Quality Monthly Call - July

 Please stand by for realtime captions.

Hello and welcome to the July 2020 service quality call. This is Bonnie Kirby from Nashville, senior review specialist. In today's agenda is pretty full. As well. And I want to go over to move it with you. We will get some updates from the and 21 one. We will also get some reminders on the sexual trauma cases. Talk about when routine future exam diary is necessary. Jessica from her site visit staff is going to do the last of our ballpark series of [ Indiscernible ] claim. David and again is talking about the URC functions and similarities and distances. We have a couple of Q-tips for you. And also some great correspondence [ Indiscernible ] that will help us out.

 So without any further, we go ahead and start with Dustin Williams. Thanks so much.

 Thank you Bonnie, and hello there everyone. This is Dustin Williams, program analyst/manual editor of the procedures maintenance staff. I'm happy to join you today they have just one row quick and is Dustin Williams, program analyst/manual editor of the procedures maintenance staff. I'm happy to join you today they have just one row quick and 21 one update that I want to discuss with you.

 So as most of you probably saw a recall, rounded up to 19th, service issue calendar plans to announce that they are driving updated to its newest version now includes historical functionalities. This essentially means that subsequent claim reviewers including those with the quality need to know can use these historical searches to verify that on the date of submission. Whatever facility was submission. Whatever facility was selected to receive exam request was the correct one in alignment with availability, resource allocations and all the other criteria that they normally and all the other criteria that they normally contemplate. In light of procedures maintenance made an update two and 21 one part three, subpart for chapter 3 section a topic one block the two eliminate the requirement that a screen capture of error with the for the to the [ Indiscernible ] for giving the query to generate results are specified point in the past, the years no longer relative, real, relevant need to have this memorialize or have you guys ways unnecessary time that could be more frequently invested in others.

 So here I will pause to put delivered stress of the delivered stress of the reminder that our elimination of this document upload requirement does not negate or override the larger requirement to use that to determine the request examination for that requirement is still very much alive and well in 3.8 1B. So just because you don't have to show we did is we don't still have the options.

 So anyone working behind you should be her to tell you why you did, what you did and how you did it will using functionality rather than relying just on your upload is a primary needs you did, what you did and how you did it will using functionality rather than relying just on your upload is a primary needs of Corporation.

 So that wraps it up for me. And 21 one update, so I will pass things along to Miss Esther [ Indiscernible ].

 Hello everyone. Hope you can hear me okay. I just want to take a little bit of time this morning and talk to take a little bit of time this morning and talk about military sexual trauma plane processing reminder. MST is continue to be high-profile and DBA as a whole continues to want to get these claims right, and to continue to improve in the claims processing. So one of the reminders I just wanted to say is that we all want to make sure that we kind of think about our attitudes regarding MST as we go through these claims. Understand that these are very sensitive in nature, and kind of tough for veterans to actually come in and make this type of claim.

 The decision process is not adversarial. The VA has a special obligation these are very sensitive in nature, and kind of tough for veterans to actually come in and make this type of claim.

 The decision process is not adversarial. The VA has a special obligation , I need to assist at better in obtaining [ Indiscernible ] correlating evidence. And as a reminder VA is committed to ensuring that all veterans have access to the treatment, services and services and benefits they need and have earned. VA is particularly concerned with providing the necessary services and benefits needed to assist veterans to experience who experience MST.

 So in just a few reminders on development actions on claims involving MST. Now claims involving MST must be processed by individuals that have completed the required mandated MST training. And they have been designated by the Arothe Aro, that's a RS MST claims process and this would include having 10 MST claims reviewed and you have obtained a of about at least 90%.

 So that is a requirement that specialized desert and are a source that specialized desert and are a source must have to process and as he claims.

 The checklist, now there are three MST checklists that are required and they have to be viewed when processed he claims.

 The checklist, now there are three MST checklists that are required and they have to be viewed when processed MST claims, they are noted here in the slide deck, and they must be uploaded into the BMS, and we provided a manual reference there concerning the checklist, but be sure that you are using the MST checklist as you go through MST claims.

 Now, let's just talk a little bit about markers.little bit about markers. Some and what just what is a market. A marker is an indicator of the effects or consequences of the personal trauma on the veteran. A marker could be one or more behavioral personal trauma on the veteran. A marker could be one or more behavioral events or a pattern of change behavior. So markers are evidentiary signs for circumstances of the possibility of the claims occurred, reports, they statement some behavioral changes associated with the approximate timeframe. And I have provided a manual reference there that you can go back and refer to that gives you more information on markers. But if you more examples of markers would be requests for transfers to another military duty assignment or job location. There could be some substance abuse. Increase use of alcohol, drugs, mental health is in difficulties. Changes Increase use of alcohol, drugs, mental health is in difficulties. Changes in interpersonal relationship. So those are the types of things that you would be looking for when you are reviewing the claim and trying to identify markers.

