

**Compensation Service Bulletin**

**August 2014**

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# Occupational and Environmental Exposures

Target Audience: Claims Assistants (CAs) Veterans Service Representatives (VSRs), Rating Veterans Service Representatives (RVSRs), and management

During the June 2014 Veteran Service Center Manager/Quality Review Team (VSCM/QRT) Training Initiative in Atlanta, we discussed in-service occupational and environmental exposures and websites that may be useful in determining a Veteran’s exposure in a claim for disability benefits.

One potential exposure was to radiation in Japan following the March 2011 earthquake and tsunami. The international assistance provided to Japan at that time is called Operation Tomodachi. The Department of Defense (DoD) created an online registry of every American servicemember, family members, and civilians who were in the area at the time of release of radiation and the amount of dose for each individual. We can expect to receive claims based on this exposure and the information in the registry will assist in processing these claims. The website is located at: <http://registry.csd.disa.mil/otr>.

The United States (U.S.) Army Public Health Command has started documenting information on occupational and environmental exposures at U.S. military bases throughout the world. These summary reports are called Periodic Occupational Environmental Monitoring Summaries (POEMS). A POEMSis an official DoD technical document that describes occupational and environmental health (OEH) exposures and their associated health implications for a deployment location during a specific time. The POEMS describes the types of OEH hazards identified during that time, and provides a characterization of the base camp population’s exposures and potential associated health effects. It also provides a description of the risk estimates for short and long term medical implications and any recommendations for any medical action, follow up or surveillance. A POEMS may be accessed at the following website: <https://mesl.apgea.army.mil/mesl/>.

POEMS should be of great utility in determining if a Veteran was exposed to an OEH hazard during his or her military service. Currently 48 POEMS, out of the ultimate total of 156, are available. A fact sheet on POEMS will be attached to the transcript.

We also discussed a DoD office that has developed a registry of servicemembers who were within 50 feet of a blast since mid-2010. That office is the U.S. Army Medical Research and Materiel Command Joint Trauma Analysis and Prevention of Injury in Combat (JTAPIC). We have reached an agreement with that office to obtain information on claimed blast exposures when we cannot verify that a Veteran was exposed through existing DoD records, including service treatment records (STRs). If you receive a claim for residuals of a blast injury (concussion) that occurred from the middle of 2010 to the present, and you are unable to verify that the Veteran was exposed, please e-mail Brad Flohr and Jacqueline Imboden with identifying information. We will then contact JTAPIC to determine if there is a record of the exposure.

# Traumatic Brain Injury (TBI) and Co-Morbid Disabilities

Target Audience: CAs, VSRs, RVSRs, and management

In evaluating TBI residuals, a co-morbid mental disorder may be present. The mental disorder and Post-Traumatic Stress Disorder (PTSD) examinations direct the examiner to determine, if the Veteran has TBI, whether symptoms related to TBI and a co-morbid mental disorder can be differentiated. If the symptoms can be differentiated, the examiner is directed to list the symptoms attributable to TBI apart from the symptoms resulting from the co-morbid mental disorder. If the examiner differentiates the symptoms, the co-morbid mental disorder may be rated separately under an appropriate diagnostic code under [38 CFR 4.130](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_130.htm) apart from other TBI residuals rated under cognitive impairment, subjective symptoms, or physical or neurological impairment under Diagnostic Code (DC) 8045 since the manifestations of a co-morbid mental disorder are clearly separable from the other TBI-related residuals.

If the examiner determines that the symptoms cannot be differentiated, the examiner must provide a statement explaining why it is not possible to differentiate the symptoms attributable to each diagnosis. In such circumstances assign a single evaluation under whichever set of criteria will result in a better assessment of overall impaired functioning due to both conditions.

If TBI and a co-morbid mental disorder are present, and the examiner fails to differentiate the symptomatology between the co-morbid mental disorder and other TBI residuals or fails to provide a reason as to why the symptomatology cannot be differentiated, the examination is inadequate for rating purposes and should be returned for the examiner to make the necessary clinical determination that is required for rating TBI residuals.

