

Enrollment System (ES) 5.3

User Guide



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

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Revision History

Date	Revision	Revision History	Author
08/16/2018	22.0	Release 5.3 – VCE System Parameters, p 169-177; Manage Pending Pre-Closure Letter, p. 393-398; Executing a Batch Process, p. 452	TeamLiberty TW
4/20/2018	21.0	Release 5.2.1 – Added new number of days to Future Discharge Date, p. 287	Leidos LOTW
3/31/2018	20.0	Release 5.2 – eMIS changed to MSDS throughout document (where appropriate); eMIS section changed to MSDS section, section 4.6; Community Care definition, p. 26; Community Care updates, Section 5.2.4, p. 209-211; Reports for CC added, section 4.8.1, p. 89; Reports for CC, sections 4.8.4.35 and 4.8.4.36, p. 105; New eMIS definition, p. 28	Leidos TW
02/21/2018	19.0	Release 5.1 – Acronyms and Abbreviations (various): p. 24-35; Member ID Update, p. 44; SDS Table Lookup, p. 40-41; eMIS Messages, p. 77-82; Date of Death Supporting Document Start Date, p. 136; Transmit DOD Indicator, p. 141; Future Discharge Date (Active Duty) , p. 164; Eligibility and Enrollment, p. 173-180; Health Benefit Plans, p. 181; Discharge Due to Disability, p. 207; Member ID Reference, p. 221; Date of Death (notes), p. 228-230; Supporting Document Short Name, p. 238-241; History Change Details, p. 241-243; Send Query to eMIS, p. 271-272; Is on Active Duty/As of Date, p. 272-273; Discharge Due to Disability, p. 273; Pay Plan, p. 284; Future Discharge Date, p. 284-285; Source of Information, p. 285; Reason for Early Separation, p. 287-288; Manage Enrollment Application Date, p. 320-322; Manage Pending Reminder Incomplete Application Letters, p. 322-324; Enter Reason for Early Separation, p. 375-376; Add HBP to E&E Web Service , p. 387-390	SMS/Leidos TW
12/11/2017	18.0	Release 5.0 – ES V5.0 includes upgrade of WebLogic, Java, and non-JSF component applications, p 16 and p 19 Updated OI&T to OIT (as necessary) No new capabilities or functionality was added	SMS/Leidos TW
10/12/2017	17.0	Release 4.8 – Added additional information: ES V4.8 added the following capabilities/changes: Send initial seeding of all Veterans CC Eligibility to Community Care Network (CCN) Contractors, p.15-16; Transmissions, p. 64; View Records from Transmissions Menu, p. 66-70; Identity Service, p 119; Manage Pending Release Date, pg. 121; Manage CCN Contractors, p. 138-141; Enrollment Determination Create Date and Enrollment Application Date 148-150; Community Care (CC) Letters Print Vendor ICD pgs. 150-151; Send Veteran CC Eligibility information to CCN Contractors when changes are made to contact information or CC Eligibility data in ES, p. 154; Send initial seeding to (CCN), p.154; Receive Health Insurance information from CCN Contractors, p.156; Manage CCN Contractors and Regions via new screens in ES; p.156; View Veteran Record on CC Determination screen, pgs. 152-158; Preferred Name, p. 215; Death Notification Source, p 219; Supporting Document Deceased Veteran, pgs. 227-229; CCN and OHI, pgs. 247-248; MOH Indicator Rules, p 258; Preferred Communication Method pgs. 318-319	SMS/Leidos TW
08/04/2017	16.0	Release 4.7 - Added additional Information:	SMS/Leidos TW

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

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

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

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

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

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

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

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

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

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7/17/08		Updated main title page introducing VOA as part of the ESR 3.1 enhancements.	Tom Hamilton
7/8/08		Added general changes to reflect the addition of the Veteran's Online Application (VOA) initiative.	Tom Hamilton
4/23/08		Updated <i>Eligibility/Edit Current Eligibility</i> section POW information to match changes made in HECMS application. Refined <i>Camp XXXX</i> definitions. Changed <i>Disability Retirement From Military</i> field name to <i>Military Disability Retirement</i> per change in the HECMS application.	Tom Hamilton
4/21/08		Changed "Visits" to "Days" in <i>Tabs/Facility</i> section field description as in "Number of Outpatient Days" to match application.	Tom Hamilton
4/9/08		Title Page – changed <i>HSD&D</i> to <i>Management, Enrollment and Financial Systems (MEFS)</i> .	Tom Hamilton
4/3/08		Updated VHA standards list of values for States and Counties website links in the <i>Demographics/Addresses/Permanent Mailing Address</i> and <i>Demographics/Insurance/Add/ Update Insurance Carrier - Medicare</i> sections.	Tom Hamilton
4/2/08		Removed "minus 1 day" from NDAA glossarydefinition and from CV <i>Eligibility End Date</i> in the <i>Tabs/Military Service/Current Military Service</i> section. Updated <i>Financials/Financial Overview</i> section adding statement that "Financial Assessment" changes to "Current Financial Assessment" to indicate that this is the most recent financial information currently on file.	Tom Hamilton
3/19/08		Updated the <i>Index</i> instructions in the <i>Using the Help Window</i> field of the <i>Online Help Tutorial</i> section.	Tom Hamilton
3/5/08		Updated <i>Agent Orange Location</i> to <i>Agent Orange Exposure Location</i> in <i>Edit Current Eligibility</i> and <i>Current Military Service</i> sections to match application. Also added "Not Exposed" to dropdowns.	Tom Hamilton
2/29/08		Added LOCK REASON: explanation in the <i>Tabs/Overview/Overview</i> section. Also added Sensitive Record screen shot.	Tom Hamilton
2/19/08		DG 5*3*777 patch to change OEF/OIF to OIF/OEF cancelled. Rejected all changes of OIF/OEF to revert back to OEF/OIF.	Tom Hamilton
2/11/08		Updated the <i>Tabs/Military Service/Current Military Service</i> section to reflect the <i>CV Eligibility End Date</i> changes as part of the NDAA of 2008 signed 1/28/2008. Also added <i>Combat Veteran</i> and <i>NDAA of 2008</i> definitions to the Glossary.	Tom Hamilton
2/15/08		Updated references to CFD (Corporate Franchise Data Center) to new name of CDC (Corporate Data Center, AAC). Also updated Glossary to reflect changes.	Tom Hamilton
1/8/08		Convert all instances of <i>OEF/OIF</i> to <i>OIF/OEF</i> per CR7011 (DG 5*3*777).	Tom Hamilton
8/7/08		Added new VOA Roles in the Demographics/ Associates/Add Associates section.	Tom Hamilton
8/6/08		Added new VOA Attachment fields in <i>Eligibility/Edit Purple Heart</i> and <i>Eligibility/Edit Current Eligibility</i> sections. Added new VOA Spinal Cord Injury Indicator under <i>Eligibility/Current Eligibility/Other Eligibility Factors</i> section.	Tom Hamilton
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1/8/08		Convert all instances of <i>OEF/OIF</i> to <i>OIF/OEF</i> per CR7011	Tom Hamilton
11/20/07		Added required field "star" to <i>User ID</i> field and Required Field legend in the <i>Admin/User Accounts/Search</i> section.	Tom Hamilton
11/19/07		Added <i>Retransmission ID</i> and <i>Retransmission Count</i> fields under <i>Transmission Details</i> in the <i>Menu Bar/HL7 Messages</i> section. Changed Sensitive to Sensitive Record per the GUI in the <i>Tabs/Overview/Overview</i> section.	Tom Hamilton

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

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1 Introduction

Enrollment System (ES) 5.3 is the replacement system for the decommissioned product known as HEC (Health Eligibility Center, Atlanta) Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. ES allows staff at HEC to work more efficiently and determine patient eligibility in a timelier manner. Messaging with the VAMC (Department of Veterans Affairs Medical Center) allows updates to the enterprise enrollment system to be shared with the field.

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

Its two main functions are:

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

1.1 Purpose

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

1.2 Overview

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

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

1.2.1 Versions and Significant Additions and Updates

ESR V3.2 added the following:

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

ESR V3.3 added the following:

- Eligibility and Enrollment (E&E) Web Service supporting requests for data or information regarding enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service broker requests to carry out system specific information from other systems to ESR.
- VBA Pension Data Sharing expands pension information gathered by ESR.
- Additional Pension Award fields related to VA *Pension* were added to *Edit Current Eligibility* screen.
- Two Class II Dental fields added to the *Current Military Service* screen for VBA Pension Data Sharing enhancement.
- Priority Group Relaxation % Phase II expands *P8 Relaxation Enhancement* allowing Veterans to enroll based on a fixed percentage allowance ABOVE Means Test or GMTT, providing ability to change *Relaxation Percentage* by income year. Change was retroactive back to the beginning of current Income Year for any Veteran who was rejected at that time, but would now qualify under new relaxation percentage.

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

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

ESR V3.5 added the following additional MSDS capabilities:

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

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

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

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

- *Search and Add New Person* – Allows users to perform searches for a registrant by any combination of criteria, and enables users to register (Add) a new person to the ES or update a person who is “In Process”.
- *Save in Process* – Allows users to save registrant records in a state of “In Process” so users can be returned to saved record for completion at a later time.
- *Cancel Registration* – Allows users to cancel a registration in progress, or a “Saved in Process” registration.

- As part of the **Add a Person** registration process, users are required to:
 - enter Demographics information
 - enter Eligibility information
 - enter Enrollment information
- Send a query to VBA when new person is added to ESR.
- Transmit registrant data using HL7 (VistA) messaging.
- Run reports (EED 19) to see person registration statuses.

ESR **V3.5** added the following Preferred Facility capabilities:

- Preferred Facility** field was made editable only when an active Primary Care Provider (PCP) was unavailable on *Demographics/Personal* screen. **Preferred Facility Source** field, is the source of the preferred facility selection. It is not user-selectable but is automatically populated based on the source of the data.
- Veteran's Preferred Facility** is determined by communicating with an outside (of ESR) source (Corporate Data Warehouse {CDW}).
- Missing Preferred Facility** report (EED 20) displays which Veteran does not have a Preferred Facility.

ESR **V3.5** added Veteran Benefits Handbook functionality.

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

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

- In support of FSC Fee and Dialysis groups, 16 additional fields were added to the E&E Web Service, plus the ability to allow a second request with a date-of-service parameter to be passed.
- Service request that returns historical data based on Date of Service.
- Eligibility Determination request that returns “Eligible” or “Not Eligible” based on Enrollment Status.
- Eligibility Determination Service (EDS) in support of the Third-Party Pharmacy (T-Pharm) effort. This effort is being done in two phases. The first phase (ESR 3.6) involved ESR receiving an Integration Control Number (ICN), determining the Eligibility Status based on the business rules, and returning the value to the requestor.

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

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

ESR V3.6 added additional Veteran Benefits Handbook functionality:

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

 **Note:** See the *Tabs/Communications/Handbook Status* section of this manual for more details.

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

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

ESR V3.6 added the following additional MSDS capabilities:

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

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

- Business Rule for Creation of Enrollment History records was changed. The number of data element changes that create enrollment history records was reduced. Changes to Enrollment Status, Priority Group, or EGT will produce new history records, most other changes will not.
- Updated the Priority Group 8 Report (P8G 2) to use appropriate Relaxation Percentage rather than the fixed, initial percentage.
- *Appointment Request Response* may now be selected during ESR Registration (Add a Person) process on *Demographics/Personal* screen.

- A bulletin is sent to the patient's chosen Preferred Facility when registration of a patient (Add a Person) is completed,
- **Mother's Maiden Name** field is no longer shared with VistA on the *Demographics/Identity Traits* screen,
- ESR sends a query to MSDS Broker when a Veteran is registered through ESR (AAP).
- ESR shares *Permanent Address* and *Home Telephone* with the Master Veteran Index (MVI).
- MVI notifies ESR of Date of Death updates.
- E&E Web Service returns multiple Preferred Facilities for a Veteran if that Veteran has more than one active *Preferred Facility*.
- ESR uses HEC-entered Eligibility Verification status for NSC and SC 0% non-compensable persons registered through ESR (AAP) to attempt to verify the Eligibility Status.

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

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

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

- Additional fields were added to E&E Web Service.
- OPP Extract:
 - *Ethnicity* now appears in the Main file (OPP 5).
 - race information is sent to OPP in a new *Race* file.
- Handbook:
 - the number of “trigger” events that prompt sending Handbook communications to the CMS was reduced. Handbook events were modified to trigger only when a different Preferred Facility (PF) has been added, or an existing PF is replaced by a different PF.
 - up to 3 PFs, including Station Number, are sent to the CMS vendor at the Community-based Outpatient Clinic (CBOC) level for inclusion in Handbook.

- MSDS – ES recalculates the Period of Service (POS) using MSDS Broker when an ineligible non-service connected non-Veteran is changed to an eligible service-connected Veteran.
- VOA Enhancements – “Feb 2011” 1010EZ and 1010EZR formats became available through the ES application via the “Print 1010EZ” and “Print 1010EZR” buttons under the **Financials** tab/*Financial Overview* screen.

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

- Handbook – Three hyperlinks for each of *Handbook* and *Benefits at a Glance* (in ESR 3.9 only one of each was present) display on Veteran *Overview* screen in the **Communications** section. These hyperlinks allow a user to view the three most current *Handbook* and/or *Benefits at a Glance*.
- Enrollment Enhancements:
 - a onetime batch process to update Catastrophically Disabled (CD) Veterans to change the Means Test status to “No Longer Required” and associated Pharmacy (Rx) Copay status to “No Longer Applicable”.
 - HL7 Messages in the ADR HL7 Transaction Log table is now archived to the HL7 Archive table and then permanently deleted per an agreed upon schedule. On the *Facility/Facilities* screen, an additional hyperlink was added with the title, “**View All Archived HL7 Messages**”. The *Archived HL7 Message Log* screen displays when clicked.
- ICD-10 Changes – 30-year-old ICD-9-CM code set is being replaced by the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) with dates of service, or date of discharge for inpatients, that occur on or after the ICD-10 Activation Date.
There will be a period of time when VHA requires use of both code sets (ICD-9 and ICD-10) to accommodate outpatient dates of service and inpatient discharges prior to and following the compliance date (the ICD-10 Activation Date) as well as for reporting and research purposes.
New to ESR 3.10 is an added column in each of the **Diagnosis** and **Procedure** sections to indicate if the code displayed is an ICD-9 or ICD-10 code.
OPP 1 and OPP 2 extract reports were modified to accommodate the new ICD-10 codes.
- Veteran Financial Assessment (VFA) – VFA initiative reduces need for Veterans to provide updated financial information to VA annually to re-establish Veteran’s eligibility for VA healthcare benefits. New enrollees and Veterans whose Means Tests expired prior to the VFA Start Date, will be required to submit income information.
A Means Test will no longer expire each year in ES. An ESR to IVM (Enrollment Database {EDB}) Web Service has been established to exchange Veteran income/net worth information with the IVM Application (EDB). Additionally, all Means Tests will become effective immediately (Means Tests will no longer become Future Dated Tests).
– **VFA Start Date**, a new system parameter, was added to the *System Parameter* section/screen that will establish the start of the Veteran Financial Assessment initiative.

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

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

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

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

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

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

- “Batch Process for sending Final Letter requests to CMS” and “Batch Process for handling the CMS Final Letter request results” were added to the *Batch Process Management* screen.
- System Parameters
 - IVM Final Letter Indicator and VOA Anonymous/Level 1 Process Indicator System Parameters were added. See the System Parameters section of this manual for more information.

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

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

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

- 2LC-3 – Manage Veteran Health Identification Card (VHIC) Information
- 3LC-4 – Self-Identified Gender Identity (SIGI). Gender field label changed to
- Birth Sex. Self-Identified Gender Identity field added to Identity Traits screen.
- LC-5 – Airborne Hazard and Burn Pit – new Health Benefits Plan
- Enrollment System Financials (ESF), formerly VFA
 - Decommission Amount Contributed to Child under Financials

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

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

- Changed Contributed to ***Spousal Support*** field under Financials/Add Dependent Spouse section from a dollar amount to a Yes/No indicator
- Added BT (Beneficiary Travel) ***Financial Indicator*** field to the Financial Overview section.

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

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

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

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

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

- Public Law
 - Patient Protection and Affordable Care Act (ACA), Public Law 111-148
- VA Mandate
 - The Veterans Health Administration (VHA) must report to the IRS electronic ACA service, for each Veteran, the months qualified for Minimum Essential Coverage (MEC) in a qualified Enrollment Status for any time during the previous tax year.

- Affordable Care Act (ACA) Reporting
 - The reporting functionality is via electronic Web service submissions from the Enrollment System (ES) to the service provided by the IRS for purposes of ACA MEC reporting.
- Transmissions to the IRS
 - ES transmits the name, address, SSN, date of birth and the coverage month indicator for each month the person was in a valid status to receive benefits. Reporting is in whole month periods only; coverage for one day in a month is sufficient to report the entire month.
- Transmission Results
 - The transmission entries display the date, status, reported coverage period, and any error message returned when the transmission is rejected by the IRS. If no entries display on the page, the individual may not have been qualified for MEC in the previous tax year, or currently the individual may not have a record processed in ES.
- Submit Correction to the IRS
 - A correction is the submission of a new 1095B form for a Veteran, when the original submission is rejected for data errors or where the coverage period is reported erroneously by the system.
- IRS Reject Management
 - Batch submission rejections and Person submission rejections (errors returned specific to a Veteran record) are collected and displayed. The end-user is required to correct the errors and submit a corrected 1095B to the IRS.

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

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

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

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

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

ES V4.6 added the following capabilities/changes:

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

- Changed the Date of Death Notification Source label 'SPOUSE/NEXT OF KIN/OTHER PERSON' to 'SPOUSE/NOK/OTHER PERSON'.
- Self-Gender Identification (SIGI)
 - Self-Identified Gender Identity (SIGI). Self-Identified Gender Identity field activated on the Identity Traits screen.

ES V4.7 added the following capabilities/changes:

- Medal of Honor and Enrollment Priority Group 1
The MOH data is viewed in the historical service link and describes when the MOH recipient is placed in Priority Group 1.
- Manage Pending Letters and Closed Applications
 - Pending letter checks exclusion conditions for the 365-day process. If none, before the 30-day clock is initiated and necessary for sending initial pending letter events.
- Healthcare Application (HCA) – Future Discharge Date
 - Allows a Veteran or service member to enter a Future Discharge Date as part of their healthcare application process submitted to the Enrollment System. HCA will send the Future Discharge Date in their Service Separation Date field. The Enrollment System will identify it as a Future Discharge Date when the accompanying Discharge Type field is NULL.
 - Note:** The functionality for receiving a Future Discharge Date from HCA will not be operational until the on-line Healthcare Application (HCA) functionality to accommodate the Future Discharge Date is implemented at a later date.
- Stop Communication: Roles/Person; UI message, Override
 - Edit/Stop Communication capability setting for a user or role are defined in the User Profile page to execute all functions on Stop Communications.
- DOD Death Notification Source and MVI authoritative source
 - ES is accepting a Veteran's Date of Death information only when data is entered into the appropriate ES fields or when data comes from MVI only.
- Eligibility: 4-day and 30-day clocks
 - Eligibility and Enrollment management is timed using the 4-day clock (for new applicants) and 30-day clock (for previous applicants) to verify eligibility and enrollment information based on eligibility status (Pending Verification or Pending Re-Verification).
- Health Benefit Plans (HBPs)
 - ES will send Choice Community Care HPBs that are currently assigned to Veterans to VistA to appear on the Veteran's profile.
 - The Veterans Choice Health Benefit Plans must already be set up in the Administration / Health Benefit Plan Area as a prerequisite.
 - The Enrollment System (ES) will determine whether or not a Veteran is assigned a Health Benefit Plan. These Health Benefit Plans (HBP) specific to Veterans Choice cannot be manually entered by a ES User.

- Community Care Outcome, Community Care Determination
 - Review of applicable Community Care Health Benefit Plans that have been assigned for the Veteran.
- Computer Assisted System Staff (CASS) Certification
 - Added information about CASS certification updates. New functionality.
- Mileage Eligibility Criteria and Residential Address
 - Changed the reporting of mileage eligibility when address changes.
- Enrollment
 - The system accepts new Enrollment applications from Veterans whose enrollment status is “Cancelled/Declined” and “Closed Application” with an “Abandoned Application” through an automated process. However, this is a manual, work-around process for VistA.

ES V4.8 added the following capabilities/changes:

- Send initial seeding of all Veterans CC Eligibility information to Community Care Network (CCN) Contractors
- Send Veteran CC Eligibility information to CCN Contractors when changes are made to contact information or CC Eligibility data in ES
- Receive Health Insurance information from CCN Contractors
- Share received insurance information with VistA
- Manage CCN Contractors and Regions via new screens in ES

 **Note:** Sending information to, and receiving information from, the CCN Contractors will be inactive in this release. It will be activated when the CCN Contractors become available for integration and testing efforts.

ES V5.0 No new capabilities.

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

ES V5.1 added the following:

- Updates for eMIS Phase 2
- Updates for Future Discharge Date
- SDS Table Lookup
- Health Benefit Plans
- Supporting Documents
- VET360 Address, Phone and eMail
- Additional minor updates and corrections

ES V5.2 added the following:

- Changed eMIS to MSDS, where appropriate.

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

ES V5.3 added the following:

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

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

- Data Handling Process (3.1)
- Reporting (3.1)
- Standardizing Date Checks (3.1)
- Enrollment Processing (3.1)
- Message Processing Improvements (3.1)
- System Administration (3.1)
- Veteran's On-Line Application (10-10EZ supplement) (3.1)
- Identity Traits (3.1)
- Financials/Adjudication (3.2)
- E&E Web Services Phase II (3.3)
- VBA Pension Data Sharing (3.3)
- Priority Group Relaxation % Phase II (3.3)
- Remove Unnecessary Data Consistency Checks (3.3)
- Duplicate Merge Tool Enhancement (3.3)
- Military Service Data Sharing (MSDS), Phase I (Phase I will create HEC-owned MSE records based on site data from incoming ORUZ07 messages) (3.X)
- Veteran Benefits Handbook Phase I (3.X)
- MSDS (3.4)
- MSDS (3.5)
- Public Law PL111-163 (3.5)
- Add a Person (ESR Registration) (3.5)
- Preferred Facility (3.5)
- Veteran Benefits Handbook (3.5)
- E&E Web Service/T-Pharm (3.6)
- Public Law (PL111-163) Medal Of Honor (3.6)
- Additional Veteran Benefits Handbook Functionality (3.6)

- VBA Pension and Dental Data Sharing functionality between VistA and ESR (3.6)
- MSDS (3.6)
- E&E Web Service (3.7)
- MSDS (3.7)
- Master Veteran Index (MVI) (3.7)
- Reporting (3.7)
- Add a Person (ESR Registration) (3.7)
- Add a Person (screen/dropdown changes) (3.8)
- Communications/Handbook (3.8)
- MSDS (3.8)
- Demographics/Personal (field changes) (3.8)
- E&E Web Service (3.9)
- OPP Extracts (3.9)
- Handbook (3.9)
- MSDS (3.9)
- VOA (3.9)
- Handbook (3.10)
- Archiving HL7 Messages (3.10)
- ICD-10 Changes (3.10)
- VFA/Means Testing (3.10)
- Handbook (ESR 3.11)
- VOA (ESR 3.11)
- VFA Phase II (ESR 3.11)
- Handbook (ESR 3.12)
- VFA Phase III (3.12)
- VOA (ESR 3.12)
- Health Benefits Plan (ESR 3.12)
- Handbook (ES 4.0.0)
- Health Benefits Plan (ES 4.0.0)
- Financials (ES 4.0.0)
- Batch Processes (ES 4.0.0)
- System Parameters (ES 4.0.0)
- Catastrophic Disability (ES 4.1.0)

- OPP Extracts (ES 4.1.0)
- 508 Compliancy (ES 4.1.0)
- HandBook (ES 4.1.0)
- HBP (ES 4.1.0)
- Legislative Changes (ES 4.1.0)
- ESF (ES 4.1.0)
- IAM single sign-on integration (ES 4.1.1)
- CL-V (ES 4.2)
- VOA (ES 4.2)
- System Parameters (ES 4.2)
- Reports (ES 4.2)
- ACA (ES 4.3)
- ACA (ES 4.4)
- eMIS (ES 4.5)
- Temporary Address (ES 4.5)

The following are dormant in ES 4.5:

- View Current Information from Community Care Manual Process (will be implemented in 4.5.1)
- View Current Community Care Data (will be implemented in 4.5.1)
- Add new and/or Edit Residential Address (will be implemented in 4.5.1)
- Determine Non-Residential Address in ES (will be implemented in 4.5.1)
- Residential Address Available in ES (will be implemented in 4.5.1)
- ES V4.5 items 1-5 modifications/enhancements are implemented (ES 4.5.1)
- Person Search (ES 4.6)
 - Military Service:
 - Future Discharge Date (ES 4.6)
 - Future Discharge Date Report (EED21) (ES 4.6)
 - System Parameters - eMIS Reconciliation Indicator (ES 4.6)
 - Community Care Determination and Community Care Determination History (ES 4.6)
 - Identity Traits (ES 4.6)
 - Date of Death Notification Source - Changed the Date of Death Notification Source label to Spouse NOK/Other Person (4.6):
 - Add/Edit Address and Geocode (ES 4.6)

- Overview tab updated (ES 4.6)
- Communications Stop/Restart(ES 4.6)
- SIGI Implemented (ES 4.6)
- Date of Death Notification Source and MVI Authoritative Service (ES 4.7)
- Medal of Honor Priority One Group (ES 4.7)
- Manage Pending Letters and Closed Applications (ES 4.7)
- Healthcare Application (HCA) Future Discharge Date (ES 4.7)
- Stop Communication, Roles, and Override (ES 4.7)
- Eligibility and Enrollment Management (ES 4.7)
- Health Benefit Plans (ES 4.7)
- Community Care Outcome and Determination (ES 4.7)
- Computer Assisted System Staff (CASS) Certification (ES 4.7)
- Mileage Eligibility Criteria and Residential Address (ES 4.7)
- Send Records to CCN (ES 4.8)
- CCN Send Eligibility Information (ES 4.8)
- CCN Receive Health Insurance information (ES 4.8)
- Share received insurance information with VistA (ES 4.8)
- Manage CCN Contractors and Regions (ES 4.8)
- Updates for eMIS Phase 2 (ES 5.1)
- Updates for Future Discharge Date (ES 5.1)
- SDS Table Lookup (ES 5.1)
- Health Benefit Plans (ES 5.1)
- Supporting Documents (ES 5.1)
- VET360 Address, Phone and eMail (ES 5.1)
- eMIS name change to MSDS (ES 5.2)
- Community Care Updates (ES 5.2)
- Manage Pending Pre-Closure Letters (ES 5.3)
- VCE System Parameters (ES 5.3)
- How to Execute a Batch Process (ES 5.3)

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

1.3 Project References

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

- ES 5.3 Release Notes
- ES 5.3 User Guide

1.3.1 Coordination

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

1.3.2 Help Desk

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

1.4 Organization of User Guide

This user guide is organized in the following manner:

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

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

Enrollment System Screen Layout

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

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



Figure 1: Menu Bar

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

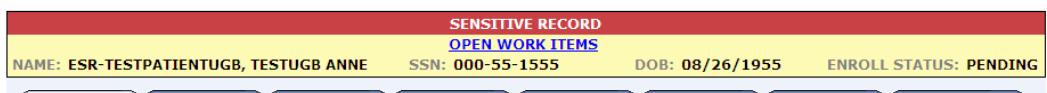


Figure 2: Summary Area, Sensitive Record



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

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

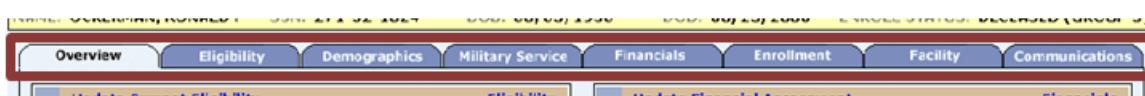


Figure 4: Tabs

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

Overview	Eligibility	Demographics	Military Service	Financials	Enrollment	Facility	Communications
Update Current Eligibility <div style="background-color: #f2f2f2; padding: 5px;"> Primary Eligibility Code: SC LESS THAN 50% Secondary Eligibility Codes: Service-Connected Percentage: 30 Eligibility Status: VERIFIED Current Number of Health Benefit Plans: 0 </div>	ELIGIBILITY	Update Financial Assessment <div style="background-color: #f2f2f2; padding: 5px;"> Primary Test Type: Co-Pay Exemption Test Means Test Status: No Longer Required Pharmacy Co-Pay Status: Non-Exempt </div>	FINANCIALS				
View Community Care Outcome <div style="background-color: #f2f2f2; padding: 5px;"> Community Care: Not eligible </div>	COMMUNITY CARE DETERMINATION						
Update Mailing Address <div style="background-color: #f2f2f2; padding: 5px;"> Address (Street and Number): 1300 E 20TH ST CHEYENNE, WY 82001 UNITED STATES Processing Home Phone: </div>	DEMOGRAPHICS	Update Enrollment Dates <div style="background-color: #f2f2f2; padding: 5px;"> Application Date: 04/11/2013 Effective Date of Change: 12/18/2017 </div>	ENROLLMENT	Update Date of Death <div style="background-color: #f2f2f2; padding: 5px;"> Current Status: Alive </div>	DEMOGRAPHICS		
Future Discharge Date <div style="background-color: #f2f2f2; padding: 5px;"> Is On Active Duty: No As Of Date: Future Discharge Date: </div>	MILITARY SERVICE	View Handbook Communication <div style="background-color: #f2f2f2; padding: 5px;"> No Data on File </div>	COMMUNICATIONS				
View Veteran Health Identification Card (VHIC) Status <div style="background-color: #f2f2f2; padding: 5px;"> Card ID: No Data Status: No Data </div>	COMMUNICATIONS						

Figure 5: Main Screen

1.5 Acronyms and Abbreviations

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

#

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

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

A

A&A: (see) Aid & Attendance

AAC: (see) Austin Information Technology Center

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

ACK: Acknowledgement

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

AE: Application Error

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

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

AITC: Austin Information Technology Center

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

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

Austin Automation Center: (see) Austin Information Technology Center

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

B

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

BDN: Benefit Delivery Network

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

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

BIRLS: Beneficiary Identification Records Locator System

BOS: Business Office Section.

C

C&P: Compensation & Pension.

CASS: Coding Accuracy Support System.

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

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

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

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

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

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

CC: Community Care

CCN: (see) Community Care Network

CCN Provider: (see) Community Care Network Provider

CD: (see) Certificate of Deposit

CDW: (see) Corporate Data Warehouse

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

CEV: Centralized Eligibility Verification

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

CMS: (see) Content Management System

CLEAR: (see) Camp Lejeune Environmental Action Report

CL-V: (see) Camp Lejeune-Veteran

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

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

Community Care: Community Care is a benefit available to Veterans that live beyond a reasonable distance from an VA Healthcare Center, or due to hardship, cannot easily reach a VA facility. These Veterans might be eligible to receive health care from a non-VA provider within their community.

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

Community Care Network Provider: (Currently called “TPA – Third Party”).

Compensable: A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.

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

COR: Correspondence.

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

CV: Combat Veteran.

D

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

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

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

DOB: Date of Birth.

DoD: Department of Defense

DOD: Date of Death

E

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

EE: Eligibility/Enrollment.

EED: Eligibility, Enrollment Division.

EGT: Enrollment Group Threshold.

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

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

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

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

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

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

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

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

F

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

G

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

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

GMT: Geographic Means Test.

GWOT: Global War on Terror.

H

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

HB: (see) Housebound.

HBP: (see) Health Benefits Plan.

HCA: Healthcare Application.

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

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

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

Healthcare Reform/Affordable Care Act: Effective January 1, 2014, the Affordable Care Act (ACA) requires every individual taxpayer in the United States to maintain minimum essential healthcare coverage or face a tax penalty. Enrollment in Veterans healthcare meets the Minimum Essential Coverage (MEC) threshold under 26 Code of Federal Regulations (CFR) 1.36B-2 (c)(2)(ii) of the Treasury Notice of Proposed Rulemaking (NPRM).

The VA is required to provide the IRS with a list or file containing information on every Veteran and beneficiary that obtained MEC through the VA for a tax year.

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

HEC: Health Eligibility Center.

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

HINQ: Hospital Inquiry.

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

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

I

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

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

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

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

IdS: (see) Identity Services.

IMDQ: Identity Management/Data Quality.

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

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

IPN: Initial Pending Notification.

IRA: Individual Retirement Account.

IRS: Internal Revenue Service.

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

IV: Income Verification.

IVM: Income Verification Match.

L

LAS: Legal Administrative Specialist.

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

M

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

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

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

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

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

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

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

MEC (Minimum Essential Coverage)

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

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

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

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

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

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

MVI: (see) Master Veteran Index.

MSDS: (see) Military Service Data Sharing.

MSN: Military Service Number.

MST: (see) Military Sexual Trauma.

MT: Means Test.

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

N

NARA: National Archives and Records Admin.

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

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

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

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

Noncompensable: A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.

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

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

NPR: (see) Nose Throat Radium.

O

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

OPP: Office of Policy and Planning.

Outlier: An extreme deviation from the mean.

P

P&T: (see) Permanent & Total.

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

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

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

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

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

Planning System Support Group: See PSSG.

POA: (see) Power of Attorney.

POS: Period of Service.

POW: Prisoner of War.

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

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

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

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

PSIM: Person Service Identity Management.

PSSG: Planning System Support Group.

PTSD: Post-Traumatic Stress Disorder.

Q

QM: Quality Management.

R

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

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

REE: Registration, Eligibility, & Enrollment.

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

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

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

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

S

SC: Service-Connected.

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

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

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

Service number: This is a Veteran's unique identifier.

SHAD: (see) Shipboard Hazard and Defense.

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

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

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

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

SSA: Social Security Administration.

SSN: Social Security Number.

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

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

T

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

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

V

VA: Department of Veterans Affairs.

VADIR: (see) VA/DoD Identity Repository.

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

VAMC: Department of Veterans Affairs Medical Center.

VARO: VA Regional Office.

VBA: Veterans Benefit Administration.

VCE: Veterans Choice Eligibility

VCG: (see) Virtual Content Generator.

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

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

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

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

VFA: (see) Veteran Financial Assessment.

VHA: Veterans Health Administration.

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

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

VOA: (see) Veteran's On-Line Application.

VRM: (see) Veterans Relationship Management.

VPID: Veterans Affairs Person Identifier.

VSSC: VHA Support Service Center.

W

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

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

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

2 System Summary

2.1 System Configuration

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

2.2 Data Flows

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

2.3 User Access Levels

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

2.4 Contingencies and Alternate Modes of Operation

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

3 Getting Started

3.1 Logging On

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

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



Figure 6: Accept Agreement Checkbox and Health Eligibility Center User Agreement

Upon successful user authentication, ES determines the user's Profile information, which is used to define the user's Role and permissions, and is the Profile information is displayed the *Person Search* screen. From the *Person Search* screen, users can enter Veteran information into the required fields, and access ES.

Upon initial ES log in, users must also enter the Agreement Signature Code created by ES at the time the user's account was created.

On each subsequent one-year anniversary of users' initial login into ES, ES prompts users for the access code created by ES. Users must re-enter the access code to be granted access to ES.

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

3.2 ES Online Help

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

Using Context-Sensitive Help

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

System Help:

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

Screen Help:

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

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

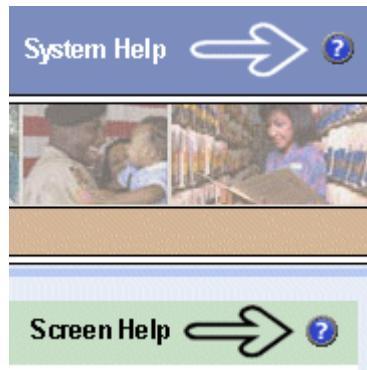


Figure 7: System Help and Screen Help

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

ES Online Help Tool Bar

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

Contents:

Contents displays an expanded table of contents.

- Books (

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

Index:

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

Search:

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

Glossary:

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

Figure 8: ES Online Help Introduction, Tool Bar above the Table of Contents, and Topic links in the Table of Contents

ES online help uses Adobe RoboHelp's 2015 WebHelp as its output, and is 508-compliant. The online help opens in your web browser as a new window.

Other buttons and functions

Hide/Show the left pane

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

1. Click the [Hide](#) link in the upper left side of the right pane to hide the left pane.
2. Click the [Show](#) link in the upper left side of the pane to show the left pane.

Browser Toolbar

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

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

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

WebHelp Build Date

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

Adjusting the main screen and table of contents size

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

Navigating Help Topics

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

Links (online Help)

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

- Green bold **underlined** italics reference screen fields. References to field selections are in **bold**. References to other topics are linked to that topic and **underlined** in blue italics. Button references are in ***bold italic***.
- A ***** symbol indicates a required field in the online help.
- A **★** symbol indicates a required field in the user guide.
- A **○** symbol is displayed when a submitted field has an error.
- A **☒** symbol ("data changed") is displayed when a type of data has changed on the *History*, *Veteran Merge*, and user-related confirmation windows.
- A **💡** indicates a note or item of special interest.

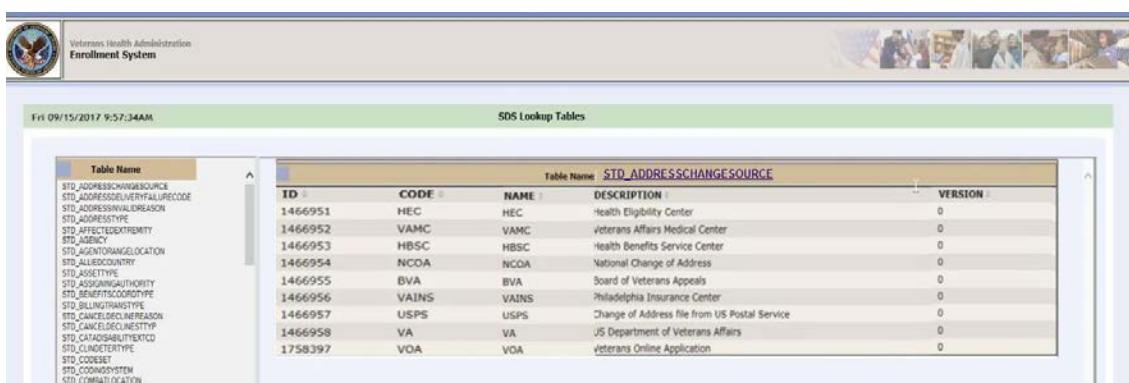
3.3 Standard Data Service (SDS) Lookup Tables

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

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

To display the SDS Lookup Tables:

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



The screenshot shows the SDS Lookup Tables interface. At the top, there's a navigation bar with the U.S. Department of Veterans Affairs logo and the text "Veterans Health Administration Enrollment System". Below the navigation bar, the date and time are displayed as "Fri 09/15/2017 9:57:34AM". The main title is "SDS Lookup Tables". On the left, a sidebar lists various SDS table names. The central area displays the "STD_ADDRESSCHANGESOURCE" table with the following data:

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

Figure 9: SDS Lookup Table

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

3.4 Exit System

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

4 Menu Bar



Figure 10: Menu Bar

4.1 Home

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



Figure 11: Home

4.1.1 Person Search

A screenshot of the "Person Search" form. The form has a title bar "Person Search". It contains fields for Member ID, SSN, ICN, Last Name, First Name, Middle Name, Date of Birth (with a note "(mm/dd/yyyy)"), and Birth Sex (with radio buttons for Male, Female, and All). There is also a link "Additional Search Criteria". At the bottom are three buttons: FIND, CLEAR, and CANCEL.

Figure 12: Person Search

Person Search displays after a user successfully logs into ES.

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

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

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

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

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

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

Member ID:

Member ID represents the Veteran's EDIPI. It is a read-only field, and a unique identifier for each Veteran in the Community Care program. Member ID is the identifier on the Community Care identity card.

SSN:

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

Rules...

- ◆ Acceptable format is 9 numeric characters.

- ◆ Cannot be a *Pseudo SSN*.

ICN:

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

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

Last Name:

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

Rules...

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

First Name:

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

Rules...

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

Middle Name:

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

Rules...

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

Date of Birth:

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

Rules...

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

Birth Sex:

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

Additional Search Criteria

Military Service Number:

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

Claim Folder Number:

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

Rules...

- If *Claim Folder Number* is removed/deleted, claim folder location is removed.
- Claim Folder Number can be beneficiary's SSN.
- *Claim Folder Number* can be 7 - 9 numeric.
- ***Claim Folder Number*** is not a required field that is user supplied and occurs only once.

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

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

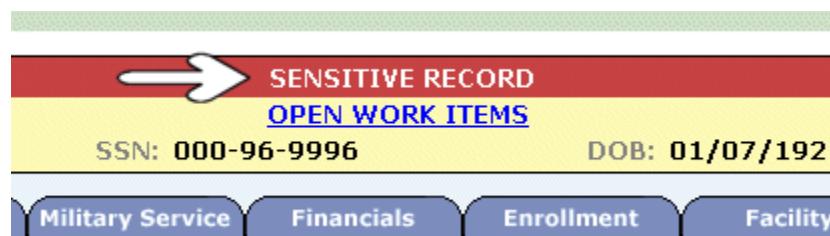


Figure 13: Sensitive Record: Open Work Items

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

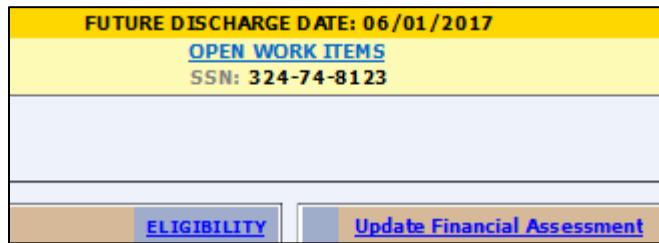


Figure 14: Future Discharge Date Banner

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

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

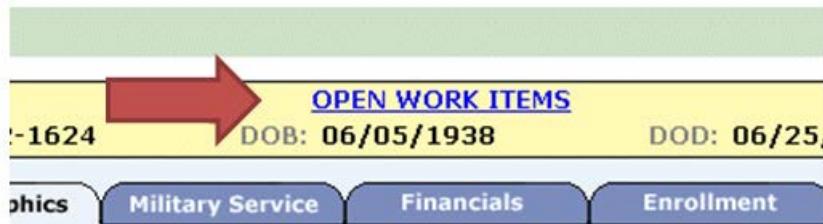


Figure 15: Open Work Items link

4.2 Veteran

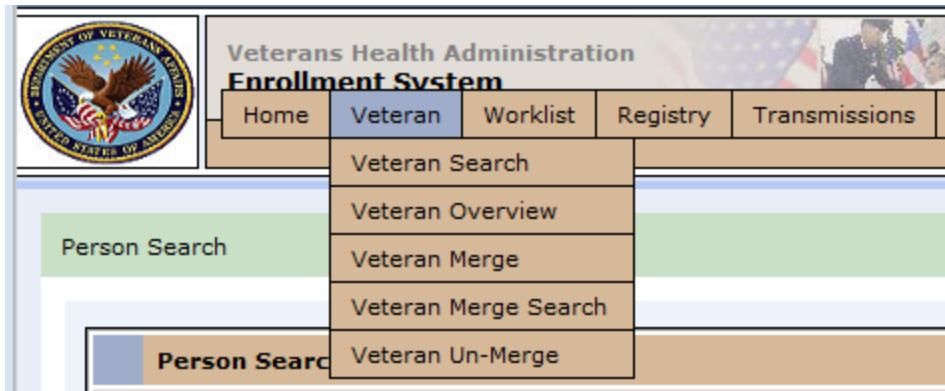


Figure 16: Veteran

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

- **Veteran Search** – [Person Search screen](#)
- **Veteran Overview** – [Veteran Overview screen](#) (if Veteran previously selected)
- **Veteran Merge** – [Veteran Merge screen](#)
- **Veteran Merge Search** – [Veteran Merge Search screen](#)
- **Veteran Un-Merge** – [Veteran Un-Merge screen](#)

4.2.1 Veteran Merge

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

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

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

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

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

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

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

Veterans That Require Merging

SSN

Patient's Social Security Number.

Last Name

Patient's Last Name.

First Name

Patient's First Name.

Middle Name

Patient's Middle Name.

Date of Birth

Patient's Date of Birth.

Birth Sex

Patient's Birth Sex.

Surviving Record

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

Merge Status

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

More...

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

4.2.2 Veteran Merge Search

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

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

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

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

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

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

Veteran Merge Search

SSN:

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

Rules...

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

VPID:

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

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

Last Name:

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

Rules...

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

First Name:

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

Rules...

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

Date of Birth:

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

Rules...

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

Additional Search Criteria

Military Service Number:

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

Claim Folder Number:

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

Rules...

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

- **Claim Folder Number** can be beneficiary's SSN.
- **Claim Folder Number** can be 7 - 9 numeric.
- **Claim Folder Number** is not a required field that is user supplied and occurs only once.

Middle Name:

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

Rules...

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

Birth Sex:

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

4.2.3 Veteran Un-Merge

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

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

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

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

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

Veterans That Require Un-MergingSSN

Patient's Social Security Number

Last Name

Patient's *Last Name*

First Name

Patient's First Name

Middle Name

Patient's Middle Name

Date of Birth

Patient's Date of Birth

Birth Sex

Patient's Birth Sex

Removal Selections

Select a record pair for deletion from the worklist.

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

4.3 Worklist

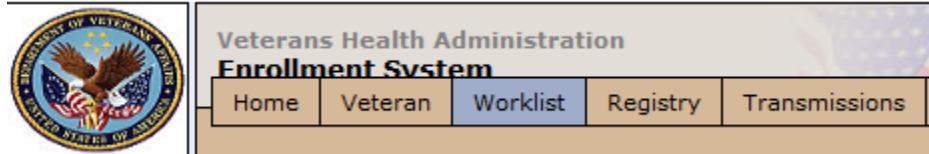


Figure 17: Worklist

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

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

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

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

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

Supervisors and/or Team Leaders may use this list to choose *Items* for assignment for a DQ analyst or Legal Administrative Specialist (LAS). Additionally, the DQ analyst or LAS can use

the *Worklist Overview* screen to assign an *Item* to themselves. Users can manually assign *Unassigned Items* within their own functional group to themselves. However, only supervisors can move *Work Items* across functional groups, assign and re-assign any *Item* at any time. Cross-functional re-assignment of an *Item* must be to the respective supervisor. Multiple *Work Items* can be assigned or re-assigned at the same time.

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

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

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

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

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

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

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

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

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

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

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

Assign Selected Items To (My Items screen only):

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

Update Selected Items (My Items screen only):

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

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

Item Number

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

Item Type

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

Work Item Types:

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

Create Date

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

Assigned Date (not for Unassigned Items)

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

Assigned To (not for Unassigned Items)

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

Select

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

Rules...

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

4.3.2 Work/Search Items

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

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

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

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

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

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

Show Worklist Filter

VPID:

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

Item Number:

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

Create Date Range:

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

Format (mm/dd/yyyy)

SSN:

Enter the beneficiary's social security number.

Item Type:

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

Assigned Date Range:

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

Format (mm/dd/yyyy)

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

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

4.3.3 Worklist Items Search

Functional Group Dropdown:

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

Item Type Dropdown:

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

Assigned To Dropdown :

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

Status Dropdown:

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

Assigned Date Range:

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

Rules...

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

Create Date Range:

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

VPIID:

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

SSN:

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

Last Name:

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

First Name:

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

4.3.4 Items/Update Assignment, Status, Comments

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

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

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

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

Assign To: (Supervisor's View)

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

Status:

Users can change Status.

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

Comments:

Add relevant comments.

Work Item Detail

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

Item Number:

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

Status:

Status is the current status of the *Item*.

Functional Group:

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

Item Type:

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

Name:

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

Facility:

Facility is the site where the workload was logged.

Create Date:

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

Assigned Date:

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

Due Date:

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

Assigned To:

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

SSN:

SSN is the Veteran's Social Security Number.

Created By:

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

Last Assignor:

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

Comments (displays comment history for the Work Item)

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

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

Comment - Comment displays the most recent comment.

Status History

Status History is the status history of a Work Item.

Status Date

Status Date displays the date the status changed.

Status

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

Assignment History

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

Assignment Date

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

Assigned To

Assigned To is the assigned user.

Assigned By

Assigned By is the user who made the assignment.

4.4 Registry

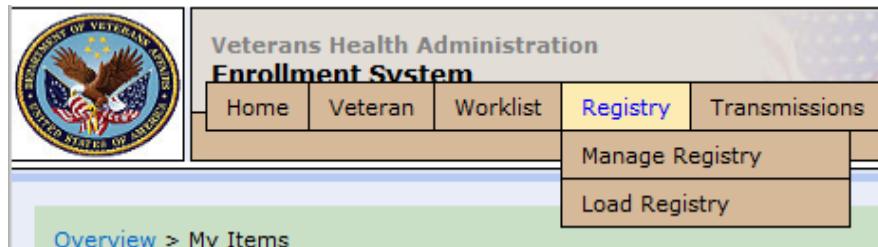


Figure 18: Registry

4.4.1 Manage Registry

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

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

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

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

SSN:

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

And/Or

Last Name:

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

And/Or

Military Service Number:

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

Optional Search Criteria

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

First Name or Initial:

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

User may also:

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

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

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

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

Registry Search Results

- ◆ Social Security Number
- ◆ Last Name
- ◆ First Name
- ◆ Middle Name
- ◆ Registry
 - ◆ Purple Heart Indicator (only if searching PH registry or All)
 - ◆ POW Indicator (only if searching POW registry or All)
 - ◆ SHAD Indicator (only if searching SHAD registry or All)
 - ◆ Eligibility Record? (Yes or No)

4.4.2 ADD PH, POW, SHAD

4.4.2.1 Add Purple Heart Registry Entry

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

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

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

(Purple Heart Indicator:)

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

★SSN:

SSN is the Social Security Number of the Veteran.

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

Military Service Number:

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

Prefix:

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

Rules...

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

★First Name:

First Name is the Veteran's given name.

Rules...

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

Middle Name:

Middle Name is the Veteran's middle name.

Rules...

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

★Last Name:

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

Rules...

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

Suffix:

Suffix is the suffix for the Veteran's name such as Junior, III.

Rules...

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

Degree:

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

Rules...

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

★Purple Heart Status:

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

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

Rejected

(Status Update Date:)

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

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

Rejected Remarks:

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

- ◆ Entered in Error
- ◆ No Document Received
- ◆ Unacceptable Documentation
- ◆ Undeliverable Mail

- ◆ Unsupported Purple Heart
- ◆ VAMC

Purple Heart Facility:

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

Assigned LAS:

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

- ★ *Indicates required field*

Purple Heart Documents

★*Document Type:*

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

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

Rules...

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

★*Data Source:*

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

- ◆ DOD
- ◆ Other
- ◆ Site
- ◆ VBA

Veteran

Document Received Date:

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

Rules...

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

(Document Log In Date:)

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

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

Document Log In Date defaults to the current date.

(Document Logged In By:)

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

★Document Acceptable:

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

Unacceptable Remark:

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

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

(Updated By:)

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

(Update Date/Time:)

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

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

★ Indicates required field

4.4.2.2 Add POW Registry Entry

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

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

[VIEW HISTORY](#)

★(POW Indicator:)

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

SSN:

SSN is the Social Security Number of the patient.

Military Service Number:

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

Rules...

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

Prefix:

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

Rules...

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

★First Name:

First Name is the Veteran's given name.

Middle Name:

Middle Name is the patient's middle name.

Rules...

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

★Last Name:

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

Suffix:

Enter a suffix for the Veteran's name such as Junior, III.

Rules...

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

Degree:

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

Rules...

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

Date of Death:

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

Rules...

- ◆ Format: (mm/dd/yyyy)

★ Indicates required field

Prisoner of War Episodes

Document Type:

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

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

★POW Source:

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

★Capture Date:

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

Capture Date is shared with VistA.

Rules...

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

★Release Date:

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

Release Data is shared with VistA.

Rules...

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

Days in Captivity:

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

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

★Confinement Location:

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

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

Camp Location:

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

(Date Entered:)

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

(Entered By:)

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

ICN:

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

Rules...

- ◆ The format is 10 numeric.

(Updated By:)

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

(Update Date/Time:)

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

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

★ Indicates required field

4.4.2.3 Add SHAD Registry Entry

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

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

[VIEW HISTORY](#)

★(SHAD Indicator:)

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

★SSN:

SSN is the Social Security Number of the patient.

Military Service Number:

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

Rules...

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

Prefix:

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

Rules...

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

★First Name:

First Name is the Veteran's given name.

Rules...

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

Middle Name:

Middle Name is the patient's middle name.

Rules...

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

★Last Name:

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

Rules...

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

Suffix:

Enter a suffix for the Veteran's name such as Junior, III.

Rules...

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

Degree:

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

Rules...

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

Claim Number:

Claim Number is automatically assigned by the VBA to each Veteran's claim for VA benefits.

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

★ Indicates required field

SHAD Documents

★Document Type:

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

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

Document Received Date:

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

Rules...

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

(Updated By:)

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

(Update Date/Time:)

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

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

★ Indicates required field

4.4.3 Load Registry

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



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

Load Registry Records

★Registry Type:

Choose from the following registry types:

- ◆ Prisoner of War

- Purple Heart
- SHAD

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

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

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

Rules...

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

Registry File Load Statistics

Registry Import Date:

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

Registry Import Type:

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

Number of Records Read:

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

Number Passing Consistency Check:

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

Number Not Matched to Existing Registry Records:

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

Number Ambiguously Matched:

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

Number of New Registries Inserted:

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

Number Matched to Existing Registry Records:

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

★ Indicates required field

4.5 Transmissions

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



Figure 19: Transmissions

The *Transmissions* menu contains two options:

- HL7 Messages
- CCN Contractor Messages

4.5.1 HL7 Message Search

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

Users may search by the following parameters:

Transmission Date:

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

Format: (mm/dd/yyyy)

OR

Transmission Date Range:

Enter a date range for the particular site.

Format: (mm/dd/yyyy)

Facility:

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

Transmission Type:

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

Transmission Status:

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

- *Awaiting Acknowledgement* – message transmitted, acknowledgement pending.
- *Awaiting Transmission* – message built and triggered but waiting to be sent out or processed in.
- *Complete* – message transmitted, acknowledgement received.
- *Error* – message transmitted and application acknowledgement returned with an error.
- *Not Transmitted* – the outbound message transmission/query was attempted. However, after several tries (as defined by the DBA) the message was never successfully transmitted.
- *Pending* – query transmitted and awaiting requested message response.
- *Retransmission Failed*
- *Retransmit* – message requires retransmission.

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

4.5.1.1 HL7 Message Log

Transmission Date

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

(Transmission) Status (see Transmission Status definition above)

Message Type (see Transmission Type definition above)

Facility (see Facility definition above)

Raw Data (click on link to view)

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

Transmission Details (click on link to view)

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

Transmission Date

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

- Retransmission Count

Retransmit (click on link to retransmit)

Provides a means to re-transmit certain messages.

4.5.2 View Veteran Records Sent to CCN Contractors from the Transmissions Menu

Users can view Veteran records sent to CCN Contractors from the **Menu** dropdown.

Transmission Date	Status	Type	Contractor	Veteran	CCN Request Made	Transmission Details	Retransmit
09/23/2017 9:22:48PM	Sent	Unsolicited	All	CRMTESTERZAK, TESTERZAK	View		RETRANSMIT

Figure 20: CCN Contractor Message Search

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

Transmission Date

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

Transmission Date Update Scenarios

If	Then
If a Veteran's CC Eligibility is changed using Manual Override at 10:30 AM	The record is created and marked Send and the Transmission Date is set to 10:30 AM and the Created Date is 10:30 AM.
If the Veteran's address changed at 11:30 AM	The same record is updated and the Transmission Date is set to 11:30 AM. Note: The created date remains the same. This process is repeated until the record is picked up and sent to DAS. Once the

If	Then
	Veteran's record goes to DAS, any changes to that Veteran creates a new entry thereafter.

CCN Contractor

Community Care Network Providers (Currently called “TPA – Third Party”).

ICN

VPID_VALUE

Status

One of the following:

- Send – Marked to Send
- Sent – Picked up and sent in a file to DAS
- DAS Success – DAS was able to deliver the file to CCN
- DAS Failed – DAS could not deliver the file to CCN
- Success – CCN Processed the file and did not find any issue.
- Failed – CCN Processed the file and found issues.

Type

One of the Following

- Initial – Sent for Initial Seeding process
- Manual – Manually forced the change in the CC Eligibility and hence the record was picked to be sent.
- Solicited – CCN Requested record is sent to Contractors.
- Unsolicited – Demographic / Contact changes, CC Eligibility changes based on Wait-Time Data Processing / Geocoding calculations, triggered this record to be sent to the CCN.

Find

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

Clear

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



Notes:

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

"The search returned results which exceeds the 1,000 records limit. Please refine your search and try again".

4.5.2.1 Veteran Records Sent to CCN Contractor Log Entry

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

- ◆ Date and time that the message was created
- ◆ Veteran's information included in the record.

The following rules determine what the log entry shows, depending on which type of Veteran record was sent to the CCN Contractor:

Record Send Scenarios

If	Then
The Send was due to a user <i>manually</i> triggering a Veteran record from the Community Care Determination screen	The <i>user ID</i> of the user who manually triggered the record, as well as the date and time of the trigger, displays on the log entry.
The Send was due to a <i>solicited</i> request from the CCN Contractor	The log entry includes the following: Date and time the request was received Date and time the record was sent An indicator that the record was sent because of a solicited request
The Send was due to a <i>change</i> in a Veteran's demographics or VCE	The log entry indicates that the record was sent because of an unsolicited request.
The Send was from the <i>initial file</i>	The log entry includes the date and time it was received back from the CCN Contractor.

4.5.3 View Veteran Records Sent to CCN Contractors

The screenshot shows a software interface titled 'Community Care Determination'. Under the 'Veteran Information' section, it displays:

- Residential Address Status (BAI):** N/A
- Address Accuracy:**
- Residential Address at the time of Drive Distance Determination**
- CCN Contractor Region:** Region 3
- Enrolled:** 09/01/2017
- Service Connected:** Yes
- Special Authority:** No

At the bottom right is a blue button labeled 'SEND TO CONTRACTORS' and below it is a link '[View Data Sent to CCN Contractors](#)'.

Figure 21: Veteran Information

Click the [View Data Sent to CCN Contractors](#) link to be directed to the **View Data Sent to the CCN Contractors** screen. On the **View Data Sent to the CCN Contractors**, screen users can view records sent to CCN Contractors.

4.5.3.1 View Veteran Records on CCN Transmission Details Log

[RETURN TO LIST](#)

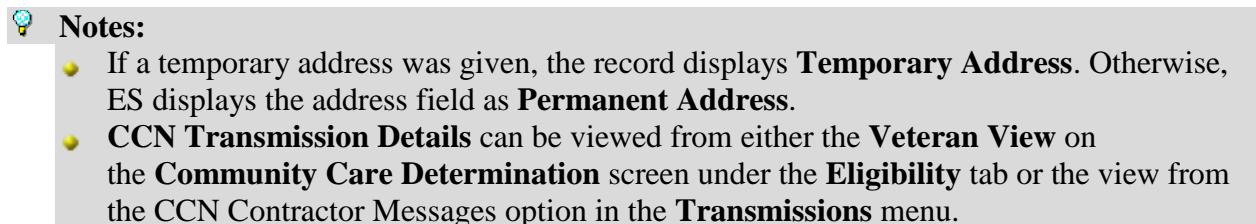
The screenshot shows a software interface titled 'CCN Transmission Details'. It displays a single transmission record with the following details:

Field	Value
Sent To:	Contractor Name
Transmission Date:	07/20/2017 11:50 PM
Status:	Complete
Type:	Manual
Requested Date:	07/20/2017 11:50 PM
Requesting User:	NAMELAST, NAMEFIRST M
ICN:	0000001008590722V43786800000
Member ID:	1234566
SSN:	XXX-XX-XXXX
Veteran Name:	NOLD, RANDALL
Birth Sex:	Male
Date of Birth:	08/11/1977
Date of Death:	
Residential Address:	WBS576 TWIN FALLS RD IRON MOUNTAIN, MI 49801 UNITED STATES
Temporary Address:	WBS576 TWIN FALLS RD IRON MOUNTAIN, MI 49801 UNITED STATES 06/11/2017 thru 07/11/2018
Bad Address Indicator:	
Personal Email Address:	bladerunner909@gmail.com
Home Phone Number:	(727)555-0000
Cell Phone Number:	(727)555-0001
Temporary Phone Number:	(727)555-0002
Preferred Facility Number:	999
Preferred Facility Name:	PreferredFacName
CC Eligibility Information:	Mileage
CC Determination Date:	08/11/2017
Closest VISN Number:	22
Closest Station Number:	999999
Closest Station Name:	Station Name

Figure 22: CCN Transmission Details

When record information is sent to CCN Contractors, a log entry of **CCN Transmission Details**, is created. The log entry includes the following data:

- Date and time that the message was created.
- Veteran's information included in the record.
- RETURN TO LIST link where the user can return to the Records Sent List screen.



4.6 MSDS Messages



Figure 23: MSDS Messages

4.6.1 MSDS Message Search

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

The screenshot shows a search form titled "MSDS Message Search". It includes fields for "Response Date" (02/05/2018), "Response Date Range From" and "To" (both empty), "Member ID" (empty), "Response Status" (dropdown menu with "Select" option), and two buttons at the bottom: "FIND" and "CLEAR".

Figure 24: MSDS Message Search

MSDS Message Search Scenarios

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

The user may search by the following parameters:

Response Date:

The date/time the response was received by ES.

Format: (mm/dd/yyyy)

OR

Response Date Range:

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

Format: (mm/dd/yyyy)

Member ID:

The Member ID of the service member/Veteran.

Response Status:

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

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

4.6.2 MSDS Message Log

ES displays the following information for each MSDS message:

Receipt Date

The date/time the message was received by ES.

Response Status

An indication of response success or failure (error).

Member ID

The Member ID of the service member/Veteran.

Raw Data

Displays the message .XML text.

Response Details

Displays the Response Details screen.

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

Figure 25: MSDS Message Log example

4.6.2.1 MSDS Message Response Details

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

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

Figure 26: MSDS Message Response Details

Member ID

The Member ID of the Veteran.

Message Type

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

Source System Name

The name of the system in which the message originated.

Transaction ID

A unique identifier for the response message.

Response Date

The date/time the response was received by ES.

Response Code

Indicates Success or Error.

Error Code

Indicates the type of error.

Error Description

Describes the error, if applicable.

4.6.2.2 View Parsed Message

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

4.6.2.3 View Raw Message

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

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

MSDS Parsed Message Screen

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

Veteran Status

OEF/OIF INDICATOR (post-911 Deployment Indicator)

Purple Heart/Medal of Honor

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

Active Duty Information

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

Military Service Episodes

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

Guard/Reserve Active Duty

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

Combat Pay

- ◆ START (Combat Pay Start Date)
- ◆ END (Combat Pay End Date)
- ◆ PAY TYPE (Combat Pay Type Code)

- ◆ COMBAT LOCATION (Combat Zone Country Code)

Deployments

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

Back to Message Log

Displays the MSDS Message Log screen.

4.6.2.4 Back to Message Log

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

4.7 Mail

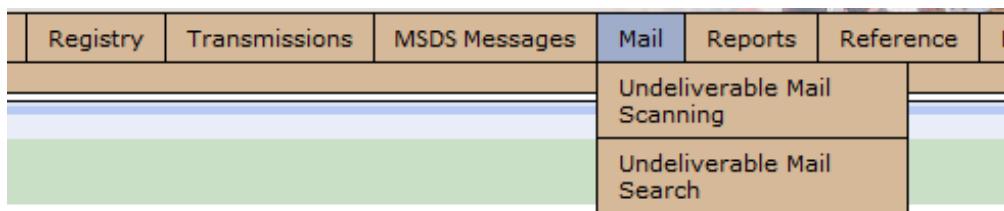


Figure 27: Mail

4.7.1 Undeliverable Mail Scanning

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

- *Bar Code* – Enter the *Bar Code* for which you are searching. Click the magnifying glass symbol to start the search.
- *Date Mailed* – This is the date the letter was formatted and passed through the printer to process. It is not the actual date it was mailed. It takes approximately 5 business days from this date until the actual mailing.
- Recipient Name & Address
- Form Number
- *Returned by P.O.* – indicates mail was returned by the Post Office as *Undeliverable*.

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

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

4.7.2 Undeliverable Mail Search

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

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

SSN:

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

Bar Code:

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

Last Name:

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

First Name:

Veteran's *First Name* is the Veteran's given first name.

Middle Name:

Enter the Veteran's middle name.

Country:

Select a country from the dropdown.

Address Line 1:

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

Address Line 2:

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

Address Line 3:

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

Zip Code:

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

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

City:

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

State:

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

County:

Enter the *County* in which the associate lives.

Form Number:

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

Choose from the drop-down list.

Case Number:

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

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

Date Mailed:

Enter here the date the correspondence was mailed.

Rules...

- ◆ Format: (mm/dd/yyyy)

Undeliverable Mail Search Results

Date Mailed

Indicates the date the letter was mailed.

Recipient Name & Address

The Name and Address of the Recipient.

Form Number

Indicates the particular Form Number mailed.

Returned by P.O.

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

Edit Address

Allows editing the recipient's [Permanent Address](#).

4.7.2.1 Edit Permanent Address

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

Edit Permanent Address

Add/Edit Address:

Select address type from drop-down.

★Country:

Select a country from the dropdown.

Address Line 1:

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

Address Line 2:

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

Address Line 3:

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

★Zip Code:

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

★City:

Enter the name of the City used for the address.

★State:

Enter the State name associated with the address.

County:

Enter the County in which the beneficiary lives.

Bad Address Reason:

Select from menu options.

Source of Change:

Select from menu options

Site of Change:

Select from drop-down list.

Last Update:

System generated date and timestamp.

★ Indicates required field

4.8 Reports

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

Figure 28: Reports

4.8.1 Report List

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

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

Figure 29: Report List

Report Type

Report Type indicates the type of report.

Report ID

Report ID includes: QM 6, EED 8, ACA 05, IV 4, and VOA 01.

Report Title

Report Title is a short narrative description of the report.

Actions

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

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

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

Report Type Table

Report Type	Report ID	Report Title
Addresses	QM 5	Bad Address Records
Cancel/Decline	QM 4	Cancelled/Declined
SSN	IV 4	Database SSN Statistics
Duplicate Merge	EED 12	Duplicate Merge
Quality Management	QM 6	EED Veteran Survey List
Enrollment	EED 8	EED Weekly Statistics
Workload	EED 9	Enrollment Override
Enrollment	EED 21	Future Discharge Date Report
ACA	ACA 05	IRS 1095B Mailings Summary
ACA	ACA 04	IRS Reject Detail
ACA	ACA 03	IRS Reject Summary
ACA	ACA 01	IRS Submission Type Summary
ACA	ACA 02	IRS Transmission Status Summary
Enrollment	EED 19	Incomplete Registrations Report
Financial Assessment	IV 1	MT Signature Indicator By Income Year
Workload	QM 14	Manual Eligibility Update
Pending Application Process	EED 22	Pending Applications
SSN	IV 5	Pseudo SSN
SSN	IV 3	Returned Records From SSA Statistics
Pending Application Process	EED 23	Total Closed Applications
Enrollment	EED 10	Total Eligibility Factors
Enrollment	EED 1	Total Enrolled Veterans
Enrollment	EED 2	Total User Enrollee
VOA	VOA 01	VOA Processing Status
Workload	QM 15	Workload for Status Remaining or Exceeding X Days
Community Care Program (CCP)	ES-CCP1	Number of Veterans who are eligible for the CCP

Report Type	Report ID	Report Title
Community Care Program (CCP)	ES-CCP2	CC Veteran Eligibility changes for a specific Date Range

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

 **Notes:** The following three reports were removed for ES 4.1.0 since this data is no longer collected:
 OPP 1 – CD Procedure File Summary Report
 OPP 2 – CD Diagnosis File Summary Report
 OPP 3 – CD Condition File Summary Report

Retired reports can be retrieved from the archive. See the *Archived Reports* section for more information.

