Compensation Service Quality Call May 2021

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Welcome to the May Compensation Service Quality Call.

This is Robert Johnson, I'm s Senior Quality Review Specialist with Compensation Service Quality Assurance. I hope you logged into TMS using Edge or Chrome. If you used Internet Explorer, you may have trouble watching this recording.

I have a reminder for VSRs and RVSRs when processing active and inactive duty for training claims.

As you know, any active or inactive duty for training service isn’t considered active duty until the completion and authorization of a rating decision grating service connection for disabilities that occurred during those periods. We’ve begun to notice an error trend with active duty and inactive duty for training either being coded in the system by VSRs as “verified” prior to completion of the 6789 deferred rating decision or the RVSRs are establishing service connection for disabilities and forget to complete the 6789 deferred rating decision. Please follow the steps outlined in the manual at Part 3, Subpart 2, Chapter 6, Section A, Topic 2, Block K. When service connection has been established for a period of active or inactive duty for training, the RVSR will identify this period as active service by preparing a 6789 deferred rating decision. In the deferral, the RVSR will identify the dates of service and provide an explanation of the reason for establishing this period as active service. Then, the VSR will update VA systems to reflect that the period of service identified by the RVSR is active service and complete adjudication of the claim. So, there’s a need for the deferred rating decision, and there’s a need to update the systems to show the period as active service “before” the claim is adjudicated and completed. “Before” is the key word here. Okay, that’s all I have for this reminder. Up next is Dustin with some manual updates.

Great, thank you so much, Robert. Good morning, everyone. This is Dustin Williams, program analyst with the procedures maintenance staff here to discuss recent and win-win revisions and other recent 2021 matters. The first of the citations we want to take a look at today is the changes to 21-1 partly subpart three chapter 7 on the child permanent incapacity for self-support. Prior to an update that we published on April 27 -- 22nd and 21 one 3374 D, have incorrectly instructed claims processors to discontinue benefits of the. Pain beneficiary for a child permanently incapable of self support effective the first date of the month in which that child married. The correct effectively in that situation is actually the first of the month following the month in which the child married. The first day of the month in which the child did Mary is a correct effective date for discontinuing benefits of VA is actually paying benefits to the child as a in apportioned. Also in this chapter we have identified a situation where the authorization activity can deny helpless child claim without referral to the written activity and simply put if a claimant checks the box on the claim form that indicates his or her child is helpless or severely disabled, submits no evidence to support that assertion, referral claim to the rating activities on this are not set investment necessary. Claims development is restricted when the claimant files claimant for additional [ Inaudible static ] 21 686 C and instructions and 3371G have been modified to account for that restriction. And finally the prior version of M 21 3372 a instructed claims processors [ Inaudible - static ] to claimant that use a quote unquote, non-easy form to file the claim regarding the child capacity for self-support. Many of the prescribed forms for claiming benefits based on the child's incapacity for self-support to include those designated as non-easy forms, now place the claimant on notice of the evidence that is required to establish entitlement. Thereby eliminating the need for processors to provide the claimant with a separate section of the 103 notice. So taking that into account we have made a corrective revision 2337 two A.

The next changes we want to talk about are some consolidations that we have undertaken in cap and 21 11 Parton section kept we have consolidated those instructions with the instructions and 21 11 Parton chapter 7 and we have given the letter chapter in view title and data matching titles as and in a fight incarcerated beneficiaries and then putting -- [ Inaudible - static ] one consolidated set of instructions for processing worksheets. Those VA and assess a state prisoner computer match or VA and Bureau of prisons match that identified incarcerated beneficiaries and their dependents.

All right. The last specific in 21 one change that we want to discuss was two-part three subpart five chapter 8 section kept a and the effects of an individual's incarceration on VA benefits. On April 30th, we added instructions to this section for handling the following types of notice that involve the former apportioning who apportion it the. Discontinued because the apportion he was incarcerated. So notice that charges that resulted in incarceration were dismissed or overturned and the type of conviction that resulted in incarceration change such their portion is no longer prohibited and general notice that incarceration is ended and before resuming and apportionment based on the types of notice reference their claims officers must decide whether the former apportioning is otherwise entitled to apportionment and accordingly when we drafted the new instructions we included a requirement that the former apportionee now support a you the. Form 24 seven 88th to [ Indiscernible - low volume ] exam.

