October 2020 Quality Call Closed Captioning Transcript

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Hello and thank you for watching our presentation today.

This is Robert Johnson with quality assurance. Welcome to the October compensation service quality call.

Here is today's agenda. Since this is the first quality call of FI 21 we have a lot to share with you. I have some information regarding the quality call material and Melissa and Kim have new updates to the manual. We have clarifying guidance on how miss independent information can be submitted after the claim to at the dependent was denied. Kelly will discuss how to process claims after it was previously denied. I will share a reminder on attorney fees followed by showing an image of the watermark. Jennifer has some reminders on using the finding town, how to avoid favorable Vinings errors and hearing loss decisions and a reminder that this is already part of most [Indiscernible] fragments. We have some examination request reminders that were suggested by Amy and Jamie from the national office. Erin will talk about when not to use the track item fields and we have some news on a recent court case. Let's get started. I have the first topic.

The system information on the quality call material. Since this material is assigned to you and there are over 8000 employees seeing this material, I think it is a good time to discuss some of the basic information regarding the material. The compensation service quality call is a presentation designed to provide already trained developers, optimizers, decision-makers, and quality review specialists with new information or reminders to sustain quality, accuracy, and consistency. Except during September will record a single quality call each month. That is created for everybody and contains topics across the board. All of us truly believe that any knowledge is good knowledge. When one quality call ends we are already preparing for the next month's quality call. It's an ongoing cycle that takes time and effort. Everybody is really proud of the material they have created to share with you. All divisions of compensation service take part along with regional office subject matter experts. Speaking of that, if you are a subject matter expert and your office management approves you can present a topic during a quality call. We will be here to help you. You will not have to do it alone. You will be supported by somebody here at quality assurance to help you develop the topic, create the slides, and help you present the topic if needed. It's a collaborative effort. I will share more information about this at the end of today's presentation. Quality calls are centrally assigned to all claims processors. You will receive an email letting you know when the call material is placed on your to do list. The material has current information so it is best practice to view it as soon as possible. It has a due date 30 days after its assigned. Like I mentioned before, there is over 8000 regional office employees that view this material. If you do not receive an email from TMS letting you know that a quality call has been added to your to do list, please reach out to your training manager to have you add them or you to the list. If you receive an email from TMS but do not think that quality call material should be assigned to you, again, please reach out to your training manager to determine why you are on the list. Hopefully everybody knows how to view the compensation service Internet phone page. There's really a lot of good information on the site. If you have any questions on how to use it, please reach out to your local training manager. In other words, all employees can subscribe to the calendar subscription service by selecting the dashboard link under business management 215 on this homepage. When you subscribe, you will receive calendar blast emails letting you know that new information is available. This is information such as job postings, training requirements, manual updates, retirement updates, and quality call material. We will continue to release a calendar blast email to all employee subscribers once the quality call material is available. I will include a link to subscribe to the service in the bulletin for those of you that want to receive these emails. Up next is the quality of the audio recording. Please note that the audio recording is clean and good when it is saved into TMS. Some of you have reported issues a playback when listening to the recording in TMS and opening documents. There are several reasons why this may occur but the most common reason is due to some kind of quality degradation based on your Internet connection and the quality of speakers that you are using. And how many of the 8000+ employees are viewing the material at the same time as you. This could have an impact on your experience. We recommend letting the video load for a couple of minutes before first playing it. This will allow the video and of time to buffer. If the video stops playing, it is most likely buffering. Please allow it some time to start playing again. Some employees have recorded have a better success using the Internet Explorer browser rather than chrome or other browsers. For those of you that may be unsure how to use TMS to view the material or how to control video playback, please reach out to your local training manager. The quality call bulletin is not usually a line by line transcript of the words spoken during the presentation. Instead it often can contain brief sentences highlighting the topics along with embedded links and references. When you log into TMS to view the presentation, there is a screen with some good instructions and that is what is on the slide now. We use a closed captioning service when we record the quality call presentations. The typed transcript is now included in TMS. I have highlighted that in yellow. It is the paperclip icon at the bottom. This transcript is a complete document of everything said during the presentation. It does contain some possible omissions or spelling errors because it's being typed live by transcriptionist that may miss words or phrases or be unfamiliar with some terminology. This document represents as best as possible the words spoken during each topic of the presentation. It does not contain links to references like the quality call bulletin. Speaking of the quality call bulletins, you do not have to log into TMS or the VBA learning catalog if you just want to view those. All of them are saved on the compensation service Internet star homepage. If you are not sure how to navigate to the site, please reach out to your local training manager for help and I will be including some leaks in the bulletin to get to these sites. You still have to view the quality call material in TMS to obtain learning credit. You can easily view the bulletins anytime you want without having to log back into TMS or the VBA learning catalog. We are on the STAR homepage. There is a blue [ MUSIC ] here. There is a tab titled star quality calls which contain your bulletins. The other tab, STAR quality calls search page contains a built-in search function that allows you to enter words or phrases to find a specific bulletin that you were looking for. When you select the star quality calls tab, a box will open showing the fiscal year links for the quality call bulletins. By the time you view this in TMS there will be a new FY 2021 link. Select the fiscal year link that will open another box showing you all of the bulletins posted for that year. Select the bulletin that you want to view and it will open in a separate window as a Word document. The quality call bulletin search portal has been available for six years since October 2014. You can access the search function on the STAR homepage by selecting the STAR quality calls search page tab . It is very basic and allows you to search the bulletins beginning in FY 2015 on October 1, 2014. The date range shown will automatically expand into the future when new calls are added each month. On the search page which is shown here you put the word or phrase into the search box and you can select tips for how to enter the phrase you are looking for. If you have any suggestions on adding new metadata and that is the words or phrases that allow easy searches to help make searches quicker and easier please have your management team email the suggestions to our internal email box. I will show that at the end of the presentation. That is all that I have for reminders on the quality call material. Hopefully some of what I share will help. There is a lot of really good information on the homepage. If you do not know how to get to that page or how to use all of the information there, I will have some leaks in the bulletin that will hopefully help you. The next topic are some new updates to the manual presented by Melissa and Ken. Melissa?

