

# **Enrollment System (ES) 4.7**

## **User Guide**



### **Department of Veterans Affairs**

**Office of Information and Technology (OI&T)**

**Product Development**

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## Revision History

Date	Revision	Revision History	Author
09/29/2017	16.0	<p>Release 4.7 - Added additional Information: 4.7 updates, p. 14-15; p. 18; Defintions added: FDD, p. 24; HCA, p. 24, IPN, p. 25, Trigger, p. 29;</p> <p>Updated with active reports:</p> <ul style="list-style-type: none"> <li>• Report List screen capture, p. 68</li> <li>• Report List table, p. 69-70</li> </ul> <p>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;</p> <p>In Current Enrollment section, p 277:</p> <ul style="list-style-type: none"> <li>• Eligibility/Closed Application, p. 277</li> <li>• Enrollment Statuses table, p. 278-279</li> <li>• View Prior Enrollments, p. 279-280;</li> </ul>	SMS/Leidos TW

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		<ul style="list-style-type: none"> <li>• Enrollment Override Reason, p.282-283</li> <li>• Closed Application, p. 283</li> <li>• Send Query Message Z07, p. 285</li> </ul> Stop Communications Console, p 287-288; Pending Letter Details, p. 289; Available for mailing, p. 290-291; How Do I: <ul style="list-style-type: none"> <li>• Use the Eligibility Manual Override button?, p. 320-321;</li> <li>• Remove Community Care Determination Override?, p. 321;</li> <li>• Enter a Beneficiary's DOD?, p. 321-322;</li> <li>• Remove a Beneficiary's Date of Death?, p. 323</li> <li>• Perform a Letter Override?, p. 324</li> </ul>	
04/15/2017	15.4	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 check box – 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	SMS/Leidos TW EHBD TW

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02/18/2017	15.3	Added additional information for 4.5.1: 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.	SMS/Leidos TW
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
04/06/2016 03/03/2016	15.0	Added more information and added screen captures per HPS Initial publication for ES 4.3 ACA	P&A Competency TW P&A Competency TW
03/01/2016	14.2	Added ACA-specific content	P&A Competency 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	Tom Hamilton

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		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.	
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
9/11/2014 - 9/22/2014	11.0	<i>Converted existing manual to latest ProPath template.</i>	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
8/6/2014	10.2	Added new CD Clinical Determinations historical and CD retired historical information under <i>Current Eligibility</i> section.	Tom Hamilton

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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
6/3-5/2014	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 5/1/2013	8.3	ESR 3.12 updates: Updates from SQA review.	Tom Hamilton
4/22/2013 4/19/2013	8.2	ESR 3.12 updates: Added Health Benefits Plans link to <i>Current Eligibility</i> section.	Tom Hamilton

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		Updated <i>Person Search</i> section to conform to new MVI probabilistic search criteria.	
4/17/2013-4/18/2012	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 System Parameter</i> .	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
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

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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 3 <sup>rd</sup> 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 Assets 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 5/22/2012	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</i>	Tom Hamilton



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		<p>Name fields on the <i>Registration/Person Search</i> section.</p> <p>Added multiple selections for <i>Race</i> field in <i>Demographics/Identity Traits (AAP)</i> section.</p> <p>Added dropdown selection for <i>Place of Birth State</i> field in <i>Demographics/Identity Traits (AAP)</i> section.</p> <p>Modified <i>First</i> and <i>Last Name</i> field length <i>Rules ...</i> in the <i>Demographics/Add Associates</i> sections.</p>	
5/8/2012 5/16/12	3.5	<p>Added 11 additional scripts to the <i>How Do I ...</i> section. Minor updates to existing scripts.</p> <p>Updated Figure 6. Updated Index for additional <i>How Do I ...</i> scripts.</p> <p>Updated <i>Master Patient Index</i> to <i>Master Veteran Index</i>.</p>	Tom Hamilton
04/06/12	3.4	<p>Removed "This data is shared with VistA" statement from <i>AAP Mother's Maiden Name</i> definition in <i>Demographics/Identity Traits</i> section.</p>	Tom Hamilton
03/13/12	3.3	<p>Removed "Draft" from and changed date on cover. Also updated dates in footers to reflect June 2012 release date and removed "Draft".</p>	Tom Hamilton
01/23/12 02/07/12	3.2	<p>Added "Add a Person" in parenthesis after the "Tabs/Overview" identifier on the <i>Veteran Overview</i> page when in the <i>Add a Person</i> mode to identify to user that they are in <i>AAP</i> mode.</p> <p>Added <i>ESR 3.7</i> enhancements.</p>	Tom Hamilton
01/17/12	3.1	<p>Minor update to <i>Preferred Facility</i> field definition under <i>Demographics/Personal/Personal</i> section.</p> <p>Added <i>CDW</i> to <i>Glossary</i>. Removed "(Future Release)" from <i>Content Management System (CMS)</i> <i>Glossary</i> definition.</p>	Tom Hamilton
01/09/12- 01/11/12	3.0	<p>Updated document version on cover to reflect major software version change and initial <i>Draft</i>. Updated references from <i>ESR 3.6</i> to <i>3.7</i> and dates to reflect scheduled <i>April 2012</i> release.</p> <p>Added <i>ESR 3.7 Enhancements</i> to existing added functionality listing in the <i>Introduction</i></p>	Tom Hamilton

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		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 – 9/8/11	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

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7/13/11		Updated ESR 3.5 <i>Introduction</i> section for Handbook. Updated <i>Overview</i> and <i>Communications Handbook</i> 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 – 6/15/11		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 – 5/19/11		Added to Index for 3.5 enhancements.	Tom Hamilton
5/16/11		Added Handbook description to Introduction section.	Tom Hamilton
5/9 /11 – 5/10/11		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	Tom Hamilton

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		Draft indicators.	
4/6/11		Updated <b>Medal Of Honor</b> 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 <b>Ineligible Reason</b> 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 <b>Assets</b> on the <i>Edit Financial Details</i> screen to match UI. Removed <b><u>Number Rejected due to Data Inconsistencies</u></b> 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 webhelp. 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

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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
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	Tom Hamilton

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		Admin section. Added new VBA Pension Data Sharing fields to the Eligibility/Edit Current Eligibility section. Updated Figure 6.	
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 statues” to “three statuses” under “ <u>Do you want to send this for Adjudication?</u> ” question per SQA review.	Tom Hamilton
6/28/10		Modified <i>Adjudication</i> section as follows (CCR10224): Eliminated previously added <b>Means Test Status</b> 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 <i>Veteran 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 <i>Rules</i> for new req. CR 2530 to <i>Date of Birth</i> field under <i>Identity Traits</i> section.	Tom Hamilton
9/10/09 & 9/23/09		Added disclaimer paragraph to p. 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</i> of "Not Exposed" added in error 3/5/08 per SQA.	Tom Hamilton
8/17/09 – 8/27/09		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	Tom Hamilton

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		table.	
8/11/09 8/13/09		Reversed cover graphic change of 7/8/09 per Brian Morgan. Updated VOA Attachment section under Eligibility/Edit Current Eligibility 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 – 7/9/09		Updated cover with new HealthVet logo. Added 1010EZ & EZR Print button capability in Financial/Financial Overview section.	Tom Hamilton
6/18/09 – 6/25/09		Updated for 3.0.1. Added new 3.1/VOA fields	Tom Hamilton
8/7/08		Added new VOA Roles in the Demographics/ Associates/Add Associates section.	Tom Hamilton
8/6/08		Added new VOA Attachment fields in Eligibility/Edit Purple Heart and Eligibility/Edit Current Eligibility sections. Added new VOA Spinal Cord Injury Indicator under Eligibility/Current Eligibility/Other Eligibility Factors section.	Tom Hamilton
7/24/08		Added new VOA fields in Financials/Dependents/ Add/Edit Dependent Spouse section.	Tom Hamilton
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 Veteran's 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>	Tom Hamilton



Date	Revision	Revision History	Author
		per change in the HECMS application.	
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&amp;D to 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	Tom Hamilton

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		Franchise Data Center) to new name of CDC (Corporate Data Center, AAC). Also updated Glossary to reflect changes.	
1/8/08 – 1/9/08		Convert all instances of <i>OEF/OIF</i> to <i>OIF/OEF</i> per CR7011 (DG 5*3*777).	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>Button Bar/HL7 Messages</i> section. Changed <b>Sensitive</b> to <b>Sensitive Record</b> per the GUI in the <i>Tabs/Overview/Overview</i> section.	Tom Hamilton
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>Button 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 – 10/23/07		Updated <b>Index</b> to reflect additional ESR 3.1 functionality.	Tom Hamilton
10/3/07		Added CR5774 (CodeCR5953) to update the <i>Bad Address Reason</i> selections. <b>Address Not Found</b> was removed and a note was added to the <i>Tabs/Demographics/Addresses/Permanent Mailing Address</i> section.	Tom Hamilton
9/28/07 – 10/01/07		Added CR2530 (CR5965 & 5985) to update the following date fields to restrict dates to after DOB and/or before DOD: <i>P&amp;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</i> for <i>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

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9/27/07 – 9/28/07		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 – 9/19/07		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
5/18/2012 5/22/2012	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 (AAP)</i> section. Added dropdown selection for <i>Place of Birth State</i> field in <i>Demographics/Identity Traits (AAP)</i> section. Modified <i>First</i> and <i>Last Name</i> field length <i>Rules ...</i> in the <i>Demographics/Add Associates</i> sections.	Tom Hamilton
5/8/2012 5/16/12	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	Tom Hamilton

Date	Revision	Revision History	Author
		additional How Do I ... scripts. Updated <i>Master Patient Index</i> to <i>Master Veteran Index</i> .	
04/06/12	3.4	Removed "This data is shared with VistA" statement from AAP <i>Mother's Maiden Name</i> definition in Demographics/Identity Traits 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 02/07/12	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- 01/11/12	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
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 – 9/8/11	2.2	General ESR 3.6 Patient Benefits Handbook updates in various sections.	Tom Hamilton

Date	Revision	Revision History	Author
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 Handbook</i> 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 – 6/15/11		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

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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 – 5/19/11		Added to Index for 3.5 enhancements.	Tom Hamilton
5/16/11		Added Handbook description to Introduction section.	Tom Hamilton
5/9 /11 – 5/10/11		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 <b>Medal Of Honor</b> 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 <b>Ineligible Reason</b> 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 <b>Assets</b> on the <i>Edit Financial Details</i> screen to match UI. Removed	Tom Hamilton

Date	Revision	Revision History	Author
		<b><u>Number Rejected due to Data Inconsistencies</u></b> field in the <i>Load Registry</i> section to match UI.	
2/2/11		Added "Introduction" to page 1 to match the online webhelp. 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
9/22/10		Added Handbook Active (Future Release) System Parameter to Admin/System	Tom Hamilton

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		Parameter page. Added to enhancements list on page 2.	
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. Updated Figure 6.	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 statues" to "three statuses" under " <u>Do you</u>	Tom Hamilton



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		<u>want to send this for Adjudication?</u> question per SQA review.	
6/28/10		Modified <i>Adjudication</i> section as follows (CCR10224): Eliminated previously added <b>Means Test Status</b> 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
3/24/10 – 3/25/10		General updates based on SQA and peer reviews. Pages updated: <i>Person Search</i> . Added <i>Veteran 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	Tom Hamilton

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		<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.	
1/11/10		Updated 4 Identity Traits fields to Display Only in the Demographics/Identity Traits 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 Demographics/Personal 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 & 9/23/09		Added disclaimer paragraph to p. 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</i> of "Not Exposed" added in error 3/5/08 per SQA.	Tom Hamilton
8/17/09 – 8/27/09		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 – 7/9/09		Updated cover with new HealthVet logo. Added 1010EZ & EZR Print button capability in <i>Financial/Financial Overview</i>	Tom Hamilton

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		section.	
6/18/09 – 6/25/09		Updated for 3.0.1. Added new 3.1/VOA fields	Tom Hamilton
8/7/08		Added new VOA Roles in the Demographics/ Associates/Add Associates section.	Tom Hamilton
8/6/08		Added new VOA Attachment fields in Eligibility/Edit Purple Heart and Eligibility/Edit Current Eligibility sections. Added new VOA Spinal Cord Injury Indicator under Eligibility/Current Eligibility/Other Eligibility Factors section.	Tom Hamilton
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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&amp;D to 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

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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
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1/8/08 – 1/9/08		Convert all instances of <i>OEF/OIF</i> to <i>OIF/OEF</i> per CR7011 (DG 5*3*777).	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>Button Bar/HL7 Messages</i> section. Changed Sensitive to Sensitive Record per	Tom Hamilton

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		the GUI in the <i>Tabs/Overview/Overview</i> section.	
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>Button Bar/Reports/Completed Reports</i> section (moved <i>Status</i> column). Added <i>View Action</i> to Archived Completed Reports. Changed <i>Title</i> field to <i>Report Title</i> per GUI.	Tom Hamilton
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10/3/07		Added CR5774 (CodeCR5953) to update the <i>Bad Address Reason</i> selections. <b>Address Not Found</b> was removed and a note was added to the <i>Tabs/Demographics/Addresses/Permanent Mailing Address</i> section.	Tom Hamilton
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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	Tom Hamilton

Date	Revision	Revision History	Author
		<i>Associate</i> . Updates to <i>Demographics/Add Associates</i> section.	
9/18/07 – 9/19/07		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

# Table of Contents

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# 1 Introduction

Enrollment System (ES) 4.3 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 the 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\_Vet REE (Registration, Eligibility and 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 the users with the important features and navigational elements of the application.

## 1.2 Overview

Enrollment System Redesign (ESR) V3.1 (now the 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 the 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 the delivery of Federal services and benefits to GWOT service members and Veterans. Among the recommendations associated with the Task Force was to focus on enhancing the delivery of services and information to GWOT service members and Veterans within existing authority and resource levels.

ESR V3.2 added the General Counsel's (GC) Ruling on changes to the Geographic Means Test Threshold (GMTT). The GC ruling dictates that people with very low income who live where the GMTT is less than the Means Test Threshold (MTT) and whose net income is less than the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, be placed in Priority Group (PG) 7.

ESR **V3.3** added the Eligibility and Enrollment (E&E) Web Service which 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 ESR, carrying out the system specific information request.

VBA Pension Data Sharing expanded on the pension information gathered by ESR. Additional Pension Award fields related to *VA Pension* were added to the *Edit Current Eligibility* screen. Also included as part of the VBA Pension Data Sharing enhancement were two Class II Dental fields added to the *Current Military Service* screen.

Priority Group Relaxation % Phase II expanded upon the *P8 Relaxation Enhancement*, which allowed Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds, by providing the ability to change the *Relaxation Percentage* by income year. The change was retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but would now qualify under the new relaxation percentage.

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* page.
- The **MSDS Query Status** is displayed on the *Current Eligibility* page.
- The Veteran's 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* page.
- 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 the **Veteran Indicator**, calculate the **Combat Veteran End Date**, and determine the Veteran's **Period of Service**.
- MSE data is shared with the sites (VistA).

ESR V3.5 added the following additional MSDS capabilities.

- Activations from VADIR are received and processed into ESR Military Service Episodes (MSE)
- The *Combat Veteran End Date* computation was modified to allow a recalculation to an earlier date based on a user edit of the Military Service and/or Combat Service data to an earlier date.
- ESR accepts precise dates from the Broker when ESR has imprecise MSE dates on record.
- ESR does not perform a query of the MSDS Broker for persons with null/missing identity traits.
- Additional choices for *Discharge Type* on the *Current Military Service* screen were added. They are: 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 the *Service Component* field to **Activated National Guard**.
- If the Broker fails to create an MSE record, ESR creates a HEC-owned MSE from the site data.

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

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

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

- Search to add a person (*Search and Add New Person*) – This functionality allows users to perform searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the ES system or update a person who is “In Process”.
- Save person in-process (*Save in Process*) – This option allows users to save registrant records in a state of “In Process” so they can be returned to for completion at a later time.
- Cancel a registration (*Cancel Registration*) – This option allows users to cancel a registration that is in progress, or a registration that has been resumed from being “Saved in Process.”



- 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.

- On the *Demographics/Personal* page, the **Preferred Facility** field was made editable only when an active Primary Care Provider (PCP) was unavailable. The field next to it is the **Preferred Facility Source** field, which is the source of the preferred facility selection. It is not user-selectable but is automatically populated based on the source of the data.
- The Veteran's Preferred Facility is determined by communicating with an outside (of ESR) source (Corporate Data Warehouse {CDW}).
- New *Missing Preferred Facility* report (EED 20) displays which Veterans have no 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 the 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 V3.6 added the following E&E Web Service/T-Pharm enhancements.

- In support of the 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.
- A new service request that returns historical data based on a Date of Service.
- A new Eligibility Determination request that returns “Eligible” or “Not Eligible” based on the Enrollment Status.
- Also added was the 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.

- The **Medal of Honor Indicator** data stored and displayed on the *Military Service* page became editable.
- Receipt of a Medal Of Honor was added to the eligibilities considered when assigning an Enrollment PG.

ESR V3.6 added additional Veteran Benefits Handbook functionality.

- A new **Default Handbook Batch Release Control Number** *System Parameter* was added for changing the release control number to be used with a Handbook Batch Release. See the System Parameters section of this manual for more information.
- A new **Handbook Rollout Over** *System Parameter* was added for turning the new enrollment triggers on and off. See the System Parameters section of this manual for more information.
- A new **Handbook Active** *System Parameter* was added that activates “trigger” events that prompt the sending of 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.

- A new **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 V3.7 added the following additional capabilities/changes:

- The 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 the appropriate Relaxation Percentage rather than the fixed, initial percentage.
- An *Appointment Request Response* may now be selected during the ESR Registration (Add a Person) process on the *Demographics/Personal* screen.
- When registration of a patient (Add a Person) is completed, a bulletin is sent to the patient’s chosen Preferred Facility.

- *Demographics/Identity Traits* screen, **Mother's Maiden Name** field is no longer shared with VistA.
- ESR sends a query to the MSDS Broker when a person 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 V3.8 added the following additional capabilities/changes:

- A *Delivery Preference* sub tab which supports delivery preferences of either “Mail” or “Online” for the Veteran Benefits Handbook, was added to the *Communications* tab.
- ESR uses MSDS data to verify eligibility.
- In the *Permanent Mailing Address* section, ESR separates *Home Phone* last update date/time from *Permanent Address* last update date/time.
- On Add A Person *Search* screen, the **FIRST NAME** and **MIDDLE NAME** fields were rearranged.
- On the *Demographics/ Identity Traits* screen, the **Place of Birth State** field became a dropdown menu with a list of state codes and foreign locations. The **Race** field changed to allow multiple selections.

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

- E&E Web Service – additional fields were added to the 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 the sending of 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 the Handbook.
- MSDS – the system now recalculates the Period of Service (POS) using the MSDS Broker when an ineligible non-service connected non-Veteran is changed to an eligible service-connected Veteran.
- VOA Enhancements – new “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 V3.10 added the following additional capabilities/changes:

- Handbook – the Veteran *Overview* screen in the **Communications** section now displays up to three hyperlinks for each of *Handbook* and *Benefits at a Glance* (in ESR 3.9 only one of each was present). These hyperlinks now allow a user to view the three most current *Handbook* and/or *Benefits at a Glance*.
- Enrollment Enhancements
  - there will be a onetime batch process to update Catastrophically Disabled (CD) Veterans to change the Means Test status to “No Longer Required” and the 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 to the screen with the title, “**View All Archived HL7 Messages**”. When clicked, the *Archived HL7 Message Log* screen displays.
- ICD-10 Changes – the 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 will require the 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.

The OPP 1 and OPP 2 extract reports were modified to accommodate the new ICD-10 codes.
- Veteran Financial Assessment (VFA) – the VFA initiative reduces 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. A Means Test will no longer expire each year in the 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). – a new system parameter, ***VFA Start Date***, was added to the *System Parameter* section/screen that will establish the start of the Veteran Financial Assessment initiative.

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

- AAP Defect Fixes
  - if there was an employer address entered and you got an error upon submitting the data (i.e., it stated that city/state did not match zip), when you attempted to re-enter the data, the **State** and **Zip** did not display. If you selected to enter the country, the **State & Zip** fields then displayed.
- Enrollment System Enhancements

- a solution for archiving/deleting HL7 messages was implemented. Select records are removed from the table and placed in a separate storage location in a separate archive accessible by the ESR application.
- editing an email address only or phone only now triggers an outbound Z05 message to the sites.
- Handbook
  - ESR now displays the current *Handbook* or *Benefits At A Glance* 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 BAG.
  - the VCG now stores a *Handbook* and/or *Benefits At A Glance* in the Veterans Benefits Repository (VBR) database, not in ESR.
  - ESR no longer updates Bad Address Reason from CMS returned files.
- Veteran Online 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
  - the **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 only to the Veteran with a delivery preference of “Mail”.
  - the 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 their families with an accurate description of the benefits to which they are eligible. 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 the appropriate *Role/Capabilities* may View, Add (Assign) and Delete (Unassign) the appropriate HBP from a Veteran's record.
  - Users with the appropriate *Role/Capabilities* may View the Veteran’s 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 HBPs 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 HBPs 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.

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.

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.
- HandBook
  - 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*.
  - 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)**)

<sup>1</sup> 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
  - Added BT (Beneficiary Travel) **Financial Indicator** field to the Financial Overview section.

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 is no longer required or managed by ES. User account authorization (roles, capabilities and permissions) is unchanged and remains managed by ES system administrators.

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

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

<sup>3</sup> This functionality is implemented in an inactive state pending VA staff training.



- 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 Veteran's eligibility or lack of eligibility for this benefit. If determined eligible, the Veteran is automatically promoted to Priority Group (PG) 6, if the Veteran's 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 V4.3 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 V4.4 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 Veteran's 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 V4.5 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 V4.5.1 implements ES V4.5 items 1-5 modifications/enhancements.

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 V4.7** 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 shall be 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 veteran's 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 HPBs that are currently assigned to Veterans to VistA to appear on the Veteran's profile.
- 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.

## 1.2.1 Continuing the Overview

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

- 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 Online Application (10-10EZ supplement) (3.1)
- Identity Traits (3.1)
- Financials/Adjudication (3.2)
- 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)
- 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)
- MSDS (3.4)
- 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)
- 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)
- 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)
- 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 (3.9)
- OPP Extracts (3.9)
- Handbook (3.9)
- MSDS (3.9)

- VOA (3.9)
- Handbook (3.10)
- Archiving HL7 Messages (3.10)
- ICD-10 Changes (3.10)
- VFA/Means Testing (3.10)
- Handbook (ESR 3.11)
- VOA (ESR 3.11)
- VFA Phase II (ESR 3.11)
- Handbook (ESR 3.12)
- VFA Phase III (3.12)
- VOA (ESR 3.12)
- Health Benefits Plan (ESR 3.12)
- 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)
- 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)
- IAM single sign-on integration (ES 4.1.1)
- CL-V (ES 4.2)
- VOA (ES 4.2)
- System Parameters (ES 4.2)
- Reports (ES 4.2)
- ACA (ES 4.3)
- ACA (ES 4.4)
- eMIS (ES 4.5)
- Temporary Address (ES 4.5)

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)
- 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)
- 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)

Enrollment System is a web-based system which exchanges information with many external VA and non-VA systems in performing its tasks, which is making sure qualified Veterans are enrolled in the VA healthcare system.

## 1.3 Project References

The following ES documents can be found on the VA SFTP site.

- ES 4.7 Release Notes
- ES 4.7 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 the Manual

This manual is organized in the following manner.

- 1.0 **Introduction** – Explains what the ES is and summarizes previous versions and enhancements.
- 2.0 **System Summary** – This section explains how the ES works.
- 3.0 **Getting Started** – This section contains information on how to log on and navigate the system to perform tasks. It also contains information on how the online help system is organized and used.
- 4.0 **Project-Specific Scenarios** – This section contains valuable information on how to perform common tasks in the ES in the *How Do I ...* section.
- 5.0 **Troubleshooting** – This section details any potential issues, or items that a user may need assistance with and provides guidance to the extent possible.

 **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.

### ES areas of information

**Button Bar** - This is the area of the screen where the 'utility' buttons for ES are located. From here the user 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.

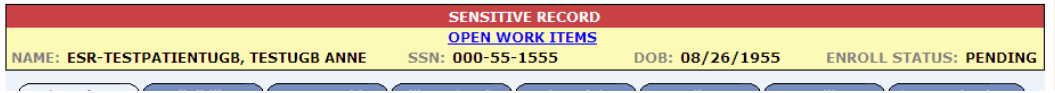
#### Screen Shot





**Figure 1: Button Bar**

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



**Figure 2: Summary Area, Sensitive Record**



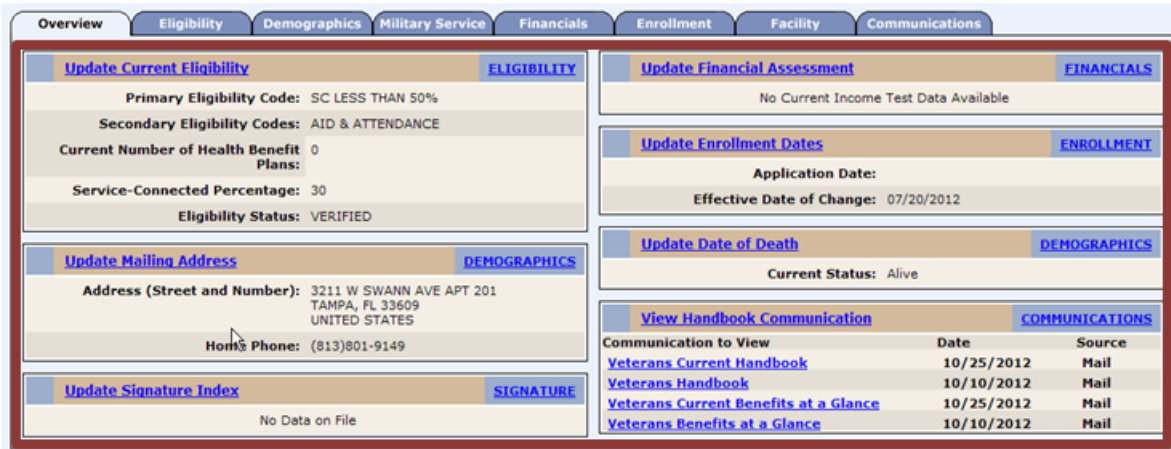
**Figure 3: Summary Area (Open Work Items, Veteran Merge Pending)**

**Tabs** - This is the area of the screen where the user may access the various kinds of information on record for the beneficiary to aid in determining his or her eligibility for enrollment in the VA healthcare system.



