

ADT Module/Registration Menu

PIMS Version 5.3

User Manual



Original Software Release: September 1997

Documentation Release: October 2017

Department of Veterans Affairs

Office of Information and Technology (OI&T)

Revision History

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
10/2017	DG*5.3*944 Source of Notification reference updated in Section “4.9 Death Entry”	Master Veteran Index Project Team	Master Veteran Index Project Team
05/01/2017	DG*5.3*939 ESM Manage Date of Death in VistA: Updates to Patient Data Screen <2>, p 80	Christine Donovan	EHBD TW
3/14/2017	DG*5.3*907 – Updated for Self-Identified Gender Identity and Birth Sex label, P 27, 72, and 73-74	Louise Rodebush	Darlene Morris EHBD TW
3/2017	DG*5.3*903 – Add My HealtheVet Pre-register Information, p. 51 , My HealtheVet Engagement Alert/Prompts, p. 52 , My HealtheVet Registration Socialization Questions, p. 52 , My HealtheVet Registration Fields Status and Updates, p 55 , My HealtheVet Registration Fields Consistency Check, p. 56 .	Loren Behuniak	Bob Thomas
12/2016	DG*5.3*926 documentation updates: Added SUPPORTING DOCUMENT TYPE field (#.357) to Section “4.9, Death Entry”	Master Veteran Index Project Team	Master Veteran Index Project Team
08/29/2016	DG_5_3_887 and SD_5_3_619 Update made to PATIENT DEMOGRAPHIC DATA SCREEN, Appendix A, Registration Supplement, to show MUNVDE Preferred Language enhancement, pages 72 and 77	Scott Madsen	B. Donaldson
03/21/2016	DG*5.3*909 – Update Patient Enrollment and Register Patient screens to show new Camp Lejeune Data – section 4.2, pp. 13-14 and Appendix A, MILITARY SERVICE DATA SCREEN <6>, p. 89	Howard Bromwell	E. Phelps
01/07/2016	SQA review confirming DG*5.3*915 and DG*5.3*865 updates TW review	Louise Rodebush	SQA P&A Competency TW
12/17/2015	TW review: DG_53_P891	Louise Rodebush	P&A Competency TW

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
12/17/2015	Applied a template with numbered headings Made corrections with direction from JG and UM for 865	Louise Rodebush	P&A Competency TW
12/17/2015	DG*5.3*891 host file, including DG*5.3*871, DG*5.3*901, DG*5.3*906,	Louise Rodebush	Jeanne Golden
12/17/2015	Updated with DG*5.3*865 enhancements for entering/editing an Email Address	Louise Rodebush	Jeanne Golden
12/8/2015	DG*5.3*915 - Enhancement to Register a Patient [DG REGISTER PATIENT] option to utilize the new Enterprise Registration processes improving the Veterans' experience at VA facilities by allowing new local patients to be looked up directly in the Master Veteran Index (MVI). <ul style="list-style-type: none"> Data from the new patient's MVI record is automatically imported into the local site as well as an attempt to obtain ESR data when possible. New process also allows for lookup and import of Department of Defense (DoD) data if the patient is a new patient to the VA system. 	Master Veteran Index Project Team	Master Veteran Index Project Team
3/5/2014	DG*5.3*858 – ESR 3.10 Veterans Financial Assessment – Discontinue Annual Means Test Renewal Update to Overview Means Test User Menu options: Add a New Means Test Complete a Required Means Test Edit an Existing Means Test Hardships Update to options: Adjudicate a Means Test Complete a Required Means Test Edit an Existing Means Test Hardships Report – All Patients Flagged with a	Dan Soraoka	Darlene Morris

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
	Bad Address Supplement for Bad Address Indicator: Screen 1, Data Group 4		
10/10/2013	DG*5*3*867 - Caregiver Newborn Claims Processing Added new Registration Supplement for Newborn.	Ro Weaver	Joshua Pappas
7/25/2012	DG*5.3*851 – ESR 3.8 Permanent Address Modifications Update to options for permanent address functionality: LOAD/EDIT PATIENT DATA REGISTER A PATIENT PREREGISTER A PATIENT Update to Registration Supplement for temporary and confidential Addresses: Screen 1, Data Group 5 Screen 1.1, Data Group 1	Glenda Miller	Tom Hamilton
5/29/2012	DG*5.3*842 – ESR 3.6 VBA Pension Data Sharing Minor updates to ELIGIBILITY STATUS DATA, SCREEN <7>	Glenda Miller	Tom Hamilton
3/26/2012	DG*5.3*842 – ESR 3.6 VBA Pension Data Sharing Updated screen shots: MILITARY SERVICE DATA, SCREEN <6> ELIGIBILITY STATUS DATA, SCREEN <7> Added new Pension and Dental fields to the Check Query Status list.	Glenda Miller	Jill Headen/Tom Hamilton
3/26/2012	DG*5.3*841 changes (PL163-111) Added Medal of Honor Data Group 9 to Screen <6>.	Glenda Miller	Tom Hamilton
3/19/2012	DG*5.3*797 changes Added definitions for new Service Discharge Types: Dishonorable-VA and Honorable-VA.	Glenda Miller	Tom Hamilton

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
12/5/2011	DG*5.3*797 changes TW Review, minor formatting	Glenda Miller	Tom Hamilton
9/1/2011	DG*5.3*797 changes Edit working of the Unnsupported CV End Date Report description. Updated Registration Screen 6 Added Screen 6.1 and 6.2 Added Service Discharge Types to include Dishonorable-VA and Honorable-VA Added MSDS description of MSE changes Removed second and third military service episodes	Jennifer Freese	Jeanne Golden
8/23/2011	DG*5.3*838 New field added PATIENT file (#2) SOURCE DESIGNATION field (#27.03)	Jennifer Freese	Darlene Morris
6/25/2011	DG*5.3*840 New fields added to Patient and Patient Enrollment: PATIENT file (#2) CURRENT MOH INDICATOR field (#.541) PATIENT file (#2) MEDAL OF HONOR INDICATED? field (#50.23) PATIENT ENROLLMENT file (#27.11) Edited Copayment and Means Test Exemptions/Add a New Means Test sections regarding Catastrophically Disabled and Medal of Honor changes.	Jennifer Freese	Jill Headen
1/27/2011	DG*5.3*754 – ESR 3.1 Changes Removed Date of Death parameter (Enroll. App. Date) in the Death Entry section.	Jennifer Freese	Tom Hamilton
5/18/2010	DG*5.3*754 – ESR 3.1 Changes Added additional parameters to the Enroll Patient table entry in the Patient Enrollment section. Added additional Date of Death	Brian Morgan	Tom Hamilton

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
	<p>parameters in the Death Entry section.</p> <p>Added additional Date of Birth parameters to Screen 1, Data Group 1 section.</p> <p>Added additional Date of Death condition to the Screen 7, Data Group 1 section for P&T Effective Date, DATE RULED INCOMPETENT (CIVIL), DATE RULED INCOMPETENT (VA)</p> <p>Added additional parameter to the Screen 10, Data Group 1 section for INELIGIBLE DATE.</p>		
11/5/2009	<p>DG*5.3*754 – ESR 3.1 Changes</p> <p>Added new Special Treatment Authority Expiration date info for AO and SWAC to the Means Test User Menu section.</p> <p>Updated Additional Patient Demographic Data screen 1.1 w/Confidential Phone.</p>	Lynne Case	Tom Hamilton
6/10/2009	<p>DG*5.3*803 – Priority Group 8 Changes</p> <p>Updated the GMT Thresholds Lookup by ZIP Code section with the new priority 8 sub-categories 'b' and 'd'.</p>	Lynne Case	Tom Hamilton
4/24/2009	<p>DG*5.3*808 – Enrollment Vista Changes Release 2 (EVC R2)</p> <p>Removed reference to Rated Disability mail message sent in Registration Supplement, Screen 11, Data Group 4</p>	Laura Prietula	Tom Hamilton
3/30/2009	<p>DG*5.3*688 – Enrollment Vista Changes Release 2 (EVC R2)</p> <p>Updated Registration screens 1, 1.1, 6, 7, 8, 9 in Registration Supplement</p> <p>Removed Copy Data function from income tests</p> <p>Updated the following options: Patient Inquiry</p> <p>Report-All Address Changes with Rx</p> <p>Report-All Address Changes</p> <p>View Patient Address</p> <p>Added "Modify Means Test Data Collection – Means Test Version</p>	Laura Prietula	<p>Tavia Leonard</p> <p>Cory Speilvogle</p>

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
	Indicator” to Overview Section Changed “environmental contaminants” to “SW Asia Conditions”		
1/29/2009	Name change update - Austin Automation Center (AAC) to Austin Information Technology Center (AITC)	Kevin Jackson	Tavia Leonard
10/29/2008	Updated Registration Supplement Section with missing information		Corinne Bailey
8/14/2008	Minor Formatting Changes	Zach Fain	Corinne Bailey
7/11/2007	DG*5.3*653 – Enrollment VistA Changes Release 1 (EVC R1) Added Pseudo SSN Report (Patient) option. Added Pseudo SSN Report for Means Test Dependents option. Updated Registration Screens 1, 7, and 8 in the Registration Supplement section.	Laura Prietula	Karen Stella
1/19/2007	DG*5.3*657 – Update Data Entry Consistency Checks Updated data group fields for Screens 6 & 7 in the Registration Supplement section. Added Pseudo SSN note to Overview and Registration Supplement sections.	Katherine Harris	Karen Stella
12/27/2006	DG*5.3*583 – Enable Upload of Claim Folder Location Added list of acceptable Claim Folder Locations and Preferred Facilities. Updated Patient Enrollment Option. Updated Screen 7, Data Group 1, in Registration Supplement section.	Katherine Harris	Tom Hamilton
11/3/2006	DG*5.3*659 - Updated dependent effective date description for Screen 8 and radiation exposure method for Screen 6 in Registration Supplement section	Katherine Harris	Karen Stella
10/23/2006	DG*5.3*716 – Revised Data Group 1 on Screen 11 in Registration Supplement section	Laura Prietula	Karen Stella

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
10/4/2006	DG*5.3*689 – Enhancements to Registration Supplement Military Service Data Screen 6	Katherine Harris	Tavia Leonard, Karen Stella
9/13/2006	DG*5.3*673 – Added new registration menu Screen 6 – Military Service Data - for OEF/OIF in Registration Supplement section	Katherine Harris	Tavia Leonard
7/14/2006	DG*5.3*694 – Added Invalid State/Inactive County Report option	Katherine Harris	Karen Stella
6/7/2006	DG*5.3*611 – Fix Means Test Display Updated Add a New Means Test, Add a Copay Exemption Test, Complete a Required Means Test, Edit a Copay Exemption Test, and Edit an Existing Means Test options	Gerry Lowe	Karen Stella
4/26/2006	DG*5.3*695 – Revised the following options for Permanent Address Update: Register a Patient Load/Edit Patient Data Preregister a Patient. Revised Patient Address Update option narrative for logical flow. Revised Patient Demographics Screen <1> Date Group 4 in Registration Supplement section.	Gerry Lowe	Karen Stella
2/21/2006	DG*5.3*672 – Enrollment VistA Changes Early Release Updated table in Patient Enrollment option. Updated screen example and Data Group 13 of Screen 6 in Registration Supplement section.	Katherine Harris	Karen Stella
11/9/2005	DG*5.3*658 – Address Updates Added Patient Address Update option. Added prompt to update permanent address through the following options: Register a Patient Load/Edit Patient Data Preregister a Patient.	Katherine Harris	Tom Hamilton

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
10/14/2005	DG*5.3*655 – Remove Income Test Inconsistency Checks Updated Means Test User Menu options	Katherine Harris	Karen Stella
9/26/2005	DG*5.3*677 – Emergency Response, Hurricane Katrina Project Updated Patient Inquiry and Registration Screen 2 in Registration Supplement Section	Katherine Harris	Karen Stella
8/12/2005	DG*5.3*624 – 10-10EZ 3.0 enhancements Changed Printing Prompt Sequence in Financial Assessment Applications. Added note for Roll-Up Means Test Dollar Amounts (GAI and NW) to conform with amounts on Feb 2005 VistA-Printed 10-10EZ/EZR Forms. Added 10-10 Print – Means Test Selection (Test Director Defect #108) Selection List info under Register a Patient section. Added “Print 1010EZ/EZR” as an available option under the Patient Enrollment section. Added updates based on revised business rules for evaluating child(ren)’s Income Available to veteran and how it affects the Gross Annual Income dollar amounts printed on the 10-10EZ/EZR and displayed in the Child(ren)’s column on the Previous Calendar Year Gross Income Screen 2.	Melissa Livingston	Tom Hamilton
4/26/2005	DG*5.3.*638 - Preventing Catastrophic Edits enhancements	Zach Fain	Corinne Bailey
3/21/2005	DG*5.3.*633 - Added All Patients flagged with a Bad Address option	Zach Fain	Corinne Bailey
1/28/2005	DG*5.3*563 - Date of Death enhancements		Karen Stella
1/21/2005	Added 2 options - Percentage of Patients Pre-Registered Report and Report-All Address Change with Rx		Corinne Bailey
1/5/2005	DG*5.3*628 - HVE Follow-up	Katherine Harris	Tom Hamilton

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
	enhancements Removal of AO Exposure Location Change Bulletin		
11/23/2004	Manual updated to comply with SOP 192-352 Displaying Sensitive Data	Lyn Litwa	Corinne Bailey
11/5/2004	DG*5.3*564 - HEC VistA enhancements	Gerry Lowe	Tom Hamilton

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1 Ryhuylhz

This menu contains those options related to the processing of patient applications for care. This includes creation and editing of patient records, assigning a sensitive security level to certain patient records in order to restrict user access, registration and disposition, determination of need for and performance of Means Tests and Copay Tests, and updating eligibility status on a patient.

Central to just about all functions in the ADT system is the creation of patient records in your computer. This is usually accomplished through the Register a Patient option at the time a patient applies for care at your facility. If a patient is not applying for care, but you wish to enter them into your database, you should do so using the Load/Edit Patient Data option rather than Register a Patient.

The information necessary to create a patient's record is gathered and displayed via a series of formatted data screens. You see these screens in several other registration-related options, as well as Register A Patient and Load/Edit Patient Data. The information that is gathered on each patient depends upon their patient type assignment; i.e., non-service connected, service connected, employee, etc. There are a number of exported patient types. Your site also has the ability to enter its own. For each patient type, various Registration Screens may be turned OFF and ON depending upon what information is needed for that particular patient type. You find this more fully explained in the documentation pertaining to those options that utilize the screens.

1.1

The collection of Previous Calendar Year Gross Annual Income with February 2005 Data format is changed to collect 3 data elements rather than the 10 data elements collected with the pre February 2005 format.

Means Test data collection collects the Gross Medical Expenses dollar amount, within Deductible Expenses, labeled as "Total Non-Reimbursed Medical Expenses."

February 2005 1010EZ form Means Test data collection no longer requires a spouse or dependent child (associated with the Means Test) to collect funeral and burial expenses.

The collection of Previous Calendar Year Net Worth with February 2005 Data format is changed to collect 3 data elements rather than the 5 data elements collected with the pre February 2005 format.

The system continues to display the summary Income, Net Worth, and Deductible Expenses amounts in the February 2005 data collection format as was displayed with the pre February 2005 data collection format. The system continues to calculate the summary Income, Net Worth, and Deductible Expense amounts in the February 2005 data collection format with the same formulas as with the existing data collection format.

Entry of Means Test information in the February 2005 data collection format produces the same Means Test status that results when the Means Test information is entered with the existing data collection format.

The "Copy Data" function is removed from the Means Test user interface for both February 2005 form and pre February 2005 form. The "Copy Data" function is still performed by the Means Test system when done automatically. For example, if the Primary Eligibility Code changes from Non-Service Connected to Service Connected, a Pharmacy Copay test is automatically created. When this "automatic" copy occurs, the Annual Income information is checked for the data collection form. If that data is in pre February 2005 form, it is converted to the February 2005 form to match the newly created Pharmacy Copay Test.

2.8

2.15

2.17.9 View a Past Means Test

This option allows viewing of past Means Tests data.

2.18

2.19.3.4 Purge Contacted Patients

This option purges patients who were already contacted from the Preregistration Call List.

2.19.4 Patient Inquiry

This option displays registration information for a selected patient, including any preregistration items, and the Bad Address Indicator.

2.19.5 Preregister a Patient

This option lets you preregister a selected patient through the use of the Load/Edit process without using the Preregistration Call List.

2.20

2.27 Xqvx

At verification, the HEC recalculates these fields based on a Master Veteran Record containing all nationally available patient data.

4.2

Short Name	Full Name	Description																																								
		<table><tr><th>Acronym</th><th>Description</th></tr><tr><td>CBOC</td><td>(Community Based Outpatient Clinic)</td></tr><tr><td>HCS</td><td>(Health Care System)</td></tr><tr><td>HEALTHCARE</td><td>(VA Boston Health Care System)</td></tr><tr><td>M&ROC</td><td>(Medical and Regional Office Center)</td></tr><tr><td>MOC</td><td>(Mobile Outpatient Clinic)</td></tr><tr><td>MORC</td><td>(Mobile Outreach Clinic)</td></tr><tr><td>NETWORK</td><td>(VA Healthcare Network Upstate NY)</td></tr><tr><td>NHC</td><td>(Nursing Home Care)</td></tr><tr><td>OC</td><td>(Outpatient Clinic - Independent)</td></tr><tr><td>OCMC</td><td>(Outpatient Clinic - Subordinate)</td></tr><tr><td>OCS</td><td>(Outpatient Clinic Substation)</td></tr><tr><td>OPC</td><td>(Out Patient Clinic)</td></tr><tr><td>ORC</td><td>(Outreach Clinic)</td></tr><tr><td>RO-OC</td><td>(Regional Office - Outpatient Clinic)</td></tr><tr><td>SATELLITE</td><td>(Satellite Outpatient Clinic)</td></tr><tr><td>SOC</td><td>(Satellite Outpatient Clinic)</td></tr><tr><td>VAMC</td><td>(VA Medical Center)</td></tr><tr><td>VANPH</td><td>(Neural Psychiatric Hospital)</td></tr><tr><td>VA ROSEBERG</td><td>(VA Roseburg Health Care System)</td></tr></table>	Acronym	Description	CBOC	(Community Based Outpatient Clinic)	HCS	(Health Care System)	HEALTHCARE	(VA Boston Health Care System)	M&ROC	(Medical and Regional Office Center)	MOC	(Mobile Outpatient Clinic)	MORC	(Mobile Outreach Clinic)	NETWORK	(VA Healthcare Network Upstate NY)	NHC	(Nursing Home Care)	OC	(Outpatient Clinic - Independent)	OCMC	(Outpatient Clinic - Subordinate)	OCS	(Outpatient Clinic Substation)	OPC	(Out Patient Clinic)	ORC	(Outreach Clinic)	RO-OC	(Regional Office - Outpatient Clinic)	SATELLITE	(Satellite Outpatient Clinic)	SOC	(Satellite Outpatient Clinic)	VAMC	(VA Medical Center)	VANPH	(Neural Psychiatric Hospital)	VA ROSEBERG	(VA Roseburg Health Care System)
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CBOC	(Community Based Outpatient Clinic)																																									
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NETWORK	(VA Healthcare Network Upstate NY)																																									
NHC	(Nursing Home Care)																																									
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RO-OC	(Regional Office - Outpatient Clinic)																																									
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VA ROSEBERG	(VA Roseburg Health Care System)																																									
EH	Expand History	User can scroll through the enrollment history screens. This action is only available if the selected patient is already enrolled.																																								
SQ	Send Query	User can transmit an enrollment query. The software asks if you want to be notified when the query returns. The notification information is then displayed on the status bar.																																								
CD	Catastrophic Disability	Works the same as the Add/Edit/Delete Catastrophic Disability menu option.																																								
SP	Select Patient	User can select another patient without leaving the Patient Enrollment option.																																								
AU	View Upload Audit	Displays fields in the PATIENT file (#2) that are changed when a transaction is uploaded from the HEC.																																								
PZ	Print 1010EZ/EZR	User can print the 10-10EZ or 10-10EZR																																								

Short Name	Full Name	Description
QS	Check Query Status	User can check the status of an outstanding enrollment/eligibility query. The status bar displays the status of the last enrollment/eligibility query sent for the selected patient. If HEC has an enrollment record for the patient being enrolled, the reply contains the patient's enrollment record. If HEC has eligibility data on file, that data is also included in the query reply. The data is automatically uploaded for all fields in the PATIENT ENROLLMENT file (#27.11) and to the following fields in the PATIENT file (#2) (unless a problem is detected).
		Eligibility Status Date Eligibility Status Eligibility Verif. Method Date of Death Claim Number Claim Folder Location* POW Status Indicated? SC Award Date Total Annual VA Check Amount Veteran Y/N? Service Connected? Service Connected Percentage Receiving a VA Pension? Pension Award Effective Date Pension Award Reason Pension Terminated Date Pension Terminated Reason 1 Pension Terminated Reason 2 Pension Terminated Reason 3 Pension Terminated Reason 4 Receiving A&A Benefits? Receiving Housebound Benefits? Receiving VA Disability? Military Disability Retirement Discharge Due to Disability Agent Orange Expos. Indicated? Agent Orange Expos. Location Radiation Exposure Indicated? SW Asia Conditions Camp Lejeune
		Primary Eligibility Code **Patient Eligibilities P&T Unemployable Rated Incompetent? Ineligible Date Ineligible Reason Ineligible VARO Decision Eligible For Medicaid? Preferred Facility Rated Disabilities (VA) multiple, field .3721, multiple 2.04 **Rated Disabilities (VA) Disability % Service Connected Catastrophic Disability Review Date Decided By Facility Making Determination Date Of Decision Medal of Honor Source Designation Class II Dental Indicator Dental Appl Due Before Date

Short Name	Full Name	Description
		Camp Lejeune Date Camp Lejeune Change Site Camp Lejeune Source

Marked for deletion

Uploaded data replaces existing data

For information about how a veteran's priority is derived, refer to the Enrollment Priority Algorithm portion of the ADTBE.pdf file. To upload patient demographic information, use the Demographics Upload option on the IVM Upload Menu. Refer to the IVM V. 2.0 User Manual for information about using this option, if necessary.

4.3

A local user can add a CD evaluation only if:

User holds the DGENCD ADD/EDIT security key

CD evaluation does not currently exist for this person

Current CD evaluation with a Method of Determination = Medical Record Review exists for this person

A local user can delete a CD evaluation only if:

User holds the CD DELETE security key.

The local user can delete or edit a local CD evaluation with the Method of Determination = Physical Exam and Catastrophically Disabled? = YES, only if they answer a prompt saying they are making this change due to an entry error in the existing CD evaluation.

When CD information stored at their facility is edited or deleted, a mail message is sent to members of the DGEN ELIGIBILITY ALERT mail group.

The following is a list of the available CD option-specific and approved List Manager Actions and Mnemonics.

