Introduction to Quality Reviews

Trainee Handout

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Objectives

TheVSRwill be able to:

* Understand the Quality Review (QR) process
* Utilize the QR checklists to prevent common errors
* Understand the different QR error categories

References

All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).

* [M21-4 Chapter 3, National Quality Reviews](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000033436%2FChapter-3-National-Quality-Reviews)
* [M21-4 Chapter 6, Quality Review Team (QRT)](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000037939%2FChapter-6-Quality-Review-Team-QRT)
* [M21-4 Appendix B, End Product Codes and Work-Rate Standards for Quantitative Measurements](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000011474%2FAppendix-B-End-Product-Codes-and-Work-Rate-Standards-for-Quantitative-Measurements)
* [Office of Field Operations Personnel Website](http://vbaw.vba.va.gov/bl/20/201/Personnel.htm)

Topic 1: The Quality Review (QR) Process

National Quality Reviews (STAR)

Every month, the National Quality Team (214) selects a sample of completed cases from each regional office and reviews these cases for quality. These cases are selected at random and comprise of both rating and non-rating EPs. Any errors found are not attributed to the individual who worked the claim but to the regional office. The individual who worked the claim or another individual may be asked to review any errors found for rebuttal or correction. The data gathered from these reviews allow the National Quality Team to identify national error trends. This data is also compiled with other data into a report card for each station.

**Individual Quality Reviews (IQRs)**

Every month, your local Quality Review Team (QRT) pulls five cases for every employee at the regional office. These cases are randomly selected using ASPEN. They can be a mixture of all types of claims worked that month (rating or non-rating). The cases are reviewed for quality and any errors or comments are identified and a write-up is generated. Any errors identified are attributed to the individual who the claim was selected on. These errors will go against the VSRs quality standard. A GS-7 is required to maintain 80% or better quality, which then goes up to 85% at the GS-9 level. This quality percentage is calculated by averaging all quality reviews performed during the fiscal year.

If the claim is a rating EP, quality is determined on an issue basis. This means that any errors founds are attributed to an issue (like back condition). The quality percentage for each claim is calculated by dividing the number of issues by the number of correct issues. System compliance is considered an issue.

Example: There are 9 claimed issues. The total number of issues is 10 (9 claimed issues + systems compliance). The QRS finds an error dealing with 1 claimed issue and systems error. The number of correct issues is 8. The quality total for this claim is 80% (8 divided by 10).

If the claim is a non-rating EP, quality is determine on an claim basis. This means that an error found renders the whole claim incorrect. Non-rating EPs are either 100% or 0% correct.

New employees may be granted a grace period after returning from Challenge based on local policy. All employees are granted a grace period of thirty (30) days after any new manual guidance is released.

In-Process Reviews (IPRs)

In-Process Reviews (IPRs) are non-punitive reviews performed by the Quality Review Team on all employees. These reviews allow for the QRT to:

* catch errors as early as possible
* place an emphasis on getting the claim right
* improve the employee’s understanding of why they made the error and how to prevent from making it in the future

Since IPRs are non-punitive, the VSR should always strive to remain as receptive as possible and utilize any IPR as a learning tool. The VSR is always welcome to meet with the QRT member to discuss the IPR.

**QR Checklists**

When performing a quality review, the National Quality Team utilizes the two checklists (one for rating EPs and another for non-rating EPs) found in Chapter 3 Appendices A and B. The local QRT team uses a similar checklist to perform IQRs. The main difference between the checklists used by the National Quality Team and the local QRTs is that the local QRTs check for systems compliance. The QR checklists used by the local QR teams can be found as attachments in the handout.

Both beginner and veteran VSRs can benefit from using the checklists while processing claims. Using these checklists can prevent the VSR from making any errors while processing claims. Many VSRs create their own checklists over time starting with the QR checklists as a foundation. Be sure to take some time during your training period to develop a checklist that works for you. Never think that using a checklist makes you less of a VSR. The best VSRs use some type of checklist.

