[ Please stand by for realtime realtime captions ]

If you have two monitors, we recommend watching this recording on one screen while viewing the L4 on the other screen. Please contact your local training manager if you experience any issues, including playbacks issues in TMS. After completing the evaluation and TMS it can take over 15 minutes to show the item as completed.

Welcome to the February 2021 compensation service quality call. This is Bonnie Kirby, senior quality review specialist. Hearing quality assurance in Nashville. This month we have a full agenda with several presentations from your coworkers. We will cover a couple of topics that should answer questions recently submitted as well, particularly about DB cues. Let's look at the topics. We have new information regarding public [ Indiscernible ] we will go over some tips and then we have Kim helping understand the importance of historical evaluations and we will continue with the series with fragments. We will have on health Albuquerque regional office with some helpful information regarding what to look for with specially adapted housing and claims. Finally our advisory and special review staff will provide information about special focus reviews being conducted and national calculators for field use. I would like to turn it over to Kim Tibbitts .

Thank you, Bonnie. I want to take a few moments to alert you of a change that was made last month to the and 21 one part nine sub part one chapter 4. By the way this chapter contains instructions for handling requests for information from VHA health administration office, or hack.

For those of you that do not know the hack is responsible for determining the eligibility of certain veteran service and it [ Indiscernible ] which is a VA medical program that provides reimbursement for many medical expenses. Sometime last year we learned from a field employee that a website that HAC requested information from our oh seem to be down. And now this information that the HAC was requesting this information that is required to determine CHAMPVA eligibility. When we investigated further we learned that HAC stopped using the website and stop requiring RO's to complete the forms reference here on the slide.

Instead the HAC corresponded with RO by email. We also learned they now have access to share VBMS and requires additional information to determine eligibility . Although RO do not determine whether an individual is eligible for CHAMPVA, subpart one chapter 4 topic I block B does describe eligibility requirements. As a part of the recent change to this chapter, we did add a note to block B that you can read on the slide basically it discusses how a grant of service connection under 38 USC 1151 or 1160 effects independence or survivors eligibility for CHAMPVA. 38 USC 1151 allows the VA to pay disability compensation for disabilities that are deemed to be the result of treatment by the VA or vocational rehabilitation. And 38 USC 1160 allows the VA to pay disability compensation for certain organs and extremities.

That is all I have. Next up we have Tina.

Thank you and good morning everyone. I am here to give a brief update on the public use DBQs. They are discontinued less than one year ago in April of 2020. I believe that you are aware of the main reasons why they were just continued. But just as a quick refresher there were three primary reasons. The first is simply that we needed the forms to be more agile. The VA did not have the ability to push required regulatory and court driven changes to the public DBQs . A public form that must go through the office of management and budget. LMB. An approval process. The next reason is because we have increased our capacity could destitute conduct exams and the last reason that you are most familiar with safeguarding against fraud. Fast-forward to early January of this year, 2021. Section 2006 of public law 116 315. It now requires the VA to legislatively instate -- reinstate the public DBQs are consistent process that considers evidence equally. What that means is the VBA will implement the law according to the claim language and intent of Congress. This law authorizes the Secretary of the VA to waive interagency review. Which the VA is in interpreting as a full waiver of the OMB PRA requirements. So they will not have to go through the OMB forms approval process. We are preparing to publish the DBQs on the VA website on March first, 2021. Right now currently updating the procedural guidance to the VA field personnel, also updating the public use DBQs instructional guidance and some minor edits that will be helpful to those of you in the field. That is all I have to now. Thank you. Next up we have Isabel. She will provide some Q-tips.

Thank you, Tina. For various reasons the reduction reviews have become a hot item to process. Please keep in mind that the final action must be delayed until 65 days from the time the initial proposal letter was mailed. We have been citing STAR errors for those acting before the proper time. On the slide you will see the references. Defining the adverse action proposal period. And the important note that says, legally the beneficiary has 60 days to respond we should wait 65 days to respond. As a reminder if the veteran agrees with the proposal before the 65 days, it is okay to take the final action. I will turn it over to Bonnie. She has her own Q-tip.