 Often it is necessary to seek alternative evidence to review the markers, and I've got them listed here on the slide deck. Examples are crisis centers. Domestic abuse centers. Counseling facilities. Civilian medical records. Police reports. One of the things that we want to point out the sometimes reviewing the claims claims that this can get overlooked as a personal statement for family members, it will be clergy or can be clergy, chaplain. Hello servicemembers. So please remember to take a look at all of these things that could be a marker.

 So requesting the exams in MSP cases, the [ Indiscernible ] piece is something we continue to notice that we need to get a little bit better in. Quality assurance recently looked at a small sample of domestic cases and we notice that the highest errors did include [ Indiscernible ].

 So just a reminder, there's a low threshold for requesting exams and MSP cases. Requesting exams for PTSD based on MST when there is a current medical kind and noticed PTSD or late statement or the veteran is describing PTSD symptoms. And there is credible evidence of the personal trauma or circumstantial evidence of a marker. And I provided annual references there for you to use for the exam piece.

 Exam and medical [ Indiscernible ] are almost always needed. Examiner must provide an opinion with concerns of the presence of in-service stressor based on the markers. So at least be sure that you understand what needs to go in the exam request so that we that we can get an adequate exam an opinion and not have to to return it and delay the claim any further.

 The examiner also provides a and delay the claim any further.

 The examiner also provides a link between the claims director and the current diagnosis for PTSD.

 So in all cases, grant PTSD MST when the following our presence. There's a current diagnosis, creditable evidence the claims stressor occurs, and a medical opinion that relates diagnosis to the in-service reference.

 So in that case, you can always grant PTSD.

 That concludes my presentation, and I will turn it over to intranet Riviera.

 Thank you Esther. I am intranet Rivera, I have a national program manager for BPA for military special drama in suicide prevention. I work in the office of field operations for outreach and stakeholder engagement.

 I'm going to talk about military sexual trauma and I will give you some information on processing reminders.

 Now we are going to talk about military sexual trauma outreach coordinator's versus military sexual trauma claims coordinators that are in the field. There are some concerns about the I guess the relationship in the field and what we call folks that are working in the field, I guess their names. We don't want to mix them up. They all are working diligently to assist MST survivors and the veterans with the process. So what is MST outreach coordinator, and what is the MSP seems coordinator and processor? Let's talk about a

 They can be male or female. On both sides, but really MST outreach coordinator's are male or female, we have them in all 56 regional offices and a veteran can choose to speak to either one of the percent of their collateral duty and public contact and sense for their locate a that's where they are situated, that's what they are assigned.

 They complete specialized MST training. And they may be assigned one or more special emphasis programs that can be an additional duty. Again that is collateral duty. Again with MST claims processor side, they are MST claims coordinators. They are coordinator as well. They are also known as an MST claims processor. They work in the development area, and again this is all associated with the development process. And this is also related to the processing of claims. So this distinguishes their roles and responsibilities. They have the BSR experience. They have the responsibility of processing the claim for they know that process. They also have completed specialized MST training.

 Again their assigned to the development activity at the regional office. So again this terminates the roles and responsibilities during the development activity, during that development process with based on MST, MST related claims.

 Specifically what is that MST outreach coordinator's role? Make sure it's very very clear during the development activity, during that time when that MST survivor is having that claim process, with that outreach coordinator is supposed to be.

 What are they supposed to be doing? They provide that assistance, the instructions associated with filing claims based on MST.

 They share and receive information at the better for the provide claims updates based on MST if requested. They are not the ones processing the claim. That is the role of the BSR.

 Again, specifically the MST outreach coordinator's role is to provide these three items during that development activity.

 That's all I have for this particular part of the presentation. I am passing the next torch on to [ Indiscernible ]. Thank you free time.

 Hello everyone, again this is Jessica planner. With the program operations staff. Today I have two topics that I will be covering. And the first one is routine future exam diary reminders.

 So conversation has protected a deep dive of all pending routine future exam diaries. And identified several scenarios where unnecessary RSC diaries are being created. Therefore we wanted to take a few moments to provide some reminders to keep in mind when determining if an RFP is necessary.