Hello everyone. My name is Melissa and I am but the service on the procedures maintenance staff. Our staff is responsible for the compensation related portion of the adjudication procedures manual. As noted we updated the manual that covered the procedures for military sexual trauma claims or MST claims as they will be referred to from here on out. This is an [Indiscernible] subpart for chapter 4 section 0. These changes were necessary as the role of the outreach coordinator and the claims process has changed. Essentially the outreach coordinator will be responsible for outreach activities only and will no longer be responsible for calling veterans for the sole purpose of asking about the claims stressor. You can find more on the coordinator responsibilities in the newly published in 27 M27-1. Switching back to the M21-1. This tells the development procedures for PTSD claims. Topic five specifically covers for soul trauma. The recent update removed both the outreach coordinator checklist as well as reference to the coordinator making a phone call to the veteran. The process is now streamlined and an overview can be seen in 421 D5 D. All evidence will be reviewed before developing to the veteran. This includes both primary and alternative sources of evidence for documentation that the claim occurred as well as reviewing for evidence of behavioral changes or what you may know as markers. In cases where there is no evidence to support the claims stressor to include no potential markers a development letter will be sent to the veteran. As stated earlier it's no longer a requirement to call veterans of these cases. All other subsequent processing steps remain unchanged, including the rating request outlined. To support these changes, compensation service updated the job aids page and updated the personal trauma checklist so that it no longer refers to calling the veteran to ask about the stressor. Keep in mind that if adjudication of a claim otherwise requires a call to the veteran, for example for the purpose of clarifying issues and claims, that call should still happen. This changes just to remove the requirement that they receive telephone contact simply because they filed a claim. That concludes my topic for today. Thank you for your attention and I will turn it over to my colleague, Kim Tibbetts.

