

**INTERIM GUIDANCE ON VHA'S IMPLEMENTATION OF THE MEANS TEST  
APPOINTMENT BLOCKING SOFTWARE**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive revises previous interim departmental policy for blocking the scheduling of outpatient appointments for any veteran who is in an expired means test status. **NOTE:** *VHA Directive 2002-001 is rescinded.*

**2. BACKGROUND:**

a. Public Law 99-272, the Consolidated Omnibus Budget Reconciliation Act of 1985, authorized VA to determine whether certain veterans are able to defray the expenses of needed medical care. As a result of this law, VHA implemented a financial test, referred to as the Means Test. Veterans who complete a means test and who are unable to defray the expenses of medical care are not required to pay a medical care copayment. However, a new means test must be completed each year to determine if they are still financially unable to defray the expenses of medical care. If a new means test is not completed, the veteran's enrollment priority status cannot be established and, consequently, the veteran is placed in a non-enrolled status. The number of veterans who are in a non-enrolled status due to the lack of a valid means test is approximately 800,000. In the past, VHA has continued to allow these veterans to receive medical care even though they do not have a valid means test on file. To ensure VHA obtains a valid means test, a software solution has been developed that will prevent health care facilities from scheduling future appointments for any veteran in an expired means test status. Before an appointment can be scheduled, any veteran who has an expired means test will be required to update their means test information.

**b. Issues**

(1) On January 11, 2002, VHA Directive 2002-001 was released to the field outlining Interim Guidance on VHA's Implementation of the Means Test Appointment Blocking Software. During Alpha testing of the software, it was identified that:

(a) There was insufficient time between the date the initial letter requesting renewal of the means test was printed and the date the reminder letter was printed. The initial renewal request was generated 60 days prior to the means test anniversary date, and the reminder renewal request was generated 20 days later if the veteran had not yet renewed the test. This resulted in some veterans receiving the reminder renewal request after mailing in their completed test. The close timeframes also resulted in needless printing and mailing costs.

(b) The 20-day Report of Contact was seldom used.

(2) Based on this feedback, the following changes have been made to the Veterans Information Systems and Technology Architecture (Vista) software functionality:

(a) The reminder renewal request letter will be generated 30 days prior to the means test anniversary date if the veteran has not renewed the means test by that date.

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(b) The 20-day Report of Contact is no longer a mandatory requirement. The Report of Contact is now optional and can be generated based on user need.

**3. POLICY:** It is VHA policy that a complete means test will be obtained for any veteran who is required to furnish such information.

**4. ACTION:** VA medical center Directors are responsible for ensuring that the following actions are implemented.

a. Each veteran will be mailed a Means Test Renewal Letter (see Attachment A) and VA Form 10-10EZ, Application for Health Benefits, 60 days prior to the veteran's means test anniversary date, informing the veteran that the veteran's means test is due to expire and requesting that it be renewed. This letter and VA Form 10-10EZ are to be locally printed.

b. If the means test is not renewed, a reminder letter and VA Form 10-10EZ will be locally printed 30 days prior to the means test anniversary date. This letter is included as Attachment B.

c. If the means test is not renewed 20 days prior to the means test anniversary date, staff can generate a local message so that VA health care facility staff may initiate telephone follow-up with the veteran.

d. If the means test is not renewed by the means test anniversary date, a letter (see Attachment C) must be locally generated and mailed to the veteran, notifying the veteran that VA is unable to schedule the veteran for future care of the veteran's non-service connected condition(s) until a new means test has been completed and returned to a VA health care facility.

**5. REFERENCES:** Title 38 United States Code 1722, Determination of Inability to Defray Necessary Expenses; Income Thresholds.

**6. FOLLOW-UP RESPONSIBILITY:** The Director, Health Administration Services (10C3), is responsible for the content of this VHA directive.

**7. RESCISSIONS:** VHA Directive 2002-001 is rescinded. This VHA Directive expires April 30, 2007.

Robert H. Roswell, M.D.  
Under Secretary for Health

### Attachments

DISTRIBUTION: CO: E-mailed 4/04/2002  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 4/04/2002

**ATTACHMENT A**

**SAMPLE OF A MEANS TEST RENEWAL LETTER**

[Facility Name]  
[Address Line 1]  
[City, State, Zip]

[Current Date]

[Veteran's Name]  
[Street Address]  
[City, State, Zip]

MEANS TEST ANNIVERSARY DATE: [Anniversary Date]

Dear [Title] [Veteran's Last Name]:

Each year the VA requires non-service connected veterans and 0% service connected veterans to complete a financial assessment (means test). Our records show that your annual means test is due [Anniversary Date].