# Evaluating Claims involving TBI (DC 8045) and Major or Mild Neurocognitive Disorder Due to TBI (DC 9304) following DSM-5 Revisions to 38 CFR 4.130

Target Audience: RVSRs, Decision Review Officers (DROs), and management

VA recently published an interim final rule which updated VA Schedule for Rating Disabilities (VASRD) regulations pertaining to mental disorders to reflect changes in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). One such change updated the terminology of DC 9304 from “Dementia due to head trauma” to “Major or mild neurocognitive disorder due to traumatic brain injury.” While the name of the disability has changed, the disease described and evaluation criteria remain unchanged and there are no changes required to processing claims involving TBI and a co-morbid mental disorder.

As a reminder, with a TBI, a Veteran may have symptoms that include cognitive impairment, which is defined as decreased memory, concentration, attention, and executive functions of the brain. However, in order to warrant a separate diagnosis of “Major or mild neurocognitive disorder due to traumatic brain injury” under DC 9304, there must be a cluster of symptoms that rise to a higher level of severity and meet the diagnostic criteria for a mental disorder contained within the DSM-5. This diagnosis must be rendered by a qualified mental health professional.

Claims processors should continue to follow the guidance contained in the M21-1Manual Rewrite (MR) Part III, Subpart iv, Chapter 4, Section G, Topic 25, Block e ([M21-1MR III.iv.4.G.25.e](http://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part3/subptiv/ch04/M21-1MRIII_iv_4_SecG.doc)), regarding multiple evaluations and pyramiding in TBI cases. If a Veteran has a diagnosed TBI and also has a confirmed diagnosis of Major or Mild Neurocognitive Disorder Due to TBI **and** you have sufficiently clear and unequivocal medical opinion evidence that manifestations are clearly separable, you should assign separate evaluations using each applicable DC. If the manifestations of the TBI and Major or Mild Neurocognitive Disorder Due to TBI cannot be clearly separated, assign a single evaluation under whichever set of criteria allows the better assessment of the overall impaired functioning due to both conditions.

# Responding to the Office of General Counsel (OGC) Requests for Assistance

Target Audience: CAs, VSRs, RVSRs, and management

Attorneys from OGC’s Professional Staff Group VII (PSG-VII) represent the Secretary of Veterans Affairs (VA) before the Court of Appeals for Veterans Claims (the Court). These attorneys, in litigating cases before the Court, may be required to contact the regional office (RO) for assistance in various matters, to include compliance with court orders, verifying claimants’ status, and substitution.

Offices must promptly respond to PSG-VII requests for assistance, as the attorney is often working under a Court-imposed deadline. Failure to timely respond to Court orders is a serious matter and could potentially involve sanctions upon the Secretary. Any request by a PSG-VII attorney for assistance must receive immediate and total compliance, as the requesting attorney is dependent upon the Office’s cooperation in order to represent the Secretary before the Court.

# Cost-of-Living Adjustments (COLAs)

Target Audience: CAs, VSRs, RVSRs, and management

There will not be a fast letter (FL) released for the 2013 COLA. The rates can be accessed at: <http://vbaw.vba.va.gov/bl/21/publicat/Manuals/Rates/rates_home.htm>.

Some charts have a rate for December 1, 2013 and a rate for January 1, 2014. RO staff should use the applicable rate.

For write out and work item processing, ROs should continue to follow the guidance in M21-1 Part V, Subchapter III, Paragraph 19.10 ([M21-1 V.III.19.10](http://vbaw.vba.va.gov/bl/21/publicat/Manuals/Part5/519.htm)) regarding the date of claim when establishing a pending issue (i.e. the date shown on the message or, if no date is shown, the date of the review).

The one exception involves write outs/work items with the legend "Processing Date - Cycle XX, Month/Year". Use the Hines cycle schedule for date of claim purposes.  Please see the [Hines Cycle Schedule](http://vbahinesweb/web/bdn_sched_of_op.htm) for more information.

# Evaluations for Shoulder Disabilities

Target Audience: CAs, VSRs, RVSRs, and management

Separate evaluations may be given for disabilities of the shoulder and arm under DCs 5201, 5202, or 5203 if the manifestations represent separate and distinct symptomatology that are neither duplicative nor overlapping. ([38 CFR 4.14](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_14.htm) and *Esteban v. Brown*, 6 Vet.App. 259 (1994).) Accordingly, the Evaluation Builder has been programmed to allow separate evaluations under these DCs if so warranted by the disability picture.