**Figure 4: Tabs**

**Main Area** - In this area is the majority of the data in the beneficiary's record. Within this area are links that can be used to present other screens to the user for viewing, updating, adding, and deleting information.



**Figure 5: Main Screen Area**

## 1.5 Acronyms and Abbreviations

The following is a list of acronyms and definitions used in this document and the ES application.

#

**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 Information Technology 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).

**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

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

**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:** Computer Assisted System Staff.

**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.

**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.

**CD:** (see) Certificate of Deposit

**CDW:** (see) Corporate Data Warehouse

**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 Veteran's 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

**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.

**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:** Correspondence.

**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.

**CV:** Combat Veteran.

## D

**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.

**DOB:** Date of Birth.

**DoD:** Department of Defense

**DOD:** Date of Death

## E

**eCIS:** Enterprise Contact Information Service is a new Web Service that manages Veteran contact information, including Validating Addresses.

**EE:** Eligibility/Enrollment.

**EED:** Eligibility, Enrollment Division.

**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 Services is the new Web Service that replaces the Military Service Data Sharing (MSDS) broker. Information from the Department of Defense database, VADIR, now comes to ES via eMIS and is considered the authority 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 Health<sub>e</sub>Vet 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 Veteran's exposure to environmental contaminants while serving in the military.

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

## F

**Future Discharge Date:** Also referred to as FDD. This is the projected end date for a service member.

## G

**Geocoding:** The process of assigning geographic coordinates assigned to a location. The ES sends a Residential Address to an internal VA vendor (PSSG) and receives back the geographic coordinates. The ES then determines a Veteran's Eligibility for mileage.

**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 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:** (see) Health Benefits Plan.

**HCA:** Healthcare Application.

**Health Benefits Plan:** VHA has initiated the *Health Benefits Plan* (HBP) 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 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.

**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.

**HealthVet:** My HealthVet 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.

**IV:** Income Verification.

**IVM:** Income Verification Match.

## 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 Remail 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:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- All the while maintaining privacy and security

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 Veteran's 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)**

**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.

**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.

**Net Worth:** Net Worth is the sum of the Veteran's (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

**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.

**Permanent & Total:** Permanent & Total indicates if the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

**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.

**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.

**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.

**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.

**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.

**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.

**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 Veteran's 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.

**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 Veteran's exposure to environmental contaminants while serving in the military.

## T

**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.

**VADIR:** (see) VA/DoD Identity Repository.

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

**VAMC:** Department of Veterans Affairs Medical Center.

**VARO:** VA Regional Office.

**VBA:** Veterans Benefit Administration.

**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.

**Veteran's 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 Veteran's 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 Veteran's 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.

**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.

**VOA:** (see) Veteran's 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: Veteran's 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 Adobe 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.

## 2 System Summary

### 2.1 System Configuration

Please see the Systems Management Guide on the ES SharePoint [here](#).

### 2.2 Data Flows

Please refer to the Production Operations Manual on the ES 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 Contingencies and Alternate Modes of Operation

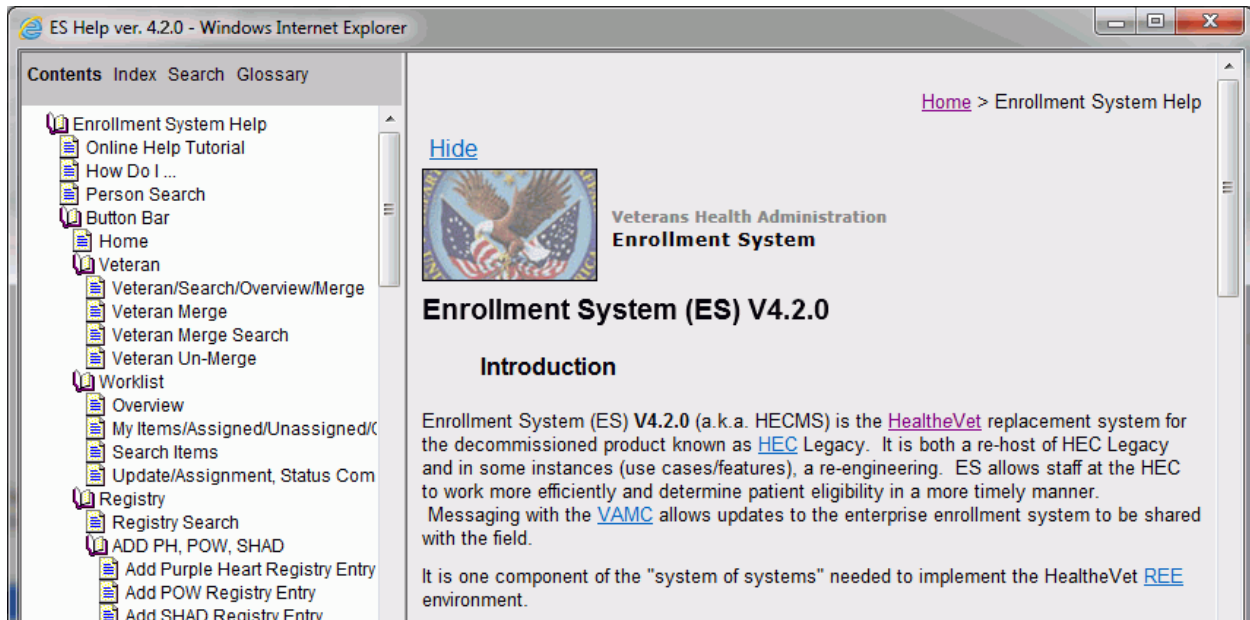
Please refer to the ES Contingency Plan document on the ES SharePoint [here](#).

## 3 Getting Started

### 3.1 Online Help Tutorial

ES online Help includes links along the top that display left-hand panes that include *Contents, Index, Search* and Glossary. Each topic also contains various methods for navigating.

#### Screen Shot



**Figure 6: Online WebHelp System Window**

ES online Help system uses WebHelp as its output. This Help system is designed to open in your default Web browser in a new window.

### Using the Help Window

ES online Help includes the following left-hand panes. To access each pane, click the **Contents**, **Index**, **Search** or **Glossary** link on the toolbar.

- **Contents**  
The Contents pane displays the expanded table of contents (an online table of contents is a summary of your project with topics arranged by category) - books (📖) and pages/topics (📄) that represent the categories of information in the online Help system. When you click pages 📄, you select topics to view in the right-hand pane.
- **Index**  
The **Index** pane displays a multi-level list of keywords and keyword phrases. These terms are associated with topics in the Help system and they are intended to direct you to specific topics according to your way of working. To open a topic in the right-hand pane associated with a keyword, click the keyword. 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 Help system and find matches to Help system-defined words.

Unlike an *Index* tab that lists author-defined keywords (terms, synonyms, and cross-references); the *Search* link lists words that are 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

The *Glossary* pane provides a list of terms and definitions related to the subject matter in the online Help.

To access the glossary, click a letter in the top pane and see corresponding definitions that begin with the letter clicked in the lower pane.

### Other buttons and functions

- Hide/Show the left pane

To provide a larger viewing area of the open topic, you can hide the left pane.

To hide the left pane, click the Hide link in the upper left side of the right pane.

To show the left pane again, click the Show link in the upper left side of the pane.

- Browser Toolbar

Since there is no browser toolbar at the top of the Help window, you may right-click from within the 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.


You may also use the Table of Contents on the left side of the Help window to navigate through the Help system.

- WebHelp Build Date

The WebHelp Build Date can be viewed by going to the *System Parameters* help topic. The build date is next to the topic title.

### Adjusting the window and pane size

You can adjust the width and height of the Help window by dragging the edges of the window in or out.

You can adjust the width of the left pane by pointing to the right edge of the left pane until the mouse pointer turns into a line with arrows on each end: 

With the left mouse button held down, drag the pane to the right or left.

### Navigating Help Topics



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

- Links (online Help)

Text that is green and underlined or green and italicized or blue and underlined and italicized are hyperlinks that jump to another topic or Web page, or a link that displays additional information in another window. Some links "drop-down" additional text or "expand" text to the right.

References to screen fields are in green bold underlined italics (online Help).

References to field selections are in **bold**. Generally speaking, references to other Help topics (screens) are hyperlinked to that topic and therefore underlined and in blue italics (online Help). Button references are in **bold italic**.

A **\*** symbol indicates a required field. Appears as **\*** in this document.

A **✖** symbol is displayed when a submitted field has an error.

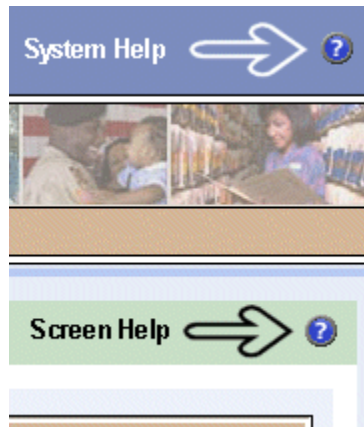
A **🔄** symbol ("data changed") is displayed when some type of data has changed on the *History*, *Veteran Merge*, and user-related confirmation windows.

A **💡** indicates a note or item of special interest.

### **Using Context-Sensitive Help**

As you work in the ES, you can obtain information about windows or dialogs by using the context-sensitive Help available in the application. Context-sensitive Help topics in the ES have a button **?** in the upper right-hand corner of the particular window.

### **Screen Shot**



**Figure 7: System Help vs. Screen Help**

The overall Help is accessed by using the **?** button in the upper right-hand corner of the application window, which is above the 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."

## **3.2 Logging On**

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

The system displays the Health Eligibility Center User Agreement each time a user logs into the system. This **Accept Agreement** checkbox must be checked every time a user wishes to log into the system.

Upon a user's initial login into the system, the user must also enter the **Agreement Signature Code** that was created by the system at the time the user's account was created.

On each subsequent anniversary of a user's initial login into the system, the system will prompt the user for the access code that was created by the system. In order to be granted access to the system, the user must re-enter the access code.

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.

## 3.3 System Menu

This section will cover all the functionality of the ES starting with the Person Search page that initially displays after a user successfully logs into the ES.

### 3.3.1 Person Search

#### [HEALTH BENEFITS PLANS NAMES AND DEFINITIONS](#)

ESR ES has the ability to assign/unassign HBPs to Veterans. The [Health Benefits Plans Names and Definitions](#) link on the online *Person Search* webhelp page allows users to access the HBP definitions without first performing a *Person Search*.

The *Person Search* screen allows searching for a patient by any combination of criteria. At minimum, the user must provide one of the following combinations:

- Member ID OR
- ICN OR
- SSN + Last Name + First Name + Middle Name + Date of Birth + Birth Sex OR
- Additional Search Criteria: Military Service Numbers, Claim Folder Number

Once the minimum information is entered, any combination of the remaining search criteria may be selected.

- Member ID cannot be used in combination with any of the other criteria {XE Criteria:search}.
- ICN (formerly VPID) cannot be used in combination with any of the other criteria.
- Search criteria data entered is not case-sensitive.
- The system will present a list of matches from which user may choose or if the desired match does not appear, the user may do another search using different criteria.
- After completing a Search, the system returns a Person Search Result list with matches for the search criteria used. If the name of the individual appears on the list, simply click the SSN link to display the patient record.



#### **Important Notes:**

- 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 a **Pending** status. If a beneficiary's record has identity-trait updates that are pending a decision, the system 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, Enroll Status are displayed on a banner for all person-related screens.

**Member ID:**

Member ID is a unique identifier for each Veteran in the Community Care program. Member ID is the identifier on the Community Care identity card.

**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**

**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*.

**Last Name:**

The *NAME* fields are an important element in the unique identity of a person. 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 *NAME* fields are an important element in the unique identity of a person. 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:**

Veteran's *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.

**Rules...**

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

**3.4 Button Bar**

**3.4.1 Home**

Clicking this button returns the user to the *Person Search* page, which is the page the user is directed to after initially logging into ES.

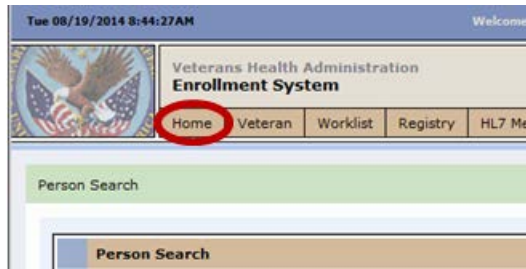


Figure 8: Button Bar: Home

## 3.4.2 Veteran

### 3.4.2.1 Veteran/Search/Overview/Merge

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

### 3.4.2.2 Veteran Merge

This screen enables the user to view the *Veteran Merge Worklist* that displays patient records, which PSIM/MPI have determined are potentially the same individual. This 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 person's record has been identified as a duplicate. A single identifier for that individual is carried forward.

The user selects from the list, a pair of persons for which to merge data. The system presents groupings of data for merging. The groupings of data may be selected in any order until the user decides to merge the selected data. The user selects the individual data elements that will form the surviving record.

After making selections in all the groupings of data, the user may select *Merge Veteran Now* to complete the process or the user may cancel the activity. After the *Merge Veteran Now* button is pushed, if something has been left unchecked on any of the selection screens, a warning message will be displayed; a selection must be made for all available data before the user can perform the data merge.

At any point in the data selection process, the user may choose to *Discard All Selections* for the merge activity. All selections made on previous screens for the current data pairing are discarded and the user is returned to the list of available merges.

At any point in the data selection process, the user may choose to *Save and Merge Later* the selections made in order to return to complete the merge at a later time. Restrictions 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.

#### Veteran Merge Worklist

##### **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**

- this identifies which record is the surviving record and which is the deprecated record.

After merging, only the surviving record will be available via the other screens or through messaging. The deprecated record will not be found by the system.

###### **Merge Status**

This indicates the status of the current merge. Initially it will be *Merge Not Started*.

###### **More...**

The user should click the *Merge Not Started* link in order to make selections in the final grouping of data, after which the user may click ***Merge Veteran Now*** to complete the merging process.

When the ***Merge Veteran Now*** button is pushed, if anything has been left unchecked on any of the possible selections presented to the user, a warning message is displayed.

A selection must be made for all available data before the user can perform the data merge.

### **3.4.2.3 Veteran Merge Search**

This screen enables the user to search through the *Veteran Merge Worklist* for a particular patient's records which PSIM/MPI has determined are potentially the same individual. At minimum, the user 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)

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. 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.

Search criteria data entered is not case-sensitive.

If the desired match does not appear, the user may do another search using different criteria.

After completing a successful search, the system displays the *Veteran Merge* screen with a result list that matches the search criteria used. From here, the user 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

### **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 *NAME* fields are an important element in the unique identity of a person. 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 **NAME** fields are an important element in the unique identity of a person. 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.

**Rules...**

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

Veteran's *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.

### 3.4.2.4 Veteran Un-Merge

This screen displays a list of record pairs that have been designated for "un-merging." An external system must notify ES that a pair of previously merged identities has now been un-merged. This feature serves simply as a notification to the user and allows the user the option to select a record pair for deletion from the worklist.

Note that no actual data related to the person is automatically un-merged. The ES system sends a query to the deprecated person's 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 the system.

The new record has to be re-built manually. The person rebuilding the record must determine (through history and audit logs) what changes have taken place to the record since it was merged in order to bring the "un-merged" record up to date.

While a pairing is actively being worked, no other user can gain access to the record; the record is locked.

## Veteran Un-Merge Worklist

### **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**

Place a check mark in the box by a list of pairs that have been designated for "un-merging" to select a record pair for deletion from the worklist.

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

## **3.4.3 Worklist**

### **3.4.3.1 Worklist**

Clicking the **Worklist** button presents the user with the *My Items* screen. From here the user may select from the following tabs:

- **Overview**

The Worklist [Overview](#) screen presents a summary of the user's worklist items broken down by the following:

My Items

Assigned Items

Unassigned Items

- **My Items** (Default Screen)

[My Items](#) contains 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](#).

**More...**

The system does not automatically assign *Work Items* when the item is created. In other words, all *Work Items* created by the system are assigned, by default, to the *Unassigned* pool.

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

- **Search Items**

[Search Items](#) allow users to search for items by a variety of criteria.

- **Open Items** (only if Open Items exist for beneficiary)

This tab is present if Veteran-specific [Open Items](#) (unresolved items) exist for the patient.

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

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

*Items* cannot be edited by anyone other than the assigned person. However, anyone can add *Comments* to any *Assigned Item*.


Supervisors and/or Team Leaders may use this list to choose *Items* for assignment to a DQ analyst or LAS. Additionally, the DQ analyst or LAS can use these screens 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 this screen the user may view comments that have been recorded about an *Item* or the person (*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 the user who recorded 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.

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

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

 **Note:** It should be noted that items do not include any *Cases* or *Items* related to Income Verification.

### 3.4.3.2 Worklist Overview

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

#### **Overview**

##### **My Items:**

This number represents the number of *Items* assigned to the user. The number of *Items* that are overdue is non-functional at this time.


##### **Assigned Items:**

This number represents the total number of *Items* that are assigned. The number of *Items* that are overdue is non-functional at this time.

##### **Unassigned Items:**

This number represents the total number of *Items* that are unassigned. The number of *Items* that are overdue is non-functional at this time.

##### **More...**


 **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.

### 3.4.3.3 Worklist/My Items/Assigned Items/Unassigned Items/Open Items

The *My Items* worklist screen allows the user to view his/her own *Work Items* that have been assigned to them either by their supervisor or themselves. This 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*.

Click on the *Show Worklist Filter* link to display fields, which allow the user to filter the 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 to that functional group's supervisor. However, cross-functional re-assignment of an *Item* to the DQ functional group can be made to a DQ supervisor or to the DQ *Unassigned* pool.

### **Show Worklist Filter**

#### **VPID:**

To see only cases associated with a particular *VPID*, enter only the *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 person.

#### **Item Number:**

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

#### **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.

### **My Items**

#### **Assign Selected Items to:**

This option is only available to supervisors and allows assigning and/or re-assigning *Work Items* to users within their own functional group or to a supervisor within another functional group.

#### **Update Selected Items:**

A supervisor can close any *Work Item* at any time by selecting **Close Selected Items** from the dropdown. An LAS or DQ analyst can only close *Work Items* that are assigned to them or an *Item* that is unassigned. An LAS or DQ analyst can also assign a *Work Items* to themselves by selecting **Assign Selected Items to Me** from the dropdown on the *Unassigned Items* or *Assigned Items* pages.

### **Case (VPID)**

*Case (VPID)* is the patient's VPID for whom the Worklist *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**

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the [Update Assignment, Status and Comments](#) screen.

### **Item Type**

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

#### **More...**

##### ***Case 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**

This is the date on which the Work Item was created by the system.

### **Assigned Date**

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

### **Select**

This checkbox, when selected, allows the user to Close the particular *Work Item*.

#### **Rules...**

- A user 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.

### **Assigned Items**

The *Worklist/Assigned* screen presents a summary of *Work Items* that have been assigned and to whom. This 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*.

### **Case(VPID)**

Case (VPID) is the patient's VPID for whom the Worklist 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**

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

### **Item Type**

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

#### **More...**

##### ***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**

This is the date on which the *Work Item* was created by the system.

### **Assigned Date**

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

### **Assigned To**

This is the person to whom the *Work Item* was assigned.

### **Select**


This checkbox, when selected, allows the user to Close the particular *Work Item*.

#### **Rules...**

- A user 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.

#### **Unassigned Items**

The *Worklist/Unassigned Items* screen displays all *Work Items* that have been created but not yet assigned. This 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.

### Case (VPID)

*Case (VPID)* is the patient's 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

This 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

These are the codes (types) that indicates specific subsets of worklist categories.

#### More...

##### **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

This is the date on which the *Work Item* was created by the system.

### Select

This checkbox, when selected, allows the user to Close the particular *Work Item*.

#### Rules...

- A user 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.

#### **Open Items** (only if *Open Items* exist for beneficiary)

The *Open Work Items* worklist represents a portion (items) of a beneficiary's unresolved *Work Case*.

The system will create a *Work Item* for each Consistency Check (CC) error and/or Application Error (AE). Additionally, the system will create a *Case* for a person and will associate one or

more *Work Items* to the *Case*. In other words, while multiple items may exist for a person, only one *Case* exists for that particular individual.

When all items for a *Case* are resolved or closed, the *Case* is also closed. *Open Items* are unresolved.

### **Case (VPID)**

Case (VPID) is the patient's 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**

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

### **Item Type**

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

#### **More...**

##### **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**

This is the date on which the *Work Item* was created by the system.

### **Assigned Date**

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

### **Assigned To**

This is the person to whom the *Work Item* was assigned.

### **Select**

This checkbox, when selected, allows the user to Close or Re-assign the particular *Work Item*.

#### **Rules...**

- A user 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.

### 3.4.3.4 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* page displayed is dependent on the search criteria selected.

#### **Worklist Items Search**

##### **Functional Group:**

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

##### **Item Type:**

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

##### **Assigned To:**

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

##### **Status:**

Use the 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 the system.

##### **Rules...**

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

##### **VPID:**

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

##### **SSN:**

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

##### **Rules...**

It is 9 numeric.

##### **Last Name:**

Enter the person's *Last Name* for whom the *Work Item* was created.

##### **First Name:**

Enter the person's *First Name* for whom the *Work Item* was created.

### 3.4.3.5 Worklist/Items/Update Assignment, Status, Comments

The *Open Items/Assignment, Status, Comments Worklist* screen allows the user 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)

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

**Assign To:** (Supervisor's View)

Select individual to whom the *Item* is to be assigned/reassigned.

**Status:**

User may select a different *Status*.

**More...**

If the user updates the status of an *Unassigned Work Item*, the system automatically assigns the selected *Work Item* to the user.

**Comments:**

Add relevant comments.

**Work Item Detail** (displays current information as shown below for the work item)

**Item Number:**

The unique number assigned to the *Item*.

**Status:**

This is the current *Status* of the *Item*.

**Functional Group:**

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

**Item Type:**

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

**Name:**

The patient's *Name*.

Clicking the *Name* link takes the user to the [Veteran Overview](#) screen from where the user can see an overall view of data for the patient.

**Facility:**

The site where the workload was logged.

**Create Date:**

The date the original *Item* was created.

**Assigned Date:**

The date the *Item* was Assigned.

**Due Date:**

The *Due Date* assigned to the *Item* (optional).

**Assigned To:**

The current user to whom the *Item* is assigned.

**SSN:**

The patient's Social Security Number.

**Created By:**

The original creator of the *Item*.

**Last Assignor:**

The user who most recently assigned the *Item*.

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

*Comment Date* - shows date of comment (most recent first).  
*Comment By* - displays User ID of person who made the comment.  
*Comment* - displays most recent comment.

**Status History** (shows the status history for the *Work Item*)

*Status Date* - displays date Status changed.  
*Status* - displays what the Status was changed to on the date shown.

**Assignment History** (shows the assignment history for the *Work Item*)

*Assignment Date* - this is the date the assignment was made. Default is most recent first.  
*Assigned To* - the user to whom the Item was assigned.  
*Assigned By* - the user who made the assignment.

## 3.4.4 Registry

### 3.4.4.1 Registry Search

*Manage Registry* provides the user the ability to maintain Veteran records on each of three special registry files: the 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 were once confirmed but are no longer, by the HEC to fall into any of these special categories.

When the user elects to perform registry file maintenance, the system displays the list of registry files that are available. The user must select a specific registry file to display and maintain the specifics of the selected registry.

After performing a *Registry Search* the screen will display links allowing the user to [ADD PURPLE HEART REGISTRY ENTRY](#), [ADD POW REGISTRY ENTRY](#) or [ADD SHAD REGISTRY ENTRY](#).

#### **Registry Search -**

The user may 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 person's record you're trying to find.

#### **Rules...**

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

And/Or

#### **Last Name:**

Veteran's *Last Name* is defined as the Veteran's family name.

#### **Rules...**

Free text 1-35 characters in length.



And/Or

**Military Service Number:**

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

**Optional Search Criteria**

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

**First Name or Initial:**

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

**Rules...**

- Free text 1-35 characters in length.
- optional, in combination with *Last Name*.

User may also:

- [ADD PURPLE HEART REGISTRY ENTRY](#)
- [ADD POW REGISTRY ENTRY](#)
- [ADD SHAD REGISTRY ENTRY](#)

To perform a *Registry Search*, user 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, the system will display the information below. The display of Veteran information may be sorted by any of the fields displayed by clicking the field name heading with the ⇅ symbol next to it.

The user must select a registry record by clicking on the *SSN* hyperlink to view the detail or to edit that record. When a record is selected from the search results for which eligibility data exists in ES, the system displays the [Current Eligibility](#) screen to allow 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)

**3.4.4.2 ADD PH, POW, SHAD**

**3.4.4.2.1 Add Purple Heart Registry Entry**

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

User 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, user may add more than one PH Document by clicking the **Add New Document** button.

When identity trait updates are pending, user can only view data. The system prevents any updates or edits to the beneficiary information.

[VIEW HISTORY](#)

**(Purple Heart Indicator:)**

If there is no current Purple Heart data and the user is logging receipt of a new document claiming PH for the first time, the system will set the *Purple Heart Indicator* to **Yes**.

When the *Document Acceptable* Indicator is set to **Yes**, and the *Document Type* and a *PH Data Source* are entered and committed, the system automatically sets the *Purple Heart Indicator* to **Yes** and the *PH Status* to **Confirmed**.

**★SSN:**

*SSN* is the Social Security Number of the Veteran.

**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.

**Military Service Number:**

*Military Service Number* is the service number assigned during the Veteran's 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 Veteran's 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 Veteran's middle name.

**Rules...**

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

**★Last Name:**

Veteran's *Last Name* is the Veteran's family name.

**Rules...**

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

**Suffix:**

*Suffix* is the suffix for the Veteran's 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:**

This 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:)**

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

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

**Rejected Remarks:**

This 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:**

This is the PH facility associated with the PH entry. Choose from the dropdown list.

**Assigned LAS:**

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

**Purple Heart Documents**

**★Document Type:**

PH *Document Type* is defined as the type of document sent to the HEC as proof that 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:)**

This is the date that a user has entered the initial PH processing data for a Veteran record. User has also entered the date the document was received and assigned a contact representative to the PH case.

The system 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:)**

This is the user name of the person who initiated logging in of the PH documentation. It's the person who entered the date the document was received and assigned the case to a contact representative.

**★Document Acceptable:**

This 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:**

This is a free text field that allows the user to comment on why a document was unacceptable independent of which letter has been sent.

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

**Rules...**

*Unacceptable Remarks* is free text with a character length 0 - 200.

**(Updated By:)**

This displays the user who last updated the PH record (system generated).

**(Update Date/Time:)**

This displays the date and time the PH record was last updated (system generated).

