



# Indian Health Services (IHS) & Tribal Health Program (THP) Eligibility and Enrollment Verification

# VA Working With Tribal Governments to Serve Veterans in Indian Country



**Working with  
Tribal Governments  
to Serve Veterans  
in  
Indian Country**

# Objectives

- At the end of this discussion the participant will be able to:
  - Explain the agreement between Indian Health Services and Chief Business Office
  - Explain what is needed to verify AI/AN Veteran eligibility
  - Explain the Enrollment System (ES) Process
  - Discuss the methods to apply for enrollment in VA Health Care System
  - Explain some common enrollment terminologies
  - Discuss enrollment history

# Objectives (cont'd)

- The participant will also be able to:
  - Define some elements of basic eligibility
  - Explain exclusions to minimum duty requirement
  - Discuss the Medical Benefits Package
  - Explain the Enrollment Priority Groups
  - Discuss Veterans Health Identification Card (VHIC)

# Chief Business Office

## Purchased Care

- The VA IHS/THP Reimbursement Agreements Program provides a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to eligible American Indian/Alaskan Native (AI/AN) Veterans.
- This program is part of a larger effort set forth in the VA and IHS Memorandum of Understanding signed in October 2010 to improve care coordination and access to care for our nation's Native Veterans.

[IHS/THP webpage](http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ihs/index.asp)

<http://www.va.gov/PURCHASEDCARE/programs/veterans/nonvacare/ihs/index.asp>

# How to Verify IHS/THP Eligibility

- Five ways to IHS/THP staff can verify eligibility
  - 1) Contact Health Resource Center (HRC) at (877) 222-VETS(8387)
  - 2) [Health Benefits Explorer \(http://hbexplorer.vacloud.us/\)](http://hbexplorer.vacloud.us/) – questions asked to determine VA health care benefits
  - 3) Contact Health Eligibility Center (HEC) directly at (855) 488-8441 Monday – Friday 7:00 am – 5:30 pm (EST)
  - 4) Contact the local VA Medical Center
  - 5) Request proof of military service or proof of Service Connected condition from the Veteran. **\*\*Use this as a last resort.\*\***

# How Can Our Veterans Enroll in the VA Healthcare System?



**START NOW!**



## CONTACT INFORMATION

- |    |  |
|----|--|
| A. | <b>By Telephone</b><br>(855) 488-8441<br>Monday to Friday, from 7:00 AM to 5:30 PM Eastern Standard Time   |
| B. | <b>Online</b><br><a href="http://vabenefits.vba.va.gov/vonapp">Veterans On-Line Application (VONAPP)</a><br><a href="http://vabenefits.vba.va.gov/vonapp">(<a href="http://vabenefits.vba.va.gov/vonapp">http://vabenefits.vba.va.gov/vonapp</a>)</a>  |
| C. | <b>By mail</b><br>Health Eligibility Center<br>2957 Clairmont Road, Suite 200<br>Brookhaven, GA 30329-1647   |
| D. | <b>Visit nearest VAMC Eligibility Office</b><br><a href="http://www.va.gov/directory/guide/home.asp">VAMC Facility Locator</a><br><a href="http://www.va.gov/directory/guide/home.asp">(<a href="http://www.va.gov/directory/guide/home.asp">http://www.va.gov/directory/guide/home.asp</a>)</a> |

# Signature Eliminated for Online 10-10EZ, *Application for Health Benefits*

**Now applying online for VA health services is easier and faster than ever!**

- VA has removed the signature requirement for Veterans who electronically submit an online VA Form 10-10EZ, *Application for Health Benefits*
- Veterans filling out the online application are no longer required to print a copy, sign it and send it to their local medical center, or wait for a copy to be mailed to them for signature before enrollment in the VA healthcare system could occur
- This change reduces the enrollment process for Veterans applying online
- Provides Veterans quicker access to their benefits
- Allows Veterans to save their application to their computer
- Veterans no longer have to complete the form in a single session
- Veterans are able to retain a partially completed form on their computer for completion at a later time
- Veterans can save a copy of the completed form for their personal records
- Reduces the number of questions Veterans must answer to apply for VA health benefits

**Let's take a look at the new VA Form 10-10EZ/R**

# Signature Eliminated for Telephone Application for Health Benefits

Title 38 CFR (Code Of Federal Regulation) 17.36 (D)(1) Is amended to allow Veterans to apply for enrollment in the VA healthcare system by phone thus eliminating need of a wet signature.