For example, separate evaluations may be awarded if the Veteran is service-connected for impairment of the humerus, which is manifested by moderate deformity that also restricts arm motion to shoulder level, and by malunion of the clavicle, which does not affect shoulder motion. A 20 percent evaluation may be assigned for the humerus impairment under DC 5202-5201 and a separate 10 percent evaluation may be assigned under DC 5203 for the malunion of the clavicle. The hyphenated rating is assigned under DC 5202-5201 because the humerus impairment affects range of motion. However, a separate evaluation may be granted under DC 5203 because the evidence shows that the clavicle disability does not affect range of motion. The 10 percent evaluation assigned under DC 5203 is solely based upon malunion of the clavicle and does not reflect consideration of loss of motion. Therefore, as distinct and separate symptomatology is demonstrated, separate ratings would be allowed under the corresponding DCs.

# Evaluation of Radiculopathy

Target Audience: CAs, VSRs, RVSRs, and management

The proposed rule for the General Rating Formula for Diseases and Injuries of the Spine (General Rating Formula), published in the Federal Register on September 4, 2002, provides guidance in determining what constitutes “objective neurological abnormalities” consistent with the regulation’s intent. In explaining the Note (1) guidance under the General Rating Formula, the proposed rule’s preamble states: “We propose to add a note following the general rating formula that would direct the rating agency to separately evaluate any associated objective neurologic abnormalities, including, but not limited to, bowel or bladder impairment, and sensory or motor loss of the extremities. Such evaluations would be based on criteria in the Digestive, Genitourinary, and Neurologic System portions of the rating schedule, depending on the specific findings.” The proposed Note (1) was incorporated into the final rule in August 2003 without any textual deviation from the September 2002 proposed rule.

Accordingly, any finding of radiculopathy that sufficiently meets the criteria for an evaluation under the appropriate peripheral nerve code contained in [38 CFR 4.124a](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_124a.htm) meets the threshold for demonstration of an objective neurological abnormality that may be separately rated from the spine disability rated under the General Rating Formula.

The General Rating Formula also contains the following guidance in rating spinal DCs 5235 through 5243: “With or without symptoms such as pain (whether or not it radiates), stiffness, or aching in the area of the spine affected by residuals of injury or disease.” This introductory language in the General Rating Formula is intended to convey that pain, stiffness, and aching are the typical symptomatology associated with spinal disabilities. VA inserted “without” in the final rule to signify that while those symptoms are usually present in spinal disabilities, their presence is not required for a disability to be rated under the General Rating Formula. See 68 FR 51454, 51455 (August 27, 2003). This general guidance is not intended to establish that radiculopathy of the extremities manifested only by radicular pain does not warrant a separate evaluation under the Note (1) guidance of the General Rating Formula. If the symptomatic picture of a spinal disability includes radiculopathy of an extremity that is solely manifested by pain, the radiculopathy should be separately evaluated under the appropriate peripheral nerve code.

# Manual Rewrite (MR) Changes

Target Audience: VSRs and RVSRs

In the past month, we have published changes to:

* M21-1MR Part I, Chapter 3, Section B ([M21-1MR I.3.B](http://www.benefits.va.gov/WARMS/M21_1MR1.asp)), which updates information including power of attorney (POA) access to sensitive information.
* M21-1MR Part III, Subpart i, Chapter 1 ([M21-1MR III.i.1](http://www.benefits.va.gov/WARMS/M21_1MR3.asp)), which represents a complete rewrite of Chapter 1 to replace information about the previous Claim-Processing Improvement (CPI) model with the current model (i.e. intake processing center (IPC), cross-functional teams, and segmented, claim-processing lanes).
* M21-1MR Part III, Subpart i, Chapter 2, Section B ([M21-1MR III.i.2.B](http://www.benefits.va.gov/WARMS/M21_1MR3.asp)), which updates information on processing Benefits Delivery at Discharge (BDD) and Quick Start Claims and rescinds FL 13-21, *Discontinued Retained Jurisdiction*.
* M21-1MR Part III, Subpart iv, Chapter 3, Section A ([M21-1MR III.iv.3.A](http://www.benefits.va.gov/WARMS/M21_1MR3.asp)), which clarifies procedures for scheduling exams, includes additional information on using Disability Benefit Questionnaires (DBQs) and guidance on Acceptable Clinical Evidence (ACE).
* M21-1MR, Part III, Subpart v, Chapter 5, Section C ([M21-1MR III.v.5.C](http://www.benefits.va.gov/WARMS/M21_1MR3.asp)) which updates information on Retired Pay Centers (RPCs).
* M21-1MR, Part III, Subart v, Chapter 6, Section C ([M21-1MR III.v.6.C](http://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part3/subptv/ch06/M21-1MRIII_v_6_secC.doc)) which updates information on adjusting awards for Aid and Attendance during hospitalization.
* M21-1MR, Part III, Subpart vi, Chapter 7 ([M21-1MR III.vi.7](http://www.benefits.va.gov/WARMS/M21_1MR3.asp)) which updates information on civil service preference letters.
* M21-1MR Part IV, Subpart ii, Chapter 1, Section C ([M21-1MR IV.ii.1.C](http://www.benefits.va.gov/WARMS/M21_1MR4.asp)) which updates addresses/telephone numbers for the Defense Threat Reduction Agency (DTRA) and the Army, Air Force, and Coast Guard (for obtaining records of occupational exposure to radiation).

Please see the Web Automated Reference Material System (WARMS) for the most recent MR content.

E-mail questions to the [VAVBAWAS/CO/M21MR](mailto:wasco212@va.gov) mailbox.

# Searching WARMS for MR Content

Target Audience: All Field Employees

Compensation Service previously informed field employees that while the current M21-1MR Adjudication Procedures Manual website is undergoing maintenance and repair, field users should utilize WARMS for the most updated MR content. Given that WARMS does not contain an embedded search function, Compensation Service would like field users to utilize Google to search for MR content housed in WARMS. Please follow the steps below to limit the domain and ensure Google will only search within WARMS.

1. On the Google search page, input the following into the search box: site:http://www.benefits.va.gov/warms/
2. Enter the subject you would like to search before the word “site.” For example: “informal claims site:http://www.benefits.va.gov/warms/”

# Clarification on Instructions for Calculating Income for Pension Purposes

Target Audience: VSRs

In the January 2014 Compensation Service Bulletin, we reminded field employees that VA monetary benefits are countable as income when calculating the amount of current-law pension (i.e., “Improved Pension”) to which a claimant is entitled.

Although it is true that disability compensation is countable as income ***in some situations***, this is more the exception than it is the rule. Disability compensation is countable as income ***only if***

* two Veterans are married to one another; one is receiving disability compensation and the other is receiving current-law pension, ***or***
* a Veteran in receipt of current-law pension receives a retroactive payment of disability compensation. (This occurs when a Veteran in receipt of current-law pension becomes entitled to disability compensation as the greater benefit for a short period of time when, for example, the Veteran is granted a total disability rating under 38 C.F.R. 4.29 or 4.30. (See [M21-1MR, V.iii.1.I.57.c](http://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part5/subptiii/ch01/ch1_secI.doc).))

# Calculating VA Income for Medicaid Purposes

Target Audience: VSRs

In order to determine entitlement to Medicaid, individual states routinely ask VA to report the amount of benefits it pays to a Medicaid claimant. Just as the Social Security Administration (SSA) does not always count as income the entire amount of benefits VA pays a beneficiary who is seeking entitlement to Supplemental Security Income (SSI), there are certain benefits VA pays its beneficiaries that states do not consider as income for the purpose of determining entitlement to Medicaid. Both the states and SSA expect VA to report to them the amount of benefits it pays to a beneficiary *after* subtracting certain income exclusions.

Most states expect VA to calculate VA income for the purpose of determining entitlement to Medicaid using the same procedures VA uses (in [M21-1MR, Part III, Subpart iii, 3.B](http://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part3/subptiii/ch03/M21-1MRIII_iii_3_SecB.doc)) to calculate VA income for the purpose of determining entitlement to SSI. There are exceptions, however. Research to date has revealed that

* North Dakota and Minnesota *include* as income any special monthly pension (SMP) VA pays a beneficiary, and
* Connecticut *includes* as income the increase in benefits VA pays a beneficiary for unreimbursed medical expenses (UMEs).

