Compensation Service Quality Call October 2021

Please stand by for realtime captions.

To get things started I am going to immediately send it over to David. The quality assurance officer. Bring it back to me, and we will talk about what is going to be on this month's call.

Thank you very much. I want to also welcome you all to the very first quality call of fiscal year 2022. Very glad you are logged in and listen to this. You will hear some really great information today. I am going to be pretty brief in my comments, but I did want to take a moment to let you know that we remain as invested as ever in ensuring accurate claims processing as well as being a resource for you all out in the field. A part of our mission is to support you all. A part of that support comes in the form of what you are listening to now. A national quality call. The quality call remains an important tool that we can utilize on a monthly basis to bring you all relevant information, which we hope supports the difficult process work that you guys do. We know this: provide the answer to every question you have, but it still serves an important role in providing the newest and most up-to-date information in what we recognize as an always changing environment. I will close this by saying internally here we are always looking to see how we can best drive quality improvement. We welcome your ideas.

Thank you so much, David. This previous slide. We are going to start out with the organization for updates along with some updates to the rating schedule that is coming out in the near future or becoming finalized. Talk about some end of the year quality data to include site visits. We will talk a little bit about considering -- specifically in the way of how that might change the development that needs to be done. That is a topic that everyone will be interested in I'm sure. I am going to turn it over to procedures maintenance, and thank you for joining us today.

Thank you. Hello, everyone. I am the manual and change coordinator for the adjudication procedures manual. I am here today to update you on our reorganization effort. I am delighted to say as of September 30 compensation services procedures maintenance staff has completed all six planned phases of the reorganization. When we last met and updated you in early August we were in phase 3 of the reorganization. Here is a highlight of what we have done since then. On August 19 we released a new benefits administration and oversight. That was a coalition of information previously in a variety of places. It was kind of a bringing together of a lot of different information. September 1 we had 2 new releases. Part six and part nine. On September 15 we had 2 more releases. Those were parts 4 and 5. Last but not least on September 30 be released the last 2 new parts, and they were the rating process in the development process. We are continuing to work on updating all of the cross-references as well as the table of contents, so we appreciate your patience with us as we continue to work on that. Now that the reorganization is complete here is a grand overview of the final layout with the new distribution of content and the expansion from nine parts to 14. We want to remind users there are several ways to locate historical content or to identify where content moved. Including the guide. Here is an example of how the resources might be helpful for you. First there is the reorganization guide. Let's say you wanted to know where general information on due process went. You can navigate and find out where that is. The first thing I am going to do is navigate to the reorganization guide. I am going to hit control F to bring up the find search box at the top of the screen to vent I will type in the short form of the citation I am going to look for. I was looking for information on due process. When I entered the information I find the very first result that I am taken to is actually exactly what I am looking for. It has been relocated.

You can also find information and the historical folders. What if I wanted to find out historical information -- before the relocation. First I will navigate to part one. And then I will navigate to the new historical folder. Once here I can navigate to the chapter 2 historical folder. Finally, I can navigate to the part one chapter 2 section a historical article. Since this is a historical citation there is no current content. However, there are historical and key changes attachment that I can open and view and see what the content used to be and how it has changed. Here is another way the resources could be helpful. What if I wanted to know the details of contents reorganization? For either historical or current citations the key changes document provides details about where and when content was reorganized. Let's go back. In this example we are looking at the key changes document from 930 21 after the reorganization began. We can see that all of this content was relocated to 1 we will find the same type of information in a key changes document for current content. For example, if I am looking at the newly released content in part three I can go down to the attachments and look at the key change document after the reorganization. Here we will see that the topics in this section actually come from three different locations. If content was not relocated we itemize the relocation. That is just a quick look at how some of these resources can be helpful to you. The procedures maintenance staff would like to thank you again for your patience as we work through the reorganization, and we hope when you get used to the new layout you will find it easier to navigate and more user-friendly. Now I'm going to turn it over to Catherine Johnson, who has some information about updates.

Hello, everyone. My name is Catherine Johnson. I am an analyst designed to the management office. On September 30, 2021 the Federal Register published a role for the system and it can be found -- today I am going to highlight a few of the changes starting with the diagnostic roof, adding three new codes. Removes one code and revises 30 in which 13 are directly changed and 17 of the remaining revised codes are indirectly modified. Additionally, seven diagnostic codes were not affected by the rule at all. One of the most significant changes involves the way they will evaluate dysfunction. Although the evaluation percentages are constant a general rating that replaces a subjective terms that are presently used in the rating schedule with objective laboratory findings. They are objective and accurate standards for measuring dysfunction. The schedule contains a note specifying -- must be calculated by a medical professional. All the evaluation levels VA will consider the objective findings for three consecutive months during the past 12 month period. An important factor to remember is that the VA removed hypertension as a part of the criteria.

