Compensation Service Quality Call November 2020  
  
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Hello everybody and thank you for watching our presentation today. This is Robert Johnson with quality assurance.

Welcome to the November compensation service quality call.

Here's today's agenda. Kim Simmons and Matt Hof will discuss a couple of manual updates. With the program operations staff we'll review site visit findings and Chelsey Kondrak with OAR will provide a reminder on hearings. Kim Brown, a subject matter expert with the Buffalo regional office will review some tips on CUEs and I have some reminders on CUEs practice protocols. Bonnie will provide information to VSRs on how to avoid [ Indiscernible ] and improve the quality of service to our veterans. And last but not least we welcome back Mr. Paul Shute to give an update on the automation process of hospital reports.

Let's get started. We have some updates to the manual.

Up first is Kim Tibbitts. Kim?

Thank you Robert. Good day everyone. During last month's call I.T. at VA will begin using a new version of VA form 21 053 which is now title mandatory verification of dependence on October 30th. That has come and gone and we are indeed now using the new version of the form. For those of you that have not yet had an opportunity to study the revised form I will highlight the most significant changes. The form no longer requires nor does it contains space for veterans to list dependents who status has not changed. In the information technology center generates a cover letter that accompanies the form it now includes an enclosure on which it prints the names of dependence for whom VA is currently paying additional compensation. In other words, the veteran is no longer required to list all of his or her dependence on the form. If there has been no change in the status of a veterans dependence the form is very simple to complete. Section 2 of the form contains only one question. It reads, has the status of the dependence or for whom you're just receiving additional compensation changed? If the veteran answered no, the only other requirement for completion of the form is to sign it. Sections 3 and four of the form contains space for veterans to provide information about dependence whose status has changed. The primary reason for revising the A's on 21 0538 was to facilitate automated processing of the form. Forms on which a veteran indicates that there has been no change in the status of his or her dependence for example, can easily be processed without human involvement. Because the form no longer requires nor contains space for veterans to identify their current dependence, the phone over a longer serves as a means for veterans to initiate a claim for additional compensation for dependent that is not currently on his or her award. And for those of you that are wondering, we did remove the A's form 21 0538 as one of the prescribed forms for claiming additional benefits for dependents from the last row of the table and Emma 21 322B 1B. As you might have guessed these revisions to the A's form 21 0538 necessitated another round of changes to and 21 one 335K which republished on November 2nd. Claims process will note that as they review the most recent changes to them 21 1335K that we remove the core requirements to site and the notice of proposed adverse action when we send to veterans when they refused to return the form, the actual effective date of the proposed reduction. When preparing that notice of proposed adverse action claims process may simply describe the date VA proposes to reduce the veterans award which is the first of the month following the date that the veteran was verified the status of his or her dependence without citing the actual data. The primary reason for removal of this requirement is to facilitate system generation and release of a notice of proposed adverse action without human involvement in a veteran fails to return the A's form 21 0538. Because the system is able unable to verify the status of his or her dependence it cannot calculate an insert in the notice of proposed adverse action, the actual effective date of the proposed action. I will note that the system has not yet been programmed to issue a notice of proposed adverse accident in a veteran fails to return the A's form form 21 0538 but it will be deployed in the very near future. Until then, claims processor will benefit from this change because they are no longer required to search through the claims folder looking for the date veteran must federate the status of his or her dependence before preparing a notice of proposed adverse action. Unless the veteran fails to return VA form 21 0538 after V8 gives him/her all opportunity described in topic four of the form there may never be a reason to devote time to identify the date the veteran must verify the status of his or her dependence. We acknowledged this change conflicts with the instructions and them 21 one 12B which requires claim processor to provide the actual date of the proposed adverse action. The V-8, which discusses beneficiaries right to due process contains no such requirement however although we will continue to provide the actual date in other situations. We will not do so in the notice of proposed adverse action we generate when a veteran fails to return VA's form 21 0538. Finally I want to point out that M 21 one 335K no longer contains instructions for processing the old version of VA's form 21 old 0538. This may strike fear into the hearts of those of you that realize there are still many of these forms that remain to be processed. But never fear, instructions were processing the old version of the form have not disappeared forever. It still exist as an attachment at the bottom of the online version of them 21 35K in CP KM. The slide shows what the attachment looks like and how to locate it and CP KM. That is it for me. Next up is a fellow M 21 one editor Matthew Hoff.