All right. Other noteworthy matters concerning the cap and 21 one, pump and station service has developed a new training video to explain in 21 one location purpose, organization and structure and also to provide tips for conducting more efficient searches of M21-1 content in the CPK referral. This video has been assigned to EMS number 456, 7822 and it is they are readily available in TMS for you and is intended for use by all VBA processing claims personal irrespective of experience level.

You may or may not have noticed that in response to feedback from various sources compensation service introduced on April 16, a new calendar and email announcement format for notification of M21-1 changes. So formally the compensation service calendar and associated email announcements included only a simple hyperlink reference to the M21-1 content that changed. The reformatted versions of both the email and the calendar will more nearly resembled the CPK and portals by date page and include the sentence to note what specifically changed and each impacted section.

All right, last item for today, arguably most important, as was announced in M21-1 memorandum of major change dated May 20, 2021, a work group consisting of both fuel representatives and the. Central office employees convened over the course of three recent months to examine means for making M21-1 a more consumable product and resource for primary users.

The primary over arcing recommendation we came away with with from the work group was to wholly reorganize and M21-1 content in a matter there's more generally consistent with the progression of the claims process and also in a manner that groups content on special issues in a single consolidated location.

The focus of this reorganization effort is only going to be to improve accessibility of existing content. Notably we are not aiming to revise or substantively change current guidance as it exists now.

The M21-1 reorganization plan involves a couple of different parts. Expansion of the existing organizational structure from nine parts, 214 parts and gradual implementation of the course of six phases with the first of those having commenced May 10 and six and final walk reaching completion by the end of fiscal year 2021.

So here is a high-level breakdown at the part level of the 14 parts that we are going to be migrating into from our existing nine into these 14. You can see as I mentioned before the progression of the claims process and the way that we have arranged these parts is sort of to tell the story of the life of a claim. Beginning with claimant's rights and lead to assist and then go into intake, mail, developments, exams, rating, authorization. So kind of that cradle to the grave vision of what the claims process actually looks like.

The use of the phased approach accomplishes this reorganization and will allow all M21-1 content to remain active and accurate throughout the project. Every effort will be made to ensure that cross-referencing is updated to the extent possible, however, users should expect the cross-referencing within the content may not be as accurate or specific as you normally expect. Additionally during short periods of time, content may appear in two places. The old citation and the new citation. Is temporary the patient is most likely to occur when individual portions of the large chapters or sections of content are being reorganize for better subject specificity.

Rest assured in knowing that as reorganization progresses, comp service will regularly communicate these M21-1 changes and movement in all of the forms that are shown here on this slide. We have got an M21-1 adjudication procedure manual FY21 reorganization guide. The hyperlink from the May 10, memorandum of major change that I mentioned before, that FY21 reorganization guide is actually available as well from the CPK M portals landing page so you should have pretty easy convenient access to that.

Also, we are going to continue to be a perpetual staple on a monthly basis for the compensation service quality calls and you can expect to hear from us pretty consistently and regularly as this project progresses and advances and there will also be communications that are issued and compensation service bulletins and will also know -- continue to have a regular comp service update every Friday, identified that weeks content changes that of been published. So more to come on this in the coming months. But for now that concludes my portion of today's call.

Hello, everyone. Today I'll speak about quality assurances, national EP-930 registry. In March 2021, quality assurance completed the special-focused review to confirm the compliance and proper usage of end products 930. The review was initiated because there is currently no process in place to assess the quality levels of EP-930. The FSR measured the accuracy of EP-930 and determined incorrect action was taken prior to clearing the EP. Conducting the review in a conversation service to evaluate the accuracy of EPs-930 and identify areas where additional training may be needed. The review consisted of a national random sample of 203 cases. The population of cases included both compensation rating and a non-rating claim. With the EP-930 claim label closed during fiscal year 2020. The review excluded seriously ill, injured seriously ill or injured via SI cases. Other EPs excluded were those in pension claims or with pension -related claim labels. For appeals-related claim labels and EPs associate with locally-associated ones. Of the 203 cases reviewed, one private cases reviewed contained errors. Some contend multiple errors and 21 cases were established or cleared, resulting in an an an accuracy of 88.2%. Of the cases content areas, and might be impacting the benefits all the remaining cases contained are in these areas. This resulted in a 181.8 error rate. Multiple error trends were noted, including a lack of adherence to the guidance in the 21.4 XP. That guidance specifically means to enter a vbms and many were found to be insufficient for not providing the sufficient information. Other areas were removed from the establishment of the EP-930 including the incorrect date of claim, proper claim label and or intentions not been properly up entered. In some cases in which no EP was awarded and others should have been established under an EP under that EP-930 . Additional errors were revealed with the clearing of EPs-930 , as multiple cases were cleared when prior credit had already continued. Window credit was warranted and/or, prior to finalizing all the issues. QA is now initiating for EPs-930 . Following completion of the second review, findings in common error trends will be disseminated nationwide via compensation quality calls and the compensation service bulletin. A final report detailing trends and improvement recommendations for both reviews will be posted to the compensation service Internet, special focused review page. And questions can be directed to our 214 non-rating authorization catalogs thank you so much for your time today. Now I will turn it over to Mr. Ryan Hughes stick. Ryan, over to you, sir.