4.8.2 Scheduled Reports

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

Report Type:

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

Report ID:

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

Report Title:

Select the title of the report from the dropdown.

File:

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

-  .pdf
-  .csv

Scheduled Run Date:

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

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

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

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

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

Scheduled Reports

#

Sequence number for the report.

Report Type

Indicates the type of report.

Report ID

The unique Report ID. Examples include: QM 6, EED 8, ACA 05, IV 4, and VOA 01.

Report Title

The title of the report.

File Type

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

- .pdf
- .csv

Scheduled Run Date

The date on which the report is scheduled to run.

Action

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

4.8.2.1 Schedule Report

Schedule Report allows users to schedule new reports.

Schedule Report

Report Name:

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

Schedule Report

Report Name:

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

★*Generate Report:*

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

Daily/Weekly

The choices are:

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

Monthly

The choices are:

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

OR

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

Quarterly

The choices are:

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

Yearly

The choices are:

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

OR

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

Other

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

★*Date to Generate Report:*

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

★*Time to Generate Report:*

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

Email Report To:

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

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

★From Date:

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

★To Date:

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

★Address Updated Multiple Times Within:

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

★Report Format:

Select either:

- ◆ Summary
- ◆ Detailed

★File Type:

Select either:

- ◆ .pdf
- ◆ .csv

★ Indicates required field

4.8.3 Completed Reports

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

Report Type:

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

Report ID:

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

Report Title:

Select the title of the report from the dropdown.

Status:

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

File:

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

- .pdf
- .csv

Report Parameters:

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

Date Run:

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

Archived Date:

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

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

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

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

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

Status: Completed Reports

#

Sequence number for the report.

Report Type

Report Type indicates the type of report.

Report ID

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

Report Title

Report Title is a short narrative description of the report.

File Type

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

- .pdf
- .csv

Report Parameters

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

Status

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

Date Run

Date Run shows the date the report was run.

Archived Date:

Archived Date is the date the Completed Report was Archived.

Action

The following Actions are available for Active Completed Reports:

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

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

and/or

The user has a System Administrator Role.

Archive

clicking the [Archive](#) link allows the user to archive the Completed Report.

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

and/or

The user has a System Administrator Role.

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

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

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

and/or

The user has a System Administrator Role.

4.8.4 Sample Reports

4.8.4.1 Undeliverable Mail (BOS 1) (Retired)

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

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

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

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

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

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

4.8.4.3 Total Enrolled Veterans (EED 1)

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

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

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

4.8.4.4 Total User Enrollee (EED 2)

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

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

The *PH Unconfirmed for More than X Days (EED 3)* report provides the number of unconfirmed PH registry requests. It includes the number of each *PH Status* that has not reached a **Confirmed** status. It will not include any records that have a *Date of Death*.

The *PH Unconfirmed for More than X Days (EED 3) report* may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veterans *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

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

4.8.4.6 Total Enrollees per Enrollment Status Grouped by Priority (EED 6) (Retired)

The *Total Enrollees per Enrollment Status Grouped by Priority (EED 6)* report provides the Nationwide number of enrollees for each *Enrollment Status* and each Enrollment Priority/Sub Priority and those who are Un-prioritized. The *Total Enrollees per Enrollment Status Grouped by Priority (EED 6)* report is sorted by Enrollment Priority Group, and provides totals for each *Enrollment Status* and for each *Enrollment Priority/ Sub-Priority*.

The *Total Enrollees per Enrollment Status Grouped by Priority (EED 6)* report provides current enrollment records on the total number of Enrollees by Priority Group separated into the various Enrollment Status categories, based on a "*FROM / TO*" date range determined by the requester. Users may select one, many or all of the Priority Groups, and / or one, many, or all of the Enrollment Statuses.

4.8.4.7 EED Weekly Statistics (EED 8)

EED reports are used to capture various updates that occur within a user's specified time frame or scheduled run.

The scheduled report displays each proceeding week's data back to the beginning of the fiscal year (Sunday through Saturday) and calculates the fiscal year averages and totals. The scheduled report includes all individual pages.

The 'On Demand' report shows the individual totals for the time period selected broken down into weekly increments. For example, if the user requested a report for December 1, 2005 to December 31, 2005, the first week displayed would be December 1, 2005 to December 3, 2005. The second week would be from December 4, 2005 to December 10, 2005. The third week would be December 11 to December 17, 2005. The fourth week would be December 19, 2005 to December 24, 2005. The fifth week would be December 25, 2005 to December 31, 2005. The report displays the individual data points on individual report types similar to what is demonstrated in the samples.

The requester has the option of *Detailed* (all reports) or *Summary* (individual reports).

4.8.4.8 Enrollment Override (EED 9)

The *Enrollment Override (EED 9)* report captures Veteran-specific information only on records where a HEC employee manually initiated an override based on an Override Reason. The Veteran specific information contains the Veteran's name, SSN and narrative reason.

Summary Report: The *Enrollment Override (EED 9)* summary report provides the total number of *Enrollment Overrides* OR the total of *Enrollment Overrides by Reason* based on a "FROM / TO" date range to be determined by the requester.

Detailed Report: The *Enrollment Override (EED 9)* detailed report provides Veteran specific information for the total *Enrollment Overrides* for a "FROM / TO" date range to be determined by the requester.

The requester will have the option of selecting a report that will list the Veteran specific data by the LAS that performed the *Enrollment Override*, grouped by *Override Reason*, user may select one, many or all LASs.

OR

By the Veteran, grouped by Veteran SSN, then sub-grouped by Override Reason and then lists the identity of the LAS who performed the Enrollment Update.

 **Note:** The information on this report is limited to overrides performed by a HEC employee (manually initiated override).

4.8.4.9 Total Eligibility Factors (EED 10)

Summary Report: The *Total Eligibility Factors (EED 10)* summary report provides the Nationwide total *Eligibility Factors* for verified enrolled Veterans. The report factors will be broken down into Eligibility Factors. This report can be run on an "AS OF DATE" or a "FROM / TO" date range to be determined by the requester. The *Summary Report* is also the 'scheduled' report.

Detailed Report: The *Total Eligibility Factors (EED 10)* detailed report provides the total *Eligibility Factors* for verified enrolled Veterans (Primary and Secondary Eligibility Factors) by VISN, or by medical center within VISN. The Veteran's Preferred Facility is used to determine the VISN, VAMC / Facility information (only to the VAMC / Parent Level). Detailed reports can be run on an "AS OF DATE" or a "FROM / TO" date range to be determined by the requester. The *Detailed Report* is NOT a 'scheduled' report.

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

4.8.4.10 Duplicate Merge (EED 12)

Summary Report: The *Duplicate Merge (EED 12)* summary report provides the total number of records in the *Merge* process by the three (3) status categories, for a "FROM / TO" date range determined by the requester.

'Number of Records Merged by LAS / User' - the total number of records in the *Merge* process by the three (3) status categories by the LAS for a "FROM / TO" date range determined by the requester.

Detailed Report: The *Duplicate Merge (EED 12)* detailed report is segregated by LAS and lists individual records in the *Merge* process by two (2) statuses for a "FROM / TO" date range determined by the requester.

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

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

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

4.8.4.11 Incomplete Registrations Report (EED 19)

There are two reports that track incomplete registrations. The first is the detailed *Incomplete Registrations Report*, which lists incomplete registrations for single, multiple, or all users.

Incomplete registration is defined as a user-started process of adding a person and then saving the person 'In Process' for completion at a later date. The report lists specific Veteran-identifying information to provide managers a way to track and analyse pending items and manage workload. In addition, this information helps resolve unexpected error conditions during the data entry process.

The second report is the summary *Incomplete Registrations Report – Management Aging Report* and lists a total of incomplete applications by username over time (30, 60, 90 days).

After clicking [Run Report](#) from the *Reports List* menu, the reports can be selected for viewing by clicking the appropriate [View](#) link from the *Completed Reports* page.

Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

4.8.4.12 Missing Preferred Facility Report (EED 20) (Retired)

The *Missing Preferred Facility Report* lists Veterans who may have no data in place of the identifier for their preferred VA treatment facility ("Preferred Facility"). It is an unscheduled, 'on-demand' report that can be run by an authorized ESR user to identify any 'null' value preferred facilities for manual correction by an authorized ESR user. It will initially be used for a clean-up effort, and thereafter for occasional checking to ensure that there are no data transmission errors resulting in a null value for any particular Veteran.

The *Missing Preferred Facility Report (EED 20)* report provides the individual records that are missing a preferred facility. After selecting Run Report from the *Reports List* menu, the reports can be selected for viewing by clicking the appropriate [View](#) link from the *Completed Reports* page. Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

4.8.4.13 Future Discharge Date Report (EED 21)

The *Future Discharge Date Report* provides information on Veterans that have a Future Discharge Date and no Service Separation Date.

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

The *Future Discharge Date Report (EED 21)* detailed report shows the total number of service members/Veteran records by month that have a Future Discharge Date.

The *Future Discharge Date Report (EED 21)* summary Report is sorted by Future Discharge Date and subtotals on the number of Future Discharge Dates per month/year.

The detailed report has a default sort order of Future Discharge Date but users also have the option to sort by Last Name, SSN, Branch or Service, Service Entry Date, or Future Discharge Date.

The report can be scheduled or ad hoc run.

After clicking [Run Report](#) from the **Reports List** menu, the reports can be selected for viewing by clicking the appropriate [View](#) link from the Completed Reports page.

4.8.4.14 Pending Applications (EED 22)

The *Pending Application (EED 22)* report provides information about the total number of Pending Applications. The *Pending Application (EED 22)* summary report includes a list of pending Enrollment Applications along with the enrollment status and whether there was a prior enrollment with Create Date in the date range. The total number of Pending Enrollment applications displays at the bottom of the report.

The *Pending Application (EED 22)* detailed report displays the Veteran's personal information (e.g., SSN, ICN, initial notification, prior enrollment along with status, created date, date elapsed from Create Date, etc.).

4.8.4.15 Total Closed Applications (EED 23)

The *Total Closed Applications (EED 23)* report provides information about the total number of closed Enrollment Applications. The summary report provides the total closed applications and the total number of applications with an Enrollment End date within the date range (From and To dates) per VISN and per Site. If the VISN and Site are not selected parameters, the result will only display the count of applications that were closed with the Enrollment End date within the date range From and To dates. Displayed at the bottom of the report, the total closed applications and total number of applications is combined as a grand total.

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

4.8.4.16 MT Signature Indicator By Income Year (IV 1)

The *MT Signature Indicator by Income Year (IV 1)* report provides a count of all Means Tests for a selected *Income Year* that have been imaged and whether they've been signed, do not have a valid signature, or are completed but no image has been received.

In addition, the *MT Signature Indicator by Income Year (IV 1)* report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's Preferred Facility is used to determine the *VISN*, *VAMC*, and *Facility* information.

The requester has the option of detailed or summary.

4.8.4.17 Returned Records From SSA Statistics (IV 3)

The *Returned Records from SSA Statistics (IV 3)* report provides a count of all records returned from SSA, valid or invalid, by beneficiary, spouse and dependents.

4.8.4.18 Database SSN Statistics (IV 4)

The *Database SSN Statistics (IV 4)* report provides a count of all SSN Validation Flags in the database.

The SSN counts are broken down by Beneficiary, Dependent and Spouse. For each of these, counts are given for Verified, Invalid, and New SSNs as well as how many are in the verification process and how many need to be resent to SSA for verification.

4.8.4.19 Pseudo SSN (IV 5)

The *Pseudo SSN (IV 5)* report provides a count or listing of all beneficiaries, spouses and dependents that have Pseudo SSNs listed in the database. The *Pseudo SSN (IV 5)* report will only select records that have a Pseudo SSN Reason of "Follow up Required."

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

4.8.4.20 OPP Extract Period Of Service File Summary Report (OPP 4) (Retired)

This *OPP Extract Period of Service File Summary Report (OPP 4)* is a standard report that is generated by ES at the completion of the OPP data extraction of the Period Of Service (POS). The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 4* report will be generated any time the OPP POS file extract is completed. The *OPP 4* report will be generated any time the OPP CD Condition File extract is completed.

4.8.4.21 OPP Extract Main File Summary Report (OPP 5) (Retired)

This *OPP Extract Main File Summary Report (OPP 5)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Main File data. The *OPP 5* report provides the Office of Policy and Planning with a summary of the total numbers of records by specific categories. The *OPP 5* report will be generated any time the OPP Main File Extract is Completed.

4.8.4.22 OPP Extract Eligibility File Summary Report (OPP 6) (Retired)

The *OPP Extract Eligibility File Summary Report (OPP 6)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Eligibility File data. The *OPP 6* report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 6* report will be generated any time the OPP Eligibility file extract is completed.

4.8.4.23 OPP Extract Rated Disabilities File Summary Report (OPP 7) (Retired)

The *OPP Extract Rated Disabilities File Summary Report (OPP 7)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Rated Disabilities File data. The *OPP 7* report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 7* report will be generated any time the OPP Rated Disabilities file extract is completed.

4.8.4.24 OPP Extract Combat Data File (OPP 8) (Retired)

The *OPP Extract Combat Data File (OPP 8)* is a standard report that is generated by the system at the completion of the OPP data extraction of the Combat Data File. The *OPP 8* report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The *OPP 8* report will be generated any time the OPP Combat Data file extract is completed.

4.8.4.25 Assigned to Priority Group 8 (P8G 1) (Retired)

The *Assigned to Priority Group 8 (P8G 1)* report produces a summary of Veterans assigned to Priority Group 8 as of a certain date. It includes all current enrollment records with an Enrollment Status of "Verified" and a Priority Group of "8". Requester must enter a From Date and a To Date and select either CSV or PDF File Type to run the report.

The Facility selected can be by VISN, Site, or both. If no Facility is selected, the report generates a National summary of Veterans Assigned to Priority Group 8.

4.8.4.26 Income Summary Report (P8G 2) (Retired)

The *Income Summary Report (P8G 2)* report is used to identify Veterans' current income levels for Priority Groups 8b and 8d. The report includes beneficiaries whose current priority group is "8b" or "8d". Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report. The Report displays whether income is:

- less than or equal to the specified amount for the year above the MT threshold where the GMT threshold is less than the MT Threshold
- less than or equal to the specified amount for the year above the GMT threshold where the GMT threshold is greater than the MT Threshold
- greater than the specified amount for the year above the applicable MT or GMT threshold
- less than the MT threshold, greater than the GMT threshold, with a net worth >= \$80,000.00

- not provided on the current Means Test

The *P8G 2* report also displays if the number days since the financial assessment was completed is < 366 days or > 365 days.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Income Summary report.

4.8.4.27 Migration to Priority Group 8 (P8G 3) (Retired)

The *Migration to Priority Group 8 (P8G 3)* report identifies the number of Veterans currently assigned to Priority Group 8 where the Veteran's most recent prior Priority Group was 1-7, or Priority Group/Subgroup 8e-8g. Requester must enter a From Date and a To Date and select either CSV or PDF File Type to run the report.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration to Priority Group 8 report.

The Site version of the report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

4.8.4.28 Migration from Priority Group 8 (P8G 4) (Retired)

The *Migration from Priority Group 8 (P8G 4)* report identifies the number of Veterans currently assigned to Priority Group 1-7 where the Veteran's most recent prior Priority Group was 8. Requester must enter a From Date and a To Date and select either CSV or PDF File Type to run the report.

The requester can run the *P8G 4* report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration from Priority Group 8 report.

The Site version of the *P8G 4* report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

4.8.4.29 New Enrollment Processing (QM 3) (Retired)

The *New Enrollment Processing (QM 3)* report provides average time values in days for the individual process steps that are contained in the process of enrolling a new beneficiary. The *QM 3* report only tracks the initial application process. It does not include consecutive updates to the eligibility/enrollment record. The user has the ability to choose either complete or incomplete enrollment records. If detailed and complete are chosen, the system will prompt them to look for an outlier of days - meaning any step in the process that exceeds the days specified. Incomplete is defined as not all steps within the process have been completed. The user will be prompted for the number of days that the record has remained in the last completed status.

In addition, the *QM 3* report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's Preferred Facility is used to determine the VISN, VAMC and Facility information.

The requester has the option of Detailed or Summary. The difference between the From Date and To Date may not exceed 31 days for the Summary Report.

ES accepts new Enrollment applications from Veterans whose enrollment status is “Closed Application” with an “Abandoned Application” reason. When processing the new application, the system will not include previous activities or dates entered before the “Closed Application” status. The enrollment application date is updated and based on the new information.



Note: This is a manual, work-around process for VistA currently.

4.8.4.30 Cancelled/Declined (QM 4)

The *Cancelled/Declined (QM 4)* report shows the Nationwide number of enrollees who have an Enrollment Status equal to "Cancelled/Declined" by each Reason Cancelled/Declined. No Date of Death records will be included.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran's Preferred Facility is used to determine the VISN, VAMC and Facility information.

Bad Address Records (QM 5)

The *Cancelled/Declined (QM 4)* report provides a Summary Report of the number of person records where the current Permanent Mailing Address has the Bad Address Reason populated. The Detailed Report can also be generated to display the person's Name, SSN and Bad Address Reason. No Date of Death records will be included.

The difference between the From Date and the To Date cannot be greater than 31 days. Only one VISN may be chosen per report execution.

4.8.4.31 EED Veteran Survey List (QM 6)

The EED Veteran Survey List (QM 6) report is used to develop a mailing list of Veterans to receive the EED Customer Satisfaction Survey. The *QM 6* report accumulates a user specified number of records working from the data specified in negative-date chronological order until it reaches the number specified by the user. No *Date of Death* records will be included.

4.8.4.32 Unsolicited Updates by VBA (QM 8) (Retired)

The *Unsolicited Updates by VBA (QM 8)* report shows either in *Summary* or *Detailed* format the information related to an unsolicited update sent by VBA. For the *QM 8* report, **Not Processed** indicates that no data from the message was accepted (includes only instances where the message was ignored.)

The *Detailed Report* will display only records **Not Processed**.

4.8.4.33 MST National (QM 10) (Retired)

The *MST National (QM 10)* report provides a summary of the number of Veterans who have a *MST Status* recorded with a *MST Status Date* as of the report run-date. The *QM 10* detailed report can be generated for a specific Fiscal Year, Quarter or user-specified date range to provide a count of the number of Veterans with a recorded *MST Status Date* that falls within the reporting period. The *MST Status* is sorted by *Gender*.

Summary Report:

Each report row represents the accumulated annual total number of Veterans by gender with the specific *MST Status* for all Fiscal Years, the percentage by gender of the total number of vets screened per *MST status*, and the percentage of the total Veterans screened by gender with a *MST Status* of Positive or Negative for all Fiscal Years.

Fiscal Year Report:

Each report row represents the number of persons by gender with the specific *MST Status* per Quarter, the percentage by gender of the total number of vets screened, the percentage of the total Veterans screened by gender with a *MST Status* of Positive or Negative and the totals for each gender and *MST Status* for the Fiscal Year.

Quarterly Report:

Each report row represents the number of persons by gender with the specific *MST Status*, Total per Quarter, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with a *MST Status* of Positive or Negative.

Date Range Report:

Each report row represents the number of persons by gender with the specific *MST Status* within a user-specified date range, Total per selected date range, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with an *MST Status* of Positive or Negative.

4.8.4.34 Workload Turnaround Time (QM 11) (Retired)

The *Workload Turnaround Time (QM 11)* report provides information about the turnaround time for any or all workload cases for a functional group. The *QM 11* gives a *Summary* or optionally *Detailed* report by user. If it is not run by the user it uses the date the workload was assigned. If not by user then it uses the date the workload was logged. The difference between the *From Date* and *To Date* may not exceed 31 days.

If the user selects *Detailed* they will be prompted for outlier days (the number of days a workload has been in the last status) and the number of random records (how many random records the system should select for review). If no random records are selected, then all of the records that meet the outlier day's criteria will be produced.

 **Note:** An LAS may run the report but the output will be for that user only.

4.8.4.35 Manual Eligibility Update (QM 14)

The *Manual Eligibility Update (QM 14)* report provides, by a Date Range and user specified parameter (number of days), records that were manually updated and then manually updated again (no automatic update in between).

The requester has the option of *Detailed* or *Summary*. The *QM 14* detailed report shows person-identifying information for the specific records updated, along with what was updated and when.

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

The *Workload for Status Remaining or Exceeding X Days (QM 15)* report provides, by a Date Range and *Work Item Status*, those workload items that have met or exceeded the number of days specified. Users may also specify the report by *Functional Group* and *Work Item Type*.

4.8.4.37 Community Care Program Eligibility Summary Report (ES-CCP 1)

The *Community Care Program Eligibility Summary Report (ES-CCP 1)* report includes the number of Veterans for each Veterans Choice Eligibility (VCE). You can select an As Of Date, Level and VCE Indicator when generating this report.

4.8.4.38 Community Care Program Eligibility Detail Report (ES-CCP2)

The *Community Care Program Eligibility Detail Report (ES-CCP 2)* detail report includes the CC Eligibility changes for a Veteran for a specific Date Range, and not necessarily what was sent to the TPA.

4.8.4.39 Financial Tests in Process (QM 17) (Retired)

The *Financial Tests in Process (QM 17)* report produces a listing of Financial Tests that have been placed **In-Process**. The *QM 17* reports provides details about how long a test was left in-process and who placed the test in-process.

The requester has the option of *Detailed* or *Summary*. If *Detailed* is selected, users may choose to report details by either *Date* or *LAS*.

 **Note:** Because the **In-Process** Test table does not maintain a record of everything that has ever been in-process, this report will only show those tests that are in an in-process state at the time the report is executed.

4.8.4.40 Outbound HL7 Error (QM 19) (Retired)

The *Outbound HL 7 Error (QM 19)* report provides both *Summary* and *Detailed* information on individual Outbound HL7 messages that encounter either an AE or an AR. For ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. Users may select only one *Message Type* per execution. The time span between *From Date* and *To Date* may not exceed 31 days.

4.8.4.41 VBA Query Status (QM 20) (Retired)

The VBA *Query Status* (*QM 20*) report shows either in *Summary* or *Detailed* the information related to a query to VBA and whether no response or a response of "No VBA Data on File" is received.

4.8.4.42 Address Updates (QM 21) (Retired)

The *Address Updates* (*QM 21*) report produces a listing of Addresses that have been updated more than once in X amount of days. X is a user defined parameter.

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

4.8.4.43 PH Reject Reason (QM 23) (Retired)

The *PH Reject Reason* (*QM 23*) report produces a listing of the reasons a PH was rejected. Optionally, the *QM 23* report results can be listed by user.

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

The Status of the PH must be "Rejected."

4.8.4.44 Inbound HL7 Error (QM 25) (Retired)

The *Inbound HL7 Error* (*QM 25*) report provides both *Summary* and *Detailed* information on individual Inbound HL7 messages that encounter either an AE or an AR. On the ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. User may select only one *Message Type* per execution. The difference between the *From Date* and *To Date* may not exceed 31 days.

4.8.4.45 Inbound Messages From Sites (QM 28) (Retired)

The *Inbound Message From Sites* (*QM 28*) report provides Inbound message traffic between ES and sites broken down by *Hour*, by *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF File Type** to run the report.

4.8.4.46 Inbound Messages From MVR (VBA) (QM 29) (Retired)

The *Inbound Message From MVR (VBA)* (*QM 29*) report provides Inbound message traffic between the ES system and MVR broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF File Type** to run the report.

4.8.4.47 Outbound Messages To Sites (QM 30) (Retired)

The *Outbound Message To Sites* (*QM 30*) report provides Outbound message traffic between the ES system and the sites broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF File Type** to run the report.

4.8.5 Archived Reports

The following reports have been retired and archived:

- Undeliverable Mail (BOS 1)

- Letter Files from Processing Center (COR 1)
- PH Unconfirmed For More Than X Days (EED 3)
- Total Enrollees per Enrollment Status Grouped by Priority (EED 6)
- Missing Preferred Facility Report (EED 20)
- OPP Extract Period Of Service File Summary Report (OPP 4)
- OPP Extract Main File Summary Report (OPP 5)
- OPP Extract Eligibility File Summary Report (OPP 6)
- OPP Extract Rated Disabilities File Summary Report (OPP 7)
- OPP Extract Combat Data File (OPP 8)
- Assigned to Priority Group 8 (P8G 1)
- Income Summary Report (P8G 2)
- Migration to Priority Group 8 (P8G 3)
- Migration from Priority Group 8 (P8G 4)
- New Enrollment Processing (QM 3)
- Unsolicited Updates by VBA (QM 8)
- MST National (QM 10)
- Workload Turnaround Time (QM 11)
- Financial Tests in Process (QM 17)
- Outbound HL7 Error (QM 19)
- VBA Query Status (QM 20)
- Address Updates (QM 21)
- PH Reject Reason (QM 23)
- Inbound HL7 Error (QM 25)
- Inbound Messages From Sites (QM 28)
- Inbound Messages From MVR (VBA) (QM 29)
- Outbound Messages To Sites (QM 30)

4.9 Reference

	Mail	Reports	Reference	ESR Registration	Admin
	Thresholds				
	EGT Settings				
	Relaxation Percentage				

Figure 30: Reference

4.9.1 Thresholds

Thresholds enable users to get Geographic Means Test (GMT) thresholds or income thresholds for zip codes, cities and states for a particular income year.

Geographical Region and Income Year

Income Year:

Select the income year from the dropdown for the desired geographic threshold.

 **Note:** GMT Threshold information will only display if using Income Year 2001 or later. GMT Copay Required was not a valid status prior to 2001.

Zip Code:

Enter the zip code for the desired geographical region.

or

State:

Enter a state for the desired geographical region.

City:

Enter a city for the desired geographical region.

 **Note:** When a City and State are entered, the system will prompt the user to verify the Zip Code.

Thresholds

Displays **Thresholds** in place for tests completed for various number of dependents for the *Income Year* selected.

Number of additional dependents (above 7):

1. Enter the number of dependents above 7
2. Click the **CALCULATE THRESHOLD** button to have ES calculate the thresholds for the total number of dependents.

4.9.1.1 Copayments

The **Copayments** screen allows users to view Copayment information for a particular Income Year.

Income Year:

Select the income year from the dropdown for the desired Copayment, including:

- Inpatient Copayments and Per Diem Charges - (income year selected)
- GMT Copayments and Per Diem Charges - (income year selected)
- Outpatient Copayments - (income year selected)
- Medication Copayments - (income year selected)
- Long Term Care Copayments - (income year selected)

4.9.2 EGT Settings

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

Users are not allowed to edit *Current* or *Historical EGT Setting* information. The user is not allowed to edit an *EGT Setting* record that has an *Enrollment Process Start Date/Time* that is set.

Notes:

- 💡 The user must have the appropriate security permission to add new, update or view *EGT Setting* information. See the *Roles* and *Capability Sets* sections under *Admin* for more information.
- 💡 It is important to note that many Veterans may be disenrolled if the EGT Setting is changed and that re-enrollment is not automatic when the EGT Setting is relaxed.

Enrollment Group Threshold Processing

Process Status:

Process Status is EGT processing. Statuses are:

- Running - set when ES is actively performing EGT Processing.
- Finished - set when EGT Processing has been completed.
- Error - set when EGT Processing has been stopped for any reason.

Process Start Date/Time:

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. *Process Start Date/Time* is populated by ES.

Process End Date/Time:

Process End Date/Time is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. Process End Date/Time is populated by ES.Current Enrollment Group Threshold Setting

EGT Effective Date

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

EGT Type

EGT Type determines what rules are used for enrollment inclusion and exclusion.

EGT Priority

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

- Values are 1-8
- *See also* Enrollment Priority Group in the online help

Federal Register Date

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

Process Status

Process Status is EGT processing. Statuses are:

- Running - set when ES is actively doing the EGT Processing.
- Finished - set when the EGT Processing has been completed.
- Error - set when the EGT Processing has been stopped for any reason.

Process Start Date/Time

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. *Process Start Date/Time* is populated by ES.

Process End Date/Time

Process End Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting ended. *Process End Date/Time* is populated by ES.

Future Enrollment Group Threshold Settings

EGT Effective Date

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

EGT Type

EGT Type determines what rules will be used for enrollment inclusion and exclusion.

EGT Priority

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

- Values are 1-8
- *See also* Enrollment Priority Group in the online help

Federal Register Date

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

Process Status

Process Status is EGT processing. Statuses are:

- Running - set when ES is actively doing the EGT Processing.
- Finished - set when the EGT Processing has been completed.
- Error - set when the EGT Processing has been stopped for any reason.

Process Start Date/Time

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. *Process Start Date/Time* is populated by ES.

Process End Date/Time

Process End Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting ended. *Process End Date/Time* is populated by ES.

4.9.2.1 Add/Update EGT Setting

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

Notes:

- 💡 Users must have the appropriate security permission to add new, update or view *EGT Setting* information. Users must also have the appropriate permission to stop a future EGT Setting Process. This may be done by clicking the **Disable** button.
- 💡 Veterans may be disenrolled if the *EGT Setting* is changed and that re-enrollment is not automatic when the *EGT Setting* is relaxed.

Add Enrollment Group Threshold Setting

★EGT Type:

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion.

ES defaults to **Enrollment Decision**.

★EGT Priority:

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. *EGT Priority Value* is also defined as the enrollment priority group determined for the Veteran.

- ◆ Choices are 1-8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value set by the system when the *EGT Priority* value is set to 7 or 8.

★*EGT Effective Date:*

EGT Effective Date is the date the *EGT Setting* is to go into effect.

Rules...

- ◆ The date can be a date in the past, present or future.
- ◆ Before changing an EGT setting to a retroactive *Effective Date*, you must first Disable this *Effective Date* before you will be allowed to enter a new EGT setting with a retroactive *Effective Date*.
- ◆ Example: if the *EGT Effective Date* is set to 02/01/02 and a new effective date of 02/22/02 is entered, the 02/22/02 date cannot be stored without Disabling the 02/01/02 date first.

Federal Register Date:

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

Rules...

- ◆ Precise date is required if date entered.
- ◆ It can be a date in the past, present and future.

Comments:

Comments is a free-text field that may be used to enter comments pertinent to the EGT change.

★ *Indicates required field*

4.9.2.2 View Historical EGT Settings

The *EGT Settings Change History* screen displays historical EGT settings information for a particular *Change Time*, which includes the date and time of the change.

Once an *EGT Setting* has been disabled, it can only be viewed in the historical data, not future or current views. The *EGT Settings Change History* screen is for display only.

Old and *New Values* are displayed in red for the following categories:

EGT Settings Change History

EGT Type:

The *EGT Type* determines what rules are used for enrollment inclusion and exclusion.

EGT Priority:

EGT Priority Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. *EGT Priority Value* is also defined as the enrollment priority group determined for the Veteran.

- ◆ Values are 1-8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value used for stratification of the priority levels when the *EGT Priority* value is set to 7 or 8.

- ◆ See also Enrollment Priority Group in the online help.

EGT Effective Date:

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

Federal Register Date:

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

Comments:

Comments entered by the user that were pertinent to the EGT change.

Disabled:

Disabled in an indicator shows if an *EGT Setting* was *Disabled* for any reason. The most common reason for disabling an *EGT Setting* is when a wrong *EGT Effective Date* was entered.

More...

- ◆ ES automatically disables the previous entry on the *EGT Effective Date* of the new *EGT Setting* for any new *EGT Setting* entry.
- ◆ A user may not re-enable an EGT setting that has been disabled. The EGT setting can only be viewed in Historical data, not future or current views once an *EGT Setting* has been disabled.
- ◆ Users must have appropriate security authorization to set this value.

Last Update Date:

Last Update Date displays the date the *EGT Settings* were last updated.

Last Updated By:

Last Update By displays the user who last updated the *EGT Settings*.

4.9.3 Relaxation Percentage

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

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

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

To add a new Income Year and relaxation percentage, click on the Add Income Year link. Only the next Income Year (current calendar year) may be added.

 **Note:** If the next income year is already defined in the system, the Add Income Year link will not be displayed.

Users may also click the View Historical link to view the *Relaxation Percentage Change History* screen for a history of Income Year and percentage changes made, with "Old" and "New" values displayed for user-selected dates and times.

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

Relaxation Percentage

Income Year:

Select the *Income Year* to which the *Percentage* will be applied from the dropdown.

More...

- The *Income Year* dropdown defaults to the current Income Year and percentage.
- The corresponding percentage for that Income Year is displayed in the **Percentage** field when an **Income Year** is selected from the dropdown,

★Percentage for YYYY:

Enter or update the relaxation percentage for the Income Year chosen.

More...

- *Percentage* defaults to the latest percentage for the *Income Year* selected.
- Changes to the *Percentage* are saved in history.

Rules...

- ◆ The *Percentage* value can only be updated for the current and next *Income Years*, and only if the next Income Year has already been added using the Add Income Year link. All prior Income Year percentages are read-only and cannot be changed.
- ◆ The new *Percentage* must be greater than the old value.
- ◆ *Percentage* must be a value from 0 to 99.

Start Retroactive Processing

Start Retroactive Processing is an optional batch process applies the change retroactively to the beginning of the Income Year for all Veterans who were previously rejected but now qualify under the new *Percentage*.

Place a check in the check box and click **UPDATE** to run the batch process. The check box defaults to checked.

Click the **UPDATE** button to update the *Relaxation Percentage* or **CANCEL** to return to the *Person Search* screen without making any changes. The **RESET** button resets all of the changed fields to their previous values and returns the user to the current Income Year and percentage.

★ *Indicates required field*

Relaxation Percentage (Add)

The *Relaxation Percentage (Add)* screen allows users to add a Percentage for the current calendar year.

Income Year:

ES displays the next Income Year (current calendar year), which is the only year that can be added.

More...

- ◆ Only the current calendar year is displayed for addition.

Percentage:

Enter a relaxation percentage for the new Income Year displayed.

Rules...

- ◆ The new *Percentage* must be greater than or equal to the current Income Year's old value.
- ◆ The *Percentage* must be a value from 0 to 99.

Click the **ADD** button to add the *Relaxation Percentage* or **CANCEL** to return to the *Relaxation Percentage (Update)* screen without making any changes.

★ *Indicates required field*

4.10 VOA Resubmission

4.10.1 Resubmission

In support of federal and VA initiatives, VHA seeks to enhance the self-service offerings available for the nation's Veterans and their ability to access enrollment applications and ongoing VA health benefit eligibility. To this end, VHA provides a more simple-to-use, secure, online Veterans healthcare enrollment experience through VOA.

To facilitate this ongoing effort to improve the Veteran's online experience through the VOA application, ESR 3.12 includes the following capabilities:

the ability for HEC users to resubmit pending VOA forms for ESR processing

send automated email communication to the Veteran (if email provided in VOA form submitted) for confirmation of a successful VOA submission

send data in real time, upon request, to VOA for the purpose of pre-population of known enrollment data about the Veteran

Click on the [Show Filter](#) link to display fields which allow the user to filter the resubmission items using a combination of criteria. Click [Hide Filter](#) to hide the filter criteria.

Submission ID

Enter the unique identifier that is assigned by the system to a submitted form for tracking purposes.

Request Received Date:

Enter a date range for which you wish to search (mm/dd/yyyy).

Form Type:

Enter a form type you wish to search for.

Form Pending Reason:

Enter a form reason you wish to search for.

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

Submission ID

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

Person ID

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

Person Last Name

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

Person First Name

Person First Name is the Veteran’s First Name associated with the form (display only).

SSN

SSN is the Veteran’s Social Security Number associated with the form (display only).

DOB

DOB is the Veteran’s Date of Birth associated with the form (display only).

Gender

Gender is the Veteran’s Gender.

Request Received Date

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

Form Type

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

Form Pending Reason

Form Pending Reason is the reason or issue for why the forms’ processing was suspended (display only).

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

When all selections have been made, click the **Re-Submit** button to re-submit the forms. The page is refreshed and the re-submissions no longer appear on the “pending list”.

4.11 ESR Registration

4.11.1 Search and Add New Person

The *Search and Add New Person* screen allows HEC authorized users to register a person through the Enrollment System Application. The HEC may encounter a Veteran either directly or be provided the information via a 1010EZ form. Entering this data into the system facilitates many business processes before the Veteran actually presents at a VAMC. This new registrant information is transmitted to the sites.

Selecting **Search and Add New Person** from the **ESR Registration** dropdown presents users with a *Person Search* screen allowing searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the ES or update a person who is “In Process”. The *Search and Add New Person* screen differs from the *Person Search* screen because it is accessed by selecting **Veteran Search** from the **Veteran** button dropdown.

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

- Full SSN +
- Last Name +

- Date of Birth +
- Birth Sex

Person Search criteria data entered is not case-sensitive.

Any combination of the remaining search criteria may be selected once the minimum information has been entered. Users may enter additional *Identity Traits* to determine if the Veteran already exists in ES and Identity Management (IdM).

Person Search Identity Trait Scenarios

If	Then
Veteran is found in ES	ES returns a <i>Person Search Result</i> list with single or multiple matches for the search criteria used.
Desired match does not appear	Users may perform another search entering different criteria.
Veteran does not exist	ES displays the following message: “ <i>No records were found that matched the specified search criteria</i> ”.
Users click the Add button	The information is used to create an IdM request in order to correlate a record known by the Master Veteran Index (MVI) to the system, or create an Integration Control Number (ICN) using the information entered.

When IdM successfully returns a new or correlated ICN, the system sets the registrant record “New ESR Application” status to “In Process”.

After completing a Search, if ES returns a *Person Search Result* list with single or multiple matches for the search criteria used, the user has the following options:

Select From List

The user selects a person record by clicking on an [SSN](#) link.

If the Veteran was “In Process”, ES displays the *Overview* screen with the previously entered data.

OR

If the Veteran exists, ES displays the *Overview* screen with previously entered data.

4.11.2 Person Search Result

SSN

If the Veteran was "In Process", click the [SSN](#) link to display the *Overview* screen with previously entered data.

Last Name

Last Name displays Veteran's last name.

First Name

If entered, First Name displays Veteran's first name.

Middle Name

If entered, displays the Veteran's middle name.

Date of Birth

Date of Birth displays the Veteran's date of birth.

MBI

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

Match

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

- **Yes** – Indicates a Veteran record that matches the Veteran's primary information supplied in the Search criteria. These results will be first in the results set since a match scores higher than potential matches.
- Blank (nothing displays) – Indicates a Veteran record that is a close match to the Veteran information supplied in the Search criteria. *Example:* Middle and first name is different. These results will be listed after any matches in Match Score order (descending).
- **Potential** – Indicates that some of the Search criteria match, but there are notable differences. *Example:* SSN is different, so name and DOB may match, but SSN is different.
- **Clear** – Users may click on the **Clear** button to clear the list and start a new Person Search.
- **Cancel** – Returns the user to the Person Search screen and clears the list.
- **Add New Record** – If ES indicates that "No records were found that matched the specified search criteria", users may click the **Add** button to begin the process of adding the Veteran in ES. Users may also ignore the multiple results and click the **Add** button to begin the process of adding the Veteran in ES. When the **Add** button is clicked, a request is submitted to IdM to create an ICN for the record, ES displays the *Overview* screen populated with the search data. From here, users may begin registering the Veteran by clicking on any of the tabs to begin entering the required information.

Notes:

- 💡 ES will not allow an exact match to be added as a new record.
- 💡 ES will not allow the user to click the **ADD** button if any of the required identity traits on the Search page are changed after a search is completed. Another search must be done with the changed identity traits before the **ADD** button can be clicked. Search returns will be limited to ten.
- 💡 User must have the appropriate *Capability* added to their security *User Profile* in order to *Add a New Person*. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Person Search

★SSN:

SSN is defined as the Social Security Number of the Veteran record being added.

Rules...

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

★Last Name:

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

Rules...

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

First Name:

Enter the Veteran's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

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

Middle Name:

Enter the Veteran's complete legal middle name.

Rules...

- 💡 Apostrophes and hyphens are the only punctuation that can be used.

- ◆ *Middle Name* is free text 1-35 characters in length.

★Date of Birth:

Veteran's date of birth (DOB) is defined as the date the individual was born.

Rules...

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

★Birth Sex:

Birth Sex can be **Male, Female, All**

 **Note:** Because the *Birth Sex* screen is reused from the Veteran *Person Search* screen, “All” is displayed as a ***Birth Sex*** choice. Selecting “All” returns gender-neutral name (used by both males and females).

Country:

Country is the country in which the registrant lives. Select from the dropdown.

More...

- ◆ If any country other than **United States** is selected, **Zip Code** and **State** fields will not display. **Province** and **Postal Code** fields will be displayed, instead.

Address:

Enter the street and number for the registrant's current address.

Zip Code:

Zip Code is a free-text field of five to nine characters for the US city and state the Veteran lives.

Zip Code Scenarios

If	Then
A valid zip code is entered	ES populates the <i>City</i> , <i>State</i> , and <i>County</i> fields.
More than one city exists for a particular zip code	ES displays a dropdown list from which the desired city may be selected.
City and/or State does not match a valid Zip Code	An error message displays. Check to make sure data is correct.
A country that is not the United States is selected in the Country field	Province and Postal Code fields display and Zip Code and State fields will not display.

City:

Enter the city the registrant lives in.

State/Province:

State: Enter the full state name in which the Veteran lives in the U.S., if not already populated by the system via the *Zip Code* entry.

- ◆ U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. [USPS Publication 28](#) outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.
- ◆ Visit the *Administrative Data Quality Council Intranet Site* to view a standard list of values for States and Counties.,

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

- ◆ *Province* is not a required field.

Postal Code:

Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

- ◆ *Postal Code* is not a required field.

Home Phone Number:

Enter the Veteran's home phone number.

- ◆ Format: (XXX) XXX-XXXX

★ *Indicates required field*

4.11.3 Save in Process

The **Save in Process** option allows users to save Veteran records in a “In Process” state so they can be returned to for completion at a later time.

 **Note:** The **Save in Process** button becomes available after an *Add New Person* has been started.

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

Users can only **Cancel Registration** if the Veteran is registered in ES through VistA while their status is “In Process”.

Reports provide information of registrations that are “In Process”.

Users can use the *Search and Add New Person* screen to find and complete Veteran registrations.

4.11.4 Cancel Registration

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

 **Note:** The **Cancel Registration** button is only available for an “In Process” Veteran.

A warning message displays before the cancellation is processed and users are returned to the *Search and Add New Person* screen.

4.11.5 Status History

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

Notes:

-  The Status History button function is only available for an “In Process” registrant.
-  Users must have the appropriate *Capability* added to their security *User Profile* in order to view the registrant’s *Status History*. See the *Roles and Capability Sets* sections under *Admin* for more information.

Person Search

Application Signature Date:

Application Signature Date is the date the application was signed, and is a display-only field.

Application Method:

Application Method is the method by which the application was received, either by phone, online, or in person, and is a display-only field.

Application Entry Date:

Application Entry Date is the date the application data entry process began, and is a display-only field.

Application Status:

Application Status is the status of the application, i.e., “In-Process”, and is a display-only field.

Application Status Date Timestamp:

Application Status Date Timestamp is the timestamp for the status of the application. The ***Application Status Date Timestamp*** field is ES generated and display-only.

Application Completed Date:

Application Completed Date is the date the application was completed. The **Application Completed Date** field is ES generated and display-only.

User Completed the Application:

User Completed the Application is the date the user completed the application. The **User Completed the Application** field is ES generated and display-only.

4.11.6 Complete Registration

After completing all required fields on the Person Search screens, ES performs the following:

1. Runs consistency checks.
2. Saves the Veteran data.
3. Updates MVI with additional identity data (if any).
4. Sends request to MVI to add preferred facility correlation (if none exists).
5. Determines enrollment eligibility.
6. Sends a query to Veterans Benefits Administration (VBA).
7. Sends a query to the MSDS Service, then sends the data to the sites, including a bulletin alerting them to the new record.



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

4.12 Admin

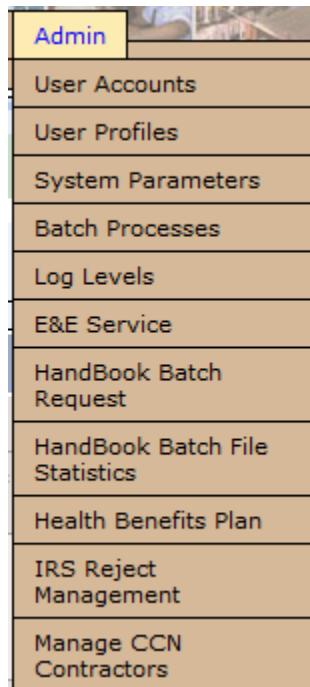


Figure 31: Admin

4.12.1 User Accounts/Search

The *User Accounts/Search* screen allows users to search for a user account by entering a User ID. Each person accessing ES must have a valid, pre-defined ID assigned to them. The administrator must establish/assign this ID prior to accessing the system. The assigned User ID will be identical to the User ID used to access the VHA network.

User ID Scenarios

If	Then
An active User ID is found within the VHA domain but no active User ID is found within ES	The new User ID account can be added.
An active User ID is not found within the VHA domain, but an active User ID is found within ES	The existing ES User ID account is disabled and an appropriate message is displayed.
An active User ID is found within the VHA domain as well as within ES	Users are allowed to modify the User ID account information.

If	Then
The User ID entered is not in ES	An error message stating the User ID is invalid or cannot be found as a VHA network ID, is displayed.

User Account Search

★User ID:

Enter the User ID for which you are searching.

★ Indicates Required Field

User Account/Add

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

Users must enter the following user account information:

User ID: (display only)

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

★Last Name:

Enter account user's last name.

Rules...

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

★First Name:

Enter the user's first name.

Rules...

- ◆ May be up to 25 characters maximum.
- ◆ This is a required field.

Middle Name:

Enter the user's middle name.

Rules...

- ◆ May be up to 25 characters maximum.

★Facility:

Select from the dropdown.

Functional Group:

Functional Group is only available for selection/entry if the *Facility* selected is HEC.

Job Title:

Enter the *Job Title* defined as the common name for a group of responsibilities based on duties performed.

Rules...

- ◆ The Job Title field is free text with a maximum length of 30.

★ *Indicates Required Field*

User Account/Modify

The *User Account/Modify* screen allows users to modify the account information (with the appropriate permissions), if the active account is a valid VHA account and is found within ES.

Users may modify the following user account information:

User ID: (display only)

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

★*Last Name:*

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

Rules...

- ◆ May be up to 35 characters maximum.

★*First Name:*

The user's first name.

Rules...

- ◆ May be up to 25 characters maximum.

Middle Name:

This is the user's middle name.

Rules...

- ◆ May be up to 25 characters maximum.

★*Facility:*

Select the user's facility from the dropdown list.

Functional Group:

Functional Group will only be available for selection/entry if the *Facility* selected is **HEC**.

Job Title:

The *Job Title* is defined as the common name for a group of roles based on duties performed.

Rules...

- Job Title field is free text with a maximum length of 45.
 - Agreement Signature Code: (display only)
 - When a user's account is initially created, ES will generate an "agreement signature code" that is required to be entered, the first time the user logs into ES using the new user account.
-  **Note:** The Agreement Signature Code is a six-digit, randomly generated code, consisting of characters and/or numbers.

Last Login Date: (display only)

Last Login Date displays the last date and time the user logged into ES.

Account Lock Date:

Account Lock Date is the date the user's account will be locked. The administrator can set this date to suspend user's access to ES as of date entered. The **Account Lock Date** field is set automatically when a user attempts login after more than one year of inactivity. To unlock or reinstate the users account the administrator will clear this field.

Indicates Required Field

4.12.1.1 User Profiles Tab

Profile information is used by ES to determine the *Roles* a user has and consequently, the *Capabilities* the user has while logged into ES. A user's *Profile* is basically the combination of *Roles*, *Capability Sets* and *Capabilities* that have been assigned to them by an Administrator or Supervisor.

A user can add additional *Capabilities* to a user's *Profile* or delete *Capabilities* as needed. *Capabilities* can be added to a user's *Profile* individually or by adding/including one or more *Capability Sets* and/or one or more *Roles*.

The *User Profiles* screen allows the user to search for a specific *User Name* by entering the required *First* and *Last Name*. *User ID* is used in the event there is more than one user with identical names.

The results of a successful search display the *Edit User Profiles* screen where the user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

Search for User

Minimum Search Criteria

Last Name:

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

★First Name:

The user's first name.

Additional Search Criteria

Middle Name:

The user's middle name.

User ID:

The optional *User ID* is defined as the ID used to identify a user on the system. *User ID* is used in the event there is more than one user with identical names.

★ Indicates Required Field

View User Profiles

View User Profiles screen displays all *User IDs (Profiles)* and their respective names on the system. Click on a *User ID* to [edit](#) the *User Profile*.

User Profiles

User ID

User ID is the user's identification in ES. Click *User ID* to [edit](#) the *User Profile*.

Name

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

Edit User Profile

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

To add or remove existing *Capabilities* from a user's profile, perform the following:

1. Find the desired user profile.
2. Select the user profile.
3. View a list of *Roles*, *Capability Sets* and/or individual *Capabilities* that are "associated" with that selected user profile.
4. Associate one or more additional *Roles*, *Capability Sets* or individual *Capabilities*, or the user can remove or disassociate an existing *Capability Set* or *Role* or an individual *Capability* from the selected user by de-selecting the *Capability Set* or *Role* or individual *Capability*, not associated with a set or role, from the "associated" list.

Notes:

- 💡 All *Capabilities* de-selected in the associated list will be disassociated (removed) from the selected user while all *Capabilities* selected in the "available" list will be added/associated with the selected user.
- 💡 The user cannot remove or disassociate a *Capability* that is included in a *Role* or a *Capability Set*. While the user can expand a *Role* or *Capability Set* in order to view the individual *Capabilities* that are contained therein, s/he cannot "customize" the *Role* or *Capability Set* by excluding individual *Capabilities* in the *Role* or *Capability Set*. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets*, which are associated to the *Role* in their entirety. Likewise, a *Capability Set* is made of individual *Capabilities*, which are associated with the set in their entirety.

From the *Edit User Profile* screen, the user can edit the user's profile by adding or removing *Capabilities*, *Capability Sets*, and/or *Roles*.

Three icons are used to identify collapsed *Role*, *Capability*, and *Capability Set*. They are identified as follows:

- ⓘ Indicates *Role*.
- ⓘ Indicates individual *Capability*.
- ⓘ Indicates *Capability Set*.

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

Click the [Expand All](#) hyperlinks to expand all *Roles and Capabilities Assigned to a User* and *to be Assigned*. Click again to collapse.

User Name:

User Name is the user name being edited (ES generated).

Functional Group:

Functional Group is defined as the user's division/department.

Roles and Capabilities Assigned to User - Unselect to Delete**Roles and Capabilities Available to be Assigned - Select to Add****Select**

Uncheck the check box to deselect in the *Unselect* section to delete a *Role*, *Capability* or *Capability Set* assigned to.

Check the checkbox in the *Select to Add* section to add a *Role*, a *Capability Set*, or an individual *Capability*.

When satisfied with the selections, save the selections ES modifies the selected user's profile by adding any new selections (*Capabilities*) and removing any de-selections that were made. *Capabilities* associated with a user's profile are not actually removed from the database, instead, they become "historical" information. This information may be viewed by clicking the [VIEW HISTORICAL USER PROFILE](#) link.

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

Name

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

Active Date

Active Date is the date the *Role*, *Capability* or *Capability Set* is active.

Rules...

- ◆ Active Date must be before the Inactive Date.
- ◆ Active Date cannot be in the past.

Inactive Date

Inactive Date is the date the *Role*, *Capability* or *Capability Set* is inactive.

Rules...

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

4.12.1.2 Roles Tab

A user may define a new *Role* (with correct permissions), which is basically, a group of *Capabilities* a user may perform. *Roles* can be defined at any time and are created by selecting individual *Capabilities* and/or *Capability Sets* (a group of *Capabilities*). When defining a *Role*, the user,

1. Enters the *Role Name*, which identifies the *Role*.
2. Views a list of all *Capabilities* and *Capability Sets* that are available for adding to the *Role*.
3. Selects the desired *Capabilities* and/or *Capability Sets* in order to associate them to the new *Role*.

While the user can expand a *Capability Set* in order to view the individual *Capabilities* that are contained in the set, s/he cannot "customize" the *Role* by excluding individual *Capabilities* that are contained in a set. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets*, which are associated with the *Role* in their entirety.

From the *Roles Tab* screen, the user may view, edit, delete and see a history of all *Roles* on the system. Clicking the *Role Name* displays the *Capability Set* permissions for the particular *Role*.

Any *Role* assigned to a user cannot be deleted. It has to be unassigned first before it can be deleted.

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

Three icons are used to identify collapsed *Role*, *Capability*, and *Capability Set*. They are identified as follows:

R Indicates *Role*.

C Indicates individual *Capability*.

S Indicates *Capability Set*.

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

Click the [Expand All](#) hyperlinks to expand all *Roles and Capabilities Assigned to a User and to be Assigned*. Click again to collapse.

Add/Edit Role

When adding a *Role*, the user must enter a unique name for the *Role* s/he is defining. The name of the *Role* will be displayed when associating *Roles* to a user. The user can enter a date range, which specifies the period of time that a *Role* will be active and therefore available for use when assigned to a user, if desired.

Role Name:

(Edit mode) Displays the name of the role to be edited.

(Add mode) Enter the name of the role to be added to the system.

Rules...

- ◆ Role Name is a free-text field with a maximum of 50 characters.
- ◆ This is a required field when adding.

Role Description:

(Edit) Displays the *Role Description*.

(Add) Enter a short description of the role. Field is free text.

Active Date:

Active Date displays the date the role became active. Enter a new date if desired.

Rules...

- ◆ Active Date must be before the Inactive Date.
- ◆ Active Date cannot be in the past.
- ◆ Format is mm/dd/yyyy.
- ◆ Optional (no date means the Role is active immediately)

Inactive Date:

Inactive Date displays the inactive date. Enter a new date if desired.

Rules...

- Inactive Date must be after the Active Date.
- Format is mm/dd/yyyy.
- Optional (no date means the *Role* is active indefinitely)

4.12.1.3 Capabilities Sets Tab

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

Name:

The name of the *Capability Set* (permissions) which exists for the role name.

Remove the checkbox to unassign the *Capability Set*.

Active Date:

The date the *Capability Set* is active.

Inactive Date:

The date the *Capability Set* is inactive.

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

Users can see a history of changes that have been made to a particular *Role*. Changed values are displayed in red fonts and are indicated by a  symbol in the **Data Changed** column from the **Capability Sets and Capabilities Available to be Assigned – Select to Add (Add or Edit mode)** screen.

Name:

The name of the *Capability Set* (permissions) available for adding to the role.

Put a check mark in the box to select. Click the name to expand the *Capability Set*.

Rules...

- A *Role* may exist without any *Capability Sets* and/or *Capabilities*.

Active Date:

The date the *Capability Set* will become active.

Inactive Date:

The date the *Capability Set* will become inactive.

Roles Change History

Change Times:

Select a date/time to view capability set changes made for this role.

History Change Details (date/time selected)

- Category
- Old Value
- New Value
- Data Changed

Role Name:

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

Role Description:

Role Description is the role description with the *Old Value* and *New Value*.

Active Date:

Active Date is the date the *Old Roles* and *New Roles* became active.

Inactive Date:

Inactive Date is the date the *Old Roles* and *New Roles* became inactive.

Last Update Date:

Last Update Date are the dates the *Role* changed from the *Old Value* to the *New Value*.

Last Updated By:

Last Updated By displays the user who changed the *Role* from the *Old Value* to the *New Value*.

Assigned Capability Sets

Name:

The *Name* of the Old and New *Assigned Capability Sets*.

Active Date:

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

Inactive Date:

The Old and New *Inactive Dates* for the *Assigned Capability Set*.

Assigned Capabilities

Name:

Indicates the *Name* of the Old *Assigned Capability* and the *Name* of the New *Assigned Capability*.

User Profiles/Capability Sets

The *User Profiles/Capability Sets* screen allows user to add *Capability Sets* to ES.

Capabilities can be grouped together in two ways as:

- 1) *Capability Sets*, and
- 2) *Roles*

A *Capability Set* is a group (two at minimum) of *Capabilities*, while a *Role* may exist without *Capabilities* and/or *Capability Sets*.

It also allows the user to [Edit/Delete Capability Sets](#) and view the [Change History](#) of existing *Capability Sets* on the system. The user may assign/associate as many *Capabilities* as desired to each user, depending on the responsibilities or job activities performed by the user. A user will have all of the *Capabilities* contained in the distinct and complete list of the combined or cumulative *Capabilities* associated to the *Roles*, *Capability Sets* and individual *Capabilities* assigned to the user.

Capability Sets/Edit/Add Capability Set

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

Three icons are used to identify collapsed *Role*, *Capability*, and *Capability Set*. They are identified as follows:

-  Indicates *Role*.
-  Indicates individual *Capability*.
-  Indicates *Capability Set*.

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

Click the [Expand All](#) hyperlinks to expand all *Roles and Capabilities Assigned to a User and to be Assigned*. Click again to collapse.

The user may enter the date the Capability will become active and/or inactive when new, individual Capabilities are selected for the user. The user may override the default Active Date (current date) and may optionally enter an Inactive Date for each individual Capability that is to be associated with the user. Users may also modify the Active and Inactive Date for existing, individual Capabilities associated with the selected user.

Edit Capability Set

Set Name:

(Edit mode) Displays the name for the *Capability Set* (system generated).

★ (Add mode) Enter a unique name for the Capability Set. Make it short but descriptive.

Rules...

- (Add mode) This is a required field.

Set Description:

(Edit mode) Displays a description of the *Capability Set* describing sufficiently what it allows the user to do (system generated).

(Add mode) Enter a longer description of the *Capability Set* describing sufficiently what it allows the user to do.

Active Date:

(Edit Mode) Displays the date the *Capability Set* will become active.

(Add Mode) Enter the date the *Capability Set* will become active.

Rules...

- Active Date must be before the Inactive Date (Add Mode).
- Active Date cannot be in the past.

Inactive Date:

(Edit Mode) Displays the *Inactive Date* for the *Capability Set*.

(Add Mode) Enter the date the *Capability Set* is to become inactive.

Rules...

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

Capabilities Currently Assigned to Set - Unselect to Delete (Edit mode only)

Delete one or more *Capability Sets* from the list by removing the checkmark in the box next to the set name. Click again to add it back in.

 **Note:** A minimum of two *Capabilities* must be assigned to a *Capability Set*.

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

Click to enter a checkmark in the box next to the set name *Capability Sets* from the list. Choose as many as apply. Click again to uncheck the box.

Click the **Update** button (Edit mode) or **Add** button (Add mode) to accept changes.

Capability Sets/Capability Set Change History

The user can see a history of changes that have been made to a particular *Capability Set* from the Capability Sets/Capability Set Change History screen. Changed values are displayed in red fonts and are indicated by a  symbol in the **Data Changed** column.

Capability Set Change History

Change Times:

Select a date/time to view *Capability Set* changes history.

History Change Details (date/time selected)

- Category
- Old Value
- New Value
- Data Changed

Set Name:

Set Name indicates the Old and New *Set Names* for the *Capability Sets*.

Set Description:

Set Description indicates the Old and New *Set Descriptions* for the *Capability Sets*.

Active Date:

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

Inactive Date:

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

Last Updated Date:

Last Updated Date are the dates the *Capability Set* changed from the *Old Value* to the *New Value*.

Last Updated By:

Last Updated By displays the user who changed the *Capability Set* from the *Old Value* to the *New Value*.

Assigned Capabilities

Assigned Capabilities are individual capabilities that make up the capability *Set Name* shown above in the same column.

4.12.2 System Parameters

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

 **Note:** Only the system administrator can modify ES parameters only if the *Capability Set* of **Administer System Parameters** is assigned to their user

profile, OR, the **Capability of View System Parameters** is assigned to their user profile.

ES parameter values that users may change include:

Agent Orange Special Treatment Authority Exp Date

The *Agent Orange Special Treatment Authority Exp Date* is set to the current date anytime the Agent Orange Special Treatment Authority Indicator is changed from "Y" to "N".

A user with the assigned capability of "Administrator" can reset the switch and the date in the event of an emergency situation.



Note: Due to a database non-null constraint, the default value is a single space.

Agent Orange Special Treatment Authority Indicator

Agent Orange Special Treatment Authority Indicator is a system parameter that indicates whether or not the Agent Orange Special Treatment Authority has expired. Default is "Y". The default "Y" means that the Indicator has not expired and it is still in effect. When this value is changed from "Y" to "N", the *Agent Orange Special Treatment Authority Expiration Date* is set to the current date.

A user with the assigned capability of "Administrator" can reset the switch and the date in the event of an emergency situation.

Archive Reports Parameter

Archive Reports Parameter is a system parameter that specifies how long ES will wait until it archives Completed Reports. Default is 24 months until ES archives Completed Reports.

CL_VISTA_FULL_ROLLOUT

The CL VISTA FULL ROLLOUT ES parameter allows selective control of VistA sites to receive HL7 Z11 messages which include Camp Lejeune (CL) data. Valid parameter values include: "ALL", "NONE", single site, or a comma separated list of sites.

Parameter Value	Definition
NONE	"NONE" excludes CL data from all HL7 messaging to any VistA destination.  Note: The initial value for the parameter is set to "NONE" when deployed to any new Enrollment System environment.
ALL	"ALL" includes CL data in HL7 messaging to all VistA destinations. The parameter value should be set to "ALL" for a national production VistA release of Camp Lejeune - Veterans.

Parameter Value	Definition
Single Site	The parameter value can be set to a single VistA site value. Note that no error checking is done to validate site values. For example: "463" will include CL data only to the Alaska VAMC.
Comma	The parameter value can be set to a comma separated list of sites when multiple, but not all VistA sites should receive CL data. Note that no error checking is done to validate site values, only formatting checks are performed. The comma separated list cannot contain any spaces. For example: "442,553,123" (include CL data in ZEL segments for only those VistA destinations identified for Initial Operating Capabilities).
Blank Parameter Value	The parameter value cannot be left blank; a valid format as described above must be entered.

Parameter Value Format

- When a list of VistA sites is indicated, the parameter value will accept up to 250 characters.
- The only special character allowed (i.e., non-alphanumeric) is a comma.
- The parameter value is not case sensitive.

Date of Death Supporting Document Start Date

Date of Death Supporting Document Start Date displays the start date of the Date of Death Supporting Document, and is set by the System Administrator.

The Date of Death Supporting Document Start Date contains the following parameter values:

- Alphanumeric data type
- 10-character data length
- Date data unit – System date is the default date
- Date of Death Supporting Document Start Date is stored in System Parameters.

Default Handbook Batch Release Control Number

The *Default Handbook Batch Release Control Number* system parameter value represents the default release control number to be used with a Batch Release, unless changed by the user.

This is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook. Default value is control number “1”, but can be changed to any control number up to “999”.

Duplicate Threshold Value

Duplicate Threshold Value is a system parameter value used by the duplicate identification routine to determine the likelihood that a duplicate spouse and/or dependent record exists. If the total score is greater than or equal to this threshold value, the two records in question are considered potential duplicates. MPI/PSIM will notify HEC when a duplicate beneficiary pair is identified. Default is 60 duplicate records.

ES SID Indicator

ES SID Indicator is a system parameter value used to turn on/off the ability to enter the **Self-Identified Gender Identity** field. Y=Active and N=Inactive. Default is “Y=Active”.

Enrollment Regulation Date

Enrollment Regulation Date is a system parameter used to store the effective date of the regulation to relax restrictions on enrollment in Priority Group 8.

The date of the Enrollment Regulation was 6/15/2009.

Failed Attempts

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

The default is 3 attempts, after which the user will be "locked" and therefore prevented from further attempts to login until the account is "reset" by the system or by an administrator.

HANDBOOK ROLL OUT OVER

Handbook Roll Out Over is a system parameter value used to turn the new enrollment trigger on and off. If the value is set to “N”, the new enrollment trigger will not generate 400H (handbooks) for new enrollments.

This new enrollment trigger allows the Batch Handbook Manager to schedule batch mailings for all Veterans by site and priority. Incoming new enrollments will not receive a Handbook until they are selected through the batch tool. Once all Veterans have received a Handbook, the new enrollment trigger will be turned on (“Y”) and Veterans will automatically get a Handbook instead of a “Welcome Letter” when they enroll.

A “Y” value means the new enrollee triggers are active.

The Handbook Roll Out Over parameter will initially be set to “N” until all Veterans have received a Handbook (Roll Out).

HBP Data Sharing Indicator

HBP Data Sharing is a system parameter value that determines whether the ZHP segment will be shared in the Z11 VistA message “Y” or not “N”. Health Benefit Plans (HBPs) will be shared with VistA when the flag is set to “Y”. The ES default is “N”.

Handbook Active

Handbook Active is a system parameter value that activates “trigger” events prompting the sending of Handbook communications to the Content Management System (CMS). A change in *Preferred Facility* for a Veteran is one example of a “trigger” event.

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

The ES default is “Y”.

Identity Service

The administrator can set the Identity Service to be the authority for sharing Date of Death information.

Identify Pending Application Records for Clean-up Processing Job

System Administrators can schedule a one-time processing job to be executed prior to the Pending Letter 365-Day Process Implementation. The Identify Pending Applications Records for Clean-Up Processing Job is for applications that have a Pending status greater than 365 days, or are less than 366 days and created prior to the implementation of the Pending Letter 365-Day functionality.

All responses for letters sent outside of ES (between March-November 2016) received from the print vendor are included in the Clean-Up Process job. The appropriate applicants are notified of information required to complete their application for enrollment in the VA healthcare or that they need to make another application for VA healthcare.

The **Letter History** is located under the **Communications** tab, **Previously Mailed** tab. There will be one of the following entries listed below:

- Sent to AAC
- Rejected at HEC

The mailing address under the **Financial Disclosure Letter** section will not display.

IVM DM IY Cut Off Date

IVM DM IY Cut Off Date is a system parameter value that specifies the month and day within the year when the Current Data Migration Income Year Changes to the next Income Year. The default cut-off date is June 10th.

IVM Final Letter Indicator

IVM Final Letter Indicator is a system parameter value that indicates if the IVM Final Letters can be sent (Y) to the CMS vendor or not (N).

MSDS Reconciliation Indicator

MSDS Reconciliation Indicator is a system parameter value that indicates if the MSDS Reconciliation process is active “Y” or not active “N”.

MSDS Service Indicator

MSDS Service Indicator is an system parameter value that indicates if the MSDS Service is active “Y” or not active “N”.

(See) **MSDS Reconciliation Indicator** for more details.

 **Note:** The purpose of this and the MSDS Service Indicator parameter is to control the building of the HEC Military Service Data record from the existing HEC record and individual site-specific records and the sending of MSDS Service queries. To this end, prior to invoking the Military Service Data Sharing (MSDS) Service, ES will build (reconcile) an accurate military service record from the multiple site records that exist for a Veteran. This reconciliation (seeding) will be run prior to invoking the MSDS Service by setting the MSDS Reconciliation Indicator to "Y". Once the seeding has completed and the MSDS Service is invoked, the MSDS Reconciliation Indicator is set to "N", and the MSDS Service Indicator is set to "Y", allowing incoming Z07 records to trigger a query to the MSDS Service

Maximum Retransmission Count

Maximum Retransmission Count is a system parameter value that represents the total number of times ES will re-transmit a message that has not been acknowledged. Default is 3 times ES will re-transmit a message that has not been acknowledged.

Maximum Retransmission Count for EGT

Maximum Retransmission Count for EGT is a system parameter value that represents the total number of times ES will re-transmit a message that has not been acknowledged for EGT Execution type. Default is 120 times ES will re-transmit a message that has not been acknowledged for EGT.

Maximum Number of Records to CMS

The maximum number of Handbook and Insert requests that can be sent to CMS.

Maximum Number of Record is an ES parameter value that creates entries in the Handbook mail queue and sends the records to CMS via the Handbook batch process. 100,000 (100K) is the default and number of records CMS can process per week depending on Batch Programs used.

