialog.
4. Click the **Update** button.

The letter has been successfully updated.



Figure 192: Letter Successfully Updated Message

Note: Newly activated letters (the `scheduledJob.activateLetterChanges` job) run at 6am the following day. But the Enrollment System user can activate a letter immediately.

To activate a letter immediately, perform the following steps,

1. Click **Admin** in the menu bar.
2. Click Batch Processes.
3. Navigate to `scheduledJob.activateLetterChanges`
4. Click on the **Execute** link.
5. Return to the **Manage Letters** screen and find the letter now "Active".

Once a letter is active, to send the letter to the print vendor, perform the following steps:

1. Navigate to the **Communications** tab.

2. Click the **Available for Mailing** sub-tab.
3. Locate the Veterans Choice letter to be sent to the print vendor.
4. Click the **Mail** link located under the **Select to Mail** column.
5. Check the *Do you want to override this condition and send the letter?* **Yes** check box.
6. Enter in a comment in the **Comments** text field.
7. Click the **Update** button.

The letter has been successfully sent to the print vendor.

Letter Mailed on Behalf of Veteran					
44 Total - Page (1 of 1).					
Status Date	Status	Name	Type	Recipient	Select to Remail
01/04/2019	Send to Print Vendor	742-900 - VC-New Distance Eligible	Choice	Veteran	

Figure 193: Letter Sent to Print Vendor

8.13 Admin/System Parameters

... launch the VCE Parameters screen? [\[back\]](#)

From the ES main screen,

1. Click **Admin**.
2. Click **System Parameters**.
3. Click the **VCE Parameters** link located at the bottom of the **System Parameters** screen.

The **VCE Parameters Values** screen launches.

... allow future effective dating of State/Territory, VCL Geo-Burden Exception and VCL Air/Boat/Ferry parameters? [\[back\]](#)

Enter an effective date as well as the following values for the **VCE Parameter** fields below:

VCE Parameter Field	Values Allowed
State/Territory Exceptions	ON, OFF
VCL Geo-burden Exception	ON, OFF
VCL Air/Boat/Ferry	ON, OFF

Determine if an effective date or a new value is to be entered.

If	Then
An effective date is entered	<p>A new value is required.</p> <p>Notes:</p> <ul style="list-style-type: none"> 💡 ES requires the effective date be a date that is GREATER THAN or EQUAL TO the current date. 💡 Effective date entries are audited and displayed on the VCE Parameters Change History screen when updated.
A new value is entered	<p>An effective date is required unless it is the State/Territory field.</p> <p>When a new value and effective date are entered, they are immediately stored in the database; however, they are not immediately converted to current values and not immediately used in the ETL process that recalculates the population.</p> <p>Notes:</p> <ul style="list-style-type: none"> 💡 Current values are view-only. 💡 ES displays the following message when values are updated: <p><i>“Alert: Operations will determine the actual effective date of the change, as these processes will have to be manually implemented.”</i></p>

💡 **Note:** Parameter value fields are not in a pre-defined order.

Current Value: The value currently set.

New Value: The value the updated value will be set to.

Value fields, **Consults** and **Electronic Waitlist** are ON or OFF values only. **Mileage Exception**, **State/Territory Exception**, **VCL Air/Boat/Ferry**, **VCL Geo-burden Exception**, and **VCL PO Box Exception** fields are blank.

If	Then
<p>VCL Air/Boat/Ferry, VCL Geo-burden Exception, and VCL PO Box Exception are initially set to ON or OFF and the user does not change the VCE parameter value fields</p>	<p>Nothing happens when users click Submit and users get an error message.</p>
<p>A number, decimal, or text other than 0, integer, or OFF is entered into the Mileage Exception field</p>	<p>An error message prompts the user with acceptable values to enter.  Note: Refer to the VCE Parameter Fields table for a list of acceptable values.</p>
<p>A value that is NOT “ON” or “OFF” is entered into the Consults, Electronic Wait List, VCL Air / Boat / Ferry, VCL Geo-burden Exception</p>	<p>Users receive two pop-up messages:</p> <ol style="list-style-type: none"> 1. Asking if you are sure you want to change the value of the parameters. 2. An alert letting you know operations determine the actual effective date of the change, because these processes have to be manually implemented <p> Note: The History screen shows value changes. Clicking OK on the second message launches an error message prompting you with the correct values to enter.</p>
<p>Users enter in a new value</p>	<p>Users must enter a new date.  Note: Dates are required.</p>
<p>"OFF" or "0" is entered into the State Territory with No Full-Service VA Medical Facility field</p>	<ul style="list-style-type: none"> • The State/Territory Exception field drop down is grayed out, cleared out, and is not editable. • An error displays if the user enters data into the State/Territory Exception. <p> Note: Users need to manually clear the State/Territory Exception if data is entered.</p>

