



U.S. DEPARTMENT OF VETERANS AFFAIRS  
VETERANS HEALTH ADMINISTRATION

SURVEY OF VETERANS' SATISFACTION WITH SERVICE  
WITH THE INCOME VERIFICATION PROCESS

Thank you for your help with this important project. This booklet contains questions about your experiences with the income verification process administered by the VA's Health Eligibility Center (HEC).

**To assist in determining whether you should proceed with this survey, please read and answer this question first.**

**According to our records, the Health Eligibility Center recently verified your income information to determine your eligibility for VA health care benefits and mailed you a letter. Do you recall receiving correspondence from the Health Eligibility Center?**

*(Mark only one circle below)*

**Yes (Continue on the next page with the instructions for filling out the questionnaire. Then continue to**  
 *Question 1 on Page 1 and complete the questionnaire.)*

**No (Stop. You do not have to complete the rest of this questionnaire, but please return the questionnaire in**  
 *the enclosed postage -paid envelope.)*

**Again, we thank you for helping the Health Eligibility Center to provide better service to veterans.**

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**OMB Control Number: 2900-0570**  
**Paperwork Reduction Act Statement**

The Paperwork Reduction Act of 1995 (PRA) requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the PRA. VA may not conduct, sponsor, or require the respondent to respond to this collection of information unless it displays a valid OMB Control Number. All responses for this collection are voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time necessary for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is intended for the improvement of process. Failure to furnish the requested information will have no adverse effect on any VA benefits to which you may be entitled.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U. S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.57 (b). Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA health care processing system and associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-929-VETS for mailing information on where to send your comments.

## **Instructions**

- Use a pencil or black pen.
- Mark only one circle for each question, unless it tells you to “mark all that apply”.
- Watch for “Skip” instructions, they tell you when to skip over a group of questions that you do not need to answer.
- To maintain confidentiality, please do not include your name, address, claim number or any other identifying information.
- When you have completed the survey, place it in the enclosed postage-paid envelope and put it in the mail.

# INCOME VERIFICATION PROCESS

- Q1** Did the Health Eligibility Center's Income Verification Division ask you to provide any financial records, tax records or any other information to assist in verifying your income information?
- Yes (**Go on to Question 2**)
- No (**Skip to Question 5**)
- Neither reasonable nor unreasonable
- Somewhat unreasonable
- Very unreasonable
- Q2** Did the Health Eligibility Center's Income Verification Division let you know what records were needed from you in a single request for information?
- Yes
- No
- Q3** How easy was it for you (or those helping you) to obtain the records or information you needed to assist in verifying your income information?
- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult
- Q4** Did the Health Eligibility Center's Income Verification Division ask you (or someone helping you) to resubmit any records or documents you had already given them?
- Yes
- No
- Q5** It takes approximately 9 weeks to complete the income verification process. How long did it take for you to get a decision?
- 10 weeks or less
- 11 weeks
- 12 weeks
- 13-16 weeks
- 17-20 weeks
- More than 5 months
- Q6** How reasonable was the length of time it took the Health Eligibility Center's Income Verification Division to arrive at a decision about your income verification?
- Very reasonable
- Somewhat reasonable
- Q7** How accurate was the Health Eligibility Center Income Verification Division's evaluation of your income as provided by Internal Revenue Service and Social Security Administration?
- Very accurate
- Somewhat accurate
- Somewhat inaccurate
- Very inaccurate
- Q8** Did the outcome result in a change to your copay responsibility?
- Yes
- No
- Q9** How clearly was the appeal process explained in the decision letter?
- Very clearly
- Clearly
- Somewhat clearly
- Not clear at all
- Q10** How completely did the Health Eligibility Center's Income Verification Division keep you informed of the status of your income verification?
- Completely .....
- Mostly.....
- Somewhat .....
- Only a little .....
- Not at all .....
- Q11** How satisfied are you that the Income Verification process reflected the courtesy, compassion, and respect due to a veteran of the United States?
- Very satisfied .....
- Satisfied .....
- Neither satisfied or dissatisfied.....
- Somewhat dissatisfied .....
- Dissatisfied .....

CORRESPONDENCE

**Q12** Other than sending requested documents, did you ever write to the Health Eligibility Center's Income Verification Division in regard to your income verification case?

- Yes **go on to question 13**
- No **Skip to question 19**

**Q13** What was the purpose of writing Health Eligibility Center's Income Verification Division? (mark all that apply)

- To get information before returning forms
- To provide additional information
- To check on the status of my case
- To respond to a letter
- To get an explanation of a letter
- To complain about the process
- To file a notice of disagreement over the decision on my case

**Q14** Did you receive a verbal or written reply to your letters?

- Yes
- No
- Some, but not all
- No reply required

**Q15** Overall, how long from when you sent a letter did it take for the Health Eligibility Center's Income Verification Division to answer or respond to it?