Thank you Kim. Good morning and that afternoon everyone. I am at half and I'm also a [ Indiscernible ] and I will talk to you about the electronic health record modernization record and the special piloting process for this initiative. The EHR initiative is an ongoing transition from the A's existing medical record system which may you be aware of that DOD and VJ has been used so we will have a shared medical environment where we're going to be able to see the records and it will provide good continuity of care. This full transition is going to take a decade or so to complete. We all have one VA's Medical Center that is transition to crating those health records and that is the man grants Medical Center in Spokane Washington. We'll be seeing more sites come online in the spring 2021 as we work out some of the issues that may arrive. With happens when these convert to the new system they are not going to be creating these older records in Vista. They will not be using the systems that we communicated between VHA and DVA that you are familiar with. On the VHA site it was Amy, the systems are not going to be talking anymore. This is going to have a change in our approach because if we're not getting those new medical records in our current system you're not going to be able to see those records. Capri is not going to be able to show you these new electronic health records that are created by [ Indiscernible ] anyone that comes online. There will be a separate program that claims processors will need to access to interface with these records that are converted. For that reason claims are going to be affected. We will have special pilot programs and personnel that have access to the new program and they will be responsible for processing the claims for veterans treated or receiving medical examinations at the new facilities. The reason why aside from having a separate [ Indiscernible ] they will be able to send electronic V-8 form for the archived and paper records at the converted facilities and also be able to submit examination requests. If you remember from previous life there is not going to have, there would not be the communication to the old program which mean if you were to try to submit a to 7131 or a [ Indiscernible ] and Capri to man grants they will not see that. That can result in claims in met. The people that need to do these requests and access the records are going to be the special pilot program are owes and personal. But that is something to keep in mind. The Muskogee ROI going to be our main focus point for processing new claims. There is a couple of special missions the need to have access as well. For claims for [ Indiscernible ] those personal will also have access to the new system. As we continue to rollout two additional VA's medical centers and additional neat is identified for potentially special missions these will continue to gain access until we get a full rollout to VBA employees. And because we're still having that limited rollout and a certain amount of people that can access the new records and the effective claims we need to make sure these effective claims get to the right people. So the office of Field Operations for the EHR M national process that gives you general instructions about the HRM and processing the claim that those involve treatment and man grants staff or any converted site or requires a medical examination at one of the facilities. The most recent version of the memo was sent out to our owes on November 6. If you have had a chance to look at it please do. If you have not received it yet speak with her supervisors to obtain that your [ Indiscernible ] should have a copy that they can provide. And so less touch on the important things that you will need to deliver. About VHA initiative. First one. Proper routing is essential to make sure these claims are not delayed unnecessarily. And what that means is giving them to the Spokane, the Muskogee RO. So we want you to familiarize yourself with the EHRM memorandum and it can tell you what you need to apply the corporate [ Indiscernible ] with routing of those claims to Muskogee. We have updated [ Indiscernible ]. We have provided more information about the national process and when you will need to follow the guidance. One of the reasons why we don't have that actual completely baked into the manual is because as you know it is a pilot program. This is temporary until we rolled this out some more employees. The initiative will be permanent but the guidance is subject to change that is why is not in the manual at this time completely. The final thing is that is really important is that the joint longitudinal viewer, JOV, you may end up seeing some of the [ Indiscernible ] workers and GOP. The key point is you want see all of them. Not always show up. Just because you see them in jail B doesn't mean that you don't need to route this to Muskogee. You can access and to do what you need to do. [ Indiscernible ] the claims to Muskogee and the pilot program personnel. That is a key point that I wanted to hit on. I am excited for the entire rollout. It it will make a big difference. And with that I turn it over to my good friend, Dan for his site findings.