 **Note:** State Territory with No Full-Service VA Medical Facility are blank values only.

...update system parameters successfully to remove errors? [\[back\]](#)

Perform the following to update the system parameters:

1. Enter an effective date into the **State Territory with No Full-Service VA Medical Facility** field or any of the VCE parameters fields.
2. Do NOT select a state.
3. Click **OK** throughout the same message warnings as before.

The following message appears:

System Parameters updated Successfully.

 **Note:** Updates may take a few days to complete due to the volume of records.

... select system parameters through batch process? [\[back\]](#)

Users manually select all parameters through a batch process with an effective date equal to the current system date.

If	Then
Submitted a value change	The value will remain the same until the batch job is run. The value will update to reflect your new value once the batch job is run.
If the date is in the past	The batch job will NOT be executed.

For each system parameter the user selects, the batch process performs the following:

1. Copies the next effective date to the current effective date and the next parameter value to the current parameter value.
2. Sets the next effective date and the next parameter value to blank.
3. Recalculates the entire population if there is a change to any of the current VCE Parameter values (where the current value is updated based on the effective date).
 -  **Note:** VCE parameter rules are the definition of what the values are supposed to be according to current law passed by Congress. Those defined rules equate to the values we are setting in the System Parameters function for VCE.
4. Recalculates the entire population of applicable CC VHAPs based on the new VCE Determination.
5. Ensures that the new CC VHAPs is synced with VistA.

ES runs a process for that batch of potentially 9-10 million records on the effective date. This batch process would run after hours, early in the morning on the effective date, or on a date to-be-determined (TBD) by Operations. This batch process will run manually.

... enable Accepting FDD from MSDS system parameter?

 **Note:** Before enabling FDD by system parameters, make sure all military episodes are deleted under the Military Service tab by clicking the delete button.

To enable the Accepting FDD from MSDS system parameter, perform the following:

1. Click **Admin**.
2. Click **System Parameters**.
3. Change the parameter, **Accept FDD from MSDS** value from “N” (No) to “Y” (Yes).
4. Click **Update** to enable the parameter.
5. Click **OK** when prompted with a message of changing the value of the parameter.

System Parameters updated successfully.

1. Enter in the member ID onto the **Member ID** field on the **Person Search** screen.
2. Click **Find**.
3. Click the **Military Service** tab.
4. Click the **Send Query to MSDS Broker** button located at the upper-right of the screen.
5. Click **Confirm** to confirm MSDS message sending confirmation.

The user receives the following message:

The Query MSDS Message has successfully been added to the queue of messages to be sent.

1. Click the **Person Search** bread crumb link located on the left-hand side of the screen to refresh the screen.
2. Click the **Military Service** tab.
3. Notice the **Send Query to MSDS Broker** button is enabled.

... disable Accepting FDD from MSDS system parameter?

 **Note:** Before disabling FDD by system parameters, make sure all military episodes are deleted under the Military Service tab by clicking the delete button.

To disable the Accepting FDD from MSDS system parameter, perform the following:

1. Click **Admin**.
2. Click **System Parameters**.
3. Change the parameter, **Accept FDD from MSDS** value from “Y” (Yes) to “N” (No).
4. Click **Update** to disable the parameter.

5. Click **OK** when prompted with a message of changing the value of the parameter.

System Parameters updated successfully.

1. Enter in the member ID onto the **Member ID** field on the **Person Search** screen.
2. Click **Find**.
3. Click the **Military Service** tab.
4. Click the **Send Query to MSDS Broker** button located at the upper-right of the screen.
5. Click **Confirm** to confirm MSDS message sending confirmation.

The user receives the following message:

The Query MSDS Message has successfully been added to the queue of messages to be sent.

1. Click the **Person Search** bread crumb link located on the left-hand side of the screen to refresh the screen.
2. Click the **Military Service** tab.
3. Notice the **Send Query to MSDS Broker** button is disabled.

... verify ES is accepting FDD when the “Accept FDD from MSDS” system parameter is set to “Y”?