Maximum Number of Records to CMS Batch Programs #1 and #2

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

Batch Program #1 (Bulk generate process)	Batch Program #2 (Batch process)
Processes ALL records and inserts the records into the handbook_mail_queue table and overrides the Maximum Number of Records parameter (100K) CMS can process per week.	Processes the records from the handbook_mail_queue table and creates the data extract file that is sent to CMS. 100K is the default and number of records CMS can process per week. When the 100k records mark is reached in the CMS_data_Extract file, it STOPS because of an agreement with CMS to send only 100k

Batch Program #1 (Bulk generate process)	Batch Program #2 (Batch process)
	records per week, which is controlled by the Maximum Number of Records parameter.
Handbook Batch Request Scenarios:	
● User creates Handbook Batch Request #1 and sets the limit (<i>Maximum Records</i>) to 60K .	
● User creates Handbook Batch Request #2 and sets the limit (<i>Maximum Records</i>) to 50K .	
If	Then
Batch Program #1, the Handbook bulk generate process is used	<p>Batch Program #1 processes Batch Requests #1 and #2 and creates entries in the Handbook mail queue.</p> <p>The result is 110K Handbook mail queue entries, (60K and 50K).</p> <p>Batch Program #1 overrides the default 100K limit set in the Maximum Number of Records to CMS ES parameter.</p>
Batch Program #2, the Handbook batch process is used	Batch Program #2 processes only 100K, per the Maximum Number of Records to CMS ES parameter limit, and the remaining 10K are processed in the next run.

Manage Pending Release Date

The *Manage Pending Release Date* system parameter value can be changed by the administrator to a future date. This change puts the Pending Clock Process on hold until that future date is reached, the date is reset, or the date is set in the past, which enables history records processing upon further notice.

The release date is compared to the *Enrollment Determination Create Date* and *Enrollment Application Date* of an application to determine if the following Manage Pending rules are applicable:

- Date enrollment was determined for a new applicant
- Enrollment application date condition is met for re-application

Notes:

- If the *Enrollment Determination Create Date* is before the release date, then ES compares it with *Enrollment Application Date*.
- If the *Enrollment Application Date* is on or after the release date, then Pending Application rules are applicable for the record.

- If the *Enrollment Determination Create Date* is on or after the release date, then Pending Application rules are applicable for the record.
- If both the *Enrollment Determination Create Date* and the *Enrollment Application Date* are before the *Manage Pending Release Date*, then Pending Application rules are NOT applicable for the record.
- In the case of re-application, Manage Pending Application rules still apply, as if a new application was received.

Purge Archive Reports Parameter

Purge Archive Reports Parameter is a system parameter specifying how long ES will wait, after the archive, until it purges Archived Reports. Default is 24 months until it purges Archived Reports.

Retransmit Days

Retransmit Days is a system parameter representing how long ES will wait for an acknowledgement before re-transmitting the message. Default is 3 days of waiting for an acknowledgement before re-transmitting the message.

Retransmit Days for EGT

Retransmit Days for EGT is a system parameter representing how long ES will wait for an acknowledgement before re-transmitting the message for EGT Execution type. Default is 1 day of waiting for an acknowledgement before transmitting the message for EGT.

Retransmit Execution Period

Retransmit Execution Period is a system parameter representing how often the Transmission Log is queried to locate messages for re-transmission. Default is 24 hours before the Transmission Log is queried to locate messages for re-transmission.

Retransmit Execution Period for EGT

Retransmit Execution Period for EGT is a system parameter representing how often the Transmission Log is queried to locate messages for re-transmission for EGT Execution type. Default is 1 hour before the Transmission Log is queried to locate messages for re-transmission for EGT.

SSA SSN Verification Frequency

SSA SSN Verification Frequency is a system parameter representing the frequency with which ES will select SSNs (beneficiary, spouse, and dependent) to transmit to the Social Security Administration for verification. Default is 1 week before ES will select SSNs to transmit to the Social Security Administration for verification.

SW Asia Cond. Special Treatment Authority Exp Date

The *SW Asia Cond. Special Treatment Authority Exp. Date* is set to the current date anytime the SW Asia Conditions Special Treatment Authority Indicator is changed from "Y" to "N".

A user with the assigned capability of "Administrator" can reset the switch and the date in the event of an emergency situation.

 **Note:** Due to a database non-null constraint, the default value is a single space.

SW Asia Cond. Special Treatment Authority Ind

SW Asia Cond. Special Treatment Authority Ind is a system parameter that indicates that the SW Asia Conditions Special Treatment Authority has not expired. The default "Y" means that it has not expired and it is still in effect.

When this value is changed from "Y" to "N", the SW Asia Conditions Special Treatment Authority Expiration Date is set to the current date.

A user with the assigned capability of "Administrator" can reset the switch and the date in the event of an emergency situation.

Transmit Date of Death Indicator

Transmit Date of Death Indicator indicates if Date of Death fields can be transmitted to MVI ("Y") or not ("N").

MVI Date of Death Service Indicator

MVI Date of Death Service Indicator indicates if the MVI Date of Death Service is active ("Y") or not ("N").

VBA Data Sharing Indicator

VBA Data Sharing Indicator is a system parameter that determines if the sharing of VBA Pension Data via the new ZE2 segment is active ("Y") or the default, not active ("N").

After all VistA sites have received the appropriate patch enabling them to receive the new ZE2 segment, the *VBA Data Sharing Indicator* will be set to "Y".

VFA Start Date

The VFA initiative will reduce the need for Veterans to provide updated financial information to the VA annually to re-establish their eligibility for VA healthcare benefits. New enrollees and Veterans whose Means Tests expired prior to the *VFA Start Date* will be required to submit income information.

The *VFA Start Date* system parameter is the effective date on which the Veteran Financial Assessment (VFA) begins.

Default is beginning of the new year. Example: "01/01/2013".

VOA Anonymous/Level 1 Process Indicator

The *VOA Anonymous/Level 1 Process Indicator* system parameter is used to moderate the processing load of VOA Anonymous/Level 1 applications: (Y) will create a workload case for each person record not found in MVI; (N) will redirect the applications to the facility.

4.12.2.1 VCE System Parameters

The [**VCE Parameters**](#) link contains a group of parameters used in determining Community Care eligibility.

 **Note:** The [**VCE Parameters**](#) link on **System Parameters** screen replaces the [VC Driving Distance](#) and [VC Wait-Time](#) links.

Allowing Future Effective Dating of Mileage and Wait-Time Parameters

From the ES main screen,

1. Click **Admin**.
2. Click **System Parameters**.
3. Click the [VCE Parameters](#) link located at the bottom of the **System Parameters** screen.

The **VCE Parameters Values** screen launches.

Adding New VCE Parameters

Enter an effective date as well as the following values for the **VCE Parameter** fields below:

VCE Parameter Field	Values Allowed
Mileage Exception	0, integer, OFF
VCL PO Box Exception	ON, OFF
State/Territory Exceptions	Blank, Multi-select list of states and territories
Electronic Wait List	ON, OFF
Consults	ON, OFF
VCL Geo-burden Exception	ON, OFF
VCL Air/Boat/Ferry	ON, OFF

Determine if an effective date or a new value is to be entered.

If	Then
An effective date is entered	<p>A new value is required.</p> <p>Notes:</p> <ul style="list-style-type: none"> 💡 ES requires the effective date be a date that is GREATER THAN or EQUAL TO the current date. 💡 Effective date entries are audited and displayed on the VCE Parameters Change History screen when updated.
A new value is entered	<p>An effective date is required unless it is the State/Territory field.</p> <p>When a new value and effective date are entered, they are immediately stored in the database; however, they are not immediately converted to current values and not immediately used in the ETL process that recalculates the population.</p> <p>Notes:</p> <ul style="list-style-type: none"> 💡 Current values are view-only. 💡 ES displays the following message when values are updated: <p><i>“Alert: Operations will determine the actual effective date of the change, as these processes will have to be manually implemented.”</i></p>

💡 **Note:** Parameter value fields are not in a pre-defined order.

Current Value: The value currently set.

New Value: The value the updated value will be set to.

Value fields, **Consults** and **Electronic Waitlist** are ON or OFF values only. **Mileage Exception**, **State/Territory Exception**, **VCL Air/Boat/Ferry**, **VCL Geo-burden Exception**, and **VCL PO Box Exception** fields are blank.

If	Then
VCL Air/Boat/Ferry, VCL Geo-burden Exception, and VCL PO Box Exception are initially set to ON or OFF and the user does not change the VCE parameter value fields	Nothing happens when users click Submit and users get an error message.
A number, decimal, or text other than 0, integer, or OFF is entered into the Mileage Exception field	An error message prompts the user with acceptable values to enter.  Note: Refer to the VCE Parameter Fields table for a list of acceptable values.
A value that is NOT “ON” or “OFF” is entered into the Consults, Electronic Waitlist, Mileage Exception, State/Territory Exception, VCL Air/Boat/Ferry, VCL Geo-burden Exception, VCL PO Box Exception fields	Users receive two pop-up messages: <ol style="list-style-type: none"> 1. Asking if you are sure you want to change the value of the parameters. 2. An alert letting you know operations determine the actual effective date of the change, because these processes have to be manually implemented  Note: The History screen shows value changes. Clicking OK on the second message launches an error message prompting you with the correct values to enter.
Users enter in a new value	Users must enter a new date.  Note: Dates are required.
Users enter “OFF” or “0” on the Mileage Exception field	<ul style="list-style-type: none"> • The State/Territory Exception field drop down is grayed out, cleared out, and is not editable. • The VCL PO Box Exception field is grayed out and is not editable. • An error displays if the user enters data into the State/Territory Exception and VCL PO Box Exception fields.  Note: Users need to manually clear out the

If	Then
	<p>State/Territory Exception and VCL PO Box Exception fields, if data is entered.</p>
Users enter a value that is NOT “ON” or “OFF” in the Consults field and Electronic Waitlist field	<p>Users receive two pop-up messages:</p> <ol style="list-style-type: none"> 1. A message asking if you are sure you want to change the value of the parameters. 2. An alert letting you know operations determine the actual effective date of the change, as these processes have to be manually implemented. <p> Note: The History screen displays value changes.</p> <p>Clicking OK on the second pop-up message launches an error message prompting you with the correct values to enter.</p>

Receiving an error by setting Mileage to 0 or OFF and having State or Territory exception

If users change mileage to OFF or 0, and add a current date, the following warning message appears:

Are you sure you want to change the value of the parameters?

Click **OK**. When the user clicks OK, a second alert message appears:

Alert: Operations will determine the actual effective date of the change as these processes will have to be manually implemented.

Note: The warning is a caveat because VCE parameters are tied to code.

Click **OK** again.

The following errors appear:

- State/Territory Exceptions CANNOT be set if Mileage Exceptions set to 0 or OFF
- VCL PO Box Exception CANNOT be set if Mileage Exception set to 0 or OFF

Updating System Parameters Successfully to Remove Errors

Perform the following to update the system parameters:

1. Enter an effective date into **On** field on any of the VCE parameters fields.
2. Do NOT select a state.
3. Enter OFF into the **PO BOX** field and enter a new date.
4. Click **OK** throughout the same message warnings as before.

The following message appears:

System Parameters updated Successfully.

 **Note:** Updates may take a few days to complete due to the volume of records.

Selecting System Parameters Through Batch Process

Users manually select all parameters through a batch process with an effective date equal to the current system date.

If	Then
Submitted a value change	The value will remain the same until the batch job is run. The value will update to reflect your new value once the batch job is run.
If the date is in the past	The batch job will NOT be executed.

For each system parameter the user selects, the batch process performs the following:

1. Copies the next effective date to the current effective date and the next parameter value to the current parameter value.
2. Sets the next effective date and the next parameter value to blank.
3. Recalculates the entire population if there is a change to any of the current VCE Parameter values (where the current value is updated based on the effective date).

 **Note:** VCE parameter rules are the definition of what the values are supposed to be according to current law passed by Congress. Those defined rules equate to the values we are setting in the System Parameters function for VCE.

4. Recalculates the entire population of applicable CC HBPs based on the new VCE Determination.
5. Ensures that the new CC HBP is synced with VistA.

ES runs a process for that batch of potentially 9-10 million records on the effective date. This batch process would run after hours, early in the morning on the effective date, or on a date to-be-determined (TBD) by Operations. This batch process will run manually.

VCE Parameters History

Changes to parameter values and effective dates are viewed on the **VCE Parameters History** screen.

 **Note:** The VCE Parameters History screen shows changes and effective dates to VCE parameters only.

Batch Process to Activate System Parameters

A new process executes daily to select all parameters with an Effective Date equal to the current system date. When the effective date occurs, a batch process sets the effective date equal to the current date.

Changes to the parameter values and effective date are viewable on the **VCE Parameters Change History** screen. There are two possible outcomes:

- The current VCE code set for the Veteran will not be changed by the batch process. The VCE code will continue to reflect as is but will change as updates are made to the Veteran that triggers a recalculation of CC eligibility. In this case, the batch process to Activate System Parameters will NOT need to be executed.
- The VCE code for Veterans that have basic eligibility will change when the parameter changes. In this case, the batch process to Activate System Parameters will need to be executed.
- When one or more VCE parameter values have been set via the Activate System Parameters processes, a notification is sent to an email group requesting that the CC Eligibility Determination Parameter Change job be executed to recalculate eligibility using the new threshold value(s).
- The email notification sent to the email group says the following:
 - What the System Parameter is that changed/from and to
 - The System Parameter effective date
 - Who made the change

Trigger Current Batch Process to Recalculate CC Eligibility

For each system parameter selected, the process will perform the following:

- a. Recalculates the Entire Population of VCEs (Enrolled) to determine if they are still available for Mileage. This would be based on current data. ES would use the data which is currently on file.

- b. Recalculates the Entire Population of applicable CC HBPs based on the new VCE Determination.
- c. Ensures that the new CC HBP is synced up with VISTA.

On that effective date, ES runs the Trigger Current Batch Process to Recalculate CC Eligibility job for that population. This could potentially be 9-10 million records. This process would be run after hours, early in the morning on the effective date, or at a date TBD by Operations. This process will be run manually.

After the Trigger Current Batch Process to Recalculate CC Eligibility job is run, each record involved in the VCE Population would now have a VCE Recalculation record recorded in the **View Community Care Determination History** screen. This record would show the VCE code and would show regardless of if the VCE code changed.

Executing the CC Eligibility Determination Parameter Change Job

The *CC Eligibility Determination Parameter Change* job takes new values and recalculates the Community Care eligibility. The CC Eligibility Determination Parameter Change job is executed based on the values set in the parameters and the effective date reaching maturity.

 **Note:** A Z11 is generated for ALL affected Veterans when a *CC Eligibility Determination Parameter Change* job occurs. Z11s will need to be manually coordinated with VistA in batches over several days. VistA can accept only so many transactions at a time, because so many records will be produced from this change job.

Determining Changes Made to Current CC Eligibility Determination Job

If	Then
CDW is “OFF”	Residential Address, State, driving distance to the nearest VA facility, Wait Time Type, and LOCATIONNAME are not received from CDW.
The Mileage Exception field value is “OFF”	<p>Driving distance is not criteria for determining the VCE, and:</p> <ul style="list-style-type: none"> • The State/Territory Exception field drop down is grayed out, cleared out, and is not editable. • The VCL PO Box Exception field is grayed out and is not editable. • An error displays if the user enters data into the State/Territory Exception and VCL PO Box Exception fields.

If	Then				
	<p> Note: Users need to manually clear out the State/Territory Exception and VCL PO Box Exception fields, if data is entered.</p>				
The VCL PO Box Exception field value is “OFF”	The Wait Time type of Veterans Choice List (VCL) and LOCATIONNAME , and VCL-POBOX is not a criterion for determining VCE.				
The Veteran’s residential state address is in the State/Territory exception list	<p>The VCE Indicator is eligible for mileage (“M”).</p> <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>VCE Indicators no longer receive mileage (“M”)</td><td>“M” is not listed as an available selection when a manual override is being entered on the CC Determination screen.</td></tr> </tbody> </table>	If	Then	VCE Indicators no longer receive mileage (“M”)	“M” is not listed as an available selection when a manual override is being entered on the CC Determination screen.
If	Then				
VCE Indicators no longer receive mileage (“M”)	“M” is not listed as an available selection when a manual override is being entered on the CC Determination screen.				
The Electronic Wait List field value is “OFF”	The Wait Time type of Electronic Wait List (EWL) is not a criterion for determining VCE.				
The Consults field value is “OFF”	The Wait Time type of Choice First Consult (CON) and LOCATIONNAME of CHOICE-UEXB is not criterion for determining VCE.				
The VCL Geo-burden Exception field value is “OFF”	The Wait Time Type of “VCL” with LOCATIONNAME of “VCL-GOEBURDEN” is not criteria for determining the VCE.				
The VCL Air/Boat/Ferry field value is “OFF”	The Wait Time Type of “VCL” with LOCATIONNAME of “VCL-AIRBOATFERRY” is not criteria for determining the VCE.				

4.12.3 Batch Processes

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

4.12.3.1 Management

Batch Process Management

Name

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

Description

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

Next Scheduled Fire Time

Next Scheduled Fire Time is the time the batch process is next scheduled to run.

Scheduled Trigger Status

Scheduled Trigger Status is the status of the scheduled batch process.

Actions

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

Execute allows immediate execution of the Batch Process.

Execute with Args (Arguments)

The user may specify arguments that will be passed to the batch process. It should be noted that not all batch processes support arguments. See the Operations Manual for specifics.

- Name: The batch process job name.
- Description: A description for the particular batch process.
- Next Scheduled Fire Time: The next date/time the batch process is scheduled to run.
- Scheduled Trigger Status: The scheduled trigger status for the batch process.
- Invocation Args (if supported):
- Enter any supported Arguments here.

Config

Config is an action that allows the user to customize a batch process configuration. A user can specify an e-mail distribution list and set the trigger status to:

- WAITING: the batch process will run at its next scheduled execution date/time, or
- PAUSED: the batch process is put "on hold" and will not run until the status is set back to WAITING.
- Email Distribution List: Any email distributions.
- Trigger Status: Update the Trigger Status between Waiting and Paused.

History

History displays the Batch Process run history.

4.12.3.2 Active

The *Active* screen displays the currently running, and recently run batch processes that encountered an error. There are two "Actions" a user can perform on the listed batch processes:

Cancel and **Error**.

Once completed, they can be seen in the Actions/History section of the **Batch Process Management** tab.

Actively Running Batch Processes

Name

Name is the Batch Process job name.

Start Date

Start Date is the Date/Time the Batch Process completed.

Run By

Run By is the function that initiated the Batch Process.

Statistics

Statistics displays statistical information for the Batch Process.

Actions

Actions are the actions available for the Batch Processes. They are:

Cancel

Cancel allows the user to cancel (or stop) a currently running process

Error

Error allows the user to remove a Batch Process that encountered an error from the Active list

4.12.4 E&E Service

ES supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. Carrying out the system specific information request, an Enrollment Web Service broker request is made from other systems to ES.

The HEC defines the “views” of data that are provided to authorized service consumers (*Service Accounts*) for the Enrollment Web Service. Each *Service Account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

Example Service Requests are: Person Demographics, Person Eligibility, etc.

The *E&E Service Account Management* list screen enables HEC users to view current existing *Service Accounts*, update existing *Service Accounts*, or add a new *Service Account* for the E&E Web Service interface user.

4.12.4.1 Service Accounts

E&E Service Account Management

Account Name

Click an *Account Name* to edit/update the *Service Account* from the Update Service Account screen.

Contact Name

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

Phone:

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

Active:

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

Update Service Account

The *E&E Update Service Account* screen enables the user to update existing *Service Accounts*.

While the **★** fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

The [Add New Service Account](#) link allows the HEC user to add a new *Service Account*. See the *Add New Service Account* section for more information.

★*Account Name:*

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

★*Password:*

Users may update the *Password*. Selecting the *Change Password* check box enables the user to update the password.

More...

- ◆ The ***Password*** field cannot be changed from within the field itself. To change the ***Password*** field, the user must first mark the *Change Password* checkbox. After doing so, the system deletes the current password in the ***Password*** field and allows the user to enter a new password.

Rules...

- ◆ Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- ◆ Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#%^\$%\$&*_-+=).
- ◆ Passwords are case sensitive.

★*Contact Name:*

Users may update the Contact Name. This is a freeform field.

★*Phone:*

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

★Active:

Users may change a **Yes** to **No**, or vice versa. It may also be left unchanged.

For this service account please select from the following Requests:

Users may change the service request type by marking a different checkbox. Users have the option of selecting all of the available account information or just a portion.

 **Note:** ES E&E Web Service Offers Community Care VCE Eligibility
Indicators are added to this list in ES 5.2

Click the **UPDATE** button to update the *Service Account* and return to the *E&E Service Account Management* list screen when finished, or **CANCEL** to return to the *E&E Service Account Management* list screen without making any changes. The **RESET** button will reset all of the fields to their previous values.

★ Indicates Required Field

Add Service Account

The [Add New Service Account](#) link displays the *Add Service Account* screen that enables users to add new Service Accounts.

★Account Name:

Enter an account name for the new service account.

★Password:

The *Password* field requires a password for the new service account.

Rules...

- Passwords must be a minimum of 8 characters and a maximum of 32 characters.
- Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#\$%\$&*-_=).
- Passwords are case sensitive.

 **Note:** Passwords are "masked" so they may not be read/viewed when displayed to the user, when entered by the user or when displayed to the administrator.

★Contact Name:

Enter a contact name for the new service account.

★Phone:

Enter a contact phone number for the new service account.

Rules...

- The contact phone number maximum length is 13.

★Active:

Make the new service account either Active (Yes) or Inactive (No).

For this service account please select from the following Requests:

Users may select the service request type by marking the desired checkbox. Users have the option of selecting all of the available account information or just a portion.

Click the **ADD** button to add the Service Account and return to the E&E Service Account Management list screen when finished, or **CANCEL** to return to the E&E Service Account Management list screen without adding the Service Account. The **RESET** button will clear any values entered in all of the fields.

★ Indicates Required Field

4.12.4.2 Service Request

Each *Service Request* consists of a group of data elements, logically categorized, that the requester is authorized to see. Examples of service requests are: *Person Demographics*, *Person Eligibility*, etc.

A Service Request can be shared by many Service Accounts.

The *E&E Service Request Management List* screen enables HEC users to view current existing service requests, update existing requests, or add a new service request.

The [Add New Service Request](#) link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

E&E Service Request Management

Request Name

Click **Request Name** to edit the Service Request.

Description

Displays a more descriptive label for the Request Name.

E&E Add Service Request

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

Add Service Request

★Request Name

Users may update the free-form **Request Name** field.

★Description

Users may update the free-form **Description** field.

eeSummary

Users are required to select a minimum of one service request.

More...

- The parent eeSummary folder is collapsed and unselected as indicated by the red box with a white , by default. When users click the plus sign next to the red box, the eeSummary folder expands showing all available child folders.
- Child folders can be expanded using the same method as with the parent eeSummary folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain. One example may be eeSummary.demographics. Once expanded, this folder would display various groups of demographic data for the Veteran.
- Demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark to indicate they are selected.
- Click the red box with a white X next to the folder to select all of the demographic information under the eeSummary.demographics folder,. After doing so, all of the red boxes with a white X under the eeSummary.demographics folder will change to a green box with a white checkmark, including the red box with a white X next to the eeSummary.demographics parent folder.

If	Then
Collapsed folder has a green box with a white checkmark next to it	All of the folder's child folders and sub-groups are selected.
If a collapsed folder has a red box with a white X next to it	None or only some child folders and sub-groups are selected.

Click the **ADD** button to add the *Service Request* and return to the *E&E Service Request Management List* screen when finished, or **CANCEL** to return to the *E&E Service Request Management List* screen without adding the *Service Request*. The **RESET** button will clear any values entered in all the fields.

★ Indicates Required Field

4.12.4.3 E&E Update Service Request

The *E&E Update Service Request* screen enables the user to update existing Service Requests.

While the **★** fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

The [Add New Service Request](#) link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

Update Service Request

★Request Name

Users may update the free-form **Request Name** field.

★Description

Users may update the free-form **Description** field.

eeSummary

Users may update the service requests.

When finished, click the **UPDATE** button to update the Service Request and return to the E&E Service Request Management List screen, or **CANCEL** to return to the E&E Service Request Management List screen without making any changes. The **RESET** button will reset all of the fields to their previous values.

★ Indicates Required Field

4.12.5 HandBook Batch Request

4.12.5.1 HandBook Batch Request (Add)

The *HandBook Batch Request (Add)* provides the user with the appropriate *Capability*, the ability to request a *Veterans Benefit HandBook* containing eligibility and benefit information for the Veteran for new enrollments, and periodically thereafter. *HandBook Batch Request (Add)* also provides a communication insert whenever there is a change in *Eligibility Status*, *Preferred Facility* or *Priority Group* change.

After an initial rollout period, the HandBook or HandBook Insert will be provided for new enrollments and whenever there is a change in *Eligibility Status*, *Preferred Facility* or *Priority Group*.

The HandBook will be available to Veterans through mail, email, or online via the [MyHealtheVet](#) website. The default delivery preference for the HandBook is by mail.

HandBook Batch Request

VIEW HISTORICAL

The [View Historical](#) link displays the *HandBook Batch Request* screen listing all current and previously scheduled batch requests, as well as cancelled requests.

★Release Date:

Enter the scheduled *Release Date* for the batch.

More...

- ◆ This is the projected date that the batch request will execute to select Veterans to receive a HandBook.

Rules...

- ◆ *Release Date* requires a precise date.
- ◆ *Release Date* must be a current or future date.

★Preferred Facility

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

Choose one or more PFs from the “Available” selection box on the left by clicking on the PF, then clicking on the right arrow to move your selection over to the “Selected” box to select a *Preferred Facility*.

Available

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

Selected

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



★Priority Group:

Select all or one *Priority Group*.

More...

- ◆ Users should enter the lowest PG to be included in the batch request. ES will include all PGs starting with the highest (PG1 being the highest PG) until the batch is full.

Example: If users select **PG3** (Service-connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor), ES begins to fill the batch with **PG1** (Service-connected 50% to 100%), then **PG2** (Service-connected 30% to 40%), and lastly **PG3** (Service-connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor) until the batch is full.

★Maximum Records:

Enter a maximum batch file size greater than zero and less than one million.

Note: Keep in mind that the current weekly limit of records the CMS vendor can print is 100K. The default value is one thousand.

Release Control #:

Release Control # represents the default *Release Control #* (RCN) to be used, unless changed by the user.

The default value is set via the **Default Handbook Batch Release Control Number** system parameter.

Important Notes:

- 💡 RCN is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook. It should only require changing once or twice a year as a rule.
- 💡 If the user has the appropriate *Capability* to change the RCN, they may do so by selecting from the dropdown. If the user changes the RCN to a number other than the default, the system will ask if the user wants to change the default RCN.
 - 💡 **Notes:** If the user selects “No”, only this batch will have the non-default RCN.
 - 💡 If the user selects “Yes”, the default RCN will be changed.
 - 💡 Be warned that when the default RCN is changed, new triggers will initiate new Handbooks being sent to Veterans who have received a previous version, based on the previous default RCN, but will now receive a new version, based on the new default RCN.

- 💡 Enter up to 240 characters of notes about the batch request.

Click the **Add** button to schedule or run the Handbook batch request after filling in all required fields Click the **Reset** button to reset all filled-in fields and start over. Click **Cancel** to leave the page without saving and display the Handbook Batch Request (View Historical) screen.

★ *Indicates Required Field*

4.12.5.2 Handbook Batch Request (View Historical)

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

Handbook Batch Request

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

Release Date

Release Date is the scheduled release date for the batch or the day the batch job was scheduled to be executed. Users may click on the batch [Release Date](#) hyperlink to display batch request statistics for the desired batch request on the *Handbook Batch File Request Statistics* page.

More...

- 💡 Information from the previous six months is displayed.
- 💡 The list is first sorted by *Release Date* in descending order (most recent on top), and second by *Created Date* in descending order.

Batch Note

Batch Note indicates any notes the user added to the batch request.

Release Control

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

Priority Groups

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

Maximum # of Records Requested

Maximum # of Records Requested represents the maximum batch size for the scheduled batch.

Actual Batch Release Size

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

Status

Status represents the scheduled batch job and may be NEW (pending execution), CANCELLED, or COMPLETED. For a batch request in NEW status, the release size is an estimated count of record.

Created Date

Created Date is the date on which the user scheduled the batch job.

Status Modified Date

Status Modified Date is the date the status of the batch job changed to the current status.

Cancel

If the batch job is scheduled, clicking the [Cancel](#) link will cancel the scheduled batch job. If the batch job displays a *Status* of CANCELLED, this field is blank.

4.12.5.3 Handbook Batch Request Statistics

Handbook Batch Request Statistics is displayed when the user clicks on the Batch Release date hyperlink from the *HandBook Request (View Historical)* page to display batch file request statistics for the desired batch request.

Batch Request Statistics for the date: mm/dd/yyyy

The [View Historical](#) link displays the *Handbook Batch Request* screen listing all current and previously scheduled batch requests, as well as cancelled requests.

Batch Note

Batch notes added by users when creating the batch request.

Maximum # of Records Requested

Maximum # of Records Requested is the number of records selected by the user on the batch request screen.

Actual Batch Release Size

Actual Batch Release Size is the number of records selected by the batch program Handbook bulk generate.

Records Rejected by HEC

Records Rejected by HEC is the number of records rejected by the HandBook batch program.

Records Sent To CMS

Records Sent to CMS is the number of records sent to CMS vendor.

Records Mailed by CMS

Records Mailed by CMS is the number of records mailed by CMS vendor.

Records Available Online

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

Handbooks Stored in VBR

Handbooks Stored in VBR is the number of Handbooks stored in VBR.

Benefits at a Glance Stored in VBR

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

Records Rejected by CMS

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

Records with Code 1 Reject

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

Records Returned by USPS

Records Returned by USPS is the number of records returned by the USPS.

Total Count:

Total Count is the total number of records for the respective columns.

4.12.6 Handbook Batch File Statistics

Handbook Batch File Statistics screen displays when the user clicks on the **Handbook Batch File Statistics** selection from the **Admin** button in the **Menu Bar**.

Users can view, for a specific date, statistics related to the weekly generation of Handbook and insert requests included in the batch file and sent to the Content Management System (CMS), including requests generated from the batch request process and handbook/insert generation requests generated by system triggers, such as new enrollees or priority group changes.

The *Handbook Batch File Statistics* allows users to view a list of dates (not exceeding 6 months) that represent when the Handbook batch file was sent to CMS.

Handbook Batch File Processing Date:

Select a batch file processing date from the dropdown. Click the ***View Data*** button when complete.

HANDBOOK BATCH FILE STATISTICS

SELECT HANDBOOK BATCH FILE PROCESSING DATE

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

Batch File Date

Batch File Date is the date the HandBook batch file was sent to CMS.

of Batch Requests

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

Records Originated From Batch Request

Records Originated from Batch Request is the number of records sent to CMS that originated from the batch request.

Records Sent To CMS

Handbooks

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

PF Inserts

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

Benefits Inserts

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

Records Mailed by CMS

Records Mailed by CMS is the number of Handbooks successfully mailed to the Veteran from the batch file sent to CMS on the selected date.

Records Available Online

Records Available Online is the number of Handbooks successfully generated from the batch file sent to CMS on the selected date, but not mailed because the delivery preference is Online.

Handbooks Stored in VBR

Handbook Stored in VBR is the number of Handbooks stored in VBR from the batch file sent to CMS on the selected date.

Benefits at a Glance Stored in VBR

Benefits at a Glance Stored in VBR is the number of Benefits at a Glance stored in VBR from the batch file sent to CMS on the selected date.

Records Rejected by CMS

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

Records with Code 1 Reject

Records with Code 1 Reject is the number of records with Code 1 Reject from the batch file sent to CMS on the selected date.

Records Returned by USPS

Records Returned by USPS is the number of records returned by USPS from the batch file sent to CMS on the selected date.

4.12.7 Health Benefit Plans

VHA has initiated the **Health Benefit Plans (HBP)** that associate the authority for care to the provisioning of health care services, while providing Veterans and their families with an accurate description of the benefits to which they are eligible. The creation of Veterans HBPs removes the subjectivity associated with and the interpretation of benefits and reduces the need to have VA staff continually interpret benefits for Veterans and their families.

The HBP manages and stores information entered into ES.

 **Note:** Beginning with ES 4.0.0, the Presumptive HBP was automatically assigned to a Veteran record if the person meets certain criteria (rules) for the HBP. To prevent end users from changing an assignment or un-assignment that is based on established business rules, the assignment and un-assignment of the Presumptive HBP is disabled.

Users with the appropriate Role/Capabilities may View, Add (Assign), and Delete (Unassign) the appropriate HBP from a Veteran's record.

4.12.7.1 Health Benefit Plans Assigned - Unselect to Delete

The *Health Benefit Plans Assigned – Unselect to Delete* screen displays HBPs that are assigned to the Veteran with the date and time the HBP was last updated. Unselect the HBP by clicking the check box by the HBP to "delete" an HBP from a Veteran's record. Do this for any or all HBPs assigned to the Veteran you want to delete.

 **Note:** Users may also "Add" (assign) HBPs for the Veteran by clicking the checkboxes by the HBPs under the *Health Benefit Plans Available - Select to Add* screen at the same time as deleting HBPs.

Click the **UPDATE** button when finished. The *Current Eligibility* screen appears with a confirmation message that the "Health Benefit Plans updated successfully".

4.12.7.2 Health Benefit Plans Available - Select to Add

The *Health Benefit Plans Available – Select to Add* screen displays HBPs that are available to be assigned to the Veteran. Select the HBP by clicking the check box by the HBP to "add" an HBP to a Veteran's record. Do this for any or all available HBPs.

 **Note:** Users may also Delete (unassign) HBPs (if assigned) from the Veteran's record by clicking the check boxes by the HBP under the *Health Benefit Plans Assigned - Unselect to Delete* screen at the same time as adding HBPs.

Click the **UPDATE** button when finished. The *Current Eligibility* screen displays with a confirmation message that the "Health Benefit Plans updated successfully".

4.12.7.3 Names of Health Benefit Plans

The following is a list of HBPs. For definitions, refer to the ES Online Help topic:

- Presumptive (38 USC 1702 - 38 CFR 17.109)
- VA/DoD Plan - Active Duty Dependent (Description/definition currently unavailable)
- VA/DoD Plan - Active Duty Sponsor (Description/definition currently unavailable)
- VA/DoD Plan - Former Non-Remarried Spouse (Description/definition currently unavailable)
- VA/DoD Plan - Recruit Sponsor (Description/definition currently unavailable)
- VA/DoD Plan - Reservist Sponsor (Description/definition currently unavailable)
- VA/DoD Plan - Retiree (Description/definition currently unavailable)
- VA/DoD Plan - Retiree Dependent (Description/definition currently unavailable)
- VA/DoD Plan - Retiree Sponsor (Description/definition currently unavailable)
- VA/DoD Plan - TRICARE
- VA/DoD Plan - Temporary Disability Retirement List (TDRL) Sponsor (Description/definition currently unavailable)

- VA/DoD Plan - Tricare for Life (TFL) (Description/definition currently unavailable)
- Veteran Beneficiary Plan - Camp Lejeune Family (Description/definition currently unavailable)
- Veteran Beneficiary Plan - Caregiver (Primary Family Caregiver)
- Veteran Beneficiary Plan - Caregiver (Secondary Family Caregiver)
- Veteran Beneficiary Plan - Caregivers (General Caregiver)
- Veteran Beneficiary Plan - CHAMPVA
- Veteran Beneficiary Plan - Children of Women Vietnam Veterans (CWVV)
- Veteran Beneficiary Plan - Newborn
- Veteran Beneficiary Plan - Spina Bifida (SB)
- Veteran Plan - Airborne Hazard and Open Burn Pit (Description/definition currently unavailable)
- Veteran Plan - Automobile Adaptive Equipment
- Veteran Plan - Beneficiary Travel
- Veteran Plan - Clothing Allowance
- Veteran Plan - Co-Pay Responsibilities (Special medical coverage based on "Qualifying Factors" such as CV, AO, SWAC, SHAD, Camp Lejeune, etc.)
- Veteran Plan - Dental
- Veteran Plan - Eye Glasses
- Veteran Plan - Foreign Medical Program
- Veteran Plan - Hearing Aid
- Veteran Plan - Home Health
- Veteran Plan - Home Improvements
- Veteran Plan - Long Term Care (Description/definition currently unavailable)
- Veteran Plan - Medical Benefits Package (Basic plan coverage for SC, NSC, etc.)
- Veteran Plan - Medication and Supplies
- Veteran Plan - Non VA Emergency Care
- Veteran Plan - Non-Vet Plans (Description/definition currently unavailable)
- Veteran Plan - Nursing Home/Community Living Centers (CLC)
- Veteran Plan - State Home Veteran Plans
- Veteran Plan - Women's Programs
- Veteran Plan - VC Unusual or Excessive Burden
- Veteran Plan - Veterans Choice Air, Boat, or Ferry

- Veteran Plan - Veterans Choice Basic
- Veteran - Veterans Choice Mileage
- Veteran Plan - Veterans Choice Wait-Time
- Vocational Rehabilitation (Chapter 31)

4.12.8 IRS Reject Management

4.12.8.1 Managing Rejections

Batch submission rejections and individual record rejections (errors returned specific to a Veteran record) are collected and display.

The IRS Reject Management screen contains two tabs:

Person Submissions

- Listing of individual Veterans submissions that were rejected by the IRS, due to an error in the data submission.
- Records on this page require end user involvement to correct the error and submit a corrected transmission.

Batch Submissions

- Listing of batch submissions (transmission containing many individual submissions) that failed or were rejected.
 - All records contained in batch submissions remain unprocessed and display on the ACA Reporting subtab as Error Reason: Batch Transmission Reject.
- Note:** The OIT technical staff manage and correct the records listed on the IRS Reject Management page.

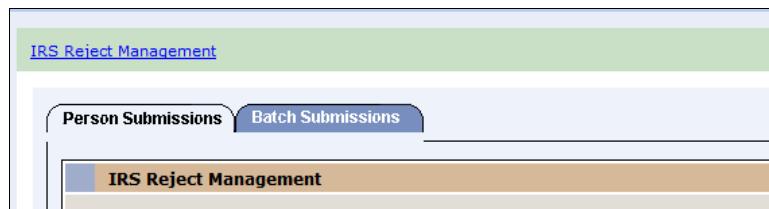


Figure 32: IRS Reject Management

4.12.8.2 Rejected Person Submissions

The *IRS Reject Management* screen displays with a VPID link to search for and access a Veteran's record and an Error Reason, a column for the descriptions of the error messages returned by the IRS or of the errors that must be corrected on the Veteran's record prior to resubmitting the transmission.

IRS Reject Management							
Person Submissions		Batch Submissions					
IRS Reject Management							
136 Total - Page (1 of 3). [First][Prev] [/Next][Last]							
Tax Year	VPID	Error Reason	Submission Type	Submission Date			
2015	0000001009447733\671757000000	java.lang.Exception: INVALID STATE CODE for US Address:PI	Original	03/03/2016 1:17:42 PM			
2015	0000001010735520\072577000000	java.lang.Exception: INVALID STATE CODE for US Address:BC	Original	03/03/2016 12:33:39 PM			
2015	00000010081819679V501825000000	java.lang.Exception: INVALID STATE CODE for US Address:PH	Original	03/03/2016 10:56:54 AM			
2015	000000101056789V501825000000	null AIRBR629:Covered individual's DOB is earlier than Tax Year minus 120 years AIRBR607:Responsible individual's DOB is earlier than Tax Year minus 120 years	Original	03/03/2016 10:19:41 AM			
2015	0000001010300181V1469167000000	java.lang.Exception: INVALID STATE CODE for US Address:PI	Original	03/03/2016 10:06:49 AM			

Figure 33: IRS Reject Management > Person Submissions > IRS Reject Management

A high level of end user interaction with the *IRS Reject Management* screen is expected.

1. Click the [VPID](#) hyperlink to open the Veteran's record.
2. Correct the related issue noted in the *Error Reason* column.
3. Submit the correction via the **ACA Reporting** subtab under the **Communications** tab.

 **Note:** Error messages may be cryptic and not easily interpreted by end users.
Contact the OIT technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

One expected error relates to a Veteran's invalid permanent address format/fields.

Error Reason

java.lang.Exception: INVALID STATE CODE for US Address:PI This error indicates that the Veteran's permanent address on file is in US Address format and contains a US State field that is not a valid US State i.e., in this example, PI is listed as the US State in the Veteran's record.

Solution

1. Correct the Veteran's address via the ES Demographics Address tab following normal business practices for updating the address.
2. Navigate to the **Communications** tab, **ACA Reporting** subtab.
3. Click the **Submit Correction** button.
4. Click the **Submit** button.

 **Note:** The coverage months are pre-populated with the *Yes/No* fields set to the covered period of the Veteran.

Another expected error relates to a Veteran with a date of birth (DOB) more than 120 years old.

Error Reason

AIRBR629:Covered individual's DOB is earlier than Tax Year minus 120 years
AIRBR607:Responsible individual's DOB is earlier than Tax Year minus 120 years This error indicates that the Veteran is living and was actively enrolled during some or all of the previous tax year, but the age cannot be processed by the IRS

 **Note:** The message is duplicated for each Veteran, as the DOB is listed in two different sections of the IRS 1095B (covered individual and responsible individual).

Solution

1. Enter a Date of Death (DOD) or correct the Date of Birth (DOB).
2. Research all possible sources to validate whether or not the Veteran is deceased and if deceased, enter a DOD according to established business practices. It is not necessary to submit a corrected transmission to the IRS.
3. The workflow must be transferred to HCIdM to update the DOB according to the Identity Management (IdM) business processes if the Veteran's DOB is incorrect.
4. Validate that the new DOB displays properly in the Veteran's record in ES and submit a correction using the ACA Reporting subtab after the DOB is updated by IdM.

 **Note:** The examples of expected errors referenced are not inclusive of all types of errors that you may encounter in the IRS processing. Contact the OIT technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

4.12.8.3 Submit Correction (1095B)

A correction is the submission of a new 1095B form for a Veteran, when the original submission is rejected for data errors or where the coverage period is reported erroneously by ES.
i.e., Veteran contacts VHA to report that the 1095B contains an incorrect coverage period, but the transmission was already Accepted by the IRS.

1. Click the [SUBMIT CORRECTION](#) link in the upper right corner of the **ACA Reporting** subtab to access the Correction form,

 **Note:** Users must be granted permission to Manage ACA Communications to access the link and submit corrected records,. Contact the [Enrollment System \(ES\) Access Group EAccessGroup@va.gov](mailto:Enrollment System (ES) Access Group EAccessGroup@va.gov) to request permission.
2. The Correction form displays the *Tax Year*, *Address*, and *Coverage Months* that were transmitted to the IRS as a correction to the Original submission for the tax year.
3. Select the **Yes/No** radio buttons to indicate whether the Veteran was eligible for healthcare benefits for at least one day in a month in the tax year.
4. Select the [Update Address](#) link to change the Veteran's permanent mailing address via the **Demographics** tab.

The screenshot shows a web-based form titled "Submit Corrected IRS 1095B Coverage Data". At the top, there are tabs for "Previously Mailed", "Available for Mailing", "Handbook Status", "Delivery Preferences", "VMHC Status", and "ACA Reporting". The "ACA Reporting" tab is active. Below the tabs, there is a section for "Mailing Address for IRS Submission" with fields for Country (USA), Address Line 1 (P.O.BOX 361), Address Line 2, Address Line 3, Zip Code (77596), City (SEABROOK), State (TX), County (HARRIS), Province, and Postal Code. A "Tax Year" dropdown is set to 2015. A "Update Mailing Address" link is located in the top right corner. The main body of the form is titled "Months Qualified for Minimum Essential Coverage" and contains a grid of 12 rows, one for each month from January to December, with "Yes" or "No" selection boxes. At the bottom are "SUBMIT" and "CANCEL" buttons.

Figure 34: ACA Reporting > Submit Corrected IRS 1095B Coverage Data

1. Click the **Submit** button on the Correction form to transmit the corrected information to the IRS and return to the main **ACA Reporting** subtab.
💡 **Note:** Submission Type=Correction and the Reported Coverage Months match the selection boxes chosen on the Correction form.
2. The **ACA Reporting** subtab displays a green banner with a corrected transmission in the Reporting table in a Processing status to indicate success of the submission,

The screenshot shows the "Messages" section of the Communications > ACA Reporting > Messages page. The top navigation bar includes tabs for "Overview", "Eligibility", "Demographics", "Military Service", "Financials", "Enrollment", "Facility", and "Communications". The "Communications" tab is active. Below the tabs, there is a "Messages" section with a green banner stating "Correction submitted successfully". The main content area is titled "Veteran Minimum Essential Coverage Transmissions to the IRS" and contains a table of transmission details. The table has columns for Tax Year, Submission Type, Transmission Status, Error Reason, Submission Date, and Reported Coverage Months. Two entries are listed: one for 2015 Correction (Processing, 03/08/2016 12:01:13 PM, Jan, Feb, Mar, Apr) and one for 2015 Original (Accepted, 03/03/2016 5:44:51 AM, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec). A "SUBMIT CORRECTION" button is located at the top right of the table area.

Figure 35: Communications > ACA Reporting > Messages

1. It may take several hours or several days for the corrected entry to move from the Processing status to a final acknowledgement status, and be returned by the IRS after processing.

4.12.9 Manage CCN Contractors

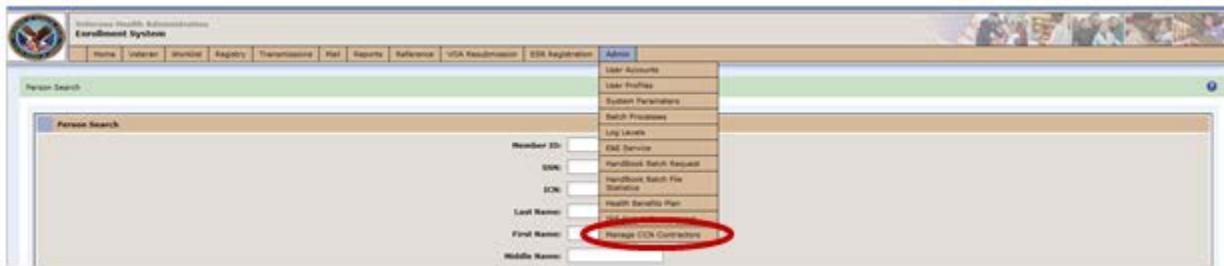


Figure 36: Manage CCN Contractors

The **Administration** menu option “Manage CCN Contractors” directs the user to the *Manage CCN Contractors* screen.

Manage CCN Contractors			
Name	Start Date	End Date	Region
Red Cross	11/29/2017	12/30/2017	Region 3
Medicis	10/27/2018	10/28/2018	Region 1
Medicis@C	09/27/2017	09/28/2017	Region 3
Kaiser Permanente	09/27/2017	10/12/2017	Region 2
HealthWise	10/25/2017	10/27/2017	Region 4
HealthWise@	09/25/2017	09/26/2017	Region 4
Aetna	09/20/2017	09/23/2018	Region 1
Cigna	09/29/2017	09/21/2017	Region 2
Red Cross	09/26/2017	09/26/2017	Region 3

Figure 37: Manage CCN Contractors

Click the [ADD NEW](#) link to add a CCN Contractor through the *Manage CCN Contractor* screen.

Note: If the user does not have **Edit CCN Contractor** permissions, the system does not display the [ADD NEW](#) link.

Click the [MANAGE STATES/REGIONS](#) link to access the *Manage States/Region Associations* screen.

Note: If the user does not have **Edit CCN Contractor** permissions, the system does not display the [MANAGE STATES/REGIONS](#) link.

The *Manage CCN Contractors* screen displays columns for each CCN Contractor: **Name**, **Start Date**, **End Date**, and **Regions**.

Note: A Contractor may be assigned multiple regions.

Click the linked name of a Contractor to access the *CCN Contractor Edit* screen.

Note: If the user does not have **Edit CCN Contractor** permissions, the system displays a name without a link.

CCN Contractors Add and Edit Screens

Figure 38: Add CCN Contractor for a New Record

Figure 39: Edit CCN Contractor for an Existing Record

The *Add* and *Edit CCN Contractor* screens display the following fields:

Contractor Name

- ★ **Regions Covered** is a list of available regions users can select single or multiple regions, including Region 1, Region 2, Region 3, Region 4.

 **Note:** Regions refer to the four geographical regions of the country that are supported by a particular contractor.

- ★ **Start Date** must be a future date.
- ◆ **End Date** an optional field that, if entered, must be in the future or on the same day as the start date.
- ★ **CODE** is a unique three letter code known to both ES and DAS. A header based on this three letter code will be created to identify and map the contractors.

 **Note:** When editing an existing Contractor, ES auto-populates the **Start** and **End Date** fields.

- Click the [VIEW HISTORICAL CONTRACTOR INFO](#) link to display the *Contractor History* screen.
- Click the **ADD** button to add a new Contractor record.
- Click the **Update** button when editing or modifying an existing record.

- Click the **Cancel button** to stop a record from adding or updating according to the following rules:

Add or Edit CCN Contractor Functions

If	Then
The End Date is in the future or on the same day as the Start Date	The Add (or Update) button validates all required fields, as well as validates that the Start and End Dates do not overlap any other Contractors that may have the same regions set.
The Overlap Validation fails	ES displays the following error message: <i>“A selected region has already been assigned to a different Contractor.”</i>
The “Saved” record is not active	The region validation is not performed and the required field validation continues to be performed. Note: ES saves to a change log, the updated fields, the date/time of the change, and the user who performed the update.
All required fields are not entered	ES displays the standard error message regarding missing required fields.

5 Veteran/Beneficiary Information Tabs



5.1 Overview

Add a Person only displays when adding a person during registration,

Overview	Eligibility	Demographics	Military Service	Financials	Enrollment	Facility	Communications
Update Current Eligibility	ELIGIBILITY	Update Financial Assessment	FINANCIALS				
Primary Eligibility Code: NSC		Primary Test Type: Means Test					
Secondary Eligibility Codes:		Means Test Status: GMT Copay Required					
Service-Connected Percentage:		Pharmacy Co-Pay Status: Non-Exempt					
Eligibility Status: VERIFIED							
Current Number of Health Benefit Plans: 0							
View Community Care Outcome	COMMUNITY CARE DETERMINATION	Update Enrollment Dates	ENROLLMENT				
No Data Available		Application Date: 04/11/2013					
		Effective Date of Change: 04/20/2015					
Update Mailing Address	DEMOGRAPHICS	Update Date of Death	DEMOGRAPHICS				
Address (Street and Number): 7654 REAL STREET WESLEY CHAPEL, FL 33544 UNITED STATES		Current Status: Deceased					
Home Phone:							
Future Discharge Date	MILITARY SERVICE	View Handbook Communication	COMMUNICATIONS				
Future Discharge Date:		No Data on File					
View Veteran Health Identification Card (VHIC) Status	COMMUNICATIONS						
Card ID: No Data							
Status: No Data							

Figure 40: Overview

The *Overview* tab gives users an overview of the beneficiary's current information on file. From this screen the user may:

Overview Tab Screen Links	
Update Current Eligibility Clicking the Update Current Eligibility link allows users to edit current eligibility information for the beneficiary.	ELIGIBILITY Clicking the Eligibility link allows users to view in greater detail the eligibility information that currently exists for the beneficiary. Users may also link to the <i>Edit Current Eligibility</i> screen from the Eligibility link.
View Community Care Outcome The <i>View Community Care Outcome</i> section displays applicable Community Care Health Benefit Plans assigned for the Veteran.	COMMUNITY CARE DETERMINATION Clicking the Community Care Determination link displays the <i>Eligibility</i> tab, listing Veteran Information, Phone Numbers, Hardship, Community Care Outcome, Nearest VACAA Facility, and Time Eligible Information. All fields on the <i>Community Care Determination</i> screen are view-only and ES populated.

Overview Tab Screen Links	
Update Current Eligibility Clicking the Update Current Eligibility link allows users to edit current eligibility information for the beneficiary.	ELIGIBILITY Clicking the Eligibility link allows users to view in greater detail the eligibility information that currently exists for the beneficiary. Users may also link to the <i>Edit Current Eligibility</i> screen from the Eligibility link.
Update Mailing Address Clicking the Update Mailing Address link allows users to add/update the current address information for the beneficiary.	DEMOGRAPHICS Clicking the Demographics link allows users to view in greater detail the demographic information that currently exists for the beneficiary. From the <i>Demographics</i> screen, users may also link to: <ul style="list-style-type: none">• Update/Add Addresses• Update/Add Other Associates• Update Personal information-Date of Death• Update Insurance• Update Employment
Future Discharge Date Clicking the Future Discharge Date link allows the user to update the Future Discharge Date and associated Future Discharge Date information. This data is shared with VistA.	MILITARY SERVICE Clicking the Military Service link allows users to view the military service information associated with the Future Discharge Date. Is on Active Duty and As of Date are displayed in the Future Discharge Date section. Is on Active Duty reflects whether the service member/Veteran is on active duty as of the last update received from MSDS. As of Date is the last date/time an update was received from MSDS. These fields are non-editable.
View Veteran Health Identification Card (VHIC) Status	COMMUNICATIONS Clicking the Communications link allows the user to access the VHIC Status tab via the

Overview Tab Screen Links	
Update Current Eligibility Clicking the Update Current Eligibility link allows users to edit current eligibility information for the beneficiary.	ELIGIBILITY Clicking the Eligibility link allows users to view in greater detail the eligibility information that currently exists for the beneficiary. Users may also link to the <i>Edit Current Eligibility</i> screen from the Eligibility link.
VHIC Status link allows the user to query the VHIC system to display all data from the Veteran's VHIC card and make that data viewable from within ES; display a six-month expiration warning when the Veteran's VHIC expiration date falls within that time period; and review VHIC History in ES. The VHIC Status link also takes users to the Communications tab, VHIC Status tab.	Communications tab where the user can query the VHIC application to obtain the VHIC status and history.
Update Financial Assessment Clicking the Update Financial Assessment link allows users to Update Financial Assessment information for the beneficiary.	FINANCIALS Clicking the Financials link allows users to view in greater detail the financial overview information that currently exists for the beneficiary.
Update Enrollment Dates Clicking the Update Enrollment Dates link allows the user to Update Enrollment Date information for the beneficiary	ENROLLMENT Clicking this link allows user to view in greater detail the enrollment information that currently exists for the beneficiary.
Update Date of Death Clicking the Update Date of Death link allows user to Update Date of Death information for the beneficiary.	DEMOGRAPHICS Clicking the Demographics link allows the user to view demographic details that currently exist for the beneficiary. From <i>Demographics</i> screen, users may also link to: <ul style="list-style-type: none">• Update/Add Addresses• Update/Add Other Associates• Update Personal information-Date of Death

Overview Tab Screen Links	
<p>Update Current Eligibility</p> <p>Clicking the Update Current Eligibility link allows users to edit current eligibility information for the beneficiary.</p>	<p>ELIGIBILITY</p> <p>Clicking the Eligibility link allows users to view in greater detail the eligibility information that currently exists for the beneficiary. Users may also link to the <i>Edit Current Eligibility</i> screen from the Eligibility link.</p> <ul style="list-style-type: none"> • Update Insurance • Update Employment
<p>View Handbook Communication</p> <p>Click the View Handbook Communication link to display the Handbook Status tab under the <i>Communications</i> tab.</p>	<p>COMMUNICATIONS</p> <p>Clicking the Communications link displays the <i>Handbook Status</i> tab under the <i>Communications</i> tab.</p> <p>The following links allow users to view the <i>Veteran Benefits Handbook</i> .pdf files for the Veteran.</p> <div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc; margin-left: 20px;"> 💡 Note: The system allows viewing the most current three versions. If a Handbook Communication document cannot be displayed because the VCG is unavailable, an error message displays. </div>
	<p>Communication to View</p> <p>Veterans Current Benefits at a Glance</p> <p>Clicking the Veterans Current Benefits at a Glance link allows users to view the current abbreviated high-level summary of the <i>Veteran Benefits Handbook</i>.</p> <p>Veterans Benefits at a Glance</p> <p>Clicking the Veterans Benefits at a Glance link allows users to view the previous abbreviated high-level summary of the <i>Veteran Benefits Handbook</i>. If another</p>

Overview Tab Screen Links	
<p>Update Current Eligibility</p> <p>Clicking the Update Current Eligibility link allows users to edit current eligibility information for the beneficiary.</p>	<p>ELIGIBILITY</p> <p>Clicking the Eligibility link allows users to view in greater detail the eligibility information that currently exists for the beneficiary. Users may also link to the <i>Edit Current Eligibility</i> screen from the Eligibility link.</p>
	<p>previous version exists, it will also be displayed.</p> <p>Veterans Current Handbook</p> <p>Clicking the Veterans Current Handbook link allows users to view the current <i>Veteran Benefits Handbook</i>.</p> <p>Veterans Handbook</p> <p>Clicking the Veterans Handbook link allows users to view the previous <i>Veteran Benefits Handbook</i>. If another previous version exists, it will also be displayed.</p>

5.2 Eligibility

The screenshot shows the 'Current Eligibility' section of the 'Eligibility' module. At the top, there are tabs for Overview, Eligibility, Demographics, Military Service, Financials, Enrollment, Facility, and Communications. The 'Eligibility' tab is selected. Below the tabs, there is a header row with three buttons: 'EDIT CURRENT ELIGIBILITY', 'EDIT PURPLE HEART', and 'VIEW HISTORICAL ELIGIBILITY'. The main content area contains several data fields:

Primary Eligibility Code: SC LESS THAN 50%	Veteran Indicator: Yes
Service Connected (%): 4	Enrollment Application Date: 04/11/2013
Effective Date of Combined Evaluation:	Enrollment Effective Date: 01/20/2017
Eligibility Status: VERIFIED	Annual Check Amount:
Eligibility Status Date: 04/18/2013	Eligibility Verification Method: DD214
Eligibility Verification Source: CEV	VBA Query Status : VBA Data Manually Accepted
Reason Eligibility Status is Pending Verification:	eMIS Query Status: Queried - No Data Received
Reason Eligibility Status is Pending Verification Explanation:	

Figure 41: Eligibility > Current Eligibility

5.2.1 Current Eligibility

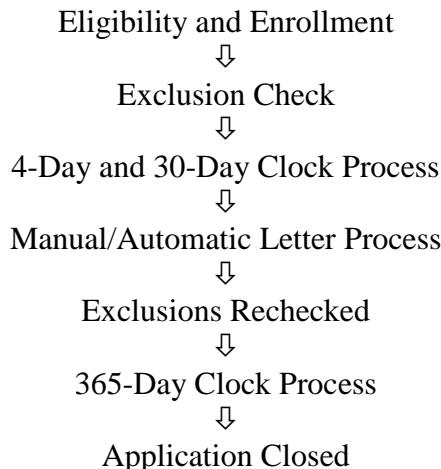
Eligibility and Enrollment information is processed, checked for *Enrollment Determination Create Date* and *Enrollment Application Date*, and verified when the Veteran's record is accepted, changes committed, and exclusions checked under the *Current Eligibility* section.

View Prior Enrollments

The *View Prior Enrollments* screen displays two columns: **Initial Enrollment** and **Most Recent Enrollment**. EGT type must be *Enrollment Decision*.

5.2.1.1 Pending Eligibility

The *Pending Eligibility* workflow is as follows:



5.2.1.2 Eligibility and Enrollment

Applications are evaluated for eligibility based on the following determinations.

If		Then
Eligibility Status is Pending Verification (or is Pending Reverification) and the Veteran Indicator is Y		Reason Eligibility Status is Pending Verification is a required field
If no reason for pending eligibility is selected		An error message appears indicating a reason is required
Eligibility Status is Other		Reason Eligibility Status is Pending Verification Explanation is a required field
And		
Eligibility Status is set to either Pending Verification or Pending Reverification	If Enrollment Determination Create Date or Enrollment Application Date is on or after the ES configurable Manage Pending Release Date and NONE of the exclusion conditions are met	<ul style="list-style-type: none"> • The 4-day clock begins when the application is submitted for the new applicant. • The 30-day clock begins for existing applicants. • ES checks the exclusion conditions by checking the <i>Pending Letter Exclusions for 365-Day Process</i>. <div style="background-color: #e0e0e0; padding: 5px; margin-top: 10px;"> 💡 Note: In the case of re-application, Manage Pending Application rules still apply as if a new application was received. </div>

5.2.1.3 Eligibility Exclusion Conditions Check for 4-Day, 30-Day, 365-Day Clock Process

After the user commits their changes to the Eligibility information, ES checks for exclusion conditions to determine how to manage the record.

ES checks exclusion conditions when Eligibility:

- Reaches 4th day of 4-Day Clock.

- Reaches 30th day of 30-Day Clock.
- Prior to the generation of the letters in the Pending Letters 365-Day Process.
- Reaches the 366th day of the Initial Pending Notification Clock (IPN Date plus 366 days).
- When a mailing address was updated.

Eligibility exclusions conditions are met if the applicant:

- Meets Active Combat Veteran Eligibility AND "Eligibility Status" is "Verified"
- Is a Veteran with a Future Discharge Date.
- "Enrollment Status" is "Pending; Purple Heart Unconfirmed" AND the applicant has a prior valid period of enrollment.
- "Enrollment Status" is "Pending; Means Test Required" AND the applicant has a prior valid period of enrollment.
- "Enrollment Status" is "Closed Application with Abandoned Application" AND the previous "Enrollment Status" is "Pending; Means Test is Required or Pending".
- Current "Enrollment Status" is one of the following:
 - Verified
 - Deceased
 - Not Applicable
 - Cancel/Decline
 - Not Eligible; Ineligible Date
 - Not Eligible; Refused to Pay Copay
 - Rejected – Below Enrollment Group Threshold
- "Eligibility Status" is "Pending Verification" or "Pending Reverification" and the reason for the status is one of the following:
 - OTH / Pending 7131
 - Demobilizations
 - Active Duty
- "Eligibility" is "Unverified", a final letter will be sent to make sure correct notification is sent to the applicant/Veteran for enrollment in the VA healthcare.

5.2.1.4 Excluding Pending Letters from 365-Day Clock Process

ES automatically checks for conditions that exclude a record from the Pending Letters 365-Day Process when:

- Completed calculating the enrollment status via the execution of the Determine Enrollment Routine
- **Enrollment Determination Create Date OR Enrollment Application Date** is *on or after* the Manage Pending Release Date.

 **Note:** The exclusions are checked to start the clock when the enrollment calculation is complete. And, with the new release date addition, ES will check if the **Enrollment Determination Create Date** is *on or after* the release date upon completion of enrollment determination. If the **Enrollment Determination Create Date** is on or after the release date upon completion of enrollment determination, then exclusion conditions are checked, and clocks are started.

5.2.1.5 Excluding Manual/Automatic Letters from 4-Day, 30-Day, 365-Day Clock Process

ES automatically checks for conditions to determine if Manual/Automatic Letters are excluded from the 4-day, 30-day 365-day clock process.

If	Then
Exclusions are identified and exclusion conditions are met	<ul style="list-style-type: none"> • ES stops the 365-day pending process and new clocks will not be started. • ES stops any clock in process (4-day, 30-day and 365-day clock). When the 365-day clock is stopped the Initial Pending Notification (IPN) date will be blank. • No letters will be sent.
No exclusions are identified an application is processed, an Initial Pending Letter email/letter is sent	<ul style="list-style-type: none"> • Status is updated to Pending; Means Test Required • Manual generation of letter within 29 days of the 30-day clock • On the 30th day of the 30-day clock • Mailing address updated

Sending an Initial Pending Letter

Determine which Initial Pending Letter will be sent based on enrollment status and which letter was previously mailed.

If	And	Then
Enrollment status is “Pending; Eligibility is Unverified”	An Initial Incomplete Application - Eligibility Unverified Letter (742-650) was <u>NOT MAILED</u> in the past	<ul style="list-style-type: none"> • ADD the Initial Incomplete Application - Eligibility Unverified Letter (742-650) for this Veteran in the batch file for Print Vendor to process. • ES will not add the 742-650 letter if the letter was mailed in the past.
Enrollment status is “ Pending; Means Test is Required ” AND there is no prior valid period of enrollment	An Initial Incomplete Application - Financial Disclosure Letter (742-651) was <u>NOT MAILED</u> in the past	<ul style="list-style-type: none"> • ADD the Initial Incomplete Application - Financial Disclosure Letter (742-651) for this Veteran in the batch file for Print Vendor to process. <p> Note: If Stop Communications is enabled (Communications tab), letters will not be triggered.</p>

Sending a Closed Application Letter

Determine which Closed Application Letter will be sent based on enrollment status and if exclusions are met.

If	Then
Enrollment status is “Pending: Eligibility status is Unverified”	Send the 742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights letter.
Enrollment status is “Pending: Means Test Required”	Send 742-652 Notification of Closed Application-Financial Disclosure with Appeal Rights letter.
Exclusion conditions are not met	<ul style="list-style-type: none"> • ES automatically sets the Enrollment Status to ‘Closed Application’ on the 366th day from IPN date (Or when IPN clock expired). • ES automatically sends a final letter when Enrollment status is updated to “Closed Application”

Users cannot update the application status to 'Closed Application.'

Manual Letter Conditions

ES displays the **Initial Incomplete Application - Eligibility Unverified Letter** (742-650) and **Initial Incomplete Application - Financial Disclosure Letter** (742-651) in the **Communications** tab, **Available for Mailing** sub-tab. Entries appear on the **Previously Mailed** sub-tab once mailed.

Initial Pending Letters can be manually sent only within the first 29 days of the 30-day clock.

Automatic Letter Conditions

Letters are sent automatically when:

- The 30-Day clock expires.
- Incomplete Application – Eligibility Unverified Letter was NOT mailed OR re-mailed, and communication status was NOT sent to applicant or mailed by Print Vendor.
- Incomplete Application – Financial Disclosure Letter was NOT mailed OR re-mailed, and communication status was NOT sent to Print Vendor or mailed by Print Vendor.
- Enrollment status was calculated to Pending; Means Test Required ,AND 4-Day/30-Day clock was not in process.
- Mailing address was updated AND 4-Day clock was not in process, AND the communication status of the previously mailed letter was in one of the following statuses:
 - Return by Post Office

- Rejected Address by Print Vendor
- Reject at HEC.

 **Note:** Letters will not be sent if [Stop Communications](#) (located on the **Communications** tab) is enabled.

ES automatically selects qualified Veterans and generates the mail print request to the print vendor via background ES batch processes. The batch process includes all Pending Letters:

- Initial Pending Letters
- Closed Application Letters
- Reminder

The mail request is sent twice per week to the Print Vendor with a maximum of 750,000 records in each request. ES does not allow letters to Veterans to be included in the letter file to the Print Vendor when the following conditions exist:

- A duplicate record exists.
- Required field or fields are missing from the letter.
- Date of Death is populated.
- Bad Address Reason is populated.
- Stop Communications is activated on the Communications tab.

Community Care (CC) Letters Print Vendor (Interface Control Document) ICD:

The *CC Letters Print Vendor Interface Control Document (ICD)* describes why the letter was returned from the Print Vendor and updates the **Communication Status** column within the **Communications Log**.

The following **Communication Statuses** may display:

- **Rejected Address by Print Vendor:** The Print Vendor has rejected from Community Care letter file. The Print Vendor provides a Reject reason.
- **Error by Print Vendor:** The Print Vendor has found a problem with the information (examples: malformed data, or missing required field) provided by the ES.
- **Mailed by Print Vendor:** The Print Vendor successfully printed and mailed the Community Care letter to the Veteran.
- **Returned by Post Office (PO):** Indicates Community Care letters were returned by the PO as *Undeliverable*. Undeliverable Community Care letters are identified in the **Error Message**, **Add Comments**, **Letter**, and **Status History** panels.

5.2.1.6 365-Day Clock Process

ES checks if the **Eligibility Status** changed to *Pending Verification* or *Pending Reverification*.