Thank you, that is a great reminder reminding of EP 1600 I want to point everyone toward a few references for the new musculoskeletal criteria and muscle injury criteria that came out this week, February 7th, 2021. It became effective that date as well. So for a full recap of the diagnostic codes that were updated, added and changed, you can reference the December 2020 compensation service quality call. It is TMS number 456-2721. You can find it in our bulletins, on the STAR page, you can find it TMS and learning catalog. We have our policy and procedure staff did a great job recapping the changes in the call. If you would like to take another listen to it. The effective musculoskeletal and muscle injury DBQs updated on January 18, 2021. And during the last quality call the January 2021 call we have the staff talking about that change. You can refer to that in the same locations as well under the TMS number 456 3869. There has also been updates to the supplemental language matrix for select historical musculoskeletal DBQs. That verbiage should be added any claims received prior to February 7, 2021 for the effective not diagnostic codes. You can check that to see if any of that verbiage needs to be included when requesting an exam. For musculoskeletal conditions of course. The manual has been updated to reflect the new musculoskeletal criteria. It has been updated and included in VBMS-R and generating gratings. You should be able to access the updated medical conditions and terminology, and evaluation criteria. Remember to add whatever is needed of looking at both historical and current criteria. Also keep in mind this is in the -- those standalone Lego story evaluation bill the tool on the rating job aid. Mimi desk to make sure to use the calculator. That was a quick few reminders about the new criteria. Most everything has been updated accordingly. The Segway is perfectly into our next presenter, Kim Brown talking about the importance of historical evaluation.