Table 2: CD Option-Specific and Approved List Manager Actions and Mnemonics

Action	Mnemonic	Description
Add/Edit Catastrophic Disability	AE	Users who hold the DGENCD ADD/EDIT security key can add a CD evaluation or edit an existing one
Delete Catastrophic Disability	DE	Users who hold the CD DELETE security key can delete an existing CD evaluation

Table 3: CD Option-Specific and Approved List Manager Actions and Mnemonics Common to All Options

Action	Mnemonic	Description
Next Screen	+	Go to the next page of the list
Previous Screen	–	Go to the previous page of the list
Up a Line	UP	Move up one line in the list
Down a Line	DN	Move down one line in the list
Shift View to Right	>	Move the display to see to the right
Shift View to Left	<	Move the display to see to the left
First Screen	FS	Go to the first page of the list
Last Screen	LS	Go to the last page of the list
Go to Page	GO	Go to a particular page in the list

Action	Mnemonic	Description
Re Display Screen	RD	Clear and re-display the current screen
Print Screen	PS	Print only the content of the current screen
Print List	PL	Print the entire list
Search List	SL	Search the entire list for ...
Auto Display (On/Off)	ADPL	Turns on/off display of actions at bottom of screen
Quit	Q	Quits the Application

4.6

4.8

4.8.1.1 Screen 1 – Marital Status/Dependents

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

The Marital Status/Dependents screen is used to enter data on the veteran's spouse and dependent children. Name, social security number, sex, and date of birth must be entered for the veteran's spouse and dependent children if it was not already filled in through registration. Spouse's maiden name, address and telephone number may optionally be entered. The total allowed number of dependents is one (1) spouse and nineteen (19) children. Dependent's (Child's) address information may be optionally entered as well. This information is extremely important, as it is critical in determining the annual income thresholds for the veteran.

The system identifies whether the Spouse and/or Dependent Child(ren) were marked as included in the Copay Test with an “ ” in the column titled “MT”. The system also identifies whether the Spouse and/or Dependent Child(ren) have an address available by displaying an “ ” in the column titled “Address”.

Spouse and dependent children income collection is dependent on several factors. The spouse's income need only be entered if the spouse lived with the veteran last calendar year or, if they did not live together, the veteran contributed to the spouse's support. The amount contributed to child support may be entered if the dependent did not live with the veteran last calendar year and “Yes” is entered for question, “Did you contribute to the child's support?”. Dependent children income is only required if the child had income available to the veteran the last calendar year. The following is a brief explanation of some of the actions that may be taken.

- In order to edit the dependent demographics, the selected dependent has to be active and associated with the Copay Test.
- Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be used to delete duplicate dependents. In order to delete a dependent, they must be removed from Copay Test (using the RE protocol).
- Expand Dependent moves to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran). It may also be used to display the dependent demographic data including SSN, DOB, Status, Address, Sex, Maiden (Name), Effective Date and Phone (Number).

4.8.1.2 Screen 2 - Previous Calendar Year Gross Income

The Previous Calendar Year Gross Income screen is used to enter income information, such as military retirement, total employment income, and social security. Some fields may be filled in from information collected in registration. Depending on the information entered on Screen 1, this screen may display with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/ dependents). When the Spouse and/or Dependent Child(ren) are marked () as being included in the Copay Test and the child(ren)'s income is marked as available to the veteran, the system displays the Spouse and Children columns on the screen. If the Spouse and Children columns are not marked (no asterisk), the columns do not display.

The same rules apply to the printed 10-10EZ and 10-10EZR forms. The system does not print the Previous Calendar Year Gross Annual Income amounts for the Spouse and/or Dependent Child(ren) when they are not marked with an asterisk, as included in the Copay Test, regardless of whether or not the child(ren)'s income was marked as available to the veteran.

The required information is prompted for each column shown. The item number(s) you select for editing, may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three display.

4.8.1.3 Screen 3 - Deductible Expenses

The Deductible Expenses screen is used to enter any medical, funeral/burial expenses, and children's educational expenses. A child's educational expenses can only be claimed if the child had total employment income.

The Total Non-Reimbursed Medical Expenses (FEB 2005 format) amount is editable for the Means Test originating site. It is Display-Only for all others. When the veteran's Copay Test data is updated by the Enrollment System Redesign application, the Total Reimbursed Medical Expenses amount and all Copay Test data is Display-Only for all sites of record. The calculated Adjusted Medical Expenses amount is Display-Only for all sites of record.

You may choose to print the 10-10EZR form when the Copay Test is completed.

To print the 10-10EZ form, you must first answer "No" or "N" to the question, "Print 10-10EZR? Yes/".

Access to this option is limited to holders of the DG MEANSTEST security key.

4.8.2 Copay Exempt Test Needing Update at Next Appt.

The Copay Exempt Test Needing Update At Next Appt. option is used to generate a listing of future appointments for a selected date range. The output lists copay exemption tests that require updating by appointment time.

You may select to report one/many/all divisions and one/many/all clinics. The output includes the date range, report run date, clinic name, and division. Patient name, patient ID, appointment date/time, Copay Test status, and date of last Copay Test are provided for each patient listed.

4.8.3 Edit an Existing Copay Exemption Test

The Edit an Existing Copay Exemption Test option is used to make changes to data in existing Copay Tests. It may also be used to complete Copay Tests on patients. Only the latest Copay Test may be edited.

The Copay Exemption Test information is based on the last calendar year and is entered through a series of screens, if the veteran agrees to provide financial information. After editing, each screen is refreshed with the new values. Based on the financial information entered and the income thresholds established, the system:

Determines the appropriate Copay Exemption Test status for the patient

Prints an "X" next to the paragraph that begins "

" in the

FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR form

If the veteran declines to provide financial information, the system:

Bypasses the copay test screens

Assigns a Copay Exemption Test status of NON-EXEMPT, which means that the veteran is required to pay a copayment

Prints an "X" next to the paragraph that begins "

" in the FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR

form

The Edit an Existing Copay Exemption Test option operates similarly to the Add a Copay Exemption Test option. Edit an Existing Copay Exemption Test option is the only option that allows changes to completed Copay Tests. After these changes are entered, the system re-determines the patient's Copay status and changes it, if necessary.

The date(s) and name(s) of individual(s) making changes is recorded by the system and may be seen through the View Copay Exemption Test Editing Activity option.

A patient may apply for a Copay Test under the following conditions.

An existing Copay Exemption Test may be edited for patients who meet the following criteria:

- a. Applicant is a veteran
- b. Applicant's primary or other eligibility does NOT contain:
 - i. service connected 50% to 100%
 - ii. aid and attendance
 - iii. housebound
 - iv. VA pension

Primary eligibility is NSC and a Means Test is not required

Applicants who answered NO to receiving A&A, HB, or pension

Applicants, who did answer YES to: Veteran Catastrophically Disabled?

Applicants, who previously qualified and applied for a Copay exemption, still qualify, and were Copay Tested in the past year

If these criteria change, a Copay Test status of NO LONGER APPLICABLE is assigned to the Copay Test. Tests with this status CANNOT be edited.

The following is a brief explanation of some of the actions that may be taken on Screen 1 - Marital Status/Dependents.

- In order to edit the dependent demographics, the selected dependent has to be active and associated with the Copay Test.

- Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality is used to delete duplicate dependents. In order to delete a dependent, the dependent must be removed from Copay Test (using the RE protocol).

- Expand Dependent moves to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Expand Dependent may also be used to display the dependent demographic data, including SSN, DOB, Status, Address, Sex, Maiden (Name), Effective Date and Phone (Number).

Depending on the information entered on Screen 1, Screen 2 may display with one column - veteran; two columns - veteran/spouse; or three columns - veteran/spouse/dependents. The required information is prompted for each column shown. The item number(s) selected for editing, may be preceded by V (veteran), S (spouse), or C (children), in order to select those specific fields; otherwise, the fields for all three display.

of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

You may print the 10-10EZ form when the Copay Test is complete.

To print the 10-10EZ form, you must first answer “No” or “N” to the question: “Print 10-10EZR? Yes/”.

Because the Copay Exemption Tests (before FEB 2005 format) Gross Annual Income (GAI) and Net Worth (NW) money categories in VistA do not exactly match the money categories on the paper Feb 2005 10-10EZ/EZR forms, the VistA printing software does:

- a. Add the following VistA screen money categories (separately for veteran, spouse and each dependent child) and print the totaled dollar amount in block “

” of the Previous Calendar Gross Annual Income section of the 10-10EZ and 10-10EZR forms:

- [1] Social Security (Not SSI) +
- [2] U.S. Civil Service +
- [3] U.S. Railroad Retirement +
- [4] Military Retirement +
- [5] Unemployment Compensation +
- [6] Other Retirement +
- [8] Interest, Dividend, Annuity +
- [9] Worker’s Comp or Black Lung

- b. Add the following VistA screen money categories (separately for veteran and spouse) and print the totaled dollar amount in block “

”

of the Previous Calendar Net Worth section of the 10-10EZ and 10-10EZR forms:

- [1] Cash, Amts in Bank Accts +
- [2] Stocks and Bonds

- c. Subtract the following VistA screen money categories (separately for veteran and spouse) and print the resulting dollar amount in block “

” of the Previous Calendar Net Worth section of the 10-10EZ and 10-10EZR forms:

- [4] Other Property or Assets
- [5] Debts

You may not edit or delete a Copay Exemption Test that was created at another VAMC and distributed by the HEC.

Access to this option is limited to holders of the DG MEANSTEST security key.

4.8.4 List Incomplete Copay Exemption Test

The List Incomplete Copay Exemption Test option is used to generate a listing of patients who have an incomplete Copay Test on file. The patient name, patient ID number, source of test, and date of test are provided. The patients are listed in alphabetical order on the output.

You are prompted for the Copay Test status, a date range, and a device.

4.8.5 View a Past Copay Test

The View a Past Copay Test option is used to view past Copay Tests data. The option does not allow editing. You are prompted for the patient's name and the date of the Copay Test to view. A question mark (?) entered at the date prompt provides a list of the selected patient's Copay Test dates.

If certain circumstances exist for the selected patient, messages may display. A message is printed if no detailed income information is on file for the veteran, or if the veteran's Copay Test status is NO LONGER APPLICABLE. Since income data can be entered/edited through registration, once a Copay Test has this status, the income data being viewed may differ from that originally entered as part of the Copay Test.

You can view the following three Copay Test screens through this option.

1. Screen 1 - Marital Status/Dependents
2. Screen 2 - Previous Calendar Year Gross Income
3. Screen 3 - Deductible Expenses

4.9

(#43) file; to notify them of future clinic appointments and/or scheduled admissions for the patient. It also includes source of notification for date of death, date of last entry or update, and local submitter/user information. Future admissions are automatically cancelled, but clinic appointments must be cancelled through the appropriate Scheduling option. When the date of death is the same as the discharge date, the mail message indicates that the patient died while an inpatient.

4.10

Further, your site may specify from a list of data items, those that the Consistency Checker checks. Some items, however, are automatically set by the PIMS software to be checked/not checked. Specifying the data elements is accomplished through the Determine Inconsistencies to Check/Don't Check option. If your site has the Consistency Checker turned OFF, you are not able to fully utilize this option.

Each of the inconsistent/unspecified data elements are prompted for updating. Refer to the Registration Supplement if you need assistance in responding to these prompts. At the conclusion of updating, the consistency checker runs once again to check for any remaining inconsistent/unspecified data elements.

The Consistency Checker places the names of those patients whose records contain inconsistent/unspecified data in the INCONSISTENT DATA file (#38.5). When the data is corrected through this option, the names are automatically removed from the file. Names contained in this file display on the Inconsistent Data Elements Report.

Although the process of updating the INCONSISTENT DATA file is automatic when using this option, it is not automatic when data is entered/edited through other PIMS options (except options that utilize the load/edit registration screens). Three options found on the Inconsistency Supervisor Menu of the Supervisor ADT menu are dedicated to keeping the INCONSISTENT DATA file up to date for such records. It is important to note that entries in the INCONSISTENT DATA file may not be accurate. Inconsistent data can be updated through options that do not involve the Consistency Checker (i.e., FileMan). By using the options available on the Inconsistency Supervisor Menu, the INCONSISTENT DATA file can be kept up to date.

Whenever inconsistent/unspecified data items remain in a patient's file, either by selecting not to edit it or not holding the DG ELIGIBILITY key, a MailMan message is generated. This message is sent to the Inconsistency Edit mail group specified through the Bulletin Selection option. There are three possible messages that may be sent: an initial message when inconsistencies are first found, a reminder message if inconsistencies were reported more than seven days ago and remain unresolved, and an updated message if inconsistencies were previously reported (and not updated) and additional inconsistencies were found. If an initial MailMan message was sent within the past seven days and no new inconsistencies were found, no MailMan message is sent.

4.13

4.14

Accessing a sensitive patient record can trigger sending different messages and bulletins.
Only holders of the DG SENSITIVITY security key may access this option.

4.16

In order to prevent catastrophic edits to a patient's identity, four patient identity fields were established. They are patient name (first and/or last name components), social security number, date of birth, and birth sex. If modifications are made to two or more of these fields within one edit session, a warning alert displays. If you proceed with the edits, an alert with the potential patient catastrophic edits is forwarded to your site's ADPAC and appropriate supervisor for review and action. In addition, the after edits of the patient identification fields displays an asterisk to highlight the edited fields that were modified when the alert was generated. The alerts remain on file for one year.

The HIGH INTENSITY field in the MAS Parameters is provided to assist you in the identification of those fields that may/may not be edited. If this field is set to YES at your facility, the number next to those data groups that may be edited, in boldface type; those that are un-editable do not (excluding Screen 8). For those sites not using High Intensity, numbers of data groups that may be edited are enclosed in [], while those that are un-editable are enclosed in < >s (excluding Screen 8).

The Registration Supplement provides an example of each data screen and a description of each associated field. Refer to Appendix A: Registration Supplement when entering or editing patient information.

If your site has the Consistency Checker function turned ON, the system performs a check for inconsistent/unspecified data elements at the conclusion of the entry/edit process. If any inconsistent/unspecified data elements are found, you get the opportunity to make the necessary corrections.

The system also determines a patient's need for Means Testing and Copay Testing and, if necessary, allow you to complete the required test. For the Copay Test, the veteran has to request the test. For instructions on Means Test, refer to the Add a New Means Test or Complete a Required Means Test options. For instructions on Copay Test, refer to the Add a New Copay Test option.

Screen 8 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items. The following is a brief explanation of some of the actions listed on this screen.

- In order to edit the dependent demographics, the selected dependent has to be active.
- Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality is used to delete duplicate dependents. In order to delete a dependent, they must be removed from Means Test.
- Expand Dependent moves to another screen. It is used to edit the effective date (date the person became a dependent of the veteran). It may also be used to display the dependent demographic data including SSN, DOB, Status, Address, Sex, Maiden (Name), Effective Date and Phone (Number).
- Used to enter/edit last year's marital status for the veteran.
- This protocol is not selectable from the registration screens.
- This protocol is not selectable from the registration screens.

With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" was added, to allow you to download the selected patient's demographic data to the photo capture station. The existing "EMBOSS DATA CARD?" prompt was changed to "EMBOSS (OLD) DATA CARD?".

Catastrophically Disabled Review Date displays after patient demographic and eligibility data.

A query is automatically sent to the Health Eligibility Center (HEC) when this option is utilized. This query determines if a Means Test or Copay Exemption Test (with Income Screening information) was completed for the veteran for a specified income year. The HEC processes the query, and if there is a

completed Means Test or Copay Exemption Test (with Income Screening information), the HEC transmits the Primary test and any Hardship determinations to the VAMC that sent the query.

The veteran's Long Term Care (LTC) copayment status and last test date display when using this option.

If the last test is over a year old, the message "***NEW TEST REQUIRED***" displays.

If the veteran did not agree to pay the copayments, the following ineligible message displays.

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Prints an “X” next to the paragraph that begins “NO, I DO NOT WISH TO PROVIDE INFORMATION...” in the FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR form

If it is necessary to refer the case to adjudication, the system prompts

If YES is entered, the veteran is placed in MT Copay Required status until determination is returned from adjudication.

If NO is entered, the system makes the final determination that the veteran is MT Copay Required.

If the veteran's Means Test status is PENDING ADJUDICATION, the veteran is tentatively placed in MT Copay Required status and must agree to pay the deductible.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

is used to enter data on the veteran's spouse and dependent children. Name, social security number, sex, and date of birth must be entered for the veteran's spouse and dependent children, if not already filled in through registration. Spouse's maiden name, address and telephone number may optionally be entered. The total allowed number of dependents is one (1) spouse and nineteen (19) children. Dependent's (Child's) address information may be optionally entered as well. This information is extremely important as it is critical in determining the annual income thresholds for the veteran.

The system identifies whether the Spouse and/or Dependent Child(ren) were marked as included in the Means Test with an “*” in the column titled “MT”. The system also identifies whether the Spouse and/or Dependent Child(ren) have an address available by displaying an “*” in the column titled “Address”.

Spouse and dependent children income collection is dependent on several factors. The spouse's income need only be entered, if the spouse lived with the veteran last calendar year or, if they did not live together, the veteran contributed to the spouse's support. The amount contributed to child support may be entered if the dependent did not live with the veteran last calendar year and “Yes” is entered for question, . Dependent children income is only required if the child had income that was available to the veteran last calendar year. The following is a brief explanation of some of the actions that may be taken.

- In order to edit the dependent demographics, the selected dependent has to be active and associated with the Means Test.

- Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality is used to delete duplicate dependents. In order to delete a dependent, they must be removed from Means Test (using the RE protocol).

- Expand Dependent moves to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran). It may also be used to display the dependent demographic data including SSN, DOB, Status, Address, Sex, Maiden (Name), Effective Date and Phone (Number).

is used to enter income information, such as military retirement, total employment income, and social security. Some fields may be filled in from information collected in registration. Depending on the information entered on Screen 1, this screen may display with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents). When the Spouse

and/or Dependent Child(ren) are marked (*) as included in the Means Test and the child(ren)'s income was marked as available to the veteran, the system displays the Spouse and Children columns on the screen. If they are not marked (no asterisk), they do not display.

The same rules apply to the printed 10-10EZ and 10-10EZ forms. The system does not print the Previous Calendar Year Gross Annual Income amounts for the Spouse and/or Dependent Child(ren) when they are not marked with an asterisk, as included in the Means Test, regardless of whether or not the child(ren)'s income was marked as available to the veteran.

The required information is prompted for each column shown. The item number(s) you select for editing may be preceded by V (veteran), S (spouse), or C (children) to select the specific fields; otherwise, the fields for all three display.

is used to enter any medical, funeral/burial expenses, and children's educational expenses. A child's educational expenses can only be claimed if the child had total employment income.

The Total Non-Reimbursed Medical Expenses (FEB 2005 format) amount is editable for the Means Test originating site. It is Display-Only for all others. When the veteran's Means Test data is updated by the Enrollment System Redesign application, the Total Reimbursed Medical Expenses amount and all Means Test data is Display-Only for all sites of record. The calculated Adjusted Medical Expenses amount is Display-Only for all sites of record.

is used to enter such information as stocks and bonds, real property, bank accounts, and debts. Depending on the information entered on Screen 1, this screen may display with one column (veteran) or up to three columns (veteran/spouse/dependent children). When the Spouse and/or Dependent Child(ren) are marked (*) as included in the Means Test, the system displays the Spouse and/or Dependent Child(ren) column on the screen. If they are not marked (no asterisk), it does not display. The same rules apply to the printed 10-10EZ and 10-10EZ forms. The system does not print the Previous Calendar Year Net Worth amounts for the Spouse and/or Dependent Children when they are not marked with an asterisk as included in the Means Test.

The item number(s) you select for editing may be preceded by V (veteran) or S (spouse) or C (Children) to select those specific fields; otherwise, the fields for all display. The required information is prompted for each column shown.

When adding a Means Test, completion of the test is optional; however, the marital and dependent children sections must be completed, in order to complete the Means Test. For MT Copay Exempt veterans, the net worth must also be entered. If you choose not to complete the Means Test, it may be completed later through either option, Complete a Required Means Test or Edit an Existing Means Test.

You may choose to print the 10-10EZ form when the Means Test is completed or print the prior Means Test (if one exists) at the beginning of the option.

To print the 10-10EZ form, you must first answer "No" or "N" to the question, "Print 10-10EZ? Yes/".

Access to this option is limited to holders of the DG MEANSTEST security key.

Refer to the Edit an Existing Means Test option for instructions on how to correct Means Test inconsistency errors.

4.17.2 Adjudicate a Means Test

The Adjudicate a Means Test option is used to enter the patient's Means Test category into the system when the determination is returned from Adjudication. Only patients who currently have the Means Test status of PENDING ADJUDICATION and less than 1 year old from the means test effective, date may be selected.

A patient's Means Test may be referred to Adjudication for Means Test Category determination when income alone places the veteran in MT Copay Exempt status, but income plus net worth (property) is equal to or greater than the allowable threshold.

If a change is made that involves the MT Copay Required Means Test status, a bulletin may be generated informing the user and advising review of the MT Copay Required charges for the selected patient.

Access to this option is limited to holders of the DG MEANSTEST security key.

4.17.3 Complete a Required Means Test

The Complete a Required Means Test option is used to complete Means Tests generated through registration or by other circumstances. Only Means Test records with a status of REQUIRED and less than 1 year old from the effective date may be completed.

The Means Test information is based on the last calendar year and is entered through a series of screens if the veteran agrees to provide financial information. Based on the financial information entered and the income thresholds established, the system:

- Determines the appropriate Means Test status for the patient

- Prints an "X" next to the paragraph that begins "

- " in the

- FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR form

If the veteran declines to provide financial information, the system:

- Bypasses the means test screens

- Assigns a means test status of MT COPAY REQUIRED, which means that the veteran is required to pay a copayment

- Prints an "X" next to the paragraph that begins "

- " in the FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR

- form

If it is necessary to refer the case to adjudication, the system prompts

- If YES is entered, the veteran is placed in MT Copay Required status until determination is returned from adjudication.

- If NO is entered, the system makes the final determination that the veteran is MT Copay Required.

If the veteran's Means Test status is PENDING ADJUDICATION, the veteran is tentatively placed in MT Copay Required status and must agree to pay the deductible.

If the veteran does not agree to pay the deductible, a message is printed in the signature block for the deductible on the 10-10EZ.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

is used to enter data on the veteran's spouse and dependent children. Name, social security number, sex, and date of birth must be entered for the veteran's spouse and dependent children, if not already filled in through registration. Spouse's maiden name, address and telephone number may optionally be entered. The total allowed number of dependents is one (1) spouse and nineteen (19) children. Dependent's (Child's) address information may be optionally entered as well. This information is extremely important as it is critical in determining the annual income thresholds for the veteran.

The system identifies whether the Spouse and/or Dependent Child(ren) are marked as included in the Means Test with an "*" in the column titled "MT". The system also identifies whether the Spouse and/or Dependent Child(ren) have an address available by displaying an "*" in the column titled "Address".

Spouse and dependent children income collection is dependent on several factors. The spouse's income need only be entered, if the spouse lived with the veteran during the last calendar year or, if they did not live together, the veteran contributed to the spouse's support. The amount contributed to child support may be entered, if the dependent did not live with the veteran last calendar year and "Yes" is entered for question, "Did you contribute to the child's support?". Dependent children income is only required if the child had income that was available to the veteran last calendar year. The following is a brief explanation of some of the actions that may be taken.

- In order to edit the dependent demographics, the selected dependent has to be active and associated with the Means Test.
- Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality should be used to delete duplicate dependents. In order to delete a dependent, they must be removed from Means Test (using the RE protocol).
- Expand Dependent moves to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran). It may also be used to display the dependent demographic data including SSN, DOB, Status, Address, Sex, Maiden (Name), Effective Date and Phone (Number).

is used to enter income information such as military retirement, total employment income, and social security. Some fields may be filled in from the information collected in registration. Depending on the information entered on Screen 1, this screen may display with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents). When the Spouse and/or Dependent Child(ren) are marked as included in the Means Test and the child(ren)'s income is marked as available to the veteran, the system displays the Spouse and Children columns on the screen. If they are not marked (no asterisk), they do not display.