Thank you Matt. Good morning and good afternoon everyone. I'm the chief of the program at which is often known as the site visit staff and compensation service. I wanted to join the call today to discuss some of our common findings from our site visits that we conducted in FY 20. During FY 20 compensation service conducted a total of nine site visits, better service centers and we were also able to combat a preliminary review of the [ Indiscernible ] in Manila but were unable to conduct a site visit due to a natural occurring enabled us not to travel to the R0. We actually had to conduct seven of the site visits virtually for the first time because of the pandemic and COVID-19. Am going to discuss some of the specifics of our findings but the full copy of our annual report that discusses all of our findings in full details including some of the specific air trends among some of the funny semifinal on the program operations page of the compensation for this webpage. During site visits in the site visit staff identifies an area of concern that can, that needs improvement we refer to that as an action item. And listed on the slide is some of our most common action items during FY 20. Some of those findings include AOS transaction compliance which these findings were the cause of the four part series that Jessica Flannery hosted on the quality call. From April through July 2020. And where she went specifically through some of our most common findings and the way to conduct that improvement. Some of the other findings include 800 series of work items, where the most common error trains were improperly clearing or improperly canceling the work items, deferral, the common finding will focus our review and that is making sure it to include a manual reference or other guidance when you are entering the deferral that discusses why the deferral is being entered. Potential under and overpayments, the kind man finding there is making sure that the necessary special issue is attached when it is appropriate. Before rating decision complete transactions and last is returned to active duty EP 290. The common finding was related to language in the letter that we must provide the veterans who when they are returning from active duty and are off of active duty and want to resume their benefits. A release and be PMS in August of 2020 actually now improves that language and as that into the letter so that is a finding that we no longer believe we should continue to see. As stated the details for the most common error trends related to the action items can be found in the annual report listed on the program operations page. I am not going to hand it off to Chelsea from the office of administrative review.

Thank you and good afternoon everyone. My name is Chelsea and I am a senior management and program analyst with the office of administrative review compliance staff. The day I will provide a general reminder to you concerning a veteran or claimants entitlement to a hearing. Under 38 CFR three point 303B1 a claimant is entitled to a hearing on any issue involved in a claim for VA's issues notice of a decision on an initial or supplemental claim. This includes a hearing in connection with proposed adverse actions. A hearing of not available in connection with a request for a higher level review under 38 CFR 3.26. The purpose of a hearing is to permit the claimant to introduce into the record any available evidence which he or she considers relevant and any arguments or contentions with respect to the staff and applicable laws that he or she may consider pertinent. VA's hearings can be predetermination or post determination. Of a general reminder please follow the guidance [ Indiscernible ] if a request for pre-decisional hearing is received in connection with an initial or supplemental claim. At this time I will now turn it over to him Brown to discuss and when.

Thank you Chelsea. Hello everyone. I am Kim Brown and I am a rating quality review specialist at the Buffalo regional office. Today I would like to share with you some Q-tips for correcting clear and unmistakable it was. Depending on where you are you might refer to those as CUV or as cues. It is the VA's version of Poppa versus soda. Here in Buffalo we like to say pop NCU E. The new manual procedures for correction of the record in clear and there errors associated with administrative errors were published on January 22nd, 2020. Going forward we should be following these new procedures for all ratings which take action to correct a COD. The most pertinent manual references to the changes are the three that you see here. These are also be included in the bulletin for today's call pick. The first that I would like to share with you is about providing correct information in your reading narrative. Often there is no single correct way to address this in we. So remember to be clear and specific in your narrative so the veteran or claimant can understand what we did wrong and how we plan to fix the problem. The manual reference that you see here reminds us that the rating narrative should be edited for accuracy whenever the system generated text is either inaccurate or inadequate. So be sure to review all of your generated text to make sure it is correct and make the appropriate edits as needed. As demonstrated on the following slide one common error which requires editing of the generated language in PB SR is the category of permitting errors. It may involve a situation in which a separate disability is not warranted for disability which is otherwise properly service-connected or a duplicate evaluation for service-connected disability was accidentally added to the error. When discontinuing a separate or duplicate evaluation that was assigned an error BBMS that regenerate inappropriate language regarding severance of service connections. If the underlying disability is properly service-connected and is going to remain service-connected be sure to edit the language in your rating to reflect the correct action that is actually being proposed or implemented. An example of correcting a pyramiding error might be when a veteran is properly service-connected for residuals of a shoulder injury which includes both sides of the service and discolored patient of the shoulder. You notice that the prior rate are assigned a separate 20% evaluation for dislocation under diagnosis code five 203 in addition to the 40% evaluation that was assigned for limitation of motion under diagnosis code [ Indiscernible ]. Even though the examiner stated that the dislocation contribute to that limitation of motion. So you determined that to correct the error we must proposed to discontinue the separate evaluation for the dislocation under diagnostic code five 203 because this is a pyramiding violation. BBMS are is probably going to generate incorrect recording such as we are proposing to sever service connection for children this location. We're proposing to just during the separate evaluation but the dislocations are properly service-connected the generated text should be edited in order to convey the correct legal action. Such as we are proposing to discontinue the separate 20% evaluation for right shoulder dislocation. My next step for you is a reminder about coaching questions under the new process. For correction actions taken in accordance with the new guidance we must update the [ Indiscernible ] so it reads how should've read should in your be me. This defines the final rating that implements the clear and unmistakable error under the guidance. There is no single method for directing the [ Indiscernible ] the most common scenario was provided in the March 2020 quality call. I actually had the PowerPoint from the demonstration to save to my desktop and I refer to it often. It is a great resource I encourage you to refer to it as well. Also for the PSR and authorizes the June 2020 call has a great presentation regarding correcting see you really and BBMS say that you will find very helpful. And now I would like to turn things back over to Robert Johnson who has some additional information about tracking CUV