Users receive and accept FDD from MSDS when the “Accept FDD from MSDS” system parameter is “Y”.

 **Note:** Users must have access to Add and Edit Military Service Information.

On ES,

1. Click **Admin** on the menu bar.
2. Click **System Parameters**.

On the **System Parameters** screen,

1. Ensure Accept FDD from MSDS system parameter is set to 'Y'.

 **Note:** Change the parameter, **Accept FDD from MSDS** value from “N” (No) to “Y” (Yes), if necessary.

2. Click **Veteran** on the menu bar.
3. Click **Veteran Search**.

The **Person Search** screen displays.

Enter a Member ID into the **Member ID** field on the **Person Search** screen.

1. Click **Find**.
2. Veteran is found, and the **Overview** screen displays the Veterans information.
3. Click the **Military Service** tab.

4. Click the **Send query to MSDS service** button.

A message displays allowing the user to confirm the MSDS Message Sending Confirmation.

5. Click **Confirm**.

The screen refreshes with the following message indicating that the message has been added to the queue:

The Query MSDS Message has successfully been added to the queue of messages to be sent.

6. Click the **Eligibility** tab to verify the status of eMIS query.

 **Note:** The **MSDS Query Status** field is located within the **Current Eligibility** section.

The MSDS query status displays the following:

Queried-Data Received

The Future Discharge Date displays on the banner.

1. Click the **Overview** tab.

Validate the Future Discharge Date section to ensure the below fields are populated with the correct values:

- Is On Active Duty: YES
- As Of Date: Displays the date and time of the receipt of the query.
- Future Discharge Date: displays future date

2. Click the **Military Service** tab.

3. Verify if the Future Discharge Date received from MSDS displays under the **HEC Military Service** section

Future Discharge Date information displays on the following fields below:

- Branch of Service: Populated with branch of service
- Service Component: Populated with service component
- Service Entry Date: Displays service entry date
- Future Discharge Date: Displays future date
- Service Separation Date: BLANK
- Discharge Type: BLANK

... verify ES is not accepting FDD from MSDS when the “Accept FDD from MSDS” system parameter is set to “N”?

 **Note:** Users must have access to Add and Edit Military Service Information.

Users are not able to receive and accept FDD from MSDS when the “Accept FDD from MSDS” system parameter is set to “N”.

On ES,

1. Click **Admin** from the Menu Bar.
2. Click **System Parameters**.

On the **System Parameters** screen,

1. Verify system parameter **Accept FDD from MSDS** is set to 'N'.
 **Note:** Change the parameter, **Accept FDD from MSDS** value from “Yes” (Yes) to “N” (No), if necessary.
2. Click **Veteran** from the menu bar
3. Click **Veteran Search**.

The **Person Search** screen is displayed.

1. Enter a Member ID in the **Member ID** field.
2. Click **Find**.

Veteran is found, and the **Overview** screen displays Veterans information.

1. Click the **Military Service** tab.
2. Click **Send Query to MSDS Service** button

A message displays allowing the user to confirm the MSDS Message Sending Confirmation:

3. Click **Confirm**.

The screen refreshes with the following message:

The Query MSDS Message has successfully been added to the queue of messages to be sent.

4. Click the **Eligibility** tab to verify the status of eMIS query.

 **Note:** The MSDS Query Status field is in the Current Eligibility section.

The MSDS query status displays the following:

Queried-Data Received

And, the Future Discharge Date is NOT displayed on the banner.

5. Click the **Overview** tab.

In the Future Discharge Date section, the below fields are populated with the respective values:

- Is On Active Duty: YES
- As Of Date: Displays the date and time of the receipt of the query.
- Future Discharge Date: BLANK

6. Click the **Military Service** tab.

The Future Discharge Date set up in MSDS does NOT display in the HEC section.

... view the MSDS Messages Received on the MSDS Message Log?

On ES,

1. Click the **MSDS Messages** menu item from the menu bar.
2. Enter in the member ID of the Veteran you are wishing to view MSDS message for on the **Member ID** field of the **MSDS Messages** screen.
3. Click **Find**.

Notice the MSDS message details for both the disabling and enabling of the FDD by system parameter on the MSDS Message Log.

MSDS Message Log details include:

- Response Date
- Status
- Member ID
- Raw Data
- Response Details

9 Trouble Shooting

Please refer to the Troubleshooting section of the Production Operations Manual on the ES SharePoint.

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