The same rules apply to the printed 10-10EZ and 10-10EZ forms. The system does not print the Previous Calendar Year Gross Annual Income amounts for the Spouse and/or Dependent Child(ren) when they are not marked with an asterisk, as included in the Means Test, regardless of whether or not the child(ren)'s income was marked as available to the veteran.

The item number(s) you select for editing, may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three display. The required information is prompted for each column shown.

is used to enter any medical, funeral/burial expenses, and children's educational expenses. A child's educational expenses can only be claimed, if the child had total employment income available.

The Gross Medical Expenses amount (Before FEB 2005 format) or Total Non-Reimbursed Medical Expenses (FEB 2005 format) amount is editable only by the Means Test originating site. It is Display-Only for all others. When the veteran's Means Test data is updated by the Enrollment System Redesign (ESR) application, the Gross Medical Expenses amount or Total Non-Reimbursed Medical Expenses amount and all Means Test data is Display-Only for all sites of record. The calculated Adjusted Medical Expenses amount is Display-Only for all sites of record.

For Means Tests done prior to the existence of the Gross Medical Expenses amount, the system

. If and when the Gross Medical Expenses amount is updated, the system automatically re-calculates the Adjusted Medical Expenses amount.

is used to enter such information as stocks and bonds, real property, bank accounts, and debts. Depending on the information entered on Screen 1, this screen may display with one column (veteran) or up to three columns (veteran/spouse/dependent children). When the Spouse and/or Dependent Child(ren) are marked (*) as included in the Means Test, the system displays the Spouse and/or Dependent Child(ren) column on the screen. If they are not marked (no asterisk), it does not display. The same rules apply to the printed 10-10EZ and 10-10EZR forms. The system does not print the Previous Calendar Year Net Worth amounts for the Spouse and/or Dependent Children when they are not marked with an asterisk as included in the Means Test.

The Previous Calendar Year Net Worth screen (Before FEB 2005 format) does not support the entry of separate Dependent Child(ren) net worth dollar amounts (i.e., have a column for Children). Consequently, a negative Income Available response does not affect the display or printing of the Net Worth dollar amounts on the printed 10-10EZ/EZR forms.

Any Means Test data collected from a mailed registration form or during a walk-in/face-to-face presentation of a veteran for Dependent Child(ren) Net Worth is manually added into the Veteran amounts and entered as a totaled dollar amount.

Any Means Test data collected from an on-line submission of a 10-10EZ application of a veteran for Dependent Child(ren) Net Worth is automatically added into the Veteran totaled Net Worth amounts by the EAS software.

The item number(s) you select for editing may be preceded by V (veteran), S (spouse) and C (children) to select those specific fields; otherwise, the fields for all display. The required information is prompted for each column shown.

Completion of the Means Test through this option is mandatory. The Means Test status automatically updates, once editing is complete.

You may choose to print the 10-10EZR form when the Means Test is completed.

To print the 10-10EZ form, you must first answer "No" or "N" to the question, "Print 10-10EZR? Yes/".

Because the Means Tests (before FEB 2005 format) Gross Annual Income (GAI) and Net Worth (NW) money categories in VistA do not exactly match the money categories on the paper Feb 2005 10-10EZ/EZR forms, the VistA printing software does:

Add the following VistA screen money categories (separately for veteran, spouse and each dependent child) and print the totaled dollar amount in block “3. LIST OTHER INCOME AMOUNTS (Social Security, compensation, pension, interest, dividends.) EXCLUDING WELFARE.” of the Previous Calendar Gross Annual Income section of the 10-10EZ and 10-10EZR forms:

- a. [1] Social Security (Not SSI) +
- b. [2] U.S. Civil Service +
- c. [3] U.S. Railroad Retirement +
- d. [4] Military Retirement +
- e. [5] Unemployment Compensation +
- f. [6] Other Retirement +
- g. [8] Interest, Dividend, Annuity +
- h. [9] Worker’s Comp or Black Lung

Add the following VistA screen money categories (separately for veteran and spouse) and print the totaled dollar amount in block “1. CASH AMOUNT IN BANKS (e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds)” of the Previous Calendar Net Worth section of the 10-10EZ and 10-10EZR forms:

- a. [1] Cash, Amts in Bank Accts +
- b. [2] Stocks and Bonds

Subtract the following VistA screen money categories (separately for veteran and spouse) and print the resulting dollar amount in block “3. VALUE OF OTHER PROPERTY OR ASSETS (e.g., art, rare coins, collectables) MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. Exclude household effects and family vehicles.” of the Previous Calendar Net Worth section of the 10-10EZ and 10-10EZR forms:

- a. [4] Other Property or Assets +
- b. [5] Debts

Refer to the Edit an Existing Means Test option for instructions on how to correct Means Test inconsistency errors.

4.17.4 Document Comments on a Means Test

The Document Comments on a Means Test option is used to add/edit/delete comments to an existing Means Test. This allows the user to enter any pertinent information concerning the selected Means Test, such as efforts made to obtain Means Test information.

You are prompted for the patient name and the Means Test date. The latest Means Test date displays as the default. A question mark (?) may be entered to obtain a list of Means Test dates for that patient. Comments may be added through a word-processing field. Existing comments can be edited or deleted.

4.17.5 Edit an Existing Means Test

The Edit an Existing Means Test option is used to make changes to data in existing Means Tests less than 1 year old from the effective date. It may also be used to complete Means Tests on patients identified through Registration as requiring Means Testing. Only the latest Means Test may be edited. A Means Test that was verified by the HEC and its corresponding original VAMC Means Test are both un-editable. If you choose such a Means Test, the system displays a message containing this information. However, this option lets you view or print such a test.

The Means Test information is based on the last calendar year and is entered through a series of screens, if the veteran agrees to provide financial information. Based on the financial information entered and the income thresholds established, the system:

- Determines the appropriate Means Test status for the patient

- Prints an “X” next to the paragraph that begins “

- ” in the

- FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR form

If the veteran declines to provide financial information, the system:

- Bypasses the means test screens

- Assigns a means test status of MT COPAY REQUIRED, which means that the veteran is required to pay a copayment

- Prints an “X” next to the paragraph that begins “

- ” in the FINANCIAL DISCLOSURE section of the 10-10EZ or 10-10EZR

- form

The Edit an Existing Means Test option operates similarly to the Add a New Means Test and Complete a Required Means Test options; however, it is the only option that allows changes to Completed Means Tests. After these changes are entered, the system re-determines the patient's Means Test category and changes it, if necessary. If additional information is needed to make a determination or if it is necessary to refer the case to adjudication, the system prompts accordingly.

The date(s) and name(s) of individual(s) making changes is recorded by the system and may be seen through the View Means Test Editing Activity option.

A Means Test is required under the following conditions.

- primary eligibility is NSC or 0% service-connected non-compensable

- does not receive disability retirement from the military

- is not eligible for Medicaid

- is not on a domiciliary ward

- was not Means Tested in the past year

- is NOT a Purple Heart recipient

- is NOT catastrophically disabled

Should these criteria change (excluding the last two), a Means Test status of NO LONGER REQUIRED is assigned to the Means Test. Tests with this status cannot be edited.

Depending on the information entered on Screen 1, Screen 2 may display with one column - veteran; two columns - veteran/spouse; or three columns - veteran/spouse/dependents. The item number(s) you select for editing, may be preceded by V (veteran), S (spouse), or C (children) to select those specific fields; otherwise, the fields for all three display.

Screen 4 may display with one or two columns (Before FEB 2005 format) or three columns (FEB 2005 format). The item number(s) you select for editing may be preceded by V (veteran) or S (spouse) or C (children) to select those specific fields; otherwise, the fields for all display. The required information is prompted for each column shown.

Screen 1 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

You may print the 10-10EZ form when the Means Test is complete.

To print the 10-10EZ form, you must first answer “No” or “N” to the question, “Print 10-10EZ? Yes//”.

Because the Means Tests (before FEB 2005 format) Gross Annual Income (GAI) and Net Worth (NW) money categories in VistA do not exactly match the money categories on the paper Feb 2005 10-10EZ/EZR forms, the VistA printing software does:

Add the following VistA screen money categories (separately for veteran, spouse and each dependent child) and print the totaled dollar amount in block “3. LIST OTHER INCOME AMOUNTS (Social Security, compensation, pension, interest, dividends.) EXCLUDING WELFARE.” of the Previous Calendar Gross Annual Income section of the 10-10EZ and 10-10EZR forms:

- a. [1] Social Security (Not SSI) +
- b. [2] U.S. Civil Service +
- c. [3] U.S. Railroad Retirement +
- d. [4] Military Retirement +
- e. [5] Unemployment Compensation +
- f. [6] Other Retirement +
- g. [8] Interest, Dividend, Annuity +
- h. [9] Worker’s Comp or Black Lung

Add the following VistA screen money categories (separately for veteran and spouse) and print the totaled dollar amount in block “1. CASH AMOUNT IN BANKS (e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds)” of the Previous Calendar Net Worth section of the 10-10EZ and 10-10EZR forms:

- a. [1] Cash, Amts in Bank Accts +
- b. [2] Stocks and Bonds

Subtract the following VistA screen money categories (separately for veteran and spouse) and print the resulting dollar amount in block “3. VALUE OF OTHER PROPERTY OR ASSETS (e.g., art, rare coins, collectables) MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. Exclude household effects and family vehicles.)” of the Previous Calendar Net Worth section of the 10-10EZ and 10-10EZR forms:

- a. [4] Other Property or Assets +
- b. [5] Debts

Access to this option is limited to holders of the DG MEANSTEST security key.

4.17.5.1 How to Correct Means Test Inconsistency Errors

There are two types of conditions that cause the inconsistency messages.

1. Data entry omissions or mistakes (error numbers 1-4 in Table 1)
2. Erroneous or corrupted data filed in the records (error numbers 5-17 in Table 2)

Only the Primary site for the Means Test can correct the inconsistent data.

Table 4: Inconsistency Messages Caused by Data Entry Omissions or Mistakes

Error Name	Description	Resolution
1. Dependent (<dependent type>) transmitted without SSN	A dependent is added to an Income Test without entering the Social Security Number (SSN). The dependent's relationship is displayed in the message to facilitate its update. Examples: Dependent (SON) transmitted without SSN Dependent (DAUGHTER) transmitted without SSN Dependent (STEPDAUGHTER) transmitted without SSN	<ol style="list-style-type: none"> 1. Use the appropriate menu option (from the Means Test User Menu, Edit an Existing Means Test, or from the Copay Exemption Test Menu, Edit an Existing Copay Exemption Test). 2. From the MARITAL STATUS/DEPENDENTS SCREEN (#1), use the Dependent Demographic (DD) action to enter the SSN for the dependent who generated the inconsistency message. 3. Re-complete the test.
2. Two dependents transmitted with same SSN	Data values in the SOCIAL SECURITY NUMBER field (#.09) in the INCOME PERSON file (#408.13) for at least two dependents are identical.	<ol style="list-style-type: none"> 1. Use the appropriate menu option (from the Means Test User Menu, Edit an Existing Means Test, or from the Copay Exemption Test Menu, Edit an Existing Copay Exemption Test). 2. From the MARITAL STATUS/DEPENDENTS SCREEN (#1), use the Dependent Demographic (DD) action to check the SSN for each of the dependents listed on the test. 3. Update the invalid SSN for the dependent who generated the inconsistency message. 4. Re-complete the test.
3. Should not have income data if Child Had Income is "NO"	The dependent is not the spouse, and The INCOME AVAILABLE TO YOU field (#.12) in the INCOME	<ol style="list-style-type: none"> 1. Use the appropriate menu option (from the Means Test User Menu, Edit an Existing Means Test, or from the Copay Exemption Test Menu, Edit an Existing Copay Exemption

Error Name	Description	Resolution
	<p>RELATION file (#408.22) is "NO",</p> <p>and</p> <p>Any of the income or net worth fields in the INDIVIDUAL ANNUAL INCOME file (#408.21) for the dependent contain any amount. (Any entry including a zero [\$0] is a valid amount.)</p> <p>When the INCOME AVAILABLE TO YOU field (#.12) is set to "NO", and there are income and net worth entries for the dependent, the amounts are not visible on either the INCOME or NET WORTH screens.</p>	<p>Test).</p> <ol style="list-style-type: none"> From the MARITAL STATUS/DEPENDENTS SCREEN (#1), use the Dependent Demographic (DD) action to change the INCOME AVAILABLE TO YOU field to "YES". Go to the GROSS INCOME (#2) and NET WORTH (#4) screens and delete the amounts entered for the dependent. Go back to the MARITAL STATUS/DEPENDENTS SCREEN (#1); use the Dependent Demographic (DD) action to change the INCOME AVAILABLE TO YOU field (#.12) back to "NO". Re-complete the test.
4. No income data allowed if spouse didn't live w/vet & Veteran did not provide support	<p>The data value in the INCOME RELATION file (#408.22) LIVED WITH PATIENT field (#.06) is "NO", and</p> <p>The DID YOU PROVIDE SUPPORT field (#.21) value is "NO",</p> <p>and</p> <p>Any of the income or net worth fields in the INDIVIDUAL ANNUAL INCOME file (#408.21) for the spouse contain any amount. Any entry including a zero (\$0) is a valid amount.</p> <p>When the LIVED WITH PATIENT field is set to "NO", and DID YOU PROVIDE SUPPORT is "NO", and there are income and net worth entries for the dependent, the amounts are not visible on either the INCOME or NET WORTH screens.</p>	<ol style="list-style-type: none"> Use the appropriate menu option (from the Means Test User Menu, Edit an Existing Means Test, or from the Copay Exemption Test Menu, Edit an Existing Copay Exemption Test). From the MARITAL STATUS/DEPENDENTS SCREEN (#1), use the Marital/Dependent Info (MT) action to change the LIVED WITH PATIENT to "YES". Go to the GROSS INCOME (#2) and NET WORTH (#4) screens and delete the amounts entered for the spouse. Go back to the MARITAL STATUS/DEPENDENTS SCREEN (#1) and use the Marital/Dependent Info (MT) action to change the LIVED WITH PATIENT to "NO". Re-complete the test.

Checks 5 through 9 in the table below are performed for Means Tests and Copay Exemption Tests when one or more of the following fields in the ANNUAL MEANS TEST file (#408.31) contains data:

HARDSHIP? Field (#.2)

HARDSHIP REVIEW DATE Field (#.21)

SITE GRANTING HARDSHIP Field (#2.04)

HARDSHIP EFFECTIVE DATE Field (#2.01)

Table 5: Inconsistency Messages Caused by Erroneous or Corrupted Data

Error Name	Description	Resolution
5. Missing Hardship Indicator	<p>The Hardship Indicator, HARDSHIP? field (#.2) is NULL, and</p> <p>At least one of the other Hardship-related fields contains data.</p> <p>If any of the following three fields has an entry, a value must be entered in all three:</p> <p>HARDSHIP? SITE GRANTING HARDSHIP HARDSHIP EFFECTIVE DATE</p> <p>The HARDSHIP REVIEW DATE field is not a part of the criteria for this inconsistency message.</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Hardships option to edit the veteran's record on the Hardship Determinations Screen (#1). 2. Use the Edit Hardship (EH) action to enter the missing data.
6. Missing Site Granting Hardship	<p>The SITE GRANTING HARDSHIP field (#2.04) is NULL, and at least one of the other Hardship-related fields contains data.</p> <p>If any of the following three fields has an entry, a value must be entered in all three:</p> <p>HARDSHIP? SITE GRANTING HARDSHIP HARDSHIP EFFECTIVE DATE</p> <p>The HARDSHIP REVIEW DATE field is not a part of the criteria for this inconsistency message.</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Hardships option to edit the veteran's record on the Hardship Determinations Screen (#1). 2. Use the Edit Hardship (EH) action to enter the missing data.
7. Missing Hardship Effective Date	<p>The HARDSHIP EFFECTIVE DATE field (#2.01) is NULL, and</p> <p>The year in the DATE OF TEST field (#.01) is the year 2000 or later,</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Hardships option to edit the veteran's record on the Hardship Determinations Screen (#1). 2. Use the Edit Hardship (EH) action to enter the missing data.

Error Name	Description	Resolution
	<p>and</p> <p>At least one of the other Hardship-related fields contains data.</p> <p>Starting in the year 2000, all hardships must have an effective date.</p> <p>If any of the following three fields has an entry, a value must be entered in all three:</p> <p>HARDSHIP?</p> <p>SITE GRANTING HARDSHIP</p> <p>HARDSHIP EFFECTIVE DATE</p> <p>The HARDSHIP REVIEW DATE field is not a part of the criteria for this inconsistency message.</p>	
8. Invalid Hardship Effective Date	<p>The date in the HARDSHIP EFFECTIVE DATE field (#2.01) could not be converted into FileMan format, and</p> <p>At least one of the other Hardship-related fields contains data.</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Hardships option to edit the veteran's record on the Hardship Determinations Screen (#1). 2. Use the Edit Hardship (EH) action to either enter (if NULL) or re-enter the HARDSHIP EFFECTIVE DATE.
9. Hardship Effective Date earlier than Means Test Date	<p>The HARDSHIP EFFECTIVE DATE field (#2.01) is not NULL,</p> <p>and</p> <p>The date is prior to the date in the DATE OF TEST field (#.01) in the ANNUAL MEANS TEST file (#408.31),</p> <p>and</p> <p>At least one of the other Hardship-related fields contains data.</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Hardships option to edit the veteran's record on the Hardship Determinations Screen (#1). 2. Use the Edit Hardship (EH) action to enter a date for the HARDSHIP EFFECTIVE DATE that is no earlier than the effective date of the Means Test. 3. At least one of the other hardship-related fields (HARDSHIP?, SITE GRANTING HARDSHIP, or HARDSHIP EFFECTIVE DATE) is also missing and must be entered to remove this inconsistency.
10. Source of Test must be identified	<p>The SOURCE OF INCOME TEST field (#.23) in the ANNUAL MEANS TEST file (#408.31) does not contain one of the following values found in</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Edit an Existing Means Test option to view the data on each of the Means Test

Error Name	Description	Resolution
	the SOURCE OF INCOME TEST file (#408.34): VAMC (#1) IVM (#2) DCD (#3) OTHER FACILITY (#4)	screens. 2. Press <Enter>. 3. Re-complete the test.
11. Site Conducting Test must be identified	The SITE CONDUCTING TEST field (#2.05) in the ANNUAL MEANS TEST file (#408.31) is NULL and the SOURCE OF INCOME TEST field (#.23) is OTHER FACILITY.	The means test can only be corrected at the site where it was entered/completed.
12. Incorrect Means Test Status for Test-Determined Status	The INCOME field (#.04) in the ANNUAL MEANS TEST file (#408.31) is greater than the THRESHOLD A field (#.12), and The HARDSHIP? field (#.2) is "NO" or NULL, and the ADJUDICATION DATE/TIME field (#.1) is NULL, and The TEST-DETERMINED STATUS field (#2.03) is neither MT COPAY REQUIRED ("C") nor PENDING ADJUDICATION ("P").	1. From the Means Test User Menu, use the Edit an Existing Means Test option to view the data on each of the Means Test screens. 2. Press <Enter>. 3. Re-complete the test.
13. Invalid Means Test Status for Test-Determined Status	The TEST-DETERMINED STATUS field (#2.03) in the ANNUAL MEANS TEST file (#408.31) does not contain a valid value: MT COPAY EXEMPT (A) MT COPAY REQUIRED (C) PENDING ADJUDICATION (P) GMT COPAY REQUIRED (G) This is caused when there is an error in the calculation of the Test-Determined Status due to corruption in the Means Test data.	1. From the Means Test User Menu, use the Edit an Existing Means Test option to view the data on each of the Means Test screens. 2. Press <Enter>. 3. Re-complete the test.
14. Income plus net worth not greater than threshold	The INCOME field (#.04) in the ANNUAL MEANS TEST file (#408.31) is not greater than the	1. From the Means Test User Menu, use the Edit an Existing Means Test option to view the

Error Name	Description	Resolution
value-incorrect status	<p>THRESHOLD A field (#.12), and The NET WORTH field (#.05) added to the INCOME is not greater than the THRESHOLD, and The TEST-DETERMINED STATUS field (#2.03) is MT COPAY REQUIRED ("C").</p>	<p>data on each of the Means Test screens.</p> <ol style="list-style-type: none"> 2. Press <Enter>. 3. Re-complete the test.
15. Copay Test Status should be <calculated status>	<p>The Copay Exemption Status is calculated based on income and net worth, then compared to the TEST-DETERMINED STATUS field (#2.03) in the ANNUAL MEANS TEST file (#408.31).</p> <p>This message is returned when the calculated status does not equal the TEST-DETERMINED STATUS.</p>	<ol style="list-style-type: none"> 1. From the Copay Exemption Test Menu, use the Edit an Existing Copay Exemption Test option to view the data on each of the Income Test screens. 2. Press <Enter>. 3. Re-complete the test.
16. Invalid Copay Test Status for Test-Determined Status	<p>The TEST-DETERMINED STATUS field (#2.03) in the ANNUAL MEANS TEST file (#408.31) does not contain one of the following values:</p> <p>EXEMPT (E) NON-EXEMPT (M)</p>	<ol style="list-style-type: none"> 1. From the Copay Exemption Test Menu, use the Edit an Existing Copay Exemption Test option to view the data on each of the Income Test screens. 2. Press <Enter>. 3. Re-complete the test.
17. Income does not exceed child exclusion amount-educational expense not allowed	<p>The dependent is not the spouse, and the EDUCATIONAL EXPENSES field has an amount, and The CHILD INCOME EXCLUSION for the Income Year is not less than the TOTAL INCOME FROM EMPLOYMENT</p> <p>This message displays only when the Means Test process fails to delete the EDUCATIONAL EXPENSES from the INDIVIDUAL ANNUAL INCOME record for the child.</p> <p>The normal processing of the Post-Secondary Education Expenses for a child between the ages of 18 and 23 are:</p> <p>If the TOTAL INCOME FROM</p>	<ol style="list-style-type: none"> 1. From the Means Test User Menu, use the Edit an Existing Means Test option to view the data on each of the Means Test screens. 2. Press <Enter>. 3. Re-complete the test.

Error Name	Description	Resolution
	<p>EMPLOYMENT is above the CHILD INCOME EXCLUSION threshold found in the MAS PARAMETERS file (#43), the expenses can be entered.</p> <p>When the income amount is modified to be below this threshold, the EDUCATIONAL EXPENSES are deleted from the INDIVIDUAL ANNUAL INCOME record for the child.</p>	

4.17.6 GMT Thresholds Lookup by Zip Code

On January 23, 2002, former President Bush signed into law H.R. 3477, The Department of Veterans Affairs Health Care Programs Enhancement Act of 2001. Section 202 of this Act requires the implementation of U.S. Department of Housing and Urban Development (HUD) Indices to determine geographic income thresholds in support of more discrete Means Testing. A new GMT copayment status identifies veterans who qualify for a reduced inpatient copayment rate. The effective date of the regulation to support this legislation is October 1, 2002. Like traditional Means Test thresholds, the GMT Thresholds are applied in a retrospective manner (i.e., HUD Indices published in Calendar Year 2002 is used for Means Tests performed in Calendar Year 2003). Information about HUD income limits is available on the Data Sets Page of the HUD User Web Site at <http://www.huduser.org/datasets/il.html>.

The GMT Thresholds are uploaded into VistA annually, along with the traditional Means Test threshold values, in a patch released in December of each year. They are activated on January 1st of each year. The indices from previous years are stored indefinitely in both VistA and HEC systems. For information about the implementation of HUD Indices, refer to the GMT Installation Guide and GMT Technical Manual.

