

Purpose

This Job Aid provides step-by-step instructions for establishing Appeals Modernization Act (AMA) claims in VBMS, including issue selection and applying eligibility rules.



Audience

Claim processors

References

- M21-1, Part II, Subpart iii, Chapter 2, Section B Supplemental Claims
- M21-1, Part II, Subpart iii, Chapter 3, Section A Claims Establishment
- M21-4, Appendix B, 930 Review, Referrals, Other
- M21-4, Appendix C, Index of Claim Labels
- M21-5, Chapter 4.2.f., Ineligible HLR Reasons
- <u>M21-5, Chapter 5.1.c. Restrictions of HLRs</u>
- VBMS User Guide

Instructions

Establishing an AMA claim

 Open VBMS, navigate to the specific Veteran file and go to the Veteran's profile page. Then go to the "Actions" dropdown menu and select "New Claim."



	Q	Open Profile Open eFolder Open Claim More Search Options	
			Veceran 🔹 Insent To F
teran Profile			Actions
			Actions
			Create DCS
SSN:	Date of Birth:	Birth Place:	New Claim
SSN Verified:	Gender: Male	Suffix:	Upload Doc
Death Date:	Death in SVC:	Cause of Death:	Compare D
Award Station:			Manage Ev

- Under the "EP & Claim Label" drop down, select the specific AMA EP.
 - o 030 for a Higher-Level Review
 - o 040 for a Supplemental Claim
 - 930 for AMA-related claims
- Enter the "Date of Claim" based on when the form was received.
- Once the date is entered, the "Decision Review Intake" button will populate. Click it to proceed to the next screen.





VBMS Search - Work Qu	ueue Fiduciary Intake Unassociated Documents	LCM Unassociated	Scorecards 👻	Admin 👻	Give Feedback	My History	•	-	• (
			Veteran 💌	Intent To File	Claims •	Documents	Rated Issues	Notes	e?
New Claim Information					1	Veteran Su	nmary		
Benefit Type:	C&P Live					+ Veteran Info	rmation		
Bauer							SSN:		1
Payee:	00 - Veteran	~					File #:		
* EP & Claim Label:	030HLRR - Higher-Level Review Rating						ICN: 1		
* Modifier:	021						EDIPI: Unavai	lable	E
	031					0	Gender:	_	
Claim Type:	Claim O Pre-Discharge					Bir	th Date:		١
* Claimant:	Veteran					Gener	n Date: al POA: -		
* Date of Claim:	08/26/2024	i				eFolder /	ccess:		
						Chg of Add	ir Auth:		
	Decision Review Intake					1010	SC: 40		
* Segmented Lane:	Awards	~				CO	NSENT:		
* Station:	400 Mafagal Wate Overs					VHA ENROLI	MENT:		
	499 - National Work Queue	~					VR&E IRND		
Suspense Reason:	Pending Initial Development - Std 5103 Notice Not F	Requir							_
Gulf War Registry Permit:	0					<			
Suppress acknowledgement letter:	0					Pending Cla	ims		

Decision Review Intake Screen

- The "Decision Review Intake" screen will be pre-populated with prior decisions associated to the Veteran or claimant.
- Select the decisions listed on the form.

1 elect P	rior Decision(s)	ion(s) Confirmation	1	EP Code: 030HLRR Da	ate of Claim: 08/26/202
Filter	Results:				
	Award Notification Date 斗	Issue Name 11	Rating Percentage 1	Diagnostic Codes ↑↓	Benefit Type ↑↓
	11/14/2022	Evaluation of PTSD, which is currently 30 percent disabling, is continued.	30%	9411	Compensation
	11/14/2022	Service connection for Asthma is denied.	10%	6602	Compensation
	11/14/2022	Service connection for Migraine is denied.	10%	8100	Compensation
		Service connection for			

Note: If the establishment is for a VA Form 20-0996, check whether the "Informal Conference" is selected and make the appropriate selection. Additionally, there is the option to select the "Same station review requested."



1 -	rior Decision(s) Edit S	election(s) Confirmatio	n	EP Code: 030HLRR	Date of Claim: 08/26/2024
~	09/30/2020	Service connection for Respiratory Cancer is granted with an evaluation of 0 percent effective January 1, 2020.	10%	6819	Compensation
~	09/30/2020	Service connection for PTSD is granted with an evaluation of 30 percent effective January 1, 2020.	30%	9411	Compensation
nformal (*Requir	conference requested red)	Add an issue not listed abo	ove		, , , , , , , , , , , , , , , , , , ,
Yes (No				

- If an issue claimed on the form is not available, select "Add an issue not listed above." This will populate as an "Unidentified Issue."
- Enter the required information for "Award Notification Date" and "Issue Name," then click "Add".
- Add as many "Unidentified Issues" as needed to ensure all claimed issues are addressed.

Deci	ision Review Inta	ke			×
		3		EP Code: 030HLRR D	ate of Claim: 08/26/2024
	09/30/2020	Respiratory Cancer is granted with an evaluation of 0 percent effective January 1, 2020.	10%	6819	Compensation
~	09/30/2020	Service connection for PTSD is granted with an evaluation of 30 percent effective January 1, 2020.	30%	9411	Compensation
Informa (*Requi	al conference requested ired) No ne station review requested	Add an issue not listed above Award Notification Date (mm (*Required)	n/dd/yyyy) Issue	Name (*Required)	Add
		00 / 20 / 2024	Tesu	"Bi	Cancel Next

• Once all the issues are selected and/or added, click the "Next" button. It will progress to the "Edit Selections" page.