- Effective on March 15, 2016, it applies to Veterans who served in a theater of combat operations after November 11, 1998, and were discharged or released from active service on or after January 28, 2003
- The rule will apply to all other Veterans on and after July 5, 2016

# “Welcome to VA” (W2VA)

For Veterans choosing to enroll, VA offers an enhancement to their enrollment experience through “Welcome to VA” (W2VA).

- Veterans enrolled since July 1, 2015 have received a personal introduction to VA health care services, programs and resources to help them become more familiar with VA’s services
- VA sends each new enrollee an introductory letter and personalized handbook in the mail
- W2VA enhances communication by reaching out to newly enrolled Veterans through personal phone calls upon enrollment, providing assistance with health care inquiries and assisting with their initial appointment at their preferred VA healthcare facility

# Common Terms

The term **eligible AI/AN Veteran** for the IHS/THP reimbursement agreement program means an AI/AN Veteran who meets the following qualifying criteria:

1. Eligible for services from IHS/THP in accordance with 42 CFR Part 136, and... VA does not determine tribal eligibility or enrollment; the IHS/THP is responsible for ensuring that a Veteran being treated at a tribal health facility is eligible to receive such services.
2. AI/AN Veteran's enrollment in the VA Healthcare System of patient enrollment is a requirement and condition for receiving the 'Medical Benefits package' set forth in § 17.38 under the IHS/THP reimbursement agreement program, in accordance with 38 U.S.C. § 1705 and 38 CFR § 17.36 or is eligible for hospital care and medical services.

# Common Terms

- **Service-connected (SC)** Veterans who are disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service-connected.
- **Non-service Connected (NSC)** Is an eligible veteran who has been discharged from active military duty, and does not have a VA adjudicated illness or injury incurred in or aggravated by military service.
- **Compensable** means a Veteran is in receipt of monetary benefits related to a service related illness, disease, or injury.
- **Non-compensable** means a Veteran is “Not” in receipt of monetary benefits related to a disease, injury or illness related to military service

# Common Terms

The current **Non-service Connected (NSC) Pension** program is called Improved Disability Pension. Other grandfathered pension programs remain. It is a benefit program for qualifying Veterans with low income who are either permanently and totally disabled:

- or Age 65
- Have 90 days or more of active military service, at least one day of which was during a period of war.
- Veterans who entered active duty on or after Sept. 8, 1980, or officers who entered active duty on or after Oct. 16, 1981, may have to meet a longer minimum period of active duty.
- Veteran's discharge must have been under conditions other than dishonorable and the disability must be for reasons other than the Veteran's own willful misconduct.

# Common Terms

## Means Test Threshold vs. Geographic Means Test Threshold (GMT)

- **Means Test Threshold** - The *national enrollment threshold* limit is irrespective to where the Veteran resides

**Note:** Priority Groups 2-3 are **NOT** required to complete a Means Test; **they may elect** to complete a copay test to determine copayments for medications not related to service connection.

- **Geographic Means Test Threshold (GMT)** – Base on the cost of living for a specific locale

**Note:** Priority Groups 7 (GMT) will never be rejected for care. Veterans are required to make full copayments for outpatient care and 20 percent of inpatient copayments.