Thank you, Kim. Hello, this is Kim Brown I am a rating quality review specialist at the Buffalo regional office. Today I would like to share some information about the importance of historical evaluations when there ratings. For the protection of historical evaluations, it is provided in 38 C.F.R. 3.951 a. Most of you are probably familiar with 30 8C FR B which states an evaluation is for 20 years unless it was based on fraud. The first part of 3.591 states a change to the rating schedule cannot be the basis to reduce an evaluation that was already in place at the time of the rating schedule change unless there is actual improvement. So basically we cannot reduce the veterans evaluation just because evaluation criteria are less favorable than the criteria that the veteran was previously evaluated under. It will only reduce if there is actual improvement. You may hear it referred to this concept as the old evaluation, and grandfathered in. Why is understanding protection so important? Compensation service is continuing and ongoing product to modernized evaluation criteria for all of the systems in the rating schedule. Also as the [ Indiscernible ]. Since 2017 the eight body system that you see here has been revolves. It is a major revision to the musculoskeletal schedule that became effective this month. It is more important than ever that we recognize when evaluations are assigned based on historic evaluation criteria, not reduce veterans benefits just because the new criteria would resolve in a lower evaluation. To demonstrate these protections I'm going to use a few classic examples of some past rating schedule changes. In the first example prior to the rating schedule change on October 23rd 1995, diagnostic codes 7706 four splenectomy was evaluated as 30% disabling. The rating schedule change reduce the evaluation for the splenectomy of 20%. Since removal of the spleen, any veteran already in receipt of that 30% retained the higher evaluation. The second example pertains to the way we used to evaluate cataracts following surgery. Before December 10th of 2008, veterans who underwent a successful cataract surgery will often evaluated under diagnostic code 602 94 figure and 30% evaluation the rating schedule change specified that postoperative cataracts with the replacement lens present or not to be evaluated based on visual acuity. We should apply this to reduce those veterans who were previously in receipt for the minimum percent. Our final example involves how we evaluate the individual painful scars under D.C. 7004. Before 10/23/2008 separate 10% evaluations were permitted for individual painful scars. Based on the change we now assign a single evaluation of the diagnostic code 7804 based on the total number of painful scars regardless of the location. In receipt of multiple painful scar evaluations prior to this change. You have to consider whether or not the new criteria for a single evaluation would be favorable or not. The veteran rated 10% for three several painful scars. 30% under the old criteria. The new Cray archer would provide a single 20% of evaluation for those same three full scars. In that example we would not use this new criteria to combine and reduce those separate scar evaluations. You may be thinking that is a lot of changes. Some of those were a long time ago. How do I know and if evaluation was based on historic criteria? The first that I recommend is to make sure that you always read the previous rating decisions. It is important to remember that the screening do not tell the whole story. So take a look at both the rating narrative and the code change to see what evaluation criteria and diagnostic codes. If you see something unfamiliar that is a good sign that you may be dealing with the start criteria any to do some additional review. You may also look at the medical evidence of the prior evaluation. You can determine the comparative whether there has been actual improvement. You can also confirm whether the rating schedule has changed by visiting the ratings gradual and that he C.F.R. in title 38 chapter 1 part four. It contains a comprehensive list of the members that tells you the rating schedule and whether it has been changed. You can follow the link on the slide also when you review their current rating schedule dates of prior changes for each body system listed at the very end after the final diagnostic. Once you recognize an evaluation based on historic criteria you might also wonder where you can find the actual criteria and the old version of the rating schedule. There are several ways you can find the old rating schedules historical information. I'm going to highlight a few of these. The training lesson provided for the musculoskeletal rating schedule change includes an excellent job aid for locating historical rating schedules. I highly encourage you to say that reference for future use. You need to start the search by knowing what diagnostics you are looking for and the C.F.R. for the body system. Choose painful scars as an example. Thing for diagnostic code 7804 and 38 C.F.R. 4.118. The ECF for which you can find in the CPK importer provide the most up-to-date information regarding the VA rating schedule. You can see the table of contents here for the body systems located in 38 C.F.R. part four subpart B. You can see that I have highlighted 4.118 for the scan is what we would selectively want to find a historic painful scars criteria I described earlier. You can see what happens when we select a link for the skin the link to the current C.F.R. 4.118 PDF. It will take it to the current rating schedule. If you look you will see at the bottom of the page there is an attachment for historical versions of 4.118 which will open up as a PDF. By opening up this document you can review the historical rating schedules and changing. Some additional ways to find historic information can be found using the links on the bookshelf. Highlighted here on the left is the regulation. And on the right is medical EPSS. If you use the regulation cited, you can enter the diagnostic code or C.F.R. number. This example entered 6260 code. The same search can also be completed by entering 4.87. The search functionality will bring up a link to the PDF document containing the historical schedules. Followed by a list of the history of changes. Since this version of the regulation is only current through 2014, most useful when used to research older changes. More recent changes of those associated with the revision project you want to use the ECF for previously mentioned. Although it is not as comprehensive as that he C.F.R. and the regulation cited, another resource that can be helpful is the medical E PPS. This is historic information found by selecting the historic menu on the homepage. That is an appropriate body system. This search particularly helpful if looking for information about historical diagnostic codes that are no longer in the current rating schedule. You can find additional historical information by selecting each body system from the main menu. To help you find these research tools for ensuring that no veterans benefits are reduced, solely because of the rating schedule change. Next up we have Jennifer. She has some great information about VBMS-R fragments .