Topic 2: Quality Review (QR) Error Categories

**What is an Error?**

The general guideline is that an error will be recorded when an action is taken that violates current regulations or established policies. Examples of outcome-related deficiencies include, but are not limited to, errors that result in an overpayment or underpayment to a claimant.

Procedural deficiencies are not recorded as errors. These deficiencies are recorded as comments. However, if the procedural deficiency is severe in nature, it will be recorded as an error. A judgment or a difference of opinion reflecting a possible better practice or solution is recorded as a comment rather than an error. If an error is identified with an issue not related to the end product under review, that error is also recorded as a comment.

Addressed Issues A1/A2

**A1) Were all claimed issues addressed?**

A “claimed issue” is any benefit specifically mentioned by the applicant or his/her representative or any benefit that is reasonably raised by the evidence of record. Since a claim may be received through any means of communication, each document in the file must be checked to ensure that all issues have been addressed.

**A2) Were all inferred issues addressed?**

An “inferred issue” is not defined by regulation. An “inferred issue” is often derived from the consideration or outcome of a “claimed issue.” The Veterans Court has stated that “An issue may not be ignored or rejected merely because the Veteran did not expressly raise the appropriate legal provision for the benefit sought.”

**Development B1/B2**

B1) Was VCAA pre-decision "notice" provided and adequate?

38 CFR 3.159 states that upon receipt of a substantially complete application, VA is required to notify the claimant and the claimant's representative, if any, of any information, and any medical or lay evidence, not previously provided that is necessary to substantiate the claim. As part of that notice, VA is required to indicate which portion of that information and evidence, if any, is to be provided by the claimant and which portion, if any, VA will attempt to obtain on behalf of the claimant.

B2) Does the record show VCAA compliant development to obtain all indicated evidence prior to deciding the claim?

[38 CFR 3.159(c)(2)](http://www.ecfr.gov/cgi-bin/text-idx?SID=ffd6e196d08360137bcf42cc946d8dd9&mc=true&node=se38.1.3_1159&rgn=div8) states, in part, that VA must make reasonable efforts to help a claimant in obtaining the evidence necessary to substantiate a claim. Therefore, all indicated and necessary development must be completed before deciding a claim unless a grant is warranted based on the evidence of record.

If a VA examination report was the basis for a rating decision, was that report adequate and sufficient for rating purposes? Was there already sufficient medical evidence of record to rate the claim? (See [38 CFR 3.326(b) & (c)](http://www.ecfr.gov/cgi-bin/text-idx?SID=ffd6e196d08360137bcf42cc946d8dd9&mc=true&node=se38.1.3_1326&rgn=div8)). While requesting an examination is generally a judgment area with considerable latitude, that judgment must be exercised within a reasonable range. The record must contain evidence that fully supports the disability determination and not lack any evidence that would prompt a remand from the Board of Veterans Appeals. Requests for medical opinions on legal issues such as “is a condition service-connected” constitute error.

Rating Decision C1/C2

Although C1 and C2 errors are attrributed to the RVSR, if the VSR is aware of what constitutes a C1 and C2 error then they may be able to catch an error before it leaves the building.

**C1) Was the grant or denial of all issues correct?**

Does the evidence of record support the decision according to applicable law regulation and policy?

Any error called in this element must be the equivalent of a clear and unmistakable error. An error includes failure to allow benefits based upon application of the doctrine of reasonable doubt when a case is in equipoise ([38 CFR 3.102](http://www.ecfr.gov/cgi-bin/text-idx?SID=ffd6e196d08360137bcf42cc946d8dd9&mc=true&node=se38.1.3_1102&rgn=div8)). A judgment variance such as “difference of opinion” or “better rating practice” will not be considered an error or noted in a comment as QA does not make best practice suggestions at this time.