- : On January 17, 2003, VA discontinued enrolling new Priority Group 8 veterans into the VA health care system based on VA's inability to provide timely and quality health care to all enrolled veterans. The new relaxed Priority Group 8 enrollment restrictions allow certain PG8 veterans to be enrolled in the VA health care system, if their household income does not exceed the current VA income thresholds (Means Test threshold and/or Geographical Means Test threshold) by more than 10%. These changes do not open enrollment to all PG8 veterans, however. For more details, visit the [VA Health Care Eligibility & Enrollment](#) Web site.

The GMT software provides the following functionality.

Automatically populates City, State, and County fields of the Patient Demographics Screen when ZIP Code is entered during patient registration or edit of patient demographic data (load/edit), unless the Bad Address Indicator is set. (Refer to Screen 1, Data Group 4, in the Registration Supplement of this manual for more information about the Bad Address Indicator.)

State and County fields can only be edited by users who hold the EAS GMT COUNTY EDIT security key.

Automatic Address Changes from HEC clears the Bad Address Indicator field (if it was set). (Refer to Screen 1, Data Group 4, in the Registration Supplement of this manual for more information about the Bad Address Indicator.)

A conversion of veterans based on their existing financial assessment information is run at the HEC. An ongoing process assigns veterans to the appropriate medical care copayment and enrollment priority group upon completion of a financial assessment.

NSC and non-compensable 0% SC veterans with current income above the MT Threshold and below the applicable GMT Threshold are placed in the new Means Test status “GMT Copayment Required”. These veterans are assigned to Enrollment Priority Group 7 (unless Catastrophically Disabled [CD] or exposed to Agent Orange , Ionizing Radiation, or SW Asia Conditions). Veterans who are in GMT Copay Required status must submit income for yearly testing.

Veterans who are subject to the full inpatient medical care copayment and placed in Enrollment Priority Group 8 (unless CD or exposed to toxic substances) include:

- a. Veterans with income greater than the GMT threshold plus 10% where $GMTT > MTT$
- b. Veterans declining to provide income info
- c. Veterans with income greater than the MT threshold plus 10% who live in an area where the GMT threshold is less than or equal to the MT threshold
- d. Veterans with income less than the MTT threshold but with a Net Worth greater than \$80K
- e. Veterans with income above the MT threshold plus 10% whose income info is over one year old at the time the GMT software is installed.

Although this does not affect the GMT functionality, all user viewable references to Category A and Category C Means Test statuses in enrollment-related software was modified to reflect the following changes:

- a. Category A (Cat A) is now MT Copay Exempt
- b. Category C (Cat C) is now MT Copay Required.

Modifies a variety of reports and data screens to display the new subcategories ‘b’ and ‘d’ for Enrollment Priority Group 8 and GMT Copayment Required status

Provides a new user option, GMT Thresholds Lookup by ZIP Code, which displays GMT Threshold values for a valid user-specified ZIP Code

Adds a new field, Hardship Reason, to the Hardship Determinations Screen

This option is used to display GMT Threshold values for a valid Postal Code (a.k.a. ZIP Code). The only user prompt is “ZIP Code:”, and a response is required. You must enter a ZIP Code or a city name to generate an output, or a caret (^) to return to the menu. If you enter a city name and the software finds multiple cities with the same name, it returns a list of the cities with their corresponding ZIP Codes from which you can make your selection.

New Special Treatment Authority Expiration date fields for both Agent Orange and SW Asia Conditions were added to the MAS PARAMETERS file (#43). The initial value of these fields will be null or empty. A subsequent patch will be released to populate the date fields once the expiration of the Special Treatment Authority is scheduled to expire. The assigning of Priority Group 6 determination rules to these newly enrolled veterans whose AO Indicator is "Y" and Location is and/or their SWAC exposure indicator is "Y" will be ignored if the Special Treatment Authority Expiration Date fields are not null.

A subsequent patch will be released to populate these date fields once the expiration of the Special Treatment Authority is scheduled to expire.

The software returns the following information for a valid ZIP Code.

ZIP Code

County Name

State

Income year in which the GMT Thresholds apply

Federal Information Processing Standard (FIPS) [County] Code

Number of family members in household

GMT Threshold dollar amounts for up to eight members in household

Family size adjustments information for all income limits

The formula for determining GMT Threshold dollar amounts for households with more than eight family members

4.17.7 Hardships

This option replaces the Change a Patient's Means Test Category option. It allows the user to grant, edit, and delete hardships for the current Means Test when the test is less than 1 year old from the effective date.

Hardship Determinations continue to be the responsibility of the VAMCs; however, they are sent to the HEC and distributed nationally along with the Primary Means Test to all VAMCs that the veteran has visited. Once granted, a Hardship is in effect until a new Means Test is required. The VAMC that granted the hardship retains the original Means Test Status when the status changes. For example, if a Hardship determination changes the original status from MT Copay Required to MT Copay Exempt, the new status (Exempt) is stored as the Means Test status. The original status (MT Copay Required) is then stored as Test Determined Status.

After the GMT conversion runs at the HEC, if a veteran's Means Test status is MT Copay Required, the user is prompted to enter the status (GMT Copay Required or MT Copay Exempt) and a Hardship Reason.

The Hardship Determinations screen provides the following List Manager actions for Grant Hardship.

Grant Hardship

Allows you to grant hardships for current Means Tests for the selected patient and prompts for Hardship Effective Date and Hardship Review Date. Once granted, a hardship remains in effect until a new Means Test is completed.

Edit Hardship

Allows you to edit hardships for current Means Tests for the selected patient and prompts for Hardship Effective Date and Hardship Review Date. Only the VAMC that determines the hardship can edit or delete it

Delete Hardship

Allows you to delete hardships for current Means Tests for the selected patient. Only the VAMC that determines the hardship can edit or delete it. When a hardship is deleted, no record of it is retained in the database.

Edit Comments

Allows you to add, edit, and delete comments related to hardships for current Means Tests for the selected patient.

Access to this option is limited to holders of the DG MEANSTEST security key.

Refer to the Edit an Existing Means Test option for instructions on how to correct Means Test inconsistency errors.

4.17.8 Pseudo SSN Report for Means Test Dependents

The Pseudo SSN Report for Means Test Dependents is used to print a report of spouses and/or dependents, sorted by patient, who have Pseudo SSNs. You can choose to print the report for one or all Pseudo SSN reasons.

The output includes:

- Report title and page number

- Whether the report includes one or all Pseudo SSN reasons

- Report date

- Patient name and SSN

- Dependent/spouse name and relationship to patient

- Dependent/spouse Pseudo SSN

- Dependent/spouse Pseudo SSN reason

A summary at the end of the report provides the following information:

- If you chose to print the report for a specific Pseudo SSN reason, the summary provides the total number of dependents with Pseudo SSNs.
- If you chose to print the report for all Pseudo SSN reasons, the summary provides the total number of dependents with Pseudo SSNs the number of dependents/spouses for each of the reason(s) selected.

4.17.9 View a Past Means Test

The View a Past Means Test option is used to view past Means Tests data. The option does not allow editing. You are prompted for the patient's name and the date of the Means Test you want to view. Double question marks (??) entered at the date prompt, provide you with a list of the patient's Means Test dates from which to choose.

If certain circumstances exist for the selected patient, messages may display. A message is printed if no detailed income information is on file for the veteran, or if the veteran's Means Test status is NO LONGER REQUIRED. Because income data can be entered/edited through registration, once a Means Test has this status, the income data viewed may differ from that originally entered as part of the Means Test.

You are able to view the following four Means Test screens through this option.

- Screen 1-Marital Status/Dependents

- Screen 2-Previous Calendar Year Gross Income

- Screen 3-Deductible Expenses

- Screen 4-Previous Calendar Year Net Worth

The option may display the dependent totals not converted. Totals not converted only display under the following conditions.

- Converted totals exist and Means Test income is 0 or greater

- For a spouse - the veteran is married, but detailed income information is not available

For dependent children - the veteran has dependent children, but detailed income information is not available

Refer to the Edit an Existing Means Test option for instructions on how to correct Means Test inconsistency errors.

4.18

Multi-divisional parameter is set to YES. This column is not visible on the initial Preregistration Call List screen. If greater than signs () appear on the status bar, you can scroll to the right of the screen using your right arrow key () to view this column.

The following user actions are available at the bottom of the screen.

- CP Call Patient - Lets you edit patient information via Load/Edit Screens 1 through 5 and enter the call status for a selected patient. (If you need assistance with editing the information on these screens, refer to the user documentation for the Load/Edit Patient Data option.) You also have the option to apply a date/time stamp to the selected patient before returning to the Preregistration Call List screen. This action works the same as the Preregister a Patient menu option.
- EH Edit History - Lets you edit information pertaining to whether or not the patient was successfully contacted by telephone and edit the call status. You can use this action to change, but not delete, log entries.
- You can only use this action after using the CP action.
- XH Expand History - Displays information pertaining to the calling history for a selected patient, including the date and time of the call, name of the person who made the call, and call status.
- You can only use this action after using the CP action.
- IN Patient Inquiry - Lets you enter an inquiry for a selected patient without leaving the Preregistration Call List screen. Works the same as the Patient Inquiry menu option.

4.19.2 Outputs for Preregistration

4.19.2.1 Calling Statistics Report

This option generates the Preregistration Call Statistics report, which provides a breakdown of the current entries in the PRE-REGISTRATION CALL LOG file (#41.43) by call status. The prompts ask for beginning and ending dates and a device if the Multi-divisional parameter in the MAS PARAMETERS file (#43) is set to NO. (Use the MAS Parameter Entry/Edit option to set this parameter.)

If the Multi-divisional parameter is set to YES, the “Select division: ALL//” prompt also displays. If you accept the ALL default, the next prompt asks for a device. If you select a specific division, the “Select another division:” prompt displays and repeats after your entry, allowing you to select multiple divisions (up to a maximum of 20). Press <RET> to indicate that you are finished making your selections and proceed to the “DEVICE: HOME//” prompt.

Before using this option, multi-divisional facilities should ensure that each clinic has an associated division. (You can do this by entering a division name at the “DIVISION:” prompt while using the Set up a Clinic option in the Scheduling Supervisor Menu.)

This option uses NO DIVISION SPECIFIED as a sort value. If you accept the ALL default at the “Select division: ALL//” prompt, the output shows NO DIVISION SPECIFIED as the division name for statistics whose clinics are NOT associated with a division.

4.19.2.2 Percentage of Patients Pre-Registered Report

The Percentage of Patients Pre-Registered Report prints the following data for a user-defined date range.

- Number of unique outpatients treated
- Number of unique outpatients pre-registered within the pre-registration time frame
- Percentage of unique outpatients pre-registered within the pre-registration time frame
- Number of unique outpatients pre-registered past the pre-registration time frame
- Number of unique outpatients never pre-registered
- Number of clinic exclusions and eligibility exclusions

It is recommended that this report be queued to run after normal business hours.

4.19.2.3 Print Preregistration Audits

This option prints the number of changes to patient demographic and insurance data that were made during the preregistration process for a user-specified date range. The applicable audits in the PATIENT file (#2) must be turned on for this option to work. The MCCR Reengineering Group recommends that you ask your IRM Service to turn on the audits for the following fields:

The output includes the fields that were changed, the name of the user(s) who made the changes, and the number of changes made by each user.

4.19.2.4 Source of Information Report

This option prints the Pre-Registration Source Report that lists the following information for a user-specified date range.

Patient insurance policies that were added using the preregistration options and have a source of information equal to PRE-REGISTRATION (on Screen 5 of the Load/Edit Patient Data option).

Inpatient and outpatient bills generated during the user-specified date range based on preregistration insurance policies and payments collected during the user-specified date range against those bills.

Bills and payments listed in the report could be against preregistration policies that were added outside of the user-specified date range.

The output generated by this option varies depending on which of the following report formats you select at the “Type of report to print: summary//” prompt.

Table 6: Types of Reports with Descriptions

Type of Report	Description
Detailed	<ol style="list-style-type: none">1. Provides detailed information for the following activities during the user-specified date range<ul style="list-style-type: none">Patient insurance policies added through preregistration optionsInpatient bills entered against preregistration policiesInpatient payments collected against preregistration policiesOutpatient bills entered against preregistration policiesOutpatient payments collected against preregistration policies2. Provides total count for each activity
Summary	<p>Prints a one-page report showing only the totals</p> <p>No patient-specific information is provided</p>

4.19.3 Supervisor Preregistration Menu

4.19.3.1 Add New Appointments to Call List

This option lets you add patients to the Preregistration Call List based on patient appointments for a user-specified search date. The default response to the “Enter Appointment date to search:” prompt is TODAY plus the value of the DAYS TO PULL APPOINTMENT field (#1100.05) in the MAS PARAMETERS file (#43). (Use the MAS Parameter Entry/Edit option to set the value of this field.)

4.19.3.2 Clear the Call List

This option deletes all entries in the PRE-REGISTRATION CALL LIST file (#41.42) regardless of the call status. There are no prompts associated with this option. Once the option is selected, the number of entries deleted displays.

4.19.3.3 Purge Call Log

This option purges all entries prior to a user-specified date from the PRE-REGISTRATION CALL LOG file (#41.43). You are asked to enter a purge date and to verify that you want to purge all entries prior to the date you entered.

4.19.3.4 Purge Contacted Patients

This option purges patients who were already contacted and who have a call status of CONNECTED from the Preregistration Call List. There are no prompts associated with this option. Once the option is selected, the number of entries purged displays.

4.19.4 Patient Inquiry

This option displays registration information for a selected patient including any preregistration items, bad address indicator, foreign address, emergency response indicator, date of death (including source of notification for date of death, date of last entry or update, and local submitter/user information). The date of death information is Read Only.

The patient selected does not have to be in the PRE-REGISTRATION CALL LIST file (#41.42) to be selected.

4.19.5 Preregister a Patient

Use this option to perform the following tasks:

Preregister any selected patient in the PATIENT file (#2) using the Load/Edit process (without using the Preregistration Call List).

Enter the call status for a selected patient. (If you enter a status of CONNECTED, you can edit patient information via Load/Edit Screens 1 through 5. If you need assistance with editing the information on these screens, refer to the user documentation for the Load/Edit Patient Data option.)

Apply a date/time stamp to the selected patient before returning to the Preregistration Call List screen.

If the "Enable My HealtheVet Prompts?" (#1100.07) field in MAS Parameters (#43) file is enabled, the "Increase Engagement in MyHeatheVet" prompts will be displayed when PreRegistering patients to do the following:

- Track the patient's registration status in My HealtheVet.

- If the patient is not registered, prompt the clerk to query the veteran as to their interest.

- Inform the patient of My HealtheVet benefits, and based on their interest, help them register in My HealtheVet, authenticate for a premium account, and setup Secure Messaging.

Edit the patient's permanent address information. Prior to entering patient data, the permanent address displays and the user is asked,

If the user answers YES, the system prompts each address field and the user is allowed to update the patient's permanent address information. The old and the new address information displays and the system asks the user

- a. If the user answers YES, the system displays "Change saved", the patient's permanent address change date/time stamp is updated, and a trigger is set to send a message to the HEC.

- It takes an actual change to the permanent address to update the permanent address change date/time stamp. If there were no changes to the permanent address information, and the user responds YES; no updates are made to the permanent address fields or permanent address change date/time stamp and a message is triggered to the HEC.

- b. If the user answers NO, the system displays "Change aborted". Neither the patient's permanent address information nor the permanent address change date/time stamp is updated and a message is triggered to the HEC.

If the user answers NO at the _____ prompt, the system does not prompt the user for address information and the system continues the Preregister a Patient process.

When using this option, the primary medical center division is used as the division. This option is locked with the DGPRES EDIT security key.

This option works the same as the CP action on the Preregistration Call List screen in the Display Preregistration Call List option.

4.19.6 My HealtheVet Engagement Alert/Prompts

The My HealtheVet Engagement functionality will only display when the Enable My HealtheVet Prompts? (#1100.07) field in the MAS PARAMETER (#43) file is enabled.

If enabled, once the patient name is entered, an alert displays for the registration clerk. The alert indicates that the patient needs to answer My HealtheVet (MHV) registration questions. Any previous actions taken on behalf of a returning patient also display along with the date the actions occurred.

The alert, actions taken, and subsequent registration questions are displayed only under the following conditions:

Any of the three My HealtheVet Registration Status fields are unanswered or further action(s) needs to be taken.

Any of the three My HealtheVet Registration Status fields were recorded as at least six months ago.

The registration clerk is asked to inquire if the patient was successful in creating their My HealtheVet account, if the alert is triggered by an on-going action.

If the Answer is , the registration clerk is directed to the list of available actions.

If the answer is , the registration clerk is directed to the Registration Status display.

If the alert is triggered by a pending action associated with Authenticated or Secure Messaging, the action(s) taken are displayed. The registration clerk is directed to the My HealtheVet Registration Status display after selecting "Return" to continue.

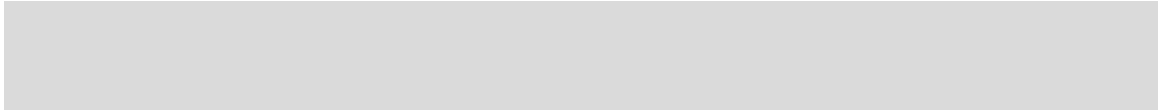
To determine the patient's My HealtheVet registration status, the following question displays for the registration clerk to read verbatim to the patient.

The registration clerk records the patient's response by choosing one of the following menu selections:

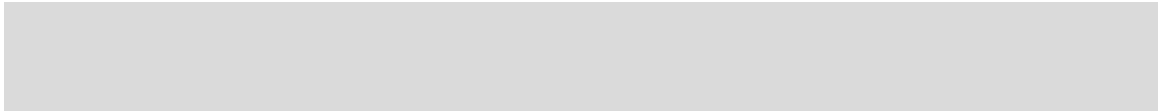

1. Yes - I have already registered on My HealtheVet
2. Yes - I would like to register on My HealtheVet
3. Yes - But I do not want to register right now
4. No - No one has spoken to me/I don't know about MyHealtheVet
5. No - I am not interested in registering on My HealtheVet
6. No - I don't have computer / mobile device / internet access

The Preregister a Patient, My HealtheVet socialization process continues depending on the patient's response.

The registration clerk reads the following prompt:



After reading the prompt, the registration clerk clicks “Return” to continue to the My HealtheVet Registration Fields status screen.




After reading the prompt, the registration clerk selects “Return” to continue to the list of possible actions that could be taken on behalf of the patient.

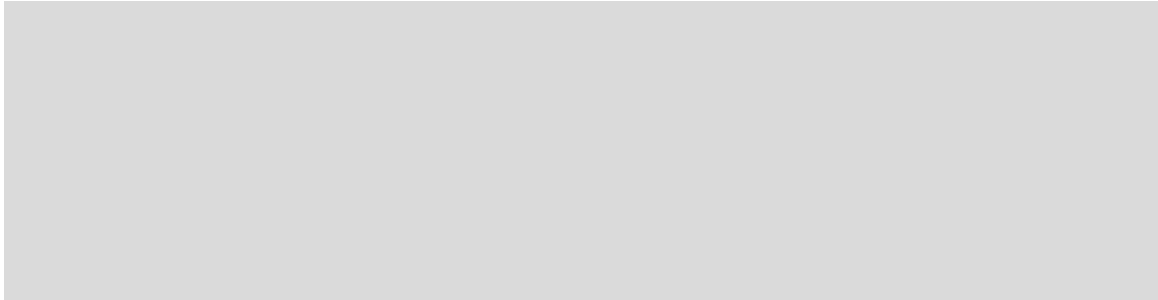
The registration clerk should provide assistance to the patient and record the action number taken. For example, the registration clerk could enter “1” if they helped the patient create a My HealtheVet account.

After the action taken is recorded and displayed, the registration clerk may change their selection by entering “(A)dd another, (D)elele an action, or <RET>” to save and exit.

Once the registration clerk is satisfied with their selection and clicks “<RET>” to save and exit, the preregistration process continues.




The registration clerk reads the following prompt:



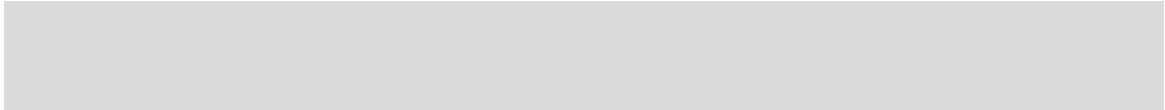
After reading the message, the registration clerk clicks “Return” to continue to the list of possible actions that could be taken on behalf of the patient.

The actions and the selection process are the same as in the previous selection “2. Yes – I would like to register on My HealtheVet.”

Once the registration clerk is satisfied with their selection and clicks “<RET>” to save and exit, the preregistration process continues.



The registration clerk reads the following prompt:



After reading the message, the registration clerk clicks “Return” to continue to the list of possible actions that could be taken on behalf of the patient.

The list of actions and the selection process are the same as in the previous selection “2. Yes – I would like to register on My HealtheVet.” Once the registration clerk is satisfied with their selection and clicks “<RET>” to save and exit, the preregistration process continues.

The registration clerk reads the following prompt:



After reading the message, the registration clerk clicks “Return” to continue.

The registration clerk asks the patient the following question and records the response:



If the answer is “a) Patient is not interested,” the registration clerk records “a” at the “Select a response” prompt and clicks “Return” to continue to the My HealtheVet Registration Status display.

If the answer is “b) Patient is interested,” the registration clerk records “b” at the “Select a response” prompt and clicks “Return” to continue to the list of possible actions that could be taken on behalf of the patient.


The list of actions and the selection process are the same as in the previous selection “2. Yes – I would like to register on My HealtheVet.” Once the registration clerk is satisfied with their selection and clicks “<RET>” to save and exit, preregistration continues.

The registration clerk reads the following prompt:



After reading the message, the registration clerk clicks “Return” to continue.

The registration clerk then determines the answer to the following question from the patient and records the response:

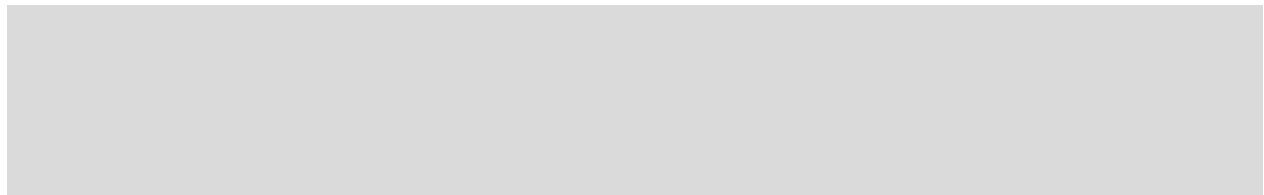


If the answer is “a) Patient is not interested,” the registration clerk records “a” at the “Select a response” prompt and clicks “Return” to continue to the My HealtheVet Registration Status display.

If the answer is “b) Patient is interested,” the registration clerk records “b” at the “Select a response” prompt and clicks “Return” to continue to the list of possible actions that could be taken on behalf of the patient.

The list of actions and the selection process are the same as in the previous selection “2. Yes – I would like to register on My HealtheVet.” Once the registration clerk is satisfied with their selection and clicks “<RET>” to save and exit, preregistration continues.

Following the My HealtheVet Alert and socialization questions, or directly after entering the Patient Name as part of Preregistration, the status of the My Healthevet Registration fields (listed below) are displayed, unless there is an action pending, along with a prompt to edit or continue preregistration.



