

Pension and Fiduciary (P&F) Service

Pension Quality Call

Date: April 16, 2020

TMS: # 4554301

AGENDA TOPICS

ITEM 1: PMC STAR QUALITY ANALYSIS

ITEM 2: QMS MITIGATION FUNCTIONALITY

ITEM 3: RECAP OF ST. PAUL SITE VISIT

ITEM 4: COMPENSATION VIP PROGRAM

ITEM 5: PLOT ALLOWANCE PRIOR TO 1973

ITEM 6: INCOMPLETE APPLICATION NOTIFICATION

ITEM 7: OUTDATED FORMS

ITEM 8: AUTO RFD DEFERRALS

CLOSING, QUESTIONS, NEXT QUALITY CALL

POST-CALL FOLLOW UP

AGENDA ITEMS

Agenda item: PMC STAR Quality Analysis **Presenter:** Wakita Thompson,

Analyst

Target Audience: QRT and Management

Discussion:

A trend analysis was conducted regarding errors cited on National Pension Quality Reviews completed during the month of February 2020.

The chart on the next page shows a breakdown in the number of National STAR Quality Reviews completed in month of February 2020. In addition to the total number of errors cited, as a result of the reviews completed.

National Pension Reviews Completed in the Month of February	Non-Rating (Authorization)	Rating	Rating & Non- Rating
			Total
Total # of Claims Reviewed	22	26	48
Total # of Claims with Errors	6	6	12
Total # of Errors Cited	7	8	15
		_	
Benefit Entitlement (BE) Totals	3	3	6

Errors by Category

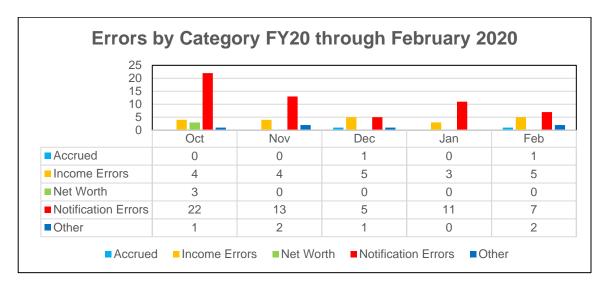
The chart below shows a breakdown of errors cited, by category for the month of February 2020.

Error Category	# of Errors Cited	Error Rate
Accrued	1	7.00%
Income Errors	5	33.33%
Net Worth	0	0.00%
Notification Errors	7	46.47%
Other	2	13.33%
Total	15	

As shown in the chart above, the Notification error category is, and remains to be, the category with the highest percentage of errors. However, the data shows a continued downward trend in the Notification error category. The analysis also shows that 6 of the 7 Notification errors cited was due to inaccurate information being provided in the notification letter.

The Income error category had the second highest percentage of errors. The Accrued and Net Worth error categories had a small percentage of errors. The category entitled "Other" are outliers that do not necessarily fit into any of the other categories.

The chart on the next page shows an overview of how each category of errors is trending from the beginning of FY20 through February 2020.



As shown in the above chart, the Notification error category spiked in January, but continues to trend downward when looking at the data FY20 through February 2020.

References/Contacts

✓ STAR Reports

https://vbaw.vba.va.gov/bl/21/star/reports/star_rpts20.htm

Agenda item: QMS Mitigation Functionality Presenter: Dave Coyle, Analyst

Target Audience: PMC Management

Discussion:

New functionality should deploy in QMS on April 24, 2020. During the reconsideration process (at the local or national level), supervisors will have the option to "mitigate" a reconsideration decision as opposed to strictly overturning or upholding the error cited by the QRS (or STAR).

This functionality will impact employees as they begin to see mitigations on errors that they filed reconsideration requests under. A mitigation will remove the error from the employee's (or PMC's) performance but will not inactivate the error. The error correction record will remain asis and require the same corrective action as if the error was upheld.

Additional communication should be forthcoming for supervisors when the functionality becomes active in QMS.

May 1, 2020 Update: Mitigation functionality in QMS did not make it to production due to issues discovered during UAT testing. Implementation of mitigation is delayed until the issues are addressed. P&F will provide additional information when available.

Agenda item: Recap of St. Paul Site Visit Presenter: Wakita Thompson,

Analyst

Target Audience: QRT and Management

Discussion:

Pension and Fiduciary (P&F) Service conducted a "virtual" site visit of the St. Paul Pension Management Center (PMC) from March 18 – 19, 2020. Overall, the St. Paul PMC is performing well and demonstrates a high level of dedication and commitment to providing the highest level of service to Veterans and their family members. The virtual site visit was centered around specific focus areas, which were reviewed and analyzed by P&F Service for the purpose providing and receiving helpful feedback. The feedback aided in highlighting opportunities for process improvement that facilitate the achievement of targeted goals.