If	Then										
Changed to Pending Verification or Pending Reverification	ES checks if there are exclusion conditions by performing the Check Exclusion Conditions to pending Letters 365-day process.										
No exclusion conditions are met	<p>For:</p> <ul style="list-style-type: none"> • NEW APPLICANTS: The 4-day clock is initiated for new applicants only and the 4-day clock ends. During this time the system does not automatically trigger OR allow the user to manually mail any Pending letters. • EXISTING APPLICANTS: 30-day clock is initiated for existing applicants only. ES performs the Generate Automatically the Appropriate Initial Pending Letter when the 30-day clock ends. 										
	<table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>If exclusion conditions are met</td><td>The 4-day, 30-day or 365-day clock stops as well as the Pending Letter 365-day process.</td></tr> <tr> <td>If the clock is in process</td><td>ES will not re-start the clock unless the Eligibility Status is changed to <i>Pending Verification</i> or <i>Pending Reverification</i>.</td></tr> <tr> <td>On the 366th day the exclusions are checked AFTER the 365-clock stopped</td><td>And if no exclusion conditions are met</td></tr> <tr> <td></td><td>ES sets the Enrolment Status to <i>Closed Application</i> with a Reason as <i>Abandoned Application</i> and sets the IPN date to 'null' on Pending Letter Details.</td></tr> </tbody> </table>	If	Then	If exclusion conditions are met	The 4-day, 30-day or 365-day clock stops as well as the Pending Letter 365-day process.	If the clock is in process	ES will not re-start the clock unless the Eligibility Status is changed to <i>Pending Verification</i> or <i>Pending Reverification</i> .	On the 366 th day the exclusions are checked AFTER the 365-clock stopped	And if no exclusion conditions are met		ES sets the Enrolment Status to <i>Closed Application</i> with a Reason as <i>Abandoned Application</i> and sets the IPN date to 'null' on Pending Letter Details.
If	Then										
If exclusion conditions are met	The 4-day, 30-day or 365-day clock stops as well as the Pending Letter 365-day process.										
If the clock is in process	ES will not re-start the clock unless the Eligibility Status is changed to <i>Pending Verification</i> or <i>Pending Reverification</i> .										
On the 366 th day the exclusions are checked AFTER the 365-clock stopped	And if no exclusion conditions are met										
	ES sets the Enrolment Status to <i>Closed Application</i> with a Reason as <i>Abandoned Application</i> and sets the IPN date to 'null' on Pending Letter Details.										

5.2.1.7 Application Closed

Application Closed displays all of the fields that appear on the *Current Enrollment* window.

5.2.1.8 Manage Pending Rules after Receiving New Application

The following Manage Pending rules utilize historical information for calculations and need to be revised in order to consider only the current application data after receiving a new application.

 **Note:** All Manage Pending rules are applicable when a Veteran has a cancelled/declined or closed an application, and submits for a new application.

The following Manage Pending rules must be revised to handle receiving a new application:

If	Then									
Processing a New Application for an Existing Veteran	Veteran has applied on-line or contacted a VistA or ES user when the Enrollment Status of their current application is ‘Closed Application’ or ‘Cancelled/Declined’.									
Restarting the Manage Pending Clocks after Receiving a New Application (ES Supplementary Specification for Clocks)	Start a new 30-day clock after the Veteran has submitted a new application. The system verifies the Eligibility Status and all exclusion conditions. <table border="1"><thead><tr><th>If</th><th>And</th><th>Then</th></tr></thead><tbody><tr><td>The Eligibility Status is <i>Pending Verification</i> or <i>Pending Re-verification</i></td><td>No exclusion conditions are met</td><td>ES starts the 30-day clock.  Note: The Eligibility Status may or may NOT have changed.</td></tr><tr><td>If the Eligibility Status is <i>Verified</i></td><td>No exclusion conditions are met and the Enrollment Status is <i>Pending means test required</i></td><td>ES starts the 30-day clock.</td></tr></tbody></table>	If	And	Then	The Eligibility Status is <i>Pending Verification</i> or <i>Pending Re-verification</i>	No exclusion conditions are met	ES starts the 30-day clock.  Note: The Eligibility Status may or may NOT have changed.	If the Eligibility Status is <i>Verified</i>	No exclusion conditions are met and the Enrollment Status is <i>Pending means test required</i>	ES starts the 30-day clock.
If	And	Then								
The Eligibility Status is <i>Pending Verification</i> or <i>Pending Re-verification</i>	No exclusion conditions are met	ES starts the 30-day clock.  Note: The Eligibility Status may or may NOT have changed.								
If the Eligibility Status is <i>Verified</i>	No exclusion conditions are met and the Enrollment Status is <i>Pending means test required</i>	ES starts the 30-day clock.								
	ES starts a new 365-day clock when the ‘mailed by print vendor’ response is received for the Initial Incomplete Application letter (742-650/742-651), which was sent after the Veteran submitted a new application.									

If	Then									
	<ul style="list-style-type: none"> The bad address indicator will be set if the letter is returned by the post office. There is a new vendor that will work with bad addresses and/or Vet360 that could supply a better mailing address. The IPN date on all Initial Incomplete Application letters (742-650 742-651) generated prior to the Veteran submitting a new application are set to null. 									
Triggering Initial Incomplete Application Letter After Receiving New Application (Trigger Letter Email)	<p>Automatic letter triggering for the Initial Incomplete Application letters (742-650 742-651). Thirty days after an application is removed from Cancelled/Declined or Closed Application enrollment status, the system attempts to trigger an Initial Incomplete Application Letter (742-650 or 742-651).</p> <table border="1"> <thead> <tr> <th>If</th><th>And</th><th>Then</th></tr> </thead> <tbody> <tr> <td>No exclusion conditions are met</td><td>Enrollment Status is Pending; Eligibility Status is <i>Unverified</i></td><td>ES triggers the 742-650 - Initial Incomplete Application - Eligibility Unverified Letter</td></tr> <tr> <td>No exclusion conditions are met</td><td>Enrollment Status is Pending; Means Test Required</td><td>ES triggers the 742-651 - Initial Incomplete Application - Financial Disclosure Letter</td></tr> </tbody> </table> <p>The ES allows a user to manually trigger Initial Incomplete Application Letters (742-650/742-651) from the Available for Mailing tab for the first 29 days after a Veteran submits a new application.</p>	If	And	Then	No exclusion conditions are met	Enrollment Status is Pending; Eligibility Status is <i>Unverified</i>	ES triggers the 742-650 - Initial Incomplete Application - Eligibility Unverified Letter	No exclusion conditions are met	Enrollment Status is Pending; Means Test Required	ES triggers the 742-651 - Initial Incomplete Application - Financial Disclosure Letter
If	And	Then								
No exclusion conditions are met	Enrollment Status is Pending; Eligibility Status is <i>Unverified</i>	ES triggers the 742-650 - Initial Incomplete Application - Eligibility Unverified Letter								
No exclusion conditions are met	Enrollment Status is Pending; Means Test Required	ES triggers the 742-651 - Initial Incomplete Application - Financial Disclosure Letter								

If	Then								
	<table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>If the user attempts to manually mail an Initial Incomplete Application Letter after the 30-day clock has expired</td><td> <p>The following error message is displayed:</p> <p><i>Manual mailing is only allowed during 29 days of 30-day clock.</i></p> </td></tr> <tr> <td>Re-mailing</td><td> <ul style="list-style-type: none"> • ES only allows the user to re-mail Incomplete Application letters (742-650/742-651/742-653/742-654) that were generated as a part of the current application cycle. • ES will not display re-mail links under the Previously Mailed tab for letters that were generated prior to the application being set to <i>Cancelled/Declined</i> or <i>Closed</i> status. • ES will not show re-mail links for letters that were generated prior to the application being closed or cancelled/declined. • The Previously Mailed tab will show all the letters that were mailed for that Veteran </td></tr> <tr> <td>The address is updated and/or Returned/Rejected Letters from the previous application cycle</td><td>ES will NOT trigger a new Initial Incomplete Application Letter (742-650/742-651) for a letter generated prior to the new application with a status of: (“Returned by Post Office”, “Reject at HEC”, or “Rejected Address by Print Vendor”).</td></tr> </tbody> </table>	If	Then	If the user attempts to manually mail an Initial Incomplete Application Letter after the 30-day clock has expired	<p>The following error message is displayed:</p> <p><i>Manual mailing is only allowed during 29 days of 30-day clock.</i></p>	Re-mailing	<ul style="list-style-type: none"> • ES only allows the user to re-mail Incomplete Application letters (742-650/742-651/742-653/742-654) that were generated as a part of the current application cycle. • ES will not display re-mail links under the Previously Mailed tab for letters that were generated prior to the application being set to <i>Cancelled/Declined</i> or <i>Closed</i> status. • ES will not show re-mail links for letters that were generated prior to the application being closed or cancelled/declined. • The Previously Mailed tab will show all the letters that were mailed for that Veteran 	The address is updated and/or Returned/Rejected Letters from the previous application cycle	ES will NOT trigger a new Initial Incomplete Application Letter (742-650/742-651) for a letter generated prior to the new application with a status of: (“Returned by Post Office”, “Reject at HEC”, or “Rejected Address by Print Vendor”).
If	Then								
If the user attempts to manually mail an Initial Incomplete Application Letter after the 30-day clock has expired	<p>The following error message is displayed:</p> <p><i>Manual mailing is only allowed during 29 days of 30-day clock.</i></p>								
Re-mailing	<ul style="list-style-type: none"> • ES only allows the user to re-mail Incomplete Application letters (742-650/742-651/742-653/742-654) that were generated as a part of the current application cycle. • ES will not display re-mail links under the Previously Mailed tab for letters that were generated prior to the application being set to <i>Cancelled/Declined</i> or <i>Closed</i> status. • ES will not show re-mail links for letters that were generated prior to the application being closed or cancelled/declined. • The Previously Mailed tab will show all the letters that were mailed for that Veteran 								
The address is updated and/or Returned/Rejected Letters from the previous application cycle	ES will NOT trigger a new Initial Incomplete Application Letter (742-650/742-651) for a letter generated prior to the new application with a status of: (“Returned by Post Office”, “Reject at HEC”, or “Rejected Address by Print Vendor”).								
Viewing Prior Enrollment After New Application (Manage Eligibility and Enrollment)	ES displays previous <i>Verified</i> statuses in the Initial Enrollment and Most Recent Enrollment sections after a new application is submitted.								
Check Exclusion Conditions After New Application (Check Exclusions for Pending 365-Day Process)	If the applicants Enrollment Status is <i>Pending; Purple Heart Unconfirmed</i> AND the applicant has a prior valid period of enrollment,								

If	Then
	ES will not exclude applications from the Pending 365-day letter process due to a verified period of enrollment prior to the application being 'cancelled/declined' or closed.

Example:

Date	Action	Explanation
1/1/2017	Verified Enrollment	Verified
2/14/2017	Cancelled/Declined	User cancels or declines the status
4/15/2017	New Application Processed	This application does not meet the exclusion conditions as there is no "Verified" period of enrollment <u>after</u> the new application was processed
5/1/2017	Pending; Purple Heart Unconfirmed	This application does not meet the exclusion conditions as there is no "Verified" period of enrollment <u>after</u> the new application was processed

ES excludes applications from the Pending 365-day letter process only if the verified period of enrollment began after the Veteran submitted a new application. (Verified periods from previous application cycles should not be considered.)

When the applicants **Enrollment Status** is *Pending; Means Test Required* AND the applicant has a prior valid period of enrollment, ES will not exclude applications from the Pending 365-day letter process due to a verified period of enrollment prior to the application being 'cancelled/declined' or closed. **The means test must be less than 365 days to be valid. It would only be changed if new info was added or through IVM.**

Example:

Date	Action	Explanation
1/1/2017	Verified Enrollment	Verified
2/14/2017	Cancelled/Declined	User cancels or declines the status
4/15/2017	New Application Processed	This application does not meet the exclusion conditions as there is no "Verified" period of enrollment <u>after</u> the new application was processed

Date	Action	Explanation
5/1/2017	Pending; Means Test Required	This application does not meet the exclusion conditions as there is no “Verified” period of enrollment <u>after</u> the new application was processed

ES excludes applications from the Pending 365-day letter process only if the verified period of enrollment began after the Veteran submitted a new application. (Verified periods from previous application cycles should not be considered).

5.2.2 Current Eligibility

Eligibility for VA Health Care is dependent upon a number of variables that influence the final determination of services for which the Veteran qualifies. These factors include:

- Nature of the Veteran's discharge from military service
- Length of service
- VA community care adjudicated disabilities (commonly referred to as service-connected disabilities)
- Income level
- Available VA resources

Veterans must be enrolled in a VA Healthcare System to receive benefits offered in the Medical Benefits Package. However, *certain* Veterans do not need to be enrolled in a VA Healthcare System to receive medical care benefits.

Veterans that do not need to be enrolled meet the following criteria:

- Veteran has been determined by VA to be 50% or more disabled from service-connected (SC) conditions.
- Veteran is seeking care for a VA rated service-connected disability only.
- It is less than one year since Veteran was discharged for a disability that the military determined was incurred or aggravated by their service, but that VA has not yet rated.

To apply for VA Healthcare benefits, including enrollment, Veterans must fill out an application to determine:

- If the individual has qualifying service as a Veteran.
- The individual's Veteran status, which defines the appropriate priority group.

The *Current Eligibility* screen displays the Veteran's current eligibility and enrollment information.

Current Eligibility	EDIT CURRENT ELIGIBILITY	EDIT PURPLE HEART	VIEW HISTORICAL ELIGIBILITY
Primary Eligibility Code: SC LESS THAN 50%	Veteran Indicator: Yes		
Service Connected (%): 4	Enrollment Application Date: 04/11/2013		
Effective Date of Combined Evaluation:	Enrollment Effective Date: 01/20/2017		
Eligibility Status: VERIFIED	Annual Check Amount:		
Eligibility Status Date: 04/18/2013	Eligibility Verification Method: DD214		
Eligibility Verification Source: CEV	VBA Query Status : VBA Data Manually Accepted		
Reason Eligibility Status is Pending Verification:	eMIS Query Status: Queried - No Data Received		
Reason Eligibility Status is Pending Verification Explanation:			

Figure 42: Current Eligibility

Primary Eligibility Code:

Primary Eligibility Code is the eligibility factor that has been found to take the highest precedence during the eligibility calculations. Primary Eligibility Code is the Veteran's current eligibility code.

The Primary Eligibility Code is assigned to the Veteran based on benefit factors captured on the intake process. The Primary Eligibility Code is the primary factor that determines the Veteran's enrollment priority. The Primary Eligibility Code can be used as a single entity or in conjunction with other eligibility codes in the calculation of the enrollment priority. The Primary Eligibility Code also contributes in determining if the beneficiary needs to complete a Means Test.

Service Connected (%):

Service Connected (%) is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration (VBA) claims evaluation [a number between 0-100].

Effective Date of Combined Evaluation:

The **Effective Date of Combined Evaluation** is the date the Combined Evaluation percentage (based on eligibility factors) made by the VBA.

Eligibility Status:

Eligibility Status is the determination status assigned to the Veteran's record. It identifies that the beneficiary is eligible for Enrollment and VHA healthcare. Values include:

- Verified - indicates the individual's Eligibility status has been confirmed.
- Pending Verification - indicates the individual's Eligibility status has not been confirmed but due process is on-going and action is being taken to confirm the status.
- Pending Re-verification - indicates individual's status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

The **Eligibility Status Date** is the date the eligibility status changed, edited, or updated.

Eligibility Verification Source:

Eligibility Verification Source is the location the eligibility status was determined.

Examples include:

- VAMC & site number
- CEV (if verified from data received from VBA via AITC, AAC, or if manually updated by a HEC user.)

Reason Eligibility Status is Pending Verification:

Reason Eligibility Status is Pending Verification allows the user to select a reason the eligibility status is pending verification. A textbox is displayed to allow the user to enter a reason if **Other** is selected,

The **Reason Eligibility Status is Pending Verification** field is present when **Eligibility Status** is *Pending Re-Verification* or *Pending Verification* and will be one of following values:

- Active Duty
- Demobilization
- OTH (Other than Honorable)
- Pending 7131
- Other
- Pending Proof of Qualifying Military Service
- Signature Required

If the Veteran indicator is *N*; the **Eligibility Status** must be *Verified* for non-Veteran message to appear.

ES automatically determines when a Veteran has a prior valid period of enrollment and displays that enrollment information to exclude the applicant from the 365-day letter.

Reason Eligibility Status Is Pending Verification Explanation:

Reason Eligibility Status Is Pending Verification Explanation is a text box displayed when **Other** is selected as the *Reason Eligibility Status is Pending Verification*.

Veteran Indicator:

Veteran Indicator designates whether the individual is a Veteran or non-Veteran.

Enrollment Application Date:

Enrollment Application Date is the date of the application for enrollment. Some Veteran have been enrolled automatically by ES. When this occurs, the Veteran will not have an application date.

- The date of the postmark is to be entered into VistA as the Enrollment Application Date for Veterans who mail their VA Form 10-10EZ to a VA healthcare facility for processing,

- The date the form is completed online is to be entered into VistA as the Enrollment Application Date for Veterans who complete their VA Form 10-10EZ online.
- The date of the Veteran's presence at the facility for the purpose of enrolling is to be entered into VistA as the Enrollment Application Date for Veterans who apply for enrollment in person.

Enrollment Effective Date:

The **Enrollment Effective Date** is the effective date of the specific eligibility change for this individual.

Annual Check Amount:

The **Annual Check Amount** is the total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Eligibility Verification Method:

The **Eligibility Verification Method** is the way or how the user verified the eligibility of the Veteran.

VBA Query Status:

The **VBA Query Status** is the query response status from the VBA for the beneficiary's eligibility. Examples include:

- No VBA Data on File
- Data Accepted - Manual Upload
- Auto-upload - Upload VBA Data
- Queried - Pending Receipt of Data
- Data Pending Review
- Eligibility Data Received from AAC (AITC)
- VBA Data Inconclusive
- Data Rejected
- NULL

MSDS Query Status:

The **MSDS Query Status** is the query response status from MSDS for the Military Service information. Examples include:

- New Record – Pending Submission
- Queried – Pending Response
- Queried – No Data Received
- Military Service Data Received
- Military Service Data Rejected
- Services Data Received but not Uploaded

- No Member ID/MSDS no Queried

Rated SC Disabilities

Code

The code associated with the service-connected or non-service connected medical condition for which the beneficiary has been rated.

The Veterans Benefit Administration (VBA) determines the codes applicable to the Veteran through the compensation review process.

SC %

The percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

SC % data is shared with VistA.

More...

- A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Description

Description of the rated disability code.

Diagnostic Extremity

Defined as the portion of the body in which the disability is located.

Diagnostic Extremity data is shared with VistA.

Extremity examples include:

- Left-Lower Extremity
- Left-Upper Extremity
- Right-Lower Extremity
- Right-Upper Extremity
- Both-Lower Extremities
- Both-Upper Extremities

Original Date

Original Date is the date on which the rating determination was made.

Original Date data is shared with VistA.

More...

- The original effective date for a disability is the date Veterans Benefit Administration (VBA) determines as the first day a disability is considered service-connected. It

could be the date the disability occurred, or if the claim for disability was filed much later, the date of the claim.

- Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002. The date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the Current Effective Date is updated to September 2005, the date the new percentage was determined to take effect.

Current Effective Date

The date on which the rated disability was/is effective.

Current Effective Date data is shared with VistA.

More...

- This is the latest date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code.

Health Benefit Plans

Users with the appropriate *Role/Capabilities* may **View**, **Add (Assign)** and **Delete (Unassign)** appropriate HBPs for a Veteran's record by clicking on the [Health Benefits Plan List](#) link in the online help.

Health Benefit Plans Assigned – Unselect to Delete

Health Benefit Plans Assigned – Unselect to Delete displays HBPs that are assigned to the Veteran with the date and time the HBP was last updated. Unselect the HBP by clicking the check box by the HBP to "delete" an HBP from a Veteran's record. Do this for any or all HBPs assigned to the Veteran you wish to "delete".

Notes:

- The *Presumptive HBP* is automatically assigned to a Veteran record if the person meets certain criteria (rules) for the HBP. To prevent end users from changing an assignment or un-assignment that is based on established business rules, the assignment and un-assignment of the Presumptive HBP is disabled.
- Users may also "Add" (assign) HBPs for the Veteran by clicking the check boxes by the HBPs under the **Health Benefit Plans Available - Select to Add** area at the same time as deleting HBPs.

Click the **UPDATE** button when finished. The *Current Eligibility* screen appears with a confirmation message that the "*Health Benefit Plans updated successfully*".

Users may also click on the [View Historical Health Benefits Plans](#) link for historical HBP information from the *HEALTH BENEFIT PLANS ASSIGNED/AVAILABLE* screen

Health Benefit Plans Available – Select to Add

The *Health Benefit Plans Available – Select to Add* screen displays the number of HBPs that are available to be assigned to the Veteran. To "add" an HBP to a Veteran's record, select the HBP by clicking the check box by the HBP. Do this for any or all available HPBs.

 **Note:** Users may also "Delete" (unassign) HBPs (if assigned) from the Veteran's record by clicking the check boxes by the HBPs under the **Health Benefit Plans Assigned - Unselect to Delete** area at the same time as adding HBPs.

This information is displayed on the *VIEW HISTORICAL HEALTH BENEFITS PLANS* screen as read-only information.

 **Note:** HBPs will also display in the **Eligibility** tab, **Community Care Determination** tab, **Community Care Outcome** section, and, if applicable, **Hardship** section.

When finished, click the **UPDATE** button. The *Current Eligibility* screen appears with a confirmation message that the "*Health Benefit Plans updated successfully*". This information is displayed on the *VIEW HISTORICAL HEALTH BENEFITS PLANS* screen as read-only information.

5.2.3 Edit Current Eligibility

Data in these fields is used to determine the Veteran's eligibility and enrollment to include identifying additional attributes that enhance the Veteran's priority for enrollment.

Veteran Indicator:

The Veteran status of **Yes** or **No** invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

Determine if the patient requesting care is a Veteran of the U.S. Armed Forces.

If	Then
Yes	<p>Veteran eligibility is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the U.S. Armed forces. Verification of active duty service can be obtained via DD-214, VIS or SHARE, or other authoritative sources.</p> <p>For additional eligibility requirements, refer to the following section in 38 CFR:</p> <ul style="list-style-type: none"> • 3.1 – Definitions • 3.2 – Periods of War • 3.6 – Duty Periods • 3.7 – Individuals and groups considered to have performed active military, naval, or air service • 3.12 – Character of Discharge • 3.12a – Minimum active-duty service requirement • 3.13 – Discharge to change status • 3.14 – Validity of Enlistments • 3.15 – Computation of Service
No	Patient does not meet the conditions of Veteran status.

Current Eligibility data is shared with VistA.

★Eligibility Status:

Eligibility Status is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA Health Care.

Eligibility Status data is shared with VistA.

Verified - indicates the individual's Eligibility Status has been confirmed.

Rules...

- ◆ If Eligibility Status is *Verified*, Eligibility Verification Method is required.
- ◆ Pending Verification - indicates the individual's Eligibility Status has not been confirmed but due process is on-going and action is being taken to confirm the status.

- Pending Re-verification - indicates the individual's status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

Eligibility Status Date is the date the eligibility status changed, updated, or edited. ES defaults to the current date. The **Eligibility Status Date** is editable.

Eligibility Status Date data is shared with VistA.

Rules...

- Requires a precise date.
- May be after the [Date of Death](#).
- Cannot be prior to the Veterans Date of Birth.
- Cannot be a future date.

Eligibility Verification Method:

Eligibility Verification Method is the way or how the user verified the eligibility of the applicant.

More...

- Eligibility Verification Method is a "free-text" description of "how" or the "source" that eligibility status was checked and verified.

If	Then
Eligibility is verified by HEC or VAMC staff	The entry should identify the way or how the user verified the eligibility for the applicant (e.g. DD-214; DD-215; WD AGO 5355; VBA, SHARE; or 7131 from VARO #, etc.).
Eligibility is NOT verified by HEC or VAMC staff	VHA staff has a duty to assist the Veteran with obtaining verification of eligibility using all resources available.

Eligibility Verification Method data is shared with VistA.

Rules...

- Must be between 2 and 50 characters or left blank.
- Required when Eligibility Status is **Verified**.

Service-Connected (SC) (%):

Service-Connected (SC) (%) is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration (VBA) claims evaluation [a number between 0-100].

Rules...

- ◆ Required when the Veteran has Rated Disability Information.

Effective Date of Combined Evaluation:

The **Effective Date of Combined Evaluation** is the date from which VA combined disability and related benefits may begin.

Effective Date of Combined Evaluations data is shared with VistA.

More...

- ◆ When a Veteran's condition is determined to be service-connected, VBA also computes the *Veteran's Percent of Combined Evaluation*. Only Service-Connected (SC) conditions are now included in calculating the Combined Percent. The **Effective Date of Combined Evaluation** is the date VBA began paying the Veteran compensation benefits for that Percent of Combined Evaluation.
 - For example, if a Veteran is determined to be 20% SC in January 2003 and is increased to 50% SC in March 2005 (but is retroactive to November 2004) and VBA starts paying the Veteran at the 50% SC rate in April 2005, the *Effective Date of Combined Evaluation* is April 2005. It is not the effective date of the decision.

Rules...

- ◆ Must be a precise date.
- ◆ Cannot be prior to the Veteran's Date of Birth.
- ◆ Cannot be on or after the Veteran's Date of Death.
- ◆ Cannot be a future date.

Rated SC Disabilities

Code:

The code is associated with the service-connected (SC) or non-service connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration (VBA) determines the codes applicable to the Veteran through the compensation review process.

Description:

Description of the rated disability code.

 **Note:** This field system filled based on the valid rated disability code entered.

Diagnostic Extremity:

Diagnostic Extremity is defined as the portion of the body in which the disability is located. Extremity choices are:

- ◆ Left-Lower Extremity
- ◆ Left-Upper Extremity
- ◆ Right-Lower Extremity
- ◆ Right-Upper Extremity
- ◆ Both-Lower Extremities
- ◆ Both-Upper Extremities

Diagnostic Extremity data is shared with VistA.

Service-Connected Percentage (%):

Service-Connected Percentage (%) is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

Service-Connected Percentage (%) data is shared with VistA.

More...

- ◆ A service-connected rating is an official ruling by VA that the beneficiary's illness/condition is directly related to their active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Rules...

- ◆ Rated Disabilities are required when *Service-Connected Percentage (%)* is zero or greater.
- ◆ A Disability % is required for each Rated Disability entered.

Original Effective Date:

Original Effective Date is the effective date on which the condition was originally determined to be service-connected.

Original Effective Date data is shared with VistA.

More...

- ◆ The Original Effective Date for a disability is the date Veterans Benefit Administration (VBA) determines as the first day a disability is considered service-connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.
 - Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October

2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the Current Effective Date is updated to September 2005, the date the new percentage was determined to take effect.

Rules...

- ◆ Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
- ◆ Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date:

Current Effective Date is the date on which the rated disability was/is effective.

Current Effective Date data is shared with VistA.

More...

- ◆ Current Effective Date is the most recent date Veterans Benefit Administration (VBA) establishes a new service-connected disability percentage for the particular diagnostic code.

Rules...

- ◆ Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
- ◆ Rated Disability *Current Effective Date* cannot be after *Date of Death*.

 **Note:** The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is released at a later date.

Veterans Online Application (VOA) File Attachments

The **VOA File Attachments** function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system.

VOA file attachments can be copies of documents such as *DD-214s*, *Military Orders of Award*, etc. and be in a limited variety of file types. Users are able to view the attachments, determine what document types they contain, and indicate whether the document is (are) acceptable or not.

Click the ► arrow to expand the VOA file attachments list.

FileName

FileName is the attachment file name. When the user clicks on the file name, ES displays the contents of the selected file attachment in a new window.

More...

- ◆ *FileName* allows the user to examine the contents of the attachment in order to determine the document types such as: *DD-214*, *Military Orders of Award*, etc., and whether or not to **Accept?** the documents as valid.

FileType

FileType is the attachment file type. One example is pdf. ES determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

DocType is the allowable values from which to select are: *DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter*.

More...

- ◆ Users may “remove” a DocType from the list by selecting “Remove it” for the DocType and then clicking the **UPDATE** button.
 - The **Accept?** check box cannot be checked when “Remove it” is selected for the DocType.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a *Veteran’s DD-214, Military Orders of Award*, etc. Make sure there is a check in the **Accept?** check box to accept the attachment.

Updated

ES updates the Updated Date/Time field to the current date when a user edits the **Accept?** indicator via the **UPDATE** button.

By

ES updates the By field ID to the user’s ID when a user edits the **Accept?** indicator via the **UPDATE** button.

ADD

ES allows the user to add another DocType for a file attachment when the user clicks the [ADD](#) link.

UPDATE

The **UPDATE** button allows the user to update the **DocType** and/or **Accept?** fields. ES updates the **Updated Date/Time** and the **By** fields after clicking **UPDATE**.

Add/Edit POW Episode

POW Indicator:

Determine if Veteran was a Prisoner of War (POW).

If	Then
Yes	<p>Veteran meets the criteria of formerly Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of Yes.</p> <p>Rules...</p> <ul style="list-style-type: none">◆ When <i>POW Indicator</i> is answered Yes, the following additional fields are required:<ul style="list-style-type: none">○ Confinement Location,○ Capture/Release Dates◆ <i>Release Date</i> must be equal to or greater than the <i>Capture Date</i>.
No	Veteran was NOT a former prisoner of war.

POW Indicator data is not shared with VistA

More...

- ◆ Verification can be obtained from DD-214, [POW Registry](#) or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

POW Source is defined as the source where POW documentation was received and/or reported. Choices are:

- ◆ All
- ◆ DoD - Department of Defense
- ◆ NARA - National Archives and Records Admin.
- ◆ Other
- ◆ VAMC
- ◆ VBA - Veterans Benefit Administration
- ◆ Veteran
- ◆ VistA

Document Type:

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

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

★Capture Date:

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

Rules...

- *Capture and Release Dates cannot fall after a person's Date of Death.*

★Release Date:

Release Date is the date on which the Veteran was released or rescued from the POW camp.

Rules...

Release Date:

- Is required if POW Indicator is **Yes**.
- Must be at least a Month and Year.
- Must be equal to or greater than the Capture Date.
- Capture and Release Dates cannot fall after a person's Date of Death.

Days of Captivity:

This is an ES-calculated number of days between the *Capture Date* and *Release Date*.

 **Note:** *Days of Captivity* will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

★Confinement Location:

Confinement Location is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp:

Camp is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

 **Note:** that when a Camp name is selected, the ES automatically system fills the appropriate Camp Code and Camp City.

Camp Code:

This ES-system filled code indicates the particular Prisoner of War camp.

Camp City:

The city/country in which the Prisoner of War camp was located. This is ES filled.

Date Entered (Edit):

Date Entered (Edit) is the date (mm/dd/yyyy) on which the POW Episode was entered. This is ES filled.

Purple Heart Status:

Purple Heart Status is the Purple Heart (PH) status assigned to the Veteran (display only). All sites of record are notified for these statuses. Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable (YES), the Veteran is then confirmed as a Purple Heart recipient.
- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply.
- *Second Ltr Sent* - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.
- *Pending*
- *In Process* - the PH status confirmation is still being processed.

Aid & Attendance:

Aid & Attendance indicates if the Veteran is receiving A&A benefits from the Dept. of Veterans Affairs.

If	Then
Yes	<p>The Veteran is in receipt of Aid & Attendance</p> <ul style="list-style-type: none"> • Aid & Attendance is a benefit paid in addition to monthly pension. • Aid & Attendance benefit may not be paid without eligibility to pension. • Aid & Attendance is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. • Verification of this benefit can be verified via <u>VIS</u>, <u>SHARE</u>, or other authoritative source. • Veterans in receipt of Aid & Attendance will be enrolled in PG 4 and will be exempt from all copays.
No	<p>The Veteran is NOT in receipt of Aid & Attendance benefits.</p> <p> Note: Aid & Attendance field cannot be edited if <u>Veteran Indicator</u> is No.</p>

Aid & Attendance data is shared with VistA.

Rules...

- A Veteran cannot be both Aid & Attendance and House Bound (HB) at the same time.
- If the Service-Connected % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is YES, user cannot enter Yes for VA Pension indicator.

Housebound:

Housebound (HB) indicates whether the Veteran is receiving HB benefits from the Dept. of Veterans Affairs.

Veterans Benefits Administration (VBA) determines if Veteran is permanently HB and in receipt of HB benefits.

If	Then
Yes	<p>Housebound (HB) is paid in addition to monthly pension. Like Aid & Attendance, Housebound benefits may not be paid without eligibility to pension.</p> <ul style="list-style-type: none"> • Verification of this benefit can be verified via <u>VIS</u>, <u>SHARE</u> or other authoritative source. • Veterans in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.
No	<p>Veteran is NOT in receipt of HB benefits.</p> <p> Note: Housebound field cannot be edited if <u>Veteran Indicator</u> is No.</p>

Rules...

- A Veteran cannot be both Aid & Attendance and House Bound (HB) at the same time.
- If the Service-Connected % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

Housebound data is shared with VistA.

VA Pension:

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

If	Then
Yes	<p>VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old.</p> <ul style="list-style-type: none"> ● Veterans who are more seriously disabled may qualify for Aid & Attendance or Housebound benefits. ● Aid & Attendance or Housebound benefits are benefits that are paid in addition to the basic pension rate. ● VA Pension benefit can be verified by VIS, SHARE or other authoritative source. ● Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.
No	<p>This can be verified by VIS, SHARE or other authoritative source.</p> <p>When the Veteran Indicator is changed from Yes to No, ES automatically sets several fields as follows:</p> <p>VA Pension Indicator is set to No and the Pension Award Effective Date and the Pension Award Reason codes are set to null.</p> <div style="background-color: #e0e0e0; padding: 5px; border-radius: 5px;"> 💡 Note: VA Pension field cannot be edited if <u>Veteran Indicator</u> is No. </div>

Rules...

- If the Service-Connected % is greater than or equal to 90% and Aid & Attendance or Housebound indicator is **Yes**, user cannot enter **Yes** for VA Pension indicator.
- Receiving VA Pension requires Annual Check Amount to be \$0 or greater.
- Receiving VA Disability Compensation and VA Pension indicators cannot both be **Yes**.
- If the VA Pension indicator is changed to **Yes**, the Pension Award Effective Date is required

VA Pension data is shared with VistA.

Pension Award Effective Date:

Pension Award Effective Date is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the **Pension Award Reason** to see if the date on file is the original award or the latest change.

More...

- If the Pension Award Effective Date is deleted, the Pension Award Reason code is also deleted.

Rules...

Pension Award Effective Date:

- Can be entered or edited only if the VA Pension indicator is **Yes**.
- Must be a precise date.
- Cannot be a future date.
- Cannot be prior to the Pension Termination Date.
- Pension Award Effective Date is required if the VA Pension indicator is changed from null to **Yes** or **No** to **Yes**.

Pension Award Reason:

Pension Award Reason is the reason or change reason for the *Pension Award*. Select from the dropdown list.

Rules...

- *Pension Award Reason* is required if the VA *Pension* indicator is changed from null to **Yes** or **No** to **Yes**.

Pension Termination Date:

Pension Termination Date is the date on which the *Pension Award* was terminated.

Rules...

Pension Terminated Date:

- Must be a precise date.
- Cannot be a future date.
- Can only be entered when the VA *Pension* indicator is **No**.
- Cannot prior to the *Pension Award Effective Date*.
- *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required if the VA *Pension* indicator is changed from null to **No** or **Yes** to **No**.

Pension Termination Reason 1:

Pension Termination Reason 1 represents the first reason the pension was terminated. Termination of the VA *Pension* benefit can be for multiple reasons. Veterans Benefit Administration (VBA) shares the most recent four codes on file.

Rules...

- *Pension Award Termination Date* is required and at least 1 *Pension Termination Reason* is required if the VA Pension indicator is changed from null to No or Yes to No.

Pension Termination Reason 2:

Pension Termination Reason 2 represents the second reason the pension was terminated.

Pension Termination Reason 3:

Pension Termination Reason 3 represents the third reason the pension was terminated.

Pension Termination Reason 4:

Pension Termination Reason 4 represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation:

Receiving VA Disability Compensation indicates whether the Veteran is receiving disability payments.

If	Then
Yes	<p>Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.</p> <p>More...</p> <ul style="list-style-type: none">● Receipt of disability compensation can be verified via VIS, SHARE, VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-service connected conditions.
No	<p>Veteran is NOT in receipt of a rated service-connected VA disability compensation. This can be verified via SHARE or other authoritative source.</p>

Receiving VA Disability Compensation data is shared with VistA.

Rules...

- Receiving VA Disability Compensation requires an Annual Check Amount greater than zero.
- Receiving VA Disability Compensation and VA Pension indicators cannot both be **Yes**.

Total Monthly Check Amount:

Total Monthly Check Amount is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

- Total Monthly Check Amount must be greater than or equal to \$0 if the VA Pension indicator is set to Yes.

Annual Check Amount:

Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Annual Check Amount is ES filled based on the amount entered in the **Total Monthly Check Amount** field.

Annual Check Amount data is shared with VistA.

Rules...

Annual Check Amount:

- Is required when *Receiving VA Disability Compensation* is **Yes**.
- Must be greater than zero is required when *Permanent & Total* is **Yes**.
- Must be greater than or equal to \$0.00 and less than or equal to \$99999.00.

Unemployable:

A code that indicates whether this Veteran is rated unemployable by the VARO due to a service-connected condition.

Unemployable data is shared with VistA.

Yes - Veteran must have Service-Connected % equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than \$0.



Note: **Unemployable** field cannot be edited if the Veteran Indicator is **No**.

Permanent & Total (P&T):

Permanent & Total (P&T) indicates whether the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

If	Then						
Yes	<p>Veteran is rated P&T by Veterans Benefit Administration (VBA).</p> <p>More...</p> <ul style="list-style-type: none"> ◆ P&T is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on Service-Connected disability percentage. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Veteran has only one Rated Disability</td><td>Service-Connected % must be equal to or greater than 60%.</td></tr> <tr> <td>Veteran has more than one Rated Disability</td><td>Service-Connected % must be equal to or greater than 70% AND one of the Rated Disabilities must have Service-Connected % equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.</td></tr> </tbody> </table>	If	Then	Veteran has only one Rated Disability	Service-Connected % must be equal to or greater than 60%.	Veteran has more than one Rated Disability	Service-Connected % must be equal to or greater than 70% AND one of the Rated Disabilities must have Service-Connected % equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.
If	Then						
Veteran has only one Rated Disability	Service-Connected % must be equal to or greater than 60%.						
Veteran has more than one Rated Disability	Service-Connected % must be equal to or greater than 70% AND one of the Rated Disabilities must have Service-Connected % equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.						
No	<p>Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.</p> <p style="text-align: right;"> Note: Permanent & Tool field cannot be edited if the <u>Veteran Indicator</u> is No.</p>						

Rules...

- ◆ If Yes, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If Yes, an effective date must be entered.

Permanent & Tool data is shared with VistA.

Permanent & Total (P&T) Effective Date:

If Permanent & Total (P&T) is marked as Yes, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a service-connected condition.

Permanent & Total Effective Date data is shared with VistA.

Rules...

P&T Effective Date:

- Must be a precise date.
- Cannot be a future date.
- Cannot be prior to the Date of Birth.
- Cannot be after the Date of Death.

Rated Incompetent:

Rated Incompetent indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

If	Then
Yes	<p>Veteran is determined to be Rated Incompetent by Veterans Benefit Administration (VBA), or civil authorities.</p> <p>More...</p> <ul style="list-style-type: none">• Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veteran's Legal Guardian using Power of Attorney as a source.
No	<p>Veteran is NOT determined to be Rated Incompetent.</p> <p> Note: Rated Incompetent field cannot be edited if the <u><i>Veteran Indicator</i></u> is No.</p>

Rated Incompetent data is shared with VistA.

Civil Date:

Date Ruled Incompetent (Civil Date) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

Date Rate Incompetent (Civil Date):

- ◆ Cannot be a future date, but must be after Veteran's DOB.
- ◆ Cannot be after the Veteran's *Date of Death*.

VA Date:

Date Ruled Incompetent (VA Date) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

Date Ruled Incompetent (VA Date):

- ◆ If the year is omitted, the system uses CURRENT YEAR.
- ◆ Cannot be a future date, must be after Veteran's DOB.
- ◆ Cannot be after the Veteran's *Date of Death*.

Eligibility for Medicaid:

Eligible for Medicaid indicates whether Veteran is eligible to receive Medicaid coverage.

If	Then
Yes	<p>The Veteran is in receipt of Medicaid benefits or other state sponsored compatible benefits.</p> <p>More...</p> <ul style="list-style-type: none">◆ Veteran is not required to complete financial assessment tests. Verify with Veteran and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.
No	<p>Veteran is NOT in receipt of Medicaid or compatible benefits.</p> <p> Note: Eligibility for Medicaid field cannot be edited if the <u>Veteran Indicator</u> is No.</p>

Eligibility for Medicaid data is shared with VistA.

Date Medicaid Last Updated:

Date Medicaid Last Updated is the date the Eligibility for Medicaid indicator was last updated.

 **Note:** The **Date Medicaid Last Updated** field cannot be edited if the Veteran Indicator is No.

Rules...

- ◆ Date Medicaid Last Updated cannot be a future date.

Date Medicaid Last Updated data is shared with VistA.

Ineligible Date:

Ineligible Date is the effective date on which this Veteran was found to be ineligible for VHA Health Care.

Ineligible Date data is shared with VistA.

Rules...

Ineligible Date:

- ◆ Must be a precise date.
- ◆ Cannot be a future date.
- ◆ Cannot be a prior to the Date of Birth.
- ◆ *Ineligible Reason* is required when an Ineligible Date is entered.
- ◆ The *Ineligible VARO Decision* is required when an Ineligible Date is entered.
- ◆ The Ineligible Date cannot be prior to the earliest Service Entry Date.

★Ineligible Reason:

Ineligible Reason is the reason why the Veteran is ineligible for enrollment into the VA healthcare system. The Ineligible Reason field is required if an *Ineligible Date* is entered.

Ineligible Reasons include:

- ◆ Active Duty for Training Only
- ◆ Served Less Than 24 months
- ◆ DVA per VARO
- ◆ OTH Char of Svc-Admin Decision Req

Ineligible Reason data is shared with VistA.

Rules...

Ineligible Reason:

- ◆ Character length must be 1 - 40 characters.
- ◆ Is required when there is an *Ineligible Date*.

Ineligible VARO Decision:

The Ineligible VARO Decision is why the Veteran is ineligible for treatment if *Ineligible Date* is entered. If available, enter *VARO Station Number* and *Date of Decision*.

Ineligible VARO Decision data is shared with VistA.

Rules...

Ineligible VARO Decision:

- ◆ Is not required unless an Ineligible Date is entered.
- ◆ Character length for Ineligible VARO Decision should be between 3 and 75 characters.

Other Eligibility Factors

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 10-10EZ form or systematically set based on business rules applied to data received from MSDS to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

Yes - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

More...

Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

Discharge Due to Disability is systematically set to "Yes" when any 'regular' service episode has a Narrative Reason For Separation of:

- ◆ DISABILITY, SEVERANCE PAY, COMBAT RELATED (ENHANCED)
- ◆ DISABILITY, SEVERANCE PAY, NON COMBAT (ENHANCED)
- ◆ DISABILITY, SEVERANCE PAY (ENHANCED)
- ◆ DISABILITY, AGGRAVATION (ENHANCED)
- ◆ DISABILITY, OTHER (ENHANCED)
- ◆ DISABILITY, SEVERANCE PAY, COMBAT RELATED
- ◆ DISABILITY, SEVERANCE PAY

- ◆ DISABILITY, SEVERANCE PAY, NON COMBAT
- ◆ DISABILITY, AGGRAVATION
- ◆ DISABILITY, OTHER
- ◆ DISABILITY, PERMANENT (ENHANCED)
- ◆ DISABILITY, TEMPORARY (ENHANCED)
- ◆ DISABILITY, PERMANENT
- ◆ DISABILITY, TEMPORARY

OR for ‘guard and reserve service’, any service episode has a Narrative Reason for Separation as stated above AND the service episode is not related to training.

Military Disability Retirement:

Is the Veteran receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

If	Then
Yes	<p>Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay.</p> <p><i>More...</i></p> <ul style="list-style-type: none"> ◆ Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving Military Disability Retirement are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.
No	Veteran is NOT retired from the armed forces due to a disability.

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

- ◆ Not Exposed
- ◆ Korean DMZ

- Other
- Vietnam

Agent Orange Exposure Location data is shared with VistA.

Radiation Exposure Method:

Radiation Exposure Method is the method by which this patient was exposed to ionizing radiation.

- Not Exposed
- *Nagasaki/Hiroshima* - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.
- *Atmospheric Nuclear Testing* - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
- *H/N and Atmospheric Testing* - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
- *Underground Nuclear Testing* - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
- *Exposure at Nuclear Facility* - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
- *Other* - a method that does not fit any of the other categories.

SW Asia Conditions:

SW Asia Conditions indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

If	Then
Yes	<p>The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.</p> <p>More...</p> <ul style="list-style-type: none"> ● This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.
No	<p>The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.</p>

Spinal Cord Injury:

Spinal Cord Injury indicates whether the registrant suffers from a spinal cord injury and to what degree.

The **Spinal Cord Injury** field is display-only.

Nose and Throat Radium Treatments:

Nose and Throat Radium Treatments indicates whether the registrant underwent NTR treatments while serving in the military or whether it's unknown.

The **Nose and Throat Radium Treatment** field is display-only.

More...

- Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some Veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These Veterans are provided care for this condition at no cost.

Camp Lejeune Eligibility:

If	Then
Yes	The Veteran is Camp Lejeune eligible.
No	<p>The Veteran is not Camp Lejeune eligible.</p> <p>More...</p> <ul style="list-style-type: none"> ◆ Camp Lejeune Eligibility indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following: <ul style="list-style-type: none"> ○ Dishonorable ○ Other than Honorable ○ Undesirable ○ Bad Conduct ○ Dishonorable-VA <div style="background-color: #e0e0e0; padding: 5px;"> <p>💡 Note: When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a <i>Camp Lejeune Eligibility</i> value. Otherwise, the field is disabled.</p> </div>

Camp Lejeune Eligibility data is shared with VistA.

Verified Methods:

💡 **Note:** Verified Methods and the CL fields that follow display only if the *Camp Lejeune Eligibility* indicator is Yes.

More...

- ◆ **Verified Methods** field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.
- ◆ Values may come from other sources.

Rules...

- ◆ Once a Camp Lejeune Verified Method has been selected, at least one Camp Lejeune Method must remain selected.

Comments:

If a Verified Method of **OTHER** is selected, the free-text, 200-character **Comments** field is enabled and required.

CL Date Registered:

The **CL Date Registered** field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

- ◆ ES populates the **CL Date Registered** field value to the current system date if the *Camp Lejeune Eligibility* indicator is set to *Yes* when an ES user registers a Veteran.
 - The **CL Date Registered** field may also be populated through an upload of a CLEAR extract. See
 -
 - Camp Lejeune Eligibility.
- ◆ **CL Date Registered** field is editable.

CL Eligibility Change Site:

The **CL Eligibility Change Site** field displays the point-of-entry site that last changed the on-file Camp Lejeune record.

CL Eligibility Change Site is ES-filled field and display-only.

More...

- ◆ Valid values include...
- ◆ <VAMC Site> (if changed by a VistA VA facility)
- ◆ HEC (if changed by the ES)

CL Eligibility Source of Change:

The **CL Eligibility Source of Change** field displays the source that last made a change to the on-file Camp Lejeune record.

More...

- ◆ Valid values include...
 - <ES User Name> (edited by ES user)
 - VAMC (when the record is created from VistA VAMC received updates)
 - CEV (modified by ES in an automated way {e.g., through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
 - VOA (when the record is modified from a VOA submission)
 - CLEAR (record is modified as a result of processing a CLEAR extract file)
 - DoD (for future use)
 - Other (for future use)
- ◆ ES-filled field and display-only.

Non-Veteran Eligibility Codes

TRICARE:

TRICARE is the Department of Defense (DoD) regionally managed Healthcare program for service families.

More...

- ◆ TRICARE Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with healthcare providers, create or customize a TRICARE Online web page, and use the Personal Health Care Manager.

Sharing Agreement:

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

More...

- ◆ The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country:

Allied Veteran Country is defined as the Veteran's allied country of origin.

Allied Veteran Country data is shared with VistA.

Rules...

- Veteran will be assigned an Eligibility Code of Allied Veteran Country if an Allied Veteran Country is selected.
- Allied Veteran Country is required information for registration as an Allied Beneficiary. Authorized selections are:
 - Canada, United Kingdom (UK), Great Britain / N. Ireland (GRT).
 - Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-service connected Veteran, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

More...

- Qualifying Allied Beneficiaries are eligible for treatment for service-connected conditions only and the Allied Country should authorize the care and reimburse VA.
- Allied Beneficiaries are individuals receiving a war pension or equivalent for service-connected conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK., Great Britain / N. Ireland) and Canada).
- If the Allied Beneficiaries served with Poland and/or Czechoslovakia, and are in receipt of a VA monetary benefit from Great Britain (GRT) based on a service-connected condition, they can elect to be registered as an Allied Beneficiary, and country of UK. Grt. Britain / N. Ireland will be selected as the Allied Veteran Country. Allied Beneficiaries are eligible for treatment for service-connected conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-service connected eligibility.

CHAMPVA:

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

If	Then
Yes	<p>The spouse or widower, and the children of a Veteran meet the criteria of CHAMPVA eligibility.</p> <p>More...</p> <ul style="list-style-type: none"> ● Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a service-connected disability, or were rated permanently and totally disabled due to a service-connected condition at the time of death, or died of a service-connected disability, or died on active duty and the dependents who are not otherwise eligible for DoD TRICARE benefits. ● CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare services and supplies with eligible Veterans.
No	The Veteran does NOT meet the criteria of CHAMPVA eligibility.

Employee:

Determine if the Veteran is an employee of the VAMC.

If	Then
Yes	<p>The Veteran is an employee of the VAMC or one of its associated sister facilities.</p> <ul style="list-style-type: none"> ● The Veteran is marked as <i>Sensitive</i> if Yes is selected.
No	The Veteran is NOT an employee of the VAMC.

Collateral Of Vet:

Collateral of Veteran is a person related to or associated with a Veteran receiving care from the VA. The person is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veteran's clinical care.

If	Then
Yes	<p>The person is not a Veteran but is associated with a Veteran through a specific program of care.</p> <p>More...</p> <ul style="list-style-type: none"> ● The purpose of the specific program of care must be an integral part of the person's treatment plan. ● This specific program of care must be documented in the treatment plan in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. ○ Examples of appropriate designation of a collateral visit include: <ul style="list-style-type: none"> ■ Initial and follow-up contacts for a person assisting a Veteran's physical rehabilitation program in the home; ■ Participation of a family member in outpatient family psychotherapy; ■ Continuing education and follow through with primary care giver such as residential care sponsor. ● Examples include spouse/child or associate of Veteran.
No	The person does NOT meet the criteria for collateral of vet.

Other Federal Agency:

Other Federal Agency is defined as another source for the beneficiary's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense, Department of the Army** etc.

★ Indicates Required Field.

5.2.3.1 Edit Purple Heart

Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces. Purple Heart Recipients must be confirmed using a DD-214 (Discharge), DD-215 (Correction to Discharge), WD AGO (War Department Adjutant General's Office Form), Service Records showing the award, Military Orders of the Award, or other

authoritative sources. A copy of the certificate in and of itself is not confirmation of PH status. Confirmed PH recipients will be enrolled in PG 3 and will be exempt from outpatient medical care copays.

A Mariner's medal, while it may be similar to a PH, is not the same. Therefore, this beneficiary cannot be listed as a PH recipient.

[VIEW HISTORICAL PURPLE HEART](#)

Purple Heart Status:

Purple Heart Status is the Purple Heart status assigned to the Veteran (display only). Statuses are:

- *Confirmed* - once the appropriate fields are annotated and the document status is acceptable, YES, the Veteran is then confirmed as a Purple Heart recipient. All sites of record are notified.
- *In Process* - the Purple Heart status confirmation is still being processed. All sites of record are notified.
- *Initial Ltr Sent* - initial letter has been sent to the Veteran. Awaiting reply. All sites of record are notified.
- *Pending* - All sites of record are notified.
- *Rejected* - All sites of record are notified.

Status Update:

Status Update is the date the beneficiary's PH Status was last updated (display only).

Purple Heart Facility:

Purple Heart Facility is the facility from which the Purple Heart information was received (display only).

Assigned LAS:

The Legal Administrative Specialist (LAS) assigned to the case (display only).

The **Assigned LAS** field is editable for users with the proper permissions.

Rejected Remarks:

Rejected Remarks is a remark for why PH was rejected. Select from the dropdown.

Last Update Date:

Last Update Date is the date and time the record was last updated (Read-Only).

Last Updated By:

Last Updated By is the user who made the last update (Read-Only).

 **Note:** The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is released at a later date.

VOA File Attachments (VOA) – Click the ▶ arrow to expand the VOA file attachments list.

The **VOA File Attachments** function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. Users are able to view the attachments, determine what document types they contain, and indicate whether the documents are acceptable or not.

File Name:

File Name is the attachment file name. If the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

File Type:

File Type is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

Doc Type:

Doc Type are allowable values from which to select are: DD-214, DD-215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

Accept?:

Accept? allows users the ability to either accept or reject the attached document. The decision is displayed here.

Updated:

When a user edits the Accept? indicator via the **UPDATE** button, ES updates the **Updated Date/Time** field to the current date.

By:

When a user edits the Accept? indicator via the **UPDATE** button, the system updates the **By** field ID to the user's ID.

ADD:

When the user clicks the [**ADD**](#) link, the system allows the user to add another DocType for a file attachment.

UPDATE

The **UPDATE** button allows the user to update the **Doc Type** and/or **Accept?** fields. After doing so, the system updates the **Updated** date/time and the **By** fields.

Document Receipt

Document Receipt Date:

Enter the date the Purple Heart documentation was received.

Rules...

- Format: mm/dd/yyyy

Document Log In Date:

Document Log In Date is the date the confirmation documentation was logged in (display only).

Document Type:

Select the type of confirmation Purple Heart documentation from the dropdown.

Data Source:

Select the data source for the confirmation Purple Heart documentation from the dropdown.

Document Acceptable:

Is the documentation acceptable?

If	Then
Yes	Document is acceptable.
No	<p>User may enter Unacceptable Remarks if answering No to Document Acceptable.</p> <p>Rules...</p> <ul style="list-style-type: none"> ◆ The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's PH Award must be provided. For example, any one of the following documents is acceptable: ◆ DD-214 (Discharge) ◆ DD-215 (Discharge Update) ◆ World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO) ◆ Service Records showing the award ◆ Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

[LOG NEW DOCUMENT](#)

New Document Receipt

Document Receipt Date:

Enter the date the PH documentation was received.

Rules...

- ◆ Format: mm/dd/yyyy

Document Log In Date:

Document Log In Date is the date the confirmation documentation was logged in (display only).

Assigned LAS:

Select the Legal Administrative Specialist (LAS) to be assigned to the case from the dropdown.

Document Type:

Select the type of confirmation Purple Heart documentation from the dropdown.

Data Source:

Select the data source for the confirmation Purple Heart documentation from the dropdown.

Document Acceptable:

Is the documentation acceptable?

If	Then
Yes	Document is acceptable.
No	User may enter Unacceptable Remarks if answering No to Document Acceptable. Rules... <ul style="list-style-type: none">◆ The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's PH Award must be provided. For example, any one of the following documents is acceptable:<ul style="list-style-type: none">◆ DD-214 (Discharge)◆ DD-215 (Discharge Update)◆ World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO)◆ Service Records showing the award◆ Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

5.2.4 Other Eligibility Factors

[VIEW CLINICAL DETERMINATION](#)

On the **VIEW CLINICAL DETERMINATION** screen, various other eligibility factors for the beneficiary are displayed. Examples include but are not limited to:

- Environmental Contaminants
- Radiation Exposure
- Receiving Military Disability Retirement
- Catastrophic Disability
- Military Sexual Trauma
- Nose Throat Radium
- Spinal Cord Injury
- Combat Veteran Eligible
- SHAD
- Camp Lejeune

 **Note:** VA amended the regulation concerning how a Veteran is determined catastrophically disabled for the purposes of enrollment in PG 4. Prior regulations relied on specific codes from the following:

- International Classification of Diseases
- Ninth Revision
- Clinical Modification (ICD-9-CM)
- Current Procedural Terminology (CPT®)

The use of ICD-9-CM, ICD-10-CM, and CPT® codes in determining CD was eliminated. This ensures that CD regulations will not be out of date when new code versions are published. The revisions also broadened some of the clinical criteria for a finding of CD.

User may click on the [View Clinical Determination](#) link to access current and historical clinical determination information. Clinical determination information consists of Catastrophic Disability (CD), which includes the CD Descriptor, Military Sexual Trauma (MST), Nose Throat Radium (NTR), and Spinal Cord Injury information. This information is collected at the VAMC and sent to ES to be used in Eligibility and Enrollment Processing. Clinical determination information is shared with the Vista sites the beneficiary has visited.

Because ES no longer collects ICD data, “CD Condition”, “CD Procedure” and “CD Diagnosis” data categories on the **Clinical Determination** screen were replaced with “CD Descriptor” data.

Users may also click the [View Historical Retired CD Fields](#) link for historical clinical determination information from the **Clinical Determination** screen. The removed historical ICD data will remain on file on the **Retired Catastrophic Disability Fields Change History** screen.

5.2.5 Community Care

Community Care is a benefit available to Veterans that live beyond a reasonable distance from a VA Healthcare Center, but due to hardship, cannot easily reach a VA Healthcare Center. However, these Veterans might be eligible to receive health care from a non-VA provider within their community.

In ES, the **Eligibility** tab displays a **Community Care** section listing the applicable Health Benefit Plans (HBPs) assigned to the Veteran. The [Community Care](#) link allows users to access the **Community Care Determination** view only window.

5.2.5.1 Community Care Determination

The **Community Care Determination** screen displays Veteran information related to the Veteran's location and eligibility for Community Care. **Community Care Outcome** section displays the Veteran's Community Care Determination status. Users can override this determination by selecting **Yes** on the **Manual Override** field when a Veteran is determined *Not Eligible*. Click the **Remove Override** option to reverse this override.

The screenshot shows the 'Community Care Determination' page with the following sections:

- Veteran Information:** Includes fields for Residential Address Status (BAI), CCN Contractor Region, Enrolled date, Service Connected status, and Special Authority.
- Community Care Outcome:** Shows 'Community Care: Basic' and two radio buttons for 'Manual Override': Yes and Yes.
- Nearest VACAA Facility:** Displays VISN Number, Station Name/Station Number, Station Address, Distance, Date Determined, and a Result message: 'Address has not been geocoded yet'.
- Phone Numbers:** Lists Home, Cell, Work, and Temp phone numbers.
- Hardship:** Shows 'No Hardship'.
- Time Eligible Information:** Headers for VISN, Record Type, Medical Facility (Station No.), Clinically Indicated Date, Clinic/Consult Title, Clinic Stop Code, and Clinic Stop Code Name.

Figure 43: Community Care Determination

Veteran Information Section

Residential Address Status (BAI):

Status options are **U** for Undeliverable, **H** for Homeless, **N** for Address not found, **O** for Other, or **NULL** (no value) if no residential address.

Address Accuracy

Address Accuracy is the PSSG determined, Geocoding driving distance calculation. ES displays the following values: *AdminPlaces*, *Point Address*, *Postal*, *PostalExt*, *Street Address*, or *Street Name*.

Address

Type of address used to determine driving distance: Permanent, Residential, or Temporary

- Address Line 1
- Address Line 2 (if applicable)
- Address Line 3 (if applicable)
- City, State ZIP

 **Note:** A new mileage eligibility criteria is calculated, and a letter will be sent to the Veteran when the Veteran's residential address changes.

Enrolled:

The date that the Veteran became enrolled for VHA healthcare benefits

Service Connected:

Service Connected indicates whether the Health Benefit Plans are Service Connected (Y/N)

Special Authority:

Special Authority indicates whether the Veteran was given Special Authority eligibility to their Health Benefit Plans

Send to Contractors

The **Send to Contractors** button provides the ability to manually send the Veteran information to the Third Party Administrator (TPA) Contractor, also known as the Community Care Network (CCN) Provider.

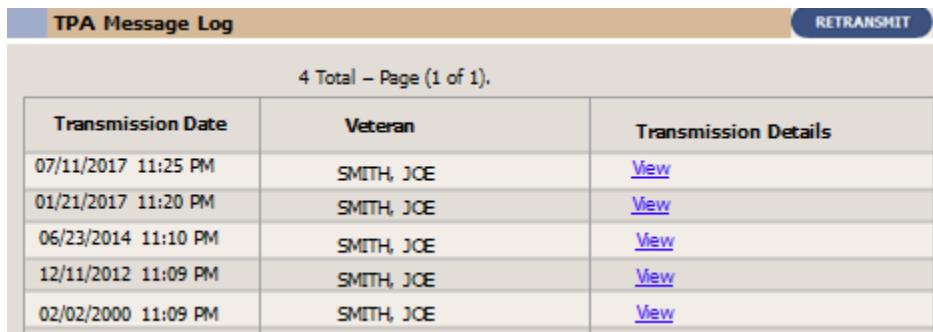
Notes:

 A Veteran can have a TPA relationship and a Community Care Network (CCN) relationship. In this case, ES sends Veteran information to both external systems. If the information is only sent to the TPA, the success message states, "*Person data marked to send to TPA Contractors.*" If the Veteran's information is sent to both the TPA and the CCN, the success message states "*Person data marked to send to both TPA and CCN Contractors.*"

 Users can also click the **Retransmit** button to manually retransmit the Veteran's information to the TPA Contractor via the **TPA Contractor Message Log** screen.

View Data Sent to TPA Contractors

Select the [View Data Sent to TPA Contractors](#) link to display the **TPA Contractor Message Log**. View the *TPA Transmission Details* by clicking **View** from the **Transmission Details** column. The **TPA Transmission Details** screen displays the TPA specific data fields.



TPA Message Log		
4 Total – Page (1 of 1).		
Transmission Date	Veteran	Transmission Details
07/11/2017 11:25 PM	SMITH, JOE	View
01/21/2017 11:20 PM	SMITH, JOE	View
06/23/2014 11:10 PM	SMITH, JOE	View
12/11/2012 11:09 PM	SMITH, JOE	View
02/02/2000 11:09 PM	SMITH, JOE	View

Figure 44: TPA Message Log

Phone Numbers Section

Phone Numbers:

Phone numbers on file for the Veteran: *Home, Cell, Work, Temporary*.

Hardship Section

The following fields do not appear if a hardship is not determined:

- ***Site Granting Hardship:***

The Site ID of the site granting the hardship

- ***Date Hardship Granted:***

The date that the hardship was granted

- ***Date Hardship Expires:***

The hardship expiration date

Community Care Outcome Section

The following Health Benefit Plans (HBPs) are listed

- Community Care Mileage

- Wait-Time

- VC Undue and Excessive Burden
- VC Air
- Boat
- Ferry
- VC Basic

Community Care:

The following Community Care eligibility benefits are as applicable: (more than one apply)

- No Longer Eligible (Veteran was previously eligible for Community Care, but is no longer eligible).
- Basic – Veteran meets the basic qualifications for Community Care eligibility
- Hardship – Veteran has qualified for Community Care due to a Hardship being granted.
- Mileage – Veteran has qualified for Community Care due to driving distance.
- Wait-Time – Veteran has qualified for Community Care due to being on one or more of: Veterans Choice List (VCL), Electronic Wait List (EWL), or a Consult (CON).

Community Care Determination - Manual Override Button:

User assign the permissions to perform the *Manual Override* and *Remove Override* functions will see the end result information of both functions. Buttons are disabled when permission is not granted. (See the **Eligibility How Do I** section for instructions on how to use this feature.)

Eligibility Change History Screen:

All updated Community Care data displays on the **Eligibility Change History** screen.

Community Care Manual Override Screen:

The **Community Care Manual Override** screen displays when the user clicks the red arrow. The Override screen allows the user to do the following:

- Specify a Community Care Override Reason:
 - Administrative Decision
- Enrollment System Record Error
- Mileage
- Legislative Change
- Enter Community Care Override Comments (required)
 - Specify the Community Care Outcome (Current or New).

 **Note:** **Update** displays a confirmation message “*Community Care Updated Successfully*”; **Cancel** takes you back to the **Community Care Determination** screen in its initial state.

Nearest Veterans Access, Choice, Accountability Act (VACAA) Facility Section

VACAA Facility information is used for geocoding in the PSSG Drive Distance Information table.

VISN Number:

Number for the station in the geocoding table.

Station Name / Station Number:

Name or number of the nearest VACAA facility.

Station Address:

The full station address.

Distance (driving distance):

Distance in miles displayed out to one decimal place.

Date Determined:

Date geocoding was performed in the MM/DDYY format. Result:

The results are displayed in text not numeric code as follows:

- Address cannot be coded.
- Veteran Address is less than or equal to 40 miles and does not meet the exceptions.
- Veteran resides in the state of Alaska (AK).
- Veteran resides in the state of Hawaii (HI).
- Veteran resides in the state of New Hampshire (NH) and is greater than 20 miles from the White River junction VA Medical Facility.
- Veteran resides more than 40 miles from a VA facility.
- Veteran resident in US territories – Guam, American Samoa, Northern Mariana Islands (CNMI), US Virgin Islands and the Philippines.

Time Eligible Information Section

VISN Number:

Number for the station in the geocoding table.

Record Type:

Associated acronym/value on the geocoding table: EWL (Electronic Wait List), VCL (Veterans Choice List), CON (Choice First Consult).

Medical Facility (Station No.):

Station name and number on the geocoding table

Clinically Indicated Date:

Appointment desired date in the geocoding table

The following four columns display (permission based):

- Clinic/Consult Time
- Clinic Stop Code
- Clinic Stop Code Name
- Consult Status

Other Ineligibility

The **Other Ineligibility** section displays other ineligibility factors such as the reason, the VARO decision, and the effective date the Veteran was found to be ineligible for VHA Health Care.

Financial Assessment

The **Financial Assessment** section allows users to view a Veteran's current and historical financial assessment information. Financial assessment includes applicable spouse and dependent information.

Community Care Determination

[VIEW COMMUNITY CARE DETERMINATION HISTORY](#) [RETURN TO ELIGIBILITY](#)

Veteran Information		Community Care Outcome				
Residential Address Status: N/A (BAI): Address Accuracy: Residential Address at the time of Drive Distance Determination	Community Care: Not Eligible Manual Override: <input type="radio"/> Yes Remove Override: <input type="radio"/> Yes					
Nearest VACAA Facility VISN Number: N/A Station Name/Station Number: N/A Station Address: N/A Distance: N/A Date Determined: N/A Result: Address has not been geocoded yet						
Phone Numbers Home: N/A Cell: N/A Work: N/A Temp: N/A						
Hardship No Hardship						
Time Eligible Information <table border="1"> <thead> <tr> <th>VISN</th> <th>Record Type</th> <th>Medical Facility (Station No.)</th> <th>Clinically Indicated Date</th> </tr> </thead> </table>			VISN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date
VISN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date			

Figure 45: Community Care Determination

5.2.5.2 Viewing Veteran Records From Community Care Determination Screen

Figure 46: Community Care Network (CCN) Contractors Message Log

Users can view the records sent to Community Care Network (CCN) Contractors through the **Eligibility** tab by clicking on the [VIEW COMMUNITY CARE DETERMINATION HISTORY](#) link. Records will be displayed in reverse chronological order.

