

August 30, 2010

ENROLLED VETERANS INTAKE AND REGISTRATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy governing the Intake and Registration processing of enrolled Veterans seeking services at new Department of Veterans Affairs (VA) sites of care.

2. BACKGROUND: Public Law 104-262, The Veterans Health Care Eligibility Reform Act of 1996, required that VA establish an enrollment system to help manage its health care delivery system. Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period. In addition to the assurance that services will be available, enrolled Veterans are not required to repeat the enrollment application process, regardless of where they seek their care or how often.

3. POLICY: It is VHA policy that Veterans enroll once into VA's health care system and are continuously enrolled. Enrolled Veterans may seek care at any VA facility without being required or requested to reestablish eligibility for VA health care enrollment purposes.

4. ACTION

a. **Medical Facility Director.** The medical facility Director is responsible for ensuring that the medical facility maintains an established Enrollment Coordinator position.

b. **Enrollment Coordinator.** The Enrollment Coordinator facilitates all administrative aspects of the enrollment process, health benefits eligibility determinations, and related aspects of health benefits administration. The Enrollment Coordinator serves as the facility liaison on matters relating to the enrollment program and must be assigned responsibility for, but not limited to:

(1) Establishing procedures to ensure all front-line employees involved with Veteran patient contact during the intake and registration process receive on-going training and regular status briefings on the intake, registration and enrollment process, and health benefits administration.

(2) Ensuring all front-line line staff are knowledgeable on registration versus enrollment processes.

(a) Veterans enrolled at one VA medical facility wishing to register at a VA medical facility where the patient has never before presented for treatment are not requested to re-enroll.

(b) Intake staff need to inform the enrolled Veteran of the need to update their personal information in the local VA computerized system, as appropriate.

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(3) Ensuring intake staff use the Register a Patient menu option that invokes Register Once Messaging (ROM) requiring entry of only four Veteran identification factors (name, social security number, date of birth and gender) thus registering an existing Veteran. Should ROM fail, sites are to use Patient Data Exchange (PDX). **NOTE:** ROM enhances the Veterans Health Information Systems and Technology Architecture's (VistA) capabilities by reducing the amount of time taken to register an enrolled Veteran at a medical facility where the patient has never presented for treatment. Instead of having to collect administrative information already collected, ROM looks at the last treating facility, Master Patient Index, and the Health Eligibility Center to fill in the majority of registration fields. After ROM populates fields, a clerk can confirm entries with the Veteran, and may change information as needed.

(4) Ensuring that communication and education activities are implemented at the local level to disseminate enrollment and health benefits eligibility information to all employees involved in the intake, registration, and enrollment process and health benefits administration.

5. REFERENCES

a. Public Law 104-262.

b. VHA Procedures Guide 1601A.01.3.

<http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=infomap&id=I.01.1.3> **NOTE:** This is an internal VA Web site not available to the public.

c. VHA Procedures Guide 1601A.01.4.a.

<http://vaww1.va.gov/CBO/apps/policyguides/index.asp?mode=infomap&id=I.01.1.4.a> **NOTE:** This is an internal VA Web site not available to the public.

6. FOLLOW-UP: The Chief Business Office (16) is responsible for the contents of this Directive. Questions may be addressed to (202) 461-1599.

7. RESCISSION: None. This Directive expires August 31, 2015.

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Under Secretary for Health

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