Thank you, Melissa. My name is Kim Tibbetts and Melissa and I are colleagues on procedures maintenance. I am on today's call to brief you on some significant changes that we recently published to M21-1 part three subpart three chapter 5 section K in chapter 6 section B. My father told me a joke when I was very in the panicking that was traveling the ocean on a large, elegant ship that was propelled by dozens of horsemen that sun rose just above the waterline. One day the ship's captain stood before the oarsmen to share with them the plans for the day. Which would you like first he asked? The good news or the bad news? One of them spoke up and said, well the good news of course. The captain then declared the good news is that there will be double portions of food today. The oarsmen all cheered and slapped each other on the back. When the referee died down, the same oarsmen that had initially spoken up asked and what is the bad news?

The bad news is that the King wants to go water skiing. Today I will be presenting you with some good news and the bad news. The difference is that I will be giving you the bad news first. As you know, when veterans wait too long or forget to notify VA of changes in the status of their dependents such as a divorce or death, overpayments, some of them sizable are created when they award is reduced to reflect the change in status. The undersecretary for benefits recently became concerned about the size of some of these overpayments.'s plan for reducing them includes increasing the frequency with which VA requires completion of form 21 -- 0538, mandatory status of dependence which was previously known as the status of dependence questionnaire. The increase in frequency that they have ordered will occur in stages. The increase in the first stage from once every eight years to probably once every five years. No timeline has been set but they plan to eventually increase the frequency to once every year. Although the format of this call does not allow for real-time feedback from listeners, I imagine that I'm hearing a collective groan from the audience at the thought of how this will impact workload. We are aware of this as well and the USP plan to mitigate the increase in workload by automating the processing of many of the forms 21 show 538 that the VA receives. The first involves the automatic establishment of EP 330 when the VA receives a form 21-058 that a veteran completed and returned. Instructions for managing this were incorporated into the changes to M21-1 three through 5K that we published. As a teaser for what is coming next, I can tell you that in order to facilitate the processing, compensation service made radical changes to the form. This is also good news and I will briefly touch on the most significant changes to the form. First, the veteran will have the option of simply answering yes or no to the question, has the status of the dependents for whom you are receiving additional compensation changed?

Next, the form no longer contains space for veterans to list all of their dependents so we will no longer accept form 21-0538 as additional claim for dependence. This revised form instructs veterans to submit this form if they have a dependent for whom VA is not paying additional compensation. Finally, we got rid of the weird title mandatory status of dependence and replaced it with mandatory verification of dependence. The information technology Center will begin sending the revised form to veterans October 30 of this year. As you might have guessed this will require another change which you will see in a few weeks. On to the next slide. With few exceptions, VA may not pay disability compensation to a child that they have awarded education benefits which specifically consist of dependence educational assistance and education benefits under the Fry scholarship. In order to prevent this from occurring education services regional processing offices, which now consist of only two offices, one in Buffalo and the other in Muskogee are responsible for notifying our Os when they process an initial award of education benefits. Regional processing offices previously sent their notice by email. They recently implemented a new process for notifying and it is described in this slide. Now when and RPO processes it an initial award of DEA they create a work item that is distributed for processing. When and RPO processes and initial reward of education benefits to a child under the Fry scholarship, and now routes notice of the award through centralized mail. Instructions for processing notice from and RPO and the aforementioned work item were incorporated into changes that we made to M21-1 336 B3 and published September 28. During today's call I highlighted only the most significant changes we recently made to M21-1 three through 5K and 336B. I strongly urge employees to review the other changes that we have made. They are all explained in the corresponding key changes document field employees may access by clicking on the corresponding hyperlink near the bottom of the webpage for each of these sections in the compensation and pension knowledge management portal. That is it for me. Next up is Isabel and she will discuss the handling of information regarding a dependent that VA receives after denying a claim for additional compensation. Is about?