Columns will display the following on the **CCN Contractors Message Log**:

Transmission Date

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

If	Then
Veteran's CC Eligibility is changed using Manual Override at 10:30 AM	The record is created and marked Send and the Transmission Date is set to 10:30 AM and the Created Date is 10:30 AM.
Veteran's address changed at 11:30 AM	The same record is updated and the Transmission Date is set to 11:30 AM. However, the created date remains the same.

Notes:

- 💡 The Transmission Date process is repeated until the record is picked up and sent to VA Data Access Service (DAS).
- 💡 Once the Veteran's record goes to DAS, any changes to that person creates a new entry thereafter.

Status

One of the following:

- Send – Marked to Send
- Sent – Picked up and sent in a file to DAS
- DAS Success – DAS was able to deliver the file to CCN
- DAS Failed – DAS could not deliver the file to CCN
- Success – CCN Processed the file and did not find any issue.
- Failed – CCN Processed the file and found issues.

Type

One of the following:

- Solicited – Request for Veteran’s Choice Eligibility (VCE) and Demographic Information to CCN Contractor.
- Unsolicited – A change in a Veteran’s demographics or VCE.
- Manual – A manual change to a Veteran’s VCE mileage eligibility through the CC Override to be either *mileage eligible* or *ineligible*.
- Initial – Sending a one-time file to CCN Contractors for Veterans who are eligible for VCE.

CCN Contractor

Community Care Network (CCN) Providers (Currently called, “TPA – Third Party”)

CCN Request Made Date:

The created date.

Transmission Details

Click the [View](#) link to go to the **CCN Message Transmission Details** screen.

Retransmit

Click the **Retransmit** button to send the Veteran’s current demographic and eligibility information to the CCN Contractor.



Note: The **CCN Request Made** column populates with a date and time only if the type is *Manual* or *Solicited*.

5.2.5.3 Sending Initial Veteran Records to CCN Contractors (VCE Code and PCP Information)

ES sends an initial record of the Veteran's CC information (e.g., Veterans Choice (VC)/Community Care (CC) Eligibility Program and Services, Demographics and Primary Care provider information) when the CCN Contractors are awarded contracts. The CCN needs a listing of all Veterans eligible for Community Care with their Primary Care Provider (PCP) information.

- Record has a Veterans Choice Eligibility (VCE) code that is not NULL or “X”.
- VCE code is populated with either “B” (if enrolled and not Mileage or Hardship eligible), “H” (if Hardship eligible), or “M” (if Mileage eligible).
- Initial file also contains the Veteran’s PCP information, which is provided from a source outside of the ADR database.
 - If a Veteran has multiple PCPs then the PCP most recently assigned to that Veteran is selected.
 - If PCP information for a Veteran contains a past End Date, PCP is ignored.

Updated VCE and Demographics from CCN Contractors

ES receives a message from the CCN Contractor requesting updated Demographic contact information and VCE for a Veteran. Upon receipt of the message, ES immediately sends the Veteran’s Demographic and VCE information to all CCN Contractors.

Available VCE to CCN Contractors when Changes are Made

- ES sends the Veteran’s record to the CCN Contractor when VCE mileage eligibility for a Veteran within the Veterans Choice and Enrollment Determination process is updated.
- ES sends the Veteran’s record to the CCN Contractor when a Veteran’s VCE mileage eligibility is changed (CC Override is manually changed) to either mileage eligible or ineligible.
- ES sends a record to the CCN Contractor only when it is triggered from CC Eligibility/Enrollment Determination process updates or from the CC Override Changes under the following conditions:

Veteran's VCE Mileage Eligibility Codes

VCE Mileage Eligibility	Codes
Veteran is no longer eligible	Send X as the VCE. Note: Sending the Veteran’s record with a VCE of “X” should occur only if the VCE was previously shared with the CCN Contractors.

VCE Mileage Eligibility	Codes
Veteran becomes eligible for CC based on Benefits	Send B. 💡 Note: Community Care Code.
Veteran becomes eligible for CC based on Mileage	Send M. 💡 Note: Veterans Choice Eligibility Code.
Veteran becomes eligible for CC based on Hardship	Send H. 💡 Note: Veterans Choice Eligibility Code.
The Veteran was mileage eligible for Community Care services, but became mileage ineligible	Send H, B, X (depends on codes/rules). 💡 Note: Veterans Choice Eligibility Code.
Veteran's permanent, temporary, or residential address changes	ES sends the record containing both the active mailing address and residential address to the CCN Contractors.

Notes:

- 💡 CASS Certification status based on an address is not a factor for sharing the address with the CCN Contractors.
- 💡 ES determines if the Permanent Mailing Address or the Temporary Mailing Address is considered the active correspondence mailing address based on current business rules.

ES sends a Veteran record to a CCN Contractor when changes occur on demographic information, HL7, or Web Services. The following fields trigger the notification:

- Last Name, First Name, Middle Initial
- Date of Birth
- Birth Sex
- Address Types – Permanent Mailing Address, Temporary Mailing Address, and Residential Address
- Personal Email Address
- Home Phone Number, Mobile Telephone Number, Temporary Phone Number (if applicable)

Values for the **Veteran's Choice Eligibility Code** field must be “X”, “M”, “H”, or “B” when a user creates a record to send to a CCN Contractor.

Notes:

- 💡 ES sends a record to the CCN Contractor if the Veteran's Choice Eligibility Code is not NULL or "X".
- 💡 Data fields associated with the Veteran's Primary Care Provider are blank.

On-Demand Demographic Contact Information and Eligibility Information Sent to CCN Contractors from the Community Care Determination Screen

The **Send to Contractors** button displays from the **Community Care Determination** screen **Veteran Information** section. However, the **Send to Contractors** button also does not display if the Veteran's Community Care eligibility code does not display.

ES requests confirmation from the user when the user clicks the **Send to Contractors** button,

ES immediately sends the Veteran's demographic contact information and eligibility information to all CCN Contractors on-demand, rather than waiting to send the records for the next batch when the user confirms the "Send to Contractors" action.

Acknowledgement Message from CCN Contractors

ES receives an acknowledgement message from the CCN Contractor that received a record. ES stores the acknowledgment date/time and result. The date/time and result is shared with VistA.

Manage Demographic Contact Information (Region/State Associations)

[VIEW HISTORICAL ASSIGNMENTS](#)

Manage State Region Assignments					
Name	Region	Name	Region	Name	Region
Alabama	Region 3	Alaska	Region 4	American Samoa	Region 4
Arizona	Region 4	Arkansas	Region 3	California	Region 4
Colorado	Region 4	Connecticut	Region 1	DC	Region 1
Delaware	Region 1	Florida	Region 3	Georgia	Region 3
Guam	Region 4	Hawaii	Region 4	Idaho	Region 4
Illinois	Region 2	Indiana	Region 2	Iowa	Region 2
Kansas	Region 2	Kentucky	Region 2	Louisiana	Region 3
Maine	Region 1	Maryland	Region 1	Massachusetts	Region 1
Michigan	Region 2	Minnesota	Region 2	Mississippi	Region 3
Missouri	Region 2	Montana	Region 4	Nebraska	Region 2
Nevada	Region 4	New Hampshire	Region 1	New Jersey	Region 1
New Mexico	Region 4	New York	Region 1	North Carolina	Region 1
North Dakota	Region 2	Northern Mariana Islands	Region 4	Ohio	Region 2
Oklahoma	Region 3	Oregon	Region 4	Pennsylvania	Region 1
Puerto Rico	Region 3	Rhode Island	Region 1	South Carolina	Region 3
South Dakota	Region 2	Tennessee	Region 3	Texas	Region 4
U.S Virgin Island	Region 3	Utah	Region 4	Vermont	Region 1
Virginia	Region 1	Washington	Region 4	West Virginia	Region 1
Wisconsin	Region 2	Wyoming	Region 4		

UPDATE **CANCEL**

Figure 47: Manage State Region Assignments

Users with **Edit CCN Contractor** permission can access the **Manage State Region Assignments** screen.

Select the states or territory associated with “regions” from a required, view-only list from the **Region** column. Any region not selected triggers the following error message:

“An entry for all states and territories is required.”

The regions choices are:

- Region 1
- Region 2
- Region 3
- Region 4

Regions refer to the four geographical regions of the country that are supported by a particular contractor.

Click the [VIEW HISTORICAL ASSIGNMENTS](#) link to launch the **Historical Region/State Associations** screen. The user can update the region or cancel out of the screen.

Regions are derived from the Veteran’s **Residential Address**. ES saves the update to a log file if the user updates a region. The update reflects the new region, as well as the date/time the update occurred.

A change on the **CCN Contractor Region** screen is reflected in the **Community Care Determination** screen as a view-only field.

Community Care Determination	
Veteran Information	
Residential Address Status (BAI): N/A	
Address Accuracy:	
Residential Address at the time of Drive Distance Determination	
CCN Contractor Region: Region 3	
Enrolled: 09/01/2017	
Service Connected: Yes	Special Authority: No
SEND TO CONTRACTORS	
View Data Sent to CCN Contractors	

Figure 48: Drive Distance Determination

5.2.5.4 Community Care Determination History

The **Community Care Determination History** screen lists the following information: *Old Value*, *New Value*, and *Data Changed*. All updated data displays on this screen.

A green icon  in the **Data Changed** column shows when a change is made by a user or the system. Changes display under the **Change Times** dropdown.

The following sections display on the **History** screen:

- Community Care Outcome
- Manual Override
- Veteran Information
- Nearest VACAA Facility
- Hardship
- Time Eligible Information

History Change Details (08/16/2017 13:37:57PM)		Date Changed		
Category	Old Value	New Value		
Community Care Outcome:				
Veterans Choice Eligibility (VCE):	N	N		
Community Care Outcome:	No longer eligible for the Veterans Choice Program	Retiring eligibility for the Veterans Choice Program		
Last Edited:	08/16/2017 13:37:57PM	08/16/2017 13:37:57PM		
Edited By:	User, Anonymous	User, Anonymous		
Community Care Manual Override:				
Manual Override Reason Type:	Administrative Decision	Administrative Decision		
Manual Override Indicators:	None	Removed		
Manual Override Reason Comments:	Test	MEC		
Last Edited:	08/16/2017 13:38:03PM	08/16/2017 13:37:57PM		
Edited By:	User, Anonymous	User, Anonymous		
Veteran Information				
Address:	USA,2714 PINEHORN DR 80284 NORTHVIEW STREET APT 2241	USA,2714 PINEHORN DR 80284 NORTHVIEW STREET APT 2241		
Zip:	20170	20170		
Zip Plus 4:				
City:	MENDON	MENDON		
State:	VA	VA		
Last Edited:	08/16/2017 13:38:03PM	08/16/2017 13:37:57PM		
Edited By:	User, Anonymous	User, Anonymous		
Nearset VA/VA Facility				
VSN:	5	5		
Station Number:	000004	000004		
Station Name:	PORT BELVOIR VA CLINIC	PORT BELVOIR VA CLINIC		
Address Line 1:				
Address Line 2:	5000 David Lane	5000 David Lane		
Address Line 3:				
Address Line 4:				
Zip:	22060	22060		
Zip Plus 4:	5205	5205		
City:	Port Belvoir	Port Belvoir		
State:	VA	VA		
Distance (Miles):	0	0		
Date Determined:	08/17/2017 2:25:35PM	08/17/2017 2:25:35PM		
Result:	Veteran Address is equal to or less than 40 miles from the nearest VA Medical Facility	Veteran Address is equal to or less than 40 miles from the nearest VA Medical Facility		
Last Edited:	08/16/2017 13:38:03PM	08/16/2017 13:37:57PM		
Edited By:	User, Anonymous	User, Anonymous		
Hardship				
Site Ranking Hardship:		PORT BELVOIR VA CLINIC (#00004)		
Date Hardship Grand:		08/17/2017 2:26:32PM		
Date Hardship Expires:		N/A		
Time Eligible Information				
Information:				
	VSN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date
	VSN 5	VCL	PORT BELVOIR VA CLINIC (#00004)	2017-08-17 14:38:22.0
	VSN	Record Type	Medical Facility (Station No.)	Clinically Indicated Date
	VSN 5	VCL	PORT BELVOIR VA CLINIC (#00004)	2017-08-17 14:38:22.0

Figure 49: Community Care Determination History

5.2.6 Viewing Historical Eligibility

All fields that appear on the **History** screen are ES populated, read only fields. These are the same fields that appear on the **Eligibility** screen.

These fields are: **Eligibility Details**, **Old Value**, **New Value**, **Data Changed**.

5.2.7 Selecting Period of Service

The **Select Period of Service** screen displays when user has manually changed the *Veteran Indicator* on the [Edit Current Eligibility](#) screen from **Yes** to **No**, (making a Veteran a non-Veteran) and clicked the **Accept Changes** button.

The *Period of Service (POS)* values available are contingent on the specific *Non-Veteran Eligibility Code* selected. If multiple *Non-Veteran Eligibility Codes* are selected, ES will determine the available *Period of Service* dropdown selections based on a hierarchy. Only one POS may be selected. ES will not allow the submission of the data until the POS is entered.

Primary Eligibility Code:

Primary Eligibility Code is the *Non-Veteran Eligibility Code* that has been selected on the [Edit Current Eligibility](#) screen.

ES filled.

★*Period of Service:*

Period of Service (POS) is the POS which best classifies the Veteran. The primary period of service is the POS that takes precedence in determining the highest benefits afforded to the beneficiary.

POS data is shared with VistA.

More...

- Users must manually enter a *Period of Service* if they manually change the *Veteran Indicator* from **Yes** to **No**, making a Veteran a non-Veteran.
 - The *Period of Service* is contingent on the specific *Non-Veteran Eligibility Code* that has been entered on the [Edit Current Eligibility](#) screen.
 - ES will determine the available *Period of Service* dropdown selections based on a hierarchy if multiple *Non-Veteran Eligibility Codes* are selected,
 - Only one POS may be entered.
- ★ Indicates Required Field

5.3 Demographics

5.3.1 Overview

The **Overview** screen presents the user with a snapshot of the demographic information that is available for the beneficiary.

Users may:

- [Update Addresses](#) – allows users to add/update Veteran's mailing address information, which includes: Residential Address, Permanent Mailing Address, Temporary Mailing Address or Confidential Address. A checkbox appears next to the active address type.
- [Update Associates](#) – presents the user with a snapshot of the current associate information available for the Veteran. Users may click on a current Name link to update the information for that associate. Users may also click on the [Add Associate](#) button to add other associates. The [Add Other Associates](#) link also presents the user with the [Add Associates](#) screen allowing them to add other associates.
- [Update Personal](#) – allows user to add or update items such as beneficiary's Date of Death, Employment Status and Preferred Language (currently inactive) information.
- [Update Insurance](#) – allows the user to access insurance information as well as enter/edit specific beneficiary insurance information.
- [Demographics](#) – a history of Veteran record modifications will be viewed on [Demographics](#) detailing who modified the record and the time it happened.

5.3.2 Identity Traits

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

When *Identity Trait* updates are pending, the user can only view data. ES prevents any updates or edits to the Veterans information.

[VIEW SUBMITTED IDENTITY TRAITS](#)

Allows users to view the *Identity Traits* updates that have been submitted for this patient and the current status of those updates for user-selected dates/times.

[VIEW HISTORICAL IDENTITY TRAITS](#)

Allows users to view the *Identity Traits History* changes made for this patient with "Old" and "New" values for user-selected dates/times.

Prefix:

Prefix is the title supplied for the beneficiary such as Mr., Ms., Mrs., etc.

Rules...

- ◆ If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
- ◆ *Prefix* is free-text and must be between 1 and 10 characters.

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

First Name:

Enter the Veteran's complete legal first name. Avoid using nicknames or ambiguous information.

More...

- ◆ Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- ◆ Apostrophes and hyphens are the only punctuation that can be used.
- ◆ Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- ◆ First Name must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if the Veteran does not have a middle name; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- No parenthesis may be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- Middle Name must be between 1 and 25 characters.

★ Last Name:

Enter the Veteran's complete legal Last Name.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Multiple Last Name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the ***Last Name*** field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- Last Name must be between 1 and 35 characters.
- Individual's Last Name is a required field.

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- Suffix must be between 1 and 10 characters.

Member ID:

Member ID represents the Veteran's EDIPI. Member ID is a read-only field in ES and a unique identifier for each Veteran in the Community Care program. Member ID is the identifier on the Community Care identity card.

SSN:

SSN is defined as the individual's social security number.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

- *In-Process* ...SSN validation is being processed.
- *Invalid per SSA* ...SSA has declared SSN invalid.
- *New Record* ...indicates this is a new record and needs to be sent to SSA for verification.
- *Resend to SSA* ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

SSA Verification Date indicates the date of the SSN verification from the Social Security Administration (system generated).

SSA Message:

SSA Message is an error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

SSN Source of Change is an audit field to capture the source of the updated SSN. Select from the dropdown.

Pseudo SSN Reason:

Choices for assigning a Veteran Pseudo SSN are:

- Follow-up required
- Verification Process:
 1. System sends letter to beneficiary asking for SSN.
 2. If Veteran returns SSN, HEC then sends the SSN validation request to the SSA.
- No SSN assigned
- Refused to Provide

Pseudo SSN Reason data is shared with VistA.

 **Note:** If a Veteran has a *Pseudo SSN* in VistA, it will not display in ES. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

- Pseudo SSN Reason is required for first time entry of Pseudo SSN where no SSN previously existed.

Birth Sex:

Birth Sex is defined as the gender that best describes the Veteran's sex.

More...

- In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.
- The acceptable choices are:
 - F – Female
 - M – Male

Self-Identified Gender Identity:

The gender with which the Veteran identifies.

Date of Birth:

The Date of Birth is the date the Veteran was born.

Rules...

Date of Birth:

- Cannot be a future date.
- Cannot occur after the Date of Death.
- Cannot occur after the Ineligible Date.
- Cannot occur after the Enrollment Application Date.
- Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.

Place of Birth City:

The Place of Birth City is where the beneficiary was born. Place of Birth City is display only.

Place of Birth City data is shared with VistA.

Place of Birth State:

The Place of Birth State is where the beneficiary was born. Place of Birth State is display only.

Place of Birth State data is shared with VistA.

Multiple Birth Indicator:

Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included. Multiple Birth Indicator is display only.

Multiple Birth Indicator data is shared with VistA.

Mother's Maiden Name:

Displays the beneficiary 's mother's maiden name in "LAST NAME, FIRST NAME MI" format. Mother's Maiden Name is display only.

Race:

Race or racial group to which the beneficiary belongs. *Race* is display only and can have multiple values.

Race data is shared with VistA.

Ethnicity:

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only.

Ethnicity data is shared with VistA.

[VIEW SUBMITTED IDENTITY TRAITS](#)

Allows users to view the *Identity Traits* updates that have been submitted for the Veteran, and the current status of those updates for user-selected dates/times.

[VIEW HISTORICAL IDENTITY TRAITS](#)

Allows user to view the *Identity Traits* history changes made for this person with "Old" and "New" values for user-selected dates/times.

Prefix:

Prefix is the title supplied for the registrant such as Mr., Ms., Mrs., etc.

Rules...

- If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
- *Prefix* is free text and must be between 1 and 10 characters.

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

First Name:

Enter the Veteran's complete legal first name. Avoid using nicknames or ambiguous information.

More...

- Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- First Name must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if the Veteran does not have a middle name; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

- ◆ Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- ◆ No parenthesis may be used.
- ◆ Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- ◆ Middle Name must be between 1 and 25 characters.

★ *Last Name:*

Enter the Veteran's complete legal Last Name.

More...

- ◆ Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

- ◆ Multiple Last Name components must be separated by spaces.
- ◆ People with hyphenated names should be entered with the hyphen included.
- ◆ Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the ***Last Name*** field.
- ◆ Apostrophes and hyphens are the only punctuation that can be used.
- ◆ Official documentation.
 - Documentation defined as court documents or social security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change, must be required for a name change.
- ◆ Last Name must be between 1 and 35 characters.
- ◆ Individual's Last Name is a required field.

Suffix:

Suffix is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- Suffixes must be entered without punctuation.
- Suffix must be between 1 and 10 characters.

Member ID:

Member ID represents the Veteran's EDIPI. Member ID is a read-only field in ES and a unique identifier for each Veteran in the Community Care program. Member ID is the identifier on the Community Care identity card.

SSN:

SSN is defined as the individual's social security number.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

- *In-Process* ...SSN validation is being processed.
- *Invalid per SSA* ...SSA has declared SSN invalid.
- *New Record* ...indicates this is a new record and needs to be sent to SSA for verification.
- *Resend to SSA* ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

SSA Verification Date indicates the date of the SSN verification from the Social Security Administration (system generated).

SSA Message:

SSA Message is an error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

SSN Source of Change is an audit field to capture the source of the updated SSN. Select from the dropdown.

Pseudo SSN Reason:

Choices for assigning a Veteran Pseudo SSN are:

- Follow-up required
- Verification Process:
 1. System sends letter to beneficiary asking for SSN.
 2. If Veteran returns SSN, HEC then sends the SSN validation request to the SSA.
- No SSN assigned
- Refused to Provide

Pseudo SSN Reason data is shared with VistA.

 **Note:** If a Veteran has a *Pseudo SSN* in VistA, it will not display in ES. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

- Pseudo SSN Reason is required for first time entry of Pseudo SSN where no SSN previously existed.

Birth Sex:

Birth Sex is defined as the gender that best describes the Veteran's sex.

More...

- In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.
- The acceptable choices are:
 - F – Female
 - M – Male

Self-Identified Gender Identity:

The gender with which the Veteran identifies.

Date of Birth:

The Date of Birth is the date the Veteran was born.

Rules...

Date of Birth:

- Cannot be a future date.

- Cannot occur after the Date of Death.
- Cannot occur after the Ineligible Date.
- Cannot occur after the Enrollment Application Date.
- Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.

Place of Birth City:

The Place of Birth City is where the beneficiary was born. Place of Birth City is display only.
Place of Birth City data is shared with VistA.

Place of Birth State:

The Place of Birth State is where the beneficiary was born. Place of Birth State is display only.
Place of Birth State data is shared with VistA.

Multiple Birth Indicator:

Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included.
Multiple Birth Indicator is display only.
Multiple Birth Indicator data is shared with VistA.

Mother's Maiden Name:

Displays the beneficiary 's mother's maiden name in "LAST NAME, FIRST NAME MI" format. Mother's Maiden Name is display only.

Race:

Race or racial group to which the beneficiary belongs. *Race* is display only and can have multiple values.

Race data is shared with VistA.

Ethnicity:

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only.
Ethnicity data is shared with VistA.

★ Indicates Required Field

5.3.3 Personal (Person History)

ES maintains the history of all Veteran record modifications, including Date of Death information.

Sensitivity Flag:

Sensitivity Flag is an indication that this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

The indicator notifies HEC of a classified record.

Sensitivity Flag data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected, user may select a site from the *Sensitivity Flag Change Site* dropdown.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for *Sensitivity Flag Change Source*, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected for *Sensitivity Flag Change Source*, user may then select a site from the dropdown.

Degree:

The **Degree** field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Alias Names:

Alias Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Alias Names field is display-only.

Alias SSNs:

Alias SSNs that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

Alias SSNs field is display-only.

Date of Death:

Date of Death is defined as the official deceased date for the individual.

 **Note:** ES automatically deletes the *Death Notification Source*, *Death Notification Site* and the *Date of Death Report Date* when Date of Death is deleted.

More...

- ◆ Death certificates are required to enter a Date of Death. Dates of Death must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.
- ◆ ES will populate the following fields if the Date of Death was received from MVI:
 - Date of Death
 - Death Notification Source: This field from MVI contains one of the following values: VAMC INPATIENT DEATH, NCA, CORP, SPOUSE/NOK/OTHER PERSON, EVVE QUERY, SSA DMF, DoD, or Death Notification Site.
- ◆ ES does not process Date of Death information sent by VistA.
- ◆ Use the following as authoritative sources in order of precedence: Veterans Health Administration (VHA) facility is an authoritative source for Date of Death if the person died in the VHA facility or while under VA auspices.
 - SSA
 - Department of Vital Statistics
 - Death Certificate
 - National Cemetery Administration (NCA) is an authoritative source for the Date of Death if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

- ◆ Date of Death must be a precise date (MM/DD/YYYY) for ES to save the record. However, ES will accept an imprecise Date of Death that was sent by MVI.
- ◆ Imprecise Date of Death does not apply to HL7.
- ◆ Date of Death cannot be a future date or a date prior to the Date of Birth.
- ◆ If Date of Death is populated, the Death Notification Source is required information.
- ◆ If the Date of Death is reported in the YYYY format by MVI, and:

- The death occurred in the prior year, the Enrollment End Date will be set to the last day of the prior year (e.g., the reported death is 2016 and today is 1/21/2017, the Enrollment End Date will be 12/31/2016).
- The Date of Death occurred in the current year, the Enrollment End Date will be set to the current date (e.g., the reported death is 2017 and today is 1/21/2017, the Enrollment End Date will be 1/21/2017).
- If the Date of Death is reported in the MM/YYYY format by MVI, and:
 - The death occurred in the prior year, the Enrollment End Date will be set to the last day of the reported month of that year (e.g., the reported death is 03/2016 and today is 1/21/2017, the Enrollment End Date will be 3/31/2016).
 - The death occurred in the prior month of the current year, the Enrollment End Date will be set to the last day of the reported month of the current year (e.g., the reported death is 01/2017 and today is 2/21/2017, the Enrollment End Date will be 1/31/2017).
 - The death occurred in the current month of the current year, the Enrollment End Date is the current date (e.g., if today is 2/14/2017 and date of death sent is 02/2017, the system will set the date to 2/14/2017).
- If the Date of Death is deleted, ES automatically NULLS out the Death Notification Source, Supporting Document Short Name, Date of Death Entered By, and the Date on which Date of Death was entered. The Date of Death Update Date should be set to the current date.

Death Notification Source:

Death Notification Source is defined as the source of the Date of Death being added. The Death Notification Source value appears as SPOUSE/NOK/OTHER PERSON when the Date of Death is entered. Death Notification Source is a read-only field.

Death Notification Source is required information if the Date of Death is populated.

Rules...

- SPOUSE/NOK/OTHER PERSON will be the only value in the **Source of Notification** field.
 - After a Date of Death is entered, a popup with following message appears: "Death Notification Source will be set to SPOUSE/NOK/OTHER PERSON." Clicking OK will populate the Death Notification Source as that.

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the Date of Death is reported or updated (system filled and may be imprecise).

More...

- ◆ ES will use the date received if the source does not supply a date.

★Preferred Facility:

ES automatically determines the Veteran's *Preferred Facility* by obtaining a list of active and inactive PCPs from the Corporate Data Warehouse (CDW). "PCP" is the Veteran's Primary Care Provider.

The PCP is assigned in preferential order by source designation: Active PCP, Inactive PCP, ESR, then VistA. The source designation is next to the **Preferred Facility** field.

PCPs are displayed and not editable if there are preferred facilities with a source designation of "PCP Active".

Updates to the **Preferred Facility** fields are allowed only if the preferred facilities' source designation is "PCP Inactive", "ESR", "Vista", or "NULL."

From the dropdown, the user is required to select at least one *Preferred Facility*, if none exist. When selecting, the source designation for the selected/edited facility is set to "ESR".

Preferred Facility data is shared with VistA.

★Preferred Language: (Currently Inactive)

The Veteran's preferred language. The **Preferred Language** field defaults to English, but may be changed.

The user selects their preferred language from a dropdown list.

★Language Entry Date: (Currently Inactive)

The date the Veteran's preferred language was entered. The date can be entered manually or automatically.

More...

- ◆ The initial value for the **Language Entry Date** field is blank.
- ◆ If no date is entered, the value defaults to the current date upon a successful update.
- ◆ If the user selects a value from the Preferred Language drop-down list, the **Language Entry Date** field is blank, but can be edited. For example, if a Veteran enters his/her preferred language on a 10/10EZ form, the ES user should enter the date of the 10/10EZ form into the **Language Entry Date** field.

Rules...

Language Entry Date:

- Cannot be a future date.
- Can be a date in the past. However, the date cannot be before the Veteran's date of birth.

Claim Folder Number:

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

Claim Folder Number data is shared with VistA.

Rules...

- The Claim Folder Number is a 7-9 character unique number utilized by the VBA prior to its conversion to use of the SSN. The data field will accept either this 7-9 character unique number or the SSN. A claim number is established only if the beneficiary has filed a benefit claim with VBA. Leave the Claim Folder Number field blank if a claim number has not been established.
- The SSN data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
- A Pseudo SSN is not appropriate for this field.

Claim Folder Location:

The Claim Folder Location is the VA regional office or record location where the beneficiary's claim folder is filed.

Claim Folder Location data is shared with VistA.

Emergency Response:

The Emergency Response indicator can be multiple values. Only **Hurricane Katrina** can be selected, presently.

User Enrollee Valid Through:

Veterans who receive or are scheduled to receive healthcare services during a given fiscal year. A Veteran who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

User Enrollee Valid Through field is ES filled.

User Enrollee Site:

Defined as a site that first identifies a user status for a given fiscal year.

The **User Enrollee Site** field is ES filled.

Appointment Request Date:

The date VistA captures when the *Appointment Request Response* question is answered. ES captures the current date/time the prompt was answered.

A date is shown only if a response is displayed in the **Appointment Request Response** field.

The **Appointment Request Date** field is ES filled and Appointment Request Date data is shared with VistaA.

Appointment Request Response:

The Appointment Request Response is the "Yes" or "No" or null response from the Veteran when asked "Do you want an appointment?" as entered on the 10-10EZ form or as entered when registering a Veteran through the ESR Registration process.

The **Appointment Request Response** field is system filled Appointment Request Response data is shared with VistaA.

Benefit Applied For (VOA):

The benefit for which the applicant has applied.

The **Benefit Applied for (VOA)** field is ES filled.

Marital Status:

Marital status of the Veteran. Select from the dropdown.

Marital Status data is shared with VistaA.

Religion:

Defined as the listed religion for the Veteran.

The **Religion** field is ES filled.

Father's Name:

Defined as the father's name of the Veteran in the format of LAST, FIRST MIDDLE SUFFIX.

The **Father's Name** field is ES filled.

Mother's Name:

Defined as the mother's name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

The **Mother's Name** field is system filled.

Employment Status:

The current employment status of the Veteran. Select from the dropdown.

If	Then
Employment Status is set to "Retired"	Date of Retirement field may be edited.
Employment Status is changed from "Retired" to any other value	Date of Retirement field will be deleted.
Employment Status is changed to "Unknown" or "Not Employed"	The following field values will be deleted: <ul style="list-style-type: none">• Employer Name• Employer Address Group• Employer Phone Number• Date of Retirement

Employer Name:

A free-text field of 1 – 30 characters which displays the applicant's employer's name.

The **Employer Name** field is ES filled.

Occupation:

A free-text field of 1 – 30 characters which displays the applicant's occupation.

The **Occupation** field is ES filled.

Employer Address Line 1:

A free-text field of 1 – 30 characters which displays the employer's address. *Address Line 1* is the number and street or post office box of a mailing address.

The **Employer Address Line 1** field is ES filled.

Employer Address Line 2:

A free-text field of 1 – 30 characters which displays the employer's address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

The **Employer Address Line 2** field is ES filled.

Employer Address Line 3:

A free-text field of 1 – 30 characters which displays the employer's address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

The **Employer Address Line 3** field is ES filled.

City:

A free-text field of 1 – 30 characters which displays the employer's city.

The **City** field is ES filled.

State:

Displays the employer's state.

The **State** field is ES filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer's zip code.

The **Zip Code** field is ES filled.

Employer Phone Number:

A free-text field of 3 – 30 characters which displays the Veteran's employer's phone number.

The **Employer Phone Number** field is ES filled.

Date of Retirement:

The applicant's Retirement Date in standard date format (mm/dd/yyyy).

The **Date of Retirement** field is ES filled unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If **Employment Status** field is changed from "Retired" to any other value, the **Date of Retirement** field will be deleted.

★ Indicates Required Field

5.3.4 Personal (Add a Person)

The **Add-a-Person Personal** screen is pre-populated with the data that was entered in the **Search and Add a New Person** screen under the **ESR Registration** button.

Certain fields are now required and others become editable as described and indicated below when adding (registering) a new person

[VIEW HISTORICAL PERSONAL DATA](#)

ES maintains the history of all Veteran record modifications, including Date of Death (DOD) information.

Sensitivity Flag:

An indication that this registrant record is a sensitive record and only those with a business purpose should view the related information. The indicator notifies HEC of a classified record.

Sensitivity Flag data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, Sensitivity Flag Change Site defaults to **Health Eligibility Center**.

Users may select a site from the **Sensitivity Flag Change Site** dropdown if **VAMC** is selected.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for Sensitivity Flag Change Source, Sensitivity Flag Change Site defaults to *Health Eligibility Center*. Users may then select a site from the dropdown if **VAMC** is selected for Sensitivity Flag Change Source.

Degree:

The **Degree** field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Alias First Names:

Alias First Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

- Alias First Names must be between 2 and 40 characters.
- Multiple Alias First Names can be entered separated by a space.

Alias Last Names:

Alias Last Names that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

- Alias Last Names must be between 2 and 40 characters.
- Multiple Alias Last Names can be entered separated by a space.

Alias SSN:

Alias SSNs that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

The **Alias SSN** field is editable using the rules below as a guide.

Date of Death:

Date of Death is defined as the official deceased date for the individual.

 **Note:** ES automatically deletes the Death Notification Source, Death Notification Site and the Date of Death Report Date when Date of Death is deleted. Date of Death is not sent to VistA, and ES does not process Date of Death information sent by VistA.

More...

- Death certificates are generally required to enter a Date of Death. Dates of Death must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.

If	Then
The Date of Death was received from MVI (Master Veteran Index)	<p>ES populates the following fields:</p> <ul style="list-style-type: none"> • Date of Death • Source of Notification: This field from MVI contains one of the following values: VAMC INPATIENT DEATH, NCA, CORP, SPOUSE/NOK/OTHER PERSON, EVVE QUERY, SSA DMF, and DoD. • Death Notification Site • Date of Death is not sent to VistA. Also, ES does not process any Date of Death information sent by VistA.

- Use the following as authoritative sources in order of precedence:
 - Veterans Health Administration (VHA) facility is an authoritative source for Date of Death if the person died in the VHA facility or while under VA auspices.
 - SSA
 - Department of Vital Statistics
 - Death Certificate
 - National Cemetery Administration (NCA) is an authoritative source for the Date of Death if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

- Date of Death must be a precise date (mm/dd/yyyy) for the ES to save the record. However, ES will accept an imprecise Date of Death that was sent by MVI. This only applies to Date of Death not HL7.
- Date of Death cannot be a future date or a date prior to the Date of Birth.
- ES will not interpret the source of notification as “Death Certificate on File.”
- ES will accept the Date of Death values that MVI sent.
- The Date of Death Update Date is set to the current date.
- ES will accept imprecise date for Date of Death from MVI.
- Imprecise Date of Date is in the format of MM/YYYY (06/2014), the Date of Death will be 06/2014 and the Enrollment End Date will be set to 6/30/2014

If	Then								
Date of Death is populated	The Death Notification Source is required information.								
ES receives Date of Death notification for a Veteran (from MVI)	ES retrieves the Date of Death, Entered Date/Date Last Updated, Entered By/Updated By, Death Notification Site and Source of Notification via the Retrieve Primary View traits from MVI.								
Date of Death was set to null, the Lazarus Date will be populated with the date on which the Date of Death was deleted. (The Lazarus Date is not visible to the user)	ES will automatically null out the Death Notification Source, Entered By/Updated By and the Entered Date/Date Last Updated fields.								
Date of Death is imprecise	ES will set the Date of Death and Enrollment End Date to the following:								
<table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Imprecise Date of Death is in the format of YYYY (2014)</td><td>The Date of Death will be 2014 and the Enrollment End Date will be set to 12/31/2014</td></tr> <tr> <td>The Date of Death is in a past year</td><td>The Enrollment End Date will be set to New Year's Eve of that past year.</td></tr> <tr> <td>the Date of Death is in the current year</td><td>The Enrollment End Date will be set to the current date.</td></tr> </tbody> </table>		If	Then	Imprecise Date of Death is in the format of YYYY (2014)	The Date of Death will be 2014 and the Enrollment End Date will be set to 12/31/2014	The Date of Death is in a past year	The Enrollment End Date will be set to New Year's Eve of that past year.	the Date of Death is in the current year	The Enrollment End Date will be set to the current date.
If	Then								
Imprecise Date of Death is in the format of YYYY (2014)	The Date of Death will be 2014 and the Enrollment End Date will be set to 12/31/2014								
The Date of Death is in a past year	The Enrollment End Date will be set to New Year's Eve of that past year.								
the Date of Death is in the current year	The Enrollment End Date will be set to the current date.								
The Date of Death was in a past year	The Enrollment End Date will be set to the end of the given month of that past year.								
The Date of Death is in a past month of the current year	The Enrollment End Date will be set to the end of the given month in the current year. For example, if today is April 20, 2017 and the Date of Death is 032017, the Enrollment End Date will be 03/31/2017.								
The Date of Death is the current month in the current year	The Enrollment End Date will be set to the current date. For example, if today is April 20, 2017 and the Date of Death is 042017, the Enrollment End Date will be 04/20/2017.								
The Date of Death is the current month	The Enrollment End Date is set to today's date (e.g., today is April 20, 2017 and the Date of Death is 042017 then the Enrollment End Date will be 04/20/2017).								

If	Then
The Date of Death is precise,	The Enrollment End Date will be set to the Date of Death.
The Date of Death is modified	The Send Update Message (Z05) will not execute and the information will not be shared with the person's sites of record.
The Enrollment Status is modified	ES will execute the Send Update Message (Z11) and share the information with the person's sites of record.
The Date of Death is deleted	ES automatically NULLS out the Death Notification Source , Supporting Document Short Name , Date of Death Entered By , and the Date on which Date of Death was entered. The Date of Death Update Date should be set to the current date.

Death Notification Source:

Defined as the source of the DOD being added. The only Death Notification Source value is SPOUSE/NOK/OTHER PERSON.

Rules...

- After a Date of Death is entered, a popup displays with "Death Notification Source" that is set to SPOUSE/NOK/OTHER PERSON." Click **OK** to populate the Death Notification Source as "SPOUSE/NOK/OTHER PERSON."

Supporting Document Short Name

Defined as a document that provides evidence that a Veteran is deceased. This document is known as a *Supporting Document* or *Supporting Document Short Name*. Supporting Document names are usually long, which is why the term, Supporting Document Short Name, exists. The **Supporting Document** dropdown enables a user to list the document type that shows that a Veteran is deceased.

The **Supporting Document Short Name** dropdown is grayed out for a living Veteran until the user populates the Date of Death field and clicks the **OK** or **Close** button on the *Death Notification Source* popup.

The **Supporting Document** dropdown is enabled and becomes a mandatory field after the user clicks the **OK** or **Close** button on the *Death Notification Source* popup,

A popup message displays with a description of the selected Document when users select a *Document Short Name*. This provides information that helps when choosing the correct Supporting Document Short Name.

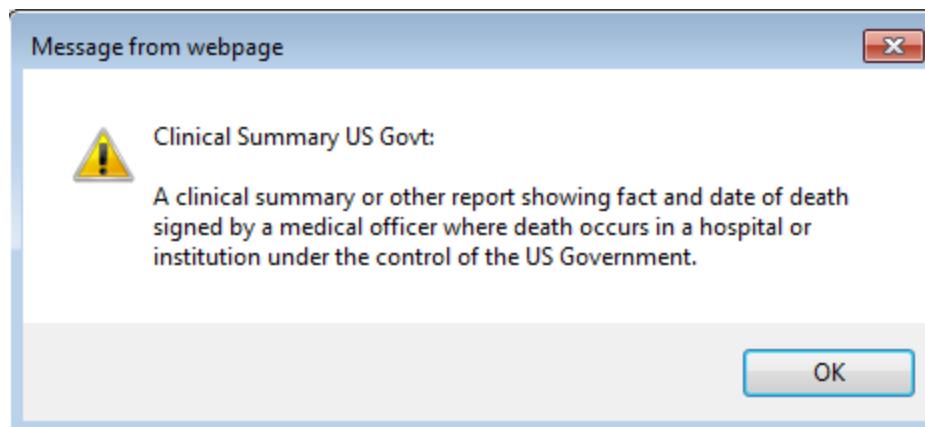


Figure 50: Example of the Supporting Document Short Name Description Popup

Supporting Document Short Name Descriptions

Supporting Document Short Name	Supporting Document Short Name Description
Beneficiary Support Tool (inactive)	Beneficiary Support Tool
Clinical Summary US Govt	A clinical summary or other report showing fact and date of death signed by a medical officer where death occurs in a hospital or institution under the control of the US Government.
Coroner's Report	A copy of a coroner's report of death or a verdict of a coroner's jury of the State or community where death occurred, provided such report or verdict properly identified the deceased. [38 CFR § 3.211 (a)(2)]
Death Certificate	Death Certificate [38 CFR § 3.211 (a)(1)]
Death Certificate US Govt	A death certificate signed by a medical officer where death occurs in a hospital or institution under the control of the US Government.
EVVE Certification	EVVE Certification
EVVE Fact of Death Query	EVVE Fact of Death Query
Military Personnel Sources (inactive)	Military Personnel Sources
National Cemetery Administration (NCA) Electronic File (inactive)	Electronic Notification by NCA
No Other 38 CFR Documentation Affidavit Provided	If the foregoing evidence cannot be furnished, the reason must be stated. The fact of death may then be established by the affidavits of persons who have personal knowledge of the fact of death, have viewed the body of the deceased, know it to be the body of the person whose death is being established, setting forth all the facts and circumstances concerning the death, place, date, time and cause thereof.

Supporting Document Short Name	Supporting Document Short Name Description
No Other 38 CFR Documentation Official Finding	If proof of death, as defined in paragraphs (a) through (e) of this section in the CFR document cannot be furnished, a finding of fact of death, where death is otherwise shown by competent evidence, may be made by an official authorized to approve such findings. Where it is indicated that the Veteran died under circumstances which precluded recovery or identification of the body, the fact of death should be established by the best evidence, which from the nature of the case must be supposed to exist.
No Other 38 CFR Documentation Other Federal Agency Finding	In the absence of evidence to the contrary, a finding of fact of death made by another Federal agency will be accepted for the purposes of paragraph (f) of this section of the CFR document
Non-US Death Civilian Employee Official Report	An official report of death from the head of the department concerned, where the deceased person was at the time of death, a civilian employee of such department where death occurred abroad.
Non-US Death Public Record Authenticated	A copy of the public records of death authenticated by the US consul or other agency of the State Department if death occurs abroad.
Non-US Death US Consular Report of Death	A US consular report of death bearing the signature and seal of the US consul if death occurs abroad.
Official Report Uniformed Service	An official report of death of a member of a uniformed service from the Secretary of the department concerned where death occurs while deceased was on the retired list in an inactive duty status or in the active service.
SSA DMF (inactive)	Social Security Association Death Master File.
State Public Record of Death	A copy of the public record of the State or community where death occurred [38 CFR § 3.211 (a)(1)]
Under VA Auspices	Documentation of Death from non-VA provider when death occurred under VA auspices
Unexplained Absence 38 CFR § 3.212 Criteria Met	Unexplained absence for 7 years as defined in 38 CFR § 3.212.
VA Medical Center (VAMC) EHR Inpatient Death	VAMC Electronic Health Record

- 💡 Note: If a Supporting Document Short Name is inactive, ES can receive it from MVI. However, it is not listed in the Supporting Document Short Name dropdown.
- 💡 Note: If an ES user selects the EVVE Certification or EVVE Fact of Death Supporting Document Short Name, MVI will reject it: MVI will send the previously filled in Date of Death information back to ES.

Supporting Document Short Name for an Already Deceased Veteran:

For a Veteran whose Enrollment Status is *Deceased*, the following occurs:

- ◆ The **Supporting Document Short Name** dropdown is initially set to an optional **Select** field.

If	Then
A user updates the Date of Death field	The Supporting Document dropdown becomes a mandatory field.
A user decides NOT to update the Date of Death field	The Supporting Document dropdown remains Optional.
A user updates the Supporting Document Short Name without updating the Date of Death field	The Supporting Document Short Name will NOT be sent to MVI.
A Veteran's Enrollment Status changes to NOT deceased	The Date of Death is removed and the Supporting Document dropdown is disabled and is grayed out.
The Supporting Document Short Name is sent from MVI	ES populates the Supporting Document Short Name field with the retrieved value.
MVI sends a populated Date of Death and a null Supporting Document Short Name	ES will accept the null value. The Supporting Document Short Name dropdown will be active and a user will be able to select a Short Name value once.
MVI sends a populated Supporting Document Short Name	Users will not be able to change it without also changing the Date of Death and Death Notification Site. Notes: <ul style="list-style-type: none">◆ ES does not send Supporting Document Short Name information to VistA.◆ ES will ignore the Supporting Document Short Name information sent by VistA in a Z07 message.

History Change Details

Users display **History Change Details** by clicking the [View Historical Personal Data](#) link at the top of the *Personal* screen. ES displays the Supporting Document Short Name under the **Death Source Notification** field on the *History* screen.

History Change Details (01/12/2018 12:33:20PM)			
Category	Old Value	New Value	Data Changed
Sensitivity Flag:	No	No	
Sensitivity Flag Change Source:	HEC	HEC	
Sensitivity Flag Change Site:	HEALTH ELIGIBILITY CENTER	HEALTH ELIGIBILITY CENTER	
Sensitivity Flag Change Date:	04/11/2013	04/11/2013	
Degree:			
Alias Names:			
Employment Status:			
Date of Death:		01/01/2018	
Death Notification Source:		SPOUSE/NOK/OTHER PERSON	
Supporting Document Short Name:		Clinical Summary US Govt	
Death Notification Site:			
Date of Death Report Date:	08/03/2015	01/12/2018	
Most Recent Preferred Facility:	CHEYENNE VA MEDICAL	CHEYENNE VA MEDICAL	
Preferred Language:	English	English	
Language Entry Date:	04/21/2015	04/21/2015	
Claim Folder Number:			
Claim Folder Location:			
Emergency Response:			
User Enrollee Valid Through:			
User Enrollee Site:			
Appointment Request Date:	04/11/2013	04/11/2013	
Appointment Request Response:	No	No	
Last Update Date:	01/11/2018 1:37:59PM	01/12/2018 12:33:20PM	
Last Updated By:	MsdsService	User, Anonymous	

Figure 51: History Change Details

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the DOD is reported or updated (system filled and may be imprecise).

More...

- ES will use the date received if the source does not supply a date.

Preferred Facility:

The facility processing the registrant's application for VA healthcare benefits can designate the VA healthcare site selected by the registrant as the Preferred Facility. The Preferred Facility can be changed by any site the registrant has visited if the Veteran requests a change.

Select from the dropdown.

Preferred Data data is shared with VistA.

★Preferred Language: (Currently Inactive)

The Veteran's preferred language. This field defaults to English, but may be changed.

The user selects the *Preferred Language* from a dropdown list.

★Language Entry Date: (Currently Inactive)

The date the Veteran's *Preferred Language* data was entered. The date can be entered manually or automatically.

More...

If	Then
No date is entered	The value defaults to the current date upon a successful update.
The user selects a value from the Preferred Language dropdown list	The Language Entry Date field is blank, but can be edited.

- ◆ The initial value for the *Language Entry Date* field is blank.

Rules...

Language Entry Date:

- ◆ Cannot be a future date.
- ◆ Can be a date in the past. However, the date cannot be before the Veteran's date of birth.

Claim Folder Number:

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

Claim Folder Number data is shared with VistA.

Rules...

- ◆ The Claim Folder Number is a 7-9 character unique number utilized by the VBA prior to its conversion to use of the SSN. The data field will accept either this 7-9 character unique number or the SSN. A claim number is established only if the registrant has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.
- ◆ The SSN data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
- ◆ A Pseudo SSN is not appropriate for this field.

Claim Folder Location:

The Claim Folder Location is the VA regional office or record location where the registrant's claim folder is filed.

Claim Folder Location data is shared with VistA.

Emergency Response:

The Emergency Response indicator can be multiple values. Currently, only **Hurricane Katrina** can be selected.

User Enrollee Valid Through:

Individuals who receive or are scheduled to receive healthcare services during a given fiscal year. A registrant who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

The **User Enrollee Valid Through** field is system filled.

User Enrollee Site:

Defined as a site that first identifies a user status for a given fiscal year.

The **User Enrollee Site** field is system filled.

Appointment Request Date:

The date when the *Appointment Request Response* question is answered “Yes”. ES captures the current date the prompt was answered.

A date is shown only if a “Yes” response is displayed in the required **Appointment Request Date** field.

Appointment Request Date data is shared with VistA.

★Appointment Request Response:

Select either “Yes” or “No” from the dropdown.

When selecting “Yes”, the **Appointment Request Response** field will populate with the current date. If answered “No”, the field will remain blank.

Appointment Request Response data is shared with VistA.

Benefit Applied For:

The benefit for which the registrant has applied. Select from the dropdown.

★Marital Status:

Marital status of the registrant and is a required field. Select from the dropdown.

Marital Status data is shared with VistA.

Religion:

Defined as the listed religion for the registrant. Select from the dropdown.

Father's Last Name:

Defined as the father's last name for the registrant. **Father's Last Name** is free text field and must be between 2 and 40 characters.

Father's First Name:

Defined as the father's first name for the registrant. **Father's First Name** is free-text field and must be between 2 and 40 characters.

Mother's Last Name:

Defined as the mother's last name for the registrant. **Mother's Last Name** is free-text field and must be between 2 and 40 characters.

Mother's First Name:

Defined as the mother's first name for the registrant. **Mother's First Name** is free-text and must be between 2 and 40 characters.

Employment Status:

Employment Status is the current employment status of the Veteran. Select from the dropdown.

If	Then
Employment Status is set to Retired	The Date of Retirement field may be edited
Employment Status is changed from Retired to any other value	The Date of Retirement field will be deleted.
Employment Status is changed to Unknown or Not Employed	<p>The following field values will be deleted:</p> <ul style="list-style-type: none"> • Employer Name • Employer Address Group • Employer Phone Number

Date of Retirement

Employer Name:

The registrant's employer's name is a free text field of 1 – 40 characters.

Occupation:

The registrant's occupation is a free text field of 1 – 40 characters.

Country:

The registrant's employer's country location. Select from the dropdown.

More...

Determine Veteran's employer's country location.

If	Then
If any country other than United States is selected	Zip Code and State fields will not display. Instead, Province and Postal Code fields will be displayed.

Address Line 1:

The employer's address is a free-text field of 1 – 35 characters. **Address Line 1** is the number and street or post office box of a mailing address.

Address Line 2:

The employer's address is a free-text field of 1 – 30 characters. **Address Line 2** is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer's address is a free-text field of 1 – 30 characters. **Address Line 3** is the text supplemental to the number and street of a mailing address.

Zip Code:

A free-text field of 5 – 10 characters which displays the employer's zip code.

Zip Code is the mail code used for mail delivery within the USA only. The **Zip Code** field will not display If anything other than **United States** is selected in the **Country** field.

City:

The employer's city is a free-text field of 1 – 15 characters

State/Province:

State: Enter the full state name associated with the employer's address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the **Administrative Data Quality Council Intranet Site**.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

Province is not a required field.

County/Postal Code:

County: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the **Administrative Data Quality Council Intranet Site**.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Employer Phone Number:

The registrant's employer's phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the registrant's Retirement Date in standard date format (mm/dd/yyyy).

Field is not editable unless **Employment Status** is equal to "Retired". If the **Employment Status** is equal to "Retired", this field can be edited.

If **Employment Status** field is changed from "Retired" to any other value, the **Date of Retirement field** will be deleted.

★ Indicates Required Field

5.3.5 Associates

The **Associates Overview** screen presents the user with a snapshot of the current associate information available for the beneficiary including **Name**, **Relationship**, Role, and **Address** and phone numbers (Phones).

Users may click on a current [Name](#) link to update the information for that associate. Click the [Add Associate](#) button to add associates.

From the **Associates Overview** screen, users may also click the [View Historical Associates](#) link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times.

5.3.5.1 Add (Update) Associates

The initial **Associates** screen displays any existing associates for the Veteran. Users may click on a current [Name](#) link to update the information for that associate. If none exist, none will display.

Click the **Add Associates** button to add associates.

[VIEW HISTORICAL ASSOCIATES](#)

Name

ES displays the name of the associate currently on file for the Veteran.

Users may click on an associate's name to update.

Relationship

ES displays the Relationship of the Associate to the beneficiary currently on file. Association Relationship is defined as the relationship of that contact person to the Veteran.

Role

ES displays the Role of the associate to the beneficiary currently on file. Examples include but are not limited to:

- Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
- Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
- Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.
- Primary Next of Kin – This is the closest living blood relative to the beneficiary. (Display only)
- Other Next of Kin – This is the next closest living blood relative to the beneficiary. (Display only)
- Emergency Contact – This is the beneficiary's primary contact in case of an emergency. (Display only)
- Other Emergency Contact – This is the beneficiary's secondary contact in case of an emergency. (Display only)
- Designee – This is an individual appointed by the beneficiary. (Display only)

Address

ES displays the address of the associate currently on file for the Veteran.

Phones

ES displays the phone numbers of the associate currently on file for the Veteran.

Add (Update) Associates

Relationship:

Association relationship is defined as the relationship of that contact person to the applicant.

More...

- ◆ Among acceptable choices are:
- ◆ Self - Yourself
- ◆ Spouse - a marriage partner; a husband or wife
- ◆ Son - one's male child, a male descendent
- ◆ Daughter - one's female child, a female descendent
- ◆ Stepson - a spouse's son by a previous union
- ◆ Stepdaughter - a spouse's daughter by a previous union
- ◆ Brother - a male having the same parents as another or one parent in common with another
- ◆ Sister - a female having the same parents as another or one parent in common with another

★Role:

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- ◆ Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
- ◆ There can be multiple active Civil Guardians assigned to the Associate.
- ◆ Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
- ◆ There can only be one active VA Guardian assigned to the Associate.
- ◆ Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.
- ◆ There can be multiple active POAs assigned to the Associate.

- ◆ Primary Next of Kin – This is the closest living blood relative to the beneficiary. (Display only)
- ◆ Other Next of Kin – This is the next closest living blood relative to the beneficiary. (Display only)
- ◆ Emergency Contact – This is the beneficiary's primary contact in case of an emergency. (Display only)
- ◆ Other Emergency Contact – This is the beneficiary's secondary contact in case of an emergency. (Display only)
- ◆ Designee – This is an individual appointed by the beneficiary. (Display only)

***Organization/Name:**

The organization designated as either the beneficiary's guardian or POA.

More...

- ◆ Examples are:
- ◆ VA Institution name
- ◆ Disabled American Veterans
- ◆ Paralyzed Veterans of America
- ◆ American Legion
- ◆ Veterans of Foreign War
- ◆ Vietnam Veterans of America
- ◆ Military Order of the Purple Heart

Rules...

- ◆ Organization Name cannot be greater than 35 characters.
- ◆ Organization Name or First Name and Last Name are required.

First Name:

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

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

Middle Name:

Enter the associate's complete legal middle name.

Rules...

- ◆ Apostrophes and hyphens are the only punctuation that can be used.
- ◆ Middle Name is free text 3-35 characters in length.

★Last Name:

Enter the associate's complete legal last name.

Rules...

- ◆ Associate's Last Name is a required field.
- ◆ Multiple Last Name components must be separated by spaces.
- ◆ People with hyphenated names should be entered with the hyphen included.
- ◆ Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the **Last Name** field.
- ◆ Apostrophes and hyphens are the only punctuation that can be used.
- ◆ Last Name must be between 2 and 35 characters in length.

Address Line 1:

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

Address Line 2:

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

Address Line 3:

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

Zip Code:

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

More...

- ◆ Zip Code may also be used to identify city/state/county associated with an address.
- ◆ City: Enter the name of the City used for the address.

State:

Enter the full state name associated with the address.

County:

Enter the county in which the associate lives.

Phone:

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

(Update) Phone Number Last Update:

(Update) Phone Number Last Update is a read-only field that displays the date/time the **Phone** field was last updated.

(Update) Deactivation Date:

(Update) Deactivation Date is the date on which the Associate's Role becomes inactive. If a date already exists, the user may delete it.

(Update) Deactivation Date data is shared with VistA.

More...

- A **HEC Notification of VA Guardian Deactivation** bulletin is triggered when a **VA Guardian** Deactivation Date is entered. The bulletin is sent to [G.DGEN Eligibility Alert @\(site\).med.va.gov](mailto:G.DGEN Eligibility Alert @(site).med.va.gov).
- Deactivated Roles are kept in History.

Rules...

- The Deactivation Date must be precise (mm/dd/yyyy).
 - The Deactivation Date must be after the Date of Birth.
 - The Deactivation Date can be before, after or the same as the Date of Death.
 - The Deactivation Date can be in the past, present or future.
 - A VA Guardian cannot be added if there is already an active VA Guardian. The current VA Guardian must be deactivated before adding a new VA Guardian.
- ★ Indicates Required Field

5.3.5.2 Associates (Add a Person)

The **Add-a-Person Associates Overview** screen presents users with a snapshot of the current associate information available for the registrant including *Name*, *Relationship*, *Role*, and *Address* and *Phones* (phone numbers).

None will display if none exist. Click the **Add Associate** button to add an associate.

Certain fields are now required and others become editable as described and indicated below when adding (registering) a new person.

 **Note:** *Associates* are not required to complete the registration.

Users may also click the [View Historical Associates](#) link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times from the **Associates (Add a Person)** screen.

 **Note:** *Role* choices while "Adding a Person" are different than when updating a record for a Veteran already in the enrollment system.

VA Guardian and POA (Power of Attorney) roles may be added only after the registrant has been added (registered) into the enrollment system.

Roles added through VistA are not editable through ESR.

[ADD ASSOCIATE](#)
[VIEW HISTORICAL ASSOCIATES](#)

Name:

ES displays the name of the associate currently on file for the registrant.

If *Name* displays as a link, the user may click on the link to open the *Update Associate* page for editing.

Relationship:

ES displays the relationship of the associate to the registrant currently on file. Association *Relationship* is defined as the relationship of that contact person to the registrant.

Role:

ES displays the role of the associate to the registrant currently on file. Examples include the following:

- Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
- Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
- Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.

Example roles while “Adding a Person” include the following:

- Primary Next of Kin – Closest living blood relative to the registrant.
- Other Next of Kin – Next closest living blood relative to the registrant.
- Emergency Contact – Registrant’s primary contact in case of an emergency.
- Other Emergency Contact – Registrant’s secondary contact in case of an emergency.
- Designee – An individual appointed by the registrant.

Address:

ES displays the address of the associate currently on file for the registrant.

Phones:

ES displays the phone numbers of the associate currently on file for the registrant.

Add Associate

***Relationship:**

Association relationship is defined as the relationship of that contact person to the registrant.

Relationship is a required field if Other Next of Kin or Primary Next of Kin roles are selected.

More...

Acceptable relationship choices are:

- Self - Yourself
- Spouse - Marriage partner; a husband or wife
- Son - one's male child, a male descendent
- Daughter - One's female child, a female descendent
- Stepson - Spouse's son by a previous union
- Stepdaughter - Spouse's daughter by a previous union
- Brother - Male having the same parents as another or one parent in common with another
- Sister - Female having the same parents as another or one parent in common with another
- Relationship is a required field if Role selected is Other Next of Kin or Primary Next of Kin.
- Designee – Individual appointed by the registrant.

- Emergency Contact – Registrant's primary contact in case of an emergency.
- Other Next of Kin – Next closest living blood relative to the registrant.
- Other Emergency Contact – This is the registrant's secondary contact in case of an emergency.

***Role:**

A logical grouping of permissions that may be allocated to a specific user. Choices are:

- Primary Next of Kin – Closest living blood relative to the registrant.

Organization/Name:

The name of the organization designated as the registrant's *designee*, *emergency contact*, or *NOK*. Examples are:

- VA Institution name
- Disabled American Veterans
- Paralyzed Veterans of America
- American Legion
- Veterans of Foreign War
- Vietnam Veterans of America
- Military Order of the Purple Heart

Rules...

- Organization Name cannot be greater than 35 characters.

***First Name:**

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

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

Middle Name:

Enter the associate's complete legal middle name.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- Middle Name is free text 3-35 characters in length.

★Last Name:

Enter the associate's complete legal last name.

Rules...

- Associate's **Last Name** is a required field.
- Multiple Last Name components must be separated by spaces.
- People with hyphenated names should be entered with the hyphen included.
- Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the **Last Name** field.
- Apostrophes and hyphens are the only punctuation that can be used.
- Last Name must be between 2 and 35 characters in length.

★Address Line 1:

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

Address Line 2:

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

Address Line 3:

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

★Zip Code:

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

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

★City:

Enter the name of the city used for the address.

★State:

Enter the full state name associated with the address.

County:

Enter the county in which the associate lives.

***Phone:**

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

 Indicates Required Field

5.3.6 Addresses

Select the **Demographics** tab and then the **Addresses** subtab to add or update the Veteran's address. **Addresses** provides the ability to view, update, and add address, phone number, and email address information for the current beneficiary.

Update Addresses

Addresses can consist of *Residential*, *Permanent*, and *Temporary* addresses. Click the **Residential Address**, **Permanent Mailing Address**, or **Temporary Mailing Address** to display the **Add/Edit Address** screen for the selected address. Alternatively, click the **ADD/EDIT ADDRESS** button to display the **Add/Edit Address** screen where you can select the type of address to update or add. If the information already exists, the fields are populated appropriately.

Residential Address

The Residential Address can be the same or different from the Permanent or Temporary mailing addresses. The residential address is where the beneficiary usually resides and is a physical location different from a P.O. Box. The residential address determines mileage eligibility. When the Veteran's residential address changes, new mileage eligibility criteria is calculated.

Residential Address will be read-only on the **Overview** screen. If no Residential Address is entered, the field will not be displayed on the **Overview** screen.

Residential Addresses will be marked for geocoding when updated or added.



Note: If a user attempts to edit or add a Residential Address that is not a physical location where the beneficiary lives (e.g., a general delivery or post office box), the following warning message displays:

WARNING: You cannot enter “P. O. Box Only” or “General Deliver Only” for a Residential Address

Permanent Mailing Address

A Permanent Mailing Address can be different from the Residential Address when a beneficiary uses a P.O. Box or General Delivery.

Notes:

- 💡 In the Permanent Mailing Address section, the available fields change based on the Country selected. If the country is United States, then Zip Code, State and County are available. If the country is anything other than the United States, Province and Postal Code are available instead.
- 💡 Permanent Mailing Address can also be set from the Undeliverable Mail Search Results screen under the Mail menu at the top of the ES Screen

Temporary Mailing Address

A Veteran's (registrant's) address that is to be used for a limited time. It must have a *Start Date* and may or may not have an *End Date*.

Phone Numbers

The Phone Numbers section displays any existing phone numbers. To add or edit a phone number, click the Residential Address, Permanent Mailing Address, or Temporary Mailing Address to display the **Add/Edit Address** screen. From the displayed screen, you can click the **Add Phone Number** button to add a phone number.

Email Addresses

The Email Addresses section displays any existing phone numbers. To add or edit a phone number, click the Residential Address, Permanent Mailing Address, or Temporary Mailing Address to display the **Add/Edit Address** screen. From the displayed screen, you can click the **Add Email Address** button to add an email address.

5.3.6.1 Add/Edit Address

The **Add/Edit Address** screen allows users to select an address type and add or edit an Address for the Veteran.

There can only be one current/active mailing address for any address type. ES determines the current/active address based on the last update.

All address changes are shared with VistA.

Add/Edit Address:

Select an address type from the dropdown. This can be the *Residential*, *Permanent*, or *Temporary Mailing Address*. All address types use the same fields.

***Country:**

Select the country from the dropdown for the primary residence in which the associate (registrant) lives.

★Address Line 1:

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

Rules...

- ◆ Address Line 1 must be 3 – 35 characters.

Address Line 2:

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

Address Line 3:

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

★Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. If a country other than **United States** is selected in the **Country** field, the **Zip Code** field will not display.

More...

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

 **Note:** When a valid zip code is entered, the system populates the **City**, **State**, and **County** fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected. If the City and/or State does not match up with a valid Zip Code, an error message displays. Check to make sure your data is correct.

- ◆ Either 5- or 9-digit code may be used.

★City:

Enter the name of the city used for the address.

★State/Province:

State: Enter the full state name associated with the address (required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the **Administrative Data Quality Council Intranet Site**.

Province: Enter the full province name if a country other than **United States** is selected. **Province** can be up to 20 characters in length.

Province is not a required field.

County/Postal Code:

County: Enter the county in which the associate (registrant) lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Postal Code is not a required field.

Bad Address Reason (Permanent Address only):

The Bad Address Reason is a method to designate the permanent address as invalid or incorrect. There are three choices for the BAD ADDRESS INDICATOR.

 **Note:** Address Not Found will be available only if a Bad Address Reason of ADDRESS NOT FOUND is in the database for the given address.

(NULL) value indicates the beneficiary's address is assumed to be good.

The Bad Address Reasons are:

- Homeless - indicates that a Veteran (registrant) has no known address.
- Other - indicates that an address is not Undeliverable or Homeless, but that it is not being shared with other sites or used for mailing.
- Undeliverable - indicates a piece of mail was sent and returned with no forwarding address. It would also be entered if it was known that mail cannot be delivered to that address.
- Bad Address Reason is only associated with the permanent address.

Source of Change:

Source of Change is defined as a list of acceptable sources that may change a Veteran's (registrant's) address. Select from the dropdown.

Site of Change:

The identity of the particular site that made the address change. Select from the dropdown.

Rules...

- ◆ Site of Change is not editable unless the Source of Change is **VAMC**.

Start Date: (Temporary Address only)

The start date for when the temporary address should be used.

End Date: (Temporary Address only)

The end date for when the temporary address should be used.

CASS Certified Type:

ES validates and determines the **CASS Certified Type** if the following updates or changes occur:

- ◆ Added or edited addresses
- ◆ “USA” is selected as country

Once processing ends, the system receives the validation result:

- ◆ If the status received back from the validation process indicates that it PASSED validation, the **CASS Certified Type** is set to **Certified**.
- ◆ If the status received back from the validation process indicates that it FAILED validation, then:
 - Set the CASS Certified Type to Failed.
 - Send a bulletin to the sending site (listed below) to notify them that the address sent was not valid.

 **Note:** When a user enters a new address or edits an existing address, the system will set the CASS Certified field value to 'NC' (Not Checked).

Each Address type has a CASS Certified field for address validity. The label field values are read only on the Add/Edit Address window and on the Address History window. The CASS Certified field will follow the HL7 record format for each of the address types.

The CASS field defaults to Not Checked. By editing or adding an address and then clicking the Update button, the CASS certification process is initiated. The Residential and Permanent Mailing Address types located the in the USA will be sent for validation.

CASS certification responses include:

- ◆ NOT CHECKED initiates the address validation process to determine the new field value. If the validation process responds with an error or exception condition, the system sets the CASS Certification field value for the address being validated to 'Not Checked.'
- ◆ PROCESSING are the Certifications sent for validation and logged in the History window by date, time and status changes.

- CERTIFIED are processed validations with accepted results.
- FAILED initiates a notification that the address was not valid.

 **Note:** A bulletin is triggered when a new address fails CASS certification and the bulletin is sent to [G.DGEN Eligibility Alert @\(site\).med.va.gov](mailto:G.DGEN_Eligibility_Alert @(site).med.va.gov).

If the validation process responds with an error or exception condition, the system sets the CASS Certified field value for the address being validated to NOT CHECKED.

If the field of the new or updated address is NOT CHECKED, then the CASS Certification has not been sent for validation. The system will then send the address to the CASS validation queue for PROCESSING. The system will log the date and time that the address queued for validation. The logged date and time will be displayed as a field on the *Address History* screen.

When a response of CERTIFIED or FAILED is received from the validation process, the system will create a Z05 HL7 message for address sharing.

CASS Certified Date:

Date the CASS type was certified.

Last Update:

Identifies the date and time the record was last updated. This field is ES filled.

(Add) Phone Numbers

Phone Type:

This identifies the type of phone number. Select from the dropdown.

Rules...

- Phone Type is required if a Phone Number is entered.

