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ELIGIBILITY VERIFICATION PROCESS FOR VA HEALTH CARE BENEFITS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and procedures for identifying individuals who have been determined to be ineligible for the Department of Veterans Affairs (VA) medical benefits for their non-service connected conditions.

2. BACKGROUND: Situations have occurred where a veteran applies for care at more than one VA medical facility and each facility enters information relative to the individual's military service as part of the Veterans Information Systems and Technology Architecture (VistA) registration process. Due to misinterpretations regarding proof of military service documents and/or administrative error, one facility may show an individual to be eligible while another shows that same individual to be ineligible. Inconsistent data between medical centers has led to conflicts between the data in VistA and the Health Eligibility Center (HEC) enrollment database.

3. POLICY: It is VHA policy, in compliance with Public Law 104-262, the Veterans Health Care Eligibility Reform Act of 1996, that individuals who are determined to be ineligible are not to be enrolled and, if treated at a VA medical facility, are to be treated for their non-service connected (NSC) conditions on a humanitarian emergency basis only. *NOTE: Due to the current Enrollment Restriction Decision on new Priority 8 veterans, special care must be taken to identify recently discharged (post 2-year) Operation Enduring Freedom(OEF) and Operation Iraqi Freedom (OIF) combat veterans who are eligible for Priority 6 placement. There is no requirement for these returning OEF and/or OIF combat veterans to provide income, however, agreement to pay applicable co-payments must be obtained.*

4. ACTION

a. **Director, HEC.** The Director, HEC, or designee, is responsible for performing a second level review of all eligibility determinations made by VA health care facilities.

(1) HEC has established the following protocols by which VA facilities may request changes in eligibility data elements in VistA. These protocols establish:

(a) The key data eligibility fields in VistA can only be changed by HEC users, once the patient's eligibility has been verified. The current key data eligibility fields in VistA, which are locked by HEC once the patient's eligibility has been verified by HEC and transmitted back to field sites, are:

1. Eligible Date,
2. Ineligible Reason,
3. VA Regional Office (VARO) Decision,

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4. Eligibility Status,
5. Verification Method, and
6. Rated Disabilities.

(b) The methods by which facility staff may communicate a request for a change in the key data eligibility fields in a secure manner;

(c) The eligibility documents and information which must be submitted with any request. The following documents are acceptable by HEC for verification purposes:

1. Department of Defense (DOD) DD-214, Certificate of Release or Discharge from Active Duty, or equivalent.

2. VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Information.

3. Hospital Inquiry (HINQ), Veteran's Information Solution (VIS), Intranet BDN/BIRLS Access (IBBA), or SHARE (application used by VBA to establish and manage pending issue claim data) containing verified military service and/or service-connected (SC) disability information.

4. VA Form 119, Report of Contact, documenting discussion with Veterans Benefit Administration (VBA) Records Management Center or VARO personnel.

(d) How VistA data fields are populated for individuals who are ineligible.

(e) The roles of HEC and facility staff in communicating eligibility determinations to affected veterans.

(2) The HEC notifies veterans in writing of their initial enrollment status. This notification must include the veteran's Priority Group assignment, information about enrollment and VA privacy practices, and VA Form 4107 VHA, Your Rights to Appeal Our Decision.

b. **Facility Director.** The Facility Director, or designee, is responsible for:

(1) Ensuring that if a verified eligibility record provided by HEC is believed to be erroneous, the facility staff submit supporting documentation to HEC for review and correction of the verified eligibility record. The facility staff may request an update or revision to HEC's verified eligibility information by submitting the appropriate documentation to HEC. Two alternative methods are available to provide HEC with correct data:

(a) Facility staff may reply to the original Eligibility Alert Message using Microsoft (MS) Exchange and include the corrected data in the body of the message using Public Key

Infrastructure (PKI) encryption. If data is derived from a HINQ, VIS, IBBA, or SHARE, the facility staff need to notify the mail group of the method used to derive the data.

(b) Facility staff may fax the documentation supporting the veteran's eligibility for VA health care benefits to the HEC at 404-982-3060. Veteran identification information such as name, date of birth, social security number, and claim number must be clearly legible on each document faxed. Facility staff are to use a fax cover sheet that identifies the facility and the name and phone number of the individual responsible for the eligibility record update request, as well as the purpose of the request.

1. Proper security procedures must be followed regarding transmission of sensitive data via fax.

2. A confirmation of receipt of sensitive information must always be requested by the sender to validate that the sensitive data was not lost in transit, or that action can be taken immediately to properly protect individuals if the sensitive data has not been delivered as expected.

***NOTE:** Sending messages by VistA mailman to the HECAlert mailgroup is prohibited unless the message is encrypted. VistA email messages transmitted across the VA network cannot contain sensitive data unless the message is encrypted using a FIPS 140-approved encryption method.*

(2) Ensuring that if the individual is determined to be ineligible and has no SC conditions, the following key fields are set: ***NOTE:** These individuals will be assigned an Enrollment Status of NOT ELIGIBLE, Ineligible Date, Enrollment Category of NOT ENROLLED, and will not be assigned an Enrollment Priority.*

(a) Patient type: NON-VETERAN.