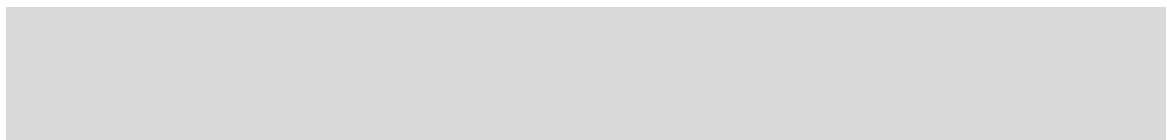
If the preregistration clerk clicks “RETURN,” preregistration continues.

The Registraton, Authenticated, and Secure Messaging fields are numbered, if the previous registration field has a status of . For example, if Registered and Authenticated are , the display above is shown with all three fields being directly editable. However, if Authenticated is unanswered, Action, or , only Registered and Authenticated fields can be edited.



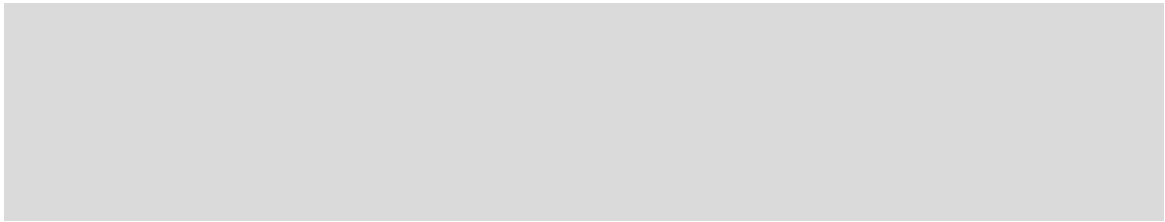
If the response is , the registration clerk is directed to the next Registration status field – Authenticated.

If the response is , the registration clerk must select a reason from the list of reasons displayed. If a closely matching reason is not available, the registration clerk should select “Other” and enter a reason up to 250 characters in length (something must be entered). Once the reason is entered, the My HealtheVet Registration Status displays the selected reason below “Registered.”



If the response is the registration clerk is directed to the next Registration status field, “Secure Messaging.”

If the response is or , the following is displayed instructing the registration clerk to provide information to the patient:

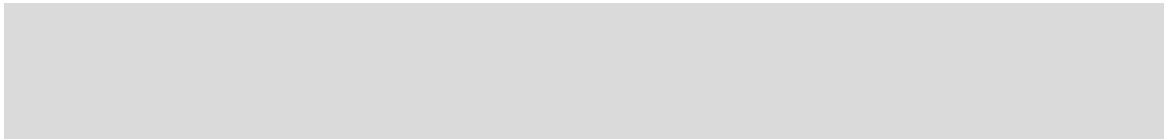


If the registration clerk assists the patient with authentication, the clerk should enter the response of for “Authenticated” after providing assistance.

If the response is the registration clerk must select a reason from the list of reasons displayed. If a closely matching reason is not available, the registration clerk should select “Other” and enter a reason up to 250 characters in length (something must be entered). Once the reason is entered, the My HealtheVet Registration Status displays the selected reason below “Authenticated.”

If the response is , the registration clerk must select an action from the list of actions presented. Once the action is entered, the preregistration process continues. If the patient is preregistered in the future, the My HealtheVet Alert displays with the action selected.

[



If the response is , the registration clerk is returned to the My HealtheVet Registration Status display where they may select “RETURN” to continue with preregistration.

If the registration clerk assists the patient with opting in for secure messaging, the clerk should enter the response of for “Secure Messaging” after providing assistance.

If the response is , the registration clerk must select a reason from the list of reasons displayed. If a closely matching reason is not available, the registration clerk should select “Other” and enter a reason up to 250 characters in length (something must be entered). Once the reason is entered, the My HealtheVet Registration Status displays the selected reason below “Secure Messaging.”

If the response is , the registration clerk must select an action from the list of actions presented. Once the action is entered, the preregistration process continues. If the patient is preregistered in the future, the My HealtheVet Alert displays with the action selected.

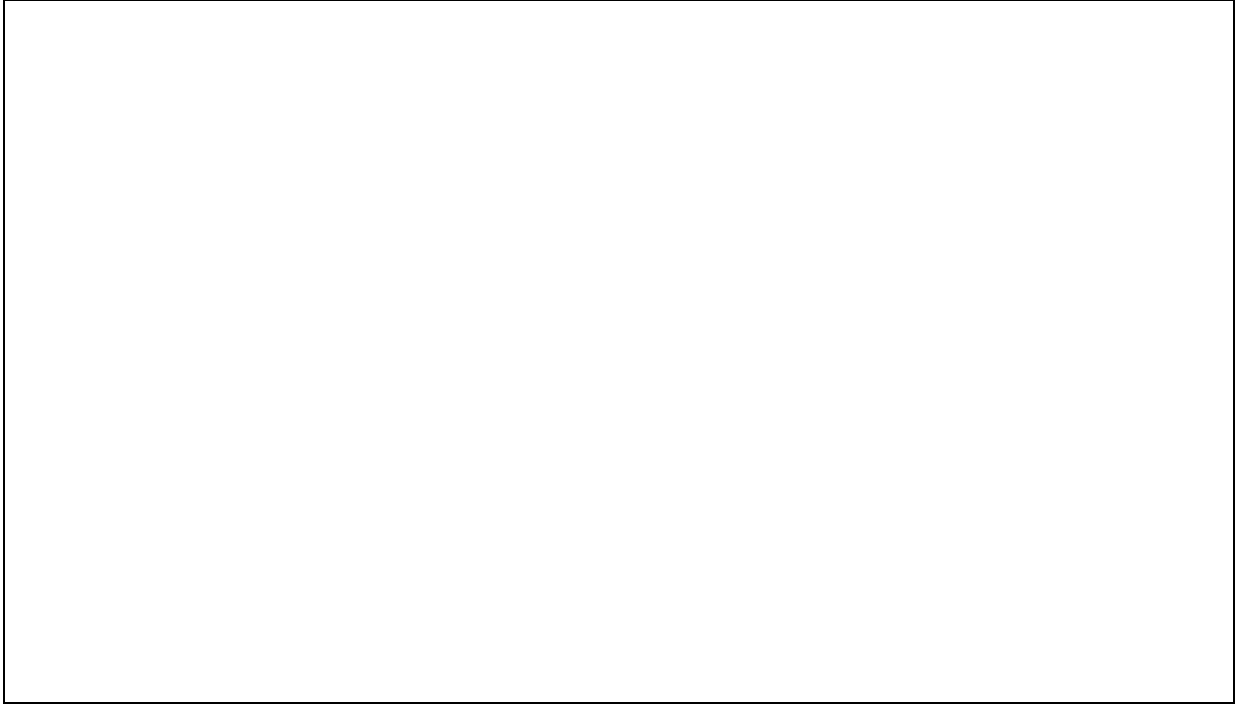
The VistA Consistency Checker identifies any unanswered field (Registered, Authenticated, or Secure Messaging) or if the My HealtheVet registration fields (Authenticated or Secure Messaging) have actions.

If the “MY HEALTHEVET REGISTRATION STATUS ABSENT/MISSING” check displays (i.e., 315-MHV REGISTRATION STATUS ABSENT) and the registration clerk completes the My HealtheVet Registration fields, the clerk should indicate “Yes,” they want to complete the identified inconsistencies.

The process for completing the fields is the same as in the My HealtheVet Registration Fields Status and Updates section..

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Other possible results returned from an Enterprise Search:

If no patients are found on the MVI or if the connection to the MVI is down, the Registration user will be prompted to add the patient based upon the data previously entered.

The following is an example of a patient not found on the MVI or connection to the MVI is down.



If too many matches are returned from the Enterprise Search, then the user is prompted to provide updated (more specific) search criteria to return a more limited search result list from which to select.

If the matches returned are above the Auto Link threshold, then the user must select one of the patients returned from the query (Auto Link threshold or Potential Match threshold) or hold the security key, DG MVI ADD PT, to override the selection.

Registration process continues as normal...

After you've selected a patient record, patient demographic, enrollment, eligibility, and emergency response indicator(s) information displays. If the patient record contains a date of death, the following prompt displays: "PATIENT EXPIRED [date]...WANT TO CONTINUE? No//". This prompt requires a response. If you respond with "No", you return to the menu. If you respond with "Yes", date of death information (including source of notification for date of death, date of last entry or update, and local submitter/user information) also displays. The date of death information is Read Only.

For existing patients in the PATIENT (#2) file; prior to entering patient data, the permanent address displays and the user is asked,

If the user answers YES, the system prompts each address field and the user is allowed to update the patient's permanent address information. The old and the new address information displays and the system asks the user

- a. If the user answers YES, the system displays "Change saved", the patient's permanent address change date/time stamp is updated, and a trigger is set to send a message to the HEC.
 - : It takes an actual change to the permanent address to update the permanent address change date/time stamp. If there were no changes to the permanent address information, and the user responds YES; no updates are made to the permanent address fields or permanent address change date/time stamp and a message is triggered to the HEC.
- b. If the user answers NO, the system displays "Change aborted". Neither the patient's permanent address information nor the permanent address change date/time stamp is updated and a message is triggered to the HEC.

If the user answers NO at the prompt, the system does not prompt the user for address information and the system continues the Register a Patient process.

Entry/edit of a patient's record is done via a series of formatted data screens. There are a total of fifteen screens distributed with the PIMS package. Screens 12-14 are informational only. The enter/edit process is not the same for every patient, nor for every user due to several variables that exist in the system. Your site has the ability to create its own additional screen in order to capture certain information it may need or to capture information in a different format. It has the ability to turn certain data screens ON and OFF according to patient type. Within the screens, it may specify which data groups may be entered/edited. The DG ELIGIBILITY security key also plays a role in your ability to enter/edit data. Depending upon whether eligibility was verified, certain information may only be edited by a user holding this security key.

In order to prevent catastrophic edits to a patient's identity, four patient identity fields were established. They are patient name (first and/or last name components), social security number, date of birth, and sex. If modifications are made to two or more of these fields within one edit session, a warning alert displays. If you proceed with the edits, an alert with the potential patient catastrophic edits is forwarded to your site's ADPAC and appropriate supervisor for review and action. In addition, the after edits of the patient identification fields display an asterisk to highlight the edited fields that were modified when the alert was generated. The alerts remain on file for one year.

The HIGH INTENSITY field in the MAS parameters was provided to assist you in the identification of the fields that may/may not be edited. If this field was set to YES at your facility, the number next to those data groups which may be edited are in boldface type; those which are un-editable do not (excluding Screen 8). For those sites not using High Intensity, numbers of data groups that may be edited are enclosed in [], while those that are un-editable are enclosed in < >s (excluding Screen 8).

The Registration Supplement provides an example of each data screen and a description of each associated field. Refer to this Supplement when entering or editing patient information, if necessary.

If your site has the Consistency Checker turned ON, the system performs a check for inconsistent/unspecified data elements at the conclusion of the entry/edit process. If any are found, you are given the opportunity to make the necessary corrections.

You may now register a patient without the eligibility code or period of service entered. Check for these elements at disposition.

As previously mentioned, this option also allows you to perform several registration-related functions.

You may make a HINQ inquiry and emboss a patient data card. With the installation of the Veteran Identification Card (VIC) software, the prompt “Download VIC data?” was added to allow you to download the selected patient’s demographic data to the photo capture station. The existing “EMBOSS DATA CARD?” prompt was changed to “EMBOSS (OLD) DATA CARD?”.

If Record Tracking is running at your facility, you are able to create records for new patients and print corresponding barcode labels. If the patient already has records in the Record Tracking system, you are able to issue a request for these records to the file room. The “Select Admitting Area” prompt must be answered, in order to request records.

The system determines a patient's need for Means Testing and Copay Testing and, if necessary, allow you to complete the required test. For the Copay Test, the veteran has to request that the test be completed. For instructions on Means Test, refer to the Add a New Means Test or Complete a Required Means Test options. For instructions on Copay Test, refer to the Add a New Copay Test option.

At the conclusion of the registration process, you are prompted to print the 10-10EZ form.

- a. Because the financial information that is printed on the 10-10EZ or 10-10EZR form is taken from a means test associated with the patient, and because a patient may have several means test entries during his/her course of care, the ‘PRINT 10-10EZ?’ and ‘PRINT 10-10EZR?’ prompts present a selection list of means test entries associated with the patient. The selection list of means test entries contain future Means Tests and future Co-Pay Exemption Tests that are not Primary. The selection list also contains the most current Means Test, Co-Pay Exemption Test, and LTC Co-Pay Exemption Test that are Primary.
- b. If data for the patient does not exist in the VistA patient database, a message displays informing the user that the forms are not printed.

The system assigns a status to every patient registration. Available statuses are: 10-10 VISIT, UNSCHEDULED, and APPLICATION WITHOUT EXAM. Determination of the status is based upon whether the patient is currently followed in a clinic for the same condition and if the patient is to be examined in the medical center that day.

All necessary data from a registration is collected for entry into the AMIS 400 series reports. The REGISTRATION ELIGIBILITY CODE and SC% AT REGISTRATION fields were included to allow sites flexibility in the grouping of their AMIS 400 series reports.

An UNSCHEDULED (1010) VISIT OE/RR NOTIFICATION may display with v2.5 of Order Entry/Results Reporting. The patient must have been examined. The notification only displays for patients who are defined in an OE/RR LIST entry and only display to users defined in that list entry. Refer to the Order Entry/Results Reporting documentation for more information concerning OE/RR notifications, if needed.

Screen 8 of this option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items. The following is a brief explanation of some of the actions listed on this screen.

- In order to edit the dependent demographics, the selected dependent has to be active.
- Delete Dependent functionality requires that the user hold the DG DEPDELETE security key. This functionality is used to delete duplicate dependents. In order to delete a dependent, they must be removed from Means Test.
- Expand Dependent moves you to another screen. It is used to edit the effective date (date the person became a dependent of the veteran). It may also be used to display the dependent demographic data including SSN, DOB, Status, Address, Sex, Maiden (Name), Effective Date and Phone (Number).

- Used to enter/edit last year's marital status for the veteran.
- This protocol is not selectable from the registration screens.
- This protocol is not selectable from the registration screens.

At the beginning of the registration process, “Enrollment/Eligibility Query sent ...” displays on your screen to notify you that the software sent an enrollment query for the selected patient to the patient database at the Health Eligibility Center (HEC). If the enrollment information for the selected patient is not returned by the end of the registration process, you can enroll the patient via the Patient Enrollment option.

When patient demographic data is retrieved for a patient who was marked as “Sensitive”, by the HEC the following table describes the actions that are taken at the Requesting Site (RS).

Table 7: Scenarios for a Patient Marked Sensitive, including Actions Taken at RS and LST

Scenario	Actions Taken at RS
1. Sensitive Patient Flag (SPF) received from HEC & flagged “Sensitive” at LST	<ol style="list-style-type: none"> 1. Patient demographic data for “Sensitive” designated patients at the LST is retrieved and filed directly into the RS’s local database. 2. Indicators, flags, and/or file entries that identify the patient as “Sensitive” are not retrieved.
2. SPF received from HEC & not flagged “Sensitive” at LST	<ol style="list-style-type: none"> 1. Patient demographic data for “Non-Sensitive” designated patients at the LST is retrieved and filed directly into the RS’s local database. 2. Indicators, flags, and/or file entries that identify the patient as “Sensitive” are not retrieved.
3. SPF not received from HEC & flagged “Sensitive” at LST	<ol style="list-style-type: none"> 1. Patient demographic data for “Sensitive” designated patients at the LST is retrieved and filed directly into the RS’s local database. 2. Indicators, flags, and/or file entries that identify the patient as “Sensitive” are retrieved and filed at the RS. 3. A “Sensitive Patient Data Retrieved” notification mail message is automatically sent to a new mail group and to the local user at the RS who registered the patient. 4. A mail bulletin is also sent to the ISO to provide notification that a sensitive patient record was accessed and create the appropriate entry in the existing Security Log File audit trail.
1. SPF not received from HEC & not flagged “Sensitive” at LST	<ol style="list-style-type: none"> 1. Patient demographic data for “Non-Sensitive” designated patients at the LST is retrieved and filed directly into the RS’s local database. 2. Indicators, flags, and/or file entries that identify the patient as “Sensitive” are not retrieved.

When patient demographic data is retrieved for a patient who has a Date of Death recorded at the LST, a message displays on the screen that Date of Death information was retrieved. The Date of Death

information is not automatically filed into the requesting site's database; instead, it is placed into a mail message and sent to the RO mail group.

The Veterans Healthcare Eligibility Reform Act of 1996, PL 104-262, prohibits providing care for veterans who are not enrolled after October 1, 1998 (with limited exceptions). The Register a Patient option displays enrollment information and provides the ability to enroll the patient in the VA Patient Enrollment System.

A preliminary priority value is calculated on an initial enrollment application. In the case of EGT Type 2 (STOP NEW ENROLLMENTS THIS CYCLE), if the preliminary priority is the latest EGT setting for a new enrollee or the latest EGT for a current enrollee, a preliminary Enrollment Category of "Not Enrolled" and a preliminary Enrollment Status of "Rejected - Initial Application by VAMC" shall be assigned. In the case of EGT Type 1 (ANNUAL FISCAL YEAR) or EGT Type 3 (MID-CYCLE), if the preliminary priority is the latest EGT setting, a preliminary Enrollment Category of "Not Enrolled" and a preliminary Enrollment Status of "Rejected - Initial Application by VAMC" shall be assigned. If the preliminary priority cannot be calculated or is calculated above the latest EGT setting, a preliminary Enrollment Category of "In Process" and a preliminary Enrollment Status of "Unverified" shall be assigned. At verification, the HEC recalculates these fields based on a Master Veteran Record containing all nationally available patient data.

A query is automatically sent to the Health Eligibility Center (HEC) when a patient registration is completed through this option. This query determines if a Means Test or Copay Exemption Test (with Income Screening information) was completed for the veteran for a specified income year. The HEC processes the query, and if there is a completed Means Test or Copay Exemption Test (with Income Screening information), the HEC transmits the Primary test and any Hardship determinations to the VAMC that sent the query.

The veteran's Long Term Care (LTC) copayment status and last test date displays when using this option. If the last test is over a year old, the message "***NEW TEST REQUIRED***" displays. If the veteran did not agree to pay the copayments, the following ineligible message displays.

4.23

The output may contain the following information.

- Patient's name and last four numbers of SSN

- Name of the user who made the last change(s) and date/time the last change(s) were made

- Source of change (VAMC, HEC, etc.)

- Permanent address as of 24 hours ago

- Permanent address as of now

- Foreign address changes

- Home and work phone numbers

- Count indicating total number of records listed on the report

It is recommended that this report be queued to run after normal business hours.

4.24

Foreign address changes

Notification if patient has active pharmacy prescription(s)

4.25 U

The report has the following fields:

Veteran's DFN

Veteran's Name and SSN

CV End Date

The report may be sorted by:

Veteran's DFN

Veteran's Name

A bulletin is sent to the members of the DGEN ELIGIBILITY ALERT mail group at the veteran's VAMCs of record to update the veteran's CV Eligibility information when there is a change to the CV Eligibility End Date at the HEC.

The following is an example of the Unsupported CV End Date Bulletin.

The Veteran's DFN displays in the Subject line to help you correlate the data in the bulletin to the data in the Unsupported CV End Date Report.

4.28

Table 8: For US and US Possessions only, Field Column in the Report may Include Data in One or More of the Fields from the PATIENT File (#2)

Field Number	Field Name	Displays on the Report as
.093	PLACE OF BIRTH [STATE]	Place of Birth
.115	STATE	Permanent Address - State
.117	COUNTY	Permanent Address - County
.1215	TEMPORARY STATE	Temporary Address - State
.12111	TEMPORARY COUNTY	Temporary Address - County
.1415	CONFIDENTIAL ADDRESS STATE	Confidential Address - State
.14111	CONFIDENTIAL ADDRESS COUNTY	Confidential Address - County
.1654	INELIGIBLE TWX STATE	Ineligible TWX
.1659	MISSING PERSON TWX STATE Missing	Person TWX
.217	K-STATE	Next of Kin
.2197	K2-STATE	Next of Kin 2
.256	SPOUSE'S EMPLOYER'S STATE	Spouse's Employer
.2917	STATE (VA)	VA Guardian
.2927	STATE (CIVIL)	Civil Guardian
.3117	EMPLOYER STATE	Employer
.3317	E2-STATE	Emergency Contact 2
.337	E-STATE	Emergency Contact
.347	D-STATE	Designee
2.06	INS TYPE-EMPLOYER CLAIMS STATE	Insurance Type - Emp Claims
3.09	INS TYPE-INSURED'S STATE	Insurance Type - Insured's
13	INS TYPE-AGENT'S STATE	Insurance Type - Agent's
35	INS TYPE-A-STATE	Attorney

Table 9: For Foreign Addresses only, Field Column in the Report may Include Data in One or More of the Fields from the PATIENT File (#2)

Field Number	Field Name	Appears on the Report as
.115	STATE	Permanent Address - State
.1215	TEMPORARY STATE	Temporary Address - State
.1415	CONFIDENTIAL ADDRESS STATE	Confidential Address - State

5.2

Appendix A: Registration Supplement

The collecting of patient registration data is done via a series of formatted data screens. There are fifteen of these screens distributed with the Patient Information Management System (PIMS) package. The first eleven are dedicated to gathering the patient's registration information. This information makes up the patient's "file" in your computer. Screens 12-14 are for information purposes only and the data contained on them is not editable. They provide past admission and application information, as well as the patient's clinic enrollments and a listing of future appointments. Each screen also has an associated HELP screen that may be accessed by entering a <?> at the prompt on each screen. Following is a list of the fifteen screens.

The registration or load/editing process varies from patient to patient and user to user. This is due to several factors: the patient type, your site parameters, whether certain data was verified, and whether you hold the DG ELIGIBILITY security key.

For each new patient entered into the system, you are prompted to enter a patient type. Patient types are distributed with the package. Patient type determines (in part) which screens are presented during the registration process, as well as which data items on the screens are available for entry/edit. Screens 1, 1.1, 2, 4, 5, 7, 12, 13, 14, and 15 are always presented. The presentation of Screens 3, 6, 8, 9, 10, and 11 varies, because your site has the ability to turn these screens OFF and ON according to patient type. This was done to allow sites flexibility in the collection of their patient data. For example, a site may not want to collect military service data for a collateral patient. Therefore, the Military Service Data Screen is turned OFF for that patient type.

Your site is also able to set up an additional registration screen should it wish to capture certain data in a different format. The fields displayed on this screen must already exist in the system (PATIENT file (#2)), so the data prompts associated with such a screen would be familiar to you. This screen, if set up, always displays at the end of the registration process.

Certain data such as an applicant's name, SSN, date of birth, eligibility, monetary benefits, and service record are subject to verification. The verification must be performed by someone with the DG ELIGIBILITY security key. Up until the time of verification, any user is able to enter/edit data pertaining to these categories. After verification, the data may be viewed by all users; however, only those who hold the DG ELIGIBILITY security key are able to edit this data.

For every option that displays the patient's SSN, if the patient has a Pseudo SSN on file, the message "***Pseudo SSN**" displays next to the SSN.

Each screen (excluding Screen 8) is set up in numbered data groups. If the number of the data group displays in brackets [], you are able to enter/edit its data. If it displays in arrows < >, you cannot enter/edit. A High Intensity feature was also supplied. If this feature is turned ON (through the MAS Parameter Entry/Edit option of the ADT System Definition menu), those data groups that you may edit are highlighted on your screen, while those that are not editable are not highlighted. The system determines which information is editable by user and patient type.