As Compensation Service learns of other states that require special calculation of VA income for the purpose of determining entitlement to Medicaid, it will notify the field. As soon as all states have been contacted for confirmation of their individual income-counting policies, Compensation Service will incorporate this information into [M21-1MR, Part III, Subpart iii, 4.2.d](http://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part3/subptiii/ch04/ch04.doc).

# Batch Decisions on Dependency Claims

Target Audience: CAs, VSRs, and management

In the next few weeks, Compensation Service will batch mail a denial letter for pending dependency claims that meet the following criteria:

* Veteran is less than 30 percent service connected, and
* A 130 series end product (EP) is pending without a concurrently pending rating EP **or** a 130 series EP is pending with a concurrently pending EP 020.

After the denial letter is sent to the Veteran, the system will clear the 130 EP and upload a copy of the denial letter into the Virtual VA eFolder for record purposes.

# Guidance on the Use of Dependency Solicitation Language in Decision Notification Letters

Target Audience: VSRs, RVSRs, and management

The [Automated Decision Letter (ADL) Standard Operating Procedures (SOP)](http://vbacodmoint1.vba.va.gov/bl/21/Transformation/docs/ADL%20SOP.docx) recently included clarification regarding the business rules that drive dependency solicitation language in the ADL. The guidance contained in the ADL SOP states that dependency solicitation language is not required when a dependency decision or dependency development is at issue as part of the decision notification letter.

In addition to decision notification letters processed through ADL, Personal Computer Generated Letters (PCGL) do not need to include dependency solicitation language when a dependency decision or dependency development is at issue in the decision notification letter. Adding the dependency solicitation language in PCGL for the situations described above would not be considered an error; however, we are asking field users to refrain from doing so to ensure consistency in our correspondence and to avoid confusion on the part of the Veteran.

# Special Issues and Simplified Notification Letter (SNL)

Target Audience: VSRs, RVSRs, and management

[FL 12-08*, Implementation of the Simplified Notification Letter (SNL)*](http://vbaw.vba.va.gov/bl/21/publicat/Letters/FL12/FL12-008.doc), states that VSRs processing awards must attach one of the following Modern Awards Processing-Development (MAP-D) special issue labels to each issue in the decision: SNL-No Free Text, SNL-Free Text, or Traditional Rating.

This is no longer a requirement because while Veterans Benefits Management System – Rating (VBMS-R) and ADL leverage the benefits gained by SNL, the process no longer requires the VSR to document the format of the rating decision or the use of free text within the rating decision.

# Guidance on Development for VA Forms 21-4142, *Authorization and Consent to Release Information to the Department of Veterans Affairs*, When Medical Providers Require an Original Signature

Target Audience: VSRs, RVSRs, and management

For medical providers requiring an originally signed VA Form 21-4142, *Authorization and Consent to Release Information to the Department of Veterans Affairs*, when an original is unavailable, procedures outlined in [M21-MR III.iii.1.C.14.g](http://www.benefits.va.gov/WARMS/docs/admin21/m21_1/mr/part3/subptiii/ch01/pt3_sp3_ch1_secC.doc) state to send the claimant a subsequent VA Form 21-4142 for signature and return within 15 days. Scanning procedures require scanning of claimant mail upon receipt, therefore the subsequent VA Form 21-4142 is scanned into the VBMS eFolder, rendering it a scanned copy of the original.

If the claimant’s medical provider requests a signed original VA Form 21-4142, and the original is unavailable or already scanned into the VBMS eFolder, send the claimant an additional VA Form 21-4142 with the following development paragraph:

*VA currently scans all mail received in conjunction with compensation claims, and associates that mail with an electronic file. Your VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs , was not accepted by [Provdr\_nm1] because it was a scanned copy, and did not contain an original signature. If you would like us to review your medical records from [Provdr\_nm1], you may send the records to the location specified on the attached Where to Send Your Written Correspondence chart, or complete, sign, and send the attached VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs, directly to your medical provider. If we do not receive the records within 15 days from the date of this letter, we will process your claim using the evidence of record.*

Set a 15 day response time in the letter and update the claim level suspense accordingly.