Thank you, hello this is Jennifer I am in rating quality review session with the national regional office. This is the second installment of our ongoing series. Today we will use a demo mode to demonstrate some VBMS-R glossary fragment functionality . The fragments have been created to assist the user in preparing adequate, yet in sync narratives. Most of the tran 12 fragments also contain the report laws and regulations when applicable. So using them on a regular basis could reduce your individual errors in the missing laws on regulation category. The scenario today is a denial of service connections for obstructive sleep apnea. Our veteran has submitted a private medical opinion that his sleep apnea caused by an allergic reaction to a spider bite he received while on active duty. You have determined that the private opinion is insufficient, based on lack of record review, and lack of valid rationale. Because the veteran did have a strong reaction to a spider bite during act of duty, we are conceding in-service event. He has a diagnosis of sleep apnea by sleep study. The private opinion gives an indication of association between the in-service by and sleep apnea. Therefore of VA medical opinion was a requested. The examiner completed a full record review to include the SDR post service treatment record. The examiner says the sleep apnea not related to the in-service spider bite. Instead caused by his large tonsils and morbid obesity. Their rationale was provided. Therefore a denial is an order. Because we have a credible private medical opinion, which must be acknowledged in our rating narrative, we are given more probative value to the VA examine his opinion, we must adequately discuss the evidence and the reasons and the rating narrative. This is where VBMS-R fragments are helpful. At this point I will share my screen. The issue of obstructive sleep apnea created in VBMS-R . We will proceed with entering our decision. Because no evaluation will be generated, we will select the entry screen. We will select not service-connected. And not incurred costs by service. Here we input the diagnostic code or sleep apnea. We will hit next. Next again. Except. -- Accept. The denial reason is not incurred or caused by service. It is here that we need to remember to add favorable findings. How to do this is covered in detail in our last month's call bird I will complete this type more quickly today. We have two favorable findings to input. The first is the clinical diagnosis of sleep apnea second since we can see in-service event of the spider bite upon which a Nexus medical opinion was requested, we will include the spider by as the in-service event favorable finding. Because we are not accepting the private medical opinion to overcome the Nexis element of service connection, the private opinion is not entered as a favorable finding. Instead we will discuss the private opinion later in the narrative of the rating using our fragments. I will go ahead and enter the two favorable findings now. Remember to hit the save button on the lower right and corner. Now we will toggle back to the analysis tab. Append the generated text and favorable findings into the reason for decision. The reason for the decision narrative now needs to be updated with either tran 12 fragments or free text to better explain to the bed and why his private medical opinion was not sufficient to grant the benefit sought. If you use your own free text any regulatory citation from a specific derive needs to be added to your pretext. This is why using the glossary fragments is preferred as applicable regulations generally a part of the fragment and fragments updated regularly. We will add the additional discussion by using the VBMS-R glossary fragment. Make sure that you have your cursor where you want the text to appear in the rating. To access the glossary within tran 12 hit the brown lightbulb on the middle of the page. This shows all glossary fragments currently available in tran 12. If we limit the category to the denial rationale, -- or to the denial reason it minimizes the number of selections. Our main denial reason is that there is no ballot access between the in-service and the obstructive sleep apnea. To minimize the number of selections for this tutorial I will use the key research link. Under denial reasons I think the no next fragment provides the most accurate denial reason. We did not find a link between your medical condition and military service. I select this to insert the glossary language. This language puts it into the rating narrative. However that glossary text is not talk about the rationale behind the evidence that we weighed. Let's look at denial rationale. Using the brown lightbulb again, make sure your cursor is where you want the text to appear. Once we isolate the denial rationale there are a few different denial rationale glossaries that will work. For the purpose of this presentation, I will minimize the selection by searching the keyword, opinion. I think we should select ACK acknowledging the receipt of the private medical opinion. I think we should also select B which discusses the VA medical opinion. And finally PV VP which discusses how we wait those two pieces of evidence, and assigned value. Sadly you can only select one fragment at a time. So we will start with ACK no next. Notice how that fragment populates into the narrative right where we wanted it? From here you can either go back into the brown lightbulb and select the next glossary fragment just like before. Or we can use the shortcut feature in VBMS-R. To use the shortcut feature you need to put the cursor where you want the language. Type in the exact name of the glossary fragment in this case is B underscore NONEX. Hit the shift key the letter a at the same time. Notice how this dropped into the V NONEX text. We need to into the final glossary now. The PVV P, which discusses how we assigned weighing the two pieces of evidence. Let's use this shortcut again. PV underscore B underscore P control shift a. Notice how the last glossary fragment populates 38 C.F.R. 4.6. Which is the regulation that guides how we evaluate evidence. All four fragments when used together provides the veteran with the reason for denial, a discussion of the specific pieces of evidence, how they will weighed and why is private medical opinion did not allow for a grant. It is at this point that you would review the narrative. Including your favorable findings. For accuracy or any language that might need modification. For the purposes of this demonstration, the narrative is can sufficient. And we select okay to finish the issue. To review a list of the glossary fragments through VBMS-R select the tools button which is the one with the ranch. Select utilities, and then select standard data. It is here in the category drop-down that you can review the different glossary and analysis fragment categories and language for glossary fragments selecting national glossary and then hitting the list button should provide the best results. There are search functions above each column which allows you to search for a fragment name or for a keyword found. There is also an upcoming search function enhancement which will make this even more user-friendly. I urge you all to take the time to review all of the glossary fragments currently available in VBMS-R before you begin rating. Also when fragments are updated a compensation service calendar last with a hyperlink to the fragment update is sent to subscribed users. Hyperlink to the fragment update intranet site will be included in the quality call bulletin. I hope this tutorial provided some useful tips in the use of the VBMS-R glossary fragments . And piqued her interest to explore this great functionality and even more detail. I will stop sharing and I will now turn it over to discuss SAH FHA.

