

INTAKE REGISTRATION

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook updates procedures for receiving and processing applications for Department of Veterans Affairs (VA) health care.
- 2. SUMMARY OF CHANGES.** The "Capture of Race and Ethnicity Categories" has been incorporated into this Handbook.
- 3. RELATED ISSUES.** VHA Directive 1600 (to be published).
- 4. RESPONSIBLE OFFICE.** The Chief Business Office (16) is responsible for the contents of this VHA Handbook. Questions may be addressed to (202) 461-1591.
- 5. RESCISSIONS.** VHA Directive 2003-027, Capture of Race and Ethnicity Categories, dated May 29, 2003, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of November 2014.

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CONTENTS

INTAKE REGISTRATION

PARAGRAPH	PAGE
1. Purpose	1
2. Authority	1
3. Definitions	1
4. Scope	3
5. Responsibility of the Facility Director.....	3
6. Veterans Who Are Exempt From Enrollment	4
7. Evidence of Military Service	5
8. General Application Completion Requirements	6
9. Financial Disclosure	8
10. Capture of Race and Ethnicity Categories	9
11. Health Benefits Renewal	10
12. Emergency or Urgent Care Situations	10

INTAKE REGISTRATION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides information on the Department-wide procedures for intake registration, which is the receipt and processing of an application for enrollment for Department of Veterans Affairs (VA) health care benefits.

2. AUTHORITY

Public Law (Pub. L.) 104-262, The Veteran's Health Care Eligibility Reform Act of 1996, codified at Title 38 United States Code (U.S.C.) 1705, requires VA to establish and implement a national enrollment system to manage its delivery of health care benefits. It further provides that most Veterans must be enrolled to receive care. *NOTE: For information on Veterans who may be exempt from enrollment requirements, see paragraph 6.*

3. DEFINITIONS

a. **Adjudication.** In VA, adjudication usually refers to the process of obtaining and reviewing the facts in a particular claim to make a decision whether to grant benefits in view of the laws governing these benefits.

b. **Aid and Attendance (A&A).** A&A is the increased compensation and pension paid to Veterans, their spouses, surviving spouses, and parents. A&A may be provided if there is a need for the regular aid and attendance of another person.

c. **Applicant.** An applicant is a person who has submitted a written request for VA health care benefits or for enrollment in the VA Health Care System.

d. **VA Form 10-10EZ (Application for Health Benefits).** VA Form 10-10EZ must be completed by a Veteran in order to apply for VA health care benefits or enrollment in the VA Health Care System.

e. **VA Form 10-10EZR (Application for Health Benefits Renewal).** VA Form 10-10EZR is the form that Veterans may use to update their personal, insurance, and financial information.

f. **Attributable Income.** Attributable income is the income of a Veteran's household (that is, the Veteran, spouse, and dependent children) for the preceding calendar year, as determined in accordance with VA regulations, which are used to determine if a Veteran may be enrolled in certain priority groups.

g. **Compensable Disability.** Compensable disability is a VA service-connected (SC) disability for which monetary compensation is authorized for payment.

h. **Catastrophically Disabled.** Catastrophically disabled is a status identifying a Veteran with a permanent, severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires personal or

mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others. *NOTE: The complete definition is at Title [38 Code of Federal Regulations \(CFR\) 17.36\(e\)](#).*

i. **Copayment (Copay)**. Copay is a specific monetary charge for either medical services or medications provided by VA to Veterans.

j. **Emergency Medical Care**. Emergency medical care is medical care that is needed immediately to avoid threats to life or health of the Veteran.

k. **Enrollment Group Threshold (EGT)**. EGT is the limit between enrollment priority group or subgroups, as determined by the Secretary of Veterans Affairs, above which enrollment groups or subgroups may be accepted for enrollment in the VA Health Care System.