Screen 8 uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

For the purposes of this Supplement, all non-informational screens and data groups are shown as being "available"; that is, their corresponding numbers are surrounded by brackets []. Keep in mind that this may not be the case when you are actually working on the system.

No defaults are shown in this Supplement. If you are editing the record of an existing patient, previously entered information displays as a default. You may enter a <RET> to accept the default value.

The following are examples of each Registration Data Screen, along with definitions of each of the data groups and associated fields. Information that is subject to verification is indicated. Fields that are indented are prompted, based upon the entry made at the primary prompt (the prompt under which the field is indented). Much of the time, data entered into these fields is deleted when changing or deleting the entry at the primary prompt. This is explained for each appropriate data grouping or field.

The VistA Admit, Discharge, and Transfer (ADT) and Scheduling Packages support the capture of the preferred language preferences of the Veteran. This data facilitates better treatment for the Veteran by allowing precise verbal communication through use of interpreters if necessary. The Register a Patient [DG REGISTER PATIENT] and the Make Appointment [SDM] options require the input of the patient's preferred language and the date/time the entry was added to the system. These are required fields and must be entered, if they were not previously entered for the patient. The LANGUAGE file (#.85) was updated with the VA FileMan release 22.2 and contains the complete list of ISO standard languages.

PATIENT DEMOGRAPHIC DATA SCREEN <1>

DATA GROUP 1

Once a patient's eligibility is verified, the information contained in this data group may not be edited by anyone not holding the DG ELIGIBILITY security key. Up until the time of eligibility verification, any user may enter/edit these fields. After verification, it is available for viewing to all users; however, only holders of the DG ELIGIBILITY security key are able to enter/edit the information.

In order to prevent catastrophic edits to a patient's identity, four patient identity fields were established. They are patient name (first and/or last name components), social security number, date of birth, and birth sex. If modifications are made to two or more of these fields within one edit session, a warning alert displays. If you proceed with the edits, an alert with the potential patient catastrophic edits is forwarded to your site's ADPAC and appropriate supervisor for review and action. In addition, the after edits of the patient identification fields display an asterisk to highlight the edited fields that were modified when the alert was generated. The alerts remain on file for one year.

FAMILY (LAST) NAME - Enter the applicant's last name

GIVEN (FIRST) NAME - Enter the applicant's first name

MIDDLE NAME - Enter the applicant's middle name

PREFIX - Enter applicant's name prefix, such as Mr or Mrs

SUFFIX - Enter applicant's name suffix, such as JR, SR, II, III

DEGREE - Enter applicant's academic degree, such as BA, BS, MD, or PhD

SOCIAL SECURITY NUMBER - Answer with the individual's social security number must be 9 numbers in length)

- a. The SSN is sent to the Social Security Administration (SSA) for verification. After the SSN status is verified by the SSA, it can only be edited by members of the Identity Management Data Quality Team, and VERIFIED displays next to the SSN. If the SSN status is Invalid per SSA, INVALID displays next to the SSN.
- b. If a valid SSN is not known, enter P at the "SOCIAL SECURITY NUMBER" prompt for the system to automatically assign a Pseudo SSN. You must then enter a Pseudo SSN reason. You should make every effort to obtain the patient's actual SSN.

DATE OF BIRTH - Enter the applicant's date of birth

Date of Birth cannot be a date after the Ineligible date and cannot be a date after the Enrollment Application Date.

BIRTH SEX - M for MALE (default), F for FEMALE

MULTIPLE BIRTH INDICATOR (MBI) - Is this applicant part of a multiple birth? N for NO (default), Y for YES - part of multiple birth

SELF-IDENTIFIED GENDER IDENTITY - Select the code that specifies the patient's preferred gender. This SELF IDENTIFIED GENDER value indicates the patient's view of their Gender Identity, if they choose to provide it.

You may enter a <?> to select from a list of available entries:

M - Male

F - Female
TM - Transmale/Transman/Female-to-Male
TF - Transfemale/Transwoman/Male-to-Female
O – Other
N - individual chooses not to answer

DATA GROUP 2

ALIAS - Alternate name (if any) the applicant uses (2-30 characters)

An entry in this field is automatically cross-referenced and the applicant may be called up using this alias. This is a multiple field; you are returned to this prompt repeatedly until no more entries are made. For each entry, the following is prompted.

ALIAS SSN - Alternate social security number applicant uses, if any.

DATA GROUP 3

REMARKS - You may enter a free text comment (3-60 characters) regarding the patient.

If a patient was declared ineligible, a remark to indicate this is automatically inserted into this field.

If a patient's enrollment status is REJECTED, a remark to indicate this, is automatically inserted into this field.

DATA GROUP 4

The following rules apply when editing patient permanent address information via the following options:

Load/Edit Patient Data

Register a Patient

Preregister a Patient

Patient Address Update

Manila, Philippines is exempt from these rules; you are able to edit all the patient permanent address fields without the ZIP Code linking features.

If a specific ZIP Code corresponds to a geographical location on file, a list of city choices is provided; an asterisk (*) indicates the USPS default city for that ZIP Code.

If a city name has a standard United States Postal Service (USPS) abbreviation, the standard abbreviation is listed (and saved when selected).

Users with the EAS GMT COUNTY EDIT key are allowed to edit state and county and/or enter a ZIP Code that is not currently in File #5.12 as the patient's ZIP Code (without adding the ZIP Code to File #5.12), or enter free text city name.

If more than one state and county correspond to a ZIP Code, the user is allowed to edit the STATE and COUNTY fields (even if the user does not have the *EAS GMT COUNTY EDIT key).

The EAS GMT COUNTY EDIT security key should be assigned to the appropriate individuals at your facility.

After address edits are completed via the Load/Edit Patient Data, Register a Patient, Preregister a Patient,

or Patient Address Update options, “before change” and “after change” values for the patient permanent address fields display on your screen. The changes are saved only after you confirm their accuracy. If you time out, answer “NO”, or enter a single caret (^) or double caret (^^) in response to the confirmation question, all changes are aborted. If you enter single caret (^) or double caret (^^) during the editing of any field in the patient permanent address, “EXIT NOT ALLOWED ??” is displayed, and the same field is prompted until you provide a valid input.

COUNTRY – Enter the country code, postal code, or description of the country where the patient’s permanent address is located. If entering an Army/Air Force Post Office (APO) or a Fleet Post Office (FPO) address, select United States as the country. If you enter a country other than the United States, the software prompts for Province and Postal Code vice Zip+4, or State. Both Province and Postal Code are free text fields.

STREET ADDRESS [LINE 1], [LINE 2] [LINE 3] – Prepopulated with the values saved in the PATIENT file (#2) if the patient has corresponding address fields saved in the PATIENT file (#2); no user entry required. Line 3 displays only if an entry exists in Line 2.

ZIP+4 – Prepopulated with the values saved in the PATIENT file (#2) if the patient has corresponding address fields saved in the PATIENT file (#2); no user entry required.

CITY – Prepopulated with the values saved in the PATIENT file (#2) if the patient has corresponding address fields saved in the PATIENT file (#2); no user entry required.

STATE – Prepopulated by the zip-linking feature, following the zip-linking rules; no user entry required.

COUNTY - Prepopulated by the zip-linking feature, following the zip-linking rules; no user entry required.

PHONE NUMBER [RESIDENCE] - Enter applicant's residence telephone number.

PHONE NUMBER [WORK] - Enter applicant's business telephone number (4-20 characters).

BAD ADDRESS INDICATOR - Applies to the address at which the patient resides. Setting this field prevents a bad address from being shared with HEC and other VAMC facilities. It also is used to block Means Test Renewal Letters from being sent.

The Veterans Financial Assessment Project removed the requirement for veterans to complete an annual means test. The Means Test Renewal Letter options were disabled with EAS*1*106 released in Host file DG_53_P858.

Once the Bad Address Indicator is set, incoming “newer” addresses and/or address updates manually entered by VAMC site staff automatically remove the Bad Address Indicator and allow the “updated” address to be transmitted to HEC and other VAMC facilities.

When a bad address is indicated at the LST, no address information is returned from the LST to the local site.

This field should be manually set as follows (if applicable):

NULL – indicating the veteran’s address is assumed to be good

UNDELIVERABLE – mail sent to this address was returned or is otherwise known to be undeliverable

HOMELESS – veteran has no known address

ADDRESS NOT FOUND – for use by ESR only

OTHER – reason other than Undeliverable, Homeless, or Address Not Found

DATA GROUP 5

This data group allows you to enter a temporary address for the applicant. If a temporary address is already on file and NO is answered at the first prompt, the START DATE and END DATE is automatically deleted. The address remains on file but may only be viewed/edited when YES is answered at the first prompt. To delete all temporary address data, answer NO at the first prompt and YES at the following prompt: "Do you want to delete all temporary address data?". To retain all data on file, enter an up-arrow <^> at the primary prompt.

TEMPORARY ADDRESS ACTIVE? - YES/NO - If YES, the following fields are also prompted.

TEMPORARY ADDRESS START DATE - Beginning date at temporary address.

TEMPORARY ADDRESS END DATE - Ending date applicant is at temporary address.

TEMPORARY ADDRESS COUNTRY: UNITED STATES// - Enter the country code, postal code, or description of the country where the patient's temporary address is located. If entering an Army/Air Force Post Office (APO) or a Fleet Post Office (FPO) address, select United States as the country. If you enter a country other than the United States, the software prompts for Temporary Province and Temporary Postal Code vice Temporary Zip+4, or Temporary State. Both Temporary Province and Temporary Postal Code are free text fields.

TEMPORARY STREET [LINE 1] |

TEMPORARY STREET [LINE 2] |

TEMPORARY STREET [LINE 3] | Enter applicant's temporary address/phone

TEMPORARY ZIP+4 If a specific ZIP Code corresponds to a geographical location on file, a list of city choices are provided; an asterisk (*) indicates the USPS default city for that ZIP Code.

TEMPORARY CITY |

TEMPORARY STATE |

TEMPORARY ADDRESS COUNTY |

TEMPORARY PHONE NUMBER |

Required fields for DOMESTIC address	Required fields for FOREIGN address
1. STREET ADDRESS [LINE 1] 2. CITY 3. STATE 4. ZIP 5. COUNTY 6. COUNTRY	1. STREET ADDRESS [LINE 1] 2. CITY 3. COUNTRY

You cannot exit these fields or jump to another field using the caret (^); you must enter the required information.

ADDITIONAL PATIENT DEMOGRAPHIC DATA SCREEN <1.1>

DATA GROUP 1

This data group allows you to enter a confidential address for the applicant. A confidential address is an alternative mailing address to be used for the mailing of confidential correspondence types designated by the veteran. If a confidential address is already on file and NO is answered at the first prompt, the START DATE and END DATE is automatically deleted. The address remains on file but may only be viewed/edited when YES is answered at the first prompt. To delete all confidential address data, answer NO at the first prompt and YES at the following prompt: "Do you want to delete all confidential address data?". To retain all data on file, enter an up-arrow <^> at the primary prompt.

CONFIDENTIAL ADDRESS ACTIVE? - YES/NO - If YES, the following fields are also prompted.

CONFIDENTIAL ADDRESS START DATE - Date to start using confidential address.

CONFIDENTIAL ADDRESS END DATE - Date to stop using confidential address.

CONFIDENTIAL ADDRESS CATEGORY - Enter the category type of mail veteran wishes sent to the confidential address. This is a multiple field. You return to this prompt repeatedly until no more categories are entered. You may enter a <?> to select from a list of available entries.

CONFIDENTIAL ADDRESS COUNTRY: UNITED STATES// - Enter the country code, postal code, or description of the country where the patient's confidential address is located. If entering an Army/Air Force Post Office (APO) or a Fleet Post Office (FPO) address, select United States as the country. If you enter a country other than the United States, the software prompts for Confidential Province and Confidential Postal Code vice Confidential Zip+4, or Confidential State. Both Confidential Province and Confidential Postal Code are free text fields.

CONFIDENTIAL STREET [LINE 1] |

CONFIDENTIAL STREET [LINE 2] | Enter applicant's confidential address

CONFIDENTIAL STREET [LINE 3] |

CONFIDENTIAL ADDRESS ZIP CODE If a specific ZIP Code corresponds to a geographical location on file, a list of city choices are provided; an asterisk (*) indicates the USPS default city for that ZIP Code.

CONFIDENTIAL ADDRESS CITY |

CONFIDENTIAL ADDRESS STATE |

|

CONFIDENTIAL ADDRESS COUNTY |

CONFIDENTIAL PHONE NUMBER |

Required fields for DOMESTIC address	Required fields for FOREIGN address
1. STREET ADDRESS [LINE 1] 2. CITY 3. STATE 4. ZIP 5. COUNTY 6. COUNTRY	1. STREET ADDRESS [LINE 1] 2. CITY 3. COUNTRY

You cannot exit these fields or jump to another field using the caret (^); you must enter the required information.

DATA GROUP 2

This data group allows you to enter, edit and delete a veteran's Cell Phone Number, Pager Number and Email Address. If the E-Mail Address Indicator is set to 'YES', the E-Mail Address is required. If entered, an "@" character is required, in order for the Email Address to be accepted and stored.

PHONE NUMBER [CELLULAR] – Enter the telephone number [4 – 20 characters] for this applicant's cellular phone. The entry may contain numbers [0-9], parentheses [()], dashes [-], periods [.] and spaces. Alpha characters [A-Z] are not allowed. Cellular phone number is not required.

PAGER NUMBER – Enter the applicant's pager number [4 – 20 characters]. The entry may contain numbers [0-9], parentheses [()], dashes [-], periods [.] and spaces. Alpha characters [A-Z] are not allowed. Pager number is not required.

EMAIL ADDRESS INDICATOR - Enter 'YES' or 'NO'. The Email Address Indicator and its associated date/time stamp does not display on Screen 1.1, but is stored in the PATIENT (#2) file.

EMAIL ADDRESS – Email Address is required if the Email Address Indicator is set to 'YES'. Email Address cannot be entered, if the Email Address Indicator is not set to 'YES'.

Enter the applicant's Email Address [1 – NN characters], if the Email Address Indicator is set to 'Y' (YES). If entered, the address must contain an "@". Email address is not required.

PATIENT DATA SCREEN <2>

DATA GROUP 1

MARITAL STATUS - Enter the appropriate marital status for the applicant. You may enter a <?> to obtain a list of choices.

RELIGIOUS PREFERENCE - Enter applicant's religion or code. You may enter a <?> to obtain a list of choices.

PLACE OF BIRTH [CITY] - Enter city (or foreign country if born outside U.S.) where applicant was born (2-20 characters).

PLACE OF BIRTH [STATE] - Enter state or state code where applicant was born. You may enter a <?> to select from available list.

FATHER'S NAME - Enter name of applicant's father in "LAST,FIRST MIDDLE SUFFIX" format.

MOTHER'S NAME - Enter name of applicant's mother in "LAST,FIRST MIDDLE SUFFIX" format.

MOTHER'S MAIDEN NAME - Enter maiden name (last name prior to marriage) of applicant's mother (3-35 characters).

SPINAL CORD INJURY - Is the applicant a spinal cord injury patient? Enter the appropriate value. You may enter a <?> to obtain a current list of choices.

DATA GROUP 2

This group is used to enter the past two dates and locations of the applicant's last VA care (aside from the facility to which the veteran is applying). When YES is answered at the initial prompt (REC'D VA CARE PREVIOUSLY), the locations/dates are prompted. Deletion of data in these two fields is automatic if NO is subsequently entered at the initial prompt.

REC'D VA CARE PREVIOUSLY - YES/NO - Has applicant received care previously in a VA facility? If YES, the following is prompted.

- a. MOST RECENT LOCATION OF CARE - Name or number of VA facility at which patient received most recent episode of care (other than facility to which the veteran is applying). Enter a <?> for a list of selectable names/numbers.
- b. MOST RECENT DATE OF CARE - Date of most recent episode of care in another VA facility
- c. 2ND MOST RECENT LOCATION - Name or number of VA facility at which patient received 2nd most recent episode of care (other than facility to which the veteran is applying). If an entry is made, the following is also prompted.
- d. 2ND MOST RECENT DATE OF CARE - Date of 2nd most recent episode of care in another VA facility.

DATA GROUP 3

ETHNICITY INFORMATION - From available list, the ethnicity that best identifies the patient

RACE INFORMATION - From available list, the race that best identifies the patient

DATA GROUP 4

DATE OF DEATH INFORMATION

The following date of death information is displayed if applicable and is for display purposes only. Data entry/edit is through the Discharge a Patient and Death Entry options.

DATE OF DEATH - Date and time of death

SOURCE OF NOTIFICATION - Source who made notification of date of death (with the release of DG*5.3*901 – Date of Death Enhancements, entering the Source of Notification in VistA is restricted to Inpatient at VAMC (1), Death Certification on File (3) or NCA (7))

SUPPORTING DOCUMENTATION TYPES – Supporting Documentation Type used to inform of the Patient's Death (with the release of DG*5.3*939 4 types have been restricted from display to the user: BENEFICIARY SUPPORT TOOL, MILITARY PERSONNEL SOURCES, NCA FILE, SSA DMF).

UPDATED DATE/TIME - Date and time date of death information last updated

LAST EDITED BY - Name of local user who last edited date of death information

DATA GROUP 5

EMERGENCY RESPONSE INDICATOR - Select the appropriate emergency response indicator. Currently, the only available selection is K (for Hurricane Katrina). This field is optional and may be left blank.

EMERGENCY CONTACT DATA SCREEN <3>

DATA GROUP 1

K-NAME OF PRIMARY NOK - Name of applicant's next-of-kin (3-35 characters). If an entry is made in this field, the following fields are also prompted. When the entry in this field is deleted, all entries in the following fields are also deleted. Deletion of data in the following fields may not be accomplished, unless the entry in this field is first deleted.

K-RELATIONSHIP TO PATIENT - Relationship of patient's next of kin (1-30 characters)

K-ADDRESS SAME AS PATIENT'S - YES/NO - If YES, the applicant's information is automatically inserted in the next-of-kin address fields and automatically updated when the applicant's address is updated. If NO, the following fields are prompted.

- | | |
|------------------------------|---------------------------------|
| a. K-STREET ADDRESS [LINE 1] | |
| b. K-STREET ADDRESS [LINE 2] | |
| c. K-STREET ADDRESS [LINE 3] | Address/telephone number of |
| d. K-CITY | Applicant's primary next-of-kin |
| e. K-STATE | |
| f. K-ZIP+4 | |
| g. K-PHONE NUMBER | |
| h. K-WORK PHONE | |

DATA GROUP 2

No entry may be made into this data group, unless a primary next-of-kin was entered (Data Group 1).

K2-NAME OF SECONDARY NOK - Name of applicant's secondary next-of-kin (3-35 characters). If an entry is made in this field, the following fields are also prompted and data contained in them are automatically deleted upon deletion of the entry in this field.

K2-RELATIONSHIP TO PATIENT - Relationship of applicant's secondary next-of-kin (1-30 characters)

K2-ADDRESS SAME AS PATIENT'S - YES/NO - If YES, the applicant's address information is automatically inserted in the following fields and updated accordingly as the applicant's address is updated. If NO, the following fields are prompted.

- | | |
|-------------------------------|--|
| a. K2-STREET ADDRESS [LINE 1] | |
| b. K2-STREET ADDRESS [LINE 2] | |
| c. K3-STREET ADDRESS [LINE 3] | |
| d. K2-CITY | Address/phone of applicant's secondary |
| e. K2-STATE | Next-of-kin |
| f. K2-ZIP+4 | |
| g. K2-PHONE NUMBER | |
| h. K-WORK PHONE | |

DATA GROUP 3

E-EMER. CONTACT SAME AS NOK - YES/NO - Is the person to contact in the event of emergency, the same as the patient's next-of-kin? If YES, the information on file for the applicant's primary next-of-kin is automatically inserted in the following fields and updated accordingly, as the next-of-kin information is updated. If NO, the following fields are also prompted.

E-NAME

- | | |
|---------------------------|---|
| E-RELATIONSHIP TO PATIENT | |
| E-STREET ADDRESS [LINE 1] | |
| E-STREET ADDRESS [LINE 2] | Name/relationship/address/phone number of |

E-STREET ADDRESS [LINE 3]	primary individual to contact in event of
E-CITY	emergency
E-STATE	
E-ZIP+4	
E-PHONE NUMBER	
E-WORK PHONE	

DATA GROUP 4

No entry may be made in this data group unless a primary emergency contact was specified in Data Group 3.

E2-NAME OF SECONDARY CONTACT - Name of secondary individual to contact in the event of an emergency. If an entry is made in this field, the following fields are also prompted.

E2-RELATIONSHIP TO PATIENT	
E2-STREET ADDRESS [LINE 1]	
E2-STREET ADDRESS [LINE 2]	
E2-STREET ADDRESS [LINE 3]	Name/relationship/address/telephone number of
E2-CITY	Secondary individual to contact in the event of an
E2-STATE	Emergency
E2-ZIP+4	
E2-PHONE NUMBER	
E2-WORK PHONE	

DATA GROUP 5

D-DESIGNEE SAME AS NOK - YES/NO - Is the individual designated to receive patient's funds and affects the same as the next-of-kin? If YES, the next-of-kin information is automatically inserted in the following fields and updated accordingly, as the next-of-kin information is updated. If NO, the following fields are prompted.

D-NAME OF DESIGNEE

D-RELATIONSHIP TO PATIENT	
D-STREET ADDRESS [LINE 1]	
D-STREET ADDRESS [LINE 2]	Name/relationship/address/telephone number of
D-STREET ADDRESS [LINE 3]	Individual designated to receive patient's funds
D-CITY	And effects
D-STATE	
D-ZIP+4	
D-PHONE NUMBER	
D-WORK PHONE	

APPLICANT/SPOUSE EMPLOYMENT DATA SCREEN <4>

DATA GROUP 1

OCCUPATION - Enter the applicant's occupation (1-30 characters)

EMPLOYMENT STATUS - If an entry other than NOT EMPLOYED, UNKNOWN, RETIRED, or no entry at all is made, the following fields are also prompted. The data contained in these fields are automatically deleted if the entry in this field is changed to UNEMPLOYED or no entry. You may enter a <?> to obtain a current list of choices.

EMPLOYER NAME - Name of applicant's employer (1-30 characters). If an entry is made in this field, the following fields are also prompted. The data contained in these fields are automatically deleted upon deletion of the entry in this field. If no entry is made in this field, you return to the screen.

EMPLOYER STREET [LINE 1]	
EMPLOYER STREET [LINE 2]	
EMPLOYER STREET [LINE 3]	
EMPLOYER CITY	Name/address/phone of employer
EMPLOYER STATE	
EMPLOYER ZIP+4	
EMPLOYER PHONE NUMBER	

EMPLOYMENT RETIREMENT DATE – The optional Veteran Date of Retirement is only prompted when the Employment Status value is 'RETIRED'. Enter the date the veteran applicant retired from his/her place of employment. The data contained in this field is automatically deleted if the entry in the veteran applicant's Employment Status field is changed from 'RETIRED' to any other valid response.

DATA GROUP 2

This data group is not editable if the applicant does not have a marital status of MARRIED.

SPOUSE'S OCCUPATION - Enter the spouse's occupation (1-30 characters).