Hello. Thank you, Christine. My name is Ryan Ustick from the quality assurance advisory and specializing claims team. We recently conducted a special performance review on the accuracy of decisions with the spine. This was initiated based on an office of the Inspector General court issue from 2019. The IG noted that most errors found on the spine were due to inadequate exams, improper evaluations and missed secondary conditions. Two specific reasons for errors involved poor decisions. After the IG report was issued, the EPA made several changes to improve quality, including additional training, revising DBQ. Compensation service performed for training updates were completed, specifically, 203 claims were reviewed in February and March of 2021 for benefit entitlement errors. These errors are defined as having potential impact on the alkaline claim. 92% of cases reviewed were not found to contain an VE error, and most client errors found on the SFR related to the examinations and or medical areas were insufficient or inadequate. These include requirements. Although the results do show commitment to decisions involved in the spine, please member, when processing these claims, be cognizant of making sure that examinations are adequate, including these requirements. Also, medical opinions contained in rationale. Further, be careful that all medical evidence is obtained and reviewed the FTRs thoroughly for more guidance. Lastly, remind secondary complications such as cars being adequately addressed.

Thanks, Ryan, for that great information. Hello again. Welcome to the May 2021 quality call. I'm Jennifer Monville into this .5 in our ongoing trend three scenario. Arsenault for transfer today will be a bit more complex and we'll be incorporating concepts from demonstrations that have been covered during the January through April quality calls. Although this is a complex scenario, it's a rather common one. We're going to compare a routine, focusing primarily on a denial of service connection for headaches under CFR-3.17, which is competitions for certain disabilities occurring in veterans. Our facts of the case is that the veteran especially claimed headaches due to time in Iraq. This will be our primary focus during the tutorial. She also expressed the claims headaches on a direct basis. We will address that area of service connection as well, but we'll do that and another one. Service in Southwest Asia was confirmed based on her DDT-14, showing direct service from Maryland to December 10th of 2011. VAMC evidence shows that she has had a diagnosed illness without consulting ideology. There are no headaches shown during active duty at all. The headaches, which began many years after discharge, have always been occurring once every few weeks. They would be not compensable under the DA's scheduled code. The headaches did not arise during service in the Gulf theater. In order to grant service on a percentage basis under the 38 CFR, 3.17, this must have happened during the theater or have manifested to a degree of 10% or more during service. Because the attic did not arise during the Gulf theater and have never been at accessible levels since discharge, a denial was in order.

[ Captioners Transitioning ]

We select environmental hazards in the Gulf War. For the special issue basis I'm going to select diagnosed environmental. And assign. VBMS-R can be a bit inaccurate with the Gulf War environmental has a special issue trying to determine which one gives you the best language for your situation. Select the next. And then accept. On this screen, we are given four available denial analysis reasons. The selections that are made here directly impact what VBMS-R generated text is populated into the rating narrative. We can choose if the illness is not chronic, that the illness is diagnosed but that the condition is found to be less than 10% disabling. In this case specifically because it is found to be less than 10% disabling. Therefore we select that option and add it to the selected box on the right. From here we select accept. For 3.317 Gulf War decisions, VBMS-R hasn't rated in a while. You must look at your issue and decision lines for the generated text. Issue line reads service connection for headaches due to an undiagnosed illness where the headaches are actually -- also denying on a direct basis. Because I want my ratings decision to be as accurate as possible, I choose to remove the, as due to undiagnosed illness, language so that the issue line aligns. Everything looks fine. Now we proceed to the analysis portion of the decision. Because all denials require favorable findings to be input on the favorable findings tab of VBMS-R and because we do have some favorable findings for the presumptive and directive denials, -- [ Captioner cannot access audio, audio cutting out ]