 So first off, just a reminder that the radioactivity should exercise prudent judgment and referred to 38 CFR 3.327 be when determining the need for a review exam. It is the VA policy to request future exams only when absolutely necessary. And every effort should be made to limit cases where future exams are requested.

 So here are a few things to think about when you are trying to determine the future exam is necessary. Do not establish RSC diaries when the disability is static, without material improvement, for over five years. The disability is permanent in character, and as such nature that there is no likelihood of improvement. Do not establish RSC diary with the veteran is over 55 years of age except in unusual circumstances are required by resignation. For example the veteran is over age 55 and service [ Indiscernible ] that requires a mandatory routine future exam six months after the cancer treatment or the chemo treatments, then it is okay to add an RSE diary. However that is not the case of the veteran is over age 85 and you would not add an RSE diary.

 Also do not establish a RSE diary when a valuation is the prescribed schedule or minimum within its diagnostic code. For example, diagnostic code 7203 structure of the esophagus at 30%. So if you have a veteran that is rated 30% at this minimum prescribed evaluation for this diagnostic code, you would not put a RSE diary on the diagnose to copy code.

 Do not establish an RSC diary when evaluation is 10% or less. Any evaluation at 10% or less, 10% or 0% should not have a RSE diary established.

 And lastly do not establish a RSE diary with the combined evaluation would not change even if the re-examination resulted in a reduced evaluation for one or more disabilities.

 This guidance applies to initial RSE's and the interest of sustain improvement. Again if you try to determine if you need to put a routine future exam exam diary on an issue, be sure to check out this reference in this PowerPoint presentation to ensure that you are not requesting an unnecessary RSE.

 Okay so now let's move on to the second topic, which is the last part in our four-part ALS series. So in April we started a four-part series discussing common site findings regarding ALS claims processing. Based on the ALS claims that we have reviewed in conjunction with light visits, we are hovering around a 35 to 38% accuracy rate. This four-part series was designed to give those of you who process ALS claims quality review a also reviews claims quick it information to boost the accuracy of these claims. So today we will wrap it up with this four-part series, part four, if you have missed any of this series, you can go back and view it on the, in TMS, in the compensation service quality call reporting period

 So lastly today we're going to discuss briefly SMC.

 So one of the findings with ALS claims processing was missing the issue of ANA. Now that's whether it was expressly claimed or inferred. So the fact that you want to keep in mind here is if a single disability is evaluated as 100% disabling, consider entitlement to ANA or the house boundary as a inferred issue if the evidence shows that the benefit may be awarded.

 So I best practice here is if you recall, we talk several times about utilizing a checklist as you are going through ALS claims and reviewing the medical evidence to sparse out the different complications that may have risen with this disability.

 So utilize a checklist or an outline that we previously discussed to note the need for ANA or other levels of SNC based upon the list of complications that you have identified.

 So let's put this into practice with an example, and if you really want to test your knowledge, pause the presentation after the examples given, but before the answer slide is displayed. Give yourself a few minutes to answer the question and then compare your answer with the answer slide that is provided.

 So here is the scenario. The better is service-connected for ALS and complications as follows. Diagnostic code 8017 6520 at 100% for permanent tracheotomy. Diagnostic code 5109 at 100% for loss of use of [ Indiscernible ]. Diagnostic code 8520 at 40% for weakness of the left lower extremity. And 60% for weakness of the right lower extremity, and diagnostic code 7 542 at 40% for awarding the function.

 The medical evidence also demonstrates a need for ANA due to assistance with the tracheostomy, eating, bathing and dressing.

 So what level of SNC should be granted?

 Here is the answer. So for the permanent tracheostomy, a letter L would be awarded four and a, because you have a 100% commission that warrants ANA. For the use of the bilateral hand, at 100%, if the letter M is warranted for that loss of use. The week of the loaf lower left extremity, and warning dysfunction do not warrant the level of any SNC. So when you add that together, you have SNC L, left and, which then allows us to grant in O. Because we have two SNC's between Al and Ellen have that allows us to then rent as a CEO. And SNC you plus the need for aid and attendance allows us to give that higher-level of SNC at the R1.

 Now for that same scenario, let's test your knowledge even further. What are the SNC codes that should be displayed on the code sheet? Again if you're using your outline, draw out your scenario. You have an L plus in for the tracheostomy in the bilateral hand loss of use, which gives you the O, and O plus the need for an a gives you a letter are one. -- And are one.

 So using the SNC calculator, these are the basic codes that would come up granting the R1 basic code 53, hospital 21, loss of use code 23 and other laws code of four.