**1. What Does This Mean To You?**

- a. The means test you completed last year exempted you from copayments for health care provided for your non-service connected conditions.
- b. Failure to complete the means test by the anniversary date will prevent us from being able to schedule you for any future care for your non-service connected conditions.

**2. What Do You Need To Do?**

- a. Complete and sign the Financial Assessment portion of the enclosed VA Form 10-10EZ, Application for Health Benefits, reporting income and assets for the previous calendar year.
- b. Return the completed and signed form in the enclosed envelope before your means test anniversary date.
- c. When you report to your next health care appointment, bring your health insurance card so we may update your health insurance information.
- d. Notify us if you feel you received this letter in error.

**3. What If You Have Questions?** If you have any questions or need assistance in the completion of the information requested, please contact the \_\_\_\_\_[Facility Name]\_\_\_\_\_ Business Office at \_\_\_\_ (telephone number)\_\_\_\_ between 8:00am and 4:00 m Monday through Friday.

Thank you for your assistance and cooperation

Sincerely,

Chief, Health Administration Service, or equivalent

Enclosure



**ATTACHMENT B**

**SAMPLE OF LETTER REMINDING THE VETERAN A NEW MEANS TEST MUST BE COMPLETED AND RETURNED TO A VA HEALTH CARE FACILITY.**

[Facility Name]  
[Address Line 1]  
[City, State, Zip]

[Current Date]

[Veteran's Name]  
[Street Address]  
[City, State, Zip]

MEANS TEST ANNIVERSARY DATE: [Anniversary Date]

Dear [Title] [Veteran's Last Name]:

Each year the VA requires non-service connected veterans and 0% service connected veterans to complete a financial assessment (means test). Our records show that your annual means test is due [Anniversary Date].

As of this date we have not received the updated financial income information we requested in a previous letter.

**1. What Does This Mean To You?**

- a. The means test you completed last year **exempted** you from copayments for health care provided for your non-service connected conditions.
- b. Failure to complete the means test by the anniversary date will prevent us from being able to schedule you for any future care for your non-service connected conditions.

**2. What Do You Need To Do?**

- a. Complete and sign the enclosed Financial Assessment portion of the enclosed VA Form 10-10EZ, Application for Health Benefits, reporting income and assets for the previous calendar year.
- b. Return the completed and signed form in the enclosed envelope before your means test anniversary date.
- c. When you report to your next health care appointment, bring your health insurance card so we may update your health insurance information.
- d. Notify us if you feel you received this letter in error.

**3. What If You Have Questions?** If you have any questions or need assistance in the completion of the information requested please contact the \_\_\_\_\_[Facility Name]\_\_\_\_\_ Business Office at \_\_\_\_ (telephone number) \_\_\_\_ between 8:00am and 4:00 m Monday through Friday.

Thank you for your assistance and cooperation.

Sincerely,

Chief, Health Administration Service, or equivalent

Enclosure



ATTACHMENT C

**SAMPLE OF LETTER NOTIFYING THE VETERAN THAT THE DEPARTMENT OF VETERANS AFFAIRS (VA) IS UNABLE TO SCHEDULE FUTURE CARE OF NON-SERVICE CONNECTED CONDITIONS UNTIL A NEW MEANS TEST HAS BEEN COMPLETED AND RETURNED TO A VA HEALTH CARE FACILITY.**

[Facility Name]  
[Address Line 1]  
[City State Zip]

[Current Date]

[Veteran or Patient Name]  
[Street Address]  
[City, State, Zip]

MEANS TEST ANNIVERSARY DATE: [Anniversary Date]

Dear [Title] [Veteran's Last Name]:

According to our records you have not responded to our previous requests to complete the financial section of VA Form 10-10EZ, Application for Health Benefits. This is to inform you that your current financial assessment (means test) has expired.

**1. How Does This Affect Your Eligibility for Cost Free Care?**

- a. We do not have a current means test for you on file as is required to determine your eligibility for cost-free care.
- b. We are unable to schedule you for future care of your non-service connected conditions.

**2. How Does This Affect Your Enrollment?** We are unable to determine your priority for enrollment in the VA health care system.

**3. What Do You Need to Do?** Complete, sign and return a new VA Form 10-10EZ, including the financial section.

**4. When will my appointments be rescheduled?** Your appointments will be rescheduled when the Means Test is completed and returned.

**5. Will I be able to come to the VA for Emergency Care?** Unless you complete a new VA Form 10-10EZ, VA can only treat any emergency condition on a humanitarian basic and you will be billed for the emergency care provided.

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**6. What If You Have Questions?** If you have any questions or feel that receipt of this letter is in error, please contact \_\_ (name \_\_ at \_\_\_\_ (telephone number \_\_\_\_)) or call the VA Health Benefits Service Center toll free 1-877-222-VETS.

Sincerely,

Chief, Health Administration Service, or equivalent

Enclosure