l. **Financial Assessment**. Financial assessment is the process used by VA to assess a Veteran's attributable income and assets. The financial assessment determines Veterans' copay responsibilities and helps to determine enrollment priority and eligibility for beneficiary travel.

m. **Geographic Means Test (GMT)**. GMT is the financial assessment used to determine if a Veteran may be enrolled in priority 7.

n. **Hardship**. The term "hardship" refers to a temporary decrease in a Veteran's household income justifying enrolling a Veteran in a higher priority group than would otherwise be the case, and resulting in exemption from current and future copays from date of approval until a new means test is required.

o. **Means Test (MT)**. MT is the financial assessment process used by VA to assess a Veteran's attributable income and assets. The MT determines Veterans' copay responsibilities and assists in determining enrollment priority group assignment. VA uses the appropriate MT threshold for the current calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care.

p. **Minimum Active Duty Period**. The minimum period of active duty service that many Veterans who served after September 7, 1980, must have served in order to receive most VA benefits (see [38 CFR §3.12a](#)).

q. **Non-compensable Disability**. A Non-compensable disability is a disability that VA adjudicates as not warranting the award of monetary compensation.

r. **Non-service Connected (NSC) Veteran**. A NSC Veteran is one who does not have a VA-adjudicated illness or injury incurred in, or aggravated by, military service.

s. **Service Connected (SC) Veteran**. A SC Veteran is one who has an illness or injury incurred in, or aggravated by, military service as adjudicated by the Veterans Benefits Administration (VBA).

t. **Urgent.** An urgent condition is one which does not require immediate admission, but one for which there is a pressing need for medical attention to prevent:

- (1) Deterioration of the condition, or
- (2) Impairment of the possible recovery.

u. **Veteran.** In general, a Veteran is a person who:

- (1) Served in the active military, naval, or air service; and
- (2) Was discharged or released from service under conditions “other than dishonorable.”

NOTE: For more information on the definition of Veteran and for other service that may qualify an individual for Veteran status, see: [38 CFR §3.1](#), [§3.6](#) and [§3.7](#).

4. SCOPE

This Handbook provides details on the following topics:

- a. Disclosure to Veterans about the need to enroll;
- b. Veterans who are exempt from enrollment;
- c. Evidence of a Veteran’s military status;
- d. General application completion requirements;
- e. Financial disclosure;
- f. Capture of Race and Ethnicity Categories;
- g. Application signatory requirements;
- h. Enrollment renewal; and
- i. Emergency or urgent care situations.

5. RESPONSIBILITY OF THE FACILITY DIRECTOR

The facility Director is responsible for ensuring:

- a. VHA staff advise each Veteran-applicant that most Veterans must be enrolled in order to receive VA hospital and outpatient care.

b. All Veteran-applicants are asked if they wish to enroll in the VA Health Care System. If a Veteran declines enrollment, the VHA staff member must document the response for internal reporting requirements.

c. Every effort is taken to obtain a Veteran's service record information.

d. Written procedures are established to ensure that patients with medical or psychiatric problems are screened to determine if their need is emergent or urgent. The written procedures ensure the patient is examined promptly and furnished with the necessary care (see par. 12).

6. VETERANS WHO ARE TOTALLY OR PARTIALLY EXEMPT FROM ENROLLMENT

a. Under [38 CFR §17.37](#), the following Veterans are totally or partially exempt from enrollment in the VA Health Care System:

(1) Veterans who are VA-rated as being 50 percent SC, or more, are totally exempt.

(2) Veterans with a VA-rated SC disability are exempt for care for that disability.

(3) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty are exempt for care for that disability for the 12-month period following discharge or release.

(4) Veterans with a compelling medical need to complete a course of VA treatment started when the Veteran was enrolled in the VA Health Care System are exempt for that treatment.

(5) Veterans participating in VA's vocational rehabilitation program are exempt for care authorized in [38 CFR §21.240](#).