Thank you. I'm a consultant with the STAR program review staff and quality assurance. The appeals modernization act apply to both rating and non-rating. It applies to the receipt of missing dependent information such as a Social Security number or date of birth. If you are developing for this missing dependent information during the course of adjudicating the claim, the missing information can be submitted in any format such as form [Indiscernible]. The missing information does not have to be received on a prescribed form at this stage because you are still working the claim and the decision has not been made yet. However, if you denied the claim because of missing dependent information, then the submission of the missing information or evidence must be accompanied by a prescribed form because it was closed when we decided the claim. The mere submission of evidence alone does not open the evidentiary record.. Post AMA all claims to include providing missing information must be submitted on prescribed forms. This is a major change on how veterans can provide missing information. It can no longer be provided on just [Indiscernible] instead it must be submitted on or with the prescribed form. This has been in effect since it was implement it on February 19, 2019. It describes the information on process for additional correspondence. The national call center complete said after the veteran calls the center to provide missing information after the claim was denied, 0820 is considered a request for application and the guidance needs to be followed. If the claim is denied the missing information can be put in on the VA form 21 -- 680 3C or [Indiscernible] which are valid, prescribed forms. It is based on which form was submitted and in which timeframe it was received. It will apply [Indiscernible] paid by the claim form submission. After the rules governing the initial claim and dates for 3.401 or 38 CFR 3.5 00. Depending on the timeline, the effectively could be the same but not in all cases. It is up to the viewer for to provide the appropriate effective date. It will be updated by COB service policy and procedures. Now I'm going to pass it to Kelly Kennedy and she will discuss the subsequent considerations after a previous denial.

Thank you is about. As noted, my name is Kelly Kennedy and I'm a senior quality review specialist with the quality assurance staff in Nashville. I am going to share some guidance with you today that quality assurance [Indiscernible] after it has been previously considered and denied. This was prompted by some excellent questions received from the Q RT at the Little Rock regional office and it was also previously shared nationwide via email to the QR boxes as well as posted to QRS chatter. This guidance addresses the following questions. When a decision for entitlement has been previously considered and denied, does the subsequent claim require the submission of both the VA form 21 8940 and the form 20 0995? The second question pertains to a situation where a decision for entitlement has been previously considered and denied and the circumstances of the current claim raised the issue of entitlement such that it must be inferred and deferred for development. Must the development request the completion of both the VA form 21 940. In answering these questions we find that M21-1 part four subpart two handles decision about legacy appeals. This provides helpful instructions as part of the supplemental claim. However, because of the nature as a type of claim for increased compensation the prior denial may be filed by either a new initial claim or a supplemental claim. This comes directly from M21-1 part four subpart two 2.5 a which will take a closer look at in a moment. This is either a type of initial claim or a supplemental claim on an evaluation issue. As a side note, remember the term initial claim encompasses all complete claims other than supplemental claims for 3.1 P1. Additionally in this scenario where it was reasonably raised but previously denied, there's no need to develop the form 20 0995. So here we have an excerpt from M21-1 subpart four part two 2.5.5 point a [Indiscernible] as you can see, this guidance specifies which forms can be used to file a claim after entitlement has been addressed previously. Note that the VA form [Indiscernible] is not required to file the claim after it has been previously denied. Also remember that the applicable effective date rules will depend upon whether the subsequent claim is filed as a claim for increased, i.e. an initial claim or as a supplemental claim. For effective dates for claims for increase, see 38 CFR 3.400 zero for effective dates for supplemental claims 38 CFR three point 2500 H per three subpart four five C6. Whether or not be a form 21-8940 is required will depend on the circumstances of the case as we see in M21-1 part four subpart two 2 F 2 B it should be developed during the supplemental claim when one it is not previously resubmitted, the only VA form 21 8940 was submitted with the finally adjudicated claim. Or 3, the evidence of record indicates a material changed in the veteran employment history has occurred since the last submitted form. The same guidelines on when determining when to develop for an initial claim as well including claims for IU after a prior denial and a health official claim using the [Indiscernible]. As directed in M21-1 part 4 subpart 2 2 F 2 B should be sent if the form has not been received but a request is expressly raised by the veteran or reasonably raised by the evidence of record. Sub part C of the same topic if the issue is raised by the veteran or reasonably raised by the evidence of record was received as part of a finally adjudicated claim a new form must be provided to the veteran. And that is subsequent consideration after a previous denial. I will turn it back over to Robert to discuss attorney fee withholding.