- **Allowable Deductions**

Allowable deductions are those payments made by Veterans for certain non-reimbursed medical expenses, funeral and burial expenses, and educational expenses. Veterans are able to exclude allowable deductions from their total gross household income in determining their eligibility for VA health care benefits

# Common Terms

## Rejection and Overrides: Centralized Process Conducted by HEC EED Staff

HEC staff can override erroneous rejections in the system for the following reasons:

1. Proof of prior attempted enrollment **between** 10/1/1996 through 1/16/2003 ( *i.e. Form 1010, a consult which indicates service provided after 1996, or medical note after 1996*)
2. Proof of administrative error (*i.e. W2 indicating \$10,000 where the financial Vista screen reflects \$100,000*)
3. Technical Errors due to systems limitations

# Cancel /Decline Process Request

Health Eligibility Center has guidelines for VHA Enrollment Coordinators and VA Medical Center staff for processing cancel and decline request from Veterans.

In accordance with Title 38 Code of Federal Regulations, Section 17.36, a Veteran enrolled in the VA health care system will be dis-enrolled only if the Veteran:

- Signed and dated document stating that the Veteran no longer wishes to be enrolled.
- Document must be submitted to a VA Medical Center, the VA Health Eligibility Center (HEC) or an equivalent VA official.
- Encourage submission of the documentation directly to:  
**Health Eligibility Center, 2957 Clairmont Road, Atlanta, GA 30329**
- Performance measure require requests for cancel/decline to be processed within seven days from the date of receipt.
- VAMCs should forward requests via HEC Alert & attaching the Veterans request
- HEC will contact the Veteran via 620A letter (3 attempts) to confirm the request to disenrollment, identify alternative healthcare coverage options being considered and counsel Veterans as to health care law impacts. HEC notifies site upon completion.

# Basic Eligibility Criteria



# Enrollment History

- The Veteran's Health Care Eligibility Reform Act of 1996 (PL104-262) Enacted **10/1/96**, required implementation of an annual enrollment system:
  - Enrollment is managed in accordance with specified priorities, with 1 being the highest priority – currently there are 8 priority group assignments
  - VA's total Medical Benefits Package is available to all enrollees – as a standard enhanced health benefits plan

**Note: Veterans receiving care between 10/1/1996 – 1/16/2003 were automatically enrolled and enrolled and eligible for continuous enrollment. Veterans initially presenting after 1/16/2003 must apply for enrollment.**

# Title 38

- **Title 38 Defines a Veteran Status for VA Health care benefits as:**
- A Veteran is a person who served in the active military, naval or air service and who was discharged or released under conditions other than dishonorable
  - Former Reservists may be eligible for VA health care benefits if they served full-time or in operational support (excludes training) and were activated under Title 10
  - Former National Guard members may be eligible for care or enrollment if mobilized by a Federal order

**Note: Reservists/Guard members injured in line of duty during training may apply for service connection disability**

# Minimum Duty Requirement

- Definition of a Veteran – an individual who enlisted after September 7, 1980
  - Character of Discharge – Discharged from Active Military Service under honorable conditions.
  - Time in Service – 24 consecutive months after September 7, 1980 (National Guard/Reserves– time for which they were called to serve and must be called up by federal order)
  - Not Active Duty for Training

## **Title 10 - Executive Order**

# Exceptions to Minimum Duty Requirements

- In accordance with 38 USC 5303A - Minimum active duty requirements do not apply to persons discharged or released from active duty for:
  - Early out (enlisted only)
  - Hardship
  - Disability that was incurred or aggravated in line of duty or Veterans with compensable SC disability
  - 15 Month Enlistments

# Early Release of Military Obligation (Early Out)

- **Minimum Duty Requirement – Early Out**     [VHA HANDBOOK 1601A.02](#)
- VA Regional Office (VARO) confirmation is **not required**:
  - Discharge within 3 months before expiration of term of enlistment or extended enlistment (10 U.S.C. 1171)
  - Overseas returnee
- VA Regional Office (VARO) confirmation of separation under 10 U.S.C. 1171 (early out) is needed if :
  - DD - 214 narrative shows:
  - Convenience for the government
  - Unit inactivation
  - Secretarial authority
  - Physical disqualification for duty in Military Occupational Specialty (MOS)
  - Hardship due to disability