We will update the paragraphs in VBMS and MAP-D.

E-mail questions to the [VAVBAWAS/CO/212A](mailto:wasco212A@va.gov) mailbox.

# Veterans Service Organization (VSO) Notification for Electronic Claims

Target Audience: VSRs and Quality Review Specialists (QRSs)

Compensation Service is providing updated guidance on the VSO notification for electronic claims that was originally given on the Deputy Under Secretary for Benefits (DUSB) call that took place on June 19, 2014.

Many VSOs have access to VBMS, which includes a specialized work queue of active claims for Veterans they represent. The VSO work queue shows a new mail indicator when a letter is generated by VBMS and placed in the eFolder. VSOs are responsible for checking their work queues and reviewing new development letters and rating decisions.

The electronic indicator in the VSO work queue is sufficient notice for active claims. However, because the VSO work queue is geared towards active claims, it does not provide the same level of notification when the EP is cleared and the letter is sent to the Veteran. Claims processors should continue to provide a paper copy to the VSO in all instances where notification to the Veteran is provided and the pending EP is cleared.

Examples include:

* All decision letters for rating EPs where the letter is sent and the EP is cleared
* All dependency award decisions
* Final decisions on due process that do not require a rating (EP 600s)
* All non-rating EP decision letters that are sent at the same time the EP is cleared (EP 290s)

Continue to provide a paper copy of all notices for VSOs that *do not* have work queues (such as certain county representatives), or for VSOs who cannot view the eFolder due to restriction of access to records protected by Section 7332, Title 38, USC. VSO access to the eFolder can be verified under the Power of Attorney (POA) tab on the Veteran Profile screen in VBMS.

# Revision of FL 11-24, *Disposition of Documents Scanned into an Approved Electronic System of Records*

Target Audience: All Veterans Service Centers (VSCs) and Pension Management Centers (PMCs)

We revised [FL 11-24,*Disposition of Documents Scanned into an Approved Electronic System of Records*](http://vbaw.vba.va.gov/bl/21/publicat/Letters/FL11/FL11-024.doc), to reflect that ROs are not required to purchase additional STR jackets if the orginal STR jacket was lost or destroyed. The original paper STR may remain in VA’s white envelopes,VA Form 21-4582, *Service Department Records Envelope*. ROs should not remove paper STRs from their original STR jackets and discard the STR jacket. This includes when shipping STRs to the VA scanning contractors. ROs **must** maintain all original STR jackets that are still intact.

# Revision of FL 13-09, *Certification of Completeness of the Service Treatment Records (STRs)*

Target Audience: All VSCs and PMCs

We revised [FL 13-09, “*Certification of Completeness of the Service Treatment Records (STRs)*](http://vbaw.vba.va.gov/bl/21/publicat/Letters/FL13/FL13-09.doc)*,* to reflect the revised version of the STR certification form (DD Form 2963). The revisions included changing the name of the form to “Service Treatment Record (STR) Certification” and removal of the mailing section within the certification form.

Please note that even though the United States Coast Guard (USCG) is still mailing certified paper STRs to VA, it has transitioned to the new version of the DD Form 2963.

# Veterans Information Solution (VIS)

Target Audience: VSRs, RVSRs, and management

VIS is a web-based application that provides a consolidated view of eligibility and benefits data from the Veterans Benefits Administration (VBA) and DoD. VIS also provides access to rating and award information from VBA’s corporate (Rating Board Automation (RBA 2000) and VBMS-R) and VETSNET payment systems for Veterans and certain dependents.

Additionally, VIS provides access to profile, service, and miscellaneous information from BIRLS for Veterans.

VBA nationally deployed VIS in November 2004, to verify military service and in April 2014, it was updated to provide enhancements that include Defense Finance Accounting System (DFAS) pay data.

We conducted an informational session with ROs on August 7, 2014. More information will be provided via the Talent Management System (TMS) and training material.