Take it away.

Thank you Jennifer. Again my name is Angel Ponce. I am a veteran service representative at the Albuquerque regional office. Today we'll talk about specialty adaptive housing or special home adaptation. We talk about processing claims which is now a pre-DBSI function. The reason being in the late 2020 the best teams that were doing this continue -- discontinued doing the bulk of the rating. So now it is a function of the pre-DBSI function. They are established as EP to 90s. And on this call we will review the process for a veteran submitting a SAH/SHA application . And whether to determine the valid claim. We would talk about electronic signature submission as it relates to SAH/SHA claims . Veterans have three options for submitting claims. They can submit directly to the regional loan center, the VA form 4555. They can submit it directly to the veteran service center. VA form 4555. Or the form 4555 C. Also in a 5 to 6 I-V. -- 526 easy. Now when a claim is submitted to the VSC we will review the folder. The E folder for a 4550 five or 526 capital letter E Z. It will show directly to the intake center. Also through the benefits VA.gov. This will show summitted to us directly by the veteran. We can also confirm this by viewing the notes in VBMS showing that EP 290 established by a VA employee or automatic system generation. When a claim is submitted to the regional loan center which a veteran can do he will do it by filling out a 4555. And milling it directly to the regional loan center. Or they can go online and submit it through E benefits to the regional loan center. Either way whether regional loan center receives that they will review the claim. They will establish NEP 290. When the regional loan center receives the 4555 and there is not a pending EP 290, the SAH/SHA agent will submit EP 290 in the system. Also when they receive it electronically, the 4555 they will go ahead and automatically upload it to VBMS in the EP 290 established. Most of the time when a 4555 is received by the SAH/SHA, they will go ahead and forwarded to the VA intake center for scanning and the establishment of the EP 290. Most of the time that will occur. When an electronic copy of form 4555 submitted by the benefits of E benefits it will show up in VBMS but it will not bear a weight signature on electronic signature indicator. Even though these forms do not contain a signature they are acceptable claims for SAH/SHA purposes. It goes into the compensation service will attend of April 2020. It states that loan guarantee services found that BCS or canceling these EP to 90s. For the SAH/SHA claims, products being canceled and the application not accepted because the agency did not have a signature. A wet signature. When the SAH/SHA application is submitted online, it is not going to generate a wet signature, nor electronic. The BMC should not be canceling these because these are a valid claim. And we will review processes and steps processing EP 290 claims on the following reference. That will be in a future quality call. That is all I have for today. I will turn it over to Ryan with accuracy of claim decisions involving conditions of the spine.