# Military Hardship

- Parenthood or Dependency is a hardship for Army personnel if discharge is under authority (AR 635-200)
- **Chapter 6** – Need to care for a family member, or because of the burden of taking care of a child as a sole parent or service member with child married to another service member is causing a hardship to the extent it is interfering with normal duties or assignment availability
- **Chapter 8** – separation for pregnancy does not fall under the preview of Title 10, Section 1173 justification.
  - An unwed service member or a service member that becomes pregnant is immediately given an option to initiate a family care plan and remain in the service as a sole parent or service member with child married to another service member or to be discharged.
  - If they elect the discharge, they are granted an honorable discharge.
  - If they don't meet the 24 month service requirement, they do not meet the requirements for VA health care.

# Exception to Minimum Duty Requirement - Disability

➤ More Exceptions:

- Individuals who are discharged with a disability that was incurred or aggravated in the line of duty
- Veterans with compensable SC disability

# 15 Month Enlistment

- In accordance with 2004 Defense Authorization Bill (enacted October 1, 2003) the Department of Defense (DOD), except the Coast Guard (now part of Homeland Security), were required to initiate a shortened enlistment program under the National Call to Service. This was a DOD Program administered by VA.
  - Persons entering this program complete their basic training and advanced training
  - Serve 15-months of active duty after completion of training
  - Depending on their length of basic and specialty job training the actual length of enlistment can vary
  - Once this period is up the Veteran has a choice to reenlist on active duty for a period specified in the original contract or go into the active National Guard or Reserves.

**Note: Veterans who complete the time for which they were called to active duty under this enlistment qualifies as a "Veterans"**

# Benefits Package

## ➤ **Medical Benefits Package:**

- Enrolled Veterans have access to all benefits included in the medical benefits package.
  - Preventive Care Services
  - Inpatient and Outpatient Diagnostics and Treatment
  - Prescription Services (as prescribed by VA Physician)

## ➤ **Limited Benefits:**

- Eyeglasses and Hearing Aids (PG 5)
- Ambulance Service
- Non-VA Care
- Prosthetics, Durable Medical Equipment and Rehabilitative Devices
- Dental Care
- Certain Counseling Services

# Benefits Package (cont'd)

## ➤ **Medical Benefits Package**

- Hearing aids may be provided in the case of hearing loss that interferes with or restricts communication to the extent that it affects active participation in the provision of health care services as determined by the audiologist.
- Eye glasses may be provided in the case of vision loss that interferes with or restricts communication, quality of life or activities of daily living to the extent that it affects active participation in the provision of health care services as determined by the eye care practitioner or provider.

# Long Term Care

## ➤ Long Term Care

- Geriatric Evaluations
- Adult Day Health Care
- Respite Care
- Home Health Care
- Hospice/Palliative care
- Nursing Home Care (limited benefits)
  - Veterans 70% or greater SC have mandatory access
- Domiciliary Care (limited benefits) Is a VA facility that provides care on an ambulatory self-care basis for Veterans disabled by age or diseases who are not in need of acute hospitalization and who do not need the skilled nursing services provided in a nursing home

# Health Care Exclusions

## ➤ **General Exclusions (partial listing)**

- Abortion Counseling
- In-Vitro Fertilization
- Certain Cosmetic Surgeries
- Health club or spa membership
- Special private duty nursing
- Gender alteration
- Medical Care for Prisoners or inmates

# Basic Eligibility

➤ **Link for additional information:**

- **Priority Group Assignments**
- **Duty to Assist**
- **Virtual VA Health University**
- **Video: “What Every VA Employee Needs to Know About Eligibility”**

**[My VeHU Campus \(https://www.myvehucampus.com\)](https://www.myvehucampus.com)**

*An email and password is required.*

# VA Priority Groups

- The number of Veterans who can be enrolled in the health care program is determined by the amount of money Congress gives VA each year
- Veterans are assigned to a Priority Group based on their specific eligibility status
- The Priority Groups range from 1-8 with 1 being the highest priority group for enrollment
- Based on eligibility and income, some Veterans may have to agree to pay copay to be placed in certain Priority Groups
- Some Veterans may not be eligible for enrollment
- Veterans may be eligible for more than one Enrollment Priority Group. In that case, VA will always place the Veteran in the highest Priority Group they are eligible for