Deficiencies invisible to the claimant such as award reason codes or entitlement codes should not be called. Such deficiencies should be noted in the Remarks section of the form.

**C2) Was the percentage evaluation assigned correct (including combined eval.)?**

Generally, an error in this category may only be called when supported by evaluation tools, such as the Evaluation Builder. If the Evaluation Builder was not used by the decision maker, then an error may still be called if the evaluation is not supported by the evaluation tool or is not in compliance with the Rating Schedule. The only possible judgment variance is when the evidence of symptomatology is divided between two evaluation criteria and the disability picture is not clear enough to conclusively apply [38 CFR 4.7](http://www.ecfr.gov/cgi-bin/text-idx?SID=2f3c86cf5527e2c9d10d610a650dee32&mc=true&node=se38.1.4_17&rgn=div8).

Award Dates D1(R)/D2(R)/H(NR)

**D1) Are all effective dates affecting payment correct?**

A clear error in this element results in an overpayment or underpayment of benefits.

Does the generated award follow the basic rules contained in 38 CFR 3.31, 3.114, 3.400-404, & 3.500-504.

**D2) Were payment rates correct?**

If applicable to the case being reviewed, issues such as dependency, income, withholdings and recoupments, hospitalization, etc., must be considered when deciding whether the payment rates are correct.

**H) Are all payment dates and rates correct?**

This is a combination of both the D1 and D2 questions from the rating checklist.

Dependency D1-5(NR)

**D1) Was a dependent spouse correctly established or removed? (38 CFR 3.50)**

38 CFR 3.50 is the basic rule. Further definitions and development requirements are contained in 38 CFR 3.50 through 3.60 and 3.200 through 3.216. The scope of this and other dependency questions includes preparation of a justifiable Administrative Decision when required.

**D2) Were dependent children correctly established or removed? (38 CFR 3.57 and 3.667)**

The issues of date of birth, relationship, and, in some cases, custody must be properly resolved. Development for school attendance may be required.

**D3) Were dependent parents correctly established or removed? (38 CFR 3.59)**

38 CFR 3.59 is the basic rule. Relationship and dependency must be properly established.

**D4) Was a surviving spouse correctly established or removed? (38 CFR 3.50(b))**

38 CFR 3.50(b) is the basic rule.

**D5) Were surviving children correctly established or removed? (38 CFR 3.57)**

38 CFR 3.57 is the basic rule.

Notification Letter F1-4/K1-4(NR)

**F1/K1) Was notification sent?**

This question is self-explanatory. If the letter was not sent to the correct claimant and correct address, the letter was not sent.

**F2/K2) Was the notification correct?**

It is essential that correspondence to claimants be viewed, to the extent possible, from the claimant’s perspective.

Notification must:

* be factually correct,
* address all issues,
* be as direct and concise as possible,
* be logically laid out so thought sequences are not broken, and
* be free from apparent contradictory statements.

**F3/K3) Were appeal rights included?**

Notice of procedural and appellate rights is required following every decision. This may be furnished by attachment of VA Form 4107 or equivalent language in the body of the notification.

**F4/K4) Was the Power of Attorney indicated, correct, and notification properly documented?**

The master record should be updated to include designation of the claimant’s representative so that computer-generated notices are furnished to both.

System Compliance S1

**S1) Were all systems appropriately updated to reflect current status of claim?**

When performing a quality review the QRT member asks nine questions. The questions are all self-explanatory. Systems errors may not cause an overpayment or underpayment but they are still considered a critical error.

These are the nine systems-related questions:

* Is the date of claim and end product correct?
* Are all the payees' addresses (including direct deposit information) correct?
* Are all periods of service for the Veteran verified and updated in all systems?
* Was the Power of Attorney (POA) information/access updated in all systems and correspondence?
* Were special issues and flashes entered and correct?
* Were contentions and classifications entered correctly?
* Were tracked items entered and updated as necessary?
* Was the claim status (Ready for Decision (RFD), Rating Decision Complete (RDC), OPEN) updated appropriately?
* Were the suspense dates (tracked item or claim level) updated and correct?