Target Audience: QRT and Management

Discussion:

Compensation Service is currently piloting the first Virtual and In-Person (VIP) training with approximately 133 pre VSRs across 10 Regional Offices. As this challenge progresses, they are identifying and fixing discovered issues which is helping to improve the process. Some highlights of the process are as follows:

- Any AQRS that can complete a PRE VSR IQR will be conducting reviews
- 100% of trainee reviews are reviewed by AQRS
 - o No peer reviews, even if an "error" is cited
 - No review is pulled for QRTIQR
- Reviews are non-punitive, but provide real world experience
- Gradual shift of work from national AQRS to local AQRS/VSR SMEs

There is additional information in QMS as part of the Chatter tab. There is talk of expanding the pilot nationwide for any VSR hires.

Target Audience: QRT

Discussion:

The Milwaukee PMC received inquiries regarding plot allowances from the Director of the Bureau of Cemeteries and Memorial Services for the Wisconsin Department of Veterans Affairs

and the Director for the Arkansas State Veterans Cemetery. Specifically, the Directors were concerned whether plot allowance is payable for Veterans whose death occurred prior to June 18, 1973. In some instances, Veterans who passed away prior to June 18, 1973, may not be interred until many years or decades later. Historical burial rates do not show plot amounts prior to June 18, 1973.

<u>P&F Response:</u> Per <u>M21-1 VII.1.A.1.f</u>, plot is defined as the final disposal site of the remains of a Veteran, commonly referred to as the "final resting place." The plot/interment allowance became effective June 18, 1973 for deaths on/after June 18, 1973.

P&F Service is in process of updating the manual to reflect this guidance.

References/Contacts

✓ M21-1 VII.1.A.1.f

Definition: Plot

Agenda item: Incomplete Application Notification

Presenter: Dave Coyle, Analyst

Target Audience:

All Claims Processors and Management

Discussion:

The Philadelphia PMC is requesting confirmation of the time limit of an incomplete application, whether it is one year from the date of the incomplete application or one year from the date of the VA letter explaining the application was incomplete. M21-1 I.1.B.1.g states the claimant has 60 days to submit a substantially complete HLR or supplemental claim, and one year for other types of claims. The guidance suggests using Letter Creator to prepare the letter, however, language generated in Letter Creator advises the claimant of one year from date of receipt of the incomplete application.

<u>P&F Response:</u> <u>38 CFR 3.109</u> states that if an application is incomplete, the claimant will be notified of the evidence necessary to complete the claim. If the evidence is not received within 1 year from the date of such notification, benefits may not be paid by reason of that application.

P&F Service is working with Compensation Service to update guidance found in M21-1 I.1.B.1.g which does state in one area the required time period to submit a complete claim is one year from the date of receipt of an incomplete application. Manual guidance regarding incomplete supplemental claims and HLRs is correct. Claimants have 60 days from the date of notice to complete these applications as necessary.

Agenda item: Outdated Forms Presenter: Amy Hamma, Analyst

Target Audience: QRT and Management

Discussion:

Milwaukee is requesting clarification on guidance for outdated forms. The PMCs are processing 2018 medical expenses which were submitted in 2019. However, some claims were submitted on the Feb 2012 (or prior) version of the VA Form 21-8416 (Medical Expense Report), which is considered an outdated form per M21-1 III.ii.1.C.8. Guidance found in this section appears to direct the PMC in different directions based on whether the claim was established or not.

- Treat as RFA if incorrectly established (M21-1 III.ii.2.B.4)
- Treat as an Incomplete Application if not yet established (<u>M21-1 I.1.B.1.g</u>)

The PMCs are asking how to proceed.

<u>P&F Response:</u> 38 CFR 3.660(b) governs the time limits for claims to increase pension benefits based on changes in income. This guidance supersedes any guidance related to incomplete claims or requests for application. Incomplete claims and claims submitted on outdated forms do not extend the time limit for reporting changes that result in increased benefits. Therefore, 2018 medical expenses must be received on the correct prescribed form by December 31, 2019. Clarification was also provided to the PMCs in the <u>July 2018 PMC Bulletin</u>, question #2.

In addition, it is noted that an "incorrectly established claim" refers to a request for benefits not submitted on a prescribed form per M21-1 III.ii.2.B.4.a. In this situation, the VA Form 21-8416 is the correct prescribed form, but considered an outdated form. Therefore, if medical expenses could still be received timely, the incomplete application process must be followed.

Agenda item: Auto RFD Deferrals Presenter: Dave Coyle, Analyst

Target Audience:

RVSRs, QRT, and Management

Discussion:

RVSRs are required to "defer" many claims at the RFD or SRFD level for various reasons. When a claim is auto-marked RFD, there appears to be inconsistencies between PMCs in how to address these, whether issuing a "deferral" through VBMS or changing the claim back into an Open status.

<u>P&F Response:</u> Per <u>M21-4 7.17.a</u>, VBMS deferral functionality allows a claims processor to return a claim to an earlier phase within the claims cycle to correct erroneous actions. When a pension EP is automatically updated to RFD, that system-generated action cannot be considered erroneous action by a VSR. By creating a deferral in VBMS, it can create additional administrative action to mitigate the deferral for the VSR.