(b) Veteran (Y/N): NO.

(c) Primary Eligibility Code: HUMANITARIAN EMERGENCY.

1. The appropriate veteran Period of Service must be assigned, and HUMANITARIAN EMERGENCY is to be added as a Secondary Eligibility (provided it does not already exist). The Ineligible Date and Ineligible Reason fields must be populated. If a previously ineligible individual is determined to be eligible, the values for the Ineligible Date and Ineligible Reason must be removed and an Eligibility Alert Message sent to the VistA DGEN ELIGIBILITY ALERT mail group. This Eligibility Alert informs the facility's mail group members that the period of service is to be reviewed and updated, as appropriate.

2. The provisions of Title 38 Code of Federal Regulations (CFR), Section 17.102, set forth the conditions under which VA bills an individual for care furnished on a humanitarian emergency basis. The charges for applicable care, treatment, and services provided in VA facilities in humanitarian emergencies are the cost-based billing rates. The charges for applicable care, treatment, and services furnished in humanitarian emergencies at the expense of

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the United States in facilities not operated by the United States will be the amounts expended by VA for such care, treatment, and services.

(d) Period of Service. OTHER NON-VETERAN and the Ineligible Date and Ineligible Reason fields must be populated.

(3) Ensuring that veterans who are determined to be ineligible because they fail to meet the minimum active duty service requirements of Title 38 United States Code (U.S.C.), Section 5303A, but who have SC disabilities rated zero percent combined, receive treatment for or in connection with a SC disability. These veterans must be identified in VistA as follows:

- (a) Patient Type will be set to SC VETERAN.
- (b) Veteran (Y/N) to YES.
- (c) Service-connected to YES.
- (d) Primary Eligibility Code to SC, LESS THAN 50%.

(4) Ensuring facility eligibility staff (*in the case of veterans applying for enrollment or submitting new financial information who are in Means Test Copay Required or Geographic Means Test (GMT) Copay Required status and who do not agree to pay the co-payment are not eligible for VA medical benefits and are not to be enrolled in, or to have continued enrollment in, the VA health care system*):

(a) Inform the veteran that by failing to agree to pay the co-payment, the veteran is no longer eligible for enrollment in the VA health care system.

(b) Provide the veteran with a copy of VA Form 4107VHA, and a Veterans Claims Assistance Act (VCAA) pre-decisional notice.

(c) Document the discussion on a Report of Contact (ROC)

(d) Ensure the ROC is retained in the patient's record.

(d) Annotate VistA to reflect a veteran's refusal to pay applicable co-payment as follows:

1. Patient Type will be either NSC VETERAN or SC VETERAN; Veteran (Y/N) will be YES.

2. Agreed to pay Deductible will be NO.

3. Primary Eligibility Code will be set to NSC or SC, LESS THAN 50% and Enrollment Status will be NOT ELIGIBLE.

4. Refused to Pay Copay; the Enrollment Category will be NOT ENROLLEED.

5. The Enrollment End Date is the date assigned the enrollment status of NOT ELIGIBLE; REFUSED TO PAY COPAY.

(5) Ensuring, where a veteran with a prior valid period of enrollment who in a subsequent year does not agree to pay a co-payment changes this decision and now agrees to the co-payment, facility staff updates the VistA record by either editing the means test to change the Agrees to Pay Deductible field to YES, or if in a new income year, add a means test and indicates Agrees to Pay Deductible YES. If the new test places the veteran in a MT Copay Exempt Status, no Agrees to Pay Deductible indicator is required. Since veterans who do not agree to pay co-payments are not enrolled, when such veterans do agree to co-payments and the HEC and VistA systems are updated, the system automatically enrolls the veteran in the correct Priority Group once the information transmits to HEC. An exchange e-mail notice is sent to HEC with notification of the Agrees to Pay Deductible change from NO to YES. **NOTE:** *The HEC staff monitors the record to make sure the enrollment process is successful.*

(6) Ensuring that a veteran who is determined ineligible is notified in writing of this determination by facility staff. This notification must include the reason the individual is ineligible and VA Form 4107VHA. **NOTE:** *All veterans have the right to be notified of their eligibility and enrollment determinations.*

5. REFERENCES

- a. Public Law 104-262, Veterans' Health Care Eligibility Reform Act of 1996.
- b. Title 38, U.S.C. Chapters 71, 72, 1710, 1722, 1722A, and 5303A.
- c. Title 38 CFR Sections 17.36, 17.37, 17.38, 17.102, and 19.1 thru 19.102.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (16) is responsible for the contents of this Directive. Questions may be addressed to 202-254-0384

7. RESCISSION: VHA Directive 2001-074 is rescinded. This Directive expires April 30, 2012.

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FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 4/13/2007