Good afternoon, my name is Erin Hawkins, Quality Analyst with the Compensation Service Quality Assurance Staff. I am here today with my coworker, Molly Rosenak, to provide some real-time feedback on what our staff has identified from our ongoing current reviews, which we hope will be helpful to you.

Today's session is focused solely on system compliance. This session was developed for one station; however, when comparing that station's quality error trends with the nation, they were found to have the same fact pattern of errors cited. Therefore, this session will be targeted for all claim processors, VSRs and RVSRs, for all regional offices.

Systems compliance has a significant role in claims processing, it describes the administrative maintenance taken on claimant's corporate record and on individual claims. Proper systems compliance allows for claims to move correctly through VA channels, and to be routed to the right person at the right time during the claim process.

After a claim is received, the EP, claim label, special issue indicators and corporate flashes are all tools that allow NWQ to route the claim to where it needs to be for proper development. After development, the accuracy of tracked items, flashes, special issue indicators and claim level suspense all are critical in getting the claim into the hands of a decision maker and ultimately promulgation, which is the step we take to pay the Veteran and provide notification of our decision.

Systems compliance also has a direct impact on VA benefits outside of compensation; programs such as health care, education and home loans rely on VBA to maintain accurate information in a Veteran's record.

I would like to first start off with some noteworthy positive feedback based on an analysis of the data from FY20 to FY21. We compared the data from October to February for each Fiscal Year (FY). The total number of systems compliance errors cited on VSR local quality reviews decreased by 3,609 from FY20 to FY21! That's amazing and shows a dedication to Veteran's and accurate claims processing.

* The subcategory of systems compliance errors that saw the greatest improvement was in POA systems update. Errors in this category decreased by 1,085 ensuring POA information is correct is especially important because if the VA does not have the correct POA name and permissions properly set, then POAs may not be able to view and interact with Veterans e-folders in VBMS. This directly impacts the POA's ability to assist Veterans, so kudos to everyone for allowing VBA to provide better service to our Veterans and our stakeholders!

* The second subcategory that saw the greatest improvement was in Special Issue Indicators. This category decreased by 1,085. Special Issue Indicators are crucial because, in addition to providing claim-specific information for data analysis, they also serve as instruction for the NWQ for claims routing. For example, NWQ will automatically route radiation claims that require centralized processing to the Jackson Regional Office when the special issue Indicator of *Radiation Radiogenic Disability Confirmed* is added. Excellent job on reducing errors in this category, keep up the great work!

So, we thank you for these noteworthy findings. We truly appreciate your continued commitment to system compliance and providing our Veteran's with quality service.

And now I will move right into the VSR error trends. In the data we reviewed, **the top four quality questions with the most errors cited for VSRs were:**

- ➢ Tracked Items
- ➢ Correct DOCs
- ➢ Correct EPs
- ➢ And Periods of Service

VSR - Tracked Items

- ➢ Tracked items for all requested evidence were not entered and updated as necessary (includes disposition and suspense date)

Tracked items provide a record of all development actions taken on a claim. This record, and the status of individual tracked items, is visible to claimants on VA websites such as eBenefits.

Tracked items document all development actions taken on a claim and should be accurately maintained.

For example, A tracked item of 65 days for due process per 38 CFR 3.103. The claim should not move to Ready for Decision (RFD) or Ready to Work (RTW) status until the 65-day suspense is up. NWQ will automatically move a claim to RFD/RTW status once the final tracked item is completed. (Unless the tracked item is an exception to the auto-RFD/RTW rules). These routing rules are intended to empower VA to process claims efficiently and as quickly as possible to get a resolution to claimants in a timely manner.

VSR- Correct DOCs

➢ Date of claim incorrect

Dates of claim can drive the calculation of certain timelines, development, and is often the basis for assigning an effective date for a grant or increase in benefits, and any associated ancillary benefits.

For Example: Intent to File (ITF), a complete claim must be received within one year of ITF. If a complete claim was received within the required year, however the date of claim was incorrectly established, then VA may assign an incorrect effective date.

Example 2: DOC impacts the calculation for the one-year period of the 5103 notice. If a Veteran submits a VAF 21-526EZ, then VA considers the Veteran to have received the 5103 notice as of the date VA received the claim. This information will directly impact a developer's decision on when to send a 5103 notice.

VSR – Correct EP

➢ Correct End Product (EP)

EP metrics are used for workload monitoring and the assignment of appropriate work measurement credits. EP data is used to analyze and substantiate staffing and productive capacity. Also, received and completed EP information is factored into the annual budget submission to the Secretary, Office of Management and Budget (OMB), the President, and Congress.