We select presumptive, all-inclusive. This choice provides generic presumptive favorable findings that cover most of the presumptive elements of a claim under different 38 CFRs. Take time to review and familiarize. In our case, since we are specifically denying under 3.317 the claims the have been legally -- in some cases, more than one dropped him a work. Select the ones that most approximate the elements of the -- because we have conceded service in Southwest Asia, we select the first option which reads, evidence shows that you performed service in insert free text. It would be subject to service connection of 3.317. I also select the diagnosed -- [ Captioner cannot access audio, audio cutting out ] hit the control key and highlight multiple selections. Scrolling down through the remaining template choices, I also select the, you have been diagnosed with a disability favorable finding. The headaches of unknown etiology would be subject to service connection if they were at a compensable level on a direct basis if they were shown -- [ Captioner cannot access audio, audio cutting out ]

My three favorable findings selections appeared to be complete, isolate and finding.

Noticed that each favorable finding create a separate box. Each of which can be edited. It is here that we must edit our premade selections to comply with the theory of service connection that we are denying and to add any relevant free text to identify what evidence was used to overcome that element. Modification of the premade selection text is allowed and should be completed to tailor the favorable finding to the claim type. The first favorable finding overcomes the Southwest Asia service element of the claim or the event. Therefore, I modify that favorable finding to say evidence shows that you performed service in Southwest Asia exposing you to environmental hazards. I also must add free text to describe what evidence is used to overcome that element of the claim. Therefore, I add, your DD 214 shows Iraq service for May 1520 July 7, 2011. The changes are saved by hitting the save button to the right of the text box. Now we move to the second favorable finding which represents the Nexus element of service connection and that headaches are recognized condition under 3.317. I hit the edit button to enter my text. In this case, I think I will add headaches of unknown etiology meet the type of disability requirement under 38 CFR 3.317. And save. Though we are denying service connection because the headaches are not compensable, because headaches are specifically identified under 38 CFR 3.317 as being subject to service connection as a medically unexplained, chronic, multi-symptom illness, this element of the claim is overcome. Because it's favorable finding is often confusing, let's take a moment to talk about it in a little more detail. Let's use an analogy to agent orange. If a veteran has diabetes type two, which is a recognized agent orange presumptive but had no agent orange exposure we would be denying the claim. However, this premade finding would still be applicable. As the diagnosed diabetes is a recognized agent orange presumptive disability. This favorable finding, in essence, overcomes the Nexus element for presumptive service connection under multiple legal theories. Hopefully this extended discussion helps you understand the purpose of the second premade favorable finding. Now I moved to the last verbal finding which overcomes the current disability element of the claim. This favorable findings relevant to the denial under 3.317 and 3.313. I hit the edit button and add this free text to identify the evidence upon which this element of the claim was overcome. I add the V.A. exam dated April 8, 2021 diagnosed chronic headaches which have been present for many years. I'm satisfied with a third favorable finding, so I save this language. Now that I'm finished modifying each favorable finding individually I must hit the save button on the right-hand corner of the favorable findings tab. Once my changes have been successfully saved, I can now move back to the analysis tab to complete the final rating narrative. I moved to the second text box and hit the pen which drops in our goal for 3.317 discussion and design reason which came directly from the special issue choice we made as well as the denial reason which we selected in VBMS-R. We also the hour favorable findings have populated. As it was expressly claimed, we must now address the veteran's claim for direct service connection in the narrative. For this, we will use VBMS-R glossary fragment to create the necessary direct connection to Lyle language denial language. 438 CFR 3.3 17F which is part of EMA we must tell the veteran the legal requirements to substantially the claims in the 30th CFR 3.3034 direct service connection. The closest glossary fragment that provides this information is called direct undescore grant underscore requirements. I hit control, shift A to paste in the fragment language. Please be aware that in the last VBMS-R update the shortcut changed for the chrome browser to control, shift enter instead of control, shift A. I noticed this glossary does not include the regulations that dictate direct service connection. 38 CFR 3.303 and 38 CFR 3.304. I must manually add them or include other glossary fragment that include them. Because I am not finished with my denial rationale free text yet, I decide to wait see what else plays with other glossary fragment. As is required under 38 CFR -- I also must identify the primary element that is missing for a direct grant of service connection. In this case, it's because there are no headaches shown during active duty. Therefore, I use the glossary fragment and I asked, control, shift A, to generate that language. Since we are denying service connection using two different legal theories of service connection I think I will modify that generated language just a little bit. I changed the language to read, the evidence does not show complaints of headaches in service. To differentiate this denial from the presumptive denial, I also add, therefore, service connection on a direct basis is denied. I also noticed the NIS glossary fragment included 38 CFR 38 3.303 and 3.304 which are the direct service connections therefore don't need to manually add them. Let's use the enhanced editor feature. To review the entire narrative with a better view M 21 1 4 2 V 5 A reminds us we are to ensure the generated text is accurate and to modify or add to it is necessary. We reviewed the first paragraph and determine the generated language provides the proper discussion of what is required to grant the claim under 3.317. The generated text also populated the proper regulation of 3.317 . The first paragraph appears complete and accurate. Now we move to the second paragraph which briefly tells the veteran why we are specifically denying her claim. This tax was generated because we chose the tonight, found less than 10% disabling earlier. I see the system input 3.317 , again, because the first paragraph already provided that regulation, I can go ahead and remove the 30 get duplicate 38 CFR 3.317. However, I should provide some additional free text discussion about the actual presumptive denial reason. There is no level of specificity required in these denials. The only requirement under 38 CFR [ Indiscernible ] is a we adequately discussed the element of the claim that is not overcome. Meaning the main reason for the denial. And include any associated regulations.