***Use the Claim Attributes Job Aid if you have questions about when to use flashes and claim labels.***

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| **Attachment A: Local QR Checklist – Rating** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **Issues** |  |  |  |  |  |  |  | **YES** | **NO** |
| A1) Were all claimed issues addressed? | | | | | | | |  |  |
| A2) Were all inferred issues addressed? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Development** | |  |  |  |  |  |  |  |  |
| B1) Was VCAA pre-decision "notice" provided and adequate? | | | | | | | |  |  |
| B2) Does the record show VCAA compliant development to obtain all indicated evidence prior to deciding the claim? | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| **Rating Decision** | |  |  |  |  |  |  |  |  |
| C1) Was the grant or denial of all issues correct? | | | | | | | |  |  |
| C2) Was the percentage evaluation assigned correct (including combined eval.)? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Award Action** | |  |  |  |  |  |  |  |  |
| D1) Are all effective dates affecting payment correct? | | | | | | | |  |  |
| D2) Were all payment rates correct? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Rating Narrative** | | |  |  |  |  |  |  |  |
| E1) Was all pertinent evidence discussed? | | | | | | | |  |  |
| E2) Was the basis of each decision identified and each denial explained? | | | | | | | |  |  |
| E3) Was the rating narrative of acceptable length, without irrelevant or superfluous text or potions copied and pasted directly from CAPRI? | | | | | | | |  |  |
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| **Notification Letter** | |  |  |  |  |  |  |  |  |
| F1) Was notification sent and documented in the file? | | | | | | | |  |  |
| F2) Was the notification correct? | | | | | | | |  |  |
| F3) Were appeal rights included? | | | | | | | |  |  |
| F4) Was Power of Attorney indicated, correct, and notification properly documented? | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| **Administrative** | |  |  |  |  |  |  |  |  |
| G1) Was appropriate second signature documented? | | | | | | | |  |  |
| G2) Were third signatures appropriately documented when required? | | | | | | | |  |  |
| G3) Was the end product selected for review over-developed? | | | | | | | |  |  |
| G4) Did unnecessary development delay a decision on any claim associated with the EP under review? | | | | | | | |  |  |
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| **Examinations** | |  |  |  |  |  |  |  |  |
| H1) If a VA examination was requested, was that examination necessary and if an opinion was requested was the opinion an appropriate medical (not legal) question? | | | | | | | |  |  |
|
| H2) Examination Requests – Were correct worksheets requested? | | | | | | | |  |  |
| H3) Examination Requests – Were issues (disabilities claimed) clearly identified? | | | | | | | |  |  |
| H4) Examination Requests – When necessary or requested by VAMC was the claims folder provided by the regional office? | | | | | | | |  |  |
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| H5) Medical Opinion Requests – If a medical opinion was requested, were pertinent issues clearly identified and appropriate question(s) clearly asked? | | | | | | | |  |  |
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| H6) Medical Opinion Requests – Was the claim folder made available to the medical center by the regional office? | | | | | | | |  |  |
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| **Expedited Favorable Decision** | | |  |  |  |  |  |  |  |
| I) When evidence was sufficient to grant partial benefits, were those benefits granted promptly, while developing other issues? | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| **Systems Compliance** | | |  |  |  |  |  |  |  |
| Is the date of claim and end product correct? | | | | | | | |  |  |
| Are all the payees' addresses (including direct deposit information) correct? | | | | | | | |  |  |
| Are all periods of service for the Veteran verified and updated in all systems? | | | | | | | |  |  |
| Was the Power of Attorney (POA) information/access updated in all systems and correspondence? | | | | | | | |  |  |
|
| Were special issues and flashes entered and correct? | | | | | | | |  |  |
| Were contentions and classifications entered correctly? | | | | | | | |  |  |
| Were tracked items entered and updated as necessary? | | | | | | | |  |  |
| Was the claim status (Ready for Decision (RFD), Rating Decision Complete (RDC), OPEN) updated appropriately? | | | | | | | |  |  |
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| Were the suspense dates (tracked item or claim level) updated and correct? | | | | | | | |  |  |