Thank you. Continuing on that for a moment I have a reminder on attorney fees to share with you. TSRs reminded if attorney fees are warranted when it is granted. Before the AMA updates there used to be a section in the manual showing how a IU grant weather involved in an appeal or another claim could have an impact on pain of 20 thieves attorney fees. This is just a reminder that you need to know a grant of IU even though it wasn't previously claimed on appeal could possibly cause the need to pay fees no matter what type of claim. I have heard a recent statement from the VA General Counsel and I quote, although it would depend on the facts of a particular case in the park for the other requirements for fee eligibility, the grant of service connection for a disability an attorney or agent may be eligible for attorney fees based on a continuously pursued supplemental claim for a higher rating including IU unless the IU or higher rating was clearly based on a new level of disability after the service connection. Policy and procedures is currently updating the manual based on a recent court case and will consider adding a claim for increased [Indiscernible] IU example. That is the reminder and I have the next topic as well.

This will be very brief. I want to show you what the COVID watermark looks like on documents. A reminder of the recent training in which submissions do not apply. So here is the watermark and how it will appear on the document. Hopefully everybody completed the COVID TMS training by September 30. I saved a copy of that PowerPoint to my desktop. The date of receipt guidance found in policy letter 20-02 is applicable to only claims received via United States Postal Service, United Parcel Service, FedEx, in other words mail. There are no Postal Service delays on claims that were not sent through the Postal Service. There is not a postmark on a claim that was not sent via email. As such, this date of claim of receipt guidance does not apply to facts, email, or E benefits claims submissions. That was quick. Up next is Jennifer, a subject matter expert with the national regional office. She has some good rating tips to share.