I think I will add this pretext. Your chronic headaches began many years after discharge following service in the Gulf theater. The examiner has confirmed you weren't a diagnosis of chronic headaches of unknown etiology. However, as the headaches are not prostrating in nature and they occur infrequently they're not considered to be at a compensable level under the V.A. of reading disabilities were headaches. Therefore, as the condition is considered to be noncompensable, service connection cannot be established. 38 CFR 4.124 k. Because I briefly discussed the rating criteria for headaches in the narrative, I decide to add 38 CFR 4.124 a. This is a schedule rating for neurological divisions which dictates evaluation of headaches and helps us determine they will be noncompensable and therefore not subject to presumptive service connection. Following that paragraph, the vet service discussion appears and expressly claims service connection on both a direct and go for presumptive basis, both periods of service connection must be discussed in the narrative. I briefly reviewed the direct service connection discussion that we created earlier, and it looks complete. Now I moved to the favorable findings section of the narrative. Remember, each element of the claim under both 38 CFR 3.303 and 3.307 that have been overcome must have a corresponding favorable finding because direct service overcomes the in-service event of service connection and conceived exposure, the first favorable finding is accurate. Because the headaches of unknown etiology are a condition that is recognized as supper to presumptive service connection under 3.317 b, the second is Acura. Because they have a take notice of headaches the third favorable finding is accurate. It appears all of the elements that the veteran has overcome under both 3.303 and 3.317 have been noted in the favorable findings area of the rating narrative. We are now finished with their modifications and review. We select done in the upper left-hand corner to exit the advanced editor.

Our issue and decision lines look good. Our reasons for decision narrative appears legally sufficient and complete. We have clearly discussed the legal requirements which must be met in order to grant the claim under both claims legal theories and have told the veteran what element she is missing for each theory. This information is provided in the rating area. We have also advised her of what elements of her claim had been overcome, which are shown in favorable findings portion of the rating. We select okay. Although the decision is now complete, let's preview the code sheet just to review the code sheet quickly.

Noticed the diagnostic code, the environmental hazards and Gulf War diagnosed environmental special into issue indicator and denial reason not established by presumption. These are all the results of the diagnostic code we input and special issue indicator information we selected in VBMS-R . This information that is showing on the code sheet is what should be included in a proper presumptive decision under 38 CFR 3.317. Again, we hope that this detailed tutorial has given you some guidance when it comes to proper selections and notification requirements when preparing a denial rating that addresses both expressly claimed, direct and presumptive service connection. It also provided you with an enhanced look at the available, premade presumptive favorable findings selections. Tune in next month for another tutorial when I will be covering a proper denial for claimed temporary total evaluation.

[ Event Concluded ]