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| **Attachment B: Local QR Checklist – Non-Rating** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **Issues** |  |  |  |  |  |  |  | **YES** | **NO** |
| A1) Were all claimed issues addressed? | | | | | | | |  |  |
| A2) Were all inferred issues addressed? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Development** | |  |  |  |  |  |  |  |  |
| B1) Was VCAA pre-decision "notice" provided and adequate? | | | | | | | |  |  |
| B2) Does the record show VCAA compliant development to obtain all indicated evidence prior to deciding the claim? | | | | | | | |  |  |
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| **Pension** |  |  |  |  |  |  |  |  |  |
| C1) Was Net Worth determination correct? | | | | | | | |  |  |
| C2) Was income counted in the correct reporting period? | | | | | | | |  |  |
| C3) Was total family income counted properly? | | | | | | | |  |  |
| C4) Were all deductions including unreimbursed medical expenses calculated correctly? | | | | | | | |  |  |
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| **Dependency** | |  |  |  |  |  |  |  |  |
| D1) Was a dependent spouse correctly established or removed? | | | | | | | |  |  |
| D2) Were dependent children correctly established or removed? | | | | | | | |  |  |
| D3) Were dependent parents correctly established or removed? | | | | | | | |  |  |
| D4) Was a surviving spouse correctly established or removed? | | | | | | | |  |  |
| D5) Were surviving children correctly established or removed? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Death/Burial** | |  |  |  |  |  |  |  |  |
| E1) Was the proper claimant paid (or properly denied)? | | | | | | | |  |  |
| E2) Were transportation charges applied correctly? | | | | | | | |  |  |
| E3) Was the Burial/Plot/Headstone payment correct (or properly denied)? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Accrued** |  |  |  |  |  |  |  |  |  |
| F1) Was the proper claimant paid (or properly denied)? | | | | | | | |  |  |
| F2) Was the correct amount paid? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Adjustments** | |  |  |  |  |  |  |  |  |
| G1) Were required adjustments accomplished and correct? | | | | | | | |  |  |
| G2) Was restoration of benefits correct? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Payment/Effective Dates** | | |  |  |  |  |  |  |  |
| H) Are all payment dates and rates correct? | | | | | | | |  |  |
| **Due Process** | |  |  |  |  |  |  |  |  |
| I1) Was a predetermination notice sent? | | | | | | | |  |  |
| I2) Was the notice fully informative? | | | | | | | |  |  |
| I3) Was the claimant given 60 days before the due process period expired? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Administrative Decisions** | | |  |  |  |  |  |  |  |
| J1) Was all applicable evidence discussed? | | | | | | | |  |  |
| J2) Was the basis of each decision explained? | | | | | | | |  |  |
| J3) Were required formal apportionment decisions completed and correct? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Notification Letter** | |  |  |  |  |  |  |  |  |
| K1) Was notification sent and documented in the file? | | | | | | | |  |  |
| K2) Was the notification correct? | | | | | | | |  |  |
| K3) Were appeal rights included? | | | | | | | |  |  |
| K4) Was Power of Attorney indicated, correct, and notification properly documented? | | | | | | | |  |  |
|
|  |  |  |  |  |  |  |  |  |  |
| **Systems Compliance** | | |  |  |  |  |  |  |  |
| Is the date of claim and end product correct? | | | | | | | |  |  |
| Are all the payees' addresses (including direct deposit information) correct? | | | | | | | |  |  |
| Are all periods of service for the Veteran verified and updated in all systems? | | | | | | | |  |  |
| Was the Power of Attorney (POA) information/access updated in all systems and correspondence? | | | | | | | |  |  |
|
| Were special issues and flashes entered and correct? | | | | | | | |  |  |
| Were contentions and classifications entered correctly? | | | | | | | |  |  |
| Were tracked items entered and updated as necessary? | | | | | | | |  |  |
| Was the claim status (Ready for Decision (RFD), Rating Decision Complete (RDC), OPEN) updated appropriately? | | | | | | | |  |  |
|
| Were the suspense dates (tracked item or claim level) updated and correct? | | | | | | | |  |  |