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

★ Indicates Required Field

### 3.4.4.2.2 Add POW Registry Entry

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

User 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.

[VIEW HISTORY](#)

**★(POW Indicator:)**

The system 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.

**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.

**Military Service Number:**

*Military Service Number* is the service number assigned during the Veteran's 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 Veteran's given name.

**Rules...**

Free text 1-25 characters in length.

**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:**

Veteran's *Last Name* is the Veteran's family name.

**Rules...**

Free text 1-35 characters in length.

**Suffix:**

Enter a suffix for the Veteran's 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)

**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.

Please select from the dropdown.

**★Capture Date:**

This is the date the Veteran entered into a listed POW camp.

This data 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:**

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

This 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:**

System 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.

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

★ **Confinement Location:**

This is the *Confinement Location* 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:**

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

**(Date Entered:)**

This displays the date and time the POW data was initially entered (system generated).

**(Entered By:)**

This displays the user who initially entered the POW data (system 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 patients.

**Rules...**

The format is 10 numeric.

**(Updated By:)**

This displays the user who last updated the POW record (system generated).

**(Update Date/Time:)**

This displays the date and time the POW record was last updated (system generated).

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

★ Indicated Required Field

### 3.4.4.2.3 Add SHAD Registry Entry

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

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



★**(SHAD Indicator:)**

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

★**SSN:**

SSN is the Social Security Number of the patient.

**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.
- SSN is a required field that is user supplied and can be a multiple.

**Military Service Number:**

*Military Service Number* is the service number assigned during the Veteran's 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 Veteran's 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:**

Veteran's *Last Name* is the Veteran's family name.

**Rules...**

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

**Suffix:**

Enter a suffix for the Veteran's 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:**

A number is automatically assigned by the VBA to each individual's claim for VA benefits.

**More...**

The claim number is a 7-8 character unique number utilized by the VBA prior to its conversion to use of the SSN. The 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 this field blank.

A *Pseudo SSN* is not appropriate for this field.

**SHAD Documents**

★**Document Type:**

This is the type of documentation that supports the Veteran's SHAD claim.

*VBA Letter* - this would be a letter from the Veterans Benefit Administration supporting the Veteran's 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:)**

This displays the user who last updated the SHAD record (system generated).

**(Update Date/Time:)**

This displays the date and time the SHAD record was last updated (system generated).

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

★ Indicates Required Field

### 3.4.4.3 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 input data must be transformed to conform to a pre-determined file format.



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.

#### [REGISTRY FILE LOAD STATISTICS](#)

##### 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.

##### More...

The system checks the selected 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, the system will show an exception. Code data is also checked.

##### Rules...

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

##### Registry File Load Statistics

##### Registry Import Date:

This 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:

This is the number of registry records read.

##### Number Passing Consistency Check:

This 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 person-identifying information on the registry input file is not successfully matched against a person already on the registry, the system does not consider this a match.

**Number Ambiguously Matched:**

When trying to match a record on the registry input file against an existing person 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 person-identifying information (Last Name, First Name, month/year of birth) matches.

**Number of New Registries Inserted:**

When the individual's identifying data on the registry input file cannot be matched against an existing registry record, the system will add a registry record.

**Number Matched to Existing Registry Records:**

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

★ Indicates Required Field

### 3.4.5 HL7 Messages

This function maintains a log of HL7 messages sent by the ES application or received from external systems and enables users to perform an HL7 Message Search based on a certain date or date range as well as other criteria. The user may search by the following parameters:

#### **HL7 Message Search**

**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. This 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.

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

### **HL7 Message Log**

#### **Transmission Date**

This is the date/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)

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.

## **3.4.6 Mail**

### **3.4.6.1 Undeliverable Mail Scanning**

#### **Undeliverable Mail Bar Code Scanning**

This function allows user 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.

### 3.4.6.2 Undeliverable Mail Search

This 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.

The system has a search results limit of 250 records. If search results exceed that limit, the user will be asked to refine their search and try again.

#### **Undeliverable Mail Search**

##### **SSN:**

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

##### **Rules ...**

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

##### **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:**

Veteran's last name is the Veteran's family name.

##### **Rules...**

Free text 1-35 characters in length.

##### **First Name:**

Veteran's first name is the Veteran's given first name.

##### **Rules...**

Free text 1-35 characters in length.

**Middle Name:**

Enter the Veteran's middle name.

**Rules...**

Free text 1-25 characters

**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.

**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.

**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 the user 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*.

### **3.4.6.3 Edit Permanent Address**

This 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.

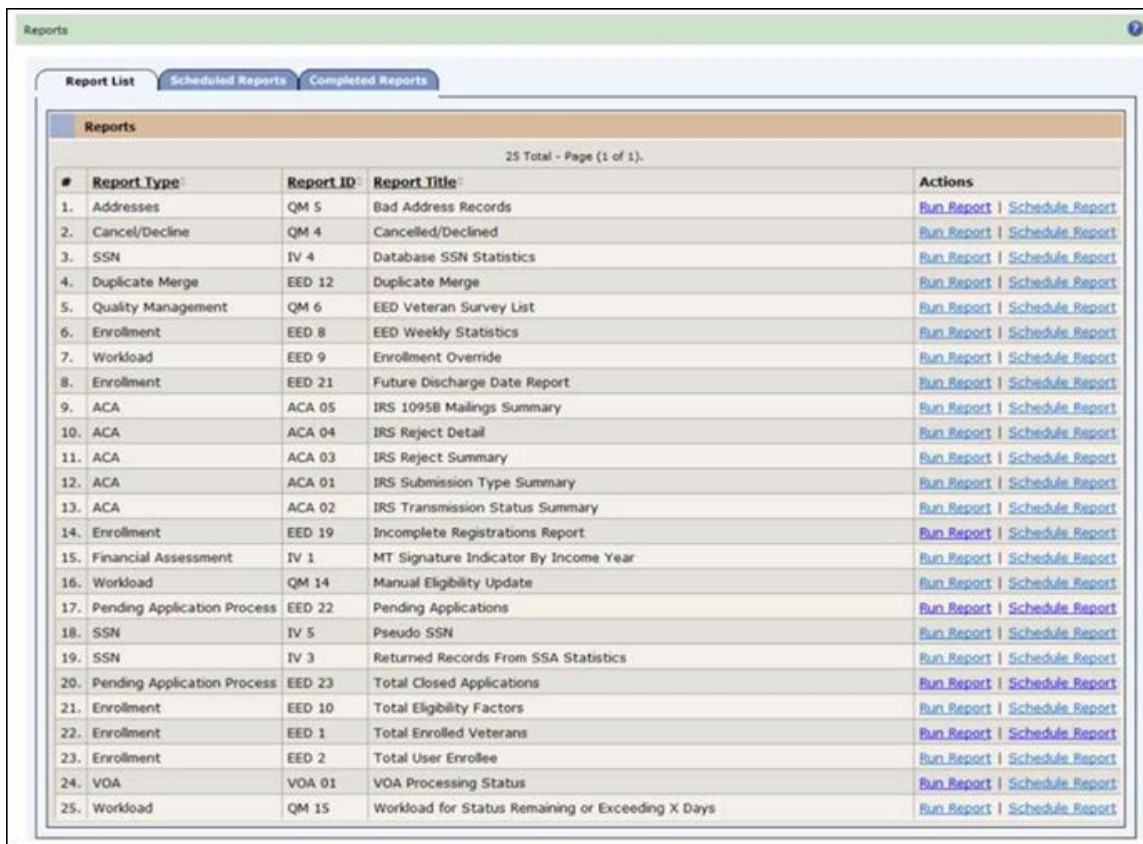
★ Indicates Required Field

### **3.4.7 Reports**



### 3.4.7.1 Report List

This screen enables a user to select and run/schedule various reports.



The screenshot shows a web application window titled "Reports". It has three tabs: "Report List" (selected), "Scheduled Reports", and "Completed Reports". Below the tabs is a table with the following data:

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

Figure 9: Report List Tab

#### Report Type

This indicates the type of report.

#### Report ID

This is the unique *Report ID*. Examples include QM 6, EED 8, ACA 05, IV 4, and VOA 01.

#### Report Title

This is a short narrative description of the report.

#### Actions

##### *Run Report*

Clicking the [Run Report](#) link presents the reports parameters screen which enables the user to enter the report parameters as desired or required.

After doing so, click the **Run Report** button to run the report.

##### *Schedule Report*

Clicking this link enables the user to schedule a report to run at a later date.

Reports may be scheduled to run in a variety of different ways.


The following table lists the available reports that can be run (scheduled) by clicking the [Run Report \(Schedule Report\)](#) 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 on page 75.

#### Report List

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
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
Pending Application Process	EED 22	Pending Applications
SSN	IV 5	Pseudo SSN
SSN	IV 3	Returned Records From SSA Statistics
Pending Application Process	EED 23	Total Closed Applications
Enrollment	EED 10	Total Eligibility Factors
Enrollment	EED 1	Total Enrolled Veterans
Enrollment	EED 2	Total User Enrollee

Report Type	Report ID	Report Title
VOA	VOA 01	VOA Processing Status
Workload	QM 15	Workload for Status Remaining or Exceeding X Days

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.

### 3.4.7.2 Scheduled Reports

This screen shows all reports and their scheduled run dates. From this screen, a report may also be cancelled.

[SCHEDULE A NEW REPORT](#)

[SHOW/HIDE REPORT FILTER](#)

**Report Type:**

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

**Report ID:**

Select the *Report ID* from the dropdown. Examples include QM 6, EED 8, ACA 05, IV 4, and VOA 01.

**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. User 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)**."

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.

### **Scheduled Reports**

**#**

Sequence number for the report.

### **Report Type**

This indicates the type of report. See *Report List* section under **Reports** on page 68 for *Report Types*.

### **Report ID**

This is the unique *Report ID*. Examples include QM 6, EED 8, ACA 05, IV 4, and VOA 01.

### **Report Title**

This is the title of the report.

### **File Type**

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

- .pdf
- .csv

### **Scheduled Run Date**

This is the date on which the report is scheduled to run.

### **Action**

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

## **3.4.7.3 Schedule Report**

This allows user to schedule new reports.

### [SCHEDULED REPORTS](#)

#### **Schedule Report**

##### **Report Name:**

Select new report from the dropdown.

After dropdown selection for new *Report Name* is made, click the **Submit** button.

#### **Schedule Report**

##### **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
  - ...then choices are:
    - Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

- Monthly
  - ...then choices are either:
    - 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
  - ...then choose from the following:
    - The **First, Last** day of every quarter.
- Yearly
  - ...then choose:
    - Every January, February, March, April, May, June, July, August, September, October, November, December, XXth.
    - 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

### 3.4.7.4 Completed Reports

This 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.

[SHOW/HIDE REPORT FILTER](#)

**Report:**

Select the type of report from the dropdown. See *Report List* screen help on page 68.

**Report:**

Select the *Report ID* from the dropdown. Examples include EED 22. EED 23 or IV 4.

**Report:**

Select the title of the report from the dropdown.

**Status:**

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

This indicates the type of report.

**Report ID**

This is the unique *Report ID*. Examples include EED 22, EED 23, or IV 4.

**Report Title**

This is a short narrative description of the report.

**File Type**

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

- .pdf
- .csv

**Report Parameters**

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

**Status**

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

**Date Run**

This shows the date the report was run.


**Archived Date:**

This 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.

### 3.4.7.5 Sample Reports

#### 3.4.7.5.1 Undeliverable Mail (BOS 1) (Retired)

This report provides a total of incoming undeliverable mail by division (IV & EE), undeliverable mail that has been processed by day. It 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*.

#### 3.4.7.5.2 Letter Files from Processing Center (COR 1) (Retired)

*Summary Report:* This 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:* This 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.



### **3.4.7.5.3 Total Enrolled Veterans (EED 1)**

The 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 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 Veteran's record exists.

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 requester has the option of *Detailed* or *Summary*.

### **3.4.7.5.4 Total User Enrollee (EED 2)**

This *Summary Report* produces a listing of active User Enrollees.

### **3.4.7.5.5 PH Unconfirmed For More Than X Days (EED 3) (Retired)**

This 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 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*.

### **3.4.7.5.6 Total Enrollees per Enrollment Status Grouped by Priority (EED 6) (Retired)**

This report provides the Nationwide number of enrollees for each *Enrollment Status* and each Enrollment Priority/Sub Priority and those who are Un-prioritized. The report is sorted by Enrollment Priority Group. The report provides a total for each *Enrollment Status* and for each Enrollment Priority/ Sub-Priority.

The 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. User may select one, many or all of the Priority Groups, and / or one, many, or all of the Enrollment Statuses.

### **3.4.7.5.7 EED Weekly Statistics (EED 8)**

These EED reports are used to capture the various updates that occur within a user 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).

#### **3.4.7.5.8 Enrollment Override (EED 9)**

This 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 Veteran's name, SSN and narrative reason.


*Summary Report:* This 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:* This 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).

#### **3.4.7.5.9 Total Eligibility Factors (EED 10)**

*Summary Report:* This 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:* This report provides the total *Eligibility Factors* for verified enrolled Veterans (Primary and Secondary Eligibility Factors) by VISN, or by medical center within VISN. The Veteran's Preferred Facility is used to determine the VISN, VAMC / Facility information (only to the VAMC / Parent Level). This report 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.

The reports can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page.

#### **3.4.7.5.10 Duplicate Merge (EED 12)**

*Summary Report:* This 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.

*24Detailed Report:* This 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.

1. 'Completed' which includes a total of days from assignment to completion.
2. 'In Process' which includes the total days merge is *In Process* (assigned but not completed).

The report also includes a total of all records in an 'In Process' and 'Completed' status with a calculated average for each.

The reports can be selected for viewing by clicking the appropriate [View](#) link from the *Completed Reports* page

#### **3.4.7.5.11 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.

An 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 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.

#### **3.4.7.5.12 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.

This 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.

#### **3.4.7.5.13 Future Discharge Date Report (EED 21)**

The *Future Discharge Date Reports* provide information on service members/Veterans that have a Future Discharge Date and no Service Separation Date.

Detailed Summary reports show the total number of service members/Veteran records by month that have a Future Discharge Date.

The requester can select to run a Summary Report or a Detailed Report.

The 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 the User also has the option to sort by Last Name, SSN, Branch or Service, Service Entry Date, or Future Discharge Date.

The report can be scheduled or run ad hoc.

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.

#### **3.4.7.5.14 Pending Applications (EED 22)**

The report provides information about the total number of Pending Applications. The 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 Detailed Pending Application report displays the Veteran's personal information (e.g., SSN, ICN, initial notification, prior enrollment along with status, created date, date elapsed from Create Date, etc.).

#### **3.4.7.5.15 Total Closed Applications (EED 23)**

The 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 date) 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. The Grand total is at the bottom of the report.

The Detailed Closed Applications report displays the Veteran's personal information (e.g., SSN, ICN, IPN date, etc.).

#### **3.4.7.5.16 MT Signature Indicator By Income Year (IV 1)**

The report provides a count of all Means Tests for a user 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 report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of Detailed or Summary.

#### **3.4.7.5.17 Returned Records From SSA Statistics (IV 3)**

The report provides a count of all records returned from SSA, valid or invalid, by beneficiary, spouse and dependents.

#### **3.4.7.5.18 Database SSN Statistics (IV 4)**

The report will provide 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.

#### **3.4.7.5.19 Pseudo SSN (IV 5)**

The report provides a count or listing of all beneficiaries, spouses and dependents that have *Pseudo SSNs* listed in the database. The report will only select records that have a *Pseudo SSN Reason* of "**Follow up Required.**"

The requester has the option of *Detailed* or *Summary*.

#### **3.4.7.5.20 OPP Extract Period Of Service File Summary Report (OPP 4) (Retired)**

This is a standard report that is generated by the system 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 report will be generated any time the OPP POS file extract is completed. The report will be generated any time the OPP CD Condition File extract is completed.

#### **3.4.7.5.21 OPP Extract Main File Summary Report (OPP 5) (Retired)**

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Main File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records by specific categories. The report will be generated any time the OPP Main File Extract is Completed.

#### **3.4.7.5.22 OPP Extract Eligibility File Summary Report (OPP 6) (Retired)**

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Eligibility File data. 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 report will be generated any time the OPP Eligibility file extract is completed.

#### **3.4.7.5.23 OPP Extract Rated Disabilities File Summary Report (OPP 7) (Retired)**

This 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 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 report will be generated any time the OPP Rated Disabilities file extract is completed.

#### **3.4.7.5.24 OPP Extract Combat Data File (OPP 8) (Retired)**

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Combat Data File. 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 report will be generated any time the OPP Combat Data file extract is completed.

#### **3.4.7.5.25 Assigned to Priority Group 8 (P8G 1) (Retired)**

This 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.

#### **3.4.7.5.26 Income Summary Report (P8G 2) (Retired)**

This 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 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.

#### **3.4.7.5.27 Migration to Priority Group 8 (P8G 3) (Retired)**

This report identifies the number of Veterans currently assigned to Priority Group 8 where the Veteran's 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.

#### **3.4.7.5.28 Migration from Priority Group 8 (P8G4) (Retired)**

This report identifies the number of Veterans currently assigned to Priority Group 1-7 where the Veteran's 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 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 report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.


#### **3.4.7.5.29 New Enrollment Processing (QM 3) (Retired)**

The report provides average time values in days for the individual process steps that are contained in the process of enrolling a new beneficiary. This 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 report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's *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*.

The system 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:** Currently, this is a manual, work-around process for VistA.

#### **3.4.7.5.30 Canceled/Declined (QM 4)**

This 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 Veteran’s Preferred Facility is used to determine the VISN, VAMC and Facility information.

#### **3.4.7.5.31 Bad Address Records (QM 5)**

This 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.

#### **3.4.7.5.32 EED Veteran Survey List (QM 6)**

This report is used to develop a mailing list of Veterans to receive the EED Customer Satisfaction Survey. It 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.

#### **3.4.7.5.33 Unsolicited Updates by VBA (QM 8) (Retired)**

This report shows either in *Summary* or *Detailed* format the information related to an unsolicited update sent by VBA. For this 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**.

#### **3.4.7.5.34 MST National (QM 10) (Retired)**

This report provides a summary of the number of Veterans who have a *MST Status* recorded with a *MST Status Date* as of the report run-date. The 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 a 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 a 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.

**3.4.7.5.35 Workload Turnaround Time (QM 11) (Retired)**

This report provides information about the turnaround time for any or all workload cases for a functional group. It 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.

**3.4.7.5.36 Manual Eligibility Update (QM 14)**

This 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 *Detailed* report shows person-identifying information for the specific records updated, along with what was updated and when.


**3.4.7.5.37 Workload for Status Remaining or Exceeding X Days (QM 15)**

This report provides, by a Date Range and *Work Item Status*, those workload items that have met or exceeded the number of days specified. User may also specify the report by *Functional Group* and *Work Item Type*.

#### **3.4.7.5.38 Financial Tests in Process (QM 17) (Retired)**

This report produces a listing of Financial Tests that have been placed **In-Process**. It 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, user 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.

#### **3.4.7.5.39 Outbound HL7 Error (QM 19) (Retired)**

This 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. User may select only one *Message Type* per execution. The time span between *From Date* and *To Date* may not exceed 31 days.

#### **3.4.7.5.40 VBA Query Status (QM 20) (Retired)**

This 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.

#### **3.4.7.5.41 Address Updates (QM 21) (Retired)**

This 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*.

#### **3.4.7.5.42 PH Reject Reason (QM 23) (Retired)**

This report produces a listing of the reasons a PH was rejected. Optionally, the report results can be listed by the User.

The requester has the option of *Detailed* or *Summary*.

The *Status* of the PH must be "Rejected."

#### **3.4.7.5.43 Inbound HL7 Error (QM 25) (Retired)**

This 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.

#### **3.4.7.5.44 Inbound Messages From Sites (QM 28) (Retired)**

This report will provide Inbound message traffic between the ES system 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.

#### **3.4.7.5.45 Inbound Messages From MVR (VBA) (QM 29) (Retired)**

This 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.

#### **3.4.7.5.46 Outbound Messages To Sites (QM 30) (Retired)**

This 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.

### **3.4.7.6 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)

## 3.4.8 Reference

### 3.4.8.1 Thresholds

Selecting **Thresholds** from the Reference button bar enables the user to get Geographic Means Test (GMT) thresholds or income thresholds for either zip codes or 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.

##### **Rules...**

To do a GMT Threshold lookup, either a *Zip Code* or *City and State* must be entered.

##### **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):**

Enter the number of dependents above 7 and click the CALCULATE THRESHOLD button to have the system calculate the thresholds for the total number of dependents. The maximum number in this field is 999.

Example: If the user enters 3 and clicks the CALCULATE THRESHOLD button, the system displays the thresholds for 10 dependents.

### 3.4.8.2 Copayments

This 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 information.


Among these are:


- 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)

### **3.4.8.3 EGT Settings**

Selecting **EGT Settings** from the Reference button bar displays the Enrollment Group Threshold (EGT) Processing status as well as current EGT and future EGT settings information.

The user is 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.

 **Note:** 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.

 **Note:** 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 status of the EGT processing. Statuses are:

Running - set when the system 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. This is populated by the system.

#### **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. This is populated by the system.

### **Current Enrollment Group Threshold Setting**

[VIEW HISTORICAL EGT SETTINGS](#)

#### **EGT Effective Date**

The *EGT Effective Date* is the date of the enrollment group threshold setting went into effect.

#### **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.

Values are 1-8

*See also* Enrollment Priority Group in the online help.

### **Federal Register Date**

This represents the date the EGT change was published in the Federal Register.

### **Process Status**

*Process Status* is status of the EGT processing. Statuses are:

Running - set when the system 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. This is populated by the system.

### **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. This is populated by the system.

### **Future Enrollment Group Threshold Settings**

[ADD NEW EGT SETTING](#)

### **EGT Effective Date**

The *EGT Effective Date* is the date of the enrollment group threshold setting goes into effect.

### **EGT Type**

The *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**

This represents the date the EGT change was published in the Federal Register.

### **Process Status**

*Process Status* is status of the EGT processing. Statuses are:

Running - set when the system 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. This is populated by the system.

### **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. This is populated by the system.

### 3.4.8.4 Add/Update EGT Setting

This screen allows the user to add/update Enrollment Group Threshold settings. There may be more than one future *EGT Setting* and it can be edited at any time.

-  **Note:** The user must have the appropriate security permission to add new, update or view *EGT Setting* information. The user must also have the appropriate permission to stop a future EGT Setting Process. This may be done by clicking the *Disable* button.
-  **Note:** 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.

#### Add Enrollment Group Threshold Setting

##### ★EGT Type:

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion. System defaults to **Enrollment Decision**.

##### ★EGT Priority:

*EGT Priority Value* is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

It's 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:

This 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:

This 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

### 3.4.8.5 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. This 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.

It's 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:**

This is the date the EGT setting is/was to go into effect.

**Federal Register Date:**

This 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:**

This 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...**

For any new *EGT Setting* entry, the system automatically disables the previous entry on the *EGT Effective Date* of the new *EGT Setting*.

A user may not re-enable an EGT setting that has been disabled. Once an *EGT Setting* has been disabled, it can only be viewed in the Historical data, not future or current views.

The user must have the appropriate security authorization to set this value.

**Last Update Date:**



Displays the date the *EGT Settings* were last updated.

**Last Updated By:**

Displays the user who last updated the *EGT Settings*.

### 3.4.8.6 Relaxation Percentage

#### 3.4.8.6.1 Relaxation Percentage (Update)


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 were 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.


[ADD INCOME YEAR](#)

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.

[VIEW HISTORICAL](#)

The user 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.

When an *Income Year* is selected from the dropdown, the corresponding percentage for that Income Year is displayed in the *Percentage* field.

★**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**

This 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*.

To run the batch process, place a check in the check box and click **UPDATE**. 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

### 3.4.8.7 Relaxation Percentage

#### 3.4.8.7.1 Relaxation Percentage (Add)

This screen allows the user to add a Percentage for the current calendar year.

**Income Year:**

The system 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

## 3.4.9 VOA Resubmission

### 3.4.9.1 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 Veteran's 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

[SHOW FILTER/HIDE FILTER](#)

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** to reset the criteria and start over.

#### **Submission ID**

This is the unique identifier that is assigned by the system to a submitted form for tracking purposes (display only).

#### **Person ID**

This is the identifier submitted with the form that uniquely identifies the Veteran (display only).

#### **Person Last Name**

This is the Veteran's Last Name associated with the form (display only).

#### **Person First Name**

This is the Veteran's First Name associated with the form (display only).

#### **SSN**

This is the Veteran's Social Security Number associated with the form (display only).

#### **DOB**

This is the Veteran's Date of Birth associated with the form (display only).

### Gender

This is the Gender for the Veteran associated with the form (display only).

### Request Received Date

This is the date and time the particular form was accepted by the system (display only).

### Form Type

This is the particular form type that is pending (display only).

### Form Pending Reason

This is the reason or issue for why the forms' processing was suspended (display only).

### *selected*

Placing a check in this check box selects all displayed forms. Otherwise, select individual check boxes for resubmission.

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".

## **3.4.10 ESR Registration**

### **3.4.10.1 Search and Add New Person**

The *Add New Person* functionality 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 the user 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". This screen is different than the *Person Search* screen that is accessed by selecting **Veteran Search** from the *Veteran* button dropdown.

At minimum, the user must provide all of the following required fields:

- Full SSN +
- Last Name +
- Date of Birth +
- Birth Sex

The Person Search criteria data entered is not case-sensitive.

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. The user may enter additional *Identity Traits* to determine if the registrant already exists in the system and Identity Management (IdM). If the person is found in the system, the system returns a Person Search Result list with a single or multiple matches for the search criteria used. If the desired match does not appear, the user may do another search using different criteria.

If the registrant does not exist, the system displays "No records were found that matched the specified search criteria". If the user clicks 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 the system returns a *Person Search Result* list with a 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. The system then displays the Overview screen with the previously entered data if the person was “In Process”, or the Overview screen with previously entered data if the person existed previously.

### 3.4.10.2 Person Search Result

#### SSN

Click on the SSN link to display the *Overview* screen with the previously entered data if the person was "In Process."

#### Last Name

Displays the applicant's last name.

#### First Name

Displays the applicant's first name, if entered.

#### Middle Name

Displays the applicant's middle name, if entered.

#### Date of Birth

Displays the applicant's date of birth.

#### MBI

This is the *Multiple Birth* Indicator. It is either Y, N, or blank.

#### Match

The *Match* column indicates if the person record returned is either:

- Yes – Indicates a person record that matches the person’s 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 person record that is a close match to the person 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** – The user 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 the system indicates that "No records were found that matched the specified search criteria", the user may click the Add button to begin the process of adding the Veteran in the system.