 Okay so over the last four months we have covered seven different, site visit findings with processing LS claims. They are some key points to remember. In part one we covered missing LS special issue or/and you want to please ensure that ALS claims are properly slashed, have a special issue to expedite these claims appropriately. Also medical evidence confirming the diagnosis of ALS one is sufficient to support an evaluation of 100%. To make sure that we are not requesting unnecessary VA exams for these ALS veterans. If we have medical evidence in the record to support the grant at 100%.

 And part two we discussed if there are no individual applications wanting a single 100%, you will assign a single 100% evaluation using diagnostic code 8017, and include all complications in the diagnosis. On the other hand, when a single 100% evaluation is warranted for a complication of ALS, a final 100% evaluation for the complication with a hyphenated diagnostic code. For example in the 17 5110 for the loss of use of both feet due to ALS. And assign a separate evaluation for all other complications.

 In part three we covered the fact that ALS can be established on the basis of presumption under 38 CFR 31.8. If manifested at any time after discharge or released from active military, able or [ Indiscernible ] so be sure that when you are granting ALS, you are granting on the basis of presumption in quoting 3.318 in your narrative.

 Also be sure to award service connection for disabilities that are approximately do two or the results of an SP condition or service connected condition under 3.10. So convocations that arise from ALS as the primary disability should be granted on a secondary basis under 3.10.

 Be sure your narrative reflects that in the decision.

 In the park for we discussed if a single disability is evaluated as 100% disabling, consider entitlement to ANA or the house boundary that's a different issue. Of the evidence shows that the benefit may be awarded. Be sure to use your outline or your checklist and notes of complications that you identified through the medical evidence to help you determine if any SNC or special the compensation is warranted.

 In the bulletin, you will find attached ALS checklist designed to assist those of you that process and quality review ALS claims. Use this checklist each and every time you review and ALS claim as a guide to ensure improved accuracy of these claims. So that concludes the four-part ALS series. We hope that you felt material beneficial something you can use as a reference in the future to ensure we improve the accuracy of these claims. Thank you for your time and have a great day.

 And I will pass it on to fill for some updates -- I will pass it on to Phil.

 I'm Philip [ Indiscernible ] Jacobs. In this morning I just [ Indiscernible ] I want to go over common site items as far as [ Indiscernible ].

We're finding a lot of pyramiding between respiratory conditions. Especially [ Indiscernible ] for the more we're finding discrepancies in the application of 38 see the 4.126 evaluation of mental disorders. Which notes that the rating agency shall consider all evidence, what we're finding is that some are just inputting whatever the exam shows into the evaluation builder and basically with that rather than looking and reconciling the pre-record, the medical records, other medical records and maybe disabling the file, etc.

 And lastly [ Audio cutting out ] in reference to referrals of these reviews to us, make sure that you have a compensation service review special issue of [ Indiscernible ] attention. That will auto around that claim to us. Ensure that the claim is an open status. Effective in the manual as well. But what we're finding is that claims are sent to us in a ready for decision status, there are [ Indiscernible ] on the report. And then there's are being called out for working claim essentially, so just want make sure the those are open status when they are sent to us. And then there was a recent DBMS upgrade that clearly call the compensation service, where this claim should be sent in our 388. We have to use a consent to our 0101. So we just have to clarify that our three in the agency DMS.

I will turn it over to David Hannigan.

 [ Indiscernible ]

 Thank you fill. Hello everybody, yes my name is David Hannigan, the quality assurance officer and national, Nashville Tennessee.

 My first topic is I want to talk a little bit about star and QT function.

 How those two differ and how they are similar under our quality assurance umbrella.

 Okay. Now most people know star, most people are well aware of star and QT, but based on some questions we have received recently, we thought this would be a good opportunity to kind of outline what each does and how each works towards quality improvement.

 First I will talk a little bit about tar.

 Star is our national method for measuring compensation claims. We pull in a monthly sample of both ratings and nonreading piece. For those who are regularly in QMS, you will see codes of NCR, QR and NCA QR, those are strictly star related quality reviews. Specifically for rating\*focuses on an issue based accuracy. Another area that\*focuses on that is strictly or primarily I should say a central office function is special focus reviews. And that allows us to really dig into a particular topic.

 Example might be traumatic brain injury. On the screen to focus on reviewing claims or traumatic brain injury was one of to focus specifically on that.

 Okay now will talk a little bit about the quality review teams. This is your local quality function housed within each the regional office.

 This consists of mostly individual all the views or IQ ours as we commonly referred to them as. BSR's, RSIs, BRS, all QRS is. ANR. Undergo individual quality reviews. This is a task based accuracy QT teams are tasked with mentoring and feedback. Circling based on quality related trends during training in-house.