# Challenge Sessions

Target Audience: Training Managers and management

* Challenge Session 2014-8 – VSR ONLY SESSION
  + 236 VSRs traveled to Baltimore on August 18, 2014
  + Graduation will take place on September 25, 2014
* Challenge Session 2015-1
  + External RVSRs will start Instructor-led, Web-based Training (IWT) on September 2, 2014
  + Internal RVSRs and VSRs will start IWT on September 8, 2014

# Quality Calls

Target Audience: RVSRs, DROs, Rating Quality Review Specialists (RQRSs), and management

The next monthly Quality Call is scheduled for Wednesday, October 1, 2014, with a rating focus. We will **not** conduct a quality call during September due to the end of the fiscal year (FY) commitments.

We will conduct a Quality Call with an authorization focus onOctober 8, 2014. As a reminder call-in information will be posted on the *Calendar Page* for these calls and can be accessed through [Compensation Service’s Home Page Calendar](http://vbacodmoint1.vba.va.gov/bl/21/calendar/cal_month.asp?myMonth=0).

Please direct your questions to the Quality Assurance mailbox at [VAVBAWAS/CO/214B](mailto:VAVBAWAS/CO/214B).

# Reminder - End of Year Quality Review Schedule

Target Audience: QRTs and management

As we move to the end of the FY, the Quality Assurance Staff would like to remind the field again of the schedule to end the quality review year. All stations are **required** to follow the deadlines noted below:

**July 25:**  Final outstanding review call-up list (through May) relayed to the field. **(Completed)**

**August 1:** Deadline for response from field to all call-up lists (report deselects, paperless, files to be sent, etc.). **(Completed)**

**August 2:**  Deadline for field to ship all files to STAR. **(Completed)**

**August 31:  Deadline for STAR to complete reviews.**

**September 12: Deadline for all reconsideration requests to be shipped (via overnight), or relayed electronically if paperless.**

**September 26: STAR completes all requests for reconsideration.**

Please direct questions to the Quality Assurance mailbox at [VAVBAWAS/CO/214B](mailto:VAVBAWAS/CO/214B).

# Best Practice – Fully Utilizing On-site Veterans Health Administration (VHA) Physicians

Target Audience: Management

The Des Moines VHA has a full time physician and a part-time Registered Nurse (RN)/scheduler on-site to assist with VA examinations. All requested examinations are pulled each day and screened by the RN. Any examination that can be completed using ACE is pulled and assigned to the on-site physician. The examinations are then completed using the available evidence of record and/or by telephoning the Veteran. On the days when the physician is working alone, approximately 30 percent of the RO’s VA examinations are completed using ACE. When both medical staff members are on-site, 55-60 percent of the RO’s VA examinations are completed using ACE. Utilizing both medical personnel, the RO’s exam timeliness dropped from 57 days one year ago to approximately seven days, as of April 30, 2014.

Additionally, the RO has invited the physician to participate in RO meetings, to include the weekly DUSB call, to stay abreast of VBA changes that may impact VHA’s collaboration with the RO.

The White River Junction RO also has been fully utilizing the RO’s on-site physician’s time and expertise. The physician’s workload is managed through submission of VA Form 2507 to VHA. She is available full-time to assist employees to resolve insufficient or conflicting examination results, and offer medical opinions. She also goes around the VSC daily, in an attempt to answer medical questions the RVSRs/DROs may have. In addition, the RO uses her expertise in the following areas:

* Reviews medical evidence that can benefit from the ACE process, in lieu of calling the Veteran in for a VA examination. If the medical evidence on hand does not answer all the pertinent items on the DBQ, she makes a phone call to the Veteran to hopefully get a response to the missing answers. Any ACE request that the physician cannot complete, such as specialty neurology/mental requests, are completed at the VA Medical Center.
* Reviews medical evidence of record on future review exam cases, and advises whether or not a VA examination is necessary.

Please direct any questions from the RO’s VSCM mailbox to the [VAVBAWAS/CO/214A](mailto:VAVBAWAS/CO/214A) mailbox.

# Common Finding – VBMS updates

Target Audience: CAs, VSRs, and RVSRs

Employees should use the VBMS ‘Manage Evidence’ screen to track incoming mail for VBMS claims. The user can access this screen by taking the following actions:

* Select the Veteran Profile Screen
* Select the action drop down menu
* Select Manage Evidence

Empoloyees should use this screen to update all evidence that is received, to include unsolicited evidence and manage tracked items. System compliance is essential for accurate claims processing and future workload management in the National Work Queue.