The user may also ignore the multiple results and click the **Add** button to begin the process of adding the Veteran in the system.

When the **Add** button is clicked, a request is submitted to IdM to create an ICN for the record, after which the system then displays the Overview screen populated with the search data. From here, the user may begin registering the Veteran by clicking on any of the tabs to begin entering the required information.

#### **Notes:**

- The system will not allow an exact match to be added as a new record.
- The system 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.
- A 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 registrant record being added.

#### 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 *NAME* fields are an important element in the unique identity of a person. Enter the registrant's complete legal last name.

#### Rules...

- Registrant'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 1 and 35 characters in length.

**First Name:**

Enter the registrant'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 registrant's 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:**


Registrant's *Date of Birth* 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 this screen is reused from the *Veteran Person Search* screen, "All" is displayed as a *Birth Sex* choice. Selecting "All" as a birth sex choice returns gender neutral name (used by both Males and Females).

**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

★ Indicates Required Field

### 3.4.10.3 Save in Process

 **Note:** This button function is only available after an *Add New Person* has been started.

This option allows users the ability to save registrant records in a state of “In Process” so they can be returned to for completion at a later time.


In order to resume a registration that is “In Process”, the user must use the *Search and Add New Person* screen to find the “In Process” registrant and resume completion of the required screens and fields to register the Veteran.

If the registrant is registered in the system through VistA while their status is “In Process”, the user can only perform a **Cancel Registration**.

Reports provide information of registrations “In Process”. The user can use the *Search and Add New Person* screen to find and complete them.




#### 3.4.10.4 Cancel Registration

 **Note:** This button function is only available for an “In Process” registrant.


Selecting the *Cancel Registration* option cancels the registration that is in progress, or a registration that has been resumed from being “Saved in Process”.

A warning message is displayed before the cancellation is processed after which the user is returned to the *Search and Add New Person* screen.

#### 3.4.10.5 Status History

 **Note:** This button function is only available for an “In Process” registrant.

The *Status History/Person Search* screen allows users to see the current status of the ESR application status history.

 **Note:** A user 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:

This is the date the application was signed. This field is display only.

##### Application Method:

This is the method by which the application was received, either by phone, online, or in person. This field is display only.

##### Application Entry Date:

This is the date the application data entry process began. This field is display only.

##### Application Status:

This is the status of the application, i.e., “In-Process”. This field is display only.

##### Application Status Date Timestamp:

This is the timestamp for the status of the application. This field is system generated and is display only.


##### Application Completed Date:

This is the date the application was completed. This field is system generated and is display only.

##### User Completed the Application:

This is the date the user completed the application. This field is system generated and is display only.

#### 3.4.10.6 Complete Registration

 **Note:** This button function is only available for a registration that is “In Process”, or a registration that has been resumed from being “Saved in Process”.

After completing all required fields on the relevant screens, the system runs consistency checks, saves the person data, updates MVI with additional identity data if any, sends request to MVI to add preferred facility correlation if none exists, determines eligibility, sends a query to VBA,

sends a query to the eMIS Broker, then sends the data to the sites, including a bulletin alerting them to the new record.

### **3.4.11 Admin**

#### **3.4.11.1 User Accounts/Search**

This screen allows users to search for a user account by entering a *User ID*. Each person accessing the ES system 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.

If 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](#).

If 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.

If an active *User ID* is found within the VHA domain as well as within ES, the user is allowed to [modify](#) the *User ID* account information.

If the *User ID* entered is not on the system, 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

#### **3.4.11.2 User Account/Add**

This screen allows the user to *Add a User Account* (with the appropriate permissions) to ES if the *User ID* is a valid VHA account.

The user must enter the following user account information:

##### **Add User Account**

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 listing.

**Rules...**

This is a required field.

**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...**

This field is free text with a maximum length of 30.

★ Indicates Required Field

### **3.4.11.3 User Account/Modify**

This screen allows the user to modify the account information (with the appropriate permissions), if the active account is a valid VHA account and is found within ES.

The user may modify the following user account information:

**Modify User Account**

**User ID:** (display only)

The assigned *User ID* will be identical to the user ID used to access the VHA network.

**★Last Name:**

User may modify account user's *Last Name*.

**Rules...**

- May be up to 35 characters maximum.
- This is a required field.

**★First Name:**

This is the user's first name.

**Rules...**

- May be up to 25 characters maximum.

This is a required field.

**Middle Name:**

This is the user's middle name.

**Rules...**

May be up to 25 characters maximum.

★**Facility:**

Select from the dropdown list.

**Rules...**

This is a required field.

**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...**

This field is free text with a maximum length of 45.

**Agreement Signature Code:** (display only)

When a user's account is initially created, the system will generate an "agreement signature code" that is required to be entered, by the user, the first time s/he logs into the system 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*)

Displays the last date and time the user logged into the system.

**Account Lock Date:**

This is the date the user's account shall be locked. The administrator can set this date to suspend user's access to the system as of date entered. This 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

### **3.4.11.4 User Profiles**

#### **3.4.11.4.1 User Profiles**

##### **3.4.11.4.1.1 User Profiles/Search for User**

*Profile* information is used by the system 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 a user (generally 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*.

This 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*.

Click on [View User Profiles](#) to display all users on the system.

## Search for User

### Minimum Search Criteria

#### ★Last Name:

*Last Name* is defined as the user's last name.

#### Rules...

- Free text 1-35 characters in length.
- *Last Name* field is required.

#### ★First Name:

*First Name* is defined as the user's first name.

#### Rules...

- Free text 1-35 characters in length.
- *First Name* field is required.

### Additional Search Criteria

#### Middle Name:

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

#### Rules...

Free text 1-25 characters.

#### 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

#### 3.4.11.4.1.2 View User Profiles

This screen allows users to view all *User IDs (Profiles)* and their respective names on the system. From here users may click on a *User ID* to [Edit](#) the *User Profile*.

### User Profiles

#### User ID

This is the user's identification on the system. Click on a *User ID* to [Edit](#) the *User Profile*.

#### Name

This is the name of the person associated with the User ID.

#### 3.4.11.4.1.3 Edit User Profiles

A user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.




To do so the user finds or locates, then selects, the desired user and views a list of *Roles*, *Capability Sets* and/or individual *Capabilities* that are "associated" with that selected user. The user then associates 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. 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 actor 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 this screen, the user can edit the user's *Profile* by adding or removing *Capabilities*, *Capability Sets*, and/or *Roles*.

To aid in identifying collapsed **Roles**, **Capabilities**, and **Sets of Capabilities**, three icons are used. They are identified as follows:

-  This icon indicates a *Role*.
-  This icon indicates a *Capability Set*.
-  This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User and to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

### **Edit User Profile**

#### **User Name:**

This is the *User Name* being edited (system generated).

#### **Functional Group:**

This is defined as the user's division/department.


### **Roles and Capabilities Assigned to User - Unselect to Delete**

#### **Select**

Delete a *Role*, *Capability* or *Capability Set* assigned to a by clicking the check box to deselect.

When the user is satisfied with the selections, s/he "saves" the selections. The system 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.

#### **More...**

 **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

This is the name of the *Role*, *Capability* or *Capability Set*.

### Active Date

This 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

This is the date the *Role*, *Capability* or *Capability Set* is inactive.

#### Rules...

Inactive Date must be after the Active Date (Add Mode).


## **Roles and Capabilities Available to be Assigned - Select to Add**

### Select

This allows user to Add a *Role*, a *Capability Set*, or an individual *Capability*.

When the user is satisfied with the selections, s/he "saves" the selections. The system 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.

### More...

 **Note:** When a *Role* or *Capability Set* is associated with a user, the *Capabilities* included in the *Role* or *Set* are removed from the available list, as individual *Capabilities*, after the selections are Updated and Accepted.

### Name

This is the name of the *Role*, *Capability* or *Capability Set*.

### Active Date

This is the date the *Role*, *Capability* or *Capability Set* is active (system generated).

### Inactive Date

This is the date the *Role*, *Capability* or *Capability Set* is inactive (system generated).

## **3.4.11.4.2 Roles**

### **3.4.11.4.2.1 User Profiles/Roles**

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 first enters the *Role Name*, which identifies the *Role*. Then the user views a list of all *Capabilities* and *Capability Sets* that are available for adding to the *Role*. The user then 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 this screen, the user may view, edit, delete and see a history of all *Roles* on the system. Clicking on 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.

### **3.4.11.4.2.2 User Profiles/Roles/Add/Edit**

This screen allows adding (or editing) an (existing) individual *Role* to the system with selected permissions and active and inactive dates.

To aid in identifying collapsed **Roles**, **Capabilities**, and **Sets** of **Capabilities**, three icons are used. They are identified as follows:

-  This icon indicates a *Role*.
-  This icon indicates a *Capability Set*.
-  This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*, click the [Expand All](#) hyperlinks. 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. If desired, 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.

#### **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:**

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:**

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)

**Capability Sets and Capabilities Currently Assigned to Role - Unselect to Delete (Edit mode only)**

**Name:**

This is the name of the *Capability Set* (permissions) which exists for the role name.  
Remove the checkbox to unassign the *Capability Set*.

**Active Date:**

This is the date the *Capability Set* is active.

**Inactive Date:**

This is the date the *Capability Set* is inactive.

**Capability Sets and Capabilities Available to be Assigned - Select to Add (Add or Edit mode)**

**Name:**

This is 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:**

This is the date the *Capability Set* will become active.

**Inactive Date:**

This is the date the *Capability Set* will become inactive.

From this page the user 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.

**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:**

This indicates the particular *Role Name* with the *Old Value* and the *New Value*.

**Role Description:**

This is the *Role Description* with the *Old Value* and *New Value*.

**Active Date:**

This is the date the *Old Roles* and *New Roles* became active.

**Inactive Date:**

This is the date the *Old Roles* and *New Roles* became inactive.

**Last Update Date:**

These are the dates the *Role* changed from the *Old Value* to the *New Value*.

**Last Updated By:**

This displays the user who changed the *Role* from the *Old Value* to the *New Value*.

**Assigned Capability Sets**

**Name:**

This is the *Name* of the Old and New *Assigned Capability Sets*.

**Active Date:**

These are the Old and New *Active Dates* for the *Assigned Capability Set*.

**Inactive Date:**

These are 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*.

### **3.4.11.4.3 Capability Sets**

#### **3.4.11.4.3.1 User Profiles/Capability Sets**

This screen allows user to add *Capability Sets* to the system.




*Capabilities* can be grouped together in two ways: 1) as *Capability Sets* and 2) as *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.

#### **3.4.11.4.3.2 Capability Sets/Edit/Add Capability Set**

This screen allows adding (or editing) an existing individual *Capability Sets* to the system with selected permissions and active and inactive dates.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

-  This icon indicates a *Role*.
-  This icon indicates a *Capability Set*.
-  This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles and Capabilities Assigned to a User and to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

When new, individual *Capabilities* are selected for the user, the user may enter the date the *Capability* will become active and/or inactive. 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. Additionally, the user may modify the *Active* and *Inactive Date* for existing, individual *Capabilities* associated with the selected user, if desired.

### **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:** At minimum, there must be two *Capabilities* assigned to a *Capability Set*.

### **Capabilities Available to be Assigned to Set - Select to Add (Add or Edit mode)**

Choose one or many *Capability Sets* from the list by placing a checkmark in the box next to the set name. Click again to remove.

To accept changes, click the *Update* button (Edit mode) or *Add* button (Add mode)

### **3.4.11.4.3.3 Capability Sets/Capability Set Change History**

From this page the user can see a history of changes that have been made to a particular *Capability Set*. 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*)**

<b>Category</b>	<b>Old Value</b>	<b>New Value</b>	<b>Data Changed</b>
-----------------	------------------	------------------	---------------------

**Set Name:**

Indicates the Old and New *Set Names* for the *Capability Sets*.

**Set Description:**

Indicates the Old and New *Set Descriptions* for the *Capability Sets*.

**Active Date:**

This indicates the Old and New *Active Dates* for the respective *Capability Sets*.

**Inactive Date:**

This indicates the Old and New *Inactive Dates* for the respective *Capability Sets*.

**Last Updated Date:**

These are the dates the *Capability Set* changed from the *Old Value* to the *New Value*.

**Last Updated By:**

This displays the user who changed the *Capability Set* from the *Old Value* to the *New Value*.

### Assigned Capabilities

In this area are displayed the individual capabilities that make up the capability *Set Name* shown above in the same column.

<b>Old Value</b>	<b>New Value</b>
------------------	------------------

### 3.4.11.5 System Parameters

This screen allows the user to change certain system parameter values. The parameters are described below and in the Description section of the ES application *System Parameters* page.


Only the role of *System Administrator* can modify system parameters, as long as the *Capability Set* of **Administer System Parameters** or the *Capability* of **View System Parameters** is assigned. Only the values of the parameters may be changed.

The parameters that can be changed are:

**Agent Orange Special Treatment Authority Exp Date**

This 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**

This system parameter indicates whether or not the Agent Orange Special Treatment Authority has expired. The default "Y" means that it 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.

Default is "Y".

### **Archive Reports Parameter**

This system parameter specifies how long the system will wait until it archives Completed Reports.

Default is 24 months.

### **CL VISTA FULL ROLLOUT**

The CL VISTA FULL ROLLOUT system 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.

The parameter value of "NONE" will exclude CL data from all HL7 messaging to any VistA destination. Note that the initial value for the parameter is set to "NONE" when deployed to any new Enrollment System environment.

The parameter value of "ALL" will include 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.

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.

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 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).

The parameter value cannot be left blank; a valid format as described above must be entered.

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.

### **Default Handbook Batch Release Control Number**

This system parameter 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 1, but can be changed to any number up to 999.

### **Duplicate Threshold Value**

This value is 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.

### **ES SID Indicator**

This system parameter is used to turn on/off the ability to enter the *Self-Identified Gender Identity* field. Y=Active and N=Inactive.

Default is "Y."

### **Enrollment Regulation Date**

This system parameter stores 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**

This is the maximum number of unsuccessful login attempts allowed by the system.

The default is 3, 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**

This system parameter is used to turn the new enrollment trigger on and off. If the value is set to "N", the trigger will not generate 400H (handbooks) for new enrollments.

This 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.

This parameter will initially be set to "N" until all Veterans have received a Handbook (Roll Out).

### **HBP Data Sharing Indicator**

This system parameter determines whether the ZHP segment will be shared in the Z11 VistA message "Y" or not "N".

Health Benefit Plans (HBPs) will be shared with VistA when the flag is set to "Y".

The system default is "N".

### **Handbook Active**

This system parameter activates "trigger" events that prompt the sending of Handbook communications to the Content Management System (CMS). One example of a "trigger" event is a change in *Preferred Facility* for a Veteran.

Handbook communications will be sent to the CMS if and only if this flag is set to "Y".

The system default is "Y".

### **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. This job is for applications that have a Pending status greater than 365 days, or are less than 366 days and created prior to the implementation of the Pending Letter 365-Day functionality.

All responses for letters sent outside of the Enrollment System (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**

This system parameter specifies the month and day within the year when the Current Data Migration Income Year Changes to the next Income Year.


The default date is June 10<sup>th</sup>.

### **IVM Final Letter Indicator**

This system parameter indicates if the IVM Final Letters can be sent (Y) to the CMS vendor or not (N).

### **eMIS Reconciliation Indicator**

This system parameter indicates if the eMIS Reconciliation process is active “Y” or not active “N” (eMIS is the formerly MSDS Service).

 **Note:** The purpose of this and the *eMIS 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 eMIS Broker Service queries. To this end, prior to invoking the Enterprise Military Information Service (eMIS) 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 eMIS Broker Service by setting the *eMIS Reconciliation Indicator* to “Y”. Once the seeding has completed and the eMIS Service is invoked, the MSDS Reconciliation Indicator is set to “N”, and the eMIS Service Indicator is set to “Y”, allowing incoming Z07 records to trigger a query to the eMIS Service.

### **eMIS Service Indicator**

This system parameter indicates if the eMIS Service is active “Y” or not active “N”. (See) eMIS Reconciliation Indicator for more details.

### **Maximum Retransmission Count**

This system parameter represents the total number of times the system will re-transmit a message that has not been acknowledged.

Default is 3.

### **Maximum Retransmission Count for EGT**

This system parameter represents the total number of times the system will re-transmit a message that has not been acknowledged for EGT Execution type.

Default is 120.

### **Maximum Number of Records to CMS**

This is the maximum number of Handbook and Insert requests that can be sent to CMS.

Default is 100,000 per Handbook bulk generate process, which creates entries in the Handbook mail queue, which is sent to CMS via the Handbook batch process. This is the number CMS can currently process per week.

#### **More...**

**Note:** Batch Program #1 (Handbook bulk generate process) and Batch Program #2 (Handbook batch process) are two different programs and perform 2 separate functions.

Batch Program #1 processes all records and inserts them into the handbook\_mail\_queue table.

Batch Program #2 processes the records from the handbook\_mail\_queue table and creates the data extract file that is sent to CMS. 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 this parameter.

#### **Example:**

User creates HandBook Batch Request #1 and sets the limit (*Maximum Records*) to 60K.

User creates HandBook Batch Request #2 and sets the limit (*Maximum Records*) to 50K.

Batch Program #1 (Handbook bulk generate process) processes these Batch Requests #1 and #2 and creates entries in the Handbook mail queue. The result is 110K Handbook mail queue entries (this assumes there are 110K Veterans that satisfy the criteria set in Batch Requests #1 and #2).

The 110K Handbook mail queue entries number is greater than the 100K limit set in this *Maximum Number of Records to CMS System Parameter*.

Batch Program #2 (Handbook batch process) processes only 100K, per the *Maximum Number of Records to CMS System Parameter* limit, and the remaining 10K are processed in the next run.

### **Purge Archive Reports Parameter**

This system parameter specifies how long the system will wait, after the archive, until it purges Archived Reports.

Default is 24 months.

### **Retransmit Days**

This system parameter represents how long the system will wait for an acknowledgement before re-transmitting the message.



Default is 3 days.

**Retransmit Days for EGT**

This system parameter represents how long the system will wait for an acknowledgement before re-transmitting the message for EGT Execution type.

Default is 1 day.

**Retransmit Execution Period**

This system parameter represents how often the Transmission Log is queried to locate messages for re-transmission.

Default is 24 hours.

**Retransmit Execution Period for EGT**

This system parameter represents how often the Transmission Log is queried to locate messages for re-transmission for EGT Execution type.

Default is 1 hour.

**SSA SSN Verification Frequency**

This system parameter represents the frequency with which the system will select SSNs (beneficiary, spouse, and dependent) to transmit to the Social Security Administration for verification.

Default is 1 week.

**SW Asia Cond. Special Treatment Authority Exp Date**

This 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**

This system parameter indicates that the SW Asia Conditions Special Treatment Authority has not expired. The default “Y” means that it has not expired and it 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.

Default is “Y”.

**VBA Data Sharing Indicator**

This parameter determines if the sharing of VBA Pension Data via the new ZE2 segment is active (“Y”) or 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”.

Default is “N”.

**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.

This parameter is the effective date on which the Veteran Financial Assessment (VFA) begins.

Default is "01/01/2013".

### **VOA Anonymous/Level 1 Process Indicator**

This 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 facility.

## **3.4.11.6 Batch Process Management**

The *Batch Process* invoker manually initiates selected ES Batch Processes that perform predefined functions.

### **Batch Process Management**

#### **Name**

This is the name of the particular batch process. Click on the desired batch process link to add any desired argument.

#### **Description**

This is a full description describing what the particular batch process does.

#### **Next Scheduled Fire Time**

This is the time the batch process is next scheduled to run.

#### **Scheduled Trigger Status**

This is the status of the scheduled batch process.

#### **Actions**

These are the various actions that can be executed for the respective *Batch Process*.

##### ***Execute***

Clicking the ***Execute*** button allows immediate execution of the *Batch Process*.

##### ***Execute with Args***

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:** This is the *Batch Process* job name.
- **Description:** This is a description for the particular *Batch Process*.
- **Next Scheduled Fire Time:** This is the next date/time the *Batch Process* is scheduled to run.
- **Scheduled Trigger Status:** This is the scheduled trigger status for the Batch Process.
- **Invocation Args (if supported):**
  - Enter here any supported Arguments.

##### ***Config***

This action 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:**

Enter here any email distributions.

### **Trigger Status:**

Allows the user to update the *Trigger Status* between **Waiting** and **Paused**.

### **History**

This action allows the user to view the *Batch Process* run history.

## **3.4.11.7 Actively Running Batch Processes**

This 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.cass

### **Actively Running Batch Processes**

- Name: This is the Batch Process job name.
- Start Date: This is the Date/Time the Batch Process completed.
- Run By: This is the function that initiated the Batch Process.
- Statistics: This displays statistical information for the Batch Process.
- Actions: These are the actions available for the Batch Processes. They are:
  - Cancel - allows the user to cancel (or stop) a currently running process
  - Error - allows the user to remove a Batch Process that encountered an error from the Active list

## **3.4.11.8 E&E Service**

### **3.4.11.8.1 E&E Service/Service Accounts**

#### **3.4.11.8.1.1 E&E Service Account Management**

The Enrollment System (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*.

Example *Service Requests* are: *Person Demographics*, *Person Eligibility* information, 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.

#### **Add New Service Account**

This 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.

### **E&E Service Account Management**

### Account Name

Click on an *Account Name* to edit/update the *Service Account*.

### Contact Name

Displays the current *Contact Name* for the *Account Name*.

### Phone:

Displays the current *Phone* number for the *Account Name*.

### Active:

Indicates whether this service account is active or not. **Yes** indicates it is active.

## 3.4.11.8.2 E&E Service/E&E Service Accounts

### 3.4.11.8.2.1 E&E Add Service Account

The *E&E Add Service Account* screen enables the user to add new *Service Accounts*.

#### Add Service Account

##### ★Account Name:

This is a required freeform field. Enter an account name for the new service account.

##### ★Password:

This 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" with "dots" 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:

This is a required freeform field. Enter a contact name for the new service account.

##### ★Phone:

This is a required freeform field. Enter a contact phone number for the new service account.

##### Rules...

The contact phone number maximum length is 13.

##### ★Active:

This required field must be set to **Yes** or **No** to make the new service account either Active (Yes) or Inactive (No).

#### ***For this service account please select from the following Requests:***

User may select the service request type by marking the desired checkbox. The user has the option of selecting all of the available account information or just a portion.

When finished, click the **ADD** button to add the *Service Account* and return to the *E&E Service Account Management* list screen, 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

### 3.4.11.8.3 E&E Service/E&E Service Accounts

#### 3.4.11.8.3.1 E&E 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.

#### [ADD NEW SERVICE ACCOUNT](#)

This [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.

#### Update Service Account

★Account Name:

User may update the *Account Name*. This is a freeform field.

★Password:

User 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.

 **Note:** Passwords are "masked" with "dots" 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:

User may update the *Contact Name*. This is a freeform field.

★Phone:

User may update the *Phone* number. This is a freeform field.

Rules...

The contact phone number maximum length is 13.

★**Active:**

User 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:***

User may change the service request type by marking a different checkbox. The user has the option of selecting all of the available account information or just a portion.

When finished, click the **UPDATE** button to update the *Service Account* and return to the *E&E Service Account Management* list screen, 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

### **3.4.11.8.4 E&E Service/Service Requests**

#### **3.4.11.8.4.1 E&E Service Request Management**

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 information, 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.

[ADD NEW SERVICE REQUEST](#)

This 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 on a Request Name to edit the Service Request.

**Description**

Displays a more descriptive label for the *Request Name*.

### **3.4.11.8.5 E&E Service/Service Requests**

#### **3.4.11.8.5.1 E&E Add Service Request**

The *E&E Add Service Request* screen enables the user to add a Service Request.

#### **Add Service Request**

★**Request Name**

User must enter a ***Request Name***. This is a freeform field.

★**Description**

User must enter a ***Description***. This is a freeform field.

**eeSummary**

User is required to select a minimum of one service request.

### **More...**

By default, the **eeSummary** folder is collapsed and unselected as indicated by the red box with a white . When the user clicks the plus sign next to the red box, the **eeSummary** folder expands to show all available folders under 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 would display 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 of 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.

When finished, click the **ADD** button to add 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 adding the *Service Request*. The **RESET** button will clear any values entered in all the fields.

★ Indicates Required Field

## **3.4.11.8.6 E&E Service/Service Requests**

### **3.4.11.8.6.1 E&E 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.

[ADD NEW SERVICE REQUEST](#)

This 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**

User may update the *Request Name*. This is a freeform field.

#### **★Description**

User may update the *Description*. This is a freeform field.

### eeSummary

User 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.

★ Indicates Required Field

### 3.4.11.9 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. It 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 page 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

User must select a *Preferred Facility (PF)* and a *Priority Group*.

To select a *Preferred Facility*, 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.

Available

The user may select none, one or more than one *Preferred Facilities* by clicking on the selection, then clicking the arrow pointing to the “Selected” box on the right.

Selected

The selected *Preferred Facilities* display in this box. To deselect, click on the selection in this box, then click on the arrow pointing to the “Available” box.





★ **Priority Group:**

Select all or one *Priority Group*.


**More...**

The user should enter the lowest PG to be included in the batch request. The system will include all PGs starting with the highest (PG1 being the highest PG) until the batch is full.

For example, if the user selects *PG3 (Service-connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor)*, the system 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 #:**

This 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:** 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. 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.

After filling in all required fields, click the *Add* button to schedule or run the Handbook batch request. 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) page.

★ Indicates Required Field

### 3.4.11.10 Handbook Batch Request (View Historical)

The *HandBook Batch Request* (Historical) page displays a listing all current and previously scheduled batch requests, as well as cancelled requests.

**HandBook Batch Request**  
[REQUEST](#)

[ADD NEW HANDBOOK BATCH](#)

Any current or historical *HandBook Batch Requests* are listed.

**Release Date**

This is the scheduled *Release Date* for the batch or the day the batch job was scheduled to be executed. User 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**

This indicates any notes the user added to the batch request.

**Release Control**

This is the particular version of the Handbook and may be the same for multiple batch requests.

**Priority Groups**

This is the Priority Groups used by the batch to select Veterans to receive Handbooks.

**Maximum # of Records Requested**

This represents the maximum batch size for the scheduled batch.

**Actual Batch Release Size**

For a batch request with a *Status* of NEW, the *Release Size* is an estimated count of records to be processed. If the *Status* is COMPLETED the *Release Size* is the actual count of records processed.

**Status**

This represents the status of 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**

This is the date on which the user scheduled the batch job.

**Status Modified Date**

This is the date the status of the batch job changed to the current status.