 And we receive some questions recently. It seems like potential confusion between stars role in QT's role, we thought this would be a good opportunity to talk about each individual.

I'm going to move to our Q-tip portion. Of our monthly quality call. And as a reminder, we have this slide in each and everyone each and every month your Q-tips are welcome, requested. We do get good suggestions from the field and we appreciate it. And you can send your Q-tips out directly to me, David Hannigan. And I look at them all. We talk about them.

 And actually the first Q-tip was submitted the field. Q-tip number one, acceptable forms all flying acts of service.

 So of course in addition to your original, carbon copies, your certified copies and separation documents, we ask you are so consider year acceptance of the digitally signed 214 to 15.

 You want to look for a 10 digit number that follows certifying official name. And this is an acceptable form in place of a certifying signature F, the form appears genuine and all an unaltered, with a better discharge on or after 8/108 under other than [ Indiscernible - low volume ] issues and you can look this up and 21 one [ Indiscernible - low volume ] issues and you can look this up and 20 11623A.

 That is our first Q-tip.

 Now going to pass it along to Amy Austin for our second Q-tip.

 Thank you David. Hello everyone, this is Amy Austin with the quality assurance staff in Nashville, and I will be going over the second Q-tip today.

 The second Q-tip involves final notification letters use to document the unavailability of federal records. And just a reminder, in 27, the final attempt letter had been changed to a final notification letter. And with that change, there is no longer a 10 day response period. So we want to reiterate that. And therefore claims processors are reminded to refrain from using the final attempt letter that is still available in the PDS core. Instead all claims processors can prepare and send the final notification letter to document the unavailability of the federal records using the letter creator tool.

 Or they can prepare the problem is using PTL.

 Please do not generate a track item when spending or sending this type of letter to the claim.

 Now the slide also identifies exceptions involving SCR's, the ANC or BRE records or fire related records. If the case you are processing involves this type of federal record, please refer to the manual for specifics and additional guidance.

 And then lastly, this slide is image of what you will see when using the letter creator tool to create a final notification letter. As you can see, there are pre-populated options available to help with consistencies, but remember, you are able to take the centers that are generated using this tool. So please proofread your letter for accuracy and make the necessary edits if need be.

 That's all for this topic. And thank you for your time. Next up we have Devon Dotson.

 Thank you, good morning. My name is Devon Johnson. I am a program analyst with [ Indiscernible ].

 I am here today to provide additional reminders for centralized requirements.

 Last month I reviewed the central requirements related to document formatting. But they can only only be black and white documents with [ Indiscernible ] added to the package manager.

 In addition to those other requirements that we had last month but I will reiterate them this month is people are still [ Indiscernible ] with

 You should never add a fillable PDF and package manager. This slide shows with what happens when you did. And left you can see this content on the 2708 20. But on the right you can see this link. That's what the attorney that this is sent to receipts. This causes tremendous confusion because it doesn't include any inflation or even better information. The attorney has no idea what this pertains to our why was sent to them. So when you need to send it to the PDS you have to fix the file first. This is what we discussed on last month call. You would have to download the filled out PDF and print the PDF with the appropriate printing setting and then upload it and at that version of the form package manager.

 You should never use Adobe portfolio to combine documents for centralized printing. This causes an error and requires the work. If somehow a portfolio can find file does not get caught, this is what the veteran would receive in the mail. A printout of what you are seeing on the screen right now in front of you. So let's talk about how to properly combine files in Adobe. If you use create PDF to merge possible PDFs, use combine files. Do not ever use can create combined portfolio. If you receive an error like the one showed here, usually means that one of your files is a fillable PDF. Not following instructions on this alert, you will need to fix file that is fillable by printing it to PDF with appropriate specification. We will refresh on the steps, please see step three of handout provided. If you receive with create PDF portfolio, it will reject and you will have to fix the file later in order to get it to be successfully sent.

 There are several ways that you can merge files in Adobe, but their best practices for how to create them that they will print successfully. Do not use come combine file option in Adobe. This combined to file a way that turned every page into an attachment, which can result in a failure to successfully [ Indiscernible - low volume ] [ Audio fading in and out ]. Use urbanized pages do not have the same results.

 Do not use the paper to the paperclip to attach files with PDF for this is the same effect as you combine file section which may result in extra work later to fix the file to get it [ Indiscernible ] [ Audio fading in and out ]. It is very quick and easy to combine files and organize pages. Just need to drag-and-drop whatever file or pages from another PDF that you are including the letter.

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