Thanks Kim. On the same topic I have a reminder on the CUE tracking protocol along with reminders for VSR as an RVSR to follow the steps outlined in the manual. Ask you mentioned earlier this calendar year in January the manual was updated that concerning clear and errors including two significant procedural verifications which are the rating coaching must be updated so that it reads [ Indiscernible ] had no air been made. And due process must be provided for [ Indiscernible ] for current payments that are not affected. There are some tips that will help make application of the clarified procedures and CUE decisions easier. First, use VBMS are as usual. To generate the issues, decision and narrative text for the decision. And clear and specific in the narrative discussion. There is no need to repeat specific details that were already explained in the reduction proposal rating so don't include CUE language in the final narrative. Review all generated text to ensure accuracy. Does it actually reflect the reasoning and decision making. And Kim's presentation a moment ago had a clear example of this. Once it is completed returned the mass record to make corrections of the coaching will read how it should have read if the error had not occurred. At a note to the coat G and a CUE error has occurred and to alert the VSR and authorizer to follow the guidance in part for, subpart two, section Eight. This is on the slide. Then correct the code chief. Question of the co-chief is very important. To prevent improper future payments or benefit entitlement decisions that may result in incorrect decisions are left on the rating [ Indiscernible ] until you can be included in [ Indiscernible ] calculations.

[ Captioners transitioning ]

Ratings are still incorrect, and post authorization are improperly promulgating those correct ratings. There is a definite process to follow. There are easy step-by-step tables in the manual. Be sure to follow these steps. In the table located in part 4, sub part 2, chapter 3, section A, topic 2, block A. Post VSR and authorizers must follow steps 22 through 28 when they get a final rating decision. These steps outline such items as establishing an EP 960, adding a flash, and notifying management to update the CUE tracker. These steps are very important and must be followed. Also refer to block B in the same section for additional guidance. Management should ensure employees are following local procedures on how to alert you when final CUE decisions and awards are promulgated. Our management must log each CUE decision on the tracker and the share point site. The tracker contains sensitive information, so management should decide who is authorized to access the site. In 21-1, block J, contains the hyper link to the share point site as well as an instruction document. When entering a CUE decision in the tracker, every block must be completed. Be sure to add the overpayment or under payment amount after the award is finalized. If there is no over or under payment, 0.00 should be entered in that block. For decision makers, final reminder that a codesheet needs to be updated to read how it should have read had no error been made. This is for all decisions based on CUEs, for post VSRs and authorizers, a reminder about the codesheet requirement on CUE finalization ratings, and the proper authorization protocol and CUE tracking protocol. The manual updates on the new CUE guidance were highlighted in the February 2020 quality call. And as Ken brown mentioned, the March and June 2020 quality calls contain great information on how claims processers apply the new clarified guidance. I agree with Kim Brown. We highly recommend that you have the power points from these two calls available along with the manual references on this slide when processing CUE decisions. Please follow all the steps listed in the manual. So that's all the CUE reminders I have for you at this time. Up next is Bonnie Rosado with tips for VSRs. Bonnie?