**Cancel**

If the batch job is scheduled, clicking on the *Cancel* link will cancel the scheduled batch job. If the batch job displays a *Status* of CANCELLED, this field is blank.

### 3.4.11.11 Handbook Batch Request Statistics

This page 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**

[VIEW HISTORICAL](#)

The *View Historical* link displays the *Handbook Batch Request* page listing all current and previously scheduled batch requests, as well as cancelled requests.

**Batch Note**

These are batch notes added by the user when creating the batch request.

**Maximum # of Records Requested**

This is the number of records selected by the user on the batch request page.

**Actual Batch Release Size**

This is the number of records selected by the batch program HandBook bulk generate.

**Records Rejected by HEC**

This is the number of records rejected by the HandBook batch program.

**Records Sent To CMS**

This is the number of records sent to CMS vendor.

**Records Mailed By CMS**

This is the number of records mailed by CMS vendor.

**Records Available Online**

This is the number of records successfully generated but not mailed because the delivery preference is Online.

**HandBooks Stored in VBR**

This is the number of HandBooks stored in VBR.

**Benefits at a Glance Stored in VBR**

This is the number of Benefits at a Glance stored in VBR.

**Records Rejected by CMS**

This is the number of records rejected by CMS (included in the Error File).

**Records with Code 1 Reject**

This is the number of records with Code 1 Reject error.

**Records Returned by USPS**

This is the number of records returned by the USPS.

**Total Count:**

This is the total number of records for the respective columns.

### **3.4.11.12 HandBook Batch File Statistics**

This page displays when the user clicks on the *HandBook Batch File Statistics* selection from the *Admin* button in the Button Bar.

The user 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.

### **HandBook Batch File Statistics**

This page allows the user 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. When done, click the *View Data* button.

---

[HANDBOOK BATCH FILE STATISTICS](#)  
[PROCESSING DATE](#)

[SELECT HANDBOOK BATCH FILE](#)

Clicking on the [Select HandBook Batch File Processing Date](#) hyperlink returns the user to the *HandBook Batch File Statistics* processing date selection page to select a different batch file processing date from the dropdown.

#### **Batch File Date**

This is the date the HandBook batch file was sent to CMS.

#### **# of Batch Requests**

This is the number of batch requests included in the batch file and sent to CMS on the selected date.

#### **Records Originated From Batch Request**

This is the number of records sent to CMS that originated from the batch request.

#### **Records Sent To CMS**

##### **HandBooks**

This is the total number of *HandBook* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by system triggers, such as new enrollees or priority group changes.

##### **PF Inserts**

This is the total number of *PF Inserts* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by system triggers, such as new enrollees or priority group changes.

##### **Benefits Inserts**

This is the total number of *Benefit Inserts* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by system triggers, such as new enrollees or priority group changes.

#### **Records Mailed By CMS**

This is the number of HandBooks successfully mailed to the Veteran from the batch file sent to CMS on the selected date.

#### **Records Available Online**

This 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**

This 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**

This 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**

This is the number of records rejected by CMS from the batch file sent to CMS on the selected date.

**Records with Code 1 Reject**

This is the number of records with Code 1 Reject from the batch file sent to CMS on the selected date.

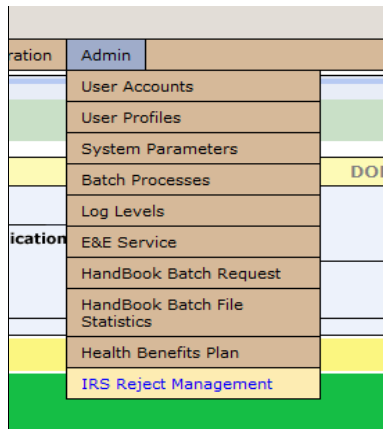
**Records Returned by USPS**

This is the number of records returned by USPS from the batch file sent to CMS on the selected date.

**3.4.11.13 IRS Reject Management**

**3.4.11.13.1 Managing Rejections**

Batch submission rejections and individual record rejections (errors returned specific to a Veteran record) are collected and display.




**Figure 10: Admin>IRS Reject Management**

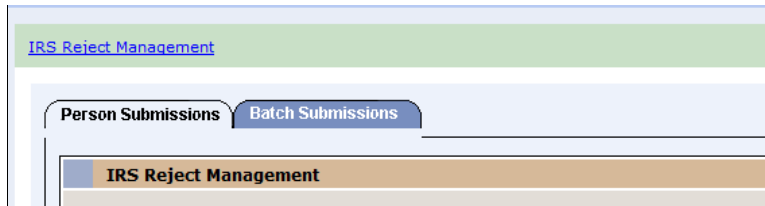
The IRS Reject Management page contains two tabs.

**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 OI&T technical staff manage and correct the records listed on the IRS Reject Management page.



**Figure 11: IRS Reject Management>Person Submissions or Batch Submissions>IRS Reject Management page**

### 3.4.11.13.2 Rejected Person Submissions


The IRS Reject Management page displays with a VPID link to search for and access a Veteran’s 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 Veteran’s record prior to resubmitting the transmission.

Tax Year	VPID	Error Reason	Submission Type	Submission Date
2015	0000001009447733V671257000000	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	000000100818196V584000000000	java.lang.Exception: INVALID STATE CODE for US Address:PH	Original	03/03/2016 10:56:51 AM
2015	0000001010586789V501025000000	null AIRR629:Covered individual's DOR is earlier than Tax Year minus 120 years AIRR607:Responsible individual's DOR is earlier than Tax Year minus 120 years	Original	03/03/2016 10:19:41 AM
2015	0000001010300181V169167000000	java.lang.Exception: INVALID STATE CODE for US Address:PI	Original	03/03/2016 10:06:49 AM

**Figure 12: IRS Reject Management>Person Submissions>IRS Reject Management**

A high level of end user interaction with the IRS Reject Management page is expected.

- 1.To open the Veteran’s record, click the VPID hyperlink.
- 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 OI&T 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 Veteran’s invalid permanent address format/fields.

#### Error Reason


java.lang.Exception: INVALID STATE CODE for US Address:PI This error indicates that

the Veteran's 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 Veteran's record.

### Solution


1. Correct the Veteran's 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. You need to 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. If the Veteran's DOB is incorrect, the workflow must be transferred to HCIdM to update the DOB according to the Identity Management (IdM) business processes. After the DOB is updated by IdM, validate that the new DOB displays properly in the Veteran's record in ES and submit a correction using the ACA Reporting subtab.

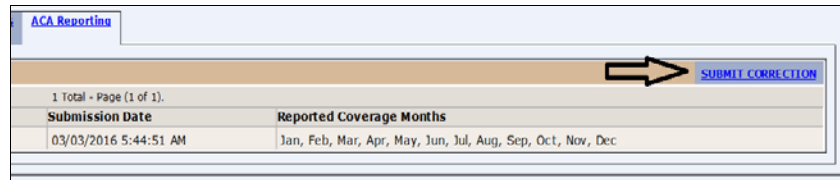
 **Note:** The examples of expected errors referenced are not inclusive of all types of errors that you may encounter in the IRS processing. Contact the OI&T technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

### 3.4.11.13.3 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 the system. 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. To access the Correction form, click the SUBMIT CORRECTION link in the upper right corner of the ACA Reporting subtab.

 **Note:** In order to access the link and submit corrected records, you must be granted permission to Manage ACA Communications. To request permission, contact the [Enrollment System \(ES\) Access Group ESAccessGroup@va.gov](mailto:ESAccessGroup@va.gov)




**Figure 13: Communications tab>ACA Reporting subtab>SUBMIT CORRECTION link**

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 Veteran’s permanent mailing address via the ES Demographics functions.

The screenshot shows the 'Submit Corrected IRS 1095B Coverage Data' form. At the top, there is a navigation bar with tabs for 'Previous My Mailing', 'Available For Printing', 'Download Status', 'In Review/Processing', 'XHS Status', and 'ACA Reporting'. The main form area is titled 'Submit Corrected IRS 1095B Coverage Data' and includes a 'Tax Year' dropdown menu set to '2015'. Below this, there is a section for 'Mailing Address for IRS Submission' with an 'Update Mailing Address' link. The address fields are: Country (USA), Address Line 1 (P.O. BOX 581), Address Line 2, Address Line 3, Zip Code (77306), City (SEABROOK), State (TX), County (HARRIS), Province, and Postal Code. At the bottom, there is a section for 'Months Qualified for Minimum Essential Coverage' with radio buttons for 'Yes' and 'No' for each month from January to December. At the very bottom, there are 'SUBMIT' and 'CANCEL' buttons.

**Figure 14: ACA Reporting subtab>Submit Corrected IRS 1095B Coverage Data**

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.

 **Note:** Submission Type=Correction and the Reported Coverage Months match the selection boxes chosen on the Correction form.

6. To indicate success of the submission, the page displays a green banner with a corrected transmission in the Reporting table in a Processing status.



Overview Eligibility Demographics Military Service Financials Enrollment Facility **Communications**

Previously Mailed Available for Mailing Handbook Status Delivery Preferences VHC Status **ACA Reporting**

**Messages**

- Correction submitted successfully

**Veteran Minimum Essential Coverage Transmissions to the IRS** [SUBMIT CORRECTION](#)

2 Total - Page (1 of 1).

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 15: Communications tab>ACA Reporting subtab>Messages**

- 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.

## 3.5 Tabs

### 3.5.1 Overview

When adding a person during registration, the “Add a Person” appears only while adding a person during registration.

#### 3.5.1.1 Overview

The screenshot displays the 'Overview' tab of a system interface. At the top, there are several tabs: Overview (selected), Eligibility, Demographics, Military Service, Financials, Enrollment, Facility, and Communications. The main content area is divided into several sections, each with a title and a corresponding link:

- Update Current Eligibility** (ELIGIBILITY): Shows Primary Eligibility Code: NSC, Secondary Eligibility Codes, Service-Connected Percentage, Eligibility Status: VERIFIED, and Current Number of Health Benefit Plans: 0.
- View Community Care Outcome** (COMMUNITY CARE DETERMINATION): No Data Available.
- Update Mailing Address** (DEMOGRAPHICS): Address (Street and Number): 7654 REAL STREET, WESLEY CHAPEL, FL 33544, UNITED STATES; Home Phone: (blank).
- Future Discharge Date** (MILITARY SERVICE): Future Discharge Date: (blank).
- View Veteran Health Identification Card (VHIC) Status** (COMMUNICATIONS): Card ID: No Data; Status: No Data.
- Update Financial Assessment** (FINANCIALS): Primary Test Type: Means Test; Means Test Status: GMT Copay Required; Pharmacy Co-Pay Status: Non-Exempt.
- Update Enrollment Dates** (ENROLLMENT): Application Date: 04/11/2013; Effective Date of Change: 04/20/2015.
- Update Date of Death** (DEMOGRAPHICS): Current Status: Deceased.
- View Handbook Communication** (COMMUNICATIONS): No Data on File.


Figure 16: Overview Tab

This page gives the user an overview of the beneficiary's current information on file. From this screen the user may:

- **Update Current Eligibility** - Clicking this link allows the user to Edit Current Eligibility information for the beneficiary.
  - **Eligibility** - Clicking this link allows the user to view in greater detail the eligibility information that currently exists for the beneficiary. From this screen the user may also link to the Edit Current Eligibility screen.
- **View Community Care Outcome** – This section displays applicable Community Care Health Benefit Plans assigned for the Veteran.
- **Community Care Determination** - Clicking on this link displays the Eligibility tab, listing Veteran Information, Phone Numbers, Hardship, Community Care Outcome, Nearest VACAA Facility, and Time Eligible Information. All fields on this screen are view only and system populated.
- **Update Mailing Address** - Clicking this link allows the user to add/update the current address information for the beneficiary.

- **Demographics** - Clicking this link allows the user to view in greater detail the demographic information that currently exists for the beneficiary. From this screen the user may also link to:
  - Update/Add Addresses
  - Update/Add Other Associates
  - Update Personal information-Date of Death
  - Update Insurance
  - Update Employment
  
- **Future Discharge Date** - Clicking this link allows the user to update the Future Discharge Date and associated Future Discharge Date information. This data is shared with VistA.
  - **Military Service** - Clicking this link allows the user to view the military service information associated with the Future Discharge Date.
  
- **View Veteran Health Identification Card (VHIC) Status** - Clicking this link allows the user to query the VHIC application to obtain the VHIC status and history. (Takes user to the **Communications** tab, **VHIC Status** tab.)
  - **Communications** - Clicking this link allows the user to access the **VHIC Status** tab via the **Communications** tab where the user can query the VHIC application to obtain the VHIC status and history.
  
- **Update Financial Assessment** - Clicking this link allows the user to Update Financial Assessment information for the beneficiary.
  - **Financials** - Clicking this link allows the user to view in greater detail the financial overview information that currently exists for the beneficiary.
  
- **Update Enrollment Dates** - Clicking this link allows the user to Update Enrollment Date information for the beneficiary.
  - **Enrollment** - Clicking this link allows user to view in greater detail the enrollment information that currently exists for the beneficiary.
  
- **Update Date of Death** - Clicking this link allows user to Update Date of Death information for the beneficiary.
  - **Demographics** - Clicking this link allows the user to view demographic details that currently exist for the beneficiary. From this screen the user may also link to:
    - Update/Add Addresses
    - Update/Add Other Associates
    - Update Personal information-Date of Death
    - Update Insurance
    - Update Employment
  
- **View Handbook Communication** – Click to display the Handbook Status tab under the Communications tab.
  - **Communications** – Clicking this link displays the Handbook Status tab under the Communications tab.

The following links allow the user to view the *Veteran Benefits Handbook* .pdf files for the Veteran.

 **Note:** The system allows viewing the most current three versions. See Figure 5. If a Handbook Communication document cannot be displayed because the VCG is unavailable, an error message displays.

**Communication to View:**

[Veterans Current Benefits at a Glance](#) - clicking the link allows the user to view the current abbreviated high-level summary of the *Veteran Benefits Handbook*.

[Veterans Benefits at a Glance](#) - clicking the link allows the user to view the previous abbreviated high-level summary of the *Veteran Benefits Handbook*. If another previous version exists, it will also be displayed.

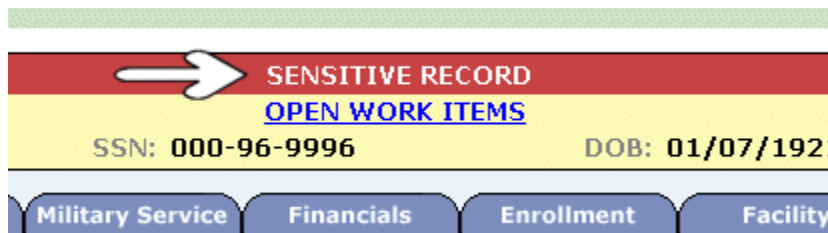
[Veterans Current Handbook](#) - clicking the link allows the user to view the current *Veteran Benefits Handbook*.

[Veterans Handbook](#) - clicking the link allows the user to view the previous *Veteran Benefits Handbook*. If another previous version exists, it will also be displayed.

**Communications** - Clicking this link allows the user to access the Handbook Status tab via the Communications tab.

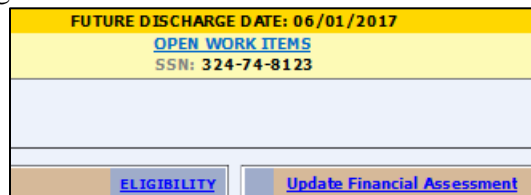
The message **Sensitive Record** displays over the beneficiary's Name, SSN, and DOB if the record is marked as Sensitive. This indicates this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

**Screen Shot**




**Figure 17: Sensitive Record: Open Work Items**

If the record has a Future Discharge Date associated with current Military Service, a banner is displayed with the Future Discharge Date above the beneficiary's Name, SSN, and DOB above the tabs. The banner will display a Future Discharge Date that was received via an online Healthcare Application (HCA).

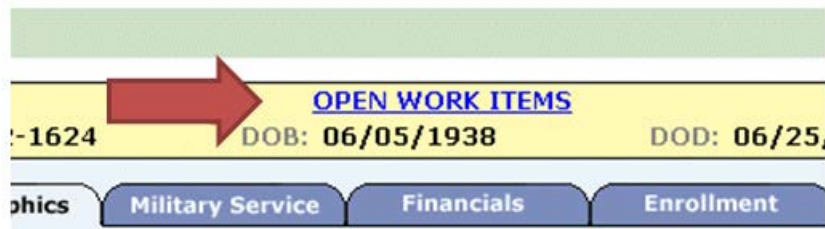


**Figure 18: Future Discharge Date Banner**

If the beneficiary's record has been identified as a duplicate and is in the [Veteran Merge](#) process, the system 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 the system displays the message  **LOCK REASON:** followed by the particular reason why the record is locked. The system also prevents a record from being changed if there is no Eligibility and Enrollment data or Registry Data for the individual.

If any *Open Work Items* exist for the beneficiary, an [Open Work Items](#) link will display in the center part of the header area. Clicking the link takes the user to the *Open Items* (Worklist) page.

**Screen Shot**



**Figure 19: Open Work Items**

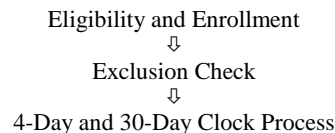
## 3.5.2 Eligibility

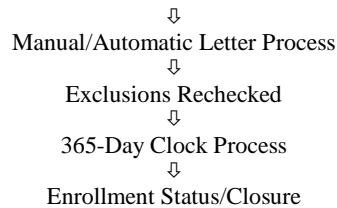
Overview	Eligibility	Demographics	Military Service	Financials	Enrollment	Facility	Communications
<b>Current Eligibility</b> <a href="#">EDIT CURRENT ELIGIBILITY</a> <a href="#">EDIT PURPLE HEART</a> <a href="#">VIEW HISTORICAL ELIGIBILITY</a>							
Primary Eligibility Code: SC LESS THAN 50%				Veteran 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:							
<b>Rated SC Disabilities</b>							
1 Total - Page (1 of 1).							
Code	SC (%)	Description	Diagnostic Extremity	Original Effective Date	Current Effective Date		
9322	11	Dementia associated with endocrine disorder					
<b>Prisoner of War</b> <a href="#">VIEW HISTORICAL PRISONER OF WAR</a>							
No Data Available							
<b>Health Benefit Plans</b> <a href="#">VIEW HEALTH BENEFITS PLANS</a>							
Current Number of Health Benefit Plans: 7							
<b>Secondary Eligibility Codes</b>							
No Data Available							
<b>Other Eligibility Factors</b> <a href="#">VIEW CLINICAL DETERMINATION</a>							
No Data Available							
<b>Community Care</b> <a href="#">VIEW COMMUNITY CARE DETERMINATION</a>							
No Data Available							
<b>Other Ineligibility</b>							
No Data Available							
<b>Financial Assessment 2012</b>							
Date Assessment Conducted: 04/11/2013				Facility Conducting Assessment:			
Means Test Status: No Longer Required							

Figure 20: Eligibility Tab

### 3.5.2.1 Pending Eligibility

Eligibility and Enrollment information is processed and verified when the Veteran's record is accepted, changes committed and exclusions checked. The general workflow is as follows:





### 3.5.2.1.1 Eligibility and Enrollment

- Applications are evaluated for eligibility.
  - If the **Eligibility** status is “Pending Verification” or "Pending Reverification" and Veteran Indicator is "Y," the **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.
- If the **Reason Eligibility Status is Pending Verification** is "Other," then the **Reason Eligibility Status is Pending Verification Explanation** is a required field.
- If **Eligibility** status is set to either “Pending Verification” OR “Pending Reverification” and NONE of the exclusion conditions are met, then:
  - 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 *Pending Letter Exclusions for 365-Day Process*.

### 3.5.2.1.2 Exclusion Check

After the user commits their changes to the Eligibility information, the system checks for exclusion conditions to determine how to manage the record.

Exclusions include:

- The applicant meets Active Combat Veteran Eligibility AND "Eligibility Status" is "Verified"
- 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
- The applicant is a Veteran with a Future Discharge Date.
- The applicant’s "Enrollment Status" is “Pending; Purple Heart Unconfirmed” AND the applicant has a prior valid period of enrollment.
- The applicant’s "Enrollment Status" is “Pending; Means Test Required” AND the applicant has a prior valid period of enrollment.
- The applicant’s “Enrollment Status” is “Closed Application with Abandoned Application” AND the previous “Enrollment Status” is “Pending; Means Test is Required

or Pending”.

- If the applicant’s 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.
- The applicant’s 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

### **3.5.2.1.3 4-Day and 30-Day Clock Process**

The Enrollment System 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
- Reaches 4th day of 4-Day Clock.
- Reaches 30th day of 30-Day Clock.
- Reaches the 366th day of the Initial Pending Notification Clock (IPN Date plus 366 days).
- Prior to the generation of the letters in the Pending Letters 365-Day Process.
- When a mailing address was updated.

### **3.5.2.1.4 Manual/Automatic Letter Process**

- Exclusions Identified: If the exclusion conditions are met then,
  - ES will stop the 365-day pending process and new clocks shall not be started.
  - ES will stop 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 shall be blank.
  - No letters will be sent.
- No Exclusions Identified: When an application is processed, an Initial Pending Letter email/letter is sent when:
  - 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
  - 742-650 or 651 letters are generated.



### 3.5.2.1.5 Exclusions Rechecked

**Initial Pending Letter:** After an Initial Pending Letter has been triggered, one of the following Initial Pending Letters are sent:

If the enrollment status is “Pending; Eligibility is Unverified” AND an Initial Incomplete Application - Eligibility Unverified Letter (742-650) was NOT MAILED in the past:

- Manually **ADD** the **Initial Incomplete Application - Eligibility Unverified Letter (742-650)** for this Veteran in the batch file for Print Vendor to process.
- The system shall not add the 742-650 letter if it was mailed in the past.

If the enrollment status is “**Pending; Means Test is Required**” AND there is no prior valid period of enrollment, AND an **Initial Incomplete Application - Financial Disclosure Letter (742-651)** was NOT MAILED in the past:

- Manually **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.

**Closed Application Letter:** If the exclusion conditions are not met, then 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 send the **742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights** letter.
- If the most recent Enrollment status is ‘Pending: Means Test required’ then send **742-652 Notification of Closed Application-Financial Disclosure with Appeal Rights** letter.


Users cannot update the application status to ‘Closed Application.’

**Manual Letter Conditions:** The system shall display 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. Once mailed, the entries appear on the “Previously Mailed’ sub-tab.

- Initial Pending Letters can be manually sent only within the first 29 days of the 30-day clock.

**Automatic Letter Conditions:** Letters are sent when the Enrollment status is calculated to:

- Pending; Means Test Required.
- Mailing address updated.
- Reaching the 30th day of the 30-Day Clock (the clock expires).
- Incomplete Application – Eligibility is unverified, letter previously NOT mailed OR mailed/ re-mailed and communication status is NOT Sent to applicant or Mailed by Print Vendor.
- Incomplete Application – Financial Disclosure Letter Previously NOT mailed OR mailed/ re-mailed and communication status is NOT Sent to Print Vendor or Mailed by Print Vendor.

 **Note:** If [Stop Communications](#) (located on the Communications tab) is enabled, letters will not be sent.

ES automatically selects all qualified Veterans and generates the mail print request to the vendor via background ES batch processes. The batch process includes Initial Pending Letters. The mail request is sent twice per week to the print vendor with a maximum of 750,000 records in each request. The system 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.

### 3.5.2.1.6 365-Day Clock Process

ES checks if the Eligibility status changed to Pending Verification or Pending Reverification. If changed, then the system checks if there are exclusion conditions by performing the Check Exclusion Conditions to pending Letters 365-day process.

If no exclusion conditions are met,

- **NEW APPLICANTS:** The 4-day clock is initiated for new applicants only and the 4-day clock ends. This is the signal to process the person information.
- **EXISTING APPLICANTS:** 30-day clock is initiated for existing applicants only and ES performs the Generate Automatically the Appropriate Initial Pending Letter and the 30-day clock ends. This is the signal to process the person information.

If exclusion conditions are met, the 4-day or 30-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 Pending Verification or Pending Reverification.

If the 365-day clock reaches the 366th day (i.e., 366 days from the IPN date), and any exclusion conditions are met, then the IPN clock stops.

### 3.5.2.1.7 Enrollment Status/Closure

This displays all of the fields that appear on the *Current Enrollment* window.

This window displays two columns: *Initial Enrollment* and *Most Recent Enrollment*. EGT type must be *Enrollment Decision*.

### 3.5.2.1.8 Pending Letters 365-Day Process

The Enrollment System 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.

- Reaches 4th day of 4-Day Clock.
- Reaches 30th day of 30-Day Clock.
- Reaches the 366th day of the Initial Pending Notification Clock (IPN Date plus 366 days).
- Prior to the generation of the letters in the Pending Letters 365-Day Process.
- When a mailing address was updated.

### 3.5.2.2 Current Eligibility

Eligibility for VA Health Care is dependent upon a number of variables that can influence the final determination of services the Veteran can for which the Veteran qualifies. These factors include the nature of the Veteran's discharge from military service, length of service, VA community care adjudicated disabilities (commonly referred to as service-connected disabilities), income level, and available VA resources, etc.

This screen displays the *Current Eligibility* and enrollment information for the beneficiary.

Current Eligibility		<a href="#">EDIT CURRENT ELIGIBILITY</a>	<a href="#">EDIT PURPLE HEART</a>	<a href="#">VIEW HISTORICAL ELIGIBILITY</a>
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 21: Current Eligibility Section**

Generally, the beneficiary must be enrolled in VA Healthcare system to receive benefits offered in the Medical Benefits Package. Certain beneficiaries do not need to be enrolled to receive medical care benefits:

- 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 s/he 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, the individual 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.

This screen displays the *Current Eligibility* and enrollment information for the beneficiary. The following information displays:

#### Current Eligibility

[EDIT CURRENT ELIGIBILITY](#)

[EDIT PURPLE HEART](#)


[VIEW HISTORICAL ELIGIBILITY](#)

Primary  Primary Eligibility

Veteran Indicator:  The Veteran Indicator


**Eligibility Code:** *Code is the eligibility factor that has been found to take the highest precedence during the eligibility calculations. This is the beneficiary's current eligibility code.*

*It is assigned to the beneficiary based on benefit factors captured on the intake process. It is the primary factor that determines the beneficiary's enrollment priority. It 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 (%):**  *SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].*

**Enrollment Application Date:**

*designates whether the individual is a Veteran or non-Veteran.*


 *The Enrollment Application Date is the date of the application for enrollment. Some beneficiaries have been enrolled automatically by the system. When this occurs, the beneficiary will not have an application date.*

*For beneficiaries who mail their VA Form 10-10EZ to a VA healthcare facility for processing, the date of the postmark is to be entered into VistA as the Enrollment Application Date.*


*For beneficiaries 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*


Effective Date of Combined Evaluation:

 This is the date the Combined Evaluation percentage (based on eligibility factors) was made by the VBA.