**Attachment C: VSR Job Standards**

# ELEMENT 1 – QUALITY (Critical)

The VSR must consistently and conscientiously exercise sound, equitable judgment in applying stated laws, regulations, policies and procedures to ensure accurate information is disseminated to Veterans and accurate decisions are provided on all benefit claims administered by the Department of Veterans Affairs.

Standard

Quality of Work

Successful Level

GS-7: The accuracy rate during the evaluation period equals or

exceeds 80% (cumulative)

GS-9: The accuracy rate during the evaluation period equals or

exceeds 85% (cumulative)

GS-10: The accuracy rate during the evaluation period equals or

exceeds 92% (cumulative)

GS-11: The accuracy rate for work produced during the evaluation period equals or exceeds 93% (cumulative)

**Indicators**

A random selection will be made of an average of 5 actions per month regardless of number of contentions claimed. Quality of action taken on each contention will be evaluated. The selection of actions, while random, must reflect an appropriate mix of work performed by the employee throughout the month (i.e. not from a single day or single week).

If a routine review of a VSR’s work demonstrates the need for quality improvement, an expanded sample of an average of 10 actions per month will be reviewed for quality purposes.

The ASPEN checklist to be used will mirror the STAR worksheet and will include a component on systems compliance, which will be considered a substantive error.

# ELEMENT 2 – TIMELINESS/WORKLOAD MANAGEMENT (Critical)

Timely processing of Veterans claims is of paramount importance, as it is highly correlated with customer satisfaction. The VSR will operate in an efficient manner to accurately finalize claims using all appropriate workload management tools and processes.

VSRs are responsible for the cycles/type of work respective to their assigned duties. If multiple timeliness sub-elements apply to a VSR (e.g. average days awaiting award, non-rating, and corrective actions) they must meet the fully successful level for all applicable sub-elements to be successful for the element.

Extenuating circumstances and notification to the employee’s supervisor will be considered. An incident will not be called until after the first notification of non-compliance of the above standard.

**Timeliness**

**Timeliness of Rating End Products (including EP 930 series)**

Fully successful: All grade levels must meet locally established timeliness requirements, which are to be derived from end of year station targets.

The percentage of claims in each cycle pending over the locally established cycle goal must align with station goals for percentage of claims greater than 125 days. Management for each station sets goals.

Cycle Times

1. Average Days Awaiting Development
2. Average Days Awaiting Evidence
3. Average Days Awaiting Award
4. Average Days Awaiting Authorization

**Timeliness of Non-Rating & Control End Products (i.e. EPs 600, writeouts, 800 series)**

Fully successful: All grade levels must meet locally established timeliness requirements, which should be derived from station targets.

**Timeliness of Direct Services (i.e. IRIS, Congressional Inquiries, etc.)**

Fully successful: All grade levels must meet locally established timeliness requirements, which should be derived from station targets. There will be no more than 5 instances where the VSR fails to meet established timeliness, or failure of employee to notify their supervisor when cases cannot be worked within established time frames and reasons thereof.

**Timeliness of Special Projects & Duties (i.e. Women Veterans Coordinators, AEW Project, etc.)**

Fully successful: There will be no more than 3 instances of tasks not being worked within established time frames, or failure of employee to notify their supervisor when cases cannot be worked within established time frames and reasons thereof.