Therefore, to create consistency, RVSRs should not create basic deferrals in VBMS when the claim was marked auto RFD. RVSRs should:

• Mark the claim "Open" in VBMS

Include a VBMS note which is attached to the EP

References/Contacts

- ✓ M21-4 7.17
- ✓ VBMS User Guide

Overview of VBMS Deferrals

Closing Comments

P&F Quality Mailbox:

We will solicit for agenda topic(s) for each future Quality Call. If you have a specific topic suggestion, please feel free to email it to the Pension and Fiduciary (P&F) Quality mailbox at PFTNGQUALOVRST.VBACO@va.gov

Quality Call Bulletins:

Quality Call Bulletins can be found in the following location: https://vbaw.vba.va.gov/PENSIONANDFIDUCIARY/Quality Call Bulletins.asp

The next Quality Call is tentatively scheduled for mid-June. Additional information will be given at that time.

TMS Course:

All Pension Quality Calls and Bulletins will be available in TMS. Once the monthly bulletin is finalized, information will be sent to the PMCs which will include the TMS #.

Post-Call Follow Up

Quality Call Recording:

A recording of the April 2020 Pension Quality Call can be found here: https://vbatraining.adobeconnect.com/pq61hrhmzkjo/

TMS Course:

Available content from the Quality Call (bulletin, recording, etc.) will be available in TMS! The TMS # for the April 2020 Pension Quality Call is 4554301 (Pension and Fiduciary Quality Call – Pension April 2020)

The link to TMS is <u>HERE</u>. It is recommended to use Google Chrome when viewing the TMS information.





My Learning

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Q&A:

Question 1: STP PMC

With the new mitigation functionality in QMS, will that also include automatic QMS email notification when a local reconsideration decision is mitigated?

P&F Response:

Per QMS admins, the mitigation functionality was unable to pass UAT testing. As a result, implementation of the mitigation functionality is pushed until a later date until it can work as intended. P&F will continue to work with QMS and provide any additional information at that time. Information on email notification will be provided as well.

Question 2: MKE PMC

P&F just released new NTC for incomplete app and outdated forms...are they going to go back and update this?

P&F Response:

There are no necessary changes to the existing new hire training materials. Information regarding outdated forms and incomplete forms are accurate based on current guidance.

Question 3: PHI PMC

In regards to outdated Medical Expense Reports (VA Form 21P-8416), could IPC screen for this to give claimants the maximum time limit to come back?

P&F Response:

<u>M21-1 III.ii.1.C.8</u> provides guidance on handling outdated forms. If an outdated form cannot be accepted, proper action is required to return the form to the claimant. If this is identified prior to the EP being established, then IPC should perform this function.

However, an outdated form does not change the time limits found in <u>38 CFR 3.660 (b)</u> as it pertains to an increase in benefits. For example, 2018 medical expenses must be received on the correct prescribed form by December 31, 2019.

Question 4: STP PMC

In respect to expenses that are reported for in home care, while the manual addresses an hourly rate it does not address when the expense is reported as a monthly amount. If the expense is reported at say at a flat rate of 1200 a month how is a breakdown of the time provided for care to be addressed since the amount reported is a flat monthly rate vs an hourly rate and given that in the flat rate the time breakdown is not provided?

P&F Response:

This question has been forwarded to the Policy and Procedures Team. Additional information will be forthcoming under separate correspondence.

Question 5: STP PMC

Can P&F take back as a topic an answer we just got from the March P&F Inquiry regarding the 686c and it not asking for number of marriages? The manual was updated to say that no development is needed if the most current form is submitted because the instructions tell the claimant what is needed, but that seems to contradict how we process forms such as the 527EZ and 534EZ, which have lots of instructions for the claimant that we still develop for. Using that as a rationale would at the very least have VSRs asking what the difference is between these forms, and why development is necessary for one but not the other.

Additionally, regarding the number of marriages not being on the 686c, the question comes up regarding whether or not that information is needed on say, an original claim (527EZ/534EZ), which does ask for that information. Further, what happens if that question is incomplete, and we end up developing for that information on a 686c, which again, doesn't ask for number of marriages? Although it would be preferable to not develop for a 686c in this situation given the update, if a VSR did request the 686c, what would the outcome be? It seems like the issue could get convoluted.

P&F Response:

This question has been forwarded to the Policy and Procedures Team. Additional information will be forthcoming under separate correspondence.

Question 6: PHI PMC

If the VA receives a VA Form 21P-534EZ or VA Form 21P-527EZ with a separate statement claiming fees (VA Form 21-0779, homecare statement, or statement from the facility) on the same date, should the PMC:

- Develop for a completed VA Form 21P-8416
- Process the claim without consideration of the fees and treat the statement as an RFA

P&F Response:

This question has been forwarded to the Policy and Procedures Team. Additional information will be forthcoming under separate correspondence.

Stay safe everyone!