Eligibility Status:

 The determination status assigned to the beneficiary's 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:


 This is the date the eligibility status changed, was updated, etc.

Reason Eligibility Status Is Pending Verification:


 This allows the user to select a reason the eligibility status is pending verification. If "Other" is selected, a textbox is displayed to allow the user to enter a reason.

Enrollment Effective Date


apply for enrollment in person, the date of the beneficiary's presence at the facility for the purpose of enrolling is to be entered into VistA as the Enrollment Application Date.

 Enrollment Effective Date is the effective date of the specific eligibility change for this individual.


Annual Check Amount:

 Annual Check Amount is a 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 applicant.

VBA Query Status:

 This 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


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: *This field is present when Eligibility Status is Pending Re-verification or Pending Verification and will be one of these 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 appears.*


*ES automatically determines when a Veteran has a prior valid period of*

eMIS Query Status:  *This is the query response status from eMIS 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*

enrollment and displays that enrollment information to exclude the applicant from the 365-day letter.

Reason Eligibility Status Is Pending Verification Explanation:

 This text box is displayed when "Other" is selected as the "Reason Eligibility Status is Pending Verification."

### Rated SC Disabilities

<u>Code</u>	<u>SC %</u>	<u>Description</u>	<u>Diagnostic Extremity</u>	<u>Original Date</u>	<u>Current Effective Date</u>
This is the <i>Code</i> associated with the service-connected or non-service connected medical condition for which the beneficiary has been rated. The Veterans Benefit Administration determines the codes applicable to the beneficiary through the compensation review process.	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. <u>More...</u> 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.	The <i>Description</i> of the rated disability code.	This is defined as the portion of the body in which the disability is located. This data is shared with VistA. <u>Examples:</u> <ul style="list-style-type: none"> <li>● Left Lower Extremity</li> <li>● Left Upper Extremity</li> <li>● Right Lower Extremity</li> <li>● Right Upper Extremity</li> <li>● Both Lower Extremities</li> <li>● Both Upper Extremities</li> </ul>	This is the date on which the rating determination was made. This data is shared with VistA. <u>More...</u> 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 the disability occurred, or if the claim for disability was filed much later, the date of the claim. <u>Example:</u> 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 <i>Current Effective Date</i> is updated to September 2005, the date the new percentage was determined to take effect.	This is the date on which the rated disability was/is effective. This data is shared with VistA. <u>More...</u> This is the latest date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code.

### Prisoner of War

[PRISONER OF WAR INDICATOR](#)

[VIEW HISTORICAL PRISONER OF WAR](#)

## Health Benefit Plans

[CURRENT NUMBER OF HEALTH BENEFIT PLANS](#)


[VIEW HEALTH BENEFITS PLANS](#)

Users with the appropriate *Role/Capabilities* may View, Add (Assign) and Delete (Unassign) the appropriate HBPs for a Veteran's record by clicking on the [View Health Benefits Plans](#) link in the online help.

See more information about how to “Add” (Assign) and “Delete” (Unassign) HBPs to a Veteran’s record in the next section.


### Health Benefit Plans Assigned - Unselect to Delete

[VIEW HEALTH BENEFITS PLANS](#)

 **Note:** The *Presumptive* HBP is automatically assigned to a Veteran record if the person meets certain criteria (rules) for the HBP. To prevent end users from changing an assignment or un-assignment that is based on established business rules, the assignment and un-assignment of the Presumptive HBP is disabled.

This functionality will remain in place until the HBP Override functionality is implemented.


This area displays HBPs that are assigned to the Veteran with the date and time the HBP was last updated. To "delete" an HBP from a Veteran's record, unselect the HBP by clicking the check box by the HBP. Do this for any or all HBPs assigned to the Veteran you wish to "delete".

 **Note:** Users may also "Add" (assign) HBPs for the Veteran by clicking the check boxes by the HBPs under the **Health Benefit Plans Available - Select to Add** area at the same time as deleting HBPs.

When finished, click the **UPDATE** button. The *Current Eligibility* screen appears with a confirmation message that the "*Health Benefit Plans updated successfully*".

**From the *Health Benefit Plans Assigned/Available* screen the user may also click on the [View Historical Health Benefits Plans](#) link for historical HBP information.**  
**Health Benefit Plans Available – Select to Add**

This area displays HBPs that are available to be assigned to the Veteran. To "add" an HBP to a Veteran's record, select the HBP by clicking the check box by the HBP. Do this for any or all available HBPs.

 **Note:** Users may also "Delete" (unassign) HBPs (if assigned) from the Veteran’s record by clicking the check boxes by the HBPs under the **Health Benefit Plans Assigned - Unselect to Delete** area at the same time as adding HBPs.

When finished, click the **UPDATE** button. The *Current Eligibility* screen appears with a confirmation message that the "*Health Benefit Plans updated successfully*". This information is displayed on the VIEW HISTORICAL HEALTH BENEFITS PLANS screen as read-only information.



## Secondary Eligibility Codes

[Purple Heart](#)

[Prisoner of War](#)


[Aid and Attendance](#)

## Other Eligibility Factors

[VIEW CLINICAL DETERMINATION](#)

In this area the 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, etc.

 **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 International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and 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 the ES system to be used in Eligibility and Enrollment Processing. It 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.

From the *Clinical Determination* screen the user may also click the [View Historical Retired CD Fields](#) link for historical clinical determination information. The removed historical ICD data will remain on file on the *Retired Catastrophic Disability Fields Change History* screen.

## Community Care

[VIEW COMMUNITY CARE DETERMINATION](#)

The Eligibility tab displays a Community Care section listing the applicable Health Benefit Plans assigned to the Veteran.

The Community Care hyperlink allows the user to access the Community Care Determination view only window.

## Community Care Determination:

### Veteran Information Section

#### *Residential Address Status (BAI):*

Status options are “U” for Undeliverable, “H” for Homeless, “N” for Address not found, “O” for Other, or NULL (no value) if no Residential address.

### ***Address Accuracy***

Address accuracy is used for Geocoding driving distance calculation – determined by PSSG. The system displays the following values: AdminPlaces, Point Address, Postal, PostalExt, Street Address, or Street Name.

#### ***Address:***

Type of address used to determine driving distance: Permanent, Residential, or Temporary

- Address Line 1
- Address Line 2 (if applicable)
- Address Line 3 (if applicable)
- City, State ZIP

#### ***Enrolled:***

The date that the Veteran became enrolled for VHA healthcare benefits

#### ***Service Connected:***

Indicates whether the Health Benefit Plans are Service Connected (Y/N)

#### ***Special Authority:***

Indicates whether the Veteran was given Special Authority eligibility to their Health Benefit Plans

### **Phone Numbers Section**

#### ***Phone Numbers:***

Phone numbers on file for the Veteran: Home, Cell, Work, Temporary

### **Hardship Section**

If a hardship is not determined, the following fields do not appear:

#### ***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

### **Community Care Outcome Section**

The Health Benefit Plans are listed (e.g., Community Care Mileage; Wait-Time; VC Undue and Excessive Burden; VC Air, Boat, Ferry; VC Basic).

#### ***Community Care:***

If applicable, the Community Care eligibility benefits (more than one may apply):

- No Longer Eligible (Veteran was previously eligible for Community Care, but is no longer eligible).
- Basic – Veteran meets the basic qualifications for Community Care eligibility
- Hardship – Veteran has qualified for Community Care due to a Hardship being granted.

- Mileage – Veteran has qualified for Community Care due to driving distance.
- Wait-Time – Veteran has qualified for Community Care due to being on one or more of: Veterans Choice List (VCL), Electronic Wait List (EWL), or a Consult (CON).

***Community Care Determination - Manual Override Button:***

Users assigned the permissions to perform the Manual Override and Remove Override functions will see the end result information of both functions. Buttons are disabled when permission is not granted. (See the Eligibility *How Do I* section for instructions on how to use this feature.)

***Eligibility Change History Screen:***

All updated Community Care data display on the **Eligibility Change History** window.

***Community Care Manual Override Screen:***

The Community Care Manual Override screen displays when the user clicks the red arrow. The Override screen allows the user to do the following:

- Specify a Community Care Override Reason:
  - Administrative Decision
- Enrollment System Record Error
- Mileage
  - Legislative Change
- Enter Community Care Override Comments (required)
- Specify the Community Care Outcome (Current or New).

**Note: Update** displays a confirmation message “*Community Care Updated Successfully*”; **Cancel** takes you back to the **Community Care Determination** screen in its initial state.

**Nearest VACAA Facility Section**

This information is used for geocoding in the PSSG Drive Distance Information table.

***VISN Number:***

The nearest station.

***Station Name / Station Number:***

The nearest facility.

***Station Address:***

The full station address.

***Distance (driving distance):***

Distance in miles displayed out to one decimal place.

***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.

**Time Eligible Information Section**

***VISN:***

Number for the station in the geocoding table.

***Record Type:***

Associated acronym/value on the geocoding table: EWL (Electronic Wait List), VCL (Veterans Choice List), CON (Choice First Consult).

***Medical Facility (Station No.):***

Station name and number on the geocoding table

***Clinically Indicated Date:***

Appointment desired date in the geocoding table

The following four columns display (permission based):

- Clinic/Consult Time
- Clinic Stop Code
- Clinic Stop Code Name
- Consult Status

***Other Ineligibility***

In this area is displayed the various other ineligibility factors such as the effective date this beneficiary was found to be ineligible for VHA Health Care, the reason and the VARO decision.

***Financial Assessment***

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.

**3.5.2.2.1 Community Care Determination History**

Same fields as listed for Community Care Determination.

Lists the following information: Old Value, New Value, Data Changed.

**4 Edit Current Eligibility**

The data in these fields is used to determine the individual's eligibility and enrollment to include identifying additional attributes that enhance the individual's priority for enrollment.

Click on the desired link for help on any particular field.

*(Edit)* means that these additional fields are available in the Edit mode.

## [CHANGE INDICATOR TO NO/YES](#)

### ★**Veteran Indicator:**

Is this patient requesting care as a Veteran of the U.S. Armed Forces?

*Yes* - The Veteran status Yes or No invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

#### **More...**

In general, 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. For additional eligibility requirements, see 38 CFR 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), and 3.15 (Computation of Service).

*No* - Patient does not meet the criteria of Veteran status.

This data is shared with VistA.

### ★**Eligibility Status:**

This is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA Health Care.

This data is shared with VistA.

Values include:

*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:**

This is the date the eligibility status changed, was updated, etc. The system defaults to the current date. Date is editable.

This data is shared with VistA.

#### **Rules...**

- *Eligibility Status Date* requires a precise date.
- *Eligibility Status Date* may be after the [Date of Death](#).
- *Eligibility Status Date* cannot be prior to the Veterans *Date of Birth*.

- *Eligibility Status Date* 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...**

- It is a "free-text" description of "how" or the "source" that eligibility status was checked/verified.
- If the 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.).
- VHA staff has a duty to assist the beneficiary with obtaining verification of eligibility using all resources available.

This data is shared with VistA.

**Rules...**

- *Eligibility Verification Method* must be between 2 and 50 characters or left blank.
- *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.

**Service-Connected (%):**

SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].

**Rules...**

*Service Connected (%)* is 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.

This data is shared with VistA.

**More...**

When a Veteran's condition is determined to be service-connected, VBA also computes the Veteran's Percent of Combined Evaluation. Only 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...**

*Effective Date of Combined Evaluation...*

- must be a precise date.
- cannot be prior to the Veteran's *Date of Birth*.
- cannot be on or after the Veteran's *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) – Click the ► arrow to expand the VOA file attachments list.**

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.

### **More...**

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 Veteran's DOB.
- Rated Incompetent *Civil Date* cannot be after the Veteran's *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 Veteran's DOB.
- Rated Incompetent *VA Date* cannot be after the Veteran's *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.
- 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* must be a precise date.
- *Ineligible Date* cannot be a future date.
- *Ineligible Date* cannot be a prior to the *Date of Birth*.

### **★Ineligible Reason:**

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 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.

*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**

#### **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 Veteran's 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:**

*Collateral of Veteran* is a person 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 Veteran's clinical care.

*Yes* – The beneficiary is not a Veteran but is associated with a Veteran through a specific program of care.

**More...**

The purpose of this clinical contact must be an integral part of the Veteran's treatment plan; it must be 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. Examples of appropriate designation of a

collateral visit include: 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.. Examples include spouse/child or associate of Veteran.

*No* – The beneficiary does NOT meet the criteria for collateral of vet.

**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.

★ Indicates Required Field.

**4.1.1.1 Edit Current Eligibility (Add a Person)**

The data in these fields is used to determine the individual's eligibility and enrollment to include identifying additional attributes that enhance the individual's priority for enrollment.

When adding (registering) a new person, certain fields may now be required and others become editable as described and indicated below.

The ***Veteran Indicator*** and ***Eligibility Status*** fields are required to complete the enrollment application.

New to this screen under **Other Eligibility Factors** are the editable (registration) Spinal Cord Injury and ***Nose and Throat Radium Treatments*** fields. These two fields are not required.

[CHANGE INDICATOR TO NO/YES](#)

★**Veteran Indicator:**

Is this patient requesting care as a Veteran of the U.S. Armed Forces?

*Yes* - The Veteran status Yes or No invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

**More...**

In general, 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. For additional eligibility requirements, see 38 CFR 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), and 3.15 (Computation of Service).

*No* - Patient does not meet the criteria of Veteran status.

This data is shared with VistA.

★**Eligibility Status**

This is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA Health Care.

This data is shared with VistA.

Values include:

*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 (default when registering a Veteran).
- *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:**

This is the date the eligibility status changed, was updated, etc. The system defaults to the current date. Date is editable.

This data is shared with VistA.

**Rules...**

- *Eligibility Status Date* requires a precise date.
- *Eligibility Status Date* may be after the Date of Death.
- *Eligibility Status Date* cannot be prior to the Veterans *Date of Birth*.
- *Eligibility Status Date* cannot be a future date.
- *Eligibility Status Date* is required.

**Eligibility Verification Method:**

*Eligibility Verification Method* is the way or how the user verified the eligibility of the registrant.

**More...**

It is a "free-text" description of "how" or the "source" that eligibility status was checked/verified.

If the Eligibility is verified by HEC or VAMC staff, the entry should identify the way or how the user verified the eligibility for the registrant (e.g. DD-214; DD-215; WD AGO 5355; VBA, SHARE; or 7131 from VARO #., etc.).

VHA staff has a duty to assist the registrant with obtaining verification of eligibility using all resources available.

This data is shared with VistA.

**Rules...**

*Eligibility Verification Method* must be between 2 and 50 characters or left blank.

*Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.

**★Reason Eligibility Status is Pending Verification:**

Select reason from drop-down.

**★Reason Eligibility Status is Pending Verification Explanation:**



This field is present when Eligibility Status is Pending Re-verification or Pending Verification.

**Service-Connected (%):**

SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].

**Rules...**

*Service Connected (%)* is 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.

This data is shared with VistA.

**More...**

When a Veteran's condition is determined to be service-connected, VBA also computes the Veteran's Percent of Combined Evaluation. Only 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...**

*Effective Date of Combined Evaluation...*

- must be a precise date.
- cannot be prior to the Veteran's *Date of Birth*.
- cannot be on or after the Veteran's *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 is 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 registrant'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) – Click the ► arrow to expand the VOA file attachments list.**

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 documents 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**

##### **Prisoner Of War 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*.
- See additional *Rules* under each field.

*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 Date* is required if *POW Indicator* is **Yes**.
- *Capture Date* must be at least a Month and Year.
- *Capture Date* must be equal to or less than the *Release Date*.
- *Capture and Release Dates* cannot fall after a person's *Date of Death*.
- *Capture Date* cannot be prior to *Date of Birth*.

### ★ **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*.
- *Release Date* cannot be prior to *Date of Birth*.

### **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:** 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.

### **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 registrant is receiving A&A benefits from the Dept. of Veterans Affairs.


*Yes* - the registrant 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 registrant 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 registrant 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 registrant is receiving HB benefits from the Dept. of Veterans Affairs.

*Yes* - If registrant 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 registrant is NOT in receipt of HB benefits

This data is shared with VistA.

 **Note:** This field cannot be edited if the *Veteran Indicator* is No.

**Rules...**

A registrant 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.

#### **More...**

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 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.

*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.

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.

**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 Veteran's DOB.
- Rated Incompetent *Civil Date* cannot be after the Veteran's *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 Veteran's DOB.
- Rated Incompetent VA *Date* cannot be after the Veteran's *Date of Death*.

**Eligibility for Medicaid:**

*Eligible for Medicaid* indicates whether this registrant is eligible to receive Medicaid coverage.

*Yes* - Registrant is in receipt of Medicaid benefits or other state sponsored compatible benefits.

**More...**

Registrant is not required to complete financial assessment tests. Verify with registrant and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.


*No* - Registrant is NOT in receipt of Medicaid or compatible benefits.

No Data

This 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:** Whenever the *Eligibility for Medicaid* field is changed, the *Date Medicaid Last Updated* field defaults to the current date and time.

**Rules...**

*Date Medicaid Last Updated* cannot be a future date.

This data is shared with VistA.

**Ineligible Date:**

The effective date on which this registrant 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.

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* must be a precise date.

*Ineligible Date* cannot be a future date.

*Ineligible Date* cannot be a prior to the *Date of Birth*.

**★Ineligible Reason:**

The reason why the registrant is ineligible for enrollment into the VA Health Care 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 registrant 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 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.

*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.
- 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.

*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.

The user may choose from the dropdown.

**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.

User may select **Yes**, **No**, or **Unknown**.

**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.

**Non-Veteran Eligibility Codes**

**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 registrant's allied country of origin.

This data is shared with VistA.

**Rules...**

If an Allied country is selected, the registrant 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 Veteran's 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 registrant does NOT meet the criteria of CHAMPVA eligibility.

**Employee:**

This is an employee of the VAMC.

*Yes* – The registrant 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 registrant 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 registrant 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 Veteran's clinical care.

*Yes* – The registrant is not a Veteran but is associated with a Veteran through a specific program of care.

**More...**

The purpose of this clinical contact must be an integral part of the Veteran's treatment plan; it must be 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. Examples of appropriate designation of a collateral visit include: 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.. Examples include spouse/child or associate of Veteran.

*No* – The registrant does NOT meet the criteria for collateral of vet.

**Other Federal Agency:**

This is defined as another source for the registrant'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

**4.1.1.2 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:**

This is the PH 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 PH 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:**

This is the date the beneficiary's PH *Status* was last updated (display only).

**Purple Heart Facility:**

This is the facility from which the PH information was received (display only).

**Assigned LAS:**

This is the Legal Administrative Specialist (LAS) assigned to the case (display only).

This field is editable for users with the proper permissions.

**Rejected Remarks:**

This is a remark for why PH was rejected. Select from the dropdown.

**Last Update Date:**

This is the date and time the record was last updated (Read Only).

**Last Updated By:**

This 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 (VOA) – Click the ► arrow to expand the VOA file attachments list.**

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 documents are acceptable or not.

**File Name:**

This 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:**

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.

**Doc Type:**

The 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?:**

The user has 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, 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 *Doc Type* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

**Document Receipt**

**Document Receipt Date:**

Enter the date the PH documentation was received.

**Rules...**

Format: mm/dd/yyyy

**Document Log In Date:**

This is the date the confirmation documentation was logged in (display only).

**Document Type:**

Select the type of confirmation PH documentation from the dropdown.

**Data Source:**

Select the data source for the confirmation PH documentation from the dropdown.

**Document Acceptable:**

Is the documentation acceptable?

Yes

No - user may enter Unacceptable Remarks if answering **No** to Document Acceptable.

**Rules...**

- The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's 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.

[LOG NEW DOCUMENT](#)

**New Document Receipt**

**Document Receipt Date:**

Enter the date the PH documentation was received.

**Rules...**

Format: mm/dd/yyyy

**Document Log In Date:**

This is the date the confirmation documentation was logged in (display only).

**Assigned LAS:**

From the dropdown, select the Legal Administrative Specialist (LAS) to be assigned to the case.

**Document Type:**

Select the type of confirmation PH documentation from the dropdown.

**Data Source:**

Select the data source for the confirmation PH documentation from the dropdown.

**Document Acceptable:**

Is the documentation acceptable?

Yes

No - user may enter Unacceptable Remarks if answering **No** to Document Acceptable.

**Rules...**

- The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's 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.

**4.1.1.5 View Historical Eligibility**

All fields that appear on the History window are system populated, read only fields. These are the same fields that appear on the Eligibility screen.

The following are the fields: Eligibility Details, Old Value, New Value, Data Changed.

**4.1.1.6 Reports**

**4.1.1.7 Select 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, the system will determine the available *Period of Service* dropdown selections based on a hierarchy. Only one POS may be selected. The system will not allow the submission of the data until the POS is entered.

**Select Period Of Service**

**Primary Eligibility Code:**

This is the *Non-Veteran Eligibility Code* that has been selected on the *Edit Current Eligibility* screen.

System filled.

**★Period of Service:**

*Period of Service* (POS) is the POS which best classifies the beneficiary. The primary period of service is the POS that takes precedence in determining the highest benefits afforded to the beneficiary.

This data is shared with VistA.

**More...**

The user 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* the user must enter is contingent on the specific *Non-Veteran Eligibility Code* that has been entered on the *Edit Current Eligibility* screen. If multiple *Non-Veteran Eligibility Codes* are selected, the system will determine the available *Period of Service* dropdown selections based on a hierarchy.

Only one POS may be entered.

**Rules...**

*Period of Service* is a required entry.

★ Indicates Required Field

## 4.1.2 Demographics

### 4.1.2.1 Overview

#### 4.1.2.1.1 Demographics Overview

The *Overview* screen presents the user with a snapshot of the demographic information that is available for the beneficiary.

From this screen the user may:

Update Addresses - allows user to add/update beneficiary's mailing address information (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 beneficiary. User may click on a current *Name* link to update the information for that associate. From this page the user 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 page 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.

### 4.1.2.2 Identity Traits

#### 4.1.2.2.1 Identity Traits

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

When *Identity Trait* updates are pending, the user can only view data. The system prevents any updates or edits to the beneficiary information.

[VIEW SUBMITTED IDENTITY TRAITS](#)

Allows user 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 user 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.

**First Name:**

The Name fields are an important element in the unique identity of a person. Enter the beneficiary's 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* (Official documentation is 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 one does not exist; 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* (Official documentation is 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:**

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's 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* (Official documentation is 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:**

The *Member ID* is a view-only field.

#### **SSN:**

*SSN* is defined as the individual's social security number.

#### **Rules...**

- It is 9 numeric.
- The following *SSN* can never be possible (according to SSA):  
123456789
- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- The middle two numbers cannot be 00.
- The last four numbers cannot be 0000.
- The first three numbers cannot be 000.
- The *SSN* cannot be a *Pseudo SSN*.

#### **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:**

This indicates the date of the *SSN* verification from the Social Security Administration (system generated).

#### **SSA Message:**

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:**

Three choices for assigning a beneficiary *Pseudo SSN* are:

Follow-up required

Verification Process:

1. System sends letter to beneficiary asking for *SSN*.
2. If beneficiary returns *SSN*, HEC then sends the *SSN* validation request to the SSA.

No *SSN* assigned

Refused to Provide

This data is shared with VistA.



**Note:** If a beneficiary 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 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.

The acceptable choices are:

- F – Female
- M – Male

### **Self-Identified Gender Identity:**

This is the gender with which the Veteran identifies.

### **Date of Birth:**

The Date of Birth is the date an individual was born.

### **Rules...**

- 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.
- *Date of Birth* cannot be a future date.
- *Date of Birth* cannot occur after the *Date of Death*.

*Date of Birth* cannot occur after the *Ineligible Date*.

*Date of Birth* cannot occur after the *Enrollment Application Date*.

### **Place of Birth City:**

The *Place of Birth City* is where the beneficiary was born. *Place of Birth City* is display only.



This 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.

This data is shared with VistA.

**Multiple Birth Indicator:**

This field Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included. *Multiple Birth Indicator* is display only.

Valid indicators are:

- Yes
- No
- No Data

This data is shared with VistA.

**Mother's Maiden Name:**

This field 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.

This data is shared with VistA.

**Ethnicity:**

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only.

This data is shared with VistA.

### **4.1.2.3 Identity Traits**

#### **4.1.2.3.1 Identity Traits (Add a Person)**

*Identity Traits* are a set of data fields that uniquely identify the registrant.

This Add-a-New-Person *Identity Traits* screen is pre-populated with the data that was entered in the *Search and Add a New Person* screen under the ***ESR Registration*** button.

When *Identity Trait* updates are pending, the user can only view data. The system prevents any updates or edits to the registrant information.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

[VIEW SUBMITTED IDENTITY TRAITS](#)

Allows user to view the *Identity Traits* updates that have been submitted for this person 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.

**First Name:**

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

**More...**

Once the HEC receives the registrant'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* (Official documentation is 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 one does not exist; 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 registrant'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* (Official documentation is 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:**

The NAME fields are an important element in the unique identity of a person. This required field should be pre-populated.

This field is editable using the rules below as a guide.

**More...**

Once the HEC receives the registrant'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* (Official documentation is 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.
- Registrant'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.

**★SSN:**

- *SSN* is defined as the individual's social security number. This required field should be pre-populated.
- This field is editable using the rules below as a guide.

**Rules...**

- It is 9 numeric.
- The following *SSN* can never be possible (according to SSA):  
123456789
- The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- The middle two numbers cannot be 00.
- The last four numbers cannot be 0000.
- The first three numbers cannot be 000.
- The *SSN* cannot be a *Pseudo SSN*.

**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:**

This indicates the date of the *SSN* verification from the Social Security Administration (system generated).

**SSA Message:**

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:**

Three choices for assigning a registrant *Pseudo SSN* are:

Follow-up required

Verification Process:

- System sends letter to registrant asking for *SSN*.
- If registrant returns *SSN*, HEC then sends the *SSN* validation request to the SSA.

No *SSN* assigned

Refused to Provide

This data is shared with VistA.



**Note:** If a registrant 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 this individual's sex. This required field should be pre-populated.

**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 (SIGI):**

This is the gender with which the Veteran identifies.

**★Date of Birth:**

The Date of Birth is the date an individual was born. This required field should be pre-populated.

This field is editable using the rules below as a guide.

**Rules...**

- 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.
- *Date of Birth* cannot be a future date.
- *Date of Birth* cannot occur after the *Date of Death*.
- *Date of Birth* cannot occur after the *Ineligible Date*.
- *Date of Birth* cannot occur after the *Enrollment Application Date*.