(6) Veterans requesting an examination to determine whether the Veteran is catastrophically disabled and therefore eligible for inclusion in a priority category 4, are exempt for that examination.

b. Veterans may receive care included in the Medical Benefits Package without enrolling based on factors other than Veteran status as authorized by [38 CFR §§17.37\(f\)-\(h\)](#).

NOTE: Under [38 CFR §17.37\(i\)](#), certain types of VA care not included in the Medical Benefits Package, may be provided if authorized by statute or other relevant sections of the 38 CFR (e.g., humanitarian care, compensation and pension examinations, special registries, dental care, etc.).

7. EVIDENCE OF MILITARY SERVICE

a. Every effort needs to be taken to obtain a Veteran’s service record information, which includes length, time, and character of service, at the time of the application for benefits. This information may be found:

(1) In military records provided by the Veteran at the time of application. **NOTE:** For information on military records, see subparagraph 7b.

(2) In Veterans Health Information System and Technology Architecture (VistA) for Veterans who have previously applied for benefits with VA. Inquiries into VistA may only be submitted by an authorized VHA employee. **NOTE:** For more information on VistA queries, see VHA Procedure Guide 1601A.01.3.2. This is an internal Web site and is not available to the public.

b. The following table identifies military records that may provide acceptable evidence of a Veteran’s military service.

NOTE: Veterans may obtain military service records by submitting a request in writing to the National Personnel Records Center (NPRC). The request may be in the form of a letter or a completed Standard Form (SF) 180, Request for Military Records. See NPRC’s Web Site at: <http://www.archives.gov/st-louis/military-personnel/standard-form-180.html>. VHA has the duty to assist those Veterans who wish to enroll in the VA Health Care System to obtain service-related documentation of eligibility. Local Veterans Service Organizations (VSOs) may also provide assistance to Veterans in obtaining service records.

	Document	Description
(1)	(a) Department of Defense (DD) Form 214, Armed Forces of the United States Report of Transfer or Discharge	The official certificate of release or discharge paper from the military used to support a Veteran’s eligibility for VA health care benefits.
	(b) DD 256, Honorable Discharge Certificate	
	(c) NAVPERS 553, Notice of Separation from United States (U.S.) Naval Service	
	(d) NAVMC 553, Notice of Separation from U.S. Marine Corp, and	
	(e) NAVCG 553, Notice of Separation from U.S. Coast Guard	

	Document	Description
(2)	DD 215, Correction to DD Form 214, Certificate of Release or Discharge From Active Duty	This is an amended DD 214. It may reflect a correction of the original DD 214.
(3)	Award Letter	An official notification letter to a Veteran from the Regional Office (RO) informing the Veteran of the decision regarding Compensation and Pension.
(4)	<p>(a) War Department (WD) for Adjutant Generals Office (AGO) Form 53-55, Enlisted Record and Report of Separation - Honorable Discharge</p> <p>(b) WD AGO Form 53-98, Military Record and Report of Separation Certificate of Service</p> <p>(c) WD AGO Form 53, Enlisted Record and Report of Separation Honorable Discharge</p> <p>(d) WD AGO Form 55, Honorable Discharge from The Army of the United States</p> <p>(e) WD AGO Form 280, Certificate of Service, Army Veterinary Service (AVS)</p>	Discharge and enlistment record documents prior to establishment of DD 214s, commonly used for World War II (WW II) and Korean records of active duty.
(5)	Rating Decision	<p>An official notification to a Veteran from the RO after a decision is made regarding the Veteran's claim.</p> <p><i>NOTE: An award letter often accompanies the rating decision.</i></p>

8. GENERAL APPLICATION COMPLETION REQUIREMENTS.

a. Veterans must complete the applicable information on VA Form 10-10EZ to apply for:

- (1) Hospital and Outpatient services, and
- (2) Enrollment.

b. Veterans may be asked to complete the applicable information on VA Form 10-10EZ to apply for:

- (1) Community Living Center;
- (2) Domiciliary Care; and
- (3) Dental Services.