Thank you, Robert. Hi, everybody, today I will be providing tips on top sheeting in electronic record. We want to thank Amy Owens for providing this topic. What is top-sheeting? This term refers to only looking at the most recent documents or top sheets. We need to avoid top-sheeting when reviewing a claim because it could lead to misdevelopment, improper development, or over development.It's easy to fall into a top-sheeting pattern when reviewing electronic records. I'll review the latest documents. If we do this, it can result in deferrals. We need to follow the process to review for specific evidence each time you work a claim. This will help avoid top-sheeting in even our current electronic environment. And can improve efficiency, quality, and help avoid deferrals. Several references that can be helpful in this process. Let's go over some items we should always look for when reviewing a claim and a few helpful methods for doing so. First, we need to start with the basics. We should look for those DD214s and 215s, also the 3101s or pies request to make sure we didn't miss a period of service or a revision to one. Also, do we have the correct POA and is it updated correctly? Search for the most recent VA form 21-22 to verify that the information in the system is correct. In addition, we need to also review the current claim and all documents received with it. Write down or follow a method to keep track of all the contingent claims, any treatment mentioned, and all other pertinent information provided by the veteran. Our second tip will be to review the evidence already in file to find out what type of development is needed. So we really need to pull up the most recent rating code sheet prior to the current claim. And review to see if any of the claim contentions are connected or have been previously denied. Also if you're looking -- I'm sorry, also if you're working a supplemental claim, review the narrative and first deny the claimed contention. This will help you figure out if an exam is warranted or new and relevant evidence was provided. Another important thing to do is a quick search of ST Rs and records requested for periods of service. We don't need to worry about making new requests. If the veteran mentioned treatment at a VA or private facility, check if those treatment records are on file. If they're not, make sure to properly request them. Also, if an exam has been ordered for the pending claim, is it correct? Make sure it has been done correctly. Finally, do we need any specialty development? If we do, let's be sure to complete it. These steps may seem cumbersome, but if you get in the habit of doing this in every claim you work, you'll find that over time, your work will flow faster, quality will improve, and you will serve veterans more efficiently. There are checklists out there that can help remind you of what to look for. But you can also create your own with what works for you. The current slide shows a copy of the development checklist created by compensation services training staff. The bulletin for this quality call also includes a copy of the master development checklist shared by the Nashville regional office. We hope this material helps you find a system that works for you or helps improve your current routine. And now I'll turn it over to Paul for another important topic.

Thank you, Bonnie. Today I would like to talk about the expansion of the automated hospitalization reports. Earlier this year, compensation service implemented an automated reporting capability specific to hospitalization adjustments. Previously, the scope of that automation did not include conscious he convalescence cases. They are now part of the automated reporting process. The manual references on this slide can provide you more information and details specific for the automated convalescence report. Established under an end product 330 series with a unique convalescence claim label. The date of claim associated with that end product relates to the date of discharge from the medical facility. Some additional details that might be helpful in the review and the facility name included in the claim note field. This will allow you to identify the specific medical facility where the veteran was treated and will allow you to provide a more targeted search for those records. For additional information specific to this functionality or the automated hospitalization report specifically, following M21 references can be used. Thank you and I will now turn it over to Robert Johnson.

Thank you, Paul, very much. At this time, I would like to share a presenter on a future quality call. As you can submit topics, suggestions, and when the next recording of the quality call will be posted into TMS.

Like Kim Brown, who presented the CUE tips, you, too, can be a presenter on a quality call. We really believe that peers speaking to peers is a great way to share information. And remember, we will help support you with your topic, slides, and your presentation. You won't be alone. So if you're interested, please discuss it with your coach. And if it's okay, please have your coach send us your name and topic to the internal e-mail address.

If you have any suggestions for topics for upcoming quality calls, use the same e-mail address. Be sure to copy your local management on the e-mail. And remember, the quality call bulletins themselves are always located on the star home page along with a great search function. And the bulletins, power point slides, and other recordings are in team S. Remember all claims processers will receive an e-mail from TMS showing the material is on your to-do list. So if you don't get that e-mail, please contact your local training manager. And, if you do get that e-mail from TMS, and believe the quality call has been assigned to you in error, please reach out to your local training manager to find out why you are on the class roster.

We do record a quality call presentation each month except during September. We plan to record the next call during the week of December 9th.

As always, we know your time is valuable, so thanks for listening today. We look forward to having you join us next month. Thank you, everybody, and good-bye.

[ Event concluded ]