★ **Place of Birth City:**

- The *Place of Birth City* is where the registrant was born.
- *Place of Birth City* is free text and must be between 2 and 15 characters.

This data is shared with VistA.

★ **Place of Birth State:**

- The *Place of Birth State* is where the registrant was born.
- *Place of Birth State* lists state abbreviations and foreign locations. Select from the dropdown.

This data is shared with VistA.

**Multiple Birth Indicator:**

This field indicates if the registrant is part of a multiple birth. Both Fraternal and Identical are included.

Valid indicators are:

- Yes
- No

This data is shared with VistA.

**Mother's Maiden Name:**

- This field displays the registrant's mother's maiden name in "LAST NAME, FIRST NAME MI" format.
- *Mother's Maiden Name* is free text and must be between 2 and 40 characters.

**Race:**

Race or racial group to which the registrant belongs. Select all that apply.

This data is shared with VistA.

**Ethnicity:**

The ethnicity to which the registrant belongs. Select from the dropdown.

This data is shared with VistA.

★ Indicates Required Field

**4.1.2.4 Personal**

**4.1.2.4.1 Personal (Person History)**

[VIEW HISTORICAL PERSONAL DATA](#)

ES maintains the history of all Veteran record modifications, including Date of Death information.

### **Sensitivity Flag:**

- This 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.
- This 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.

#### **Rules...**

*Degree* must be between 1 and 10 characters.

### **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.

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.

Field is display only.

### **Date of Death:**

*Date of Death* is defined as the official deceased date for the individual.

 **VP Note:** When the user deletes the *Date of Death*, the system automatically deletes the *Death Notification Source*, *Death Notification Site* and the *Date of Death Report Date*.

#### **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 the Date of Death was received from MVI, ES will populate these fields:

- 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, MILITARY PERSONNEL SOURCES, BENEFICIARY SUPPORT TOOL
- 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). when input by an ES user. However, ES will accept an imprecise Date of Death that was sent by MVI.
- *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, then:
  - If the death occurred in the prior year, the Enrollment End Date will be set to the last day of the prior year. (The reported death is 2016 and today is 1/21/2017, the Enrollment End Date will be 1/31/2016).
  - If the Date of Death occurred in the current year, the Enrollment End Date will be set to the current date. (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, then:
  - If 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. (The reported death is 3/2016 and today is 1/21/2017, the Enrollment End Date will be 3/31/2016).
  - If 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. (The reported death is 1/2017 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. (If today is 2/14/2017 and date of death sent is 01/2017, the system will set the date to 01/31/2017).

**Death Notification Source:**

This is defined as the source of the DOD being added. When the Date of Death is entered, the Death Notification Source value appears as SPOUSE/NOK/OTHER PERSON. This 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 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 system automatically determines the Veteran's *Preferred Facility* by obtaining a list of active and inactive PCPs from the Corporate Data Warehouse (CDW). "PCP" is the Veteran's 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.

If there are preferred facilities with a source designation of "PCP Active", they are displayed and not editable.

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".

This data is shared with VistA.

**★Preferred Language: (Currently Inactive)**

This is the Veteran's 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)**

This is the date the Veteran's *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...**

- The *Language Entry Date* cannot be a future date.
- The *Language Entry Date* can be a date in the past. However, the date cannot be before the Veteran's date of birth.

**Claim Folder Number:**

A number is automatically assigned by VBA to each individual's claim for VA benefits.

This 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. 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.

**Claim Folder Location:**

The *Claim Folder Location* is the VA regional office or record location where the beneficiary's claim folder is filed.

This 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 beneficiary 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.

Field is system filled.

**User Enrollee Site:**

This is defined as a site that first identifies a user status for a given fiscal year.

Field is system filled.

**Appointment Request Date:**

This is the date VistA captures when the *Appointment Request Response* question is answered. The system 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.

Field is system filled.

This data is shared with VistA.

**Appointment Request Response:**

This 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.

Field is system filled.

This data is shared with VistA.

**Benefit Applied For (VOA):**

This is the benefit for which the applicant has applied.

Field is system filled.

**Marital Status:**

This is marital status of the applicant. Select from the dropdown.

This data is shared with VistA.

**Religion:**

This field is defined as the listed religion for the applicant.

Field is system filled.

**Father's Name:**

This field is defined as the father's name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

Field is system filled.

**Mother's Name:**

This field is defined as the mother's name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

Field is system filled.

**Employment Status:**

*Employment Status* is the current employment status of the individual. Select from the dropdown.

If the *Employment Status* is set to "Retired", the ***Date of Retirement*** field may be edited.

If the *Employment Status* is changed from "Retired" to any other value, the ***Date of Retirement*** field will be deleted.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone Number
- Date of Retirement

**Employer Name:**

This is a free text field of 1 – 30 characters which displays the applicant's employer's name.

Field is system filled.

**Occupation:**

This is a free text field of 1 – 30 characters which displays the applicant’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 beneficiary’s employer’s phone number.  
Field is system filled.

**Date of Retirement:**

This is the applicant’s Retirement Date in standard date format (mm/dd/yyyy).  
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* field is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

★ Indicates Required Field

**4.1.2.5 Personal**

**4.1.2.5.1 Personal (Add a Person)**

This 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.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

[VIEW HISTORICAL PERSONAL DATA](#)

ES maintains the history of all Veteran record modifications, including Date of Death (DOD) information.

**Sensitivity Flag:**

This is 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.

This 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.

**Rules...**

*Degree* must be between 1 and 10 characters.

**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.


This field is editable using the rules below as a guide.

**Rules...**

- It is 9 numeric.
- The following *SSN* can never be possible (according to SSA):
- 123456789
- The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- The middle two numbers cannot be 00.
- The last four numbers cannot be 0000.
- The first three numbers cannot be 000.
- The *SSN* cannot be a *Pseudo SSN*.

**Date of Death:**

*Date of Death* is defined as the official deceased date for the individual.

 **Note:** When the user deletes the Date of Death, the system automatically deletes the Death Notification Source, Death Notification Site and the Date of Death Report Date. 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 the Date of Death was received from MVI (Master Veteran Index), ES populates the following fields:

- 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, MILITARY PERSONNEL SOURCES, BENEFICIARY SUPPORT TOOL
- 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) when input by an ES user. However, ES will accept an imprecise Date of Death that was sent by MVI.
- *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 ES receives Date of Death notification for a Veteran (from MVI), the Enrollment System retrieves the Date of Death, Entered Date/Date Last Updated, Entered By/Updated By, Death Notification Site and Source of Notification from MVI via the Retrieve Primary View traits from MVI.

- Enrollment System will not interpret the source of notification as “Death Certificate on File.”
- ES receives a notification from MVI, processes the Date of Death information through the Retrieved Primary View traits and updates the Date of Death information in the following instances:
  - Person has a Date of Death in MVI but not in ES
  - Person has a Date of Death in both MVI and ES but the dates do not match
  - Person has a Date of Death in ES but MVI has removed the Date of Death
- Date of Death fields will be nulled out and 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.) The system automatically nulls out the Death Notification Source, Entered By/Updated By and the Entered Date/Date Last Updated fields.
- The Date of Death Update Date is set to the current date.
- Enrollment End Date will be set to Null.
- Enrollment System will accept imprecise date for Date of Death from MVI.
- If the Date of Death is imprecise, the system will set the Date of Death and Enrollment End Date to the following:
  - 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
  - If 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.

- If the Date of Death is in the current year, the Enrollment End Date will be set to the current date.
- 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 the Date of Death was in a past year, the Enrollment End Date will be set to the end of the given month of that past year.
- If 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.
- If 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.
- If 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).
- If the Date of Death is precise, the Enrollment End Date will be set to the Date of Death.
- If 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.
- If the Enrollment Status is modified, the system will execute the Send Update Message (Z11) and share the information with the person's sites of record.

**Death Notification Source:**

This is 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."

**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.

This data is shared with VistA.

★**Preferred Language: (Currently Inactive)**

This is the Veteran's 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)**

This is the date the Veteran's *Preferred Language* data 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* dropdown list, the *Language Entry Date* field is blank, but can be edited.

**Rules...**

- The *Language Entry Date* cannot be a future date.
- The *Language Entry Date* can be a date in the past. However, the date cannot be before the Veteran's date of birth.

**Claim Folder Number:**

A number is automatically assigned by VBA to each individual's claim for VA benefits.

This 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.

**Claim Folder Location:**

The *Claim Folder Location* is the VA regional office or record location where the registrant's claim folder is filed.

This 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.

Field is system filled.

**User Enrollee Site:**

This is defined as a site that first identifies a user status for a given fiscal year.

Field is system filled.

**Appointment Request Date:**

This is the date when the *Appointment Request Response* question is answered “Yes”. The system captures the current date the prompt was answered.

A date is shown only if a “Yes” response is displayed in the required *Appointment Request Response* field.

This data is shared with VistA.

**★Appointment Request Response:**

Select either “Yes” or “No” from the dropdown.

When selecting “Yes”, the *Appointment Request Date* field will populate with the current date. If answered “No”, the field will remain blank.

This data is shared with VistA.

**Rules...**

Appointment Request Response is a required field.

**Benefit Applied For:**

This is the benefit for which the registrant has applied. Select from the dropdown.

**★Marital Status:**

This is marital status of the registrant and is a required field. Select from the dropdown.

This data is shared with VistA.

**Religion:**

This field is defined as the listed religion for the registrant. Select from the dropdown.

**Father’s Last Name:**

This field is defined as the father’s last name for the registrant. *Father’s Last Name* is free text and must be between 2 and 40 characters.

**Father’s First Name:**

This field is defined as the father’s first name for the registrant. *Father’s First Name* is free text and must be between 2 and 40 characters.

**Mother’s Last Name:**

This field is defined as the mother’s last name for the registrant. *Mother’s Last Name* is free text and must be between 2 and 40 characters.

**Mother’s First Name:**

This field is 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 individual. Select from the dropdown.

If the *Employment Status* is set to "Retired", the ***Date of Retirement*** field may be edited.

If the *Employment Status* is changed from "Retired" to any other value, the ***Date of Retirement*** field will be deleted.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

- 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:**

This is the registrant's employer's country location. 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 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:**

This is 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. 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 – 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

### **4.1.2.6 Associates**

#### **4.1.2.6.1 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*).

User may click on a current *Name* link to update the information for that associate. To add an associate, click on the Add Associate button.

From this screen the user 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.

#### 4.1.2.6.2 Add (Update) Associates

The initial *Associates* screen displays any existing associates for the beneficiary. User may click on a current *Name* link to update the information for that associate. If none exist, none will display.

To add associates, click the **Add Associates** button.

**Associates**      **Add Associate**

[VIEW HISTORICAL ASSOCIATES](#)

##### Name

System displays the *Name* of the associate currently on file for the beneficiary.

User may click on an associate's name to update.

##### Relationship

System 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 beneficiary.

##### Role

System 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

System displays the *Address* of the associate currently on file for the beneficiary.

##### Phones

System displays the *Phone* numbers of the associate currently on file for the beneficiary.

## **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
- etc.

### **★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:**

This is the name of 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:**

This Read-Only field displays the Date/Time the **Phone** field was last updated.

**(Update) Deactivation Date:**

This is the date on which the Associate's *Role* becomes inactive. If a date already exists, the user may delete it.

This 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](#).

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


#### **4.1.2.7 Associates**

##### **4.1.2.7.1 Associates (Add a Person)**


The *Add-a-Person Associates Overview* screen presents the user with a snapshot of the current associate information available for the registrant including *Name*, *Relationship*, *Role*, and *Address* and phone numbers (*Phones*).

If none exist, none will display. To add an associate, click on the *Add Associate* button.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

 **Note:** *Associates* are not required to complete the registration.

From this screen the user 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.

 **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:**

System 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:**

System 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:**

System 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* – This is the closest living blood relative to the registrant.
- *Other Next of Kin* – This is the next closest living blood relative to the registrant.
- *Emergency Contact* – This is the registrant’s primary contact in case of an emergency.



- *Other Emergency Contact* – This is the registrant’s secondary contact in case of an emergency.
- *Designee* – This is an individual appointed by the registrant.

**Address:**

System displays the *Address* of the associate currently on file for the registrant.

**Phones:**

System 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...**

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  
etc.

*Relationship* is a required field if Role selected is **Other Next of Kin** or **Primary Next of Kin**.

*Designee* – This is an individual appointed by the registrant.

*Emergency Contact* – This is the registrant’s primary contact in case of an emergency.

*Other Next of Kin* – This is the next closest living blood relative to the registrant.

*Other Emergency Contact* – This is the registrant’s secondary contact in case of an emergency.

**Rules...**

**★Role:**

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- *Primary Next of Kin* – This is the closest living blood relative to the registrant.

**Organization/Name:**

This is the name of the organization designated as the registrant's designee, emergency contact, or NOK.

**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.

★**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.

**Rules...**

Associate's full address or ***Phone*** is a required field.

**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.

**Rules...**

Associate's full address or ***Phone*** is a required field.

- ★ Indicates Required Field

## 4.1.2.8 Addresses

### 4.1.2.8.1 Add/Edit Address

This screen allows user to select an address type and add or edit an Address for the beneficiary.

There can only be one current/active mailing address for any address type. The system determines the current/active address based on the last update. All address changes are shared with VistA.

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 shall set 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.

Residential Addresses will be marked for geocoding when updated or added.

 **Note:** *Add/Edit Address* screen for Residential Address: The following fields on the *Add/Edit Address* screen shall be disabled when address type is “Residential Address”:

- Bad Address Reason
- Category fields

#### **Add/Edit Address:**

Select an address type from the dropdown

#### **4.1.2.8.1.1 Permanent Mailing Address      USAGE NOTES VIEW HISTORICAL ADDRESSES**

##### **★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.

##### **Rules...**

*Address Line 2* must be 3 – 30 characters.

##### **Address Line 3:**

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

##### **Rules...**


*Address Line 3* must be 3 – 30 characters.

##### **★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.

##### **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.

**Rules...**

Either 5- or 9-digit code may be used.

★ **City:**

Enter the name of the city used for the address.

**Rules...**

*City* must be 2 to 15 characters in length.

★ **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:**

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 beneficiary (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.

**Rules...**

*Bad Address Reason* is only associated with the permanent address.

**Source of Change:**

*Source of Change* is defined as a list of acceptable sources that may change a beneficiary's (registrant's) address. Select from the dropdown.

**Site of Change:**

This is 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**.

**Last Update:**

This identifies the date and time the record was last updated. This field is system 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

**Rules...**

The *Phone Number* must be between 0 and 20 characters.

**Source of Change:**

*Source of Change* is a list of acceptable sources that may change a beneficiary's (registrant's) phone number. Select from the dropdown.

**Site of Change:**

This is the identity of the particular site that made the phone number change. Not applicable unless *Source of Change* is **VAMC**.

**Last Update:**

This identifies the date and time the phone record was last updated. This field is system filled.

**(Add) Email Addresses**

**Email Type:**

This identifies the type of email address. Choices are:

Business

Private

**Email Address:**

Enter the actual email address in the format:

myemail@providername.com

**Rules...**

*Email Address* must be between 0 and 80 characters.

**Source of Change:**

*Source of Change* is a list of acceptable sources that may change a beneficiary's (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.

**Other Addresses** (other addresses associated with the Veteran)

**4.1.2.8.1.2 Confidential Address**

It is VA's policy that all beneficiaries 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 beneficiary's (registrant's) *Permanent Address* of record. Once the beneficiary (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the beneficiary (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.

**4.1.2.8.1.3 Temporary Address**

This is a beneficiary's (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*.

**4.1.2.8.1.4 Residential Address**

This is a beneficiary's (registrant's) address that is to be used for a limited time. It must have a *Start Date*, which may be a past date or a future date, and may or may not have an *End Date*.

When the Veteran's 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)
- ★ Indicates Required Field

Selecting Residential Address will gray out the following fields:

- Bad Address Reason
- Category Fields

#### **Read-Only Residential Address on the Overview Screen**

Residential Address will be *read-only* on the **Overview** screen. If no Residential Address is entered, the field will not be displayed on the **Overview** screen.

#### **4.1.2.8.1.4.1 Non-Residential Addresses**

If a user attempts to edit or add a Residential Address that is non-residential (e.g., a general delivery or post office box), the user is prevented from saving the non-residential address and the following warning message will display:

**WARNING:** *You cannot enter “P. O. Box Only” or “General Deliver Only” for a Residential Address*

#### **4.1.2.8.1.5 Residential Address History**

[VIEW HISTORICAL ADDRESSES](#)

A history of Residential Address additions and changes will be displayed when the user clicks the [View Historical Addresses](#) link on the **Addresses** screen of the **Demographics** tab.

#### **4.1.2.8.1.6 Determine CASS Certification on Add/Edit Address**

On the **Add/Edit Address** screen, the system 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, set the **CASS Certified Type** 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).

#### 4.1.2.9 Insurance

##### 4.1.2.9.1 Insurance

The Insurance *Overview* screen presents the user with a snapshot of the current insurance information available for the beneficiary including information at other facilities.

**Insurance - Facilities** - This displays all the facilities with insurance information on file. Click on a facility to view the insurance information on file for the beneficiary. The user cannot edit this information.

**Insurance - HEC** - This 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.

##### 4.1.2.9.2 Add/Update Insurance Carrier

###### ★Insurance Company Name:

This is 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** is not a required field.

This 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.

This data is shared with VistA.

**Group Name:**

*Group Name* is the name that the insurance company uses to identify this plan.

This data is shared with VistA.

**Rules...**

*Group Name* is not a required field.

*Group Name* must be between 2 and 20 characters.

**Group Number:**

*Group Number* is the number or code, which the insurance company uses to identify this plan.

This data is shared with VistA.

**Rules...**

*Group Number* is not a required field.

*Group Number* must be between 2 and 17 characters.

**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.

This data is shared with VistA.

**Rules...**

*Name of Insured* is not a required field.

*Name of Insured* cannot be greater than 35 characters.

**★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.

This data is shared with VistA.

**Rules...**

*Insured's Relationship to Veteran* is a required field.

**Effective Date/Coverage:**

*Effective Date/Coverage* is the date this policy went into effect for this beneficiary.

This 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.

**More...**

Acceptable choices are:

Yes

No

*Pre-certification Required* is not a required field.

This data is shared with VistA.

**Address Line 1:**

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

This 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.

This data is shared with VistA.

**Rules...**

*Address Line 2* must be 3-30 characters.

**Address Line 3:**

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


This data is shared with VistA.

**Rules...**

*Address Line 3* must be 3-30 characters.

**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.

 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.

**More...**


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

This data is shared with VistA.

**City:**

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

This 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...**

*City* must be equal to 2 characters and not greater than 15 characters.


**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***.

This 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***.

This data is shared with VistA.

**Pre-Certification Phone:**

This is the insurance carrier's numeric pre-certification phone number.

This data is shared with VistA.

**More...**

This would be the number to call for pre-authorizations for certain medical treatments or medications.

**Carrier Phone:**

This is the insurance carrier's numeric phone number.

This data is shared with VistA.

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

### 4.1.2.9.3 Add/Update Insurance Carrier - Medicare

When a user chooses to enter Medicare Part A, the system automatically populates the following fields:

- *Insurance Company Name* is set to **Medicare**
- *Group Name* is set to **Part A**
- *Group Number* is set to **Part A**
- When a user chooses to enter Medicare Part B, the system automatically populates the following fields:
  - *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.

System defaults to **Part A**, but can be changed to **Part A & B**.

#### Medicare Part A

★**Medicare Claim Number:**

This is the Medicare number assigned to the claim.

**Rules...**

*Medicare Claim Number* is a required field.

*Medicare Claim Number* cannot be greater than 25 characters.

★**Name on Medicare Card:**

This is the Name exactly as it appears on the Medicare card.

**Rules...**

*Name On Medicare Card* cannot be greater than 35 characters.

*Name On Medicare Card* is a required field.

**Group Name:**

*Group Name* is the name that the insurance company uses to identify this plan. Defaults to **Type A**.

**Group Number:**

*Group Number* is 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
- If date populated, part A indicator must be **Yes**.

**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.

**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.

 **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:**

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.

**Medicare Part B**

★ **Medicare Claim Number:**

This is the Medicare number assigned to the claim.

**Rules...**

*Medicare Claim Number* is not a required field.

Format is free text up to 25 characters.

★ **Name on Medicare Card:**

This is the Name exactly as it appears on the Medicare card.

**Rules...**

- Format is free text up to 35 characters.
- *Name On Medicare Card* is a required field.

**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.

**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.

 **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

## 4.1.3 Military Service

### 4.1.3.1 Current Military Service

From this 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, the system 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, the system 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 the system.

The system 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.

[SEND QUERY TO EMIS SERVICE](#)

The key objective of the Enterprise Military Information Service (eMIS) Web Service is to provide ES with authoritative data consisting of the best Military Service Episodes (MSE) data for the Veteran.

Click the *Send Query to eMIS* button to send a request to eMIS to obtain updated Military Service information.

[CURRENT MILITARY SERVICE](#)

[VIEW HISTORICAL MILITARY SERVICE](#)

**Discharge Due to Disability:**

*Discharge Due to Disability* is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated

in the line of duty and 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 clear statement indicating the individual was discharged due to a disability are confirmations needed to indicate **Yes** in this field. Veterans may be listed as SC only if the determination has been made by the VA Regional Office

**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.
- Not Exposed
- Korean DMZ
- Other
- Vietnam

**More...**

Veterans exposed to AO outside a Vietnam MSE are eligible for an AO examination but no AO indicator will be applied.

**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

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.

### **Rules...**

If *SW Asia Conditions* is answered **Yes**, *Combat Location of Persian Gulf War* is required.

### **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.

**★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**.

**Rules...**

The MOH *Document Type* is a required field.

**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.

**Rules...**

When entered by the user, the *Source of Change* must be either “VBA” or “Other”.

The MOH *Source of Change* is a required field.

**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 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:** (*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.

### More...

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.

**OEF/OIF**

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*.

**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 Veteran's 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.

A **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 to.

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.



### **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.

[DELETE]

#### **★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.

**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

**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.

 **Note:** If adding (registering) a new person, a *HEC - Military Service Episode* is required to complete the registration.

[DELETE]

**Military Service Number:**

A service number that is assigned during the Veteran's episodes of military service.

If the military service number is the same as the Veteran's 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.

**Rules...**

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

**★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 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 Veteran's 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* must be in the future date.
- The *Future Discharge Date* cannot be the current date.
- The *Future Discharge Date* cannot be greater than 180 days in the future.
- Only authorized ES Uses can enter/edit a *Future Discharge Date*.
- The *Future Discharge Date* can be accepted from Health Care Application (HCA).
- HCA cannot overwrite the *Future Discharge Date* and Source of Information that was previously set by an ES User.
- 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.

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 via eMIS, the *Future Discharge Date* is moved to history.

*Future Discharge Date* received from an HCA cannot be changed by ES Users.

**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.
- The *Source of Information* can be selected from a drop down list (e.g., Healthcare Application, Military Service Documents, Other).
  - For manual entry, only “Military Service Documents” or “Other” are allowed.
  - The *Source of Information* will be “HCA” if a *Future Discharge Date* is received via an on-line Healthcare Application and cannot be changed by an ES User.
  - If a *Future Discharge Date* is received via an on-line Healthcare Application, it cannot be changed by an ES User.

When a *Service Separation Date* is entered or received via eMIS, 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.

**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 eMIS, 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*.

**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.


**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


An other than 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.
- **Add Combat Episode – HEC** (multiple *Combat Episodes* may be added by multiple clicks of the *Add Combat Episode* button)
- To enter combat dates, there must be at least one MSE. All combat dates must be precise.

[DELETE]

### ★ Combat Location:

The combat location where a Veteran served. Please select from the dropdown.

### ★ Combat Start Date:

The actual date the Veteran's 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 Veteran's 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)

**Period of Service** (the system automatically calculates the HEC {Veteran} *POS* based on the Veteran's *Service Entry Dates* and *Service Separation Dates* after clicking the **Calculate POS** button)

**HEC Period of Service:**

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 Veteran's *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

## 4.1.4 Financials

### 4.1.4.1 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 Veteran's populated 1010EZ form (Jul 2013) for the Income Year selected.

**PRINT 1010EZR** – Click this button to print the Veteran’s populated 1010EZR 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 red arrow, which points to the right, ▶.

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.

#### **4.1.4.2 Current 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.

##### **4.1.4.2.1.1 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.

*...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.

#### **4.1.4.2.1.2 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

#### **4.1.4.2.1.3 What should the beneficiary do if s/he can't afford to pay copays?**

There are three options:

The first option is to request a Waiver of Debt to "waive" existing copay debt when a Veteran's 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.

The second option is to 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.


The third option is to 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.

#### 4.1.4.2.1.4 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 Information

Please note that 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 nonservice-connected conditions.

### 4.1.4.3 Dependents

#### 4.1.4.3.1 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 previous sort.

[FINANCIAL DETAILS](#) [VIEW HISTORICAL DEPENDENTS](#)

#### SSN:

Displays dependent" Social Security Number. Click on an SSN link to edit the dependent information.

#### Name:

Displays dependent" name.

#### Relationship:

Displays dependent" relationship to the beneficiary.

#### Status:

Displays dependent" current status.

#### 4.1.4.3.2 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.

Spouse's *First Name* is a required field.

*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.

##### Rules...

*Middle Name* must be between 1 and 25 characters.

Dependent spouse's *Middle Name* is not a required field.

##### ★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.

Dependent spouse's *Last Name* is a required field.

##### Maiden Name:

Spouse's *Maiden Name* is defined as the spouse's family name prior to the marriage.

This data is shared with VistA.

##### Rules...

Acceptable format is free text 1-35 characters.

Spouse's maiden name is not a required field.

##### Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

**Rules...**

- This is a free text field 1-10 characters.
- Dependent suffix is not a required field and occurs once (one per dependent).

**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):  
123456789
- 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.
- Spouse SSN is not a required field.

**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” 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

**★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" 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.

**More...**

Acceptable responses are:

- Yes
- No

**Contributed to Spousal Support:**

Acceptable responses are:

- Yes
- No

**Rules:**

*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 "nknown" or "ot 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:**

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 "“etired”" If the *Employment Status* is equal to "“etired”" this field can be edited.


If *Employment Status* is changed from "“etired”"to any other value, the *Date of Retirement* field will be deleted.

★ Indicates Required Field

#### 4.1.4.3.3 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.
- 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" complete legal first name. Avoid using nicknames or ambiguous information.

##### Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Spouse" *First Name* is a required field.
- *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.

##### Rules...

*Middle Name* must be between 1 and 25 characters.

Dependent spouse" *Middle Name* is not a required field.