- 5 days or less
- 6-10 days
- 11-15 days
- 16-21 days
- 22-29 days
- 30-60 days

- More than 60 days
- No response has been received
- No response required

**Q16** How long do you think is reasonable for the Health Eligibility Center's Income Verification Division to take to answer your letter(s)?

- 5 or less days
- 6-10 days
- 11-15 days
- 16-21 days
- 22-29 days
- 30-60 days
- More than 60 days

**Q17** How clearly would you rate the language and content of the Income Verification letters?

- Very Clear
- Clear
- Neither clear or unclear
- Unclear
- Very unclear

**Q18** How completely did the letter from the Health Eligibility Center's Income Verification Division answer your questions or concerns?

- Completely
- Mostly
- Somewhat
- Only a little
- Not at all **(please add comments on the last page)**

## PHONE CONTACTS

**Q19** In the past year, did you try to reach the Health Eligibility Center's Income Verification Division by phone?

- Yes **go on to question 20**
- No **Skip to question 30**

**Q20** Why did you call the Health Eligibility Center's Income Verification Division?

- Did not understand the letter (s)
- Check the status of mail sent
- To return a call
- Had questions about the Income Verification Process
- Other

**Q21** How easy was it to get through to the Health Eligibility Center's Income Verification Division on the phone?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult
- Never got through

**Q22** How long did it actually take to speak with a Health Eligibility Center Income Verification Staff member?

- Less than 1 minute
- 1-5 minutes
- 5-10 minutes
- 10 minutes or more

**Q23** How long do you think is reasonable for you to wait before speaking with a Health Eligibility Center Income Verification Division employee?

- Less than 1 minute
- 1-5 minutes
- 6-10 minutes
- 10 minutes or more

**Q24** How many times did you speak to a Health Eligibility Center Income Verification Division Staff member?

- 1 time
- 2 times
- 3 times
- 4 or more times

**Q25** Did the Health Eligibility Center Income Verification Division ask you to verify the following? (**Check all that apply**)

- Full Name
- Full Social Security Number
- Date of Birth
- Full Mailing Address

**Q26** How courteous were the Health Eligibility Center's Income Verification Division employees when they spoke with you on the phone?

- Very courteous
- Courteous

- Neither courteous nor discourteous
- Somewhat discourteous
- Very discourteous

**Q27** How completely did the Health Eligibility Center's Income Verification Division Staff answer your questions and concerns?

- Completely
- Mostly
- Somewhat
- Only a little
- Not at all (**please add comments on the last page**)

**Q28** What was the approximate time of your call?

- 8 am - 11 am Eastern Time
- 11 am - 2 pm Eastern Time
- 2 pm - 5:30 pm Eastern Time
- None of the above

**Q29** Overall, how helpful were Health Eligibility Center's Income Verification Division employees?

- Very helpful
- Generally helpful
- Moderately helpful
- Somewhat helpful
- Not at all helpful

## GENERAL INFORMATION

**Q30** What is your gender?

- Male
- Female

**Q31** Mark the category block that includes your current age.

- 18 to 24 years old
- 25 to 34 years old
- 35 to 44 years old
- 45 to 54 years old
- 55 to 64 years old
- 65 to 74 years old
- 75 years old or older

**Q32** What is the highest grade of school you completed?

- Less than high school
- Some high school
- High school graduate or equivalent
- Some college or technical school
- College graduate or higher

**Q33** How do you prefer to contact the Health Eligibility Center?

- Telephone
- U.S. Mail
- Website/Email

**Q34** Do you have access to the Internet?

- Yes **go on to question 35**
- No **Skip to question 38**

**Q35** Have you visited our website: [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility)?

- Yes **go on to question 36**
- No **skip to question 38**

**Q36** How easy was it for you to obtain the information you needed on this website?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

**Q37** What information on the website were you not able to find or found unclear?

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**Q38** What could the Health Eligibility Center do to improve the website?

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**Q39** Do you have any additional comments relative to Income Verification, where the Health Eligibility Center could improve service to Veterans.



DEPARTMENT OF VETERANS AFFAIRS  
 HEALTH ELIGIBILITY CENTER  
 2957 CLAIRMONT RD NE STE 200  
 ATLANTA GA 30329-1647

In Reply Refer To:

~FormNumber~

~CaseNumber~

~VeteranLastName~,~VeteranFirstName~

~BarcodeData~

~TodaysDate~

~SpouseTitle~ ~SpouseFirstName~ ~SpouseLastName~

~SpouseAddress~

~SpouseCity~ ~SpouseState~ ~SpouseZipCode~

Dear ~SpouseTitle~~SpouseLastName~ :

The Department of Veterans Affairs (VA) Health Eligibility Center (HEC) wants to ensure that the correct health care eligibility, priority group assignment and copay status have been established for your veteran spouse. Your financial information reported to VA on ~MeansTestBeginDate~, is different from the information provided by the Internal Revenue Service (IRS) and Social Security Administration (SSA) for calendar year ~IncomeYear~. The purpose of this letter is to ask you to review your records and the financial information provided by IRS/SSA so that you can let us know the correct income for calendar year ~IncomeYear~.