Having the correct EP assists claims processors to formulate and verify all development actions needed based on the claim type.

For example: EP 290 *Automobile Allowance,* EP 020 *Helpless Child* and EP 310 *Routine Future Exam* each have distinct and separate development paths.

VSR – Periods of Service

➢ All periods of active duty (for pension, relevant periods) or other service-related claimed issues not verified and updates in VBMS (EOD, RAD, Branch, character of service, separation reason, VADs and/or VERIFIED)

It is essential that all periods of active duty are correctly documented in VA systems.

Having correct service information in the system prevents misclassified or incorrect grants of service connection.

Accurate service information provides VA with the information needed to terminate benefits during periods of a return to active duty, preventing overpayments.

Accurate service information helps VA verify that the claimant meets the definition of a Veteran (which requires service in active military and that the individual was discharged or released under conditions other than dishonorable).

When compensation employees correctly enter service information, it assists other VA programs to verify eligibility to their respective benefits. This includes other VA benefits such as Pension, Education, Loans Guarantee, Burial and Survivor Benefits and eligibility to VHA services.

For example, if VBA failed to update a period of service from dishonorable to honorable for VA purposes as a result of a favorable character of discharge decision, then VHA may erroneously deny a Veteran health care services because the systems incorrectly shows the individual received a dishonorable character of discharge.

That is all I have for VSR error trends – now I am going to hand it over to Molly Rosenak to go over RVSR errors.

Good Afternoon, this is Molly Rosenak. I am going to go over quality trends for raters.

For Raters, the greatest area of improvement between the two time periods was a reduction in codesheet signature errors which reduced by 37. Thank you for being more diligent with your decisions and assuring they have the proper authority prior to closing out. This inevitably reduces appeals and CUE workloads. Your efforts are much appreciated!

The Top-Quality Question for RVSRs with the Most Errors Cited Was:

➢ EPs & DOCs - The proper EP was not reflected on the rating decision Codesheet to include proper DOC for EP

Most Raters look at the codesheet first when working a new claim. The codesheet is the roadmap to the next steps in processing the new claim. Having the correct EPs and DOCs on the codesheet is vital to accurate claims processing.

Incorrect EPs and DOCs can lead to improper or missed development, wrong effective dates of grant, overpayment/underpayments of benefits, and costly re-work.

Here are a few **examples of issues resulting from improper EP or DOC on the codesheet:**

Often a wrong DOC means wrong effective date for Service Connection and ancillary benefits (DEA, SMC, Voc Rehab etc.).

For accrued benefits the substitute claimant could be given the wrong effective date for his/hers benefits if DOC is incorrect.

The incorrect DOC could result in an increase in corrective actions needed due to improper payments. This results costly claims processing steps to correct administrative errors and may require debt waivers for overpayments. Time making corrections effects production and quality and the ability for a Rater to start a new claim to help the next Veteran.

Codesheet EP and DOC errors can lead to providing incorrect information in correspondence or missed development. Deferring issues for notification errors results in unnecessary delays in claims processing.

Pulling the wrong EP into a rating decision codesheet can affect the issues addressed. If there are multiple end products and the rater addresses the wrong EP, then the development tracking and NWQ routing will not align with the proper claim resulting in missed issues and delays in processing.

For future claims, (quality, training and special focused) reviews and national claim recalls (such as Nehmer processing) it is vital that DOCs and EPs are associated with the correct claim issues. Proper claim association helps Compensation Services to create large pulls of data. The wheels that drive are encompassed by data analysis that cannot be accurately performed if the claims are not properly associated on the codesheet. This assures that number of receipts and forecasts for future workload, staffing requirements and training are accurate setting the organization up for success and providing Veteran's with the best services possible.

Additional Findings:

It has been noted that there is an increase in errors related to date of claim used under COVID-19 claims processing guidelines. Please follow the guidance from PL 20-02 and the associated FAQ. We've included links to *the Novel Coronavirus Disease (COVID-19) Operational Information Page* and the *PL 20-02 FAQ* on the Power Point material for this training. We would like to caution that in cases where the claim was received electronically the guidance does not apply. The guidance only applies for claims received through the traditional mail system, such as the US Postal Service. If it is unclear whether the claim was received electronically or through the mail (as we have seen in quite a few cases), then it is a judgement call based on the evidence available.

CLOSING:

In closing, I would like to reiterate that system compliance is a crucial part of claims processing.

Please reference TMS # 4483941 for further information and Contact Compensation Services Quality Review Staff if you have any further questions.

Thank you for your time and attention today and we hope that this feedback is helpful to you.