# Priority Group (PG1-3)

## ➤ **Priority Group 1 (PG1)**

- Rated Service-connected disability 50% or more
- Unemployable due to VA service-connection

## ➤ **Priority Group 2 (PG2)**

- Rated service-connected disability 30% or 40%

## ➤ **Priority Group 3 (PG3)**

- Former Prisoners of War (POWs) – *Do not pay pharmacy copay*
- Medal Of Honor (MOH)
- Purple Heart medal
- Discharged due to a disability that was incurred or aggravated in the line of duty
- VA-rated service-connected disabilities 10% or 20% disabling
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, “benefits for individuals disabled by treatment or vocational rehabilitation”

# Priority Group (PG4-5)

## ➤ **Priority Group 4 (PG4)**

- Receiving aid and attendance or housebound benefits
- Determined by VA to be catastrophically disabled

## ➤ **Priority Group 5 (PG5)**

- NSC and 0% Non-compensable SC Veterans with income and net worth below established VA Means Test thresholds
- Veterans in receipt of VA pension benefits
- Veterans eligible for Medicaid benefits

# Priority Group (PG6)

## ➤ **Priority Group 6 (PG6)**

- Compensable 0% service-connected Veterans
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki
- Veterans exposed to the defoliant Agent Orange while serving in the Republic of Vietnam between 1962 and 1975
- Project 112/SHAD participants
- Veterans of Persian Gulf War (Aug 2, 1990 – Nov 11, 1998)
- Veterans who served in a theater of combat operations after November 11, 1998
- \*Veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning August 1, 1953, and ending December 31, 1987. However assigned to PG 7 or 8 depending on Veteran's income until system changes are implemented then will be re-assigned to appropriate PG6.

# Priority Group (PG6 cont'd and PG7)

## ➤ **Priority Group 6 (PG6) continued**

- 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 5 years post discharge.
- Combat Veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA health care during their 5 year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for America Veterans Act.

## ➤ **Priority Group 7 (PG7)**

- Veterans with income and/or net worth above the VA national income threshold and income below the geographic income threshold who agree to pay copays.

# Priority Group (PG8, 8A and 8B)

## ➤ **Priority Group 8 (PG8)**

- Veterans with gross household income above the VA income limit and the geographically-adjusted income for their resident location and agree to pay copays
- Veterans that are Noncompensable 0% service-connected

## ➤ **Subpriority Groups (PG8A and PG8B)**

- Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status
- Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA income limits or geographic income limits by 10% or less

# Priority Group (PG8C, 8D, 8E and 8G)

## ➤ Subpriority Group (PG8C, PG8D, PG8E, and PG8G)

- Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status
- Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA income limits or VA geographic income limits by 10% or less
- Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)
- Subpriority g: Nonservice-connected – Veterans in a rejected status for enrollment (**PG8G**) Veterans not meeting the criteria due to established thresholds or decline to provide their gross household income

# Duty to Assist

- Congress has imposed on VA a “Duty to Assist.” This means VA will make every effort to assist a Veteran in obtaining information needed to acquire their military benefits. Below are some of the sources available:
  - **VA Form 21-526**, Veterans Application for Compensation and Pension Benefits.  
File Claim for Service-connected Disability rating from VA Regional Office for injuries/illnesses related to active duty service.
  - **Standard Form (SF) 180**, Request Pertaining to Military Records
  - **Military Discharge (DD 214)** – Certificate of Release or Discharge from Active Duty

# Duty to Assist (cont'd)

## ➤ More forms to assist Veterans:

- **DD Form 293**, *“Application for the Review of Discharge from the Armed Forces of the United States”*.
  - Veteran may request a review of his/her discharge from the Armed Forces.
  - Use this form if request is made within 15 years of discharge from active service.
- **DD Form 149**, *Application for Correction of Military Records* (if discharge was over 15 years ago), is the form that is used to request consideration for a change in one's military personnel records.