Phone Number:

Phone Number is defined as the numeric telephone number for the specific phone type.

Format: (XXX) XXX-XXXX XXXXX

Source of Change:

Source of Change is a list of acceptable sources that may change a Veteran's (registrant's) phone number. Select from the dropdown.

Site of Change:

The identity of the particular site that made the phone number change. Not applicable unless Source of Change is **VAMC**.

Last Update:

Identifies the date and time the phone record was last updated. This field is ES filled.

(Add) Email Addresses

Email Type:

Identifies the type of email address. Choices are:

- Business
- Private

Email Address:

Enter the actual email address in the format: myemail@providername.com

Source of Change:

Source of Change is a list of acceptable sources that may change a Veteran's (registrant's) email address. Select from the dropdown.

Site of Change:

This is the identity of the particular site that made the email address change. Not applicable unless Source of Change is **VAMC**.

Last Update:

This identifies the date and time the email record was last updated. This field is system filled.

Confidential Address:

It is VA's policy that all Veterans have a right to receive written communication or correspondence pertaining to health information in a confidential manner by alternative means or at an alternative location other than the Veteran's (registrant's) Permanent Address of record. Once the Veteran (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the Veteran (registrant) must specify a start date for use of the Confidential Address and may also request a date when the use of this address should end.

The Veteran also has the ability to specify to what types of communications the Confidential Address should apply. The current communication types are:

- Eligibility/Enrollment
- Appointment/Scheduling;
- Copayments/Veteran Billing;
- For Medical;
- Start and End Date (The start date can be a past or future date and the end date must be later than the start date or set to NULL)
- For All Others.
- Category
- The Confidential Phone Number data is shared with VistA.

View Historical Address:

A history of Residential Address additions and changes will be displayed when the user clicks the [View Historical Addresses](#) link. This shows the Residential, Permanent, and Temporary Address information.

In addition, **Confidential Address** is shown.

It is VA's policy that all Veterans have a right to receive written communication or correspondence pertaining to health information in a confidential manner by alternative means or at an alternative location other than the Veteran's (registrant's) Permanent Address of record. Once the Veteran (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the Veteran (registrant) must specify a start date for use of the Confidential Address and may also request a date when the use of this address should end.

The Veteran also has the ability to specify to what types of communications the **Confidential Address** should apply. The current communication types are:

- Eligibility/Enrollment
- Appointment/Scheduling;
- Copayments/Veteran Billing;
- For Medical;
- Start and End Date (The start date can be a past or future date and the end date must be later than the start date or set to NULL)
- For All Others.
- Category
- The Confidential Phone Number data is shared with VistA.

5.3.6.2 Addresses Tab (View Only)

Update Address Section:

All addresses submitted by the Veteran are view only.

The current address is identified by a green checkmark.

Start and end dates are associated with the Temporary and Confidential addresses only.

Addresses can be modified by clicking the [Add/Edit Address](#) link.

Phone Numbers Section:

Phone numbers are view only and can be updated by clicking the Add/Edit Address link.

Email Addresses Section:

Email addresses are view only and can be updated by clicking the Add/Edit Address link.

5.3.7 Insurance

The **Insurance Overview** screen presents the user with a snapshot of the current insurance information available for the Veteran including information at other facilities.

Insurance - Facilities (Verified Insurance)

Displays all the facilities with insurance information on file. Click on a facility to view the insurance information on file for the Veteran. The user cannot edit this information.

Insurance - HEC

Displays the current insurance information on file with the HEC.

User can either click on a current insurance company name to update that information or click the [Add Private Insurance](#) button to add private insurance information. User can also click the [Add Medicare](#) button to add Medicare information or on the Medicare link to edit the current Medicare information.

Insurance - OHI (Other Health Insurance)

ES receives and processes information verified by VistA and sent by the Community Care Network (CCN) Contractors in two locations.

- When ES receives unverified OHI, ES displays the OHI in the Insurance-HEC section.
- Once verified, ES applies the OHI to the Veteran and displays OHI in the Insurance – Facilities (Verified Insurance) section.

- Each verified OHI received is treated as a new entry.
- ES applies HL7 rules to determine if the insurance received is new or updated, but NOT duplicated. VistA performs this check.
- ES does NOT send updated OHI to the CCN Contractor.
- ES shares OHI with VistA.

The following channels will be displayed on the **Insurance - HEC** screen.

- CCN = Channel
- HCA = Channel
- HEC = Channel

Last Updated By

When the Insurance record is received from a CCN Contractor, ES enters the CCN Contractor's Name in this field.

Insurance - Facilities (Verified Insurance)	
Medicare Part A – AUSTIN HHSZ (2200001)	
Insurance - HEC	
CLIENT	
Policy Number:	Type of Plan:
Group Name:	Group Number:
Name of Insured: CENTTESTHIS, TESTERTHIS	Insured's Relationship to Veteran:
Effective Date/Coverage:	Plan Expiration Date:
Pre-Cert Required:	Pre-Certification Plans:
Address:	Carrier Name:
Carrier Phone:	Carrier Fax:
Last Update: 01/27/2017	Last Update By: TriWest
Entered: CCN	

Figure 52: Insurance – Facilities (Verified Insurance)

5.3.7.1 Add/Update Insurance Carrier

★Insurance Company Name:

The name of the insurance company.

More...

- Insurance Company Name** is a required field and can be a multiple.
- This data is shared with VistA.

Rules...

- Insurance Company Name must be between 3 and 30 characters.
- Insurance Company Name is a required field.

Type of Plan:

Type of Plan is the type of insurance that the insurance company is generally associated with. Select from the dropdown.

Type of Plan data is shared with VistA.

Policy Number:

Policy Number (Subscriber ID) is defined as the insured's unique identification number assigned by the payer organization for this policy. If this insurance is an individual policy, the policy # will be stored in this field.

Policy Number data is shared with VistA.

Group Name:

Group Name is the name that the insurance company uses to identify this plan.

Group Name data is shared with VistA.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan.

Group Number data is shared with VistA.

Name of Insured:

Name of Insured is the name of the individual for which this policy was issued. If the Patient's Relationship to the Insured is 'Patient', then this name will default to the patient's name.

Name of Insured data is shared with VistA.

★Insured's Relationship to Veteran:

Insured's Relationship to Veteran is defined as what best describes the beneficiary's relationship to the person who holds this policy (or insured). Choose from the dropdown.

Insured's Relationship to Veteran data is shared with VistA.

Effective Date/Coverage:

Effective Date/Coverage is the date this policy went into effect for this beneficiary.

Effective Date/Coverage data is shared with VistA.

Rules...

- ◆ Effective Date/Coverage can be an imprecise date and can be a future date. However, it cannot be before the DOB or after the DOD.
- ◆ If the year is omitted, the system uses the CURRENT YEAR.
- ◆ Effective Date/Coverage is not required when Insurance Company Name is **Private**.

Plan Expiration Date:

Plan Expiration Date is the date this insurance policy coverage expires for this beneficiary. If the user enters only a month/day or month only and omits the year, the system defaults to the CURRENT YEAR. If no partial date is entered, the field remains null.

This data is shared with VistA.

Rules...

- ◆ Plan Expiration Date can be an imprecise date and can be a future date. This date must be after the effective date.
- ◆ Plan Expiration Date is required when Insurance Company Name is **Private**.

Pre-Cert Required:

Pre-Certification Required is an indicator for the need to get pre-certification.

Pre-Cert Required data is shared with VistA.

Address Line 1:

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

Address Line 1 data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Rules...

- ◆ Address Line 1 must be 3-35 characters.

Address Line 2:

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

Address Line 2 data is shared with VistA.

Address Line 3:

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

Address Line 3 data is shared with VistA.

Zip Code:

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

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

Zip Code data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

City:

Enter the name of the city used for the address.

City data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full state name associated with the address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

State data is shared with VistA.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the county in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

County data is shared with VistA.

Pre-Certification Phone:

The insurance carrier's numeric pre-certification phone number.

Pre-Certification Phone data is shared with VistA.

This would be the number to call for pre-authorizations for certain medical treatments or medications.

Carrier Phone:

The insurance carrier's numeric phone number.

Carrier Phone data is shared with VistA.

Format: (XXX)XXX-XXXX

Carrier Fax:

The insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

★ Indicates Required Field

5.3.7.1.1 Add/Update Insurance Carrier - Medicare

ES populates the following fields when a user chooses to enter Medicare Part A:

- Insurance Company Name is set to **Medicare**
- Group Name is set to Part A
- Group Number is set to **Part A**

ES populates the following fields when a user chooses to enter Medicare Part B:

- ◆ Group Name is set to **Part B**
- ◆ Group Number is set to Part B

Update Insurance Carrier – Medicare

Insurance Company Name:

This is the name of the insurance company. Defaults to **Medicare**.

Type of Medicare:

Indicate the Type of Medicare being updated. Choices are:

- ◆ Type A This is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- ◆ Type A & B This is Medicare medical insurance that helps pay for doctors, services, outpatient hospital care, durable medical equipment, and some medical services that aren't covered by Part A.
- ◆ ES defaults to **Part A**, but can be changed to **Part A & B**.

Medicare Part A

★Medicare Claim Number:

The Medicare number assigned to the claim.

★Name on Medicare Card:

The Name exactly as it appears on the Medicare card.

Group Name:

The name that the insurance company uses to identify this plan. Defaults to Type A.

Group Number:

The number or code, which the insurance company uses to identify this plan. Defaults to Type A.

Part A Effective Date:

The Part A Effective Date is the date *Medicare Part A* went into effect for this beneficiary.

Rules:

- ◆ Cannot be before DOB.

- Cannot be after DOD.
- Part A indicator must be **Yes** if date is populated.

Address Line 1:

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

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

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

Address Line 3:

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

Zip Code:

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

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

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

City:

Enter the name of the city used for the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full state name associated with the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

County:

Enter the county in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Carrier Phone:

The insurance carrier's numeric phone number.

Format: (XXX) XXX-XXXX

Carrier Fax:

The insurance carrier's numeric fax number.

Format: (XXX) XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

Medicare Part B

★*Medicare Claim Number:*

The Medicare number assigned to the claim.

★*Name on Medicare Card:*

The Name exactly as it appears on the Medicare card.

Group Name:

Group Name is the name that the insurance company uses to identify this plan. Defaults to Part B.

Group Number:

Group Number is the number or code, which the insurance company uses to identify this plan. Defaults to Part B.

Part B Effective Date:

The Part B Effective Date is the date Medicare Part B went into effect for this beneficiary.

Rules...

- Cannot be before DOB
- Cannot be after DOD
- If date populated, part B indicator must be Yes.
- Medicare Part A Effective Date is required before Medicare Part B Effective Date can be entered.

Address Line 1:

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

 Note: Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

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

Address Line 3:

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

Zip Code:

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

 Note: Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

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

City:

Enter the name of the city used for the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full state name associated with the address.

 **Note:** Insurance Company Address Line 1, City, State and Zip Code is required, in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the county in which the insurance carrier does business.

Carrier Phone:

This is the insurance carrier's numeric phone number.

Format: (XXX)XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

Source of Last Update date is the entity responsible for the last update. Select from the dropdown.

 Indicates Required Field

5.4 Military Service

5.4.1 Send Query to MSDS Service

After selecting the **Military Service** tab, the **SEND QUERY TO MSDS SERVICE** button displays at the top of the screen. The key objective of the Military Service Data Sharing (MSDS) Web Service is to provide ES with authoritative data consisting of the best Military Service Episodes (MSE) data for the Veteran. The **SEND QUERY TO MSDS SERVICE** button sends a request to MSDS to obtain updated Military Service information.

When sending an MSDS query, ES displays the Send MSDS Query Message that requires confirmation of the request. Click **Confirm** to send the query and a message indicates that the query is sent.

- When a query is sent to MSDS and the person's record has a Member ID (EDIPI) and the query does not return a response after 24 hours, the query status is set to "Queried – No Data Received" and a work item is created.
- When a query is sent to MSDS and the person's record does not have a Member ID (EDIPI) and if a call to MVI does not return a Member ID, the system retries the call to the MVI Web Service twice. If after two tries the record still does not have an EDIPI, the system sets the MSDS request status to "No Member ID/MSDS Not Queried" and creates the HEC MSE record out of the site data.

 **NOTE:** If HEC MSE records are available in ES, the system will use both the existing HEC MSE data and any site data (from VistA) and process the business rules for creating a new MSE record. These business rules include comparing branch of service, service start and end dates for overlaps, discharge type, etc.

5.4.2 Current Military Service

From the **Current Military Service** screen, the user can add or modify Military Service information and View Historical Military Service information. Users can also delete one or more HEC Military Service Episodes (MSE) as a group of data. If the user deletes a HEC-entered MSE, ES will automatically delete any HEC-entered Combat Episodes and/or OEF/OIF Combat Episodes (OEF/OIF Source is CEV) that falls within the MSE being deleted.

The user can delete one or more HEC Combat Episodes as a group of data. Do so by clicking the **DELETE** button within the Combat Episodes - HEC area of the screen.

The user can delete one or more OEF/OIF Combat Episodes as a group of data. Do so by clicking the **DELETE** button within the OEF/OIF Combat Episodes - HEC area of the screen. The OEF/OIF Source can be any value.

Before deleting any Military Service information, ES will ask for confirmation from the user. The deleted Military Service information will become part of the record after the **UPDATE** button is clicked. A history of deleted Military Service information will be maintained by ES.

ES displays the Military Service information by the site that sent it and HEC as a site that enters/edits it. Click the ▶ arrow or the site name to expand the military information. Click it again to collapse.

Is on Active Duty:

Is on Active Duty is an indicator received from MSDS (the authoritative source of military service information) to indicate whether, as of the last update from MSDS, the service member/Veteran is on active duty. This is a non-editable field.

- Yes
- No
- Blank

As of Date:

As of Date is the last date/time the Is on Active Duty indicator was received from MSDS. This is a non-editable field.

- Date/Time
- Blank

Discharge Due to Disability:

Discharge Due to Disability is an indicator that is collected on the 10-10EZ form or systematically set based on business rules applied to data received from MSDS to reflect that the Veteran was discharged from the military for a disability incurred or aggravated in the line of duty. When manually set it is confirmed using the DD-214, VBA files (VIS, SHARE, or Rating Letter), or other authoritative source.

- Yes
- No
- Unknown

This data is shared with VistA.

More...

- Receipt of Disability Severance Pay or a clear statement indicating the individual was discharged due to a disability, confirmations are needed to indicate **Yes** in this field. Veterans can be listed as SC only if the determination was made by the VA Regional Office.

Discharge Due to Disability is systematically set to “Yes” when any ‘regular’ service episode has a Reason For Early Separation of:

- DISABILITY, SEVERANCE PAY, COMBAT RELATED (ENHANCED)

- ◆ DISABILITY, SEVERANCE PAY, NON COMBAT (ENHANCED)
- ◆ DISABILITY, SEVERANCE PAY (ENHANCED)
- ◆ DISABILITY, AGGRAVATION (ENHANCED)
- ◆ DISABILITY, OTHER (ENHANCED)
- ◆ DISABILITY, SEVERANCE PAY, COMBAT RELATED
- ◆ DISABILITY, SEVERANCE PAY
- ◆ DISABILITY, SEVERANCE PAY, NON COMBAT
- ◆ DISABILITY, AGGRAVATION
- ◆ DISABILITY, OTHER
- ◆ DISABILITY, PERMANENT (ENHANCED)
- ◆ DISABILITY, TEMPORARY (ENHANCED)
- ◆ DISABILITY, PERMANENT
- ◆ DISABILITY, TEMPORARY
- ◆ OR for ‘guard and reserve service’, any service episode has a Narrative Reason for Separation as stated above AND the service episode is not related to training.

Military Disability Retirement:

Military Disability Retirement is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from the military for a disability incurred or aggravated in the line of duty and is receiving disability retirement from a branch of the U.S. Armed Forces. Confirmation using the DD-214 or other discharge documentation or information from VBA files (VIS, SHARE, or Rating Letter) is required.

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

- ◆ Yes - If Primary Eligibility Code is NSC, the system will not allow saving the record with Military Disability Retirement set to YES.
- Military Disability Retirement cannot be YES unless the SC% is 10% or greater.
- ◆ No
- ◆ Unknown

This data is shared with VistA.

Rules...

- ◆ Veterans may be listed as SC only if the determination has been made by the VA Regional Office.

Agent Orange Exposure Location:

Agent Orange Exposure Location is the location where a Veteran was exposed to Agent Orange.

Veterans exposed to AO outside a Vietnam MSE are eligible for an AO examination but no AO indicator will be applied.

- ◆ Not Exposed
- ◆ Korean DMZ
- ◆ Other
- ◆ Vietnam

Radiation Exposure Method:

Radiation Exposure Method is the means by which this Veteran was exposed to ionizing radiation.

- ◆ Not Exposed
- ◆ Nagasaki/Hiroshima - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946
- ◆ Atmospheric Nuclear Testing - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV)
- ◆ H/N and Atmospheric Testing - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site
- ◆ Underground Nuclear Testing - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974
- ◆ Exposure at Nuclear Facility - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992
- ◆ Other

This data is shared with VistA.

 **Note:** If the Veteran cannot provide documentation confirming Radiation Exposure, confirmation must be obtained by HEC staff through the Defense Threat Reduction Agency (DTRA).

Sites must provide completed Ionizing Radiation Verification form request to HEC.

SW Asia Conditions:

SW Asia Conditions indicates if the Veteran needs care for conditions potentially related to service in SW Asia during the Gulf War. This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later.

SW Asia Theater of Operations is defined as: Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

- Yes - Answer Yes if Veteran served in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.
- No - Answer No if the Veteran did not serve in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.

This data is shared with VistA.

Medal Of Honor Indicator:

The *Medal Of Honor Indicator* specifies whether the Veteran received a Medal Of Honor (MOH) during his/her time of service. This field is now editable.

When the *Medal Of Honor Indicator* is set to **Yes**, additional fields are displayed, some of which require entry.

More...

- All MOH data is kept in history and may be viewed by clicking the View Historical Military Service link.
- Veterans who are recipients of the Congressional Medal of Honor are assigned to Priority Group 1 and receive all VA hospital and medical services afforded by law. MOH recipients are not required to complete an Income Means test to receive health care benefits or an Rx co-pay test to receive prescription benefits.

Rules...

- A Veteran who has a confirmed MOH is assigned to Enrollment Priority Group 1, is not subject to means or Rx co-pay testing, and is not charged co-payments.

★Document Type:

Enter the *Document Type* which verifies the MOH. Select from the dropdown. The *Document Type* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Document Receipt Date:

The *Document Receipt Date* is the date the document was received by the HEC and entered by the user. The *Document Receipt Date* defaults to the system date but can be changed. The *Document Receipt Date* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Rules...

- The MOH *Document Receipt Date* cannot be a future date.
- The MOH Document Receipt Date must be a precise date.

★Source of Change:

The Source of Change is the source of the MOH indicator. The Source of Change is only displayed if the Medal Of Honor Indicator is **Yes**.

 **Note:** Valid displayed values also include “WebHINQ” and “VADIR” if the MOH information was populated from the MSDS Broker.

When entered by the user, the *Source of Change* must be either “VBA” or “Other”.

Decoration Status:

The *Decoration Status* indicates if the MOH has been verified by the user. The *Decoration Status* is set to *Confirmed* when the *Medal Of Honor Indicator* is changed from **No** to **Yes** and the record is updated.

Status Update Date:

The *Status Update Date* is the date on which any of the MOH fields was updated by the user. The *Status Update Date* defaults to the system date. The *Status Update Date* is only displayed if the *Medal Of Honor Indicator* is **Yes**.

The Status Update Date is display only.

SHAD:

SHAD/Project 112 stands for Shipboard Hazard and Defense. Choices are:

- ◆ Yes
- ◆ No

This data is shared with VistA.

More...

- ◆ Based upon eligibility factors these Veterans are to receive the needed hospital care, medical services and nursing home care at no cost for any illness possibly related to their participation. However, the Veteran may be charged a co-payment for care of conditions found to have resulted from a cause other than their participation in SHAD/Project 112 tests.
- ◆ Facility staff can obtain access to a secure server, which contains a listing of Veterans who participated in SHAD/Project 112 by going to the VA Intranet Project 112 (**Including Project SHAD**) web site.

Camp Lejeune Eligibility:

Yes - If the Veteran is Camp Lejeune eligible.

No - If the Veteran is not Camp Lejeune eligible.

More...

- ◆ *Camp Lejeune Eligibility* indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following:
 - ◆ Dishonorable
 - ◆ Other than Honorable
 - ◆ Undesirable
 - ◆ Bad Conduct
 - ◆ Dishonorable-VA

 **Note:** When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a *Camp Lejeune Eligibility* value. Otherwise, the field is disabled.

This data is shared with VistA.

Verified Methods:

Note: Verified Methods and the CL fields that follow display only if the Camp Lejeune Eligibility indicator is Yes.

More...

- This field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.
- These values may come from other sources.

Rules...

- Once any Camp Lejeune Verified Method has been selected, at least one must remain selected.

Comments:

- The free text 200-character **Comments** field is enabled and required if a Verified Method of **OTHER** is selected.

CL Date Registered: (Edit/Update Mode)

- The **CL Date Registered** field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

- When an ES user registers a Veteran, the system populates the **CL Date Registered** field value to the current system date if the *Camp Lejeune Eligibility* indicator is set to **Yes**.
- This field may also be populated through an upload of a CLEAR extract. See
-
- Camp Lejeune Eligibility.
- This field is editable.

CL Eligibility Change Site: (Edit/Update Mode)

- The **CL Eligibility Change Site** field displays the point-of-entry site that last changed the on-line Camp Lejeune record.
- This system-filled field is display only.

More...

- Valid values include...
 - <VAMC Site> (if changed by a VistA VA facility)

- ◆ HEC (if changed by the ES)

CL Eligibility Source of Change: (Edit/Update Mode)

The ***CL Eligibility Source of Change*** field displays the source that last made a change to the on-file Camp Lejeune record.

More...

- ◆ Valid values include...
 - <ES User Name> (edited by ES user)
 - VAMC (when the record is created from VistA VAMC received updates)
 - CEV (modified by ES in an automated way {e.g. through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
 - VOA (when the record is modified from a VOA submission)
 - CLEAR (record is modified as a result of processing a CLEAR extract file)
 - DoD (for future use)
 - HCA
 - Other (for future use)
- ◆ This system-filled field is display only.

Filipino Veteran Proof:

Filipino Veterans must reside in the US and be US Citizens or lawfully admitted for permanent residence. Receipt of VA compensation at the full-dollar rate is considered proof of meeting the citizenship requirements. Otherwise, Veteran must provide documentation in order to establish proof of US citizenship, or lawful admittance for permanent US residency.

Choose from the dropdown listing.

Rules...

- ◆ Filipino Veteran Proof of military service is required information for these Branches of Service:
 - Regular (Old) Filipino Scout
 - Regular Filipino Scout Service combined with Special (New) Filipino Scout or Commonwealth Army Service
 - Guerilla and Combination Service
 - Commonwealth Army
 - Special (New) Filipino Scout

 **Note:** The system will automatically delete the *Filipino Veteran Proof* when the last HEC-entered MSE that has a *Branch of Service* of **F. Commonwealth** or **F. Guerilla** or **F. Scouts New** is deleted.

More...

- ◆ The primary source of verification of qualifying military service is VBA files (HINQ, VBA, SHARE). Otherwise, Veteran must provide a copy of their DD-214 or other authoritative documentation from the U.S. Army or Department of Defense. If documentation is questionable, coordination with the VARO in the Philippines is required.

Combat Veteran Eligibility End Date:

The date the Veterans' combat Veteran eligibility ended.

This data is shared with VistA.

On January 28, 2008, The National Defense Authorization Act (NDAA) of 2008 was signed by President Bush. This Act extends the period of enhanced healthcare eligibility provided a Veteran who served in a theater of combat operations on or after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.

Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

The system determines if the Veteran is Combat Veteran eligible using the following criteria and then automatically sets the *Combat Veteran Eligibility End Date* based on the criteria defined by the NDAA of 2008.

- ◆ (IF *Service Separation Date* (SSD) is precise AND greater than or equal to 11/11/98, **AND**
- ◆ The *Combat End Date* is greater than 11/11/98 and the *Combat Location* is **Yugoslavia OR Somalia OR Gulf War OR Persian Gulf War OR Other**
- ◆ **OR** the *OEF Start Date* is precise and on or after 9/01/2001 **AND** the *End Date* is precise **AND** greater than or equal to 09/11/2001
- ◆ **OR** the *OIF Start Date* is precise and on or after 3/01/2003 **AND** the *OIF End Date* is precise **AND** is greater than or equal to 03/19/2003
- ◆ **OR** the *OEF/OIF UNK Start Date* is on or after 9/1/01 **AND** the *OEF/OIF UNK End Date* is precise **AND** is greater than or equal to 09/11/2001
- ◆ **OR** the *CONFLICT UNSPECIFIED Start Date* is on or after 11/1/1998 **AND** the *CONFLICT UNSPECIFIED End Date* is precise **AND** is greater than 11/11/1998
- ◆ **THEN** the Veteran is considered CV Eligible.

Eligible for Class II Dental:

This field indicates (**Yes** or **No**) if a Veteran is eligible for treatment as reasonably necessary for the one-time correction of the non-compensable, service-connected dental disability [Class II]. **Yes** indicates that the Veteran's DD-214 or VBA Files indicate the Veteran was not provided a complete dental examination and all appropriate dental treatment within the 90-day period immediately before discharge or release. This means the Veteran is eligible for a complete dental examination and all appropriate dental treatment.

No means that the Veteran is not eligible for dental services.

This non-required field is system-filled and can be Yes, No, or null.

More...

- ◆ The user may edit the field and change a Yes to a No or a No to a Yes, but is not required to.
- ◆ If the user changes a Yes to a No, the system deletes the Class II Dental Application Due Before date and the field is collapsed.
- ◆ If the user changes a No to a Yes, the Class II Dental Application Due Before field appears and the system calculates the date using the most recent date of Military Service Separation plus 180 days.

Class II Dental Application Due Before:

This date is calculated in the ES based on the most recent date of Military Service Separation plus 180 days. The date should be precise.

This date is not directly updatable by the user.

More...

- ◆ If the date cannot be calculated for any reason, the calculation results in a valid null date and a Work Item, 'Unsupported Dental Application Due Date', is created.
- ◆ If the Eligible for Class II Dental indicator is No, the Class II Dental Application Due Before field is not visible.

5.4.3 OEF/OIF Combat Episodes

OEF/OIF data is used for calculating CV End Date when possible.

If HEC receives OEF/OIF or VIS unspecified episodes for which there are no corresponding Military Service Episode, HEC calculates a proxy CV End Date based on the Combat End Date.

For example:

HEC receives from VHA Support Service Center (VSSC) -- that Veteran has OIF dates of 1/1/04 through 12/31/04 and last *Service Separation Date* of 1/1/2002. HEC calculates *CV End Date* based on 12/31/04 (OIF END DATE) and sends an Unsupported CV End Date Bulletin (future release) to the VistA sites of record advising them of the need to capture the missing MSE data. Once the updated MSE data is added on VistA, this automatically updates the *CV End Date* using the last *Service Separation Date*.

Add OEF/OIF Combat Episode

Multiple *OEF/OIF Combat Episodes* may be added by multiple clicks of the **Add OEF/OIF Combat Episode** button.

To enter OEF/OIF combat dates, there must be at least one MSE. Clicking the **DELETE** button will delete the particular group of Military Service information as a group of data.

★Combat Location:

Select the OEF/OIF *Combat Location* from the dropdown.

Rules...

- The *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.

★Combat Start Date:

Enter the *Combat Start Date*.

Rules...

- The combat episode *Combat Start Date* for *Combat Location OEF* or *Unknown OEF/OIF* must be on or after 09/01/2001.
- The combat episode *Combat Start Date* for *Combat Location Conflict Unspecified* must be on or after 11/01/1998.
- The combat episode *Combat Start Date* for *Combat Location OIF* must be on or after 03/01/2003.
- The *Combat Start Date* or *Combat End Dates* must fall within a single Military Service Episode.
- The *Combat Start Date* must be a precise date.
- The *Combat Start Date* must be prior or equal to the *Date of Death*.
- The *Combat Start Date* cannot be a future date.

★Combat End Date:

Enter the *Combat End Date*.

Rules...

- The combat episode *Combat End Date* for *Combat Location OEF* or *Unknown OEF/OIF* must be on or after 9/11/2001.
- The combat episode *Combat End Date* for *Combat Location Conflict Unspecified* must be on or after 11/11/1998.

- The combat episode *Combat End Date* for *Combat Location OIF* must be on or after 3/19/2003.
- The *Combat End Date* must be a precise date.
- The Combat End Date must be prior or equal to the Date of Death.
- The *Combat End Date* cannot be a future date.

Combat Pay Type:

Select a *Combat Pay Type* from the dropdown. This field is not required.

OEF/OIF Source:

When *Combat Locations* of **OEF**, **OIF**, **Unknown OEF/OIF**, or **Combat Unspecified** are entered, the system defaults the *OEF/OIF Source* to **CEV** and cannot be changed.

5.4.4 Combat Service Locations

Placeholder - to be displayed only if/when data values are available

Combat Service Location:

Display Only

Combat Pay Start Date:

Display Only

Combat Pay End Date:

Display Only

Combat Service Source:

Display Only

5.4.5 Military Service Episodes - HEC

Add Military Service Episode

HEC (multiple *Military Service Episodes* may be added by multiple clicks of the **Add Military Service Episode** button)

Military Service Episode (MSE) consists of the Service Entry Date, Future Discharge Date (FDD) (not required, Source of Information (required if Future Discharge Date is entered), Other Explanation (required if Source of Information is "other.") Service Separation date (required if no Future Discharge Date is entered), Service Component (not required), Service Discharge Type (not required if Future Discharge is entered), Branch of Service required and Military Service Number (not required). The MSE dates cannot overlap. All MSE dates must be precise.

On entry of a new Military Service Episode - HEC record, the User can only enter:

Branch of Service, Service Entry Date, Future Discharge Date, Source of Information, and Other Explanation (if applicable)

OR

Branch of Service, Service Entry Date, Service Separation Date, Service Component (not required), and Discharge Type.

 **Note:** If adding (registering) a new person, a *HEC - Military Service Episode* is required to complete the registration.

Military Service Number:

A service number that is assigned during the Veteran's episodes of military service.

If the military service number is the same as the Veteran's social security number, click the button titled "Same As SSN" to enter.

More...

- Confirm using the DD-214, VBA Files (VIS, SHARE or Rating Letter), or other authoritative source.

★Branch of Service:

A service organization that a Veteran served in during his/her episodes of military service.

Choose from the dropdown listing.

Rules...

- *Branch of Service* selections of F. Commonwealth, F. Guerilla F. Scout New, F Scout Old require *Service End Date* and *Service Start Date* that fall within the World War II Period.
- *Filipino Veteran Proof* of US Citizenship is required if the Veteran *Branch of Service* is any of the following:
 - F. Commonwealth
 - F. Guerilla
 - F. Scouts New
- *Branch of Service* is a required entry for each Military Service Episode.

Service Component:

Service Component is the major component of the Armed Services.

Rules...

- This is not a required field. However, if entered, certain *Branches of Service* are required for various choices of *Service Component*.
- If *Branch of Service* is deleted, the system will delete the *Service Component*, if present.

Pay Plan:

The pay grade of a Service Member/Veteran at the time of his/her episode of military service.

Rules...

- This field is non-editable and is provided by MSDS.
- ES will only display pay plans of type ME (Enlisted), MO (Officer), MW (Warrant), or MC (Cadet).

★Service Entry Date:

The date a Veteran commenced his/her episodes of military service.

Rules...

- Military Service Episode Dates must be precise.
- The *Service Entry Date* must be greater than or equal to the Veteran's birth date + 15 years.
- Service Entry Date must be prior or equal to the Date of Death.
- The Service Entry Date must be prior or equal to the Service Separation Date for the Military Service Episode.
- Service Entry Date cannot be a future date.
- Format: (mm/dd/yyyy)

Future Discharge Date:

The projected date a service member/Veteran will be discharged from active duty. The Future Discharge Date (FDD) is shared with VistA.

Rules...

- The *Future Discharge Date* must be a precise date.
- The *Future Discharge Date* cannot be the current date.
- If manually entered or received from Health Care Application (HCA), the *Future Discharge Date* cannot be greater than 730 days (two years) in the future. There is no restriction for Future Discharge Dates received from MSDS.
- days in the future. There is no restriction for Future Discharge Dates received from MSDS.
- Only authorized ES users can enter/edit a *Future Discharge Date* that was previously set by an ES user.
- An authorized ES user or MSDS can overwrite a *Future Discharge Date* that was last updated by MSDS or HCA.
- The *Future Discharge Date* can be accepted from HCA.
- HCA cannot overwrite the *Future Discharge Date* and Source of Information that was previously set by an ES user or MSDS.
- HCA can overwrite the *Future Discharge Date* and Source of Information that was previously received from HCA.

- ◆ The *Future Discharge Date* can only be entered if there is an associated Service Entry Date and a Branch of Service.
- ◆ *Future Discharge Dates* received from MSDS will only be processed for Active Duty service members.
- ◆ There cannot be a *Future Discharge Date* AND a Service Separation Date for the same service episode (same branch of service and Service Entry Date).
- ◆ When a Service Separation Date is entered or received, the *Future Discharge Date* is moved to history.

Source of Information:

Identifies the source of where the Future Discharge Date came from.

Rules...

- ◆ *Source of Information* is required if a Future Discharge Date is entered manually.
- ◆ Only an ES user can modify a *Source of Information* that was previously set by an ES user.
- ◆ *The Source of Information* will be automatically set to *Enterprise Military Information Service*, if the Future Discharge Date was received from MSDS.
- ◆ *The Source of Information* will be automatically set to Health Care Application if the Future Discharge Date was received from HCA.
- ◆ For manual entry or manual updates, only “Military Service Documents” or “Other” are allowed.
- ◆ An ES user can update the *Source of Information* previously set by another ES user, HCA, or MSDS.

 **Note:** For manual updates, a user can only select “Military Service Documents” or “Other”.

- ◆ MSDS can update the *Source of Information* previously set by MSDS or HCA.
- ◆ HCA can only update the *Source of Information* previously set by HCA.
- ◆ When a Service Separation Date is entered or received, the *Source of Information* is moved to history.

Other Explanation:

The explanation of where the Future Discharge Date came from if not from a military service document. For manual entry or updates of the Source of Information only.

Rules...

- ◆ If the *Source of Information* is “Other,” then Other Explanation is required.
- ◆ ***Other Explanation*** is a free text field
- ◆ *Other Explanation* cannot exceed 255 characters.

- When a *Service Separation Date* is entered or received via MSDS, the *Other Explanation* is moved to history.

Service Separation Date:

The date a Veteran ended his/her episodes of military service.

Rules...

- Military Service Episode dates must be precise.
- Service Separation Date* must be later than or equal to the *Service Entry Date*.
- Service Separation Date must be prior or equal to the Date of Death.
- Service Separation Date* cannot be a future date.
- Format: (mm/dd/yyyy)
- Service Separation Date* is a required entry if there is no *Future Discharge Date*.

Discharge Type:

This is the type is discharge type the Veteran received when released from military duty.

Choices are:

Bad Conduct

One receives a bad conduct discharge (BCD) when separated from the service under conditions other than honorable. A bad conduct discharge is given only by an approved sentence of a general or a special court-martial.

 **Note:** Administrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

Dishonorable

One receives a dishonorable discharge (DD) when separated from the service under dishonorable conditions. A dishonorable discharge is given only by a general court-martial and as appropriate for serious offenses calling for dishonorable separation as part of the punishment.

Note: Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

Dishonorable-VA

Dishonorable for VA purposes means that for the VBA, there is another reason or circumstance that the VBA has determined that makes the Veteran “Dishonorable” for VA purposes (*Dishonorable-VA*).

 **Note:** Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

General

One receives a general discharge when separated from the service under honorable conditions, without a sufficiently meritorious military record to deserve an honorable discharge.

Honorable

To receive an honorable discharge, one must have received a rating from good to excellent for their military service. Even though only qualifying for a general discharge, the individual may receive an honorable discharge under two circumstances:

- ◆ When being separated because of a disability incurred in the line of duty, or
- ◆ If any awards for gallantry in action, heroism, or other meritorious service were received.

Honorable-VA

Honorable for VA purposes means that for the VBA, even though their DD-214 says “General” or “Other Than Honorable”, there is another reason or circumstance that the VBA has determined that makes the Veteran “Honorable” for VA purposes (Honorable-VA).

Other Than Honorable

Other than an honorable discharge is given for misconduct or security reasons.

Note: Administrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

Undesirable

An undesirable discharge is the equivalent of a dishonorable discharge without the felony conviction.

Unfitness is a common reason for receiving an undesirable discharge.

 **Note:** Not eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

Rules...

- ◆ Service *Discharge Type* is required information for all Military Service Episodes unless the episode has a Future Discharge Date.

Reason for Early Separation:

The reason the Veteran separated from the military earlier than expected can be due to disability, hardship, or early out at the convenience of the government.

Rules...

- ◆ An ES user cannot overwrite/modify a Reason for Early Separation that was set by MSDS.

- ◆ MSDS can overwrite a Reason for Early Separation that was set by MSDS or an ES user.
- ◆ An ES user can overwrite/modify a Reason for Early Separation that was set by an ES user.
- ◆ Once a Reason for Early Separation is set by MSDS, the system displays this information as a label.
- ◆ If a Reason for Early Separation is NOT set by MSDS, a dropdown pick list is available for the User to make a selection.

5.4.6 Combat Episodes - HEC

Multiple *Combat Episodes* can be added. To enter combat dates, there must be at least one MSE. All combat dates must be precise.

★Combat Location:

The combat location where a Veteran served. Please select from the dropdown.

★Combat Start Date:

The actual date the Veteran's combat service originated.

Rules...

- ◆ The *Combat Start Date* or *End Date* must fall within a single MSE.
- ◆ *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.
- ◆ The *Combat End Date* must be later than or equal to the *Combat Start Date*.
- ◆ *Combat Start Date* must be prior to or equal to the Date of Death.
- ◆ *Combat Start Date* cannot be a future date.
- ◆ *Combat Location* dates cannot overlap.
- ◆ *Combat Start Date* must be a precise date.
- ◆ Format: (mm/dd/yyyy)

★Combat End Date:

The actual date that the Veteran's combat service ended.

Rules...

- ◆ The *Combat End Date* must be later than or equal to the *Combat Start Date*.
- ◆ *Combat End Date* must be prior or equal to the official end date of the selected *Combat Location*.
- ◆ *Combat End Date* must be prior to or equal to the Date of Death.
- ◆ *Combat End Date* cannot be a future date.
- ◆ *Combat Location* dates cannot overlap.

- *Combat End Date* must be a precise date.
- Format: (mm/dd/yyyy)

5.4.7 Period of Service

The system automatically calculates the *POS* based on the Veteran's *Service Entry Dates* and *Service Separation Dates* after clicking the *Calculate POS* button)

These are periods of service (POS) equal to the latest war time period that a Veteran served.

Some examples of choices include WWI, WWII, Pre-Korean, Korean, Post Korean, Vietnam Era, Post-Vietnam, Persian Gulf War, etc.

More...

- In some examples shown below, the system automatically assigns the HEC (Veteran) *Period of Service* based on the Veteran's *Service Entry Dates* and *Service Separation Dates* and assigns (after clicking the *Calculate POS* button) the POS in the following order:
 - Korean 6/27/1950 – 1/31/1955
 - Merchant Marine 12//07/1941 – 8/15/1945
 - Persian Gulf War On or after 8/2/1990
 - Pre-Korean Peacetime before 6/27/1950
 - Post Korean 2/1/1955 – 2/27/1961
 - Post-Vietnam Era 5/8/75 – 8/1/1990
 - Spanish American 4/21/1898 – 7/4/1902
 - Vietnam Era 2/28/1961 – 5/7/1975
 - World War II 12/7/1941 – 12/31/1946
 - World War I 4/6/1917 – 11/11/1918
- If there are NO *Service Entry* and *Service Separation Dates*, the system uses the Site Service Entry and Separation Dates on file and assigns in accordance with the order of the assignments above. If there is NO Service Data on file, the system assigns **Other or None**.
- User may also manually select a POS.

★ Indicates Required Field

5.5 Financials

5.5.1 Financial Overview

This screen displays financial overview information for the beneficiary. The following summary categories are displayed.

Income Year:

Select an *Income Year* from the dropdown and then click the ***View Data*** button.

PRINT 1010EZ – Click this button to print the Veteran's populated 10-10EZ form (Jul 2013) for the Income Year selected.

PRINT 1010EZR – Click this button to print the Veteran's populated 10-10EZR form (Jul 2013) for the Income Year selected.

 **Note:** Clicking either ***PRINT*** button displays the form as a .pdf file in the browser window, at which time the user may elect to Print or Save the file.

DEPENDENTS FINANCIAL DETAILS VIEW CHANGES MADE THIS INCOME YEAR

Financial Assessment – Current Financial Assessment indicates the most recent financial information currently on file.

A new added informational field to this area for ES 4.1.0 is the *BT* (Beneficiary Travel) *Financial Indicator*.

- Dependents
- Financial Summary
- Financial Details
- GMT Address
- Hardship
- Income Verification
 - A new added informational field to this area for ESR 3.12 is the *IVM Conversion Date*.
- Co-Pay Exemption Test
- Means Test
- Thresholds
- Beneficiary Travel
- To display information for a collapsed category, click either the category name or the .

The category will display any information and the red arrow will then point down, . To collapse, simply click either the category name or the red arrow again.

5.5.2 Current Financial Assessment

While many beneficiaries qualify for cost-free healthcare services based on a compensable service-connected condition or other qualifying factor, most beneficiaries are required to complete an annual Financial Assessment (FA) or Means Test (MT) to determine if they qualify for cost-free services. Beneficiaries whose household income and net worth exceed the established threshold as well as those who choose not to disclose their financial information must

agree to pay the required copays to become eligible for VA healthcare services. Note that new beneficiaries who apply for enrollment after January 16, 2003 and who decline to provide income information are not eligible for enrollment. Veterans eligible for enrollment will receive their enrollment confirmation and priority group assignment; enrollees will also receive information regarding their copay requirements, if applicable.

5.5.2.1 Will the Veteran be charged copays?

Many Veterans qualify for cost-free health care and/or medications based on any one or more of the following:

- Catastrophically Disabled
- Receiving a Purple Heart Medal
- Former Prisoner of War Status
- Compensable service-connected disabilities
- Pension, A&A or Housebound
- Low income
- Other qualifying factors including treatment related to their military service experience.

Some Veterans are not charged copays for health care or medications furnished for treatment of conditions related to their military service. This includes exposure to Agent Orange, Ionizing Radiation, [SW Asia Conditions](#) during the Gulf War, Project 112/SHAD, Nose and Throat Radium treatment, or Sexual Trauma while in the military, or care of combat-related conditions for 2 years following discharge from active duty.

5.5.2.2 Services Exempt from Inpatient and Outpatient Copays

The following services are exempt from inpatient and outpatient copays:

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for Military Sexual Trauma
- Compensation and pension examination requested by VBA
- Care that is part of a VA-approved research project
- Outpatient dental care
- Readjustment counseling and related mental health services for (PTSD)
- Emergency Treatment at other than VA facilities
- Care for cancer of head or neck caused from nose or throat radium treatments given while in the military

- Publicly announced VA public health initiatives, i.e. health fairs
- Flu shots and Immunizations
- Care related to service for Veterans who served in combat or against a hostile force during a period of hostilities after November 11, 1998

5.5.2.3 What should the beneficiary do if s/he can't afford to pay copays?

There are three options:

- Request a Waiver of Debt to "waive" existing copay debt when a Veteran's projected income for the current year will be substantially reduced and affect their ability to pay the debt. To request a waiver, the beneficiary must submit proof that they can't financially afford to make payments to VA. For more information, they should contact the Revenue or Billing office at the VA healthcare facility where they receive care.
- Request a Hardship Determination. If the beneficiary requests a hardship, they're asking VA to change their Priority Group assignment. Submission of their current financial information is required so that a determination can be made. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.
- Request an Offer in Compromise. An Offer in Compromise is an offer and acceptance of a partial payment in settlement and full satisfaction of the debt as it exists at the time the offer is made. Most compromise offers that are accepted must be for a lump sum payment payable in full 30 days from the date of acceptance of the offer. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.

5.5.2.4 Who is Subject to Provide a Financial Assessment (Means Test)?

Certain NSC and 0% non-compensable service-connected Veterans are asked to report gross household income and net worth from the previous calendar year.

In determining the beneficiary's VA Health Care benefit, it is generally to their advantage to provide income information if their gross household income (less allowable deductions) is equal to or less than a certain amount. From the amounts the beneficiary reports on the Financial Worksheet, VA will calculate and inform them of their income-based benefits.

Current year income and net worth can be considered when there is a hardship.

-  **Note:** If beneficiary declines to give their financial information, VA will:
- Place beneficiary in Priority Group 8, AND;
 - Require they agree to pay the copay fees for Group 8 before treatment can be given.

 **Note:** Beneficiaries with no special eligibility factors who are applying for enrollment after January 16, 2003 and report income, after the medical deductible, above the MT thresholds or decline to provide income information are placed in Priority Group (PG) 8 and are not eligible for enrollment or care of their nonservice-connected conditions.

5.5.3 Dependents

5.5.3.1 Dependents Overview

This screen lists the dependent overview of current dependents (both Active and Inactive) on file for the beneficiary. The dependents are listed by SSN, Name, Relationship and Status. Resorting may be done on any category by either clicking on the category name or on the  or the  symbols. Click again to sort the opposite (ascending/descending) of the previous sort.

[FINANCIAL DETAILS](#) [VIEW HISTORICAL DEPENDENTS](#)

SSN:

Displays dependent's Social Security Number. Click on an SSN link to edit the dependent information.

Name:

Displays dependent's name.

Relationship:

Displays dependent's relationship to the beneficiary.

Status:

Displays dependent's current status.

5.5.3.1.1 Add/Edit Dependent Spouse

(**Edit**) means that these additional fields are available in the Edit mode.

Prefix:

Dependent title is the title supplied for the dependent such as Ms., Mrs.

Rules...

- **Prefix** is free text and must be between 1 and 10 characters.
- **Dependent Title** is not a required field.

★First Name:

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

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.

- ◆ *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

Last Name:

The *NAME* fields are an important element in the unique identity of a person. Enter the dependent" complete legal last name.

Rules...

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

Maiden Name:

Spouse" *Maiden Name* is defined as the spouse" family name prior to the marriage.

This data is shared with VistA.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Rules...

- ◆ SSN cannot be a Pseudo SSN.
- ◆ The following SSN can never be possible (according to SSA):23456789
- ◆ The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
- ◆ Middle two numbers cannot be 00.
- ◆ Last four numbers cannot be 0000.
- ◆ First three numbers cannot be 000.

Pseudo SSN:

Pseudo SSN is an SSN that may be generated in ES as 9 numbers. The "P" is removed by the system.

This data is shared with VistA.

 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal SSN was not given.

Three reasons for assigning a spouse Pseudo SSN are:

- ◆ Follow-up required
- ◆ Refused to provide information
- ◆ No SSN assigned

This data is shared with VistA.

 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

★Gender:

Spouse gender is defined as the gender that best describes this individual's sex.

More...

- ◆ In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

★Date of Birth:

Spouse date of birth is the date the spouse was born.

Rules ...

- ◆ DOB must be before date of marriage.
- ◆ Can be imprecise.
- ◆ DOB cannot be a future date.
- ◆ DOB must be before date of relationship termination.
- ◆ Formats: "m/dd/yyyy" or "m/yyyy"

★Date of Marriage:

Date of Marriage is the date the spouse became a dependent.

Rules...

- ◆ This is the effective date for this spouse.
- ◆ This date cannot be before the Veterans DOB or spouse's DOB.
- ◆ This date cannot be a future date.
- ◆ *Date of Marriage* must be before date of relationship termination.

Date of Marriage cannot be after Date of Death.

Formats: "m/dd/yyyy" "m/yyyy" or "yyyy"

Inactive Date:

This is the date the marriage was terminated.

Rules...

- ◆ Inactive Date must occur after Date of Marriage.

Address Line 1:

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

Address Line 2:

Address Line 2 is the text supplemental to the number and street of the spouse's mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of the spouse's mailing address.

Zip Code:

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

City:

Enter the name of the *City* used for the spouse's address.

State:

Enter the *State* name associated with the spouse's address.

Last Changed:

System displays last date and time the spouse's address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

Contributed to Spousal Support:

Contributed to Spousal Support is not applicable when Lived with Veteran Last Calendar Year is Yes.

SSN Source of Change (Edit):

SSN Source of Change is an audit field to capture the source of the updated SSN. Choices are:

- ◆ Other
- ◆ VAMC

- Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

- In-Process
- Invalid per SSA
- New Record
- Resend to SSA
- *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

- If *Employment Status* is set to "“retired”" the **Date of Retirement** field may be edited.
- If *Employment Status* is changed to "“nknown”" or "“ot Employed”" the following field values will be deleted:
 - Employer Name
 - Employer Address Group
 - Employer Phone

Date of Retirement

The acceptable choices are:

- ACTIVE MILITARY DUTY
- EMPLOYED FULL-TIME
- EMPLOYED PART-TIME
- NOT EMPLOYED
- RETIRED
- SELF EMPLOYED
- UNKNOWN

Employer Name:

This is a free text field of 1 – 30 characters which displays the spouse's employer's name.

Field is system filled.

Occupation:

This is a free text field of 1 – 30 characters which displays the spouse’s occupation.

Field is system filled.

Employer Address Line 1:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 1* is the number and street or post office box of a mailing address.

Field is system filled.

Employer Address Line 2:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Field is system filled.

Employer Address Line 3:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Field is system filled.

City:

This is a free text field of 1 – 30 characters which displays the employer’s city.

Field is system filled.

State:

This field displays the employer’s state.

Field is system filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer’s zip code.

Field is system filled.

Employer Phone Number:

This is a free text field of 3 – 30 characters which displays the spouse employer’s phone number.

Field is system filled.

Date of Retirement:

This is the spouse’s Retirement Date in standard date format.

Field is system filled unless *Employment Status* is equal to ““etired”” If the *Employment Status* is equal to ““etired”” this field can be edited.

If *Employment Status* is changed from ““etired”” to any other value, the *Date of Retirement* field will be deleted.

 Indicates Required Field

5.5.3.2 Add Dependent Spouse (Add a Person)

This screen allows the user to add a dependent spouse for the person being registered.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

 **Note:** Adding a dependent spouse is not required to complete a registration.

Prefix:

Dependent title is the title supplied for the dependent such as Ms., Mrs.

Rules...

Prefix is free text and must be between 1 and 10 characters.

★First Name:

The *Name* fields are an important element in the unique identity of a person. Enter the spouse" complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- Apostrophes and hyphens are the only punctuation that can be used.
- *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

★Last Name:

The *NAME* fields are an important element in the unique identity of a person. Enter the dependent" complete legal last name.

Rules...

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

Maiden Name:

Spouse" *Maiden Name* is defined as the spouse" family name prior to the marriage.

This data is shared with VistA.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Spouse SSN is a required field if a Pseudo SSN Reason is not supplied.

Pseudo SSN:

Pseudo SS is an SSN that may be generated in ES as 9 numbers. The “P” is removed by the system.

This data is shared with VistA.

 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Pseudo SSN Reason:

Pseudo SSN Reason is defined as the reason a legal SSN was not given.

Three reasons for assigning a spouse Pseudo SSN are:

- ◆ Follow-up required
- ◆ Refused to provide information
- ◆ Pseudo SSN Reason is required if no SSN is assigned.

This data is shared with VistA.

 **Note:** If a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

★Gender:

Spouse gender is defined as the gender that best describes this individual’s sex.

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

★Date of Birth:

Spouse date of birth is the date the spouse was born.

Rules ...

- ◆ DOB must be before date of marriage.
- ◆ DOB can be imprecise.
- ◆ DOB cannot be a future date.
- ◆ DOB must be before date of relationship termination.
- ◆ Formats: “m/dd/yyyy” or “m/yyyy”

★Date of Marriage:

Date of Marriage is the date the spouse became a dependent.

Rules...

- ◆ This is the effective date for this spouse.
- ◆ This date cannot be before the Veterans DOB or spouse's DOB.
- ◆ This date cannot be a future date.
- ◆ Date of Marriage must be before date of relationship termination.
- ◆ Date of Marriage cannot be after Date of Death.
- ◆ Formats: "m/dd/yyyy" "m/yyyy" or "yyyy"

Inactive Date:

This is the date the marriage was terminated.

Rules...

- ◆ Inactive Date must occur after Date of Marriage.

Address Line 1:

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

Address Line 2:

Address Line 2 is the text supplemental to the number and street of the spouse's mailing address.

Address Line 3:

Address Line 3 is the text supplemental to the number and street of the spouse's mailing address.

Zip Code:

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

City:

Enter the name of the *City* used for the spouse's address.

State:

Enter the *State* name associated with the spouse's address.

Last Changed:

System displays last date and time the spouse's address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

Contributed to Spousal Support:

Contributed to Spousal Support is not applicable when Lived with Veteran Last Calendar Year is Yes.

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

If *Employment Status* is set to "“etired”" the ***Date of Retirement*** field may be edited.

If *Employment Status* is changed to "“nknown”" or "“ot Employed”" the following field values will be deleted:

- Employer Name
- Employer Address Group
- Employer Phone
- Date of Retirement

More...

- The acceptable choices are:
 - ACTIVE MILITARY DUTY
 - EMPLOYED FULL-TIME
 - EMPLOYED PART-TIME
 - NOT EMPLOYED
 - RETIRED
 - SELF EMPLOYED
 - UNKNOWN

Employer Name:

The spouse's employer's name is a free text field of 1 – 30 characters.

Occupation:

The spouse's occupation is a free text field of 1 – 30 characters.

Country:

From the dropdown, select the spouse employer's country.

Address Line 1:

The employer's address is a free text field of 1 – 30 characters. *Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

The employer's address is a free text field of 1 – 30 characters. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer's address is a free text field of 1 – 30 characters. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

Zip Code is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

City:

The employer's city is a free text field of 1 – 30 characters.

State/Province:

State: Enter the full state name associated with the employer's address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Province: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

County/Postal Code:

County: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the *Administrative Data Quality Council Intranet Site*.

Postal Code: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Employer Phone Number:

The spouse employer's phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the spouse's Retirement Date in standard date format.

If the *Employment Status* is equal to "“retired”" this field can be edited.

If *Employment Status* is changed from "“retired”" to any other value, the *Date of Retirement* field will be deleted.

★ Indicates Required Field

5.5.3.3 Add/Edit Child (Dependent)

(Edit) means that these additional fields are available in the Edit mode.

★Dependent Effective Date:

Dependent Effective Date is defined as the date the child became a Dependent.

Rules...

- ◆ Date must be on or after DOB.
- ◆ Date cannot be a future date.
- ◆ Imprecise dates are allowed.

Inactive Date:

The Inactive Date is the date the child (dependent) is no longer considered a valid dependent.

Rules...

- ◆ *Inactive Date* must be after child" DOB and equal to or prior to the DOD. Examples may include the child reaching the age limit, dying, etc.

Prefix:

Dependent title is the title supplied for the dependent such as Mr., Ms.

★First Name:

The *Name* fields are an important element in the unique identity of a person. Enter the dependent" complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

- ◆ *First Name* must be between 1 and 25 characters.
- ◆ Apostrophes and hyphens are the only punctuation that can be used.

Middle Name:

Enter the full middle name, when available. Leave *Middle Name* blank if one does not exist; do not use NMI or NMN.

★Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent" complete legal last name.

Rules...

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

Prefix:

Suffix is the suffix associated with an individual" name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

- ◆ Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
- ◆ Suffixes must be entered without punctuation.
- ◆ If entering a Suffix, (such as JR, SR, III) no punctuation must be used.
- ◆ Suffix must be between 1 and 10 characters.

SSN:

Dependent Child" SSN is defined as the Social Security Number given to that child by the Social Security Administration. The acceptable format is 9 numeric characters.

Rules...

- ◆ SSN cannot be a *Pseudo SSN*.
- ◆ Dependent Child" SSN is a required field and cannot be a multiple (one per dependent) unless a Pseudo SSN Reason is provided.
- ◆ If beneficiary has multiple dependents the SSNs cannot be the same.

Pseudo SSN:

Pseudo SSN is an SSN that may be generated in ES as 9 numbers. The "“”"is removed by the system.

This data is shared with VistA.

 **Note:** If a dependent child has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Rules...

- ◆ Pseudo SSN is not required if SSN is supplied.
- ◆ Pseudo SSN Reason:
 - ◆ *Pseudo SSN Reason* is defined as the reason a legal SSN was not given.
 - ◆ Three reasons for assigning a dependent Pseudo SSN are:
 - ◆ Follow-up required
 - ◆ Refused to provide information
 - ◆ No SSN assigned

This data is shared with VistA.

 **Note:** If a dependent child has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

★Relationship:

Dependent child's relationship to beneficiary is defined as the child's relationship to the beneficiary. The acceptable choices are:

- ◆ Son
- ◆ Daughter
- ◆ Stepson
- ◆ Stepdaughter

Rules...

- ◆ Dependent child's *Relationship* to beneficiary is a required field and can be a multiple (one per dependent).
- ◆ If *Relationship* = son or stepson, gender can only be male.
- ◆ If *Relationship* = daughter or stepdaughter, gender can only be female.

★Date of Birth:

Dependent child's Date of Birth is the date this child was born.

Rules...

- ◆ Date cannot be a future date.
- ◆ Format: (mm/dd/yyyy)

SSN Source of Change (Edit):

SSN Source of Change is an audit field to capture the source of the updated SSN. Choices are:

- ◆ Other
- ◆ VAMC
- ◆ Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

- ◆ In-Process
- ◆ Invalid per SSA
- ◆ New Record
- ◆ Resend to SSA
- ◆ *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Resided with Veteran Last Calendar Year:

Acceptable responses are:

- ◆ Yes
- ◆ No
- ◆ *Resided with Veteran Last Calendar Year* is defined as a dependent who lived with the beneficiary for the last calendar year.

Contributed to Child Support:

Acceptable responses are:

- ◆ Yes
- ◆ No
- ◆ If dependent did not live with beneficiary last calendar year and the beneficiary contributed to the child's support, answer **Yes**. Otherwise, answer **No**.

This data is shared with VistA.

Rules...

- ◆ Contributed to Child Support Indicator can only be set to **Yes** if the Resided with Veteran Last Calendar Year indicator is **No**.

Child has Income:

Enter in this field whether the child had earned or unearned income and/or net worth last calendar year.

This data is shared with VistA.

More...

- ◆ Income payable to another person as guardian or custodian of the child is considered to be the child's income.

Available Income:

Was dependent child's income available to the beneficiary?

This data is shared with VistA.

Rules...

- ◆ *Available Income* indicator can only be answered if the *Child Has Income* indicator is set to **Yes**.

In School:

In School is defined as a dependent 18-23 years old who is a full-time student in school.

This data is shared with VistA.

Incapable of Self Support

Dependent Child that is permanently incapable of self-support.

This indicates that the child is over the age of 18 and became permanently incapable of self-support before reaching the age of 18.

This data is shared with VistA.

★ Indicates Required Field

5.5.4 Financial Details

This section allows the user to view a beneficiary's current and historical financial assessment information. The financial assessment includes applicable spouse and dependent information.

 **Note:** The rules for setting GMT Copay Required or Pending Adjudication were changed beginning with calendar year 2010. This General Counsel ruling affects the Priority Group assigned to the Veteran.

Effective calendar year 2010 for income Years 2009 and greater, the setting for GMT Copay Required or Pending Adjudication has changed for those Veterans who meet the Income and Net Worth ranges as described under the field "**Do you want to send this for Adjudication?**" below.

Veterans who have very low income where the GMT Threshold is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, will now be placed in Priority Group 7.

Edit Financial Details (Income Year XXXX)

★*Do you want to send this for Adjudication?*:

This displays only when after completing a current Means Test and the evaluation of total computed income, MT Threshold, GMT Thresholds, Net Worth and Net Worth Threshold determines the means test status could be one of three statuses:

When the GMT Threshold is greater than the MT Threshold and the user selects:

- Yes - MT Status will be set to Pending Adjudication.
- No - MT Status will be set to GMT Copay Required.

or

When the GMT Threshold is less than or equal to the MT Threshold and the user selects:

- Yes - MT Status will be set to Pending Adjudication.
- No - If Net Income is greater than the GMT Threshold, MT Status will be set to MT Copay Required.
- No - If Net Income is less than or equal to the GMT Threshold, MT Status will be set to GMT Copay Required.

★*Married Last Calendar Year:*

Was the beneficiary married during the Last Calendar Year?

Income Test (Add Income Test)

★*Test Effective Date:*

Effective date is the date the Income Test takes effect.

Rules...

- ◆ *Test Effective Date* must be a date in the past or today's date.
- ◆ Format: (mm/dd/yyyy)

★*Disclose Financial Income:*

Does the beneficiary choose to disclose Financial Information?

Agree to Pay Deductible:

Does the beneficiary choose to pay the deductible?

Rules...

- ◆ *Agree to Pay Deductible* is required when Disclose Financial Income is No.
- ◆ Beneficiary must answer Yes or No if the Veteran has a MT status of MT Copay Required or GMT Copay Required or Pending Adjudication.
- ◆ If the beneficiary chooses No, s/he is considered Ineligible.

Dependency Factors (spouse)

SSN:

Dependent's SSN is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on a SSN to expand additional Dependency Factor information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to patient (display only).

Gender:

The spouse's gender.

Date of Marriage:

Date of marriage is defined as the date the spouse became a dependent.

Rules...

- ◆ This date cannot be before the Veterans DOB or spouse's DOB.
- ◆ This date cannot be a future date.
- ◆ *Date of Marriage* must be before date of relationship termination.

- Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

- Yes
- No - If No enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Rules...

- Format: (mm/dd/yyyy)

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

- Yes
- No - If No enter Yes or No if the beneficiary contributed to the Spouse's support during the previous calendar year.

Amount Contributed to Spousal Support :

If a dollar value exists, it will be presented as display only.

Contributed to Spousal Support (if the answer to Lived with Veteran Last Calendar Year is No):

- Yes
- No

Dependency Factors (child)

SSN:

Dependent's SSN is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on a SSN to expand additional Dependency Factor information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to beneficiary (display only).

Gender:

This is the gender of the dependent.

Dependent Effective Date:

Dependent Effective Date is defined as the date the child became a dependent.

Rules...

- ◆ Date must be on or after DOB.
- ◆ Date cannot be a future date.
- ◆ Imprecise dates are allowed.
 - ◆ Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

- ◆ Yes
- ◆ No - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Resided with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

- ◆ Yes
- ◆ No - If **No** enter Yes or No if the beneficiary Contributed to Child Support during the previous calendar year.

Contributed to Child Support (if answer to Resided with Veteran Last Calendar Year is No)

- ◆ Yes
- ◆ No

Child has Income:

Enter in this field whether the child had earned or unearned income last calendar year.

Income payable to another person as guardian or custodian of the child is considered to be the child's income.

Rules...

- ◆ If the Available *Income* indicator is answered **Yes** or **No** then the *Child has Income* indicator is required.

Available Income (if answer to Child Has Income is Yes):

Indicate whether the child's income and/or net worth was/were available to the beneficiary last calendar year.

More...

- ◆ The child's income and/or net worth are almost always determined to be available.

- ◆ A child's income and/or net worth may be excluded when the child is not in the beneficiary's custody and the beneficiary does not have direct access to the child's income or when the beneficiary has custody, but s/he can prove that the income is not available to him/her (e.g. a trust that the beneficiary doesn't have access to OR social security that's going to a separated spouse.)

Rules...

- ◆ If the *Available Income* indicator is answered **Yes** or **No** then the *Child Has Income* indicator is required.
- ◆ If the *Available Income* indicator is answered **Yes**, then the *Child Has Income* indicator cannot be answered **No** or left blank.

In School:

In School is defined as a dependent 18-23 years old who is a full-time student in school.

Incapable of Self Support:

Dependent child is Permanently and Totally disabled and *Incapable of Self-Support*.

More...

- ◆ Answer Yes if the child is over the age of 18 and became permanently and totally disabled and incapable of self-support before reaching the age of 18.
- ◆ Indicator is not a required field and can be a multiple (one per dependent). This is collected for dependent person type only.

Income (pre-Feb. 2005 format)

Employment:

Enter in this field the annual amount of Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

Exclude income from the beneficiary's farm, ranch, property or business.

US Civil Service:

Enter in this field any income derived from governmental civil service jobs held.

Interest/Dividend/Annuity:

Enter in this field all income derived from Interest, Dividends and Annuities held.

Unemployment:

Enter in this field all income derived from Unemployment Compensation.

Income - Retirement

Social Security:

Enter in this field all Social Security income.

Military Retirement:

Enter in this field all income derived from any *Military Retirement*.

Railroad Retirement:

Enter in this field any *Railroad Retirement* income.

Other Retirement:

Enter in this field any *Other Retirement* income not reportable in other categories.

Income - Workers Comp/Black Lung, Other

Workers Comp/ Black Lung:

Enter in this field any Workers' Compensation and/or Black Lung benefits received.

Other Income:

Enter in this field any Other Income not reportable in other categories; e.g. prizes and awards, punitive damages, deceased employee's wages paid to estate or beneficiary.

Exclude welfare.

Income (post-Feb. 2005 format)

Total Employment Income:

Enter in this field the annual amount of Total Gross Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

This data is shared with VistA.

Exclude income from the beneficiary's farm, ranch, property or business.

Total Employment Income must be 0 through 9999999.00.

Ranch, Farm, Property or Business:

Enter in this field the annual amount of income from the beneficiary's farm, ranch, property or business, minus operating expenses, received during the previous year.

Depreciation is not considered a deductible expense.

Ranch, Farm, Property or Business must be 0 through 9999999.00.

Other Income:

List *Other Income* amounts (Social Security, compensation, pension, interest, dividends. Exclude welfare).

Other Income must be 0 through 9999999.00

This data is shared with VistA.

More...

- Enter in this field the annual amount of other income Social Security received during the previous calendar year. This includes, but is not limited to, Social Security Retirement and/or Disability Income; compensation benefits such as VA disability, unemployment, retirement and pension income; interest; and dividends. Exclude welfare or need-based payments from a governmental agency, profit from occasional sale of property, reinvested interest on IRAs.

Expenses

Education Expenses:

Enter the total amount of college and vocational education expenses paid during the reporting year.

More...

- This would include tuition, books, fees, materials, etc.
- The beneficiary is not allowed to enter a Child's Education Expenses unless the child also had Employment Income information.

Rules...

- Education Expenses* must be 0 through 9999999.00.

Non-reimbursable Medical Expenses:

Enter the total amount of unreimbursed medical expenses paid by the beneficiary during the previous calendar year.

More...

- The expenses can be for the beneficiary or for persons that the Veteran has a legal or moral obligation to support. The expenses must actually have been paid by the beneficiary.
- Reportable medical expenses include amounts paid for fees of physicians, dentists, and other providers of health services; hospital and nursing home fees; medical insurance premiums (including the Medicare premium); drugs and medicines; eyeglasses; any other expenses that are reasonably related to medical care.
- Do not list expenses which the beneficiary has paid if the beneficiary expects to receive reimbursement from insurance or some other source.
- By law, not all of the unreimbursed medical expenses paid by the beneficiary during the previous calendar year may be deducted from the total annual income. The total amount of the unreimbursed medical expenses entered in this field will be automatically adjusted based upon the beneficiary's maximum annual pension amount and number of dependents.

Rules...

Non-reimbursable Medical Expenses must be 0 through 9999999.00.

Adjusted Medical Expenses:

This is a calculated field based on the value entered for Gross Medical Expenses and the number of dependents active for the test.

Funeral/Burial Expenses:

Enter in this field amounts paid by the beneficiary during the previous calendar year for funeral or burial expenses of the beneficiary's deceased spouse or child or for pre-paid funeral or burial expenses of the beneficiary, spouse, or any dependent child.