2 diagnostic codes have been added.'s he will will remove. 17 were revised directly. This is a new diagnostic code to account for pacemaker implementation due to asymptomatic --

Good morning. I am a chief of the advisory and specialized claim review. Today I want to take some time and talk about FY21 and of your quality. The FY21 -- the 12 month cumulative period used to assess end of year quality runs from August 2020 through July 2021. This is because this allows time for timely reports and getting all of our end of year data and reports to our stakeholders. The final numbers were very good at 95.37% for the 12 month rating. The three month rating was 95.76%. The nonreading accuracy for FY21 was at 92.24%. In accordance with standards's is testicle practices our accuracy is weighted accuracy. This is influenced by the volume of claims completed each month. The highest categories for FY21 was C2 evaluations assigned and D1 effective dates. I would say you're probably seeing that as well in your local reviews, so I encourage you to kind of do some analysis and provide some training. Share that with your came claims processors. After looking at all of our reports some of the things quality assurance is planning going forward. Of course we have already completed and posted and of your quality reports on our Internet page. There will be a focus on offices whose end of year quality was 95.5% or lower. There will be meetings scheduled for those offices to go over the FY21 quality numbers. Have some discussions about quality and see how we can help assist those stations in improving quality. We will review trends and all available quality calls. Any training that was provided. We will determine if they fall in or out of the tools provided for we will also ask for wellness plans from the stations at FY22. As I said before, quality assurance has already prepared individual quality assessments for each station. The reports on the Internet page, and it is shown here the link provided. If you have any questions about the reports you would contact David. Our quality assurance officer. Or you can contact district POC. They are also listed below. That is all I have this morning, and I am going to turn it over to Jessica.

Hello, everyone. I am Jessica appeared today I am going to go over the FY21 compensation service site visit findings. We will discuss the top errors identified during site visits. As an overview, we conducted a virtual site visits at 18 different regional offices, and three test sites. We reviewed 820 claims across those and conducted 90 male reviews. Here are the top five errors the site visit team identified throughout FY21, which resulted in the most action items. The result when compliance is low enough in a particular area that we conducted a follow-up review to ensure compliance has improved. The top error category was rating decision completed transactions in which the compensation service site visit team cited an action item at 17 out of the 18 offices that had a site visit this year. Number two was the individual unemployability transactions with 15 out of 18 cited with an action item. Number three was mitigation of errors with 13 action items. Number four was exam or medical opinion request with 12 action items cited. Number five overpayment compliance with mine action items cited. Now I want to dig into the top errors in each of these categories to give you reminders and quick tips to help improve these areas. One quick side note before we dig into the specific errors. Errors identified by the site visit team do not necessarily equate to a benefit entitlement or critical error. The stem from lack of compliance and following proper policies or procedures, and are therefore considered errors for site visit purposes. In the box on the left side of your screen we are looking at transaction errors. The top error in this category was missing the proper narrative when granting a goal for issued. The references are listed for you in the handouts. Based on these trends it was updated in July 2021 to auto populate the proper language with the correct selections. To ensure improved compliance the decision-makers must ensure the narratives match what is specifically outlined when granting conditions due to it. Secondly, we found rating decisions and narratives were granting -- granting when we should have been granted under -- be sure to review the chart when determining when what rating action to take based on the examiners disability, pattern determination. Now let's shift our focus to the box on the right side of your screen. Another problem identified is with improper mitigations of errors. Errors are being mitigated that are not in compliance. If coaches have questions regarding this topic they can reach out to the quality assurance districts point of contact. The next error category that was identified during site visits is the individual unemployability rating decision completed transaction. The top 2 errors identified included reasons for decisions an explanation or analysis of how impairment from the service-connected disability supported the decision, and the reasons for the decision was missing a statement of what disability or disabilities rendered the veteran unemployable. Decision-makers should be sure that they are not just relying on auto populated texts that generate with the decision to review the manual references provided on this document to ensure the narratives include all required explanations and analysis. Since we are on the topic, I also want to take a moment to address additional reminders based on other errors we found during our reviews. Request the VA form for the veterans last year of employment only. Even though we requested the veteran to provide us with five years of employment history. Only attempt -- only provide 2 times required to secure it from the employer. We recently reviewed a claim where we sent 13 additional letters trying to secure them that were entirely not needed. We are only required to send 2 attempts or make two attempts to get those the, favorable findings are required. If applicable: denying. There are few premade favorable findings to help identify if any favorable findings exist. The next error category we will look at is development transactions with exam or medical opinions. The number one error we identified was using improper language. It is required in all exam requests. Be sure when you are inputting the exam request that the proper language is a part of that request which is outlined in the references provided. Second request exams were medical opinions that were not necessary. Before requesting an exam be sure to review the evidence for the three required elements to determine if an examination or medical opinion is necessary. This is also outlined in the manual references provided. Lastly, the box on the right addresses under and overpayment compliance, which is related to ensuring the required special issue is applied to contentions where potential under or overpayment may exist. Guidance is outlined in the references provided on the handout. Our full annual report can be found on the compensation service program operations page along with all of our site visit findings. That concludes the presentation of our findings. I will pass it on to Isabel.