# Duty to Assist (cont'd)

**Note:** If the DD-214 indicates OTH as the character of discharge, VHA must submit VA Form 10-7131, Exchange of Beneficiary Information and Request for Adjudicative Action, to the Regional Office (RO) for appropriate action to obtain an adjudicative decision. Eligibility status will be pending verification until a decision is rendered.

**Reference:**  
**VHA HANDBOOK 1601A.02**

Department of Veterans Affairs

OPERATING FACILITY: \_\_\_\_\_

Complete this section if the number is not available.

BRANCH OF SERVICE	SERVICE NUMBER
LAST PERIOD OF SERVICE FROM: TO:	DATE OF BIRTH
FOR NO USE ONLY	FILE NUMBER

(Obtain from Patient Care Card) or type or print Name, Mr/Ms/Msrs, Social Security No and address)

**PART I—PURPOSE (Check appropriate box and complete)**

1. REPORT (Check one):  
 INITIAL  SUPPLEMENTAL

2. STATUS (Check one):  
 VA HOSPITAL PATIENT  NONVA HOSPITAL PATIENT  DOMICILIARY PATIENT  STATE HOME PATIENT

3. ADMISSION NOTICE (Check all that apply):  
 INCOMPETENT  
 WAS A DETERMINED OR REASSIGNED FOLLOWING AN UNDESIRABLE DISCHARGE

4. IF COMMITTED, ENTER COURT, LOCATION AND DATE COMMITTED

5. REQUEST FOR INFORMATION/ADJUDICATIVE ACTION

6. A. FILE NO.  B. VERIFY MILITARY SERVICE INFORMATION SHOWN ABOVE, MAKE CORRECTIONS IN REMARKS SECTION, PART II  C. SERVICE CONNECTION  D. DATE AND TYPE OF DISCHARGE FROM MOST RECENT HOSPITAL OR DOMICILIARY CARE  E. MONETARY BENEFITS INFORMATION  DECISION ON OTHER TAKEN REWARDS & DISCHARGE

7. D. DESCRIBE WHETHER VETERAN IS ENTITLED TO (insert present or additional compensation based on need for regular and attendance or by reason of being permanently house bound)

8. FL ADJUDICATIVE ACTION (When this is checked include in Item 6, date for determination of service connection, i.e., chronic, injury or event condition, name and location of hospital, clinic, (and add location where applicant desire for checked treatment) during military service; date of admission and condition treated)

9. RESOURCES

10. ADMISSION DIAGNOSIS

**PART II—EXTRACT FROM CLAIM FOLDER**

1. NO MONETARY BENEFITS  2. ACTION:  COMPETENT  INCOMPETENT  BY VA  BY COURT

3. COMPENSATION \$ \_\_\_\_\_ 4. PENSION \$ \_\_\_\_\_ 5. RETIREMENT PAY \$ \_\_\_\_\_ 6A. BY WHOM PAID \_\_\_\_\_

7. VETERAN HAS ENTITLEMENT TO: A. AID AND ATTENDANCE  YES  NO B. HOUSEHOLD  YES  NO

8. APPOINTMENT: VETERAN NAME AND ADDRESS OF OTHER PAYEE \_\_\_\_\_ OTHER PAYEE \$ \_\_\_\_\_

9. GUARDIAN: NAME AND ADDRESS \_\_\_\_\_ CHECK ONE:  PERSON  ESTATE

10. SERVICE CONNECTED CONDITIONS (Complete when it is necessary to specify item(s) is registered, enter if any one)

DIAG CODES	N.	DIAGNOSIS

11. REMARKS

**PART III—REQUEST (Check)**

1. VA FORM 10-7131

2. HOSPITAL SUMMARY

3. 21 DAY CERTIFICATE

4. EXAMINATION OF CONDITIONS (LISTED IN REMARKS)

5. SPECIAL REPORT (EXAMINE & REPORT)

6. COMPETENCY REPORT

7. VA FORM 21-980

8. ASSET INFORMATION

9. ADMISSION REPORT

10. OUTPATIENT TREATMENT REPORT FROM TO

11. BEGINNING DATE OF CARE UNDER CHAPTER 11 REHABILITATION PROGRAM

FACILITY NAME AND NUMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VA FORM 10-7131 MAY 1983  
 EXISTING EDITIONS OF VA FORM 10-7131 AUG 1983, WILL BE USED.