Please direct any questions from the RO’s VSCM mailbox to the [VAVBAWAS/CO/214A](mailto:VAVBAWAS/CO/214A) mailbox.

# EP 130 Clarification

Target Audience: CAs and VSRs

An EP 130 can be pending along with a **supplemental** rating EP (claim for a new rating issue, claim for increase, or a reopened claim)regardless of the date of claim.

* Original claims are excluded unless all three requirements are met:
  + the rating decision grants 30 percent or more **and**
  + the original EP is deferred for additional rating issues, **and**
  + a dependency claim is subsequently received
* Guidance was provided in the [**Dependency TIP Sheet website**](http://vbacodmoint1.vba.va.gov/bl/21/Transformation/default.asp)**. As a summary, the user can accomplish the following steps when reviewing a dependency claim.** 
  + Step 1 - Establish the appropriate rating EP (if applicable) along with an EP 130 (Date of claim for both should match the date stamp).
  + Step 2 - If entitlement exists (Veteran rated at 30 percent or more) and the development information is incomplete:
    - develop for the claimed contentions (if applicable) as well as the incomplete dependency information per current rules (telephone development should be used to the extent possible)
  + Step 3 - If entitlement does not exist (Veteran less than 30 percent):
    - Deny administratively, notify claimant, and clear EP 130

# Private Medical Records (PMR) Program National Deployment

Target Audience: All VSC employees, especially IPC employees and management

The PMR Program completed a national contract award on August 18, 2014. Upon execution of the new contract, the PMR Program will be deployed mid November 2014 to 54 ROs. Due to foreign status this contract excludes the San Juan and Manila ROs.

National deployment will include all PMR electronic documents being submitted to VBMS through Veterans Claims Intake Processing (VCIP). Additionally, all private healthcare medical release requests will be automatically sent to the PMR vendor directly from the Centralized Mail (CM) Portal for immediate processing without end user intervention This solution will nearly 100 percent automate the PMR retrieval process.

The PMR Program initially deployed in September 2010, as a VA Innovation Initiative pilot program to explore both the feasibility and effectiveness of using a private vendor to assist in the evidence-gathering phase of the disability claims adjudication process. This program allows each assigned VBA employee to work on obtaining federal records and other development work.

The program’s current scope includes the vendor receiving the private treatment release request from theRO and immediately contacting the medical provider to attempt to receive the medical records. The vendor creates third party private treatment development letters for the claimant and the private health care provider, images any treatment records received, and creates a VA Form 27-0820 if the private health care provider does not have any records. The vendor securely sends all documents created or received to the VA for claims processing review in Virtual VA.

The PMR Program is currently implemented in 10 ROs: Newark, Chicago, Indianapolis, Jackson, New York, Phoenix, Portland, Houston, Waco, and St. Louis. PMR Program FY 2014 success has the overall average days to complete at 12.60. The success is an improvement compared to the VA traditional development method of receipt average of 40 or more days to complete.

Of the 10 ROss, the PMR Program has recently integrated with the CM initiative at seven of the PMR sites: Newark, St. Louis, New York, Indianapolis, Phoenix, Portland, and Jackson. The integration has been successful with over 650 medical release requests being downloaded from those location’s CM Portals and uploaded to the vendor’s secure location for processing. The PMR/CM integrated process is 100 percent paperless and will be deployed to the remaining three PMR locations by September 15, 2014.

Nationwide rollout of PMR will be completely integretaed with CM. Requests will be sent electronically from the scanning vendor directly to the PMR contractor. The PMR contractor will in turn send records and other responses back through the CM process electronically where they will be automatically uploaded into VBMS. Nationwide rollout of the PMR program will be completed by the end of November 2014.

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&docid=rc-I13UGNP9l4M&tbnid=odYV6M0cAZ95vM:&ved=0CAUQjRw&url=http://americantestingservices.com/labor-day/&ei=jFruU4i8M4jA8QGNyIDIDw&bvm=bv.73231344,d.aWw&psig=AFQjCNEzZZiBJ6Hz1HQWjArDXJdC866ZnQ&ust=1408215993343299)