Thank you and hello everyone. I am Jennifer with the national regional office in today I will touch briefly on four rating adjudication tips. First we will discuss how to properly use the evaluation billed when evaluating post joint replacements. Quality review has identified improper evaluations with post joint replacement. The majority of these improper evaluations could have been avoided if the evaluation builder was used properly. Proper use of the post joint replacement section is imperative to ensure accurate evaluation following a joint replacement. When evaluating a joint replacement the entry in the evaluation builder should be limited to only the post joint replacement section. Do not enter other findings into it any non-joint replacement section of the evaluation builder. This could result in an improper evaluation or error. Let's take a look at the correct input screen for any replacement. Limit your entry to these two boxes only. Notice that the below section allows for input to consider intermediate degrees of range of motion or residuals allowed under diagnostic code 5055. All relevant findings for post knee replacement should be entered here. Do not enter any information in these areas of the evaluation builder. It is very tempting to do so because it normally includes range of motion and other information that one might be tempted to put into these areas. Let's take a look at correct evaluation input screens for hip replacements. Again, limit the input to the proper section for prosthetic joint replacements. Again, notice that all intermediate considerations under diagnostic code 5054 are contemplated in the post joint replacement section. Again, do not enter any information in these areas of the evaluation builder. Let's move on to the importance of using the favorable findings tab. Quality assurance and the office of administrative review have identified that some field users are still not utilizing the favorable findings tab. Remember that properly overcome favorable findings are binding on future decision-makers so ensuring that they are properly captured and carried forward for the next decision-maker is important. When entering any favorable finding information into a rating decision, make sure that the favorable findings tab is utilized. Using the favorable findings area is the only way to ensure that identified favorable findings populate in the corporate record and carryover from one rating to the next. Using this tab can also help eliminate potential favorable finding errors. I have provided a hyperlink here. This provides step-by-step instructions on the proper use of the favorable findings tab. We will briefly review those now. Step one, select the necessary information from the drop-down menu and continue by selecting next. Step two, once all decision screens are complete the favorable findings, reference fog, and analysis will appear under the issue management tab. Step three. Within the favorable findings tab, users can add, edit, and delete favorable findings to include text information for any issue that is created or claim to the rating application. Each favorable finding will include free text information and must be added to the rating. Step four. Select the add favorable finding button to import the favorable finding under the favorable findings tab. Step five. Select the applicable finding from the template drop-down menu. Users also have the option to enter free text in the describes text box for a favorable finding that may not be available from the drop-down menu. This is a good place to remind you that the decision-maker needs to supplement the drop-down selection with appropriate supplemental free text, discussing the evidence used to overcome that favorable finding. Steps six click the add finding button. Again, the use of this tab is instrumental in assuring that the corporate record contains all overcome favorable findings which will assist the next decision-maker when re-addressing the issue. Now let's discuss presumptive favorable findings for hearing loss denials.. There still appears to be some confusion about how to use the hearing loss calculator while ensuring that favorable findings match the narrative reasons for denial. We will again touch on the minimum requirements for favorable finding and modifications to the generated text when using the hearing loss got later. Please remember that the following guidance is only applicable if presumptive service connection was not an expressly claimed theory of service connection by the veteran. Additionally for direct denials, all direct service connections must be properly captured and identified in the decision. This was initially covered in the April 2020 quality call. When denying service connection for an issue, both provide guidance as to what the rating narrative must contain. When denying service connection for an issue, if there are multiple bases of service connection or multiple reasons being addressed, relevant text must be added to the narrative in order to discuss the unmet elements and favorable findings relative to each claimed and reasonably raised service connection. Therefore, as a decision-maker if you choose to discuss unclaimed service connections in the narrative you must also include any overcome remember to not include favorable findings for a theory of service connection. [Indiscernible] auto generated presumptive language to mild text is populated from the hearing loss calculator into the decision narrative. We have two options to ensure that the rating is AMA compliant and to avoid errors. The first option they include any overcome favorable findings applicable to the theory of service connections. Or if presumptive service connection is not claimed by the veteran, remove the text that is populated. This eliminates the need. It reviews the verbiage and hearing loss calculator to determine if it can be revised.. This is the presumptive denial sentence that is automatically populated by the hearing loss calculator and should either be removed under presumptive findings. Notice the bold sentence which explicitly denies presumptive service connections. This is the sense that you need to look for and make the preferred adjustments to the rating as necessary. Decision-makers can and should modify. It is to ensure that it is complete and accurate. This is supported by the manual reference indicated on the slide. Also the unclaimed theories of service connection which have no support in the rating decision. For a lot of us that were trained years ago, this is a significant change. The changes supported by the manual reference on the slide pick next we will go back to the [Indiscernible] we have numerous glossary fragments. Errors can be avoided with this use. The VB MSR tool with the circle with a wrench at the top of the page. From the right hand side fire panel selects standard data and analysis in the category drop-down. All available fragments will show. There's also a function to identify specific fragments. As always generated text must be made [Indiscernible] as necessary. This is also a reminder for any of you that have created any pertinent laws or information. This concludes my topics. I hope that some of these reminders will be helpful through the associated tools. I will now turn it over to Bonnie and Radine.

My name iswith the STAR conform review staff . I will discuss PTSD examination request. First of all Amy Owens and JD who are authorization quality review specialists who provided this topic. This is just a reminder that PTSD examinations should be requested as soon as possible. That is found in the record and can see the stressor. It awaits the receiver of the private treatment records. We need to be sure that we are providing claims processes. To further emphasize we will discuss a couple of case examples. In the first example we have a Vietnam veteran with combat service who is claiming service connection for hearing loss, PTSD, back pain with reflux and stomach upset that is taken for back condition. Service treatment records are not development of record but it has been taken. This shows combat service this is pertaining to PTSD. At this point in time are we ready to order the PTSD and hearing loss exam? This has been satisfied based on the combat service and possible nexus we would request the examination now but wait. Although we are still awaiting the private treatment records the examination should still be requested at the earliest point possible.

This indicates and keeps that he was awarded. This currently at this point in time with the request to PTSD exam? The answer is yes.. A PTSD examination. This is to check out the manual references. This is going to provide us with some additional exam reminders.