NOTE: A Veteran need not be seeking immediate care to be enrolled.

c. The following table identifies information Veterans must provide on VA Form 10-10EZ, based on their application type.

NOTE: An application is considered incomplete until all required fields are answered and the Veteran has signed and dated the application.

	Veteran Status	Information to Complete
(1)	SC 50 percent to 100 percent	<ol style="list-style-type: none"> <u>1.</u> General Information <u>2.</u> Insurance Information <u>3.</u> Employment Information <u>4.</u> Military Service Information, and <u>5.</u> Assignment of Benefits
(2)	(a) SC 30 percent to 40 percent. (b) SC 0 percent (compensable) or SC 10 percent to 20 percent (c) Former Prisoner of War (POW). (d) Purple Heart (PH) recipients, or discharged from the military due to a disability incurred in, or aggravated by military service	<ol style="list-style-type: none"> <u>1.</u> General Information <u>2.</u> Insurance Information <u>3.</u> Employment Information <u>4.</u> Military Service Information, and <u>5.</u> Assignment of Benefits <p>NOTE: A Veteran may agree to enrollment in priority 8 with copays without completing the financial information part of the form. For information on financial disclosure, see paragraph 9.</p>
(3)	(a) Receiving NSC VA-pension, A&A, or Housebound (HB) benefits, or (b) SC 0 percent (non-compensable) or NSC with no special eligibilities (VA-pension, A&A, or HB, benefits)	<ol style="list-style-type: none"> <u>1.</u> General Information <u>2.</u> Insurance Information <u>3.</u> Employment Information <u>4.</u> Military Service Information <u>5.</u> Financial Disclosure, including previous calendar year net worth, and <u>6.</u> Assignment of Benefits <p>NOTE: A Veteran may agree to copays without completing the financial information part of the form. For information on financial disclosure, see paragraph 9.</p>

c. For more detailed information on the guidelines and requirements for completing VA Form 10-10EZ, see VHA Procedure Guide 1601A.01.1.1.

NOTE: This is an internal Web site and is not available to the public.

9. FINANCIAL DISCLOSURE

a. **How Financial Information Is Used.** VHA has an obligation, under [38 CFR §17.47\(d\)](#), to collect income information from certain applicants for medical care. Financial information disclosed by a Veteran (attributable income and net worth) is used by VHA to determine a Veteran's:

- (1) Priority group for enrollment, and
- (2) Eligibility for other benefits, such as beneficiary travel.

b. **Veterans Exempt from Financial Disclosure for Hospital and Outpatient Care.** Veterans eligible to be enrolled and are determined to be in priority group 1, 2, 3, 6, and 8, may be enrolled in those categories without completing the financial portion of VA Form 10-10EZ.

NOTE: Veterans need to provide VA with financial information if they wish to establish their eligibility for a waiver or hardship exemption from the medication copay requirement.

c. **Veterans Who Choose Not to Disclose Financial Information.** Veterans who are not exempt from disclosing financial information, but choose not to do so are responsible for any applicable VA copays if they are enrolled, and they may not be eligible for certain VA programs, such as beneficiary travel.

d. **Attributable Income.** All income from any source must be counted, including salary, retirement, annuity payments, or similar income, unless specifically excluded under [38 CFR §3.272](#).

e. **MT Thresholds.** VA uses the appropriate MT threshold for the previous calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care.

NOTE: For the most current VA MT thresholds, see:

<https://www.va.gov/healtheligibility/Library/pubs/VAIncomeThresholds>.

f. **GMT Thresholds.** VA uses the U.S. Department of Housing and Urban Development's (HUD) geographic-based "low-income" limits as threshold for VA's GMT. These numbers are

obtained from HUD based on their low-income geographic-based income criteria. *NOTE: For VA GMT thresholds for the current year, see <https://www.va.gov/healtheligibility/Library/pubs/GMTIncomeThresholds/GMT2008.pdf>.*

g. **Application for Hardship Based on Projected Income**

(1) A hardship determination based on a MT is available if:

(a) The Veteran's income for the previous year is above the GMT threshold, and

(b) The current projection of a Veteran's income for the year following application for care is substantially below the MT threshold for the current year.