More...

- ◆ Do not report amounts paid for funeral or burial expenses of other relatives such as parents, siblings, etc.

Assets

Cash and Bank Account Balance:

Enter in this field cash and amounts in bank accounts.

This data is shared with VistA.

More...

- ◆ This includes checking accounts, savings accounts, Certificates of Deposit (CDs), Individual Retirement Accounts (IRAs), and stocks and bonds as of 12/31 of the income year being reported.

Rules:

- ◆ *Cash and Bank Account Balance* must be 0 through 9999999.00.

Stocks and Bonds (pre-Feb. 2005 format):

Enter in this field the dollar amount held in Stocks and Bonds. *Stocks and Bond* information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

More...

- ◆ A *Bond* is essentially an 'IOU' in which an investor agrees to loan money to a company or government in exchange for a predetermined interest rate.
- ◆ *Stock* represents a piece of ownership in a company. When the company makes money, the stock becomes more valuable. This increased value can be taken in the form of a dividend or reinvested to buy more stock.

Rules:

- ◆ *Stocks and Bonds* amount must be 0 through 9999999.00.

Land, Buildings Less Mortgage and Liens:

Enter in this field the current value of land and buildings, less mortgages and liens.

This data is shared with VistA.

More...

- Do not report the value of the beneficiary's primary residence. If the beneficiary's primary residence is a multifamily dwelling, report the value of the building less the value of the unit occupied by the Veteran. If the beneficiary lives on a farm, report the value of the farm less the value of the house occupied by the beneficiary and a reasonable surrounding area.

 **Note:** Since the beneficiary's primary residence is not reported as an asset, the mortgage may NOT be reported as a debt. In addition, the value of any other property owned by the beneficiary or spouse or dependent children will be calculated in the same manner. 'Land/Bldgs.'

Rules:

- Land, Buildings Less Mortgage and Liens must be 0 through 9999999.00.

Other Property or Assets:

Enter in this field the current market value of other property or assets that are owned minus the amount that is owed on these items.

This data is shared with VistA.

More...

- Include the value of farm, ranch or business assets. However, do not report the value of household effects or vehicles regularly used for family transportation. Assets may include art, rare coins, or collectibles, etc.

Rules...

- *Other Property or Assets* must be 0 through 9999999.00.
- *Debts* cannot exceed the dollar amount in the asset type of *Other Property or Assets* amount.

Debts (pre-Feb. 2005 format)

\$

Here is where all debts are individually entered for the Veteran and Spouse only. Debt information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

Rules...

- *Debts* must be a dollar amount 0 to 9999999.00.
- *Debts* for a person cannot exceed the dollar amount in the asset type of Other Property or Assets amount for that same person.

★ Indicates Required Field

5.5.5 Adjudication (Income Year XXXX)

Many factors are used to determine whether a Means Test (MT) should be placed in a **Pending Adjudication** status including:

- ◆ Total Income vs. the MT and GMT Thresholds,
- ◆ Total Income plus Net Worth vs. Net Worth Thresholds, and
- ◆ Income from Farm/Ranch/Property or Business

 **Note:** A ruling was made by the General Counsel, effective for calendar year 2010 for Income Years 2009 and greater. The setting for GMT Copay Required or Pending Adjudication was changed for those Veterans who have very low income where the GMTT is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold. These Veterans will now be placed in Priority Group 7. When adjudicating the case, these factors, along with others (such as the age of the patient and how long their assets are expected to last at their current income level) are used to help determine the *Means Test Status* for the patient.

The *Means Test Status* must be equal to **Pending Adjudication** in order to perform this action.

Adjudication (Income Year XXXX)

Means Test Threshold:

This is the current *Means Test Threshold* for the current income year (Display Only).

GMT Threshold:

This is the *Geographic Means Test Threshold* for the current income year for the area of the country in which the patient was living at the time the *MT* was completed (Display Only).

Means Test Status:

When the *GMT Threshold* is greater than the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

GMT Copay Required

MT Copay Exempt

When the *GMT Threshold* is less than or equal to the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

- ◆ **MT Copay Required**
- ◆ **MT Copay Exempt**

 Indicates Required Field

5.6 Enrollment

Enrollment data includes the fields used to determine when an individual has applied for enrollment into the VA Health Care System, among these are the beneficiary's Enrollment Priority and Enrollment Status.

The screenshot shows the 'Enrollment' tab selected in a navigation bar. The main section is titled 'Current Enrollment' with a sub-section 'Required fields are indicated with an asterisk/star *'. It displays various enrollment details:

Enrollment Category:	Not Enrolled	Enrollment Date:	
Enrollment Status:	Deceased	Enrollment Effective Date:	06/16/2017
Enrollment Priority:	Group 1	Enrollment End Date:	01/19/2017
Preferred Facility:	CHEYENNE VA MEDICAL	Source of Enrollment:	VAMC
Facility Received:	MANCHESTER VAMC	EGT Type at Time of Enrollment:	Enrollment Decision
EGT Priority at Time of Enrollment:	Group 8d	Initial Enrollment Priority:	Group 7c

[VIEW HISTORICAL ENROLLMENT](#)

[View Prior Enrollments](#)

Cancel/Decline/Override Enrollment

Enrollment Application Date: 04/11/2013 (mm/dd/yyyy)

► Canceled/Declined Indicator: Yes No No Data

► Enrollment Override: Yes No

[UPDATE](#) [CANCEL](#)

Online Application

[View Most Recent 1010EZ Online Application:](#) [VIEW](#)

Figure 53: Enrollment

[VIEW HISTORICAL ENROLLMENT](#)

5.6.1 Current Enrollment

This displays the summary of the beneficiary's current enrollment status.

If the Enrollment and Eligibility exclusion conditions are not met, the system automatically sets the Enrollment Status to 'Closed Application.' The system automatically sends a final letter when Enrollment status is updated to 'Closed Application':

If the most recent Enrollment status was 'Pending: Eligibility status is Unverified,' then trigger the 742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights.

If the most recent Enrollment status is 'Pending: Means Test Required' then send 742-652 Notification of Closed Application- Financial Disclosure with Appeal Rights

Users cannot update the application status to 'Closed Application'.

Below are the statuses associated with the Enrollment process:

Enrollment Statuses

Status	Enrollment Category	Definition	Action Required
Unverified	In Process	Assigned by VistA when the Veteran's preliminary priority is above the EGT setting or when VistA is unable to calculate a preliminary priority based on eligibility factors.	None
Verified	Enrolled	HECMS assigns this status to enrollment records that are in a priority that the Secretary of VA has determined may be enrolled. This status indicates the Veteran is enrolled and eligible for VA medical benefits	None
Deceased	Not Enrolled	Assigned by VistA or HEC when a Date of Death is entered in the Veteran's record.	None
Cancelled/Declined	Not Enrolled	Assigned when a HEC user has received a Veteran's written request to cancel/decline enrollment and has entered the request into HECMS.	None
Rejected, ; Below Enrollment Group Threshold	Not Enrolled	This status is assigned to VistA when the Veteran's preliminary enrollment priority is one that the Secretary has determined may not be enrolled (enrollment priority is below the EGT)	None
Rejected; Initial Application from VAMC	Not Enrolled	This status is assigned initially for records sent from a VistA site.	This is a temporary status in ES when ES first receives an application from VistA.
Pending, No eligibility code	In Process	This status is assigned by HECMS when the patient's record does not contain enough information to calculate a primary eligibility code.	None
Pending, means test required	In Process	This status is assigned by HECMS when a non-compensable 0% SC or NSC Veteran without special eligibility does not have a current means test on file.	The enrollment status will be updated when the requirements for a current means test is met.

Status	Enrollment Category	Definition	Action Required
Pending, Eligibility status is unverified	In Process	HECMS assigns this status when the Veteran's records does not contain verified eligibility information	If the eligibility verification status is blank or Pending, medical facility staff must verify the Veteran's eligibility. If the Veteran is other than NSC or 0% SC, sites must provide the source documentation to HEC for manual processing
Pending, Other	In Process	HECMS assigns this status when there is insufficient information to complete processing of the enrollment record.	HEC staff will review and resolve the issues preventing completion of the enrollment process.
Not eligible, refused to pay copay	Not Enrolled	Assigned by Vista or HEC when a compensable 0% SC Veteran without special eligibility has refused to pay VA copays for health care.	None
Not eligible, ineligible date	Not Enrolled	Assigned to HECMS when an ineligible Date is entered in patient's record.	None
Closed application	Not Enrolled	Status assigned when application is pending verification for which additional information requested is not received within 366 days, so that no further actions are taken on the abandoned application.	None

View Historical Enrollment

Enrollment Change History lets you select specific change events. Click the dropdown and select from the list. The Historical Change Details display the Enrollment Change History for this beneficiary with "Old" and "New" values for the selected date and time.

5.6.2 View Prior Enrollments

The View Prior Enrollments section displays enrollment information for the previous period of enrollment and the initial period of enrollment and ES will exclude the application from the 365-day letter process. This section displays all of the fields that appear in the Enrollment section, but are divided into two columns: **Initial Enrollment Period** and **Most Recent Enrollment Period**.

5.6.3 Cancel/Decline/Override Enrollment (includes Add a Person)

Enrollment data includes the enrollment information for the registrant in the VA Health Care System. This displays the summary of the registrant's current enrollment status.

When adding (registering) a new person, additional fields display. Some are required and others become editable as described and indicated below.

★Enrollment Application Date:

The *Enrollment Application Date* is the date of the application for enrollment.

 **Note:** The *Enrollment Application Date* is required when Adding a Person (registration).

More...

- For registrants who mail their VA Form 10-10EZ to a VA Health Care facility for processing, the date of the postmark is to be entered into VistA as the *Enrollment Application Date*.
- For registrants who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the *Enrollment Application Date*.
- For beneficiaries who apply for enrollment in person, the date of the registrant's presence at the facility for the purpose of enrolling is to be entered into VistA as the *Enrollment Application Date*.

Rules...

- Enrollment Application Date cannot be a future date.
- Enrollment Application Date requires a precise date.
- Enrollment Application Date cannot be after the Date of Death.
- Enrollment Application Date cannot be prior to the Date of Birth.
- Enrollment Application Date cannot be prior to 10/01/1996.

Manage Enrollment Application Date

The Enrollment System validates the Enrollment Application Date field as follows:

- When a user changes the Cancelled/Declined or Closed Application Indicator from 'Yes' to 'No', the following actions should occur:
 - The Enrollment Application Date field is set to 'NULL'.
 - The Enrollment Application Date becomes a required field.
 - The system displays a blue asterisk (*) indicating that the field is required.
- If the user clicks 'Update' after changing the Cancelled/Declined indicator to 'No' and the Enrollment Application Date is set to 'NULL', the system displays the following error message:

Enrollment Application Date is required when the Canceled/Declined Indicator is set to No.
- If the user clicks 'Update' after changing the Closed Application indicator to 'No' and the Enrollment Application Date is set to 'NULL', the system displays the following error message:

Enrollment Application Date is required when the Closed Application Indicator is set to No.

Rules...

- The new Enrollment Application Date must be greater than (after) or equal to the most recent Enrollment End Date.
 - ◆ If the date entered in the Enrollment Application Date field is less than the current Enrollment End Date, the system displays the following error message:
Enrollment Application Date cannot be prior to the current Enrollment End date or a future date.
- The new Enrollment Application Date must be less than (before) or equal to the current date (The enrollment application date cannot be in the future).
 - ◆ If the date entered in the Enrollment Application Date field is greater than the current date, the system displays the following error message:
Enrollment Application Date cannot be prior to the current Enrollment End date or a future date.
- The new Enrollment Application Date must be less than (before) the Date of Death.
 - ◆ **Note:** This is current functionality.
 - ◆ If the date entered in the Enrollment Application Date field is greater than the Date of Death, the system displays the following error message:
Application Date must be equal to or prior to the Date of Death.
- The new Enrollment Application Date must be greater than (after) the Date of Birth.
 - ◆ If the date entered in the Enrollment Application Date field is less than the Date of Birth, the system displays the following error message:
Enrollment Application Date cannot be prior to the Date of Birth.
- The new Enrollment Application Date must be greater than (after) 10/01/1996.
 - ◆ If the date entered in the Enrollment Application Date field is less than the Date 10/01/1996, the system displays the following error message:
Enrollment Application Date cannot be prior to 10/01/1996.
- The validation rules above are only applicable when the user is changing the Cancelled/Declined or Closed Indicator from ‘Yes’ to ‘No’. If the user changes the Cancelled/Declined indicator from ‘Yes’ to ‘No Data’, the Enrollment Application Date can be changed per existing behavior.
 - ◆ When a user clicks ‘Update’ after changing the Cancelled/Declined Indicator from ‘No’ or ‘No Data’ to ‘Yes’, the following message is displayed in a pop-up window (This would only apply to EED users):
Are you sure you want to set the Cancelled/Declined indicator to Yes?

Update the Overview screen to show Enrollment End Date when an Application is set to Cancelled/Declined or Closed Status.

- When the enrollment status of an application is set to Cancelled/Declined or Closed, the overview screen of the enrollment system displays the “Enrollment End Date” within the “Update Enrollment Dates” field.
- When the enrollment status of an application is NOT Cancelled/Declined or Closed, the “Effective Date of Change” field continues to display on the Overview screen within the “Update Enrollment Dates” field.

Manage Pending Reminder Incomplete Application Letters

The following are the rules related to managing Reminder Incomplete Application Letters.

Trigger Reminder Incomplete Application Letters

Reminder Incomplete Application Letters are automatically triggered 326 days after an IPN (Initial Pending Notification) letter is mailed (40 days prior to the 366th day).

- If the exclusion conditions are NOT met, the system checks the enrollment status.
- If the enrollment status is: 'Pending; Eligibility status is unverified', the system automatically triggers:
742-653 Reminder Incomplete Application - Eligibility Unverified Letter
- If the enrollment status is: 'Pending; Means Test is Required', the system automatically triggers:
742-654 Reminder Incomplete Application - Financial Disclosure Letter
- The system will NOT reset the IPN date or IPN clock when sending the Reminder Incomplete Application Letters.

Each Reminder Incomplete Application Letter includes the date that the application is scheduled to close (366th day after the IPN date).

Send Reminder Incomplete Application Letters to Print Vendor

All letters triggered successfully, without a status of “Reject at HEC”, are added to the Communications Log with a status of “Send to Print Vendor”.

- Upon creating the letter batch file to the print vendor, the system checks to ensure the enrollment status is still applicable to the letter being sent.
- If the exclusion conditions are still not met and the enrollment status is still applicable, the letter is included in the batch file and the status is updated to “Sent to Print Vendor”.
- If the exclusion conditions are met or if the enrollment status is no longer applicable, the letter should be removed from the batch file and the status is updated to “Reject at HEC”.
- The system will NOT reset the IPN clock. The IPN clock continues and the application may be closed on the 366th day.
- The system receives a response from the print vendor for each Reminder Incomplete Application Letter sent and displays the response in the “Status” column within the “Previously Mailed” tab.

- Regardless of the status received from the print vendor, the system will NOT reset the IPN clock. The IPN clock continues and the application may be closed on the 366th day, although the Veteran did not receive a reminder letter.
- The system records each sent letter in the “Previously Mailed” (Communications Log) tab.
- The system records each letter in the Communications Log with a trigger type of “Automatic”.
- If a user clicks on a (742-653 or 742-654) Reminder Incomplete Application Letter under the Previously Mailed tab, the following fields are populated, in addition to the standard fields:

Initial Pending Notification Date

The IPN date at the time of sending the Reminder Incomplete Application Letter is populated.

Days Elapsed

The difference between the IPN date and the current date.

- Days Elapsed = Current Date - IPN date.
- The system allows an ES user to re-mail Reminder Incomplete Application Letters (742-653/742-654), which were generated during the current enrollment cycle.
- Re-mail links will only be displayed for users that have the “Manually Mail/Re-mail Letter” capability.
- Re-mail URL links will only be displayed for Reminder Incomplete Application Letters that were generated during the current enrollment cycle.
- The system allows re-mail of the appropriate reminder letter based on the enrollment status and only if none of the exclusion conditions are met.
- If the user attempts to re-mail the 742-653 Reminder Incomplete Application Eligibility Unverified Letter and the Enrollment status is: 'Pending; Eligibility status is unverified', no exclusion conditions are met, and a final letter (742-652/742-652A) was not sent, the letter is sent and recorded in the Communications Log with a trigger type of “Manual”.
- If any condition is not met, the attempt is written to the Communications Log with a status of “Reject at HEC” and the following message displays:
This letter has failed to meet the conditions to send the letter. The conditions that failed are:
The system displays a bulleted list of ALL conditions that were not met.
- If the user attempts to re-mail the (742-654) Reminder Incomplete Application - Financial Disclosure Letter and the Enrollment status is: 'Pending; Means Test is Required', no exclusion conditions are met, and a final letter (742-652/742-652A) was not sent, the letter is sent and recorded in the Communications Log with a trigger type of “Manual”.

- If any condition is not met, the attempt is written to the Communications Log with a status of “Reject at HEC” and the following message is displayed:
This letter has failed to meet the conditions to send the letter. The conditions that failed are:
The system displays a bulleted list of ALL conditions that were not met.
- The system will not reset or interrupt the IPN clock when re-mailing a Reminder Incomplete Application Letter (742-653/742-654).
- Reminder Incomplete Application Letters (742-653/742-654) will NOT be included within the “Available for Mailing” tab.
- Reminder Incomplete Application Letters (742-653/742-654) will not be re-mailed or automatically triggered if any of the items below are true:
 - A duplicate letter is already pending to be sent for the application.
 - A required field or fields are missing from the letter.
 - A Date of Death was populated for the Veteran.
 - The “Stop Communications” option is selected.
- Reminder Incomplete Application Letters (742-653/742-654) are triggered even when the bad address reason is populated.

Historical Pending Application Cleanup:

Upon processing the historical cleanup batch for Manage Pending, all Veterans are sent a reminder letter approximately 40 days prior to receiving their final closed application letter. The appropriate Reminder Incomplete Application Letter (742-653/742-654) is automatically triggered 326 days after the initial pending notification.

Regardless of the status received from the print vendor, the IPN clock will not reset or interrupt the 365-day clock. The system triggers an email bulletin/notification when the Reminder Incomplete Application Letters are sent and ready to be processed by the print vendor.

Application Signature Date:

The *Application Signature Date* is the date of the application for enrollment was signed.

Rules...

- Application Signature Date cannot be a future date.
- Application Signature Date requires a precise date.
- Application Signature Date cannot be prior to the Date of Birth.
- Application Signature Date cannot be after the Date of Death.

Application Method:

The Application Method is means by which the application was filed. Choose from the dropdown.

Cancelled/Declined Indicator:

This indicates if Veteran either cancelled or declined enrollment in the VA Health Care system.

Rules...

- *Enrollment Category* must be **Enrolled** or **In Process**, in order to set the *Cancelled/Declined Indicator* to **Yes**.
- The Veteran's requests to cancel/decline enrollment must be provided to the HEC in writing.
- Veterans who decline or cancel enrollment are not eligible for care of nonservice-connected conditions; however, emergent care can be provided on a humanitarian basis.
- Veterans can reapply for enrollment at any time, however, they will be considered "new" registrants and enrollment will be based upon the current enrollment criteria.

Cancelled/Declined Effective Date:

Cancelled/Declined Effective Date is the date the Veteran requested, in writing, to cancel or decline enrollment. The system defaults to the current date.

Rules...

- Cancelled/Declined Effective Date is required when the Cancelled/Declined Indicator is set to **YES**.
- Cancelled/Declined Effective Date must be a precise date.
- Cancelled/Declined Effective Date cannot be:
 - A date prior to the Veteran's *Date of Birth*.
 - A future date.
 - A date that is equal to or prior to the *Enrollment Application Date*.
 - After the *Date of Death*.

Reason Cancelled/Declined:

Reason Cancelled/Declined is defined as the reason why a Veteran has chosen to cancel or decline enrollment in the VA Health Care System.

This data is shared with VistA.

Choices are:

- *Other Insurance – Veteran is covered under other insurance*
- *Other (when selected, Canceled/Declined Remarks field is required)*
- *Dissatisfied with VA Care – Veteran is dissatisfied with the VA care s/he has received*
- *Geographic Access – Veteran lives too far from a VA Health Care facility*

Rules...

- Reason Cancelled/Declined is a required entry when Cancelled/Declined Indicator is Yes.
- When Reason Cancelled/Declined choice is **Other**, **Canceled/Declined Remarks** is a required field.

Reason Cancelled/Declined Not Processed:

Reason Cancelled/ Declined Not Processed is the reason the cancel decline request has not been processed by the HEC user. Select from the dropdown.

Rules...

- Reason Cancel/Declined Not Processed is not valid unless Canceled/Declined Indicator is No.

Canceled/Declined Remarks:

Canceled/Decline Remarks is a free-text explanation of the reason for cancelling or declining enrollment.

This data is shared with VistA.

Rules...

- *Canceled/Declined Remarks* cannot be greater than 60 characters.
- *Canceled/Declined Remarks* cannot be entered unless *Reason Canceled/Declined* is **Other**. It may also be left blank.

Enrollment Override:

Enrollment Override flag is defined as a flag that when set, will initiate the determination of a beneficiary's enrollment priority.

 **Note:** This flag can only be set by a HEC user.

More...

- It is used in those cases where a beneficiary may have been incorrectly placed in a *Rejected; Stop New Enrollments OR Rejected; Below Enrollment Group Threshold Enrollment* status.
- It could also be used when a beneficiary was incorrectly enrolled into a priority group that should be rejected.

★Enrollment Override Reason:

The following reasons are provided for the enrollment override from the dropdown:

- Forced Rejection – A/O
- Forced Rejection – Cancel/Decline Remove
- Forced Rejection – Combat in Error
- Forced Rejection – Hardship (or in good faith)
- Forced Rejection – IVD Conversion

- ◆ Forced Rejection – Ineligible to Eligible
- ◆ Forced Rejection – MT Edited by Site
- ◆ Forced Rejection – Medicaid Yes to No
- ◆ Rejection Override – Project SHAD
- ◆ Rejection Override – Agree to Pay from No to Yes
- ◆ Rejection Override – Back Dated Enrollment Dates
- ◆ Rejection Override – Continuation of Enrollment from 2003 MT
- ◆ Rejection Override – Ineligible to Eligible

Rules...

- ◆ Enrollment Override Reason is required when Enrollment Override is Yes.

Enrollment Override Comments:

This is a free text comments area for the enrollment override.

Closed Application:

When the Enrollment Status is set to 'Closed Application', the system displays the following fields in 'Cancel/Decline/Override Enrollment' section only.

The section label displays as: **Cancel/Declined/ Override/Close Enrollment** when the current enrollment status is Closed Application. The Closed Application Indicator is set as:

- ◆ Yes (Non editable radio button)
- ◆ No (Editable radio button). This can only be set to NO when the current Enrollment Status is set to Closed Application. The system allows the user to manually remove the Closed Application status by setting the Closed Application Indicator to 'No'.

Rules...

- ◆ Max character Limit: 255, allows Alpha Numeric and Special Characters.

Online Application

This allows the user to view the most recent 1010EZ Online Application. Click the View button to review the information.

5.6.4 Manage Pending Pre-Closure Letters

Manage Pending Pre-Closure Letters

A *Manage Pending Pre-Closure Letter* is sent notifying the Veteran that the application will be closed within X days under the manual/historical process.

 **Note:** The number of days is determined by the VA, if the Veteran does not contact the VA to continue enrollment.

If	Then
Veteran has not submitted additional documents to the VA to continue enrollment	A second, Reminder Incomplete Application Letter , is mailed reminding the Veteran that the Veteran needs to contact the VA about continued enrollment or the application will be closed in approximately 30 days.
Veteran still has not contacted the VA after 30 days	The application is closed on the 366 th day and the Veteran is sent a closure letter.

A 365-day clock begins in ES when a confirmed mailing response is received from the Print Vendor for the **Initial Pending Pre-Closure Letter**, which was mailed to the Veteran on the 30th day under the automated/normal process.

If	Then
Veteran's mailing address is NOT confirmed	The 365-day clock does NOT begin, and the Initial Pending Pre-Closure Letter remains in a "pending" state in ES until the address is confirmed. Note: Users can manually update the address.
Veteran's mailing address is confirmed	The 365-day clock begins, and the Initial Pending Pre-Closure Letter will be in a "successfully mailed" state in ES.

Manage Pending Pre-Closure Letter Scenarios and Acceptance Criteria

The following table describes scenarios and acceptance criteria for Manage Pending Pre-Closure Letters.

Scenario	Acceptance Criteria
Deceased since the initial mailing	Veteran information excludes Veteran records whose status in ES is listed as deceased since the initial mailing.
Current bad address indicator (BAI)	The file of Veteran information excludes Veteran records with a current bad address indicator (BAI). Determine if the Veteran records have a bad address indicator (BAI).

Scenario	Acceptance Criteria			
	If	And	Then	
	Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)	The address has not changed	The record is excluded from the file.	
	Veteran record was US Postal Service (USPS) returned mail as an output from the initial mailing (i.e., March thru November 2016)	The address changed since the initial mail release date	The Veteran record is included in the pre-closure mailing file.	
Final determination recorded in ES since last mailing	The file of Veteran information excludes Veteran records with a final determination recorded in ES since the last mailing			
Failed address validation via the Coding Accuracy Support System (CASS)	The file of Veteran information excludes records that failed address validation via the Coding Accuracy Support System (CASS) from the initial mailing			
Input File	The input file is generated and provided by OIT. The pre-closure letter mailing job does not validate or exclude any records included within the file			
Pre-Closure Letter Type and Title:	Letter type: 742-655 Title: "Pre-Closure Letter"			

Mail Responses from Initial Mailing and Pre-Closure Letter Mailing Imported into ES Communications Log

Mail responses of initial pending letters (742-650/742-651) and the new pre-closure letter (742-655) are imported and displayed under the **Previously Mailed** and **Available for Mailing** tabs.

Initial Pending Pre-Closure Letter Mail Response Scenario and Acceptance Criteria

The following table describes scenarios and acceptance criteria for Initial Pending Pre-Closure Letter Mail Response.

Response Scenario	Acceptance Criteria
Response from initial pending pre-closure letter mailing (742-650/651)	<p>Imported to ES Communications Log for users to view letter activity.</p> <ul style="list-style-type: none"> a. The initial pending pre-closure letter status and date displays under the Previously Mailed tab in the ES Communications Log as: <ul style="list-style-type: none"> ○ Status Date ○ Status Rejected ○ Returned Mail, etc. ○ 742-650/742-651 + Name (Initial Incomplete Application - Type) ○ Type (ENR) ○ Recipient (Veteran) ○ Select to Re-mail (left blank; no capability required) b. The 742-650 and 742-651 letters remain listed under the Available for Mailing tab c. The initial pending pre-closure letter information displays in the list under the Communications Log, Previously Mailed tab sub-titled "Letter Mailed on Behalf of Veteran," which includes: <i>status date, status, name/number, type, recipient, and re-mail</i> (with re-mail link not functional for user viewing). d. Initial pending pre-closure letters sent as part of the <i>historical pending process</i> are not available for re-mail by users.
Response from initial pending pre-closure letter (742-655)	<p>Imported to ES Communications Log for users to view the letter activity.</p> <ul style="list-style-type: none"> a. The initial pending pre-closure letter status and date display under the Previously Mailed tab in the ES Communications Log as: <ul style="list-style-type: none"> ○ Status Date ○ Status (rejected, returned mail, etc.)

Response Scenario	Acceptance Criteria
	<ul style="list-style-type: none"> ○ 742-655 + Name (Pre-Closure Letter) ○ Type (ENR) ○ Recipient (Veteran) ○ Select to Re-mail is left blank/inactive <p>b. The initial pending pre-closure letter name, form number, and type (ENR) is found on the ES Communications Log, under Available for Mailing tab.</p> <ul style="list-style-type: none"> ○ The Select to Mail column is blank and inactive <p>c. Initial pending pre-closure letter information displays in the list under the Communications Log, Previously Mailed tab sub-titled "Letter Mailed on Behalf of Veteran," which includes: <i>status date, status, name/number, type, recipient, and re-mail</i> (with re-mail link not functional for viewing).</p> <p>d. The initial pending pre-closure letter is available for re-mail by users.</p>

Setting Enrollment Application to Closed Application and Applying Enrollment End Date

Set enrollment applications to "Closed Application" status and apply an enrollment end date based on a file provided by the Business, which contains ICNs and enrollment end dates for each application to be closed.

Setting Enrollment Applications and Applying Enrollment End Date (Closed Application) Acceptance Criteria

The following table describes scenarios and acceptance criteria for Closed Application.

Closed Application Scenario	Acceptance Criteria
OIT performing closure processes	OIT performs closure processes from a designated list of Veteran records who were mailed a pre-closure letter on demand per HEC Director's request; OIT will provide the list to HEC Director for approval.

Closed Application Scenario	Acceptance Criteria
Enrollment Status for each record in the file	Set to Closed Application .
Record Enrollment End Date	Record Enrollment End is populated by the job with the date of the Enrollment Status provided by the HEC Director.
Input File	Is generated and provided by OIT.
Validating and Excluding	Closed Application job does not validate or exclude any records included within the file.
Close Application Job Completion	Upon completion of the Closed Application job, ES displays each record with the enrollment status of Closed Application .

Reusable Option to Mail a Final Closure Letter on Demand

The **Reusable Option to Mail a Final Closure Letter on Demand** is a configurable option of sending or not sending closure letters (742-652/742-652A) to Veterans whose applications are closed by the new **Closed Application** job.

Determine the acceptance criteria of when to use the reusable option to mail a final closure letter on demand to a Veteran.

If	Then
Requested by the HEC Director	OIT runs the reusable Closed Application job to mail a closure letter after the date the pre-closure mailings were released by the print vendor.
A closure letter is triggered	It is viewable in the Communications Log just as automatically triggered closure letters are displayed

5.7 Facility

5.7.1 Facility

This screen lists facilities the beneficiary has visited along with information associated with each of those facilities. The checkmark indicates the beneficiary's preferred facility.

Facilities

[**SEND QUERY MESSAGE Z07**](#)
[**VIEW ALL HL7 MESSAGES**](#)
[**VIEW ALL ARCHIVED HL7 MESSAGES**](#)
[**VIEW SITE HL7 MESSAGES**](#)

Primary Means Test Facility:

This indicates whether this site is the original Means Test facility (**Yes** or **No**).

Income Year:

The *Income Year* for the most current Means Test on file.

Number of Inpatient Days:

This is the number of days the beneficiary was an inpatient.

Date of Last Visit:

This is the beneficiary's last Outpatient Visit date to the medical facility.

Number of Outpatient Days:

This is the number of outpatient days the beneficiary had during the Means Test or Copay period.

Fee Basis Program Information

Fee Basis Program

The *Fee Basis Program* provides payment authorization for eligible beneficiaries to obtain outpatient medical treatment services through the private sector. Beneficiaries can obtain authorization for fee-based services by a VA healthcare provider when it has been determined that direct VA medical services are not available or geographically inaccessible to meet the beneficiary's treatment needs.

This displays any *Fee Basis Program Information* on file for the beneficiary.

Rules...

- The beneficiary may not have more than one current Fee Basis program of the same type per VAMC site.
- The beneficiary may have multiple Fee Basis programs of different types at the same VAMC site.
- S/he may also have multiple programs of the same type but with different start/end dates spanning several years.

More...

- The Fee-Basis Program evolved from the Hometown Program. In December 1945, General Paul R. Hawley, Chief Medical Director, Veterans Administration, recognized that many admissions could be avoided by treating a Veteran (beneficiary) before they needed hospitalization. Therefore, General Hawley instituted a plan for "hometown" medical and dental care at government expense for Veterans (beneficiaries) with service-connected ailments. Under the "hometown" program,

eligible Veterans (beneficiaries) could be treated in their community by a doctor or dentist of their choice. At the same time, a similar "hometown pharmacy" program was placed in operation where drugs could be purchased at government expense from the Veteran's (beneficiary's) local pharmacist as prescribed by their private physician.

Fee Basis Treatment Type

Short-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of short-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - No Fee Card Issued.

Long-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of long-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - Fee ID Card Issued.

Fee Basis Authorization From Date

Effective date of Fee Status authorization

Fee Basis Authorization To Date

Termination date of Fee Status authorization

Fee Basis Report Date

Report Date is the date the update is received.

5.7.2 Send Query Message Z07

User may query one or all of the VA facilities that the beneficiary has previously visited to obtain updated information. Because *Income Year* is required, go to the **Financials** tab to determine the last income year on file before sending a query.

 **Note:** When MVI becomes the authoritative service for DOD information:

If DOD info is updated in ES, a Z05 message will not get sent to VistA.

ES will ignore the Date of Death information on the Z07 message sent by VistA.

Facility:

A designated VA medical facility.

★Income Year:

The *Income Year* for which the query is being made.

Rules...

-  ***Income Year*** is a required field (Vista will not process a QRY~Z07 that has no income year supplied).

 Indicates Required Field

5.7.3 View Site/All Archived/All HL7 Messages

This log holds the detailed transmission information for each interface transmission sent or received. View Site HL7 Messages displays just the detailed transmission information for the particular site selected. View All Archived HL7 Messages displays the archived detailed transmission message log information for all the sites. These archived HL7 messages will be permanently deleted per an agreed upon schedule. View All HL7 Messages displays the detailed transmission information for all the sites the beneficiary has visited.

This Log is a system-generated file, based on the data within the interface message.

HL7 Message Log

Transmission Date

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

Status

The *Status* of this transmission. Acceptable values include:

- Awaiting acknowledgement = message transmitted and application level acknowledgement pending
- Awaiting transmission = message triggered and built but waiting to be sent out or processed in.
- Complete = message transmitted and application level acknowledgement received.
- Error = message transmitted and application or commit acknowledgement returned with an error.
- Not Transmitted = outbound message transmission/query attempted however after several tries (as defined by the DBA) the message was never successfully transmitted.
- Pending = set for query transmitted and awaiting requested message response.
- Retransmission Failed = number of retransmissions was exceeded without successful completion.
- Retransmit = message requires retransmission.

More...

- *Status* is a system-generated field, based on the data within the interface message.

Message Type

Clicking the *Message Type* hyperlink provides the ability to view a message in a parsed state.

The HL7 *Message Type* defines its purpose, such as ORU (Observational Results Unsolicited), ORF (Observational Report Response), QRY (Query Message), etc.

Appropriate codes include:

- 'ACK', 'Acknowledgement'
- 'ORU~Z04', 'Insurance Data Transmission'

- 'ORU~Z05', 'Demographic Data Transmission'
- 'ORU~Z06', 'IVM Verified Means Test Transmission'
- 'ORU~Z07', 'Unsolicited Full Data Transmission'
- 'ORU~Z09', 'IVM Billing Collection Transmission'
- 'ORU~Z10', 'Unsolicited Income Test Data Trans'
- 'ORU~Z11', 'Unsolicited Eligibility/Enrollment Trans'
- 'ORU~Z12', 'Unsolicited Death from MVR'
- 'ORU~Z13', 'Unsolicited Lazarus from MVR'
- 'ORF~Z07', 'Solicited Full Data Transmission'
- 'ORF~Z10', 'Solicited Income Test Data Trans'
- 'ORF~Z11', 'Solicited Eligibility/Enrollment Trans'
- 'QRY~Z07', 'Full Data Transmission Query'
- 'QRY~Z10', 'Financial Query Transmission'
- 'QRY~Z11', 'Eligibility Query Transmission'.

Clicking the link displays to the user the message segments with their respective fields and the data associated with each of the fields.

Facility (View All Archived/All HL7 Messages)

The designated VAMC receiving *Facility*.

Raw Data

Clicking the View link presents the user with the raw delimited message segment data.

This is the unparsed data, material or information in its original transmitted format.

Transmission Details

Clicking the View link presents the user with the *Message Transmission Details* as illustrated below.

Example:

Batch Message ID: 157989 - The Batch Message ID is the unique identifier for the batch in which this message was transmitted.

Message ID: 157988 - The Message ID is defined as the unique number identifying this particular transmission. This is equal to the HL7 Message ID for HL7 transmissions.

Message Type: ORUZ11-S - See *Message Type* above.

Transmission Site: DAYTON- Transmission Site is the facility name and number either sending data to or receiving data from ES. It is the external system communicating with ES.

Transmission Date: 11/02/2005 - See *Transmission Date* above.

Transmission Status: Complete - See *Status* above.

ACK Type: AA - What kind of ACK message was received. Values include:

- **AA = Application Accept** - An acknowledgment message (ACK) indicates successful processing of the messages that were received.
- **AR = Application Reject** - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message structural problems, and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)
- **AE = Application Error** - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message data problems, and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)

Retransmit

This button allows the user to retransmit a message to the external system.

5.8 Communications

The *Communications* screen contains lists of letters that are scheduled to be sent to the Veteran, Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. This screen allows users the ability to view historical letter communications for a single Veteran or beneficiary as well as provide for the ability to cancel a letter, mail and re-mail specific letters.

Stop Communications Console

From the **Communications** tab, the **Stop Communications** console displays. Checking the **Stop Communications** checkbox on the console will stop the Enrollment System from sending letters and handbooks/inserts to a living Veteran.

The screenshot shows the 'Veterans Health Administration Enrollment System' interface. At the top, there's a navigation bar with links for Home, Veteran, Worklist, Registry, HL7 Messages, Mail, Reports, Reference, VOA Resubmission, ESR Registration, and Admin. Below the navigation bar, the title 'Communication Log' is visible. The main content area shows a veteran's profile with the following details: NAME: HILNYHT, CXEY B, SSN: 101-40-8130, DOB: 07/27/1956, and ENROLL STATUS: VERIFIED (GROUP 1). Below this, there are tabs for Overview, Eligibility, Demographics, Military Service, Financials, Enrollment, Facility, and Communications. The Communications tab is selected. A sub-section titled 'Stop Communications' contains a checkbox labeled 'Stop Communications' and a dropdown menu for 'Reason'. Below these are 'UPDATE' and 'CANCEL' buttons. Another sub-section titled 'Previously Mailed' lists historical communications with columns for Status Date, Status, Name, Type, Recipient, and Select to Remail. The listed items include:

Status Date	Status	Name	Type	Recipient	Select to Remail
01/17/2017	Rejected Address by Print Vendor	742-650 - Initial Incomplete Application - Eligibility Unverified Letter	ENR	Veteran	Mail
01/14/2017	Rejected Address by Print Vendor	742-650 - Initial Incomplete Application - Eligibility Unverified Letter	ENR	Veteran	Mail
03/10/2001	Mailed by AAC	742-600B - One Time Enrollment Priority Notification Letter	General		Mail
06/05/1999	Mailed by AAC	600A - Enrollment Notification Letter	General		Mail

Figure 54: Stop Communications Console

A user can stop sending letters and handbooks/inserts to a living Veteran for one of the following reasons:

- Administrative Reason: If this option is chosen, the user must give an explanation in the **Explanation** box.
- Received Unverified Date of Death: There is no proof of death of the Veteran.
- Undeliverable Mail.

Unchecking the **Stop Communications** checkbox restarts the process of sending letters and handbooks/inserts to the living Veteran.

Note: The user will need the **Edit/Stop Communications** functionality enabled on their user profile to stop sending letters and handbooks/inserts.

If Stop Communications is selected:

- Letters and handbooks/inserts will **not** get sent to the Veteran. **No exceptions to this rule.**
- There will be a “*Stop Communications has been selected*” message after the user clicks the **Name** link in the **Previously Mailed** tab, the **Mail** link in the **Available for Mailing** tab, or the **Mail** link in the **Handbook Status** tab, where a popup message will display.
- The **Cancel Mailing** checkbox will remain on the **Add Comments** console if a letter or handbook is in **Send to AAC**, **Send to CMS** or **Send to Print Vendor** status under the **Name** link in the **Previously Mailed** tab.
- Letters that are automatically triggered will **not** be added to the letter queue or sent to the Print Vendor.

5.8.1 Previously Mailed

The screenshot shows a web-based application interface for the Veterans Health Administration Enrollment System. At the top, there's a navigation bar with links for Home, Veteran, Worklist, Registry, HL7 Messages, Mail, Reports, Reference, VOA Resubmission, ESR Registration, and Admin. Below the navigation bar, a banner displays the name 'CRMTESTERYYY, TESTERYYY', SSN (redacted), DOB: 11/18/1973, and Enroll Status: VERIFIED (GROUP 1). A yellow bar at the top indicates a future discharge date of 05/09/2017 and has a link to 'OPEN WORK ITEMS'. The main content area shows tabs for Overview, Eligibility, Demographics, Military Service, Financials, Enrollment, Facility, and Communications. The 'Communications' tab is active. Under the 'Messages' section, a green message box states: 'Stop Communications has been selected. Letters and handbooks will not be sent to the veteran.' Below this, there are tabs for Previously Mailed, Available for Mailing, Handbook Status, Delivery Preferences, VHA Status, and ACA Reporting. The 'Previously Mailed' tab is highlighted.

Figure 55: Previously Mailed

Letter Mailed on Behalf of Veteran

The **Previously Mailed** tab displays the Closed Application letter history. The letter information comes from the print vendor and populates the letter history in the **Previously Mailed** tab. Users can re-mail Closed Application letters from the **Previously Mailed** tab.

Users can select a letter, located in the **Name** column, to drill down to the communication status details.

Pending Letter Details:

The information received from the print vendor for each Pending Verification letter, includes but is not limited to, the following:

- Date of the Letter
- Name of the Letter
- Applicant Identity Traits
- Communication Status
- Actual Date Mailed

The following fields display for Pending Letters (650 and 651) only: **Initial Notification Date**, **Days Elapsed** and **Trigger**. These fields are not displayed for Closed Letters (652 and 652A). Click the **Letter** dropdown to display the following pending letter details:

Status Date:

Indicates the date the letter was processed for mailing by the AITC (previously AAC). Status Date is automatically set by the system anytime the Communication Status is modified.

Status:

This indicates the current mailing status of the correspondence. Statuses include:

- Send to AAC
- Sent to AAC

- Mailed by HEC

Reject at HEC

This indicates the conditions to send the letter were not met or the letter did not meet the requirements to be sent.

Reject by AAC

Error by AAC

Return by Post Office

 **Note:** When the *Communication Status* is manually set to *Returned by Post Office* and committed, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.

- Mailed by AAC
- Sent to HEC Printer
- Address Changed and Mailed by AAC
- Cancel by HEC
- Send to CMS (Content Management System)
- Sent to CMS
- Rejected Address by CMS
- Error by CMS
- Mailed by CMS

Name:

This is the name of the particular letter sent on behalf of the beneficiary. The user can click the Name link of the letter to enter the [**Letter Type**](#) Comments screen.

Type:

The letter type is identified by one of the following options:

- General
- IVM - Income Verification Matching
- ENR - Enrollment
- MT - Means Test
- SSN - Social Security Number

Recipient:

This is the individual to whom the letter was mailed. Recipients are:

- Veteran
- Spouse
- POA

Select to Remail:

The user may manually remail specific letters (by clicking on the Mail link) that have been previously sent to the beneficiary if the initial letter has a Communication *Status* that is NOT **Send to AAC** or **Sent to AAC**.

Users can also view Closed Application Letter history on the **Communication Log**.

5.8.2 Available for Mailing

Letters Eligible to be Mailed on Behalf of Veteran

The system sends an email bulletin/notification when Pending Letters are ready to be processed. The Community Care Letter Decision Table defines trigger events and conditions to determine if letters are to be sent.

User is allowed to manually trigger Initial Pending Letters (650 and 651) only within 29 days of the 30-day clock.

When the 30-day clock expires, the system checks the Enrollment Status:

- If the Enrollment Status is 'Pending; Eligibility status is Unverified' and 742-650 was NOT previously mailed, then the 742-650 Initial Incomplete Application-Eligibility Unverified Letter is automatically triggered.
- If the Enrollment Status is 'Pending; Means Test Required' and a 742-651 was NOT previously mailed, then the 742-651 Initial Incomplete Application-Financial Disclosure Letter is automatically triggered.

When the Enrollment Status is updated to Closed Application, the system automatically triggers a final letter:

- If the most recent Enrollment Status was 'Pending; Eligibility status is Unverified,' then the 742-652A Notification of Closed Application-Eligibility Unverified with Appeal Rights is triggered.
- If the most recent Enrollment Status is 'Pending; Means Test Required', then the 742-652 Notification of Closed Application-Financial Disclosure with Appeal Rights is sent.

[UPDATE VETERAN ADDRESS](#)

Name

This is the name of the particular letter eligible to be mailed on behalf of the beneficiary.

Type

This indicates the *Type* of letter. They are:

- General
- *IVM* - Income Verification Matching
- *ENR* - Enrollment

- *MT* - Means Test
- *SSN* - Social Security Number

Form Number

This is the number of the government or Federal form that is available for sending to the Veteran (beneficiary).

Select to Mail

If all the required fields are present, clicking the Mail hyperlink selects the letter to be sent for mailing by the mail center.

5.8.3 Letter Type Communications

Cancel Mailing:

Allows user to cancel a letter mailing by placing a check in the check box, entering any comments and then clicking the Update button.

Rules...

- Only letters with a *Communication Status* of **Send to AAC** (AITC) may be manually cancelled (change *Communications Status* to **Cancel By HEC**).

Undeliverable Mail:

This indicates that the letter was undeliverable and was *Returned by Post Office*.

Comments:

The user may enter a comment for each letter. This is free text with a maximum character length of 255.

[**UPDATE VETERAN ADDRESS**](#)

Communications Detail (Letter Type)

Case Number:

The *Case Number* is the workload number of the Veteran associated with the communication to be mailed.

Length: 9 (fixed)

Communication Status:

The only values that can be manually selected are **Cancelled By HEC** and **Return by Post Office**.

Date Mailed:

This is the date the correspondence was generated.

 **Note:** The date the correspondence is generated is not necessarily the date it will be mailed, although generally it's only 1 or 2 days after.

Recipient Type:

The *Recipient Type* is a category describing the person to whom a letter was addressed and mailed. Appropriate values include:

- ◆ Veteran
- ◆ Spouse
- ◆ POA

HEC/AAC Reject Reason:

This is the reason the letter was rejected.

The *Reject Reason* received from HEC or AAC can be one or multiple reasons.

Bar Code ID:

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

Status Date/Time:

Status Date/Time is automatically set by the system anytime the Communication Status is modified.

Remail Indicator:

The *Remail Indicator* is the status of a communication that was previously mailed.

The statuses are **Resend** and **Remailed**.

Mailing Address:

This is the current active address for the beneficiary.

Comments

Comment Date

This is the date Comment was entered.

Comment By

This is the user who entered the *Comment*.

Comment

This is the *Comment* entered by the user and the specified date.

Status History

Status Date/Time

Date/Time Status was last changed.

Status

What the *Status* was changed to on the *Status Date/Time*.

5.8.4 Handbook Status

The VA proposed the capability to provide a *Veteran Benefits Handbook* containing eligibility and benefit information to the Veteran.

After an initial rollout period, the Handbook or Handbook Insert is provided for new enrollments and whenever there is a change in Enrollment such as *Priority Group*.

The Handbook is available to Veterans through mail or online via the MyHealtheVet website. The default delivery preference for the Handbook is by mail. The delivery preference may be changed by HEC staff at the request of the Veteran. See the for the selected Handbook name.

Delivery Preference section for more details.

The *Handbook Status Communications* screen contains status information about Handbook communications that are scheduled to and have been sent to the Veteran. The user has the ability to mail a *Veteran Benefits Handbook* or to View the current and two historical Handbook communications for a Veteran.

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

The system allows an authorized user the ability to *Mail a Patient Benefits Handbook* to the Veteran if there isn't a *Patient Benefits Handbook* with a status of Send to CMS.

Mail Handbook

Communication Name

Indicates the name of the communication that is available for mailing.

Communication Type

Indicates the type of the communication that is available for mailing.

Select to Mail

Clicking on the Mail hyperlink allows an authorized user to mail a *Patient Benefits Handbook* to the Veteran, if there isn't a *Patient Benefits Handbook* with a status of Send to CMS.

Veterans Health Benefits Handbook Status

Status Date

Indicates the date on which the *Veteran Benefits Handbook* or *Insert* status changed.

Id

Indicates the ID number assigned to the *Veteran Benefits Handbook* or *Insert* status change.

Version

Indicates the version of the communication.

Status

Indicates the current Veteran Benefits Handbook or Insert status. Statuses include:

- Send to CMS (Content Management System)

The ES has packaged the Veterans Benefits Parameters and it is ready to be sent to the CMS for processing. This status may be changed to Cancelled by HEC.

- Reject at HEC

 **Note:** The system will not send the Veterans Benefits Parameters file to the CMS under the following conditions:

- A duplicate record exists.
- Required field or fields are missing.
- The Date of Death field is populated.
- Cancelled by HEC

 **Note:** The HEC will have the capability to manually update the *Status* to Cancelled by HEC only if the Veteran Benefits Communication (*Veteran Benefits Handbook* or *Insert*) being cancelled has a Status of Send to CMS.

- Sent to CMS

ES has sent the Veterans Benefits Parameters to the CMS for processing.

- Return by Post Office

- Error by CMS

The CMS has found a problem with the information (e.g. malformed data, or missing required data) provided from ESR, and the CMS could not create a Veterans Benefits Communications. The CMS will provide a Reject Reason. However, the CMS will NOT create the digital copies of the Veterans Benefits Communications.

- Rejected Address by CMS

The Veterans Bad Address Reason is populated or the address failed address validation. However, the CMS still creates the digital copies of the Veterans Benefits Communications.

- Mailed by CMS

The CMS has mailed the Veterans Benefits Communication to the Veteran. The Publisher has successfully printed and mailed the Veterans Benefits Communications to the Veteran.

Communication Name

Indicates the name of the communication. Examples could include, *Veteran Benefits Handbook*, *Preferred Facility Insert*, etc.

Clicking the link takes the user to a *Handbook Communications Detail* screen where the status can be viewed in more detail. From this screen, the mailing can be cancelled, if not already sent. Comments may also be added, which includes a history of previous comments.

Veterans Handbook

Clicking on the View link enables the user to view a .pdf version of the *Veteran Benefits Handbook*. The browser must have the Adobe Reader® add-on installed to view the .pdf file.

The user may also Save or Print the .pdf file through their normal browser File settings.

 **Note:** The system retains only the most current and two previous versions of the Veterans Handbook, Veterans Profile, and Raw Data. The Veterans Handbook, Veterans Profile, and Raw Data documents are only available for statuses of Mailed by CMS, Return by Post Office, and Rejected Address by CMS.

If the user does not have the appropriate *Capabilities* to View a *Veterans Handbook*, *Veterans Profile*, or *Raw Data*, the respective columns will not display.

Veterans Profile

Clicking on the View link enables the user to view the *Veteran Benefits Handbook* profile. The *Veterans Profile* is a summary view of the Veteran's Benefits.

Raw Data

Clicking on the View link enables the user to view the *Veterans Profile* data in its raw format. This gives users a quick view of the benefit codes assigned to the Veteran without having to open the .pdf file.

Communications Name Link

This screen is arrived at by clicking on the ***Communication Name*** link on the *Handbook Status* screen and allows the user with the appropriate *Capability* to cancel a Handbook Communication that has not yet been sent. The Status must be Send to CMS.

Add Comments

Cancel Mailing

To cancel a mailing that has a Status of Send to CMS, place a check in the *Cancel* check box.

 **Note:** If the Status is anything other than Send to CMS, the Cancel check box does not display.

Comments

The user may enter a comment in the *Comments* text box. This is free text with a maximum character length of 255.

<Communication Name Information>

Additional detailed information is displayed here. The screen title is the name of the file selected from the Handbook Status screen. This includes:

- ID Number
- Communication Status
- Status Date/Time
- Date Mailed
- Mailing Address

Comments

A history of comments for the selected Handbook name.

Status History

A history of statuses for the selected Handbook name.

5.8.5 Delivery Preference (not available in this release)

The VA proposed the capability to provide the Veteran with delivery preferences for the Veteran Benefits Handbook.

This functionality allows the delivery preferences to be accessible to HEC users who are authorized to access this functionality. The user will search for a specific Veteran and have the ability to view the delivery preferences, change the delivery preference from mail to online or from online to mail, input or edit an email address, and input or edit an email type.

After updating the changes to the delivery preferences, an email will be sent to the Veteran to acknowledge the change. The existing Confidential, Temporary, or Permanent addresses in ESR will be used as the mailing address for those who select the delivery preference of “mail.”

The user also has the ability to view the delivery preferences change history by clicking on the VIEW HISTORICAL DELIVERY PREFERENCES link. This information includes the name of the user who made the change, the change source (either HEC or Veteran Self Service), the information changed, and the date/time stamp when the changes were made.

Delivery Preferences

VIEW HISTORICAL DELIVERY PREFERENCES

Delivery Preferences:

This is the delivery preference by which the Veteran wishes to receive the Veteran Benefits Handbook, either online or by mail. The default delivery preference is “Mail”.

Select from the dropdown.

Rules...

- ◆ The user cannot select an online delivery preference unless one printed copy of the handbook has been generated.

Email Address:

This is the email address to which a notification is sent informing the Veteran that the electronic version of their Veteran Benefits Handbook is available on the MyHealtheVet website.

More...

- ◆ This field is only active if “Online” is selected in the Delivery Preference field.
- ◆ This Email field is a separate and unique field from the email fields located on the Demographics/Address screen and will not be shared with sites the Veteran has visited.

Rules...

- ◆ If the *Delivery Preferences* selected is “Online”, an email address must be entered or exist.

Email Type:

The user may select either a “Private/Personal” or a “Business” email address.

More...

- ◆ This field is only active if “Online” is selected in the Delivery Preference field.

VHIC

- ◆ VHIC Status (Inactive – the VHIC APIs which populate these fields will become active in a future release)
- ◆ In February 2014, VA began issuing the Veterans Health Identification Card (VHIC) to newly enrolled Veterans and enrolled Veterans who were not previously issued the old Veteran Identification Card (VIC) but requested an identification card.
- ◆ Replaces the Veteran Identification Card and is issued only to Veterans who are enrolled in the VA healthcare system.
- ◆ Is for identification and check-in at VA appointments. It cannot be used as a credit card or an insurance card, and it does not authorize or pay for care at non-VA facilities.

VHIC Status Screen

- ◆ Adds the ability for staff to view the VHIC status information in the ES.

- Clicks the **QUERY VHIC** button, ES sends a single VHIC ID and the VHIC service returns all historical data for all VHICs for the particular Veteran.
- Displays a six-month expiration warning when the Veteran's VHIC expiration date falls within that time period.
- Displays VHIC information fields as shown below.
- Users can review VHIC History in ES.
- ES does not store this information eligibility

Current Veteran Health Identification Card Status

Card ID:

Displays the unique card identifier and is display only.

Card Print/Status Date:

Displays the card/print status date and is display only.

Reason:

This is the reason for the card request status/print status and is display only.

Card/Print Status:

Displays the VHIC Request Statuses and Print Statuses and is display only.

Card Request Statuses include:

- Cancelled
- Hold
- Submitted
- Deactivated
- Expired

Print Status:

- Mailed
- Rejected

Card Expiration Date:

Displays the VHIC's expiration date and is display only.

Total Cards Requested:

Displays the total VHICs requested per Veteran and is display only.

More...

- This value will only be displayed when the VHIC Card/Print Status is "Mailed".

Total Cards Mailed:

Displays the total VHICs mailed per Veteran and is display only.

More...

- ◆ This value will only be displayed when the VHIC Card/Print Status is "Mailed."

Veteran Health Identification Card Status History

Allows the user to view the VHIC history for all VHICs for a Veteran.

Card Print/Status Date:

Display only

Card ID:

Display only

Card/Print Status:

Display only

Reason:

Display only

Card Expiration Date:

Display only

5.8.5.1 Preferred Communication Method (not available in this release)

Vets.gov

Through the 10-10 EZ application form on www.vets.gov, Veterans are able to choose a preferred method of communication. For example, if their Veterans Health Administration enrollment status changes, they are notified immediately of the change.

Communications Tab on ES

From the **Communications** tab and the [Delivery Preference](#) link, a dropdown list displays and a Veteran can select one or all of the following options:

Phone (Voice)

If selected, a valid contact phone number is required.

Phone (Text)

If selected, a valid contact cell phone is required.

Email

If selected, a valid email address is required.

US Postal Mail Service

If selected, the address with the “Purpose of Use” identifier set to mailing is used.

Vets.gov saves the preferred communication method(s). ES saves the preferred communication method(s) within the **Administrative Data Repository (ADR)**.

Demographics Tab on ES

Checking a preferred method of communication is also made available on the **Demographics** tab. The user is able to check the following:

Phone (Voice)

If selected, a valid contact phone number is required.

Phone (Text)

If selected, a valid contact cell phone is required.

Email

If selected, a valid email address is required.

US Postal Mail Service

If selected, the address with the “Purpose of Use” identifier set to Mailing is used.

If no selection is made, the default method is set to “US Postal Mail Service”

The existing “Delivery Preferences” dropdown within “Communications” is updated to include the options: Phone – Voice, Phone – Text, Email, US Postal Mail Service.

VET360

The Veteran, depending on the preferred Communication Method, will receive an unsolicited communication when his or her enrollment status changes.

5.8.6 Affordable Care Act (ACA) Reporting

5.8.6.1 Reporting MEC to the IRS

In April 2016, the Veterans Health Administration (VHA) was mandated by legislation to report Minimum Essential Coverage (MEC) periods to the Internal Revenue Service (IRS) for all Veterans and Beneficiaries that were provided healthcare benefits in the previous tax year.

The reporting functionality is via electronic Web service submissions from the Enrollment System (ES) to the service provided by the IRS for purposes of ACA MEC reporting.

- ES transmits the name, address, Social Security Number (SSN), Date of Birth (DOB) and the coverage month indicator for each month the person was in a valid status to receive benefits. Reporting is in whole month periods only; coverage for one day in a month is sufficient to report the entire month.

- The transmission entries display the date, status, reported coverage period, and any error messages returned when the transmission is rejected by the IRS. (This information is not shared with VistA.)

Note: If no entries display on the page, the individual may not have been qualified for MEC in the previous tax year, or the individual may not have a record processed at the current time in ES.

5.8.6.2 IRS Transmissions

ES automatically selects all qualified Veterans and transmits the original submissions to the IRS, via ES background batch processes.

No end user involvement is required to transmit the population of all the Veteran records.

Individual transmission records are available to view and correct as they are completed. There is no need to wait for all of the processing to be completed.

5.8.6.3 Viewing IRS Reporting Results

The ACA Reporting subtab is located under the Communications tab.

Note: To view the ACA Reporting subtab, you must be granted permission.
To request permission, contact the [Enrollment System \(ES\) Access Group<ESAccessGroup@va.gov>](mailto:Enrollment System (ES) Access Group<ESAccessGroup@va.gov>)

Veteran Minimum Essential Coverage Transmissions to the IRS					
Tax Year	Submission Type	Transmission Status	Error Reason	Submission Date	Reported Coverage Months
2015	Original	Accepted		03/03/2016 5:44:51 AM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Figure 56: ACA Reporting

Tax Year

Tax year is the year for which the Veteran qualified for Minimum Essential Coverage (MEC) and was reported to the IRS. A new entry is required for each tax year that a Veteran remains enrolled.

Submission Type

Submission type is the type of transaction reported with values marked as Original or Corrected.

Original

Original submission is the first transmission attempt sent for the Veteran for the previous tax year. Most records are only one entry and are marked as Original.

Correction

Correction submission is an Original submission that contains errors or was transmitted erroneously by the system. An Original submission must exist before a Correction transmission can be transmitted.

Replacement

Replacement submission occurs when a batch transmission that originally contained the record, fails and is replaced and retransmitted. A Replacement submission is the same as an Original submission.

Transmission Status

Processing

In the Processing transmission, the record was transmitted to the IRS and is pending acknowledgement and acceptance. Submissions may remain in a Processing status for up to 5 days before ES is informed of the final status.

Accepted

In the Accepted transmission, the record was transmitted to the IRS, was acknowledged as containing no errors, and was accepted as a valid report. Most transmissions result in an Accepted status.

Rejected

In the Rejected transmission, the record was received by the IRS, was found to have errors, and was returned, so that the errors could be corrected. The error description contains the reason Rejected.

 Note: The end user is required to correct the errors and submit a corrected 1095B.

Expired

In the Expired transmission, the record remained in a Processing status for a period of time that exceeds the threshold required for final acknowledgement.

 Note: OIT resolve and retransmit Expired submission issues.

Batch Transmission Reject

In the batch transmission reject, the rejected record is part of a full batch that was Rejected or Failed.

 Note: OIT resolve and resubmit Batch submission errors.

Error Reason

The error reason is a description of the reason the transmission was Rejected by the IRS. The value is empty if no errors are reported.

The error reason is populated only for a transmission status of Rejected, where the IRS found an error on the submission. The field contains the error message returned by the IRS.

The error messages may be cryptic and not easily interpreted by end users. Contact the OIT technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

Submission Date

Submission date is the date and time the record was transmitted to the IRS.

Reported Coverage Months

The Reported Coverage Months, as reported to the IRS, is a list containing the months of valid coverage for which the Veteran was evaluated and deemed qualified for MEC.

The Veteran needs to be entitled to healthcare benefits for at least one day in a month, for the month to qualify. For each month, you must select a value of Yes or No.

i.e., Veteran initially was Verified Enrolled PG1 on 4/15/2015, and cancelled/declined on 8/1/2015; the months reported are Apr, May, June, Jul, and Aug.

 **Note:** Veteran's address is transmitted along with the period of coverage. The user may correct the address using the *Demographics* screen.

5.8.6.4 Viewing ACA Mail Correspondence

 **Note:** You must be explicitly granted permission in order to view the ACA Reporting subtab. To request permission, contact the [Enrollment System \(ES\) Access Group ESAccessGroup@va.gov](mailto:Enrollment System (ES) Access Group ESAccessGroup@va.gov)

ACA Mail Correspondence Sent on Behalf of the Veteran table, displays tax year, submission type, mail status, communication name (letter type), select to view the document (View link), status date, and select to re-mail (Remail link).

- No end user involvement is required to transmit the population of all the Veteran records.
- Users may submit a correction to the original data if an error is found. Corrections are submitted via the ACA Reporting subtab under the Communications tab in the ES user interface.
- The correction process triggers the mailing of a corrected form, as well as transmitting the corrected data to the IRS.

The following are explanations of each field that displays in the ACA Mail Correspondence table on the ACA Reporting subtab.

Tax Year

Tax year is the year for which the Veteran qualified for Minimum Essential Coverage (MEC) and was reported to the IRS. A new entry is required for each tax year that a Veteran remains enrolled.

Submission Type

Original

Original submission is the first transmission attempt sent for the Veteran for the previous tax year. Most records are only one entry and are marked as Original.

Correction

Correction submission is an Original submission that contains errors or was transmitted erroneously by the system. An Original submission must exist before a Correction transmission can be transmitted.

Mail Status

Mail status indicates the position in the mailing process.

PENDING TRANSMISSION TO CMS (Content Management Services)

Record is in queue to be sent to the print vendor.

SENT TO CMS

Record was sent to the print vendor for mailing and ES is waiting for the mailing response.

MAILED BY CMS

Record was successfully mailed by the print vendor.

ENROLLMENT REJECT

Record does not meet the rules needed for the mailing to be sent to the print vendor.
(i.e., missing or invalid address)

RETURN BY POST OFFICE

Record was sent and mailed by the print vendor, and was subsequently returned by USPS.

CANCEL BY HEC

Record was cancelled prior to being sent to the print vendor.

REJECTED ADDRESS BY CMS

Record was sent to the print vendor, but was never mailed due to failure of the CASS address validation rules.

ERROR BY CMS

Record was rejected by the print vendor due to missing or invalid fields in the request.

Communication Name

Communication Name is the letter template name that was requested for print.

- ◆ ACA TAX FORM 1095B
- ◆ 742-800A ACA Letter (the letter sent to living Veterans)
- ◆ 742-800D ACA Letter (the letter sent to the family of deceased Veterans)

Select to View Document

Click the **View** link to open an electronic copy of the (.pdf) document that was mailed to the Veteran.

 **Note:** If the document was not yet returned by the print vendor, the field displays the text 'PDF Unavailable'.

Status Date

Status Date is the date and time the mail communication record was updated.

Select to Remail

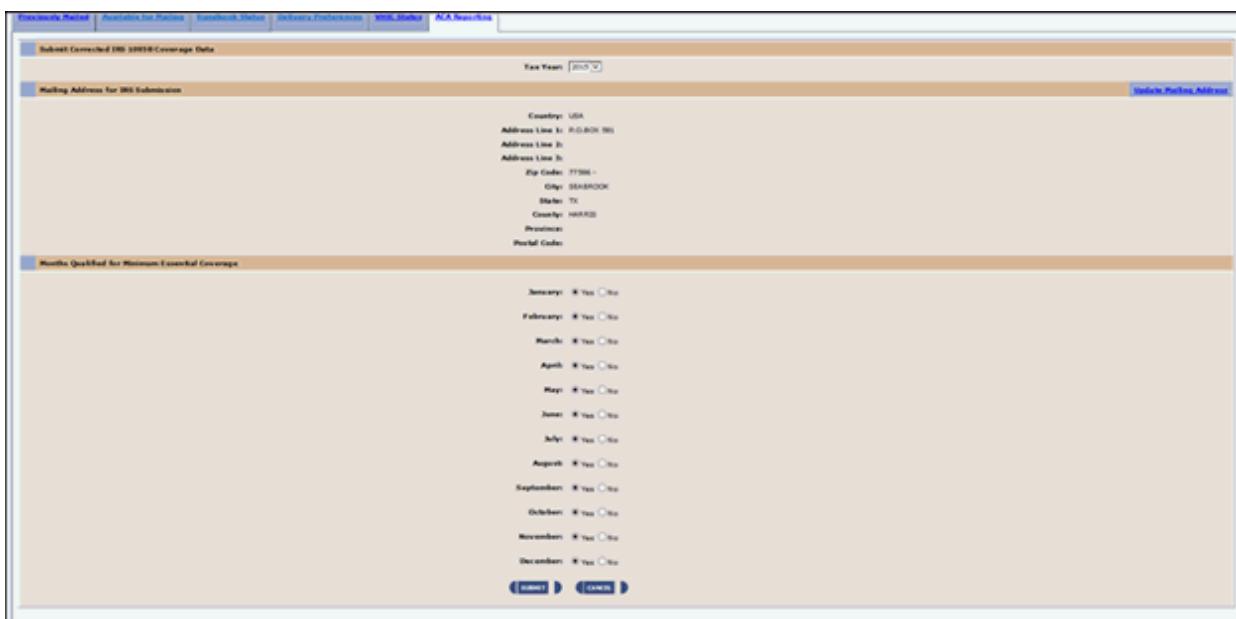
Click the **Remail** link to resubmit the mail record to the print vendor.

 **Note:** The Remail link is only available for the communication type, ACA TAX FORM 1095B, and the appropriate ACA letter is correlated at the time the mailing is sent to the print vendor.

5.8.6.5 Submit Correction (Mail Correspondence)

Correction is used to submit a new 1095B submission and related mail correspondence for a Veteran, in cases where the original submission is rejected for errors and for cases in which the system erroneously reported the coverage period (i.e., when a Veteran contacts VHA to report the 1095B is listed with incorrect coverage period, but the transmission was already Accepted by the IRS).

1. To access the Correction form, click the SUBMIT CORRECTION link in the upper right corner of the ACA Reporting subtab.
 **Note:** To access the link and submit corrected records, you must be explicitly granted permission to **Manage ACA Communications**. To request permission, contact the [Enrollment System \(ES\) Access Group EAccessGroup@va.gov](mailto:Enrollment System (ES) Access Group EAccessGroup@va.gov)
2. The Correction form displays the Tax Year, Address, and Coverage Months that are on the printed 1095B form mailed to the Veteran and transmitted to the IRS as a Correction to the Original submission for the tax year.
3. Select the Yes/No buttons to indicate whether the Veteran was eligible for healthcare benefits for at least one day of a month in the tax year.