SPOUSE'S EMPLOYMENT STATUS - If an entry other than NOT EMPLOYED, UNKNOWN, RETIRED, or no entry is made, the following fields are also prompted. The data contained in these fields is automatically deleted if the entry in this field is changed to UNEMPLOYED or no entry. You may enter a <?> to obtain a current list of choices.

SPOUSE'S EMPLOYER NAME - Name of spouse's employer (3-20 characters). If an entry is made in this field, the following fields are also prompted. The data contained in these fields is automatically deleted upon deletion of the entry in this field.

SPOUSE'S EMP STREET [LINE 1]	
SPOUSE'S EMP STREET [LINE 2]	
SPOUSE'S EMP STREET [LINE 3]	
SPOUSE'S EMP CITY	Address/telephone number of spouse's employer
SPOUSE'S EMP STATE	
SPOUSE'S EMP ZIP+4	
SPOUSE'S EMP PHONE NUMBER	

SPOUSE'S EMPLOYMENT RETIREMENT DATE – The optional Spouse's Date of Retirement is only prompted when the Employment Status value is 'RETIRED'. Enter the date the veteran's spouse retired from his/her place of employment. The data contained in this field is automatically deleted if the entry in the Spouse's Employment Status field is changed from 'RETIRED' to any other valid response.

INSURANCE DATA SCREEN <5>

DATA GROUP 1

Entry of insurance policy information for the patient uses the Integrated Billing package software.

COVERED BY HEALTH INSURANCE - YES/NO/UNKNOWN – If YES is answered, the following displays.

Select INSURANCE COMPANY - Enter the name of the applicant's health insurance company. The insurance company must be active in your site's INSURANCE COMPANY file.

- a. Add a new Insurance Buffer entry for this patient? YES//
- b. PHONE NUMBER - Company phone number
- c. BILLING PHONE NUMBER - Phone number of the company's billing office
- d. PRECERTIFICATION PHONE NUMBER - If this company requires pre-certification of insurance coverage to be completed prior to a patient being treated, enter the phone number of the pre-cert office.
- e. STREET ADDRESS [LINE 1] - Address of insurance company
- f. STREET ADDRESS [LINE 2]
- g. CITY
- h. STATE
- i. ZIP CODE

GROUP NAME - Name the insurance company uses to identify the group plan (2-20 characters)

GROUP NUMBER - Number that identifies this group policy (2-17 characters)

BANKING IDENTIFICATION NUMBER - Enter the plan's banking identification number (BIN) (1-10 characters)

PROCESSOR CONTROL NUMBER (PCN) - Enter the plan's processor control number (PCN) (1-20 characters)

TYPE OF PLAN - Enter the type of insurance that best describes this policy. You may enter a <?> to obtain a current list of choices.

EFFECTIVE DATE - Enter effective date of insurance policy for this patient.

EXPIRATION DATE - Enter expiration date of insurance policy (leave blank if policy does not expire on a specific date).

PT. RELATIONSHIP TO INSURED - Relationship of the patient to person holding insurance policy. You may enter a <?> to obtain a current list of choices.

SUBSCRIBER PRIMARY ID - Enter the unique identification number assigned by the company (3-20 characters). You may enter <??> for an explanation of what number may be required here.

NAME OF INSURED - Enter the name of the individual for whom this policy was issued. If the "PT. Relationship to the Insured" is 'Patient', this field defaults to the patient's name.

INSURED'S DOB: - Enter the date of birth of the person who holds the policy. Leave blank if the veteran is the patient and holds the policy.

INSURED'S SEX: - Enter the sex of the person who holds the policy.

PATIENT PRIMARY ID - This is the patient's primary ID number for this insurance company. Enter this field when the patient and the subscriber are different and the patient has a unique ID number.

DATA GROUP 2

ELIGIBLE FOR MEDICAID - YES/NO - Is the patient eligible for Medicaid coverage?

DATA GROUP 3

MEDICAID NUMBER - Enter the patient's assigned Medicaid number, 3-30 characters.

With the release of DG*5.3*797, Military Service Data Sharing (MSDS) Project, the Military Service Data Screens were changed. ESR becomes the authoritative source for Military Service Episode (MSE)

data. The verified data is shared from ESR to all VistA sites of record for the veteran. The ESR-verified MSE cannot be edited by VistA except to add new episodes. A new MILITARY SERVICE EPISODE sub-file (#2.3216) was added to the PATIENT file (#2) to support an unlimited number of MSEs per veteran. MSEs already on file for a veteran when the new MSE sub-file is added, remains in the patient record in the old locations in the data dictionary for historical purposes. A new Screen 6.2 was added to display these old MSEs by selecting the View History action on Screen 6.1.

Previously, “1” was used to enter MSEs. Now the user is taken to Screen 6.1 to Add/Edit/Delete or View History. The ESR-verified MSEs sent to VistA, cannot be edited or deleted by VistA users. MSEs received from ESR are identified by <> on Screen 6.1 and cannot be selected to edit or delete. MSEs entered by the VistA site are identified by [] on Screen 6.1 and can be edited or deleted. You are no longer required to enter MSEs in date order, and MSEs still cannot overlap. All required data entry and Registration consistency checks still pertain to VistA entered MSEs. Consistency checks are not performed on ESR-verified MSEs.

MILITARY SERVICE DATA SCREEN <6>

MILITARY SERVICE DATA SCREEN <6.1>

VISTA MILITARY SERVICE DATA SCREEN <6.2>

MILITARY SERVICE DATA SCREEN <6>

Entry/edit of data contained in the various data groups of this screen is restricted to holders of the DG ELIGIBILITY security key, once the applicant's eligibility is verified. Prior to eligibility verification, any user may enter/edit data on this screen. After verification, the data may be viewed by all users, but only edited by holders of the DG ELIGIBILITY security key. All date fields entered must include, at a minimum, a month and a year. Any changes to existing dates to less precise dates is not allowed.

DATA GROUP 1

SERVICE BRANCH - Name, number or abbreviation of applicant's branch of service. Enter a <?> for a list from which to select. If no entry is made in this field, you return to the screen. All fields (except service number) are required to complete Data Group 1.

SERVICE COMPONENT - Name, number or abbreviation of veteran's service component relating to the veteran's most current branch of service. Enter a <?> for a list from which to select. All fields (except service number and service component) are required to complete Data Group 1. If a branch of service is changed or deleted, its associated service component is also deleted, and a warning displays on your screen.

- a. You may choose to enter a service component after selecting a branch of service if it pertains to one of the following groups:

- Army
- Navy
- Marine Corps
- Air Force
- Coast Guard
- Public Health Service
- NOAA

- b. A Service Component is based upon one of the following factors:

- Regular
- Activated Reserve
- Activated National Guard

- c. Activated Reserve is accepted only if the branch of service is one of the following:

- Army

Navy
Marine Corps
Air Force
Coast Guard

d. Activated National Guard is accepted only if the branch of service is one of the following:

Army
Air Force

FILIPINO VETERAN PROOF - (This prompt displays only if branch of service entered was Filipino Commonwealth (F. Commonwealth), Filipino Guerilla Forces (F. Guerilla,) or New Filipino Scout (F. Scout New)). Documentation provided is to establish US Citizenship, lawful permanent residency, and/or VA Compensation at full-dollar rate for a Filipino Veteran. Enter a <?> for a list from which to select. The proof (abbreviated) displays in parenthesis to the right of the Service Branch field.

SERVICE NUMBER - Applicant's service number (1-15 characters)

If same as social security number, enter SS.

SERVICE ENTRY DATE - Entry date for episode of service.

SERVICE SEPARATION DATE - Separation date for episode of service.

SERVICE DISCHARGE TYPE - Discharge Type for episode of service.

You may enter a <?> to obtain a current list of choices. With the release of DG*5.3*797, MSDS Project, two new Discharge Types were added to the TYPE OF DISCHARGE file (#25) to be consistent with the discharge types sent to ESR from VADIR/BIRLS.

- a. Honorable
- b. Dishonorable
- c. General
- d. Other Than Honorable
- e. Undesirable
- f. Bad Conduct
- g. Dishonorable-VA – Dishonorable for VA purposes means that for the VBA, there is another reason or circumstance VBA determined the Veteran “Dishonorable” for VA purposes. The Veteran is not eligible for enrollment in the VA Health Care Program. If SC conditions exist, they may be treated for the SC conditions only.
- h. 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 the VBA determined that the Veteran is “Honorable” for VA purposes.

DATA GROUP 2

CONFLICT LOCATIONS - This data group provides a collection of data fields that allow you to enter conflict FROM and TO dates and Operation Enduring and Iraqi Freedom (OEF/OIF) source. When you select this data group from Screen 6, you can add/edit/delete the conflict information via the CONFLICT LOCATIONS sub screen. You can only edit OEF/OIF data entered by your site; you cannot edit any OEF/OIF data received from the HEC. You can add multiple OEF and OIF Conflict Locations to a patient's record.

The following rules apply to OEF/OIF Conflict Locations start and end dates:

- a. The Start date for each OEF Conflict Location must be greater than or equal to 09/01/2001

- b. The End date for each OEF Conflict Location must be greater than 09/11/2001
- c. The Start date for each OIF Conflict Location must be greater or equal to 03/01/2003
- d. The End for each OIF Conflict Location date must be greater than 03/19/2003
- e. The Start date for each UNKNOWN OEF/OIF Conflict Location must be greater than or equal to 09/01/2001
- f. The End date for each UNKNOWN OEF/OIF Conflict Location must be greater than 09/11/2001

OEF/OIF Start and End dates entered at the site must fall within the patient's dates of military service, and cannot overlap any other OEF, OIF, or UNKNOWN OEF/OIF conflict, with the following exception:

OEF or OIF Conflict Location may be entered if the Start and End dates match exactly to those of an UNKNOWN OEF/OIF Conflict Location on file. This triggers the HEC system to automatically change the UNKNOWN OEF/OIF to the corresponding OEF or OIF episode when processing the HL7 Z07 transmission from VistA to HEC. The results are sent to all sites of record and the UNKNOWN OEF/OIF episode is deleted from VistA.

When OEF or OIF Conflict Location is added to a patient's record, the DATE/TIME STAMP is recorded.

- a. **LEBANON SERVICE INDICATED - YES/NO/UNKNOWN** - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the **LEBANON SERVICE INDICATED** field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be after 10/1/83.

LEBANON FROM DATE - Beginning date of service in Lebanon

LEBANON TO DATE - Ending date of service in Lebanon

- b. **GRENADA SERVICE INDICATED - YES/NO/UNKNOWN** - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the **GRENADA SERVICE INDICATED** field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be between 10/23/83 and 11/21/83.

GRENADA FROM DATE - Beginning date of service in Grenada

GRENADA TO DATE - Ending date of service in Grenada

- c. **PANAMA SERVICE INDICATED - YES/NO/UNKNOWN** - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the **PANAMA SERVICE INDICATED** field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be between 12/20/89 and 1/31/90.

PANAMA FROM DATE - Beginning date of service in Panama

PANAMA TO DATE - Ending date of service in Panama

- d. **SOMALIA SERVICE INDICATED - YES/NO/UNKNOWN** - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the **SOMALIA SERVICE INDICATED** field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be after 09/28/92.

SOMALIA FROM DATE - Beginning date of service in Somalia

SOMALIA TO DATE - Ending date of service in Somalia

YUGOSLAVIA SERVICE INDICATED - YES/NO/UNKNOWN - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the **YUGOSLAVIA**

SERVICE INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be 6/22/92 or later.

YUGOSLAVIA FROM DATE - Beginning date of service in Yugoslavia

YUGOSLAVIA TO DATE - Ending date of service in Yugoslavia

- f. VIETNAM SERVICE INDICATED - YES/NO/UNKNOWN - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the VIETNAM SERVICE INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be between 02/28/61 and 05/07/75.

VIETNAM FROM DATE - Beginning date of service in Vietnam

VIETNAM TO DATE - Ending date of service in Vietnam

- g. PERSIAN GULF SERVICE INDICATED - YES/NO/UNKNOWN - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the PERSIAN GULF SERVICE INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. Entries in the following fields must be 8/2/90 or later.

PERSIAN GULF FROM DATE - Beginning date of service in Persian Gulf

PERSIAN GULF TO DATE - Ending date of service in Persian Gulf

DATA GROUP 3

ENVIRONMENT FACTORS - This data group provides a collection of data fields that allow you to enter environmental factor exposure methods. When you select this data group from Screen 6, you can add/edit/delete the following environmental factors exposure methods via the ENVIRONMENTAL FACTORS sub screen.

AGENT ORANGE EXPOS. INDICATED - YES/NO/UNKNOWN - If YES, only AO Exposure Location is required. All remaining fields are optional. Entries cannot be deleted as long as the AGENT ORANGE EXPOS. INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted.

- a. AGENT ORANGE REGISTRATION DATE - Date applicant was registered, as exposed to Agent Orange.
- b. AGENT ORANGE EXAM DATE - Date applicant was examined for Agent Orange exposure.
- c. AGENT ORANGE REGISTRATION # - Agent Orange Registration # assigned to applicant.
- d. AGENT ORANGE EXPOSURE LOCATION - Location where patient was exposed to Agent Orange; Vietnam or Korean DMZ.

RADIATION EXPOSURE INDICATED - YES/NO/UNKNOWN - Only RADIATION EXPOSURE INDICATED is required. All remaining fields are optional. Entries cannot be deleted as long as the RADIATION EXPOSURE INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted.

- a. RADIATION EXPOSURE METHOD
 - 2 for HIROSHIMA/NAGASAKI
 - 3 for ATMOSPHERIC NUCLEAR TESTING
 - 4 for H/N AND ATMOSPHERIC TESTING
 - 5 for UNDERGROUND NUCLEAR TESTING

6 for EXPOSURE AT NUCLEAR FACILITY

7 for OTHER

- b. RADIATION REGISTRATION DATE - Date applicant was registered, as exposed to radiation.

SW ASIA CONDITIONS - YES/NO/UNKNOWN – If YES, veteran claims need for care of conditions related to service in SW Asia. If NO, veteran did not serve in SW Asia or does not claim need for care of conditions related to service in SW Asia. If UNKNOWN, veteran served in SW Asia but is unsure of whether conditions may be related to that service. If YES, the following two prompts display.

- a. SW ASIA COND. REGISTRATION DATE: Date on which this patient was registered as being exposed to conditions related to service in SW Asia (must be after 8/1/90). If the year is omitted, the system uses the current year.
- b. SW ASIA COND. EXAM DATE: Date patient was examined for exposure to conditions related to service in SW Asia. Date must be before current date.

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.

DID YOU RECEIVE NOSE OR THROAT RADIUM TREATMENTS IN THE MILITARY? - YES/NO/UNKNOWN - Does this patient claim to have received nose and/or throat radium treatment while in the military? If YES, the following two prompts display when the veteran's service entry dates precede the dates in the question text.

- a. DID YOU SERVE AS AN AVIATOR IN THE MILITARY BEFORE JAN 31, 1955? - YES/NO
- b. DID YOU HAVE SUBMARINE TRAINING IN THE MILITARY BEFORE JAN 1, 1965? - YES/NO

If the user holds the DGNT VERIFY security key, the following is prompted.

DO YOU WANT TO VERIFY NOW? - YES/NO - If YES, the following is prompted.

- a. NOSE AND THROAT RADIUM TREATMENT VERIFIED BY: - (M) Military Medical Record, (S) Qualifying Military Service, (N) Not Qualified. If "M" or "S", the following is prompted.
- b. HAS VETERAN BEEN DIAGNOSED WITH CANCER OF THE HEAD AND/OR NECK? - YES/NO

CAMP LEJEUNE? - YES/NO – Is there sufficient evidence that this patient has been housed at Camp Lejeune for a minimum of 30 days between and inclusive of August 1, 1953 and December 31, 1987 ?

DATA GROUP 4

POW STATUS INDICATED - YES/NO/UNKNOWN - If YES, all POW fields are required to complete the POW data group. Entries cannot be deleted as long as the POW STATUS INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted. These fields cannot be edited after the patient's eligibility is verified by the HEC. If NO is received from ESR, the POW fields are deleted and the veteran is re-evaluated for enrollment.

POW CONFINEMENT LOCATION - War in which applicant was a POW

POW FROM DATE - Beginning date applicant was a POW

POW TO DATE - Ending date applicant was a POW

DATA GROUP 5

COMBAT SERVICE INDICATED - YES/NO/UNKNOWN - If YES, all fields are required to complete the data group. Entries cannot be deleted as long as the COMBAT SERVICE INDICATED field remains YES. If this field is changed to NO, entries in the following fields are automatically deleted.

- a. COMBAT SERVICE LOCATION - War in which applicant saw combat
- b. COMBAT FROM DATE - Beginning date applicant was in combat
- c. COMBAT TO DATE - Ending date applicant was in combat

MILITARY DISABILITY RETIREMENT: Enter 'Y' if this veteran applicant is receiving disability retirement pay from the Military instead of VA compensation. Enter 'N' if this veteran applicant is receiving disability retirement pay from the Military instead of VA compensation. Once eligibility is verified by the HEC, this field is no longer editable by VistA users. Send updates and/or requests to the HEC. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

DISCHARGE DUE TO DISABILITY: Enter 'Y' if this veteran applicant was discharged from the military for a disability incurred or aggravated in the line of duty. Enter 'N' if this veteran applicant was discharged from the military for a disability incurred or aggravated in the line of duty. Once eligibility is verified by the HEC, this field is no longer editable by VistA users. Send updates and/or requests to the HEC. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

DATA GROUP 7

SERVICE DENTAL INJURY - YES/NO - Did the applicant have a dental injury while in service? If YES, SERVICE TEETH EXTRACTED is defaulted to NO. The remaining fields are optional.

SERVICE TEETH EXTRACTED - YES/NO - Did the applicant have teeth extracted while in service?

Select DATE OF DENTAL TREATMENT - At this field, enter the date of the applicant's dental treatment. If it is a date that was not entered in the past for the applicant, you are prompted for confirmation that you are entering a new date of dental treatment. This is a multiple field. You are returned to this prompt repeatedly until no more dates are entered. For each date entered, the following two fields are prompted before returning you to this prompt.

- a. CONDITION - Dental condition treated, place of treatment, and from whom the treatment was received
- b. DATE CONDITION FIRST NOTICED - Date the dental condition was first noticed

CURRENT PH (purple heart) INDICATOR - YES/NO/NULL - If YES, the STATUS field is automatically set to PENDING and adds this field to further display of Screen 6. If NO, the REMARKS field is automatically set to VAMC and adds this field to further display of Screen 6. If YES or NO is entered, you are prompted for DIVISION at multi-divisional sites.

This data group becomes inactive if the CURRENT PH INDICATOR field is answered and the consistency check is completed.

STATUS - Values include Pending, In Process, Confirmed. This field is not editable by the user.

REMARKS - Values include Unacceptable Documentation, No Documentation Received, Entered in Error, Unsupported Purple Heart, VAMC, Undeliverable Mail. This field is not editable by the user. This field contains a value only if the CURRENT PH INDICATOR field is NO.

DATA GROUP 9

CURRENT MOH Indicator – YES/NO/NULL – The Current MOH Indicator field is received by Vista from ESR. It is displayed on Screen 6 only if the value is YES and is not editable by the user.

DATA GROUP 10

The Class II Dental Indicator is “display only”.

The Class II Dental Application Due Before Date is “display only”.

The Class II Dental Application Due Before Date is displayed, only if the Class II Dental Indicator field is YES.

Users may enter the following VA Pension data:

Receiving a VA Pension?

Pension Award Effective Date

Pension Award Effective Reason

ELIGIBILITY STATUS DATA SCREEN <7>

ELIGIBILITY STATUS DATA SCREEN <7>

When the HEC sends authoritative VA Pension data, it locks the record from editing and displays a message to the user.

The following rule applies to locking the VA Pension Data:

If no Pension Award Termination information is received and the Pension Award Reason is null or any value other than “Original Award”, the VA Pension Indicator is locked from editing; however, the user is able to edit the Pension Award Effective Date and Pension Award Reason”.

The user may only select “Original Award”.

COMPENSATION AND PENSION SCREEN <7> EXPANSION

When VA Pension termination information is received from HEC, it is displayed on the Screen 7 Expansion screen and locked from editing.

COMPENSATION AND PENSION SCREEN <7> EXPANSION

Entry/edit of data contained in the various data groups of this screen is restricted to holders of the DG ELIGIBILITY security key, once the applicant's eligibility is verified. (The PERIOD OF SERVICE field of Data Group 3 may not be edited by a user not holding the DG ELIGIBILITY security key, if the applicant's eligibility or service record (or both) was verified.) Prior to eligibility verification, any user may enter/edit data on this screen. After verification, the data may be viewed by all users, but only edited by holders of the DG ELIGIBILITY security key.

DATA GROUP 1

TYPE - This field always contains a default; the entry that was made initially upon entering the patient into the data base or when the MAS V. 4.0 conversion was run, which automatically assigned a patient type to each existing patient. You may change the patient's type at this prompt. Any changes may alter the availability of certain screens and/or editing of certain data depending upon site parameters. Enter a <?> for a list of patient types from which to select. When the VETERAN (Y/N) field is changed from YES to NO, the data values in some fields are deleted (set to null); however, this field is not changed automatically.

VETERAN (Y/N) - This field always contains a default; the entry that was made when the patient was initially entered into the database. You may change the patient's veteran status at this prompt. Such a change may alter the availability of certain screens and/or editing of certain data depending upon site parameters.

SERVICE CONNECTED - YES/NO - Does the patient have any conditions for which he has received a service-connected rating from the Dept. of Veterans Affairs? If YES, the following is also prompted. The data contained in the following field is automatically deleted if this field is changed to NO. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

SERVICE CONNECTED PERCENTAGE - Applicant's total combined SC percentage. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

- a. **P&T - YES/NO** - Is the patient rated permanently and totally disabled by the VA due to a service-connected condition?

- b. P&T Effective Date – Enter the effective date the patient was awarded P&T disability status by VARO. This field is optional; however, if a date is entered, it must be a precise date (day/month/year must be included) and cannot be after the date of death. If P&T is changed from YES to NO or it is deleted, this field is deleted. This field cannot be edited after the patient's eligibility was verified by the HEC.
- c. SC AWARD DATE: - Date on which service connection is effective based on VBA decision. Can be obtained from either HINQ or the award letter. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

RATED INCOMPETENT?: - YES/NO - Used by AMIE. If YES, the following is also prompted. The data contained in the following fields are automatically deleted if this field is changed to NO. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in all fields in this data group.

- a. DATE RULED INCOMPETENT (CIVIL) - Enter the date the patient was ruled incompetent to handle his funds by civil authorities. Date Ruled Incompetent (Civil) cannot be after the Date of Death.
- b. DATE RULED INCOMPETENT (VA) - Enter the date the patient was ruled incompetent to handle his funds by the VA. Date Ruled Incompetent (VA) cannot be after the Date of Death.

CLAIM NUMBER - Applicant's claim number, if any. If same as social security number, you may enter SSN.

CLAIM FOLDER LOCATION – Enter the location of the applicant's claim folder (institution name or station number) only if it is an active facility and it has one of the following facility types in support of ESR:

- a. RO (Regional Office)
- b. RO&IC (Regional Office and Insurance Center)
- c. RO-OC (Regional Office - Outpatient Clinic)
- d. RPC (Record Processing Center)
- e. M&ROC (Medical and Regional Office Center)
- f. M&ROC (M&RO) (Medical and Regional Office Center)

DATA GROUP 2

Depending upon site parameters set forth in the Patient Type Update option, Supervisor ADT menu, the system may require the applicant to be a veteran, in order to make entries into these fields.