Thank you. Hi, everyone. Well reviewing claims for accuracy we have noticed a trend. The manual requirements stated the rating decision must be attached to the letter itself.

Today I will be going over considering unclaimed theories of service connection from manual reference M21-1 -- it addresses mainly development veteran service representatives. In this topic we will be discussing the need to develop for unclaimed theories of service connection. Basically when we look at this we must remember that one claimed issue may include multiple theories of service connection. We have to review the evidence and all of our claims to determine all potential ways to grant service connection. This is a part of our advocacy. Do not develop for specifically address unclaimed in onset ported theories of service connection. A denial will address all potential theories of service connection weather specifically addressed by the rating or not. We should determine the theories of service connection based on the circumstances of service, type of disability, and other relevant evidence. And other words we have to look at the veteran as a whole person and not just one period of service that might have had were the thing that they are claiming. And veteran claim service connection on a direct basis. The evidence of record does not support direct service connection. Evidence shows the veteran served in Vietnam. It is a condition presumptively associated with exposure to herbicide. The veteran claimed direct. We were unable to grant or unable to order an exam and opinion, but the VES are noticed this is a Vietnam veteran and was able to develop further and hopefully grant. In this case a veteran claims that condition based -- due to her service-connected -- disability. Or service treatments record shows she retrieved physical therapy for low back pain. A VA examination should be ordered with a direct medical opinion. A secondary opinion may also be warranted if the potential think is possible. Since the veteran raised the secondary theory of service connection. In this case the veteran has raised the theory of secondary service connection. We should also consider direct service connection. We always want to look at the most expedient theory of service connection, which is usually direct. In this example the veteran files a claim for left knee, left hip, and back pain due to the call for service in Iraq. A goal for general medical exam is ordered for joint pain. The opinion is returned as negative for the left knee, left hip, and back disability benefits questionnaires. Stating there is a clear ideology because of the veteran injured has -- the claim becomes auto ready for decision. Our VSR defers it. Is this the proper action? The answer is no. The veteran did claim several joint pains, but did not claim generalized joint pain as a disease process that would potentially be medically unexplained -- if this is a veteran just getting out of service and the same development personnel notes that motor vehicle accident and opinion would not be needed, and this could fall under the general medical compensation exam or the special health assessment exam. This would not necessarily need an opinion or medical exam. A Gulf war medical exam is not another form of the General med exam. In considering unclaimed theories of service connection, there is a note in the manual reference. The requirement to literally read claims based on multiple theories does not extend to claims of clear and unmistakable error. As the burden is on the claim and to specifically raise each issue. Each new clearing theory is independent. Things to remember about this. Grant if you can, deny if you must. This starts at development the veterans do not always understand what they are claiming or why they are claiming it or how they are claiming it. Considered the most basic route 1st. A good claims file for review starting with good system checks is the best service we can give the veteran.

Thank you so much to all of our presenters. That was some great information based on changes in things that are actually going on right now, so I appreciate that. Hopefully everyone finds it useful. Let's talk about how to suggest topics for a future call. If you have a topic you would like to present please send us an email. We love having guest presenters. We can help you prepare. Just make sure your coach is aware and signs off on it as well. It is great to have a voice from the field along with quality assurance. If you have suggestions for a topic please send an email to the same mailbox of the same information shown. Almost every call includes suggestions from the field. If you notice anything please tell us. We are able to immediately -- please note we read them all and will get back with you if need be. Sometimes we even hold them for future calls. Kind of have a theme going with them. Please do not hesitate to keep sending them in. You can find bullets from past calls. The full PowerPoint is available in TMS and the learning catalog. Thank you for joining us today be the next call will be recorded the second week of November. Have a great day, and we will see you all next month.