This is Bonnie Rosado. I am a consultant with the star program review staff. Today I will be talking about correctly answering examination request. This topic was also provided by Amy. Thank you to both of us were collaborating on this. It's very important that we request the correct type of claim so it is crucial that we can ensure timely and accurate service to the veterans. We want to find out [Indiscernible] we also need to refer to determine if the veteran. It's a good idea to make a list of the new [Indiscernible] of the last [Indiscernible] we can review the new claims. Next we need to make sure that we enter the correct [Indiscernible] in the system and associate them to the corresponding claim type. This shows an example to observe on this issue. A veteran claims an increase in the neuropathy of the left lower extremity. Although service connection is already granted the current claim [Indiscernible] so the correct claim type is increase. On the next example we received a claim from her right knee disability due to the veteran's service-connected left ankle fracture. The claim had been previously denied because the evidence did not prove. In this case even though the condition was initially claimed on a direct basis, the new claim is based on the secondary service related theory of entitlement. It should be labeled secondary.. When entering a review and examination request, please make sure that the correct claim type is shown in the appropriate wording. Make sure that you always double check your entries.

There's additional information and links on this slide. I have also included the course ID number. It is VA 452-7543. This course divides a lot of great information including some statistics from the office of the Inspector General. Next up is Erin.

Good morning and thank you so much. I will be continuing with the topic on exams. We are going to have a quick reminder entr'acte items for that management system or EMS. So should BSR's use of follow-up fields under tracked items? One might be led to believe that the answer is yes based off of page 5 to the EMS defect David. Right here on page 5 there is an image showing some entries made in the following columns for EMS tracked items. However, on page 6 of the EMS defect job made it very clearly says the follow-up tracked items should not be used. EMS tracked items must only be closed, received, or extended as necessary. So should users use the follow-up fields for tracked items? The answer is no. Please do not do so. We have found that if entries are made in the follow-up columns, after the appointment was scheduled the suspense has not been properly updated also we found that the follow-up field was used this could prevent the scheduling request from completing even if it was closed out which in turn prevents RFD status. Users are reminded to modify only the suspense date if you need to update a tractor and. Employees are asked to please use your local exam liaison for any exam related problems that you may have before you contact the medical disability exam program office. That is all that I have today. I will turn it over to Rod Graham, a policy analyst he will discuss a recent court case.

The Federal Circuit recently held in Lane versus Wilkie that VA medical center records are received by claims adjudicators following a claims decision and prior to the expiration of the one-year appeal. The Federal Circuit found that their own medical records by VA are always recently related to a veterans claim and there's no requirement to determine relevance to the records due to specific disability at issue. And in addition, the Federal Circuit overturning the 2018 decision of Turner that there is no requirement that a VA adjudicator have any actual knowledge of the evidence for constructive notice to apply. This is greater than one year within the decision to receive under 38 CFR 3.1 56B sets that a claim could remain pending absent new and material evidence determination. The Federal Circuit's holding was the new material evidence applicable only to legacy claims and appeals. They are reviewing that case and consulting with the office of General Counsel to determine the effect of the decision upon adjudication procedures. Further guidance will be forthcoming. Thank you very much.

Thank you. We had a lot of good information to start at Fiscal Year 2021. At this time I would like to share how you could be a presenter on a future call, how you can submit topic suggestions, and when the next recording will be posted. Mike Jennifer who presented the rating tips today, you too can be a presenter on a quality call. We really believe that peers speaking appears as a great way to share information. Remember, we will be here to support you with topics, slides, and presentation. You will not be alone. If you are interested please discuss with your coach and if it is okay please have your coach send us your name and topic to the internal email address. If you have any suggestions for topics for upcoming quality calls, use the same email address. Be sure to copy your local management on the email and remember the quality call bulletins themselves are always located on the STAR homepage along with the great search function. The bulletins, PowerPoint slides and audio recordings are in TMS. Remember that all claims processors will receive an email showing the quality call material on your to do list. If you do not get that email please contact your local training manager. We record a quality call presentation each month except September. We plan to record the next call during the week of November 18 and hope to have the material posted shortly thereafter. As always, we know that your time is valuable so thank you for listening today. We look forward to having you join us next month. Thank you and goodbye.

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