**EXCHANGE OF BENEFICIARY INFORMATION AND REQUEST FOR ADMINISTRATIVE AND ADJUDICATIVE ACTION**

# Duty to Assist (cont'd)

## **VA Form 21-526, Veterans Application for Compensation and Pension**

File Claim for Service-connected Disability rating from VARO for injuries/illnesses related to active duty service.

## **Request for Military Records SF 180**

The Standard Form 180, Request Pertaining to Military Records is used to request information from a Veteran's military records. Certain identifying information is necessary to determine the location of an individual's record of military service.

## **Review of Military Discharge (DD 214)**

The **DD Form 293**, *"Application for the Review of Discharge from the Armed Forces of the United States"*.

Veteran may request a review of his/her discharge from the Armed Forces. Use this form if request is made within 15 years of discharge from active service.

## **Correction of Military Records**

The **DD Form 149**, *Application for Correction of Military Records* (if discharge was over 15 years ago), is the form that is used to request consideration for a change in one's military personnel records.

# Veteran Health Identification Card

- Once a Veteran has been “Verified” and enrolled in an eligible Priority Group assignment, the Veteran is entitled to receive a Veteran Health Identification Card (VHIC).
- It is important to note, that the purpose of the card is for identifying Veterans when they present themselves for treatment and is not intended for any other purpose.
- However, there are other acceptable forms of identification that Veterans may present at time of care or service.

# Acceptable Proof of Identification when requesting VHIC

Primary Identification	Secondary Identification
State-issued Driver's license	Social Security Card
U.S. Passport or U.S. Passport Card (unexpired)	Original or certified Birth Certificate
Foreign passport with Form I-94 or Form I-94A (unexpired)	Certification of Birth Abroad Issued by the Department of State (Form FS-545)
U.S. Military ID Card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
Military dependent's ID card	Voter's Registration Card
U.S. Coast Guard Merchant Mariner Card	Native American Tribal Document
Foreign passport that contains a temporary I-551 stamp	U.S. Citizen ID Card (Form I-197)

# Acceptable Proof of Identification when requesting VHIC (cont'd)

Primary Identification	Secondary Identification
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Identification Card for Use of Resident Citizen in the United States (Form I-179)
Federal, state, or local government issued ID card with a photograph	Employment Authorization document issued by the Department of Homeland Security
Employment Authorization Document that contains a photograph (Form I-766)	Canadian Drivers License

**Further Information regarding VHIC can be found on the [VA intranet site \(https://sp.hec.med.va.gov/irc/SitePages/VHIC.aspx\)](https://sp.hec.med.va.gov/irc/SitePages/VHIC.aspx)**

# Enrollment Notifications

## ➤ **HEC Enrollment System (ES) Enrollment Notifications:**

### ➤ **Sample Letters:**

- 600C Welcome Enrollment
- 600D Welcome Letter with Potential Pension Eligibility
- 623A Rejected, Below EGT
- 623D Enrollment Reassessment
- 630D Purple Heart
- 640B Priority Change Notification – Catastrophic Disability
- 640V Previous Combat Veteran
- 164-16CC Creditable Coverage

**[HEC ES Website \(http://vaww.va.gov/hec/Library/Letters/\)](http://vaww.va.gov/hec/Library/Letters/)**

# References

- 25 U.S. Code § 1645 - Sharing Arrangements with Federal Agencies:
- Title 38 Code of Federal Regulations (CFR) Section 17.38:  
Veterans Health Care Eligibility Reform Act of 1996:
- Enrollment and Eligibility Procedure Guide for Veterans Affairs (VA)

# Questions?

