

VETERAN IDENTIFICATION CARD

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Directive outlines Department-wide policy and procedures for creation, distribution and purpose of the new Veteran Identification Card (VIC).
- 2. SUMMARY OF CHANGES.** This VHA Directive coincides with the release of new software for the production of VIC.
- 3. RELATED ISSUES.** None.
- 4. RESPONSIBLE OFFICE.** The Chief Business Officer (16) is responsible for the contents of this VHA Directive. Questions may be addressed to 202-254-0329.
- 5. RESCISSIONS.** VHA Directive 1610.1 and VHA Handbook 1610.1, Veterans Universal Access and Identification Card, dated March 31, 1998, are rescinded.
- 6. RECERTIFICATION.** This VHA Directive is scheduled for recertification on or before the last working day of August 2009.

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1. PURPOSE: This Veterans Health Administration (VHA) Directive outlines policy and procedures for the creation and distribution of the new Veteran Identification Card (VIC).

2. BACKGROUND

a. In 1996, VHA introduced a patient identification card system known as the Veteran Identification Card or VIC. This system utilizes aging hardware that is failing and cannot be repaired. As a result, VHA is rapidly losing the ability to issue VIC cards. The current card contains the veteran's social security number and date of birth on the front of the card, which has caused concern about possible identity theft within the veteran community. The system also does not have standardized processes to assure that cards are only issued to eligible veterans.

b. VHA has developed a new VIC card production system in which medical centers will capture the veteran's identifying information through Veterans Information Systems and Technology Architecture (VistA) and image using patient image capture software (PICS) on workstations at the local facility. The information and images will then be electronically transmitted to a contract vendor who will produce and mail the VIC cards to the veteran's designated home address or to the facility requesting the card if the veteran is homeless or does not have a valid mailing address. The new VIC system and cards will have the ability to support current and future needs and will assure that cards are only issued to eligible veterans. The new cards will have a larger color photograph of the veteran and only the veteran's name will be printed on the face of the card. There will be no embossed veteran information, thereby eliminating the imprinting process currently used for patient identification on some medical record forms. Instead, a new VistA option has been created to print labels with the veteran's information to be used for labeling those medical record forms that cannot be produced electronically.

3. POLICY: It is VHA policy that a VIC must be issued to eligible veterans whose eligibility and enrollment status has been verified; whose identity has been uniquely verified through the Master Patient Index system, and who request a VIC.

4. RESPONSIBILITIES

a. **Facility Directors.** Facility Directors are responsible for ensuring that:

(1) Eligibility verification processes are in accordance with Department-wide policy.

(2) Veteran demographic data entered in VistA is valid and contains all required elements and in proper format, i.e., name, date of birth (DD/MM/YYYY), address, city, state and zip code.

(3) Appropriate staff is designated to resolve all local Integration Control Number (ICN) issues on a daily basis in accordance with Department-wide policy.

(4) An appropriate Point of Contact (POC) is assigned to resolve various HL7 issues that support patient data communications in a timely manner.

(5) Local VistA, PICS, workstation and cameras required to capture the veteran's picture will be used solely for the production of VIC cards and all images are transmitted to the National Card Management Directory (NCMD).

(6) Operational guides and instructions, as provided with the VistA patch DG*5.3*571, VistA Imaging patch MAG*3*15, and the workstation software are followed.

(7) Local policy and procedures are established to ensure VIC cards are properly issued to homeless veterans.

(8) Local policy and procedures are established to process VIC cards that have been returned to the requesting facility as 'undeliverable' by the U. S. Postal Service. Facilities should ensure that a mechanism is in place to obtain the veteran's current address, update the address in VistA and issue the card to the veteran. The facility should ensure returned cards are held in a secure location for 90 days after receipt. If the veteran has not returned to the center during that period, the card must be destroyed in compliance with procedures in accordance with the Privacy Act.

(9) Local policy and procedures are established to ensure appropriate use of the VistA label functionality to facilitate veteran identification for non-electronic medical record forms.

(10) Veterans are not required to possess a VIC card in order to process or check-in for health care services. Any legal form of picture identification can be accepted for check-in and identification purposes (such as a State-issued driver's license).

(11) All VIC equipment is purged of patient data before it is removed from the facility, in accordance with the Office of Cyber and Information Security policy.

b. **Health Eligibility Center (HEC)**. HEC is responsible for ensuring that:

(1) Images received at NCMD are processed timely and VIC cards mailed to veterans in accordance with contractual requirements.

(2) Lost cards returned to HEC are processed and returned either to the veteran or the originating VA medical center on a timely basis.

5. DEFINITIONS

a. **HEC**. HEC is the VHA Office that collects and verifies veterans' income and eligibility information in support of health care enrollment and Medicare benefit determinations.

b. **National Card Management Directory (NCMD)**. NCMD is the Directory that stores information about VIC requests made by VHA medical facilities.