RECEIVING A&A BENEFITS - YES/NO/UNKNOWN - Is applicant in receipt of Aid and Attendance? When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

RECEIVING HOUSEBOUND BENEFITS - YES/NO/UNKNOWN - Is applicant in receipt of Housebound benefits? When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

RECEIVING A VA PENSION - YES/NO/UNKNOWN - Is applicant in receipt of a VA pension? When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

PENSION AWARD EFFECTIVE DATE - What is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award?

- a. Editing of The Pension Award Effective Date is allowed only if the VA Pension Indicator is set to YES. Users are allowed to change the "Pension Award Effective Date" only if the "Pension Award Reason" is changed to "Original Award" from some other value.
- b. Pension Award Effective Date must be less than or equal to the current system date.
- c. The Pension Award Effective Date is not a required field (even if Pension Indicator is set to YES)

PENSION AWARD REASON - What is the reason for the Pension Award? Select from the available choices. The Pension Award Reason is not a required field.

PENSION TERMINATION DATE – This field is displayed when updated by the HEC and is not editable by the user.

PENSION TERMINATION REASON 1 through 4 – These fields are displayed when updated by the HEC and are not editable by the user.

RECEIVING VA DISABILITY - YES/NO/UNKNOWN - Is applicant in receipt of VA disability monies? When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

TOTAL ANNUAL VA CHECK AMOUNT: - If this applicant is receiving A&A, Housebound, Pension, and/or disability payments from the VA (at least one of the questions relating to the above must be answered YES), enter the annual amount received. Once monetary benefits are verified, only users who hold the designated security key may enter/edit this field. This field may not be deleted as long as receipt of VA funds is indicated and is automatically deleted if all of the above are changed to NO. If you enter a monthly amount either precede or follow it with an asterisk (*) and it is multiplied out by the system. When the VETERAN (Y/N)? field is changed from YES to NO, the data values are deleted (set to Null) in this field.

GI INSURANCE POLICY - YES/NO/UNKNOWN - Does applicant have GI Insurance? If YES, the following field is prompted. The data entered is automatically deleted if NO is later entered in this field.

AMOUNT OF GI INSURANCE - Dollar/cents amount of GI Insurance (between 0-99999999)

DATA GROUP 3

PRIMARY ELIGIBILITY CODE - Eligibility code based on the applicant's veteran/non-veteran status. System only allows entry of eligibility codes compatible with previously entered data. A <?> may be entered for a list of selectable eligibility codes for the patient being entered. An entry in this field is required in order to process a patient's application for health benefits. If an entry of "Allied Veteran" or "Other Federal Agency" is made, the following is prompted. When the VETERAN (Y/N) field is changed from YES to NO, the data values in some fields are deleted (set to null); however, this field is not changed automatically. It is possible that the ELIGIBILITY TYPE field (#4) of the ELIGIBILITY CODE file (#8) still refers to a Veteran. This results in an Inconsistency # 19 - ELIG/NONVET STAT INCONSISTENT. You must assign the correct PRIMARY ELIGIBILITY to remove the inconsistency.

Also, if the PATIENT ELIGIBILITIES multiple (#361) contains any of the following, that eligibility is removed:

- a. SC LESS THAN 50%
- b. SERVICE CONNECTED 50% to 100%
- c. NSC, VA PENSION
- d. AID & ATTENDANCE

e. HOUSEBOUND

f. ALLIED VETERAN

AGENCY/ALLIED COUNTRY - Name of federal agency or allied country under whose auspices applicant is applying for care. Enter a <?> for a list of choices.

Select ELIGIBILITY - This entry always contains a default, the entry made at the PRIMARY ELIGIBILITY field. Enter any other eligibility code(s) under which applicant is entitled to care. Entry must be compatible with previously entered data. You may enter a <?> for a list from which to select.

ELIGIBILITY - This entry always contains a default, the entry at the Select ELIGIBILITY field. Edit the eligibility code here, if necessary.

PERIOD OF SERVICE - Applicant's period of service eligibility code must be answered in order to respond to this prompt. Response must be compatible with eligibility code. Enter a <?> for a list of applicable periods of service from which to choose. Only holders of the DG ELIGIBILITY security key may edit this field. Once eligibility verification is completed, you are unable to edit this field if the applicant's service record was verified.

DATA GROUP 3.2

If the SHAD Exposure Indicator is set to “YES”, Data Group 3.2 displays. This indicator can be modified only by the HEC. If the indicator is changed to “NO” or deleted by the HEC, Data Group 3.2 no longer displays.

DATA GROUP 4

Select SERVICE CONNECTED CONDITIONS - Enter the conditions for which the applicant claims service connection.

SERVICE CONNECTED CONDITIONS - This entry always contains a default, the entry at the Select SERVICE CONNECTED CONDITIONS field. Edit the eligibility code here, if necessary.

PERCENTAGE: - Enter percent of service connection.

The INCOME DATA MISSING field (#.301) is no longer generated for the following conditions:

SERVICE CONNECTED less than 50%

SERVICE CONNECTED PERCENTAGE is 10% or greater

NSC VA PENSION

AID & ATTENDANCE

FAMILY DEMOGRAPHIC DATA SCREEN <8>

An * (asterisk) in the "Active" column indicates the individual is an active dependent.

An * (asterisk) in the "MT" column identifies whether the Spouse and/or Dependent Child(ren) were marked as included in the Means Test. The system also identifies whether the Spouse and/or Dependent Child(ren) have an address available by displaying an "*" in the column titled "Address".

– After the SSN status is verified by the SSA, it can only be edited by members of the Identity Management Data Quality Team, and VERIFIED displays next to the SSN. If the SSN status is INVALID per SSA, INVALID is displayed next to the SSN.

DA SPOUSE/DEPENDENT ADD - Allows the user to add a new dependent (spouse or other).

Do you want to add (S)pouse or (D)ependent: - If spouse selected, the following fields is prompted.

SPOUSE'S NAME	Demographic information for the veteran's spouse
SPOUSE'S SEX	
SPOUSE'S DATE OF BIRTH	
SPOUSE'S SSN	If entering a Pseudo SSN, you must also enter a Pseudo SSN Reason
EFFECTIVE DATE	Date this individual became a dependent of the veteran For spouse, date of marriage
SPOUSE'S MAIDEN NAME	
SPOUSE'S STREET ADDRESS SAME AS PATIENT'S	
SPOUSE'S STREET ADDRESS [LINE 1]	
SPOUSE'S STREET ADDRESS [LINE 2]	
SPOUSE'S STREET ADDRESS [LINE 3]	
SPOUSE'S CITY	
SPOUSE'S STATE	
SPOUSE'S ZIP+4	
SPOUSE'S PHONE NUMBER	

Changes were made to the INCOMPLETE PHONE NUMBER field (#61). The system automatically checks for the following fields: NULL PHONE NUMBER [RESIDENCE] (#131), NULL PHONE [WORK] NUMBER (#132).

The information generated from this field displays the following options:

Patient is EMPLOYED FULL TIME
Patient is EMPLOYED PART TIME
Patient is SELF EMPLOYED

If Dependent selected, the following fields are prompted.

CHILD'S NAME	Demographic information for each
CHILD'S SEX	Of the veteran's dependents
CHILD'S DATE OF BIRTH	

CHILD'S SSN | If entering a Pseudo SSN, you must also enter a Pseudo
 | SSN Reason
 RELATIONSHIP |
 EFFECTIVE DATE | For a child, date of birth or adoption
 | For a stepchild, date of marriage to the child's parent
 CHILD'S STREET ADDRESS SAME AS PATIENT'S
 CHILD'S STREET ADDRESS SAME AS SPOUSE'S
 CHILD'S STREET ADDRESS [LINE 1]
 CHILD'S STREET ADDRESS [LINE 2]
 CHILD'S STREET ADDRESS [LINE 3]
 CHILD'S CITY
 CHILD'S STATE
 CHILD'S ZIP+4

ES SPOUSE DEMOGRAPHIC Allows the user to edit demographic data related to the spouse

NAME
 SEX
 DATE OF BIRTH
 SOCIAL SECURITY NUMBER
 EFFECTIVE DATE: (date - date)
 Date {dependent name} no longer a dependent: (date - date)
 SPOUSE'S MAIDEN NAME
 SPOUSE'S STREET ADDRESS SAME AS PATIENT'S
 SPOUSE'S STREET ADDRESS [LINE 1]
 SPOUSE'S STREET ADDRESS [LINE 2]
 SPOUSE'S STREET ADDRESS [LINE 3]
 SPOUSE'S CITY
 SPOUSE'S STATE
 SPOUSE'S ZIP+4
 SPOUSE'S PHONE NUMBER

DD DEPENDENT DEMOGRAPHIC Allows the user to edit demographic data related to dependents.
 There must be an existing dependent on file (other than the spouse) to select this protocol. The selected
 dependent has to be active.

NAME
 SEX
 DATE OF BIRTH
 SOCIAL SECURITY NUMBER
 RELATIONSHIP
 EFFECTIVE DATE: (date - date)
 DEPENDENT'S STREET ADDRESS SAME AS PATIENT'S
 DEPENDENT'S STREET ADDRESS SAME AS SPOUSE'S

DEPENDENT'S STREET ADDRESS [LINE 1]

DEPENDENT'S STREET ADDRESS [LINE 2]

DEPENDENT'S STREET ADDRESS [LINE 3]

DEPENDENT'S CITY

DEPENDENT'S STATE

DEPENDENT'S ZIP+4

DP DELETE DEPENDENT Allows the user to delete a dependent (mainly duplicate dependents). You must hold the DG DEPDELETE security key to use this protocol. In order to delete a dependent, they must be removed from Means Test (using the RE protocol). There are no prompts associated with this protocol.

MT MARITAL/DEPENDENT INFO Allows the user to enter/edit last year's marital status
MARRIED LAST CALENDAR YEAR (Y/N)

AD ADD TO MEANS/COPAY TEST

RE REMOVE FROM MEANS/COPAY TEST

These protocols are not selectable from the registration screens.

ED EXPAND DEPENDENT - This protocol was moved to another screen (Expand Dependent). It is used to edit the effective date (date the person became a dependent of the veteran).

Select **EFFECTIVE DATE** - Select the effective date you wish to edit

EFFECTIVE DATE: {date} // - Enter correct date

ACTIVE - If this change in status makes the dependent effective, enter 1 or YES for active. If the change makes the individual no longer dependent, enter 0 or NO.

Options

- a. SPOUSE'S MAIDEN NAME
- b. SPOUSE'S STREET ADDRESS SAME AS PATIENT'S
- c. SPOUSE'S STREET ADDRESS [LINE 1]
- d. SPOUSE'S STREET ADDRESS [LINE 2]
- e. SPOUSE'S STREET ADDRESS [LINE 3]
- f. SPOUSE'S CITY
- g. SPOUSE'S STATE
- h. SPOUSE'S ZIP+4
- i. SPOUSE'S PHONE NUMBER
- j. DEPENDENT'S STREET ADDRESS SAME AS PATIENT'S
- k. DEPENDENT'S STREET ADDRESS SAME AS SPOUSE'S

| When Veteran has
Spouse flagged as
Active

- l. DEPENDENT'S STREET ADDRESS [LINE 1]
- m. DEPENDENT'S STREET ADDRESS [LINE 2]
- n. DEPENDENT'S STREET ADDRESS [LINE 3]
- o. DEPENDENT'S CITY
- p. DEPENDENT'S STATE
- q. DEPENDENT'S ZIP+4

How Screen 9 displays is dependent on the Means Test version.

For patients with their last Means Test in the “FEB 2005 format”, Screen 9 displays as follows.

INCOME SCREENING DATA SCREEN <9>

DATA GROUP 1

Total Employment Income (Wages, Bonuses, Tips) - Gross annual income during the last calendar year from employment (wages, bonuses, tips, etc.), excluding income from farm, ranch, property, or business.

DATE GROUP 2

Net Income from Farm, Ranch, Property, Bus. - Net income from farm, ranch, property, or business received during the last calendar year.

DATA GROUP 3

Other Income Amounts (Soc. Sec., Compensation, Pension, Interest, Div.) - Income from Social Security, compensation, pension, interest, dividends (excluding welfare).

For patients with their last Means Test in the “Before FEB 2005 format”, Screen 9 displays as follows:

INCOME SCREENING DATA SCREEN <9>

Entries may be made in the fields contained on this screen up until monetary benefits are verified. Once monetary benefits are verified, a user must hold the DG ELIGIBILITY security key in order to enter/edit these fields. This screen may display with one column (veteran), two columns (veteran/spouse), or three columns (veteran/spouse/dependents) depending on previously entered information. The appropriate fields are prompted for each column shown.

The “{YEAR} Estimated “Household” Taxable Income: \$” field is filled in if the information was entered through the 10-10EZ or 1010EZ form. This information is used to make preliminary or prima facie financial eligibility determinations.

DATA GROUP 1

SOCIAL SECURITY (NOT SSI) - Annual amount of social security received during the previous calendar year. Do not include SSI.

DATA GROUP 2

U.S. CIVIL SERVICE - Annual amount of U.S. Civil Service received during the previous calendar year.

DATA GROUP 3

U.S. RAILROAD RETIREMENT - Annual amount of U.S. Railroad Retirement received during the previous calendar year.

DATA GROUP 4

MILITARY RETIREMENT - Annual amount of military retirement received during the previous calendar year.

DATA GROUP 5

UNEMPLOYMENT COMPENSATION - Annual amount of unemployment compensation received during the previous calendar year.

DATA GROUP 6

OTHER RETIREMENT - Annual amount of other retirement received during the previous calendar year, includes company, state, local, etc.

DATA GROUP 7

TOTAL INCOME FROM EMPLOYMENT - Total annual amount of income from employment received during the previous calendar year, includes wages, salary, earnings, and tips.

DATA GROUP 8

INTEREST, DIVIDEND, ANNUITY - Annual amount of interest, dividend, or annuity income received during the previous calendar year.

DATA GROUP 9

WORKERS COMP. OR BLACK LUNG - Annual amount of worker's compensation or Black Lung benefits received during the previous calendar year.

DATA GROUP 10

ALL OTHER INCOME - Annual amount of all other income received during the previous calendar year. Net income from operation of a farm or other business is countable. If the veteran, veteran's spouse, or children receive a salary from the business, report it in Data Group 7 - TOTAL INCOME FROM EMPLOYMENT.

Depreciation is not a deductible expense.

INELIGIBLE/MISSING DATA SCREEN <10>

DATA GROUP 1

You must hold the DG ELIGIBILITY security key in order to enter/edit any of the fields in this data group.

INELIGIBLE DATE - Effective date applicant was ineligible for care. The ineligible date cannot be prior to the date of birth. If an entry is made in this field, the following fields are also prompted. The data contained in the following fields is automatically deleted upon deleting the entry in this one.

INELIGIBLE TWX SOURCE - Source of ineligible TWX. You may enter a <?> to obtain a current list of choices.

INELIGIBLE TWX CITY - City from which ineligible TWX came (3-30 characters).

INELIGIBLE TWX STATE - State or state code from which ineligible TWX came. Must be in STATE file. You may enter a <?> for a list.

INELIGIBLE REASON - Reason for applicant's ineligibility

INELIGIBLE VARO DECISION - VA Regional Office decision concerning applicant's ineligibility for care (3-75 characters)

DATA GROUP 2

Entry/edit of the fields on this screen may be accomplished by any user up until the applicant's eligibility is verified. Following verification of the applicant's eligibility, you must hold the DG ELIGIBILITY security key in order to enter/edit these fields. Viewing of the information is possible by all users.

MISSING PERSON DATE - Date individual was declared "missing". If an entry is made in this field, the following fields are also prompted. Data contained in the following fields is automatically deleted if the entry in this field is deleted.

MP TWX SOURCE - Source of TWX declaring individual "missing". You may enter a <?> to obtain a current list of choices.

MP TWX CITY - City from which "missing" TWX came (3-30 characters).

MP TWX STATE - State or state code from which "missing" TWX came. Must be in STATE file. Enter a <?> for a list.

MISSING OR INELIGIBLE - Free text comment concerning ineligible/missing individual.

ELIGIBILITY VERIFICATION DATA SCREEN <11>

The purpose of this screen is to allow verification of an applicant's eligibility, monetary benefits and service record. Accordingly, you must hold the DG ELIGIBILITY security key in order to enter/edit any of the fields contained on it. Depending upon site parameters, this screen may be available for viewing to all users.

DATA GROUP 1

ELIG. STATUS - Status of patient's eligibility. You may enter a <?> to obtain a current list of choices. You can edit this field if the Eligibility Status is PENDING VERIFICATION or PENDING REVERIFICATION, regardless of the Verification Source. You cannot edit this field when the Eligibility Status is VERIFIED and the Verification Source is HEC.

ELIG. STATUS DATE - Effective date of eligibility status

ELIG. INTERIM RESPONSE - If an interim response was received concerning applicant's eligibility, enter date of receipt.

ELIG. VERIF. METHOD - Enter method in which applicant's eligibility was verified. This is a free text field (2-50 characters).

DATA GROUP 2

MONETARY BEN. VERIFY DATE - An entry in this field indicates that the applicant's monetary benefits were verified. Enter the date monetary benefits were verified.

DATA GROUP 3

SERVICE VERIFICATION DATE - An entry in this field indicates the applicant's service record was verified. Enter the date the service record was verified.

DATA GROUP 4

SERVICE CONNECTED PERCENTAGE - Enter or verify the percentage of combined service connection as a number from 0-100.

Select RATED DISABILITIES (VA) - Enter the condition(s) or corresponding VA code(s) for which the applicant was verified as being service connected. This is a multiple field that repeats until no more entries are made. For each entry made, the following fields are also prompted. If the patient is non-service connected, you may still make entries into this field to record any disabilities the patient may have that were rated by the VA.

VistA users with the appropriate security key may edit the Rated Disabilities field.

The screen display for this entry reflects the disability followed by the SC/NSC percentage, whichever is appropriate.

DISABILITY % - Enter the rating percentage for this disability. An entry of YES is not allowed for applicants with a patient type of non-service-connected.

SERVICE CONNECTED - Choose from: 0 NO
 1 YES

DATA GROUP 5

HEALTH BENEFIT PLAN – Screen 11 displays the number of Health Benefit Plans on file. Selecting “5” displays the following additional data for viewing only. No changes or additions are allowed.

Additional display options include , which allows the user to view the full definition of each available Health Benefit Plan, and , which displays all Health Benefit Plans associated with the Patient record and indicates when each was last assigned (added) or unassigned (deleted). displays all the HBPs and provides additional details about the selected plan.

TRICARE Plan is a regionally managed health care program for active duty and retired members of the uniformed services, their families and survivors. VA bills TRICARE for Nonservice-connected medical treatment. There are four options for health care: TRICARE Prime, TRICARE Extra, TRICARE Standard and TRICARE for Life. Each of these options has specific benefits, exclusions, copayment and deductible requirements.

ADMISSION INFORMATION SCREEN <12>

This screen displays the patient's four most recent admissions in reverse order. For each admission, the following data is shown:

- Admission Date
- Admission Diagnosis
- Discharge Date
- Discharge Type
- Admission Ward

If the applicant has no admission data – the veteran was never admitted or previous admissions occurred prior to use of the VistA software - the following message displays:

NO ADMISSION DATA ON FILE FOR THIS PATIENT!

APPLICATION INFORMATION SCREEN <13>

This screen displays the applicant's four most recent applications for care in reverse order. For each application, the following data is shown:

date/time of registration; employee who registered the applicant; employee's DUZ number (unique number that identifies a user to the system)

type of benefit applied for

date/time of disposition; employee who dispositioned the applicant and their DUZ number

type of disposition

If the applicant has no application data – the veteran never applied for care or previous applications occurred prior to use of the VistA software - the following message displays:

NO APPLICATION DATA ON FILE FOR THIS PATIENT!

APPOINTMENT INFORMATION SCREEN <14>

This screen displays each clinic in which the patient is actively enrolled and the clinic name and date/time of all pending appointments.

If the applicant is not actively enrolled in any clinics or has no pending appointments, one of the following messages displays next to the appropriate data group:

NOT ACTIVELY ENROLLED IN ANY CLINICS AT THIS TIME

NO PENDING APPOINTMENTS ON FILE

SPONSOR DEMOGRAPHIC INFORMATION SCREEN <15>

This screen displays sponsor information. It displays for every patient although the purpose of the screen is to enter sponsorship information for those patients who are treated under the coverage of someone else (the sponsor). This would usually be through the Tricare Program or CHAMPVA Program. These patients are usually dependents of active duty military personnel, survivors of military personnel, or military retirees.

If a sponsor is already in the PATIENT file (#2), you may not edit the sponsor name and date of birth. For new sponsors, you are prompted to first add the person as a sponsor and then as the sponsor of the patient. For existing sponsors, you are asked only if you want to make that person the sponsor of the patient.

The primary care team and phone# data elements are not entered through this screen. If available, this information is automatically filled in from the Primary Care Management Module of the Scheduling software. This is the name and phone number of the patient's primary care provider.

If sponsor or team information is not found, the following messages display:

DATA GROUP 1

Select SPONSOR - Enter the name of the person who has the coverage under the patient who is being treated. This is a multiple field; you are returned to this field repeatedly until no more sponsors are entered. (A patient may have more than one sponsor; e.g., both parents are military retirees.) The first two indented fields are prompted only if the sponsor is a non-patient (not in the PATIENT file (#2).

SPONSOR PERSON DATE OF BIRTH - Enter the sponsor's date of birth.

SPONSOR PERSON SOCIAL SECURITY NUMBER - Enter the sponsor's SSN.

MILITARY STATUS - Choose A (Active Duty) R (Retired).

BRANCH - Enter the branch of service for the sponsor. You may enter a <?> for a current list of choices.

RANK - Enter the military rank of the sponsor (3-20 characters).

FAMILY PREFIX - The patient's relationship to the sponsor. This is a free text field; however, it is recommended you use the DoD convention for sponsor relationship codes. You may enter <??> for HELP, for a list of choices.

SPONSOR TYPE - Choose T (TRICARE) C (CHAMPVA).

EFFECTIVE DATE - Effective date of sponsorship

EXPIRATION DATE - Expiration date of sponsorship

Appendix B: Registration Supplement for Newborns

Note the following items when entering data into the Load/Edit Patient Data or Register a Patient screens for newborn infants of women veterans.

Refer to the Care for Newborn of Women Veterans, procedure guide, for detailed information regarding the entry of newborn patients.

When screen 2 displays, the system automatically defaults the value for Marital to “NEVER MARRIED”. The default value displays only for a patient with a date of birth that is less than one year prior to the current date.

When screen 4 displays, the system automatically defaults the value for Status to “NOT EMPLOYED”. The default value displays only for a patient with a date of birth that is less than one year prior to the current date.

On screen 7 enter the following values:

- a. Patient Type: NEWBORN OF VETERAN
- b. Primary Elig Code: COLLATERAL OF VET
- c. Period of Service: OTHER NON-VETERANS

When screen 8 displays the system automatically defaults the value for Married Last Year to “No”. The default value displays only for a patient with a date of birth that is less than one year prior to the current date.

The inconsistency check process verifies whether a sponsor was entered for the newborn. If no sponsor was entered for the newborn, the following inconsistency displays and the user is given the opportunity to return to screen 15 to correct the data:

313- NEWBORN REQUIRES SPONSOR

The inconsistency check process verifies whether the newborn’s sponsor has an appropriate eligibility status. If the newborn’s sponsor does not have an appropriate eligibility status, the following inconsistency displays:

314- NEWBORN NEEDS ELIGIBLE SPONSOR