**What You Should Do**

Review the financial information for calendar year ~IncomeYear~ we have provided with this letter. Write the correct information on the enclosed Spouse Reported Income Verification (VA Form 10-497B). If it is different from the financial information provided by IRS/SSA, send us documents to show why it is different. Examples of these documents are: W-2 forms, 1099 forms, end-of-year statements from banks/brokers, etc. Be sure to sign and date the form. A postage-paid envelope is provided for your convenience.

Certain deductions from gross household income may be accepted if proof of payment is provided. Allowable deductions include out-of-pocket medical expenses, funeral/burial expenses, and veteran education expenses.

**Financial Assessment Guidelines and VA Health Care Benefits**

- Financial assessment: The VA is required by law to use **previous calendar year income**. The care your veteran spouse received between ~MeansTestBeginDate~ and ~MeansTestEndDate~ was based on ~IncomeYear~ income.



DEPARTMENT OF VETERANS AFFAIRS  
HEALTH ELIGIBILITY CENTER  
2957 CLAIRMONT RD NE STE 200  
ATLANTA GA 30329-1647

In Reply Refer To:

~FormNumber~

~CaseNumber~

~BarcodeData~

~TodaysDate~

~FinancialInstituteName~

~FinancialInstituteAddress~

~FinancialInstituteCityStateZip~

To Whom It May Concern:

**Title 38, United States Code, Sections 5317 and 5319** authorizes the Secretary of Veterans Affairs to take appropriate steps to independently verify financial information used to determine eligibility for Department of Veterans Affairs (VA) health care services. To accomplish this, VA matches income reported to VA by the veteran with income reported to Internal Revenue Service (IRS) and/or Social Security Administration (SSA).

IRS provided the reported unearned income listed below for the recipient that is identified on the enclosed Financial Institution Unearned Income/Asset Verification.

**Income Year ~IncomeYear~**

*All income amounts are in U.S. dollars only.*

**What We Need**

Please review and complete the Financial Institution Unearned Income/Asset Verification (VA Form 10-497) and return it to our office within 30 days. Please return only the enclosure. We have enclosed a postage paid envelope for your use. The information you provide is confidential and will be used for official business only.

**Should You Have Any Questions**

Should you have any questions regarding the income verification process, please contact us at our toll-free number 1-800-929-8387 extension ~CurrentRepresentativeTelephone~. Our hours of operation are from 8:00 am to 5:15 pm daily, Eastern Time, Monday through Friday.

Sincerely,

Gary M. Baker  
Director





Estimated Burden: 10 minutes  
OMB Number 2900-00091

**DEPARTMENT OF VETERANS AFFAIRS**  
**Financial Institution**  
**Unearned Income/Asset Verification ~IncomeYear~**

IVD Case #: ~CaseNumber~  
Income Recipient: ~LastName~ , ~FirstName~

Income Recipient SSN: ~Ssn~

**Income Year ~IncomeYear~:**

<i>Financial Institution</i>	<i>Document Type</i>	<i>Type of Income</i>	<i>Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certified By:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Privacy Act Information: VA is asking you to provide the information on this form under Title 38, United States Code, Sections 1710, 1712, and 1722 in order to determine eligibility for medical benefits. The information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status and personnel administration.

~CurrentRepresentativeTelephone~



- Total household income is used for the financial assessment. This is income from any source, before deductions, for a veteran and spouse.
- Veterans with total household income above the established financial assessment thresholds may be responsible for medical and pharmacy copays.
- If the application for enrollment for your veteran spouse was made after January 16, 2003, and the income verification process results in conversion to a copay required status based upon financial information provided within that application, and no other eligibility factors such as combat veteran status (served in a combat theater after November 11, 1998), compensable service-connection, receipt of a VA pension, exposure to Agent Orange, participation in Project 112/SHAD, etc, apply, their enrollment status will be changed to rejected, and they will be billed at the appropriate rate for care received during the stated period. Your veteran spouse will receive a separate letter notifying them if their enrollment has been rejected and providing them with appropriate due process notification.

Your income information is considered confidential and will not be released without your written permission.