The screenshot shows the 'Submit Corrected 1095-B' page. At the top, there are tabs for 'Electronic Mail', 'Aviation/Ian Notices', 'Standard Notice', 'Delivery Confirmation', 'Email Status', and 'ACA Notifications'. Below the tabs, the title 'Submit Corrected 1095-B' is displayed. A note says 'Tax Year: 2015'. The 'Address' section includes fields for Country (USA), Address Line 1 (P.O. BOX 98), Address Line 2, Address Line 3, Zip Code (77598), City (BAKERICK), State (TX), County (HARRIS), Province, and Postal Code. A 'Vehicle/Motorcycle Address' link is present. The 'Months Qualified for Minimum Essential Coverage' section lists months from January to December, each with a 'Yes' or 'No' radio button. Buttons for 'Submit' and 'Cancel' are at the bottom.

Figure 57: ACA Reporting > Submit Corrected IRS 1095B Coverage Data

4. Select the Update Address link to change the Veteran's permanent mailing address via the ES Demographics functions.

The screenshot shows a form titled "Submit Corrected IRS 1095B Coverage Data". At the top, there is a dropdown menu for "Tax Year" set to "2015". Below it, a section titled "Mailing Address for IRS Submission" contains fields for "Country" (USA), "Address Line 1" (1628 SWALLOE RD), "Address Line 2", "Address Line 3", "Zip Code" (94087 - 9015), "City" (SUNNYVALE), "State" (CA), "Country" (SANTA CLARA), "Province", and "Postal Code". A "Update Mailing Address" button is located at the bottom right of the form.

Figure 58: Correction Form

5. Click the **Submit** button on the Correction form to transmit the corrected information to the IRS and return to the main ACA Reporting subtab.

The screenshot shows the "ACA Reporting" subtab selected in the navigation bar. The "Messages" section displays a green banner with the message "correction submitted successfully". Below this, there are two tables:

- Veteran Minimum Essential Coverage Transmissions to the IRS:**

Veteran Minimum Essential Coverage Transmissions to the IRS					SUBMIT CORRECTION
Tax Year	Submission Type	Transmission Status	Error Reason	Submission Date	Reported Coverage Months
2015	Correction	Failed		07/15/2016 1:56:00 PM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec
2015	Original	Accepted		06/21/2016 9:17:18 AM	Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec
- ACA Mail Correspondence Sent on Behalf of Veteran:**

ACA Mail Correspondence Sent on Behalf of Veteran						SUBMIT CORRECTION
Tax Year	Submission Type	Mail Status	Communication Name	Select to View Document	Status Date	Select to Remail
2015	Correction	PENDING TRANSMISSION TO CMS	ACA TAX FORM 1095B	PDF Unavailable	07/15/2016 1:56:03 PM	Remail

Figure 59: ACA Reporting

ACA Mail Correspondence Sent on Behalf of Veteran table

At the end of the ACA correspondence mailing process:

- A green banner displays indicating success of the submission.
- The new Corrected transmission displays in the IRS Reporting table.
- A new ACA TAX FORM 1095B mail communication entry displays in the ACA Mail Correspondence table with a status of PENDING TRANSMISSION TO CMS.
- The Corrected transmission is sent to the IRS immediately.
- The mail request is sent to the print vendor during the next available transfer during that week.

6 Special Instructions for Error Correction

None

7 Caveats and Exceptions

None

8 Project-Specific Scenarios

8.1 How Do I ...

In this section are step-by-step instructions on how to perform common tasks in the ES.

 **Important Note:** The various tasks listed below are not necessarily complete procedures in and of themselves. Some procedures require additional follow-up tasks, in order to complete the entire eligibility and enrollment processing cycle. Please refer to the help text itself, other training materials, and/or your supervisor.



Figure 60: ES Tabs

As an aid, the individual tasks have been categorized under the different "Tabs" as shown above in the ES where the functionality is located.

In this version of the online help, is a step-by-step procedure demonstrating how to use the *E&E Service* to add and update Service Accounts and Service Requests. See the [Admin/E&E Service](#) section of the user guide. As an aid, the individual task has been categorized under the particular "Button" (shown below) in the ES where the functionality is located.

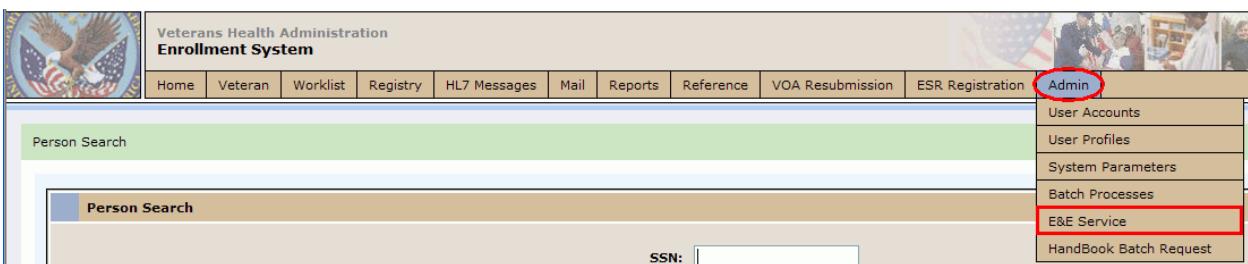


Figure 61: Admin > E&E Service

8.2 Overview

The Overview tab displays an overview of the beneficiary's current information. Refer to the [Overview](#) section for more detailed information.

8.3 Eligibility

... Change a Verified beneficiary from Non Service-Connected to Service-Connected

In this scenario the beneficiary has a Primary Eligibility Code of NSC, no Secondary Eligibility Codes, no Service-Connected Percentage and an Eligibility Status of VERIFIED.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.

Note: If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

3. From the *Overview* screen click the Update Current Eligibility link to display the *Edit Current Eligibility* screen.

4. Enter your method for determining the beneficiary's Service Connection in the ***Eligibility Verification Method*** field. This can be **HINQ, VBA, DD-214/DD-215 or Rating Letter**.

 **Note:** *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.
5. Enter a SC percentage between 0 and 100% in the ***Service Connected*** field.

 **Note:** Service Connected (%) is required when the Veteran has ***Rated SC Disabilities*** information.
6. Enter an ***Effective Date of Combined Evaluation***. The ***Effective Date of Combined Evaluation*** is the date from which VA combined disability and related benefits may begin.

 **Note:** This date cannot be in the future and must be precise.
7. Click on the **Add Rated SC Disabilities** button to display the rated SC disabilities fields.
8. Place a checkmark in the checkmark box under **Code** and enter the appropriate 4-digit code number for the SC condition.

 **Note:** The system automatically fills in the description based on the **Code** number entered.
9. If appropriate, enter a ***Diagnostic Extremity***. Choose from the dropdown.
10. Enter a SC % between 0 and 100.

 **Note:** *Rated Disabilities* are required when *Service Connected %* is zero or greater. A *Disability %* is required for each *Rated Disability* entered.
11. Enter in the ***Original Effective Date*** field the date the condition was originally determined to be service-connected.
12. Enter in the ***Current Effective Date*** field the date on which the rated disability was/is effective. This is the most recent date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code.
13. Click the “Yes” radio button in the ***Receiving VA Disability Compensation*** field if the beneficiary is receiving disability compensation.
14. Enter an amount in the ***Total Monthly Check Amount*** field if the beneficiary is receiving disability compensation or a pension check.

 **Note:** The *Annual Check Amount* is system filled based on the amount entered in the ***Total Monthly Check Amount*** field.
15. Click Accept Changes.

... Update/change a beneficiary's Service-Connected (SC) percentage?

In this scenario the beneficiary has a **Primary Eligibility Code** of **SC** and an **Eligibility Status** of **VERIFIED**.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the **Accept Agreement** checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.

3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **VERIFIED**. Also note the beneficiary's *Enrollment Status* is **VERIFIED (Group 3)**. His *Primary Eligibility Code* is **SC LESS THAN 50%**.

4. From the *Overview* screen click the Update Current Eligibility link to display the **Edit Current Eligibility** screen.

5. Change/update the *Service Connected* percentage.

6. Update the *Effective Date of Combined Evaluation*.

7. Click the **Rated Disabilities** button to display the related fields.

8. Click the **ADD RATED SC DISABILITIES** button to add another rated disability.

9. Change the existing *Rated SC Disabilities* percentage as necessary. Change the *Current Effective Date*. Update the *Original Effective Date* if necessary.

10. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.

 **Note:** The system automatically fills in the description based on the *Code* number entered.

11. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.

12. Enter a SC % between 0 and 100.

 **Note:** *Rated Disabilities* are required when *Service Connected %* is zero or greater. A Disability % is required for each Rated Disability entered.

13. Enter in the *Original Effective Date* field the date the condition was originally determined to be service-connected.

14. Enter in the *Current Effective Date* field the date on which the rated disability was/is effective. This is the most recent date VBA established the new service-connected disability percentage for community care particular diagnostic code.

15. Enter another *Rated SC Disability* by repeating steps 10 - 14.

16. Change the *Total Monthly Check Amount* that corresponds with the increase in the SC %.

 **Note:** Notice the *Annual Check Amount* is system calculated.

17. To view the impact the updates would make without committing the changes, click the **Review Impact** button.

 **Note:** From the Eligibility Edit Review Page, you can see the Primary Eligibility Code percentage changed as did the Enrollment Priority and the Service Connected (%).

18. If the changes look OK, you can click the **Accept Changes** button to accept the changes. Otherwise, click the **Discard Changes** button to cancel the changes and start over if desired. If the **Accept Changes** button is clicked, you will now notice the new updates in the **Current Eligibility** summary as well as the **Rated SC Disabilities** summary for the beneficiary.

 **Note:** When the system recalculates the Service Connected percentage, it may not equal the combined rated SC Disabilities because these percentages are calculated from a Combined Rating Table in which some Rated SC Disabilities are given a greater or lesser weighted value for the same SC percentage number when compared to other Rated SC Disabilities.

... Confirm a Veteran's Purple Heart status with previously unacceptable documentation?

In this scenario the Veteran has a *Primary Eligibility Code* of **PURPLE HEART RECIPIENT** with previously unacceptable documentation and an *Eligibility Status* of **Verified**.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIP* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** While the *Primary Eligibility Code* says **PURPLE HEART RECIPIENT** and the *Eligibility Status* says **Verified**, the *Enrollment Status* for this patient says **Pending (Group 3)**, which indicates this beneficiary's PH has not been verified. Also note **Open Work Items** is present.

4. Click on the **ELIGIBILITY** link to display the *Current Eligibility* screen.
5. From the *Current Eligibility* screen, click the **EDIT PURPLE HEART** link.
-  **Note:** Notice the *Purple Heart Status* indicates **Initial Ltr Sent**. When the *Document Acceptable* indicator is set to **No** and the changes are committed, the system automatically sets the *PH Status* to **Initial Ltr Sent**.
6. In the *Document Receipt* section of the *Edit Purple Heart* screen, select a *Document Type* from the dropdown.
7. Select a *Data Source* from the dropdown.
8. Select the "Yes" radio button for *Document Acceptable*.
9. Click the **UPDATE** button to update the PH documentation.
10. The *Current Eligibility* screen appears with a "Purple Heart updated successfully." message.

 **Note:** Open Work Items is no longer present. The Work Item closes on confirmed or rejected PH updates. Notice now the Enrollment Status for this patient says **Verified (Group 3)**, which indicates this beneficiary's PH has been verified.

... Confirm a Veteran's Purple Heart update when the site enters the PH status?

In this scenario the Veteran has a *Primary Eligibility Code* of **PURPLE HEART RECIPIENT** and a PH status is received from the site.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** While the *Primary Eligibility Code* says **PURPLE HEART RECIPIENT** and the *Eligibility Status* says **Verified**, the *Enrollment Status* for this patient says **Pending (Group 3)**, which indicates this beneficiary's PH has not been verified. Also note **Open Work Items** is present.

4. From the *Overview* screen, click on the **ELIGIBILITY** link to display the Current Eligibility screen under the Eligibility tab.
5. From the Current Eligibility screen, click the **EDIT PURPLE HEART** link to display the Edit Purple Heart screen.
6. For *Assigned LAS*, assign yourself. Select from the dropdown.
7. Click the **LOG NEW DOCUMENT** button to log a new document.
8. In the *Document Receipt* section, select a *Document Type* from the dropdown.
9. Select a *Data Source* from the dropdown.
10. Select the "Yes" radio button for *Document Acceptable*.
11. Click the **UPDATE** button to update the PH documentation.
12. The *Current Eligibility* screen appears with a "Purple Heart added successfully." message.

 **Note:** **Open Work Items** is no longer present. The *Work Item* closes on confirmed or rejected PH updates.

 **Note:** Notice now the Enrollment Status for this beneficiary says **Verified (Group 3)**, which indicates this beneficiary's PH has been verified.

... Change a beneficiary's Eligibility Status from Eligible to Ineligible?

In this scenario we're going to change a beneficiary's Eligibility Status from Eligible to Ineligible.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.

- From the Person Search screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**.

- From the *Overview* screen click the Update Current Eligibility link to display the Edit Current Eligibility screen.
- From the **Edit Current Eligibility** screen, click the **Change Indicator to No** button for the *Veteran Indicator*.
- Leave the *Eligibility Status* as **Verified**.
- For *Eligibility Verification Method*, enter the way or how the user verified the eligibility of the applicant.
- Example may be "DD-214 at 644." etc.
- Enter a date in the *Ineligible Date* field.
- Enter a reason in the *Ineligible Reason* field.

 **Note:** This field is required when there is an *Ineligible Date* entered. Example would be "DVA per VARO."

- If available, enter the VARO station number and the date of decision in the *Ineligible VARO Decision* field.

 **Note:** This field is required if an *Ineligible Date* is entered.

- To view the impact the updates would make without committing the changes, click the **Review Impact** button. If the **Accept Changes** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **NOT ELIGIBLE**.

 **Note:** From the **Eligibility Edit Review Page**, you can see the *Current Status* and the *Proposed Status*. If the changes look OK, you can click the **Accept Changes** button to accept the changes. Otherwise, click the **Discard Changes** button to cancel the changes and start over if desired

...Change a beneficiary's Eligibility Status from Ineligible to Eligible?

In this scenario we're going to change a beneficiary's Eligibility Status from Ineligible to Eligible.

- Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.

- From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **Humanitarian Emergency**. Also note the beneficiary's *Enrollment Status* is **Not Eligible**.

- From the *Overview* screen click the Update Current Eligibility link to display the Edit Current Eligibility screen.
- On the *Edit Current Eligibility* screen, change the *Veteran Indicator* to **Yes** by clicking the **CHANGE INDICATOR TO YES** button.

 **Note:** Notice that **Rated SC Disabilities** field is now available because the *Veteran Indicator* has been changed to **Yes**.

- Leave the *Eligibility Status* as **Verified**.
- Enter an *Eligibility Status Date*.
- Enter an Eligibility Verification Method as appropriate.
- If there is a date in the Ineligible **Date** field, delete it.

 **Note:** Deleting an *Ineligible Date* will automatically delete the *Ineligible Reason* and the *Ineligible VARO Decision* fields.

- To view the impact the updates would make without committing the changes, click the **Review Impact** button. If the **Accept Changes** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **PENDING**. It's pending because the beneficiary does not have a Means Test on file.

 **Note:** From the *Eligibility Edit Review* screen, you can see the *Current Status* and the *Proposed Status*. If the changes look OK, you may click the **Accept Changes** button to accept the changes. Otherwise, click the **Discard Changes** button to cancel the changes and start over if desired.

... Update a beneficiary's Ionized Radiation (Radiation Exposure Method)?

In this scenario we're going to update a beneficiary's Ionized Radiation (Radiation Exposure Method).

- Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
- From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary's *Enrollment Status* is **PENDING**, due to having no current income test data on file.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
5. Make a selection from the **Radiation Exposure Method** field dropdown.
6. To review the impact, click the **Review Impact** button.

 **Note:** From the *Eligibility Edit Review Page* you'll see **Radiation Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.

7. If everything looks acceptable, click the **Accept Changes** button at the bottom of the page to commit the changes. The *Current Eligibility* summary screen under the **Eligibility** tab appears and you'll notice **Radiation Exposure** appears under the **Other Eligibility Factors** section.

 **Note:** The beneficiary's *Enrollment Status* remains **Pending** because no current income information is on file. Veterans exposed to radiation with a *Radiation Exposure Method* of **Nagasaki/Hiroshima** and/or **Atmospheric Testing** are entitled to enrollment into Priority Group 6 unless they qualify for a higher Priority Group.

... Update a beneficiary's Agent Orange Exposure Location to Vietnam?

IMPORTANT NOTE

 **Note:** As long as the Agent Orange Special Treatment Authority remains in effect, Veterans with an exposure location of Vietnam will be placed in PG 6 (or higher). If the law is expired, this Veteran's Enrollment Status will remain **REJECTED** (GROUP 8G).

In this scenario we're going to update a beneficiary's Agent Orange Exposure Location to Vietnam.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**. His Primary Eligibility Code is **NSC**. Also note the beneficiary's *Enrollment Status* is **REJECTED** (**GROUP SG**).

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
5. Select **Vietnam** from the **Agent Orange Exposure Location** field dropdown.
6. To review the impact, click the **Review Impact** button.

 **Note:** From the *Eligibility Edit Review Page* you'll see **Agent Orange Exposure** under the **Proposed Status** column on the *Other Eligibility Factors* row.

 **Note:** The *Enrollment Status* changed from **Rejected; Below Enrollment Group Threshold** to **Verified** and the *Enrollment Priority* changed from **Group 8G to 6**.

7. If everything looks acceptable, click the **Accept Changes** button at the bottom of the page to commit the changes. The *Current Eligibility* screen under the **Eligibility** tab appears and the *Agent Orange Exposure Location* selected appears under the **Other Eligibility Factors** section.

... Update a beneficiary's Agent Orange Exposure Location to Other than Vietnam?

In this scenario we're going to update a beneficiary's Agent Orange Exposure Location to Other than Vietnam.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's Eligibility Status is **Verified**. His Primary Eligibility Code is **NSC**. Also note the beneficiary's Enrollment Status is **PENDING**, due to having no current income test data on file.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the Edit Current Eligibility screen.
4. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
5. Make a selection from the **Agent Orange Exposure Location** field dropdown.
6. To review the impact, click the **Review Impact** button.

 **Note:** From the *Eligibility Edit Review Page* you'll see **Agent Orange Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.

- If everything looks acceptable, click the **Accept Changes** button at the bottom of the page to commit the changes. The *Current Eligibility* screen under the **Eligibility** tab appears and you'll notice the **Agent Orange Exposure Location** selected appears under the **Other Eligibility Factors** section.

 **Note:** The beneficiary's Enrollment Status remains Pending because no current income information is on file. Veterans exposed to Agent Orange at locations Other than Vietnam have no effect on Enrollment Prioritization.

... Change a beneficiary's SW Asia Conditions indicator?

 **Note:** As long as the *SW Asia Conditions Special Treatment Authority* remains in effect, Veterans with a *SW Indicator* of **Yes** will be placed in PG 6 (or higher). If the law is expired, this Veteran's *Enrollment Status* will remain **REJECTED (GROUP 8G)**.

In this scenario we're going to learn how to change a beneficiary's *SW Asia Conditions* indicator.

- Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
- From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file

 **Note:** The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **REJECTED (GROUP 8G)**.

 **Note:** What's also important to note is that changing a beneficiary's eligibility *SW Asia Condition* indicator to **Yes** will not change the beneficiary's Priority Group if s/he already qualifies for a higher Priority Group.

 **Example:** If the beneficiary is already in a Priority Group 5 or higher (lower number), changing the beneficiary's eligibility *SW Asia Condition* indicator to **Yes** will not change the Priority Group to a 6. The Priority Group will only change to a 6 if the beneficiary is in a lower Priority Group than 6 (higher number).

- From the *Overview* screen, begin by clicking the *Update Current Eligibility* link to display the *Edit Current Eligibility* screen.
- Scroll down to the bottom of the *Edit Current Eligibility* screen.
- If not already expanded, click on the *Other Eligibility Factors* link to expand it. If already expanded, click the **Yes** radio button for the *SW Asia Conditions* field.
- When finished, click the **Review Impact** button. After clicking the **Review Impact** button, the system displays the *Eligibility Edit Review Page*. Note that **SW Asia Conditions** displays under the **Proposed Status** column for the *Other Eligibility Factors* field. The beneficiary's *Enrollment Status* will change from **Rejected; Below Enrollment Group Threshold** to **Verified**.

 **Note:** More importantly, note the *Enrollment Priority* will change from **Group 8g to Group 6.**

7. If the changes are acceptable, click the **Accept Changes** button to accept the changes. The *Current Eligibility* screen displays with the new *Enrollment Status* of **VERIFIED (Group**

 **Note:** Note the new Eligibility Factor of SW Asia Conditions under Other Eligibility Factors.

... Add Pension information?

In this scenario we're going to add Pension information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's *Enrollment Status* can be any number.

 **Note:** Veterans in receipt of VA pension benefits will be enrolled in Priority Group (PG) 5 and will be exempt from all copays, unless qualifying for a higher (lower number) PG based on other eligibilities.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link. The *Edit Current Eligibility* screen displays.
4. On the *Edit Current Eligibility* screen, click the "Yes" radio button for the **VA Pension** field.
5. Enter a precise date in the **Pension Award Effective Date** field. See the **Rules ...** in the online help or the user manual for this field for additional date restrictions.
6. Enter a *Pension Award Reason* from the dropdown. The Receiving VA Disability Compensation field should indicate "No".
7. Enter a Total Monthly Check Amount in dollars. The **Annual Check Amount** field will be calculated based on the amount in the **Total Monthly Check Amount** field.
8. To see the impact of the changes without committing them, click the **Review Impact** button.
9. When completed, click the **Accept Changes** button to commit the changes. The system returns to the *Current Eligibility* screen.

IMPORTANT NOTE

 **Note:** The change can be verified by noting the Primary Eligibility Code is now "NSC, VA Pension" and there is a dollar amount for the Annual Check Amount. The Veteran's Enrollment Status PG will be 5, unless other eligibilities qualify the Veteran for a higher PG (lower number).

... Remove Pension information?

In this scenario we're going to remove Pension information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veteran's **Enrollment Status** Priority Group (PG) should be 5, unless another eligibility qualifies the Veteran for a higher (lower number) PG. The Veteran's *Primary Eligibility Code* should be "NSC, VA Pension", and there should be a dollar amount for the *Annual Check Amount* on the *Current Eligibility* screen.
3. From the *Overview* screen, begin by clicking the Update Current Eligibility link. The *Edit Current Eligibility* screen displays.
4. On the *Edit Current Eligibility* screen, click the "No" radio button for the **VA Pension** field. The **Pension Award ...** fields will be grayed out and additional **Pension Termination ...** fields will appear.
5. Enter a precise date in the **Pension Termination Date** field. See the **Rules ...** in the online help or the user manual for this field for additional date restrictions.
6. Enter a Pension Termination Reason 1 from the dropdown.
7. Make sure the **Receiving VA Disability Compensation** field indicates "No".
8. Remove the Total Monthly Check Amount. The **Annual Check Amount** field amount will be cleared by the system.
9. When completed, click the **Accept Changes** button. The system returns to the *Current Eligibility* screen.

 **Note:** The change can be verified by noting the Primary Eligibility Code is now "NSC" and there is no dollar amount for the Annual Check Amount. The Enrollment Status PG should also be lower (higher number) unless the Veteran has another eligibility qualifying him or her for a higher (lower number) priority.

... Add Prisoner of War (POW) information?

In this scenario we're going to add Prisoner of War (POW) information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veteran's **Enrollment Status** can be any PG. However, if the PG is 4 or lower (higher number), it will change to PG 3 after the system accepts the POW data.
3. From the Overview screen, begin by clicking the Update Current Eligibility link.
4. The *Edit Current Eligibility* screen displays.
5. From the *Edit Current Eligibility* screen, click on the **Add POW Episode** button. Additional **POW** fields display.
6. For the **POW Source** field, select from the dropdown.
7. For the **Document Type** field, select from the dropdown.
8. For the **Capture Date** field, enter at least a month and a year. See the in the online help or the user manual for this field for additional date restrictions.
9. For the **Rules ... Release Date** field, enter at least a month and a year. See the **Rules ...** in the online help or the user manual for this field for additional date restrictions.

 **Note:** The system will calculate the *Days of Captivity* field if precise dates are entered for the capture and release dates. Otherwise, it will remain blank.

10. For the **Confinement Location** field, select from the dropdown.
11. For the **Camp** field, select from the dropdown. The system will calculate and system fill the *Camp Code* and *Camp City* based on the *Confinement Location* selected.
12. When completed, click the **Accept Changes** button. The system returns to the *Current Eligibility* screen.

 **Note:** The change can be verified by noting the Primary Eligibility Code is now "Prisoner of War" and the Veteran's Enrollment Status has changed to PG 3 (if previously in a lower priority (higher number)).

... Input Allied Veteran information?

In this scenario we're going to input Allied Veteran information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's **Enrollment Status** is "Pending".

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link. The *Edit Current Eligibility* screen displays.
4. From the *Edit Current Eligibility* screen, for the Veteran Indicator field, click the button that says, **Change Indicator to No**.
5. Change the **Eligibility Status** field selected to **Verified**.
6. The **Eligibility Status Date** field defaults to the current date, but may be changed. This date cannot be a future date and is required when a valid Eligibility Status is selected.
7. Enter "Consulate Letter" or other valid verification method in the **Eligibility Verification Method** field.
8. Under the **Non-Veteran Eligibility Codes** section, make a selection from the dropdown for the **Allied Veteran Country** field.
9. When finished, click either the **Review Impact** or the **Accept Changes** button. The Select Period Of Service screen displays when a user has manually changed the Veteran Indicator from "Yes" to "No", (making a Veteran a non-Veteran) and clicks the **Accept Changes** button.
10. Select a Period of Service from the dropdown.
11. When finished, click the **Update** button. The *Current Eligibility* screen displays with the changes visible. The **Primary Eligibility Code** should now be "Allied Veteran" and the **Enrollment Status** should be "Not Applicable", or, if an *Ineligible Date* and *Ineligible Reason* were entered, "Not Eligible". The *Eligibility Status* will now be Verified.

... Remove a Purple Heart (PH) entered in error?

In this scenario we're going to remove a Purple Heart (PH) entered in error.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veteran's **Enrollment Status** should be PG 3 (PH) and his *Primary Eligibility Code* should be "Purple Heart Recipient". After removal of the PH data, the **Enrollment Status** should be lower (higher number) unless the Veteran has another eligibility placing him in a higher priority.

3. From the *Overview* screen, begin by clicking the **Eligibility** tab. The *Current Eligibility* screen displays.
4. From the *Current Eligibility* screen, click on the **Edit Purple Heart** link. The *Edit Purple Heart* screen displays.
5. On the *Edit Purple Heart* screen, select the appropriate individual from the dropdown for the **Assigned LAS** field.
6. For the **Rejected Remarks** field, select "Entered in Error" from the dropdown. When completed, click the **Update** button at the bottom of the screen. The system returns to the *Current Eligibility* screen with a confirmation message that the Purple Heart was updated successfully. The PH listing is also no longer displayed under the **Secondary Eligibility Codes** section of the *Current Eligibility* screen.

 **Note:** The change can be verified by noting the *Primary Eligibility Code* is no longer "Purple Heart Recipient" and the Veteran's **Enrollment Status** has changed from PG 3 to a lower priority (higher number) unless there are other eligibilities that would qualify the Veteran for a higher priority.

... Update Veteran Discharge Due to Disability information?

In this scenario we're going to update a Veteran's Discharge Due to Disability information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview screen*. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's **Eligibility Status** is Verified (Group 8A). It can be higher, but to see the effects of the discharge due to disability change, it should be lower (higher number) than 3.

3. From the *Overview* screen, begin by clicking the Update Current Eligibility link to go directly to the *Edit Current Eligibility* screen. On the *Edit Current Eligibility* screen, the Veteran Indicator should indicate "Yes".
4. In the **Other Eligibility Factors** section, change the **Discharge Due to Disability** field indicator from "No Data" or "No" to "Yes".
5. When finished, click either the Review Impact or the Accept Changes button. The **Enrollment Status** should now indicate Verified (Group 3)
...Use the Eligibility Manual Override Button?

In this scenario we will use the **Manual Override** button and enter the override reason.

1. Select the  **Community Care Override Reason** (required) from the following values:
 -  Administrative Decision

- Enrollment Systems Record Error
 - Mileage
 - Legislative Change
2. Select the **Community Care Override Comments** and provide a reason for the manual override (required).
 3. Select the Community Care Outcome Indicator.

Note: Select one or two VCE Indicator(s). The Business Rules for these select boxes are shown in the Excel Spreadsheet attached in the last section.
 4. Click Update or Cancel.

Note: **Update** displays a confirmation message, “*Community Care Outcome Updated Successfully*”; **Cancel** takes you back to the *Community Care Determination* screen in its initial state.

...Remove Community Care Determination Override?

In this scenario we will use the **Remove Override** button and enter the override reason.

1. Select the **Community Care Remove Override Reason**.
2. Select from the following values:
 - Administrative Decision
 - Enrollment Systems Record Error
 - Mileage
 - Legislative Change
3. Select the Community Care Remove Override Comments, a free-form text field. (Required)
4. The user will **not** be required to select a VCE Indicator. The system will automatically recalculate the correct VCE Indicator based on the data present on the Veterans Record.
5. Click Update or Cancel. Update displays a confirmation message “*Community Care Manual Override Removed Successfully*”; Cancel takes them back to the **Community Care Determination** screen in its initial state.

8.4 Demographics

... Enter a Beneficiary's Date of Death?

In this scenario we're going to enter a beneficiary's Date of Death.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.

- From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is Verified. His *Primary Eligibility Code* is NSC. Also note the beneficiary's *Enrollment Status* is Pending. The *Enrollment Status* is Pending because the beneficiary does not have a current *Financial Assessment* on file.

- From the Overview screen, click the Update Date of Death link to display the Personal screen under the Demographics tab.

On the Personal screen, enter a date in the Date of Death field. If a *Date of Death* is entered, the user must click the OK or Close button after the *Death Notification Source* popup appears:

- SPOUSE/NOK/OTHER PERSON will be the only value in the *Death Notification Source* field. (For the date of death to be promoted to the Primary View in MVI, the *Death Notification Source* must be SPOUSE/NOK/OTHER PERSON.)
- After a *Date of Death* is entered, a popup with this message will appear. It will contain this message: "Death Notification Source will be set to SPOUSE/NOK/OTHER PERSON."

 **Note:** Notice that the *Death Notification Source* (required if *Date of Death* field populated) and *Death Notification Site* fields appeared because a *Date of Death* was entered.

- Click OK and the *Death Notification Source* field will be populated with the SPOUSE/NOK/OTHER PERSON value. Alternatively, click Update to save the *Date of Death* information in the database. If the user does not click the OK button, the *Death Notification Source* field will remain null. If the user clicks the Cancel button without clicking the OK button, the *Date of Death* fields will revert to the previous values.
- Choose a *Death Notification Site* (not required) from the dropdown if appropriate.
- To commit the changes, click the **Update** button.

 **Note:** The Overview screen under the Demographics tab will display and you should see a message indicating the person was updated successfully. You will note that the Date of Death Status under Update Personal indicates Deceased.

... Remove a Beneficiary's Date of Death?

In this scenario we're going to remove a beneficiary's Date of Death.

- Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.

- From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary's Enrollment Status is **DECEASED (GROUP 6)**. Notice the DOD in the yellow status bar.

- From the *Overview* screen, begin by clicking the Update Date of Death link to display the *Personal* screen under **Demographics**.
- Scroll down to the **Date of Death** field and delete the date.

 **Note:** Notice that when the *Date of Death* is deleted, the system also deletes the *Death Notification Source*.

- After deleting the date, click the **Update** button at the bottom of the screen. The *Personal* screen under **Demographics** appears with an ...*updated successfully* message.

 **Note:** The *Enrollment Status* now reads **PENDING** and the *Date of Death Status* is **Alive**.

- The Enrollment Status is **PENDING** because the beneficiary does not have a current **Financial Assessment** on file.
- The beneficiary must complete a **Financial Assessment** and upon completion, will be placed in the applicable Priority Group.
- After the Date of Death is deleted and saved, SPOUSE/NOK/OTHER PERSON is the only option on the Death Notification Source dropdown.
- If the user deletes the Date of Death, the Date of Death fields will be blank and the 'Lazarus Date' will populate (the date on which the Date of Death was deleted).

... Set the Bad Address Reason for a beneficiary's address?

In this scenario we're going to learn how to set the Bad Address Reason for a beneficiary's permanent address.

- Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
- From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**.

- From the *Overview* page, begin by clicking the Update Mailing Address link to display the *Permanent Mailing Address* page.

4. From the *Permanent Mailing Address* page, make a selection from the dropdown for the ***Bad Address Reason*** field.
5. For the optional *Source of Change*, the user may make a selection from the dropdown, if different from what may already be there.

 **Note:** If **VAMC** is selected, the user may then select a site from the *Site of Change* dropdown or leave it as **Health Eligibility Center**.

6. When finished, click the ***Update*** button.

 **Note:** After clicking the ***Update*** button, the system displays the *Overview* screen under **Demographics** and an “Address updated successfully.” message displays. You’ll notice that there is now a *Bad Address Reason* of “XXXXXXXX” in the Update Mailing Address section of the page.

... Update a beneficiary's Permanent Mailing Address information?

In this scenario we're going to update a beneficiary's *Permanent Mailing Address* information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the ***Find*** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**.

3. From the *Overview* page, begin by clicking the *Update Mailing Address* link to display the *Permanent Mailing Address* page.
4. If necessary, change the *Country* default from the **United States**.
5. Update the information in *Address Line 1* as necessary. Use *Address Line 2* for apartment numbers, if necessary.
6. Update the required *Zip Code*, as necessary. When a valid zip code is entered, the system populates the **City**, **State**, and **County** fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected. If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.
7. Make any other additions/updates as necessary such as *Phone Numbers* and/or *Email Addresses*.
8. When finished, click the ***Update*** button. To return to the original information, click the ***Reset*** button. To cancel out of the screen altogether, click the ***Cancel*** button to return to the *Overview* screen within **Demographics**.

 **Note:** After clicking the Update button, the system displays the Overview screen under Demographics and an “Address updated successfully.” message displays. Verify the updated information.

...perform a Letter Override

1. Click the Previously Mailed tab.
2. Click the Mail link under the Select to Remail column.
3. Check the Yes checkbox to the “Do you want to override this condition and send the letter?” question.
4. Click the Update button. The **Mail** link on the **Previously Mailed** tab for that Veteran will be disabled.

 **Note:** The user will need the **Override to Send** functionality enabled on their user profile to perform a letter override.

... Update a Veteran's Preferred Facility in the VA Health Care System?

In this scenario we're going to update a Veteran's Preferred Facility in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an SSN, or Full/short VPID only, and/or Last Name and First Name, and/or Claim Folder Number, and/or Military Service Number, and/or Last Name and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
3. From the *Overview* page, begin by clicking the **Demographics** tab to display the *Demographics/Overview* screen.
4. From the *Demographics/Overview* screen, click on the **Personal** "sub-tab" to display the *Personal* screen.
5. In the *Personal* screen, find the **Preferred Facility** field and click on the dropdown and select a new preferred facility.
6. When finished, click the **Update** button. The system will return you to the *Demographics/Overview* screen with a message that your update was successful.
7. To verify your change in preferred facility was successful, click on the **Facility** tab. The *Facilities* screen lists the Veteran's preferred facility. Look for a facility with a white check mark in a green box next to it. This indicates the Veteran's preferred facility.

8.5 Military Service

...Add new Military Service information?

In this scenario we're going to edit existing and add new Military Service information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veteran's *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Military Service** tab.
4. From the *Current Military Service* screen, update an existing Military Service Episode (MSE) by changing one or more existing fields.
5. When completed, click the **UPDATE** button. The *Current Military Service* screen refreshes with a confirmation message. To add a new Military Service Episode (MSE), click on the **Add Military Service Episode** button. A blank set of **MSE** fields will display under an existing MSE or MSEs, or alone if none already exist.

 **Note:** There can be more than one MSE, but the MSE dates cannot overlap.

6. On the *Current Military Service* screen, enter data in the *Military Service Number* field either manually or by clicking the **Same As SSN** button.
7. Select a *Branch of Service* from the dropdown.
8. Enter a precise *Service Entry Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
9. Enter a precise *Service Separation Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
10. Select a *Service Component* from the dropdown.
11. Select the appropriate *Discharge Type* from the dropdown.
12. When finished, click the **Update** button to add the new MSE. The **Reset** button clears the previously entered data allowing the user to start over. The system will display the newly added MSE with a message that your update was successful. Be sure to click the **Calculate POS** button again to recalculate the new POS for the new MSE, and click the **Update** button again to record the recalculated POS.

 **Note:** If the new MSE is within the same POS as the most recent POS, the system will display a message that "*the data you submitted did not change, so no updates were performed.*"

An existing MSE under the *Military Service Episodes* HEC section of the *Current Military Service* screen may be edited by changing any of the fields. However, the same overlapping date rules apply as before.

...Add Future Discharge Date?

In this scenario we are going to enter a Military Service Episode with a Future Discharge Date

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *ICN* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The Veteran's *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Military Service** tab.
4. From the *Current Military Service* screen, create a **Military Service Episode** (MSE) by selecting a Branch of Service from the dropdown.
5. Enter a precise *Service Entry Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
6. Enter a precise *Future Discharge Date* for the MSE. See the **Rules ...** for this field under the field name in the online help or the user manual.
7. Select a *Source of Information* from the dropdown (e.g. Military Service Documents or Other).
8. If you selected "Other" as the *Source of Information*, you will be prompted to enter an "Other Explanation".
9. Enter a free text explanation up to 255 characters in the **Other Explanation** field.
10. When completed, click the **UPDATE** button. The *Current Military Service* screen refreshes with a confirmation message.



Note: A Service Separation Date cannot be entered along with a Future Discharge Date.

11. When finished, click the **Update** button to add the new MSE. The Reset button clears the previously entered data allowing the user to start over. The system will display the newly added MSE with a message that your update was successful.

...Enter a Reason for Early Separation for a Military Service Episode?

In this scenario we are going to enter a Reason for Early Separation for a Military Service Episode.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *ICN* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search.
 - If there is a match, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.
 - The Veteran's *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Military Service** tab.
4. On the *Current Military Service* screen, find the **Military Service Episode** (MSE) to which you want to add a Reason for Early Separation.
5. In the Reason for Early Separation field, click the dropdown list arrow and select one of the reasons.

 **Note:** If the field is greyed out, it means MSDS has already set the value and you cannot change it.
6. When finished, click the **Update** button to update the MSE.
7. The Reset button clears the previously entered data allowing the user to start over.
8. The system displays the newly added Reason for Early Separation for the MSE with a message that your update was successful.

...Update Combat Veteran Information?

In this scenario we're going to update Combat Veteran information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's **Enrollment Status** is "Verified (Group #)".
3. From the Overview screen, begin by clicking the Military Service link to display the Current Military Service screen.
4. From the Current Military Service screen, begin by clicking on the **Add OEF/OIF Combat Episode** button.
5. Under the **Combat Location** field, select the appropriate choice from the dropdown that falls completely within a single Military Service Episode.

6. Enter a precise Combat Start Date. The Combat Start Date or Combat End Date must fall within a single Military Service Episode. Additional restrictions can be found under the "**Rules ...**" for this field in the online help or in the current **ES User Guide**.
7. Enter a precise Combat End Date. The same restrictions apply to this date as they do for the Combat Start Date.
8. Select the appropriate Combat Pay Type from the dropdown. The system defaults to "CEV" for the OEF/OIF Source.
9. Under the **Military Service Episodes HEC** section of the Current Military Service screen, click on the **Add Military Service Episode** button to begin adding a military service episode.
10. For the **Military Service Number** field, the user may either enter a Military Service Number manually or click on the **Same as SSN** button.
11. Select the desired Branch of Service from the dropdown.
12. Enter a precise Service Entry Date. Read the "**Rules ...**" in the online help under this field or in the current ES User Manual for specifics on the allowable dates.
13. Enter a precise Service Separation Date. Read the "**Rules ...**" in the online help under this field or in the current **ES User Guide** for specifics on the allowable dates.
14. Select a Service Component from the dropdown.
15. Select a Discharge Type from the dropdown.
16. Under the **Period of Service** section, click the **Calculate POS** button to have the system calculate the period of service based on the Military Service Episodes entered.
17. When finished, click the **Update** button to record the entries. Be sure to click the **Calculate POS** button again to recalculate the new HEC POS after adding the new MSE to the record, then click the **Update** button to record the new HEC POS.
18. Click the *View Historical Military Service* link to verify the added or updated combat information.

...Update a Veteran's Period of Service (POS) information?

In this scenario we're going to update a Veteran's period of Service (POS) information.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.



Note: The beneficiary's **Enrollment Status** is "Verified (Group #)".

3. From the *Overview* screen, begin by clicking the Military Service link to display the *Current Military Service* screen.
4. Under the **Military Service Episodes HEC** section of the *Current Military Service* screen, click on the **Add Military Service Episode** button to begin adding a military service episode.
5. For the **Military Service Number** field, click on the **Same as SSN** button, or enter it manually.
6. Select the desired *Branch of Service* from the dropdown.
7. Enter a precise *Service Entry Date*. Read the "**Rules ...**" in the online help under this field or in the current **ES User Guide** for specifics on the allowable dates.
8. Enter a precise Service Separation Date. Read the "**Rules ...**" in the online help under this field or in the current **ES User Guide** for specifics on the allowable dates.
9. Select a *Service Component* from the dropdown.
10. Select a *Discharge Type* from the dropdown.
11. When finished, click the **Update** button to complete the task. The system will display the message, "Military Service updated successfully".
12. Click the **Calculate POS** button at the bottom of the window to have the system calculate the period of service based on the new **Military Service Episode** entered. The system will display the message, "The Period of Service has been calculated". Be sure to click the **Update** button again to record the new calculated POS.
13. Click the *View Historical Military Service* link to verify the added or updated combat information.

8.6 Financials

... Deactivate a Veteran's Spouse/Dependent?

In this scenario we're going to deactivate a Veteran's Spouse/Dependent.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. The beneficiary's *Enrollment Status* can be any Priority Group (PG) or "Pending".
3. From the *Overview* screen, begin by clicking the **Financials** tab, the *Update Financial Assessment* link, or the *Financials* link. All three will display the **Financial Overview** screen.

4. From the *Financial Overview* screen, click on the Financial Details link. The **Edit Financial Details** (Income Year XXXX) screen will display. Any dependents associated with the Veteran will display here under the "Dependency Factors" section.
5. From the **Edit Financial Details** (Income year XXXX) screen, for the **Married Last Calendar Year** field, click on the "No" radio button.
6. Under the "Dependency Factors" section, click on the Spouse SSN link. Additional fields will display, including the *Inactive Date* field.
7. In the *Inactive Date* field, enter a precise date. The Inactive Date must occur after Date of Marriage.
8. To view the impact of the changes, click the **Review Impact** button. The system displays the "These changes impact the financial assessment in the following:" screen. From here you can see the Total and Net Income reduction as well as the *Number of Dependents* reduced by 1.
9. If acceptable, click on the **Complete Assessment** button to accept the changes. The **Financial Overview** screen displays. On this screen you can see also see the Total and Net Income dollar amount changes in the "Financial Summary" section.
10. From the *Financial Overview* screen, click the Dependents link to view the *Dependents Overview* (Income Year XXXX) screen. For the deactivated Spouse Dependent, the **Status** should now be "Inactive".
11. From the *Dependents Overview* (Income Year XXXX) screen, click on the Financial Details link to display the Edit Financial Details (Income year XXXX) screen.
12. From the *Edit Financial Details* (Income year XXXX) screen, click on the spouse's SSN link in the "Dependency Factors" section to display additional fields, if not already displayed. From here you can confirm the system accepted the inactive date by verifying the date in the *Inactive Date* field.

 **Note:** If the spouse inactive date is in a later year than the current Means Test (MT), the system will still show the spouse as "Active" rather than "Inactive", since the spouse was married to the Veteran for the most recent MT. The next MT will show the spouse as "Inactive".

8.7 Enrollment

... Cancel/Decline a beneficiary's enrollment in the VA Health Care System?

In this scenario we're going to learn how to cancel/decline a beneficiary's enrollment in the VA Health Care System.

IMPORTANT NOTE

 **Note:** Prior to placing a Veteran in a *Cancel / Decline* status, internal procedures require a HEC representative contact the Veteran and document their contact using a Report of contact (ROC). The ROC must confirm that the Veteran has been fully informed of the possible consequences of his/her decision in relation to the receipt of current and possible future VA healthcare benefits.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.

3. From the *Overview* page, begin by clicking the *Enrollment* link to display the *Current Enrollment* page.

 **Note:** You may also click the **Enrollment** tab to display the *Current Enrollment* page.

4. For the *Canceled/Declined Indicator* field, click the **Yes** radio button.

 **Note:** The system automatically defaults to the current date in the *Canceled/Declined Effective Date* field. The field may be edited.

5. In the *Reason Canceled/Declined* field, select a reason from the dropdown.

 **Note:** Only when the *Reason Canceled/Declined* selected is **Other**, may the *Canceled/Declined Remarks* field be used.

6. When finished, click the **Update** button. After clicking the **Update** button, the system displays the *Overview* page and an "Enrollment updated successfully." message displays.

 **Note:** Also notice that the beneficiary's *Enrollment Status* is now **CANCELLED/DECLINED (GROUP 3)**.

... Reverse a beneficiary's Cancel/Decline enrollment in the VA Health Care System?

In this scenario we're going to learn how to reverse a beneficiary's Cancel/Decline enrollment in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

 **Note:** The beneficiary's *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.

3. From the *Overview* page, begin by clicking the *Enrollment* link to display the *Current Enrollment* page.

 **Note:** You may also click the **Enrollment** tab to display the *Current Enrollment* page.

4. For the **Canceled/Declined Indicator** field, click the **No** radio button.

 **Note:** The system automatically deletes the *Canceled/Declined Effective Date* and the *Reason Cancelled/Declined* data.

5. When finished, click the **Update** button. After clicking the Update button, the system displays the *Overview* page and an “Enrollment updated successfully.” message displays.

 **Note:** Also note the beneficiary’s *Enrollment Status* is now **VERIFIED (GROUP3)**.

...execute a Batch Process

Locating a Record on the Batch Process Management screen

1. Select **Admin**.
2. Select **Batch Process**.
3. Click CTRL + F to find your record on the **Batch Process Management** screen, under the **Management** tab.
4. Enter in the name of your record, for example: "pvmailing".
5. Search for your record.
6. Locate the record with the file type you need, such as "Code1Reject". For example, scheduledJob.PVMailingResponseCode1RejectFileProcess

Configuring a Record

1. Click the [Config](#) link on record "pvmailing".
2. Enter in your email address into the **Email Distribution List** field to receive updates
3. Click **Update**.

Executing a Record

1. Locate the "pvmailing" record with the Code1Reject file type.
2. Click the [Execute](#) link.

The record is successfully executed. The following message displays in the banner:

*The message to invoke the Batch Process
(scheduledjob.PVMailingResponseConfirmationfileProcess) was sent successfully.*

3. Click the **Management** tab to return to the **Batch Process Management** screen.
4. Ensure each record is complete on the **Active** tab.

History

1. Locate the "pvmailing" record with the Code1Reject file type.

The latest processed record displays as the very first record on the Recent Batch Process results screen. The number of successful and error'd-out records display under the Statistics section as shown below:

```
processedFilePath=/u02/esr/WL2/batchProcess/PLC/FromCMS, numberOfTotalRecords=0,  
processingStartDate=20180625104300,  
processName=PVMailingResponseCode1RejectFileProcess, wasInterrupted=false,  
processingDuration=0.138 secs, executedOnServer=vaausappesr800.aac.va.gov,  
processingEndDate=20180625104300, numberOfSuccessfulRecords=0,  
numberOfErrorRecords=02.
```

2. Click the **Management** tab to return to the **Batch Process Management** screen.

Close Application History Process

scheduledJob.CloseApplicationHistoryProcess

1. Click the [Execute with Args](#) link.
2. Enter an Invocation Argument into the **Invocation Args (if supported)** field.
3. Click **Custom Execute**.

Locating the Date Mailed and Mailed Address on a Record

1. Enter the ICN into the **ICN** field on the **Home** screen.
2. Click **Find**.
3. Click the **Enrollment** tab.
4. Identify the Enrollment Status is *Pending: Eligibility Status is Unverified*.
5. Click the **Communications** tab.
6. Notice **Status Date**, **Status**, and **Name:** sections.
7. Click the [Name](#) link.
8. Notice the **Date Mailed** and the **Mailing Address**.

Mailing and Remailing Links on Records

Remail Link

1. Click the Communications tab.
2. Notice the [Remail](#) link on your record.

 **Note:** Rejected records do not display a Remail link on the Communications tab.

Mail Link

1. Click the [Available for Mailing](#) link on the **Communications** tab.
2. Notice the [Mail](#) link for the record.

 **Note:** Pre-Closure letters do NOT have a [Mail](#) link.

Executing the Handbook Batch Process

1. Click **Admin** on the **Home** screen.
2. Click **Handbook Batch Request**.
Click the [Execute](#) links for the desired records on the **Management** tab.
3. Ensure each record is complete on the **Active** tab.

8.8 Facility

This "tab" lists facilities the beneficiary has visited along with information associated with each of those facilities. See the Facility section for more detailed information.

8.9 Communications

This "tab" contains information about communications (letters) that are scheduled to and have been sent to the Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. It also contains the capability for providing Veterans with a *Veteran Benefits Handbook*, containing eligibility and benefit information. See the Communications section for more detailed information.

... View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System?

In this scenario we're going to learn how to View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* checkbox on the ES entry page.

2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPIID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the **Find** button to begin the search. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file. In the lower right-hand corner of the *Overview* screen is the Communications area with 2 links. One is the *View Handbook Communication* link and the other is the **COMMUNICATIONS** link. They both present the user with the Communication Log screen and the **Handbook Status** tab displayed. Below the two links on the *Overview* screen, the system displays two different configurations, depending on whether the Veteran record has no current handbook on file, or one or more than one handbook on file. The configurations are as follows:

- ◆ When there is no Handbook on file... “**No Data on File**”
- ◆ When there are one or more Handbooks on file... **Communication to View**
- ◆ **Date** The date on which the Handbook PDF was uploaded into the Veteran Benefits Repository (VBR).
- ◆ **Source** (*Mail* means the source of the Handbook is from the Content Management System (CMS) vendor and the Handbook was mailed to the Veteran. The system stores a PDF copy on file.)
- ◆ Under the first column heading are anywhere from two to six links, depending on whether the Veteran has one *Veteran Benefits Handbook*, or 3 or more handbooks on file. The system displays a maximum of three Veteran Benefits Handbooks and three Veterans Benefits at a Glance..
- ◆ The most recent handbook link is titled Veterans Current Handbook. The next two most recent handbook links are titled Veterans Handbook. Clicking on any of the “Handbook” links will display a PDF copy of a version of the *Veteran Benefits Handbook* in a new window.
- ◆ In addition to links for the *Veteran Benefits Handbook* are links to the current and next two most recent versions of a condensed edition of the *Veteran Benefits Handbook* entitled Veterans Current Benefits at a Glance and Veterans Benefits at a Glance. The Veterans Benefits at a Glance is an abbreviated high-level summary of the Veteran Benefits Handbook.

3. From the *Overview* screen, begin by clicking the Veterans Current Benefits at a Glance link. The abbreviated high-level summary of the *Veteran Benefits Handbook* displays in a new window as a PDF file. From here the viewer may either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.

 **Note:** The HEC user should not have any occasion to save or print the online *Veteran Benefits Handbook* or *Veterans Benefits at a Glance* since they are saved and available in the Veteran's ES record. If, however, the user wishes to save and/or print the PDFs, perform the following steps.

4. To save the PDF file, click on the *File* menu item, and then select *Save As ...*. Select a location and rename the file if desired, then click the **Save** button.

5. To print the PDF file, click on the *File* menu item, then select *Print ...*. Configure your printing parameters as you would for any other PDF file, then click the **OK** button.
6. After you have viewed, saved and/or printed the *Veteran Benefits Handbook* PDF file, close the new window normally.
7. The Veteran's *Overview* screen should now be visible again.
8. From the *Overview* screen, click the Veterans Current Handbook link. The latest *Veteran Benefits Handbook* PDF file displays in a new window. From here the user can either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.
9. Repeat steps 4 and 5 to save and/or print the new PDF file.

... check the status of the handbook communications

The user can navigate to the *Communication Log* screen, where there are four tabs from which to view/update various types of Communications information. To do this, follow the steps below.

As noted in Step 2 above, in the lower right-hand corner of the *Overview* screen is the Communications area with two links. One is the *View Handbook Communication* link and the other is the *COMMUNICATIONS* link.

1. From the *Overview* screen, begin by clicking on the *View Handbook Communication* link. The *Communication Log* screen displays with the **Handbook Status** tab displayed. The *Handbook Status* communications tab contains status information about Handbook communications that are scheduled to and were sent to the Veteran. The user has the ability to Mail a *Veteran Benefits Handbook* or to View the current and two historical (if they exist) Handbook communications for a Veteran.

 **Note:** The [View](#) link under the **Veterans Handbook**, **Veterans Profile** and **Raw Data** columns will appear only if:

- a. The user has the proper permission (Capabilities) to view these columns, and;
- b. The condition under the Status column is “Mailed by CMS”.

2. Click on a hyperlink under the **Communications Name** column. The detailed *Communication Log* screen displays with more detailed information on the handbook Status History and Comments, including the ability to add comments to the log.
3. After viewing or adding comments, click either the *Cancel* or *Update* button. The *Communication Log* screen redisplays with the **Handbook Status** tab selected. If comments were entered and the Update button was clicked, you'll see that the Status Date for that particular ID selected is updated to the current date.
4. From the *Communication Log/Handbook Status* screen, reselect the hyperlink under the **Communications Name** column. The detailed *Communication Log* screen displays with the comments just entered under the *Comments* section with the date and time entered, the username who entered it, and the comment itself.

...Start and stop communication via the Stop Communications checkbox?

1. Check the Stop Communications checkbox to enable.
2. Select an option on the Reason dropdown. If Administrative Reason is selected, a free-form Explanation field will appear. You will need to provide details about why Administrative Reason was selected.
3. Click the Update button.
4. Uncheck the Stop Communications Checkbox to disable communications from sending.
5. Click the Update button.

The ES supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to ES, carrying out the system specific information request.

For this service, the HEC defines the “views” of data that are provided to authorized service consumers (*Service Accounts*). Each *Service account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

... Add and Update Service Accounts and Requests?

In this scenario we're going to learn how to add/update Service Accounts/Requests in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the *Accept Agreement* check box on the ES entry page.
2. From the *Person Search* screen, move the mouse over the **Admin** button until the sub-menu items appear. Click on *E&E Service* in the sub-menu.
3. The *E&E Service/E&E Service Account Management* screen displays. On this screen are displayed previously added *E&E Service Accounts*, if any exist.
4. From the *E&E Service Account Management* screen, begin adding a new service account by clicking the *Add New Service Account* hyperlink.
5. The *Add Service Account* screen displays. The agency requesting an *E&E Service Account* will provide the **Account Name**, **Contact Name**, and **Phone Number**.
6. Enter data in all fields including a VA standard **Password**.

 **Notes:** The **Account Name** and **Contact Name** fields accept only letters and no spaces.

 The **Phone** field must be formatted as (123)456-7890.

 Active "Yes or No" sets the account to retrieve specific information

 **Note:** At this point, the user has the option of selecting from an existing list of service requests by clicking the check box next to one or more service requests, or, creating different service requests, then returning to this service account and updating it with the new service request.

7. When completed, click the **Add** button to establish the service account. The *E&E Service Account Management* screen appears and the system displays the message, "Service account added successfully.". The new service account will be listed on this screen along with all pre-existing service accounts, if any.

To update an existing *E&E Service Account*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen.

1. From the *Person Search* screen, roll your mouse over the **Admin** button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu. The *E&E Service/E&E Service Account Management* screen displays. Displayed on this screen are all previously added E&E Service Accounts, if any exist.
2. To edit an existing service account, click on the *Account Name* hyperlink. The *Update Service Account* screen displays. From this screen, the user may edit some or all of the information, including changing the password and activating or deactivating the service account.
3. When finished updating the service account, click the **Update** button to complete the update. The *E&E Service Account Management* screen reappears and the system displays the message, "Service account updated successfully.".

To add a new *E&E Service Request*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen. Creating a new service request assigns specific data elements the agency can retrieve through the E&E Service.

1. From the *Person Search* screen, roll your mouse over the **Admin** button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu. The *E&E Service/E&E Service Account Management* screen displays. Displayed on this screen are all previously added **E&E Service Accounts**, if any exist.
2. To establish a new service request, click on the **Service Requests** tab. The *E&E Service/E&E Service Request Management* screen displays. Displayed on this screen are all previously added **E&E Service Requests**, if any exist.
3. On the *E&E Service Request Management* screen, click on the *Add New Service Request* hyperlink. The *Add Service Request* screen displays. The agency requesting an E&E Service Account will also provide the data elements needed from the Veteran record. The user will create the **Request Name** and **Description** from the information provided.
4. Enter a name (alpha characters only) in the **Request Name** field with no spaces.
5. Enter a description in the **Description** field (spaces/numbers allowed, but no special characters).

 **Note:** Service requests are independent from service accounts and may be assigned to any service account.

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

These “child” folders can be expanded using the same method as with the **eeSummary** “parent” folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain. One example may be **eeSummary.demographics**. Once expanded, this folder displays various groups of demographic data for the Veteran.

In the above example, the demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark to indicate they are selected.

Or, to select all of the demographic information under the **eeSummary.demographics** folder, simply click the red box with a white X next to the folder. After doing so, all of the red boxes with a white X under the **eeSummary.demographics** folder will change to a green box with a white checkmark, including the red box with a white X next to the **eeSummary.demographics** parent folder.

If a collapsed folder has a green box with a white checkmark next to it, that indicates that all its children and sub-groups are selected as well.

If a collapsed folder has a red box with a white X next to it, that means none, or only some children and sub-groups are selected.

 **Note:** Before adding a service request, the specific data elements based on the request description must be located in the **eeSummary** (E&E Summary) and assigned to the service request.

6. Before adding the service request, select at least one data element (E&E Summary) using the guidance in the previous step.
7. When completed, click the **Add** button to add the service request. The *E&E Service Request Management* screen appears and the system displays the message, "Service Request has been saved successfully". The new service request is now listed under the **Service Request** tab and is available for assignment to any service account.

To update an existing E&E Service Request, perform the following. The following steps assume the user is logged into the ES and on the Person Search screen.

1. From the Person Search screen, roll your mouse over the Admin button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu. The *E&E Service/E&E Service Account Management* screen displays.
2. Click on the **Service Requests** tab. The *E&E Service/E&E Service Request Management* screen displays. Displayed on this screen are all previously added E&E Service Requests.
3. To edit an existing service request, click on the *Request Name* hyperlink. The *Update Service Request* screen displays. From this screen, the user may select and/or deselect some or all of the data elements.
4. Edit the service request as desired.
5. When completed, click the **Update** button to complete the update. The *E&E Service/E&E Service Request Management* screen reappears and the system displays the message, "Service Request has been saved successfully".

To assign/unassign an *E&E Service Request* to an *E&E Service Account*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen.

1. From the *Person Search* screen, roll your mouse over the **Admin** button until the sub-menu items appear.
2. Click on the *E&E Service* in the sub-menu. The *E&E Service/E&E Service Account Management* screen displays.
3. Locate the service account to which you wish to add/remove a service request, and click the Account Name hyperlink. The *Update Service Account* screen appears listing all existing service requests with check boxes next to each.
4. Click the check box next to each service request you wish to add to the service account, or uncheck any check boxes you wish to remove.
5. When completed, click on the **Update** button to save your changes to the service account. The *E&E Service Account Management* screen reappears and the system displays the message, "Service account updated successfully."

 **Note:** At any time the user may add/remove a service requests assigned to a service account by clicking on the service account hyperlink, then checking and unchecking the boxes next to the list of available service requests and updating the service account.

...Add Health Benefit Plans (HBP) to E&E Web Service

ES administrators assign HBP categories on the **Administration** tab to E&E Web Services. Some HBPs originate in ES, some HBPs originate in other VA systems.

1. Select one or more categories of an HBP to share.

 **Notes:**

- Individual HBPs cannot be selected to share.
- DoD or VBA is not a selectable category and is grayed out.

2. Enter an Assigned or Unassigned Date.

EE Summary

The E&E Web Service displays the following HBPs from the

HEALTH_BENEFIT_PLAN Table on the E&E Web Service User Interface:

Health Benefit Plan	Requirements
HEALTH_BENEFIT_PLAN_ID	NOT NULL NUMBER(20)
HEALTH_BENEFIT_PROFILE_ID	NOT NULL NUMBER(20)
STD_HEALTHBENEFITPLAN_ID	NOT NULL NUMBER(20)
HEALTH_BNFT_PLN_UPDATE_DATE	DATE
STD_DATACHANGESOURCE_ID	NOT NULL NUMBER(20)
STD_INSTITUTION_ID	NUMBER(20)
RECORD_CREATED_BY	NOT NULL VARCHAR2(30)

Health Benefit Plan	Requirements
RECORD_CREATED_DATE	NOT NULL DATE
RECORD_MODIFIED_BY	NOT NULL VARCHAR2(30)
RECORD_MODIFIED_DATE	NOT NULL DATE
RECORD_MODIFIED_COUNT	NOT NULL NUMBER(10)
OVERRIDE_FLAG	NUMBER(1)
OVERRIDE_ASSIGNMENT	NUMBER(1)
OVERRIDE_REASON	VARCHAR2(200)

The associated categories are displayed in the E&E Web Service User Interface:

- Categories List
- Veteran Plan
- DoD
- Military Sexual Trauma
- Community Care
- Caregivers
- VBA
- Non Veteran

HBP Name	Category
Presumptive (38 USC 1702- 38 CFR 17.109)	Non Veteran Plan
VA/DOD Plan - Active Duty Dependent	DoD
VA/DoD Plan - Active Duty Sponsor	DoD
VA/DoD Plan - Former Non-Remarried Spouse	DoD
VA/DoD Plan - Recruit Sponsor	DoD
VA/DoD Plan - Reservist Sponsor	DoD
VA/DoD Plan - Retiree	DoD
VA/DoD Plan - Retiree Dependent	DoD
VA/DoD Plan - Retiree Sponsor	DoD
VA/DoD Plan - Temporary Disability Retirement List (TDRL) Sponsor	DoD
VA/DoD Plan - TRICARE	DoD
VA/DoD Plan - Tricare for Life (TFL)	DoD
Veteran Beneficiary Plan - Camp Lejeune Family	Community Care
Veteran Beneficiary Plan - Caregiver (Primary Family Caregiver)	Caregivers
Veteran Beneficiary Plan - Caregiver (Secondary Family Caregiver)	Caregivers

HBP Name	Category
Veteran Beneficiary Plan - Caregivers (General Caregiver)	Caregivers
Veteran Beneficiary Plan - CHAMPVA	Community Care
Veteran Beneficiary Plan - Children of Women Vietnam Veterans (CWVV)	Community Care
Veteran Beneficiary Plan - Newborn	Community Care
Veteran Beneficiary Plan - Spina Bifida (SB)	Community Care
Veteran Plan - Airborne Hazard and Open Burn Pit	Veteran Plan
Veteran Plan - Automobile Adaptive Equipment	Veteran Plan
Veteran Plan - Beneficiary Travel	Veteran Plan
Veteran Plan - Clothing Allowance	Veteran Plan
Veteran Plan - Co-Pay Responsibilities (Special medical coverage based on "Qualifying Factors" such as CV, AO, SWAC, SHAD, Camp Lejeune etc.)	Veteran Plan
Veteran Plan - Dental	Veteran Plan
Veteran Plan - Eye Glasses	Veteran Plan
Veteran Plan - Foreign Medical Program	Community Care
Veteran Plan - Hearing Aid	Veteran Plan
Veteran Plan - Home Health	Veteran Plan
Veteran Plan - Home Improvements	Veteran Plan
Veteran Plan - Long Term Care	Veteran Plan
Veteran Plan - Medical Benefits Package (Basic plan coverage for SC, NSC, etc.)	Veteran Plan
Veteran Plan - Medication and Supplies	Veteran Plan
Veteran Plan - Non VA Emergency Care	Community Care
Veteran Plan - Non-Vet Plans	Non Veteran Plan
Veteran Plan - Nursing Home/Community Living Centers (CLC)	Veteran Plan
Veteran Plan - State Home Veteran Plans	Community Care
Veteran Plan - VC Unusual and Excessive Burden	Community Care
Veteran Plan - Veterans Choice Air, Boat, or Ferry	Community Care
Veteran Plan - Veterans Choice Basic	Community Care
Veteran Plan - Veterans Choice Mileage	Community Care

HBP Name	Category
Veteran Plan - Veterans Choice Wait Time	Community Care
Veteran Plan - Women's Programs	Veteran Plan
Vocational Rehabilitation (Chapter 31)	VBA

ES E&E Web Service Offers Community Care VCE Eligibility Indicators

The Enrollment System E&E Web Service offers the Community Care VCE Indicators with other VA Systems. These Community Care VCE Indicators are as follows:

VCE Indicator	Description
X	No longer eligible for the Veterans Choice Program
B	Basic eligibility for the Veterans Choice Program
M	Mileage eligibility for the Veterans Choice Program
MWT	Mileage and Wait-Time Eligible for the Veterans Choice Program based on both Mileage and Wait-Time
H	Hardship eligibility for the Veterans Choice Program
HWT	Hardship and Wait-Time Eligible for the Veterans Choice Program based on both Hardship and Wait-Time
WT	Wait-Time eligibility for the Veterans Choice Program

Redirecting from ES to a Veteran's Record in VHIC

1. Complete a Person Search in ES.
A query is sent to the VHIC system which brings back related details displayed under the **View Veteran Health Identification Card (VHIC) Status** section which includes **Card ID** and **Status** of the card on the **Overview** tab on ES.
2. Click the View Veteran Health Identification Card (VHIC) Status link.
Note: Clicking the [Communication](#) link takes the user is to the **Communication** tab where the user can also view the Veteran Health Identification Card (VHIC) Status.
3. Click the **Open VHIC** button located under the **Communications, VHIC Status** tab.

The user will be redirected to the Veteran's record within VHIC. A new tab opens, and the user will view the Veteran's record.

 **Note:** An image displays if the Veteran has a record in the VHIC system.

Credentials are verified, and once verified, ES sends the Veterans Identifier that the ES user is currently working so they do not have to look up the record within VHIC. Users will have full access to replacement requests, print status, or expiration date within the VHIC record. Users can return to ES once complete with the VHIC session.

Capabilities within ES allows users to choose which users have permission to access the VHIC system.

VHIC Fields include:

- **Card ID:** ES displays the appropriate VHIC card identification number as provided by the VHIC system.
- **Card Status:** ES displays the Card Status as provided by the VHIC system. The list below contains current VHIC statuses:
 - Pending
 - Hold (Hold Reason)
 - Requested
 - Replaced (Replacement Reason)
 - Expired
- **Card Status Date:** ES displays the VHIC status date as provided by the VHIC system.
- **Card Print Status:** ES displays the VHIC print status as provided by the VHIC system. The list below contains current VHIC print statuses.
 - Not Started
 - Pending
 - Sent
 - Received
 - Mailed
 - Cancelled
 - Error
 - Rejected
- **Card Print Date:** ES displays the VHIC print date as provided by the VHIC system.
- **Expiration Date:** ES displays the VHIC expiration date as provided by the VHIC system.
- **Photograph:** ES displays the photograph that is associated with the Veterans Health Identification Card as provied by the VHIC system.

9 Trouble Shooting

Please refer to the Troubleshooting section of the Production Operations Manual on the ES SharePoint.

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