**Timeliness of Corrective Actions**

Fully Successful: There will be no more than 3 instances of failure to complete a returned corrective action, or failure of employee to notify their supervisor when cases cannot be worked, within three days of the case being returned to them for correction.

**Workload Management**

Fully successful: All grade levels must manage their workload in accordance with locally established workload management plans. There will be no more than 2 instances where the VSR fails to show compliance with established workload management procedures.

Local management will be responsible for creating and communicating a workload management plan that will identify the types of work to be completed.

Indicators

* VETSNET Operations Reports
* Local Tracking Reports
* Supervisory Observation

**ELEMENT 3 – OUTPUT (Critical)**

Fully successful: VSRs process a minimum cumulative average number of outputs per day. Outputs will be counted as follows:

* Development (Initial Development, Subsequent Development, and Ready for Decision including rating Eps, EP 930s, administrative decisions, appeals, non-rating Eps, and EP 600s) – **.7**
* 1-2 contention claim development (Initial Development, Subsequent Development, and Ready for Decision including rating Eps, EP 930s, administrative decisions, appeals, non-rating Eps, and EP 600s) – **.5**
* Telephone development - **.1**
* Process award/decision (generate award, clear end product) - **.7**
* Authorize award - **.33**

**Note 1:** Subsequent development includes any actionable item, which moves the claim forward and is subject to quality review.

**Note 2:** Telephone development requires contact with claimant, representative, or medical facility to further the development of the claim. Credit for telephone development may be taken in addition to development credit.

**Note 3:** VSRs performing Post-Determination authorization duties will receive an additional .5 weighted action for more complex cases involving out of system payments or retroactive effective dates preceding 1982 (earliest generate line in VETSNET).

**Successful Level**

GS-7: 4

GS-9: 5

GS-10: 5.5

GS-11: 6

**Indicators**

* VOR
* ASPEN

There will be no output element expectation for 90 days following the completion of challenge training regardless of entry grade.

Duplicate credit will not be allowed for self-correction of a VSR’s error.

Leave, union time, and special projects or assignments pre-approved at the discretion of the supervisor are considered deductible time. Unmeasured time, such as informal training, was considered in developing the successful level and is not reportable deductible time.

**ELEMENT 4 – TRAINING (Critical)**

VSR will stay abreast of current laws and regulations, work processes, policies and procedures and computer applications in order to provide optimum service to our Veteran population.

Employees are encouraged to actively participate in self-developmental activities.

Performance for this standard will be mitigated when the VSR’s supervisor has not allotted sufficient time for VSR to complete training requirements or if the VSR is not provided a schedule of available training and the deadline they are to complete.

It is the responsibility of supervisors to provide VSRs with a training schedule in advance so they can complete their training requirements.

**Successful Level**

GS-7/9/10/11: Timely completion of nationally mandated training hours to include core requirements and mandated local training during evaluation period within assigned deadlines with no more than 1 violation during evaluation period.

**Indicators**

* TMS
* Supervisory Observation

**ELEMENT 5 – ORGANIZATIONAL SUPPORT (Non-critical)**

VSR functions as a team member to enhance resolution of claims and customer service contacts by work actions. VSR maintains professional, positive, and helpful relationships with customers by exercising tact, diplomacy, and cooperation.

Performance demonstrates the ability to adjust to change or work pressures, to handle differences of opinion in a businesslike fashion, and to follow instructions conscientiously. As a team member, contributes to the group effort by supporting fellow teammates with technical expertise and open communications and by identifying problems and offering solutions. Performance also demonstrates the ability to effectively communicate in a courteous manner with customers during the personal or telephone interview process.

**Successful Level**

GS-7/9/10/11: No more than 3 instances of valid complaints or incidents\*

**Indicators**

* Verbal and/or written feedback from internal and/or external customers
* Observations by a supervisor with the complaint documented

*\*A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute “discourtesy.” Valid complaints or incidents will be determined by the supervisor and discussed with the employee.*