Thank you and good morning. My name is Ryan from the quality assurance staff advisor and special review team. We have started a special focus review involving the accuracy of positions involving the spine. This is initiated based on the office of Inspector General report entitled accuracy of claims decisions involving conditions of the spine. Issued on September 15th 2019. In this report the OIG recommended that VA conduct an analysis of decisions involving conditions of the spine focusing on claims processors compliance with the requirements set forth by recent court decisions. The targeted completion date is March 1st, 2021. This review consists of a statistically valid national samples of 203 cases. Cases were selected by the office of the program analysis and integrity waited across all stations. These cases were comprised of ratings by diagnostic code 5235 through 5243 which were closed between October 1st 2019 and September 30th 2020. For critical error is cited the claim will undergo a second review to ensure the cited error is appropriate. They will be notified of the error for the Cumis process. If it is required identified using the correctional box on the page in the -- they are to update the QMS. Although errors will be cited when applicable and the station quality will not be affected. Due to the timeline the arrow is requested to have it done in 14 calendar days. Thank you with that I will turn it over to Christine.

Thank you so much, Brian. Hello everyone, today I will address three quality assurance related topics. First our current national special focus review. And and product 930. I will introduce a new accrued standard calculator. And finally I will provide a reminder about the paid do an administrative error standard calculator. To begin the QA staff is currently conducting a special focus review of and products 930 all of which were cleared doing fiscal year 20. We are conducting this review because a quality review process to assess compliance and proper use of EP 930 does not currently exist . So the review will provide meaningful data to support improvements in EP 930 claims process. 202 EP's 930 comprised sample for this review the office of performance analysis and integrity selected the 202 cases using a proportional waiting method of EP 930, close between October 1st of 2019 to and September 30th of 2020. Throughout our review of the cases our ROs responsible for the ever will be notified the QMS error notification process. Corrective action may be required on errors found during the review. And they will be identified using the correction required box on the citation page and QMS. And routed to the appropriate ROs. However the stations quality will not be impacted by any of the errors cited during this review. As we complete the review, findings and common error trends will be disseminated nationwide. The of the compensation service quality calls, and the compensation service bulletin. As always with our special focus reviews, final report with trends and recommendations and/or improvements will be posted to the compensation service Internet. Now I am excited to let everyone know that on January 28th, the quality assurance staff in collaboration with fiduciary services deployed in accrued paid do calculator. In an effort to ensure proper calculations in claims involving approved benefits. In 21 one part a chapter 5 has been updated to mandate the use of the calculator. And it's upload to VBMS in any case where accrued benefits are payable . A link to the calculator is provided in the manual, and the calculator is now located on our STAR homepage as well as the job aids page . Finally for my last topic is a quick reminder per the manual reference before you on the screen, use of the administrator error paid to calculator is required when forwarding all request to compensation service for approval of administrative decisions involving an erroneous payment of $25,000 or greater due solely to administrative error. Per the manual reference on the screen the calculation results must be uploaded to the veterans benefit management system E folder prior to routing the request for the administration approval via the station are 03 rating. A link is provided in the manual for access to the calculator. And like the accrued calculator and attorney fee calculator, the calculators located on the STAR nine homepage as well as the job aids page. As always please do not hesitate to reach out to us with any questions regarding these three topics, or any quality assurance related topic. Thank you so much. With that I will turn it over to Bonnie.

Thank you, Christine. We have reached the end of our presentation today. Let's talk about how to suggest topics or be a presenter future calls, as well as when the next one will be recorded. If you have a topic that you would like to present a future quality call, send us an email and/or want to buy your coach. We would love having guest presenters and we can help you prepare as you notice today we had three from the field and presenting on topics that come up on a day to day basis. And it can help everyone. Do not hesitate to do that if you would like. If you have a suggestion for a topic send an email to the same mailbox with the information shown. You can copy your coach. Almost every call includes successions received from the field. If you notice a trend or idea, please tell us. You can find bulletins from past calls on the compensation service Internet and the full training video with audio recordings. It is available in TMS and the learning catalog including PowerPoint as well as the video. Thank you for joining us today. The next call will be recorded the week of March 8th. Have a great day. We will see you next month.

[ Event Concluded ] thank you all to the presenters, thank you to our course advocates. I think it sounded great. I do not think I will have to make any edits to it which is amazing and we were exactly at one hour. A super job, thank you to everyone.

[ Event Concluded ]

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