##### ★Last Name:

The *NAME* fields are an important element in the unique identity of a person. Enter the dependent" 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" maiden name first, a hyphen and the Father" 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.



Dependent spouse" *Last Name* is a required field.

**Maiden Name:**

Spouse" *Maiden Name* is defined as the spouse" family name prior to the marriage.

This data is shared with VistA.

**Rules...**

Acceptable format is free text 1-35 characters.

*Spouse" Maiden Name* is not a required field.

**Suffix:**

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

**Rules...**

This is a free text field 1-10 characters.

Dependent suffix is not a required field.

**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):  
123456789
- 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.
- Spouse SSN is a required field if a *Pseudo SSN Reason* is not supplied.

**Pseudo SSN:**

*Pseudo SS* 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" 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

**★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.

**More...**

Acceptable responses are:

Yes

No

**Contributed to Spousal Support:**

Acceptable responses are:

Yes

No

**Rules:**

*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 "etired" the ***Date of Retirement*** field may be edited.

If *Employment Status* is changed to "nknown" or "ot 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:**

The employer's zip code is a free text field of 5 – 10 characters.

*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 ""etired"" this field can be edited.

If *Employment Status* is changed from ""etired""to any other value, the *Date of Retirement* field will be deleted.

★ Indicates Required Field

#### 4.1.4.3.4 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.
- *Dependent Effective Date* is a required field.

##### *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" 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.

##### *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 dependent" 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.

Dependent" *First Name* is a required field.

##### *Middle Name:*

Enter the full middle name, when available. Leave *Middle Name* blank if one does not exist; do not use NMI or NMN.

##### *Rules...*

*Middle Name* must be between 1 and 25 characters.

Dependent child" *Middle Name* is not a required field.

##### ★*Last Name:*

The *NAME* fields are an important element in the unique identity of a person. Enter the dependent" 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.

Dependent'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.

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*.
- The following *SSN* can never be possible (according to SSA):  
123456789
- 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.
- 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.

**Rules...**

*Pseudo SSN Reason* is not required if *SSN* is supplied.

**★Relationship:**

Dependent child's relationship to beneficiary is defined as the child's relationship to the beneficiary. The acceptable choices are:

Choices...

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.
- Dependent child's *Date of Birth* is a required field.
- 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?

- Yes
- No

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 data is shared with VistA.

**More...**

This indicates that the child is over the age of 18 and became permanently incapable of self-support before reaching the age of 18.

Acceptable responses are:


- Yes
- No

This indicator is not a required field and there can be multiples (one per dependent). This is collected for dependent person type only.

★ Indicates Required Field

#### 4.1.4.4 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 required question appears 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?

- Yes
- No

**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?

- Yes
- No

**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 a SSN to expand additional *Dependency Factor* information.

**Name:**

Name of dependent (display only).

**Relationship:**

Relationship of dependent to patient (display only).

**Gender:**

This is the gender of the spouse.

**Date of Marriage:**

Date of marriage is defined as the date the spouse became a dependent.

**More...**

This is the effective date for the current spouse.

**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):**

Acceptable responses are:

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 a *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.

**Rules...**

Format: (mm/dd/yyyy)

**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)**

Acceptable responses are:

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.

- Yes
- No

**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.

- Yes
- No

**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.

- Yes
- No

**Incapable of Self Support:**

Dependent child is Permanently and Totally disabled and *Incapable of Self-Support*.

- Yes
- No

**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.

**More...**

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.

**More...**

Exclude income from the beneficiary's farm, ranch, property or business.

**Rules...**

*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.

**Rules...**

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).

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.

**Rules...**

*Other Income* must be 0 through 9999999.00.

**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 the following:

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.

**Rules...**

*Funeral/Burial Expenses* must be 0 through 9999999.00.

**Assets**

**Cash and Bank Account Balance:**

Enter in this field cash and amounts in bank accounts.

This data is shared with VistA.

**More...**

This includes checking accounts, savings accounts, Certificates of Deposit (CDs), Individual Retirement Accounts (IRAs), and stocks and bonds as of 12/31 of the income year being reported.

**Rules:**

*Cash and Bank Account Balance* must be 0 through 9999999.00.

**Stocks and Bonds (pre-Feb. 2005 format):**

Enter in this field the dollar amount held in Stocks and Bonds. *Stocks and Bond* information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

**More...**

A *Bond* is essentially an 'IOU' in which an investor agrees to loan money to a company or government in exchange for a predetermined interest rate.

*Stock* represents a piece of ownership in a company. When the company makes money, the stock becomes more valuable. This increased value can be taken in the form of a dividend or reinvested to buy more stock.

**Rules:**

*Stocks and Bonds* amount must be 0 through 9999999.00.

**Land, Buildings Less Mortgage and Liens:**

Enter in this field the current value of land and buildings, less mortgages and liens.

This data is shared with VistA.

**More...**

Do not report the value of the beneficiary's primary residence. If the beneficiary's primary residence is a multifamily dwelling, report the value of the building less the value of the unit occupied the Veteran. If the beneficiary lives on a farm, report the value of the farm less the value of the house occupied by the beneficiary and a reasonable surrounding area.

**NOTE:** Since the beneficiary's primary residence is not reported as an asset, the mortgage may NOT be reported as a debt. In addition, the value of any other property owned by the beneficiary or spouse or dependent children will be calculated in the same manner.

'Land/Bldgs.'

**Rules:**

Land, Buildings Less Mortgage and Liens must be 0 through 9999999.00.

**Other Property or Assets:**

Enter in this field the current market value of other property or assets that are owned minus the amount that is owed on these items.

This data is shared with VistA.

**More...**

Include the value of farm, ranch or business assets. However, do not report the value of household effects or vehicles regularly used for family transportation. Assets may include art, rare coins, or collectibles, etc.

**Rules...**

*Other Property or Assets* must be 0 through 9999999.00.

*Debts* cannot exceed the dollar amount in the asset type of *Other Property or Assets* amount.

**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

**4.1.4.5 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

## 4.1.5 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.

The screenshot shows the 'Enrollment' tab selected in a navigation bar. The main content area is divided into three sections:

- Current Enrollment:** A table with the following data:

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:** A link to view previous enrollment records.
- Cancel/Decline/Override Enrollment:** A form with an 'Enrollment Application Date' field (04/11/2013), a 'Canceled/Declined Indicator' with radio buttons (Yes, No, No Data), and an 'Enrollment Override' with radio buttons (Yes, No). 'UPDATE' and 'CANCEL' buttons are at the bottom.
- Online Application:** A section with a 'VIEW' button to see the most recent 1010EZ Online Application.

Figure 22: Enrollment Tab

[VIEW HISTORICAL ENROLLMENT](#)

### 4.1.5.1 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
Unverified	In Process	Assigned by VistA when the Veteran's 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
Deceased	Not Enrolled	Assigned by VistA or HEC when a Date of Death is entered in the Veteran's record.	None
Cancelled/Declined	Not Enrolled	Assigned when a HEC user has received a Veteran's written request to cancel/decline enrollment and has entered the request into HECMS.	None
Rejected, Initial Application by VAMC	Not Enrolled	This status is assigned to VistA when the Veteran's preliminary enrollment priority is one that the Secretary has determined may not be enrolled (enrollment priority is below the EGT)	None
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	In Process	HECMS assigns this status when the Veteran's record does not contain verified eligibility	If the eligibility verification status is blank or Pending, medical facility staff must

Status	Enrollment Category	Definition	Action Required
unverified		information	verify the Veteran's 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
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.

### 4.1.5.2 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**. The EGT type must be Enrollment Decision. The system ignores any records with enrollment status in the following list:

- Pending; no eligibility code
- Pending; means test required

- Pending; eligibility status is unverified
- Pending; Purple Heart unconfirmed
- Pending; other
- Deceased
- Not applicable
- Not eligible - ineligible date
- Not eligible - refused to pay copay
- Closed application (closed application reason)

The most recent record not in one of the above statuses is considered the CURRENT record for continuous enrollment purposes.

#### 4.1.5.3 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 are displayed, 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.

##### 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.

The choices are:

- Yes
- No
- No Data

**Rules...**

- *Enrollment Category* must be **Enrolled** or **In Process** in order to set the *Cancelled/Declined Indicator* to **Yes**.
- The Veteran's 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 nonservice-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 Veteran's *Date of Birth*.
- be a future date.
- be a date that is equal to or prior to the *Enrollment Application Date*.

be 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.

**More...**

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**, *Canceled/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...**

- *Canceled/Declined Remarks* cannot be greater than 60 characters.
- *Canceled/Declined Remarks* cannot be entered unless *Reason Canceled/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.

Valid responses are:

- Yes
- No

**★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 (ot in good fath)**

- *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.

**Rules...**

*Enrollment Override Comments* cannot be greater than 80 characters.

**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.

**Online Application**

This allows the user to view the most recent 1010EZ Online Application. Click the View button to review the information.

## **4.1.6 Facility**

### **4.1.6.1 Facility**

This screen lists facilities the beneficiary has visited along with information associated with each of those facilities. The white checkmark in the green square  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 Veteran's (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.

#### 4.1.6.2 Send Query Message Z07

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 information is updated in ES, a Z05 message will not get sent to VistaA.  
● ES will ignore the Date of Death information on the Z07 message sent by VistaA.

**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

#### 4.1.6.3 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 *Message 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 particular transmission. This is equal to the HL7 Message ID for HL7 transmissions.

Message Type: *ORUZ11-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.)

### **Retransmit**

This button allows the user to retransmit a message to the external system.

## **4.1.7 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 23: 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.

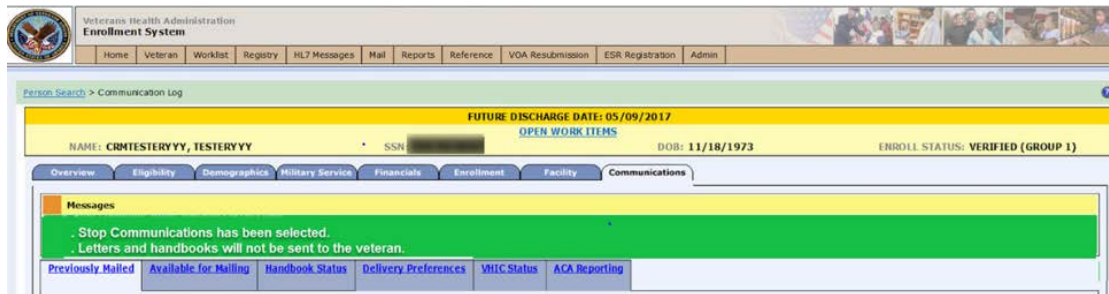


Figure 24: Previously Mailed Tab

#### 4.1.7.1 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 Remail:**

The user may manually remail 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 **Send to AAC** or **Sent to AAC**.

#### **4.1.7.2 Available for Mailing**

##### **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.

## **4.1.7.3 Letter Type Communications**

### **Add Comments**

### **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*.


## 4.1.7.4 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 will be provided for new enrollments and whenever there is a change in Enrollment such as *Priority Group*.

The Handbook will be available to Veterans through mail or online via the MyHealtheVet 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 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.

### **Veterans Handbook**

Clicking on the View link enables the user to view a .pdf version of the *Veteran Benefits Handbook*. The browser must have the Adobe Reader<sup>®</sup> add-on installed to view the .pdf file.

The user may also Save or Print the .pdf file through their normal browser File settings.

 **Notes:** The system retains only the most current and two previous versions of the Veterans Handbook, Veterans Profile, and Raw Data. The Veterans Handbook, Veterans Profile, and Raw Data documents are only available for statuses of Mailed by CMS, Return by Post Office, and Rejected Address by CMS.

If the user does not have the appropriate *Capabilities* to View a *Veterans Handbook*, *Veterans Profile*, or *Raw Data*, the respective columns will not display.

### **Veterans Profile**

Clicking on the View link enables the user to view the *Veteran Benefits Handbook* profile. The *Veterans Profile* is a summary view of the Veteran's Benefits.

### **Raw Data**

Clicking on the View link enables the user to view the *Veterans Profile* data in its raw format. This gives users a quick view of the benefit codes assigned to the Veteran without having to open the .pdf file.


## **4.1.7.5 Handbook Communications Detail**

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 will not appear.

### **Comments**

The user may enter a comment in the *Comments* text box. This is free text with a maximum character length of 255.

### **(Communication Type)**

Additional detailed information is displayed here on the *Communication Type*.

### **Comments**

A history of comments for the *Communication Type* is displayed here.

## Status History

A history of statuses for the *Communication Type* is displayed here.

### 4.1.7.6 Delivery Preference (not available in this release)

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 MyHealthVet 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.

VHIC Status (*Inactive – the VHIC APIs which populate these fields will become active in a future release*)

In February 2014, VA began issuing the Veterans Health Identification Card (VHIC) to newly enrolled Veterans and enrolled Veterans who were not previously issued the old Veteran Identification Card (VIC) but requested an identification card.

The VHIC replaces the Veteran Identification Card and is issued only to Veterans who are enrolled in the VA healthcare system.

The VHIC 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.

The *VHIC Status* screen adds the ability for staff to be able to view the VHIC status information in the ES.

After the user clicks the **QUERY VHIC** button, ES sends a single VHIC ID and the VHIC service returns all historical data for all VHICs for the particular Veteran.

ES displays VHIC information fields as shown below.

ES does not store this information.elegibility

### **Current Veteran Health Identification Card Status**

#### **Card ID:**

Displays the unique card identifier and is display only.

#### **Card Print/Status Date:**

Displays the card/print status date and is display only.

#### **Reason:**

This is the reason for the card request status/print status and is display only.

#### **Card/Print Status:**

Displays the VHIC Request Statuses and Print Statues and is display only.

Card Request Statuses include:

Cancelled

Hold

Submitted

Deactivated

Expired

Print Status:

Mailed

Rejected

#### **Card Expiration Date:**

Displays the VHIC's expiration date and is display only.

#### **Total Cards Requested:**

Displays the total VHICs requested per Veteran and is display only.

#### **More...**

This value will only be displayed when the VHIC Card/Print Status is "Mailed".

#### **Total Cards Mailed:**

Displays the total VHICs mailed per Veteran and is display only.

#### **More...**

This value will only be displayed when the VHIC Card/Print Status is "Mailed."

### **Veteran Health Identification Card Status History**

Allows the user to view the VHIC history for all VHICs for a Veteran.

**Card Print/Status Date:**

Display only

**Card ID:**

Display only

**Card/Print Status:**

Display only

**Reason:**

Display only

**Card Expiration Date:**

Display only

## **4.1.7.7 Affordable Care Act (ACA) Reporting**

### **4.1.7.7.1 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.

### **4.1.7.7.2 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.

### **4.1.7.7.3 Viewing IRS Reporting Results**

The ACA Reporting subtab is located under the Communications tab.



**Note:** In order 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)

Veteran Minimum Essential Coverage Transmissions to the IRS					
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 25: Person Search>Communication Log>Communications tab>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

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:** OI&T 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:** OI&T 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 OI&T 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:** Veteran's address is transmitted along with the period of coverage. The user may correct the address using the *Demographics* screen.

#### 4.1.7.7.4 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 ESAccessGroup@va.gov](mailto: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 screenshot shows a web interface with a navigation bar at the top containing tabs: Overview, Eligibility, Demographics, Military Service, Premiums, Enrollment, Facility, and Communications. The Communications tab is active, and the ACA Reporting subtab is selected. Below the navigation bar, there are two sections. The first section is titled "Veteran Minimum Essential Coverage Transmissions to the IRS" and contains the text "No Data Available" and a "SUBMIT CORRECTION" link. The second section is titled "ACA Mail Correspondence Sent on Behalf of Veterans" and contains a table with 7 columns: Tax Year, Submission Type, Mail Status, Communication Name, Select to View Document, Status Date, and Select to Remail. The table has two rows of data for the year 2015. The first row shows an Original submission mailed by CMS on 07/02/2015 at 9:36:54 AM with the communication name "ACA TAX FORM 10956". The second row shows an Original submission mailed by CMS on 07/01/2015 at 6:11:20 PM with the communication name "742-8008 - ACA Letter". Both rows have "View" links under "Select to View Document" and "Remail" links under "Select to Remail". A "SUBMIT CORRECTION" link is also present at the top right of the table area.

Tax Year	Submission Type	Mail Status	Communication Name	Select to View Document	Status Date	Select to Remail
2015	Original	MAILED BY CMS	ACA TAX FORM 10956	View	07/02/2015 9:36:54 AM	Remail
2015	Original	MAILED BY CMS	742-8008 - ACA Letter	View	07/01/2015 6:11:20 PM	Remail

**Figure 26: ACA Reporting subtab with the new ACA Mail Correspondence Sent on Behalf of Veteran table**

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.

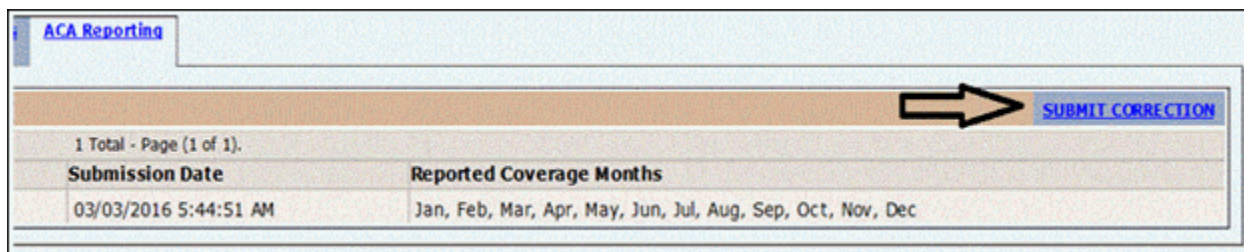
 **Note:** The Remail link is only available for the communication type, ACA TAX FORM 1095B, and the appropriate ACA letter is correlated at the time the mailing is sent to the print vendor.

#### 4.1.7.7.5 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:** In order 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](#) [ESAccessGroup@va.gov](mailto:ESAccessGroup@va.gov)



**Figure 27: ACA Reporting subtab Indicating Location of the SUBMIT CORRECTION Link**

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 radio buttons to indicate whether the Veteran was eligible for healthcare benefits for at least one day of a month in the tax year.

Submit Corrected IRS 1095B Coverage Data

Tax Year: 2013

Mailing Address for IRS Submission [Update Mailing Address](#)

Country: USA  
 Address Line 1: P.O. BOX 90  
 Address Line 2:  
 Address Line 3:  
 Zip Code: 77061  
 City: SEASIDE  
 State: TX  
 County: HARRIS  
 Province:  
 Postal Code:

Months Qualified for Minimum Essential Coverage

January:  Yes  No  
 February:  Yes  No  
 March:  Yes  No  
 April:  Yes  No  
 May:  Yes  No  
 June:  Yes  No  
 July:  Yes  No  
 August:  Yes  No  
 September:  Yes  No  
 October:  Yes  No  
 November:  Yes  No  
 December:  Yes  No

[Submit](#)

Figure 28: ACA Reporting subtab>Submit Corrected IRS 1095B Coverage Data

4. Select the Update Address link to change the Veteran’s permanent mailing address via the ES Demographics functions.

Submit Corrected IRS 1095B Coverage Data

Tax Year: 2013

Mailing Address for IRS Submission [Update Mailing Address](#)

Country: USA  
 Address Line 1: 1638 SHILOH RD  
 Address Line 2:  
 Address Line 3:  
 Zip Code: 94087 - 5013  
 City: SUNNYVALE  
 State: CA  
 County: SANTA CLARA  
 Province:  
 Postal Code:

[Submit](#)

Figure 29: Correction form showing the Update Address link used to change the Veteran’s permanent mailing address

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.

The screenshot shows a web interface with a navigation bar at the top containing tabs like Overview, Eligibility, Demographics, Military Service, Payments, Enrollment, Facility, and Communications. The Communications tab is active, and the ACA Reporting subtab is selected. A green banner displays the message 'Correction submitted successfully'. Below this are two data tables.

Veteran Minimum Essential Coverage Transmissions to the IRS					
2 Total - Page 1 of 1					
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

ACA Mail Correspondence Sent on Behalf of Veteran						
1 Total - Page 1 of 1						
Tax Year	Submission Type	Mail Status	Communication Name	Select to View Document	Status Date	Select to Remove
2015	Correction	PENDING TRANSMISSION TO CMS	ACA TAX FORM 1095B	PDF Unavailable	07/15/2016 1:56:03 PM	Remove

Figure 30: Person Search>Communication Log>Communications tab>ACA Reporting subtab> 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.

## 4.2 Exit System

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

## 4.3 Special Instructions for Error Correction

None.

## 4.4 Caveats and Exceptions

None.

# 5 Project-Specific Scenarios

## 5.1 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 31: 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.

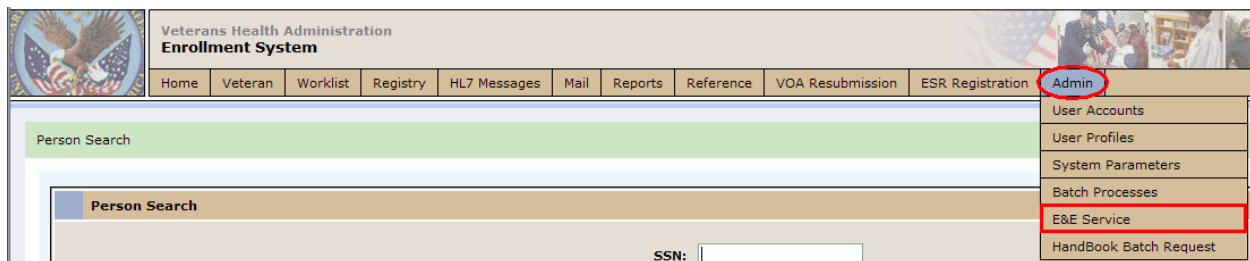


Figure 32: Admin Menu

## How do I...

### Overview


This "Tab" displays an overview of the beneficiary's current information. See the Overview section for more detailed information.







### Eligibility

#### ... 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** button.


**... 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 Veteran's 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 Veteran's 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.
  -  **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


If the **Accept Changes** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **NOT ELIGIBLE**.

### ...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.

 **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.


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.


### ... 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:** Note: NAs 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 Veteran's *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.

Also 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 you'll notice 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?


### IMPORTANT NOTE


 **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 Veteran's *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 6)**.
8. Scroll down the *Current Eligibility* page.

 **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 Veteran's *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 Veteran's *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 Veteran's **Enrollment Status** Priority Group (PG) should be 5, unless another eligibility qualifies the Veteran for a higher (lower number) PG. The Veteran's *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 Veteran's **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.  
The *Edit Current Eligibility* screen displays.
4. From the *Edit Current Eligibility* screen, click on the **Add POW Episode** button.  
Additional **POW** fields display.
5. For the **POW Source** field, select from the dropdown.
6. For the **Document Type** field, select from the dropdown.
7. 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.
8. 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.
9. For the **Confinement Location** field, select from the dropdown.
10. 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.
11. 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 Veteran's **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.
  - See the for this field under the field name in the online help or the user manual for more **Rules ...** restrictions.
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 Veteran's **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.
7. 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.

 **Note:** The change can be verified by noting the *Primary Eligibility Code* is no longer "Purple Heart Recipient" and the Veteran's **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.


The PH listing is also no longer displayed under the **Secondary Eligibility Codes** section of the *Current Eligibility* screen.

### ... Update Veteran Discharge Due to Disability information?

In this scenario we're going to update a Veteran's 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)


### ...Use the Eligibility Manual Override Button?

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
  - Mileage
  - 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 Community Care Determination Override?*

In this scenario we will use the **Remove Override** button and enter the override reason.

1. Select the  Community Care Remove Override Reason.
2. Select one from the following values:
  - Administrative Decision
  - Enrollment Systems Record Error
  - Mileage
  - 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.


## Demographics

### ... *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.
4. On the *Personal* screen, enter a date in the **Date of Death** field.


 **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.

If a *Date of Death* is entered, the user must click the OK or Close button after the *Death Notification Source* popup appears:

- a. 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.)
  - b. 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."
5. 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.


6. Choose a *Death Notification Site* (not required) from the dropdown if appropriate.
7. 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 Veteran's Preferred Facility in the VA Health Care System?**

In this scenario we're going to update a Veteran's 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 Veteran's preferred facility. Look for a facility with a white check mark in a green box next to it. This indicates the Veteran's preferred facility.

## 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 Veteran's *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.
6. To add a new Military Service Episode (MSE), click on the **Add Military Service Episode** button.  
 **Note:** There can be more than one MSE, but the MSE dates cannot overlap.  
A blank set of **MSE** fields will display under an existing MSE or MSEs, or alone if none already exist.
7. On the *Current Military Service* screen, enter data in the *Military Service Number* field either manually or by clicking the **Same As SSN** button.
8. Select a *Branch of Service* from the dropdown.
9. 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.
10. 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.
11. Select a *Service Component* from the dropdown.

12. Select the appropriate *Discharge Type* from the dropdown.
13. 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 Veteran's *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.

### ...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.

The added or updated combat information can be verified by clicking the *View Historical Military Service* link and reviewing the changes/updates.

### ...Update a Veteran's Period of Service (POS) information?

In this scenario we're going to update a Veteran's 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.  
The added or updated combat information can be verified by clicking the *View Historical Military Service* link and reviewing the changes/updates.

## Financials

### ... Deactivate a Veteran's Spouse/Dependent?

In this scenario we're going to deactivate a Veteran's 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.  
**Rules ...** 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 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".

## 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 **Cancelled/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 **Cancelled/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 Cancelled/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)**.

## 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.

## 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:

**Handbook Configurations: The UI Displays**

- 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 Veteran’s 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.

The Veteran’s *Overview* screen should now be visible again.
7. From the *Overview* screen, you may click the Veterans Current Handbook link.

The latest *Veteran Benefits Handbook* PDF file displays in a new window.

From here the user may either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.


8. If desired, 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 *Communications Log/Handbook Status* screen, reselect the hyperlink under the **Communications Name** column. The detailed *Communications 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*.

### ... 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* check box 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.
3. 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.
4. From the *E&E Service Account Management* screen, begin adding a new service account by clicking the Add New Service Account hyperlink.
5. The *Add Service Account* screen displays. The agency requesting an *E&E Service Account* will provide the **Account Name**, **Contact Name**, and **Phone Number**.
6. Enter data in all fields including a VA standard **Password**.

 **Notes:** 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.

7. 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.

---

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.

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 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 of the 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*, 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 as indicated by the red box with a white . 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.

---


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**".

---

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 anytime the user may add/remove a service requests 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.

## 6 Troubleshooting

Please refer to the Troubleshooting section of the Production Operations Manual on the ES SharePoint.

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