***Should You Have Any Questions***

Should you have any questions regarding the income verification process itself, please contact us at the following address: Health Eligibility Center, 2957 Clairmont Rd, NE, Suite 200, Atlanta GA 30329-1647 or telephone our toll free number 1-800-929-8387.

Our hours of operation are from 8:00 am to 5:15 pm daily, Eastern Standard Time, Monday through Friday.

For more detailed information on VA health care eligibility and enrollment, please visit VA's website at [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility).

Sincerely,

A handwritten signature in black ink, appearing to read "Gary M. Baker", written in a cursive style.

Gary M. Baker  
Director

Enclosures



Estimated Burden: 10 minutes  
OMB Number 2900-00091

**DEPARTMENT OF VETERANS AFFAIRS**  
**Spouse Reported**  
**Income Verification - ~IncomeYear~**

Name of Veteran:  
~VeteranLastName~, ~VeteranFirstName~

Case Number:  
~CaseNumber~

Spouse's Name:  
~SpouseLastName~, ~SpouseFirstName~

**INSTRUCTIONS FOR COMPLETING:**

- Under the appropriate category, write all personal income and assets for ~IncomeYear~.
- Carefully review the information for accuracy, sign, date and return both of the enclosures
- Attach an additional sheet, if needed; ensure the additional sheet is signed

<b>PAYER NAME</b>	<b>DOCUMENT TYPE</b>	<b>TYPE OF INCOME</b>	<b>AMOUNT</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certification and Consent:** I certify the income is correct as I have listed or as I have provided proof. I understand the Department of Veteran Affairs (VA) will use this information to determine my veteran spouse eligibility for health care benefits and their enrollment priority group. The VA Health Eligibility Center has my consent to obtain verification from financial institutions, as needed.

~CurrentRepresentativeTelephone~N



Case Number: ~CaseNumber~

**Continuation of Personal Income Information**

<b>PAYER NAME</b>	<b>DOCUMENT TYPE</b>	<b>TYPE OF INCOME</b>	<b>AMOUNT</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Date

**Privacy Act Information:** VA is asking you to provide the information on this form under Title 38, United States Code, sections 1710, 1712, and 1722 in order to determine your veteran spouse's eligibility for medical benefits. The information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. You do not have to provide the information to VA, but if you do not, we will be unable to process your veteran spouse's request and serve their medical needs. Failure to furnish the information will not have any affect on any other benefits to which your veteran spouse may be entitled. If you give VA your Social Security Number, VA will use it to administer your veteran spouse's VA benefits, to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

~CurrentRepresentativeTelephone~



DEPARTMENT OF VETERANS AFFAIRS  
HEALTH ELIGIBILITY CENTER  
2957 CLAIRMONT RD NE STE 200  
ATLANTA GA 30329-1647

In Reply Refer To:  
~FormNumber~  
~CaseNumber~

~BarcodeData~

~TodaysDate~

~EmployerName~

~EmployerAddress~

~EmployerCity~, ~EmployerState~, ~EmployerZipCode~

Dear Employer:

**Title 38, United States Code, Section 5317 and 5319** authorizes the Secretary of Veterans Affairs to take appropriate steps to independently verify financial information used to determine eligibility for Department of Veterans Affairs (VA) health care services. To accomplish this, VA matches income reported to VA by the veteran with income reported to Internal Revenue Service (IRS) and/or Social Security Administration (SSA).

SSA provided the reported income listed below for the recipient identified on the enclosed Employer Income Verification.

**Income Year ~IncomeYear~**

*All income amounts are in U.S. dollars only.*

**What We Need**

Please review and complete the Employer Income Verification (VA Form 10-497A) and return it to our office within 30 days. Please return only the enclosure. We have enclosed a postage paid envelope for your ease in responding. The information you provide is confidential and will be used for official business only.

**Should You Have Any Questions**

Should you have any questions regarding the income verification process, please contact us at our toll-free number 1-800-929-8387 extension ~CurrentRepresentativeTelephone~. Our hours of operation are from 8:00 am to 5:15 pm daily, Eastern Time, Monday through Friday.

Sincerely,

Gary M. Baker  
Director



Estimated Burden: 10 minutes  
OMB Number 2900-00091

**DEPARTMENT OF VETERANS AFFAIRS**  
**Employer**  
**Income Verification ~IncomeYear~**

IVD Case #: ~CaseNumber~

Income Recipient: ~LastName~, ~FirstName~

Income Recipient SSN: ~Ssn~

**Income Year ~IncomeYear~:**

<b>Employer</b>	<b>Income Type</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Certified By:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Privacy Act Information: VA is asking you to provide the information on this form under Title 38, United States Code, Sections 1710, 1712, and 1722 in order to determine eligibility for medical benefits. The information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status and personnel administration.

**~CurrentRepresentativeTelephone~N**