(2) A hardship determination based on GMT is available if the projected income for the current year of the Veteran, spouse, and dependent children is below the low-income identified in subparagraph 9g.

10. CAPTURE OF RACE AND ETHNICITY CATEGORIES

a. Self-reported race and ethnicity for Veterans accessing the VA health care system is a two part question. If completed by the Veteran, race and ethnicity should be identified in VistA based on the following:

(1) Nationally Approved-Supported Races (more than one value may be selected) (see item 5 of Section I of the VA Form 10-10EZ).

(a) American Indian or Alaska Native;

(b) Asian;

(c) Black or African American;

(d) Native Hawaiian or Other Pacific Islander;

(e) White; or

(f) Unknown by patient.

(2) Nationally Approved-Supported Ethnicities (see item 6 of Section I of the VA Form 10-10EZ).

(a) Spanish, Hispanic, or Latino;

(b) Not Spanish, Hispanic, or Latino; or

(c) Unknown by patient.

b. When a Veteran refuses to complete item numbers 5 and 6 of Section I of the VA Form 10-10EZ, enter “Declined to Answer” for both race and ethnicity into VistA.

NOTE: Although three collection methods (transmission of on-line 10-10EZ, mail in of 10-10EZ, or interview with an Intake staffer) are possible, the VistA Patient Information Management Systems (PIMS) software automatically attaches “Self Identification” as the method.

11. HEALTH BENEFITS ENROLLMENT RENEWAL

a. Once a Veteran has been enrolled in the VA Health Care System, renewal or updating enrollment occurs annually, except for the Veterans who are exempt from financial assessment.

(1) Veterans who are exempt are automatically updated at the end of their annual enrollment period.

(2) Automatic updating occurs, unless the Veteran submits a signed document stating that there is no longer a wish to be enrolled, or VA determines it will not enroll the Veteran’s specific priority group.

b. **Other Enrolled Veterans.** Once other Veterans have been enrolled in the VA Health Care System, re-enrollment occurs annually.

12. EMERGENCY OR URGENT CARE SITUATIONS

a. **Determination of an Emergent or Humanitarian Condition.** Directors of VA health care facilities are responsible for establishing written procedures to ensure that patients with medical or psychiatric problems are screened to determine if their need is emergent or urgent.

b. **Emergent Conditions.** If, as a result of a VA health care screening, it is determined that the patient is in need of emergency care, that patient must be examined promptly and furnished with the necessary care.

NOTE: The determination of eligibility for benefits for patients with emergent conditions can be made after the initial examination and essential treatment. Based on the patient’s medical condition, the examining physician determines whether an administrative interview is permitted and to what extent the patient may be questioned.

c. **Humanitarian Care for Ineligible Applicants with Emergent Conditions**

(1) If the applicant requires emergency care and has been determined to be administratively ineligible for enrollment, the applicant must be provided humanitarian emergency care, but only

until the applicant's condition has stabilized and the applicant can be safely transferred to a community health care facility.

(2) Ineligible applicants receiving humanitarian emergency care may include the following:

(a) Non-Veterans, such as:

1. Visitors,
2. Family members, or
3. Persons with no military service.

(b) Applicants with discharges other than honorable when adjudicated by VBA as a bar to VA health care benefits.

(c) Veterans who do not meet minimum active duty requirements if applicable.

(d) Veterans in a priority or subpriority group, which is denied enrollment.

(3) Billings for humanitarian emergency care are processed in accordance with [38 CFR §17.102 subsection \(b\)](#).