Edit Selections Page

- The issue can be edited by clicking the "Edit" button and updating the issue as needed.
- Review Time Eligibility Rules
 - For EP030 Higher-Level Review
 - If the "Prior Decision" is outside of the one-year period, the system will prevent adding the issue.
 - To override the time restriction, select "Yes" for the "Good cause exemption."
 - Inputting a reason in the "Good cause exemption reason" box is advised but not required to proceed.
 - The "good cause exemption" will be captured as a VBMS note under the EP.
 - For EP040 Supplemental Claims and EP930 AMA-related:
 - There are no time restrictions or eligibility rules during the establishment process.

EP Code: 030HLRR Date of Claim: 08/26/2024
Opt-in for SOC/SSOC?
- Select - Associated CaseFlow Issue If this Piro Decision/Unidentified Issue matches a Caseflow Issue listed, please select the Caseflow Issue Eligibility checks are accurate. - Select -

- Associate Caseflow Issues
 - o If applicable, associate an existing Caseflow issue.





Decision Review Inta Select Prior Decision(s) Service connection for Asthr	ke (3) Confirmation ma is denied. Edit	× EP Code: 030HLRR Date of Claim: 08/26/2024
Award Notification Date:	Decision Type:	Opt-in for SOC/SSOC?
11/14/2022	Disability	No O Yes
Override time restriction?		Select a VACOLS Issue
No 🔿 Yes		- Select -
		Associated CaseFlow Issue If this Prior Decision/Unidentified Issue matches a Caseflow Issue listed, please select the Caseflow Issue to ensure Eligibility checks are accurate.
		- Select -
		- Select -
Sorvice connection for Migr	aina is doniad	test- Pending Higher Level Review
Service connection for Migra	ame is demed. Edit	*
		Cancel Back Save

- Opt-In from Legacy Appeals
 - There is the ability to opt-in from a legacy appeal based on the Statement of the Case or Supplemental Statement of the Case (SOC/SSOC).
 - If it is an opt-in, then the associated VACOLS issue must be selected from the dropdown to connect it to the prior legacy appeal issue.

VPMC Decision Review In Decision Review In Select Prior Decision(s) E Service connection for A	attake dit Selection(s)	3 onfirmation s granted with an evaluation of 10 p	EP Code: 030HLRR Date of Claim: 06/28/2024
Award Notification Date: 06/28/2024 Override time restriction? No Ves	0	Decision Type: Disability - Select - Entrilement to automobile or other conveyed 100% rating for individual unemployability -	Opt-in for SOC/ISSOCT No Yes Select a VACOLS Issue (*Required) - Select - ze and adaptive equijonemit is established: -1022270144 - Quidem tempora delectus qui at qui in stus qui socceedati (14/2006 - Minima minima atque dolores neque minus yet elus hic velt beatae.
Service connection for A Award Notification Date: 06/28/2024 Override time restriction? No Yes	Acne is denied. Edit	Decision Type: Disability	Opt- in for SOC/SSOC? No Ves Select a VACOLS Issue - Select - \$ Accordated Counting Income V
	*Last Namer		Cancel Back Save

- This process will need to be done for each issue.
- Once all selections are associated for each "Prior Decision," then click "Save" at the bottom right of the screen.





- $\circ~$ If there is an invalid selection for a "Prior Decision," it will be greyed out.
- After completing the previous steps, the system will navigate to the "Confirmation" page.
 - On this page, eligible issues will be displayed, along with reasons for any ineligibility.
- Once the information is reviewed, click "Confirm" to return to the "New Claim" page.

Select Prior Decision(s) • Same Station Review n	Edit Selection(s) ot requested.	Confirmation	EP Code: 030HLRR	Date of Claim: 08/26/2024
Eligible Issues:				
A contention will be cre	eated for: Service connection fo	r Asthma is denied.		
• A contention will be cre	eated for: Service connection fo	r PTSD is granted with an evaluation of	30 percent effective January 1, 2020.	
A contention will be cre	eated for: Testing			
neligible Issues:				
 A contention will not be the award notification 	e created for: Evaluation of PTS I date is more than 1 year from the	D, which is currently 30 percent disabline date of claim.	ig, is continued. This decision is ineligible	for a decision review because
A contention will not be	e created for: Service connectio	n for Migraine is denied. Ineligible becau	se the same issue is already under review a	s a Higher Level Review.
A contention will not be because the same issue	e created for: Service connectio e is already under review as a Hig	n for Respiratory Cancer is granted with ther Level Review.	an evaluation of 0 percent effective Jan	uary 1, 2020. Ineligible

Once on the "New Claim" page, scroll down to the bottom right, and click on "Submit."

VBMS Search - Work Queue Fiduciar	r Intake Unassociated Documents LCM Unassociated Scorecards	- Admin -	Maintenance +			Give Feedba	ck My Histo	ory 🕶			
					Wed O	Wed Oct 16 2024 02:08:08PM EDT; Version 35:6-20241012-15					
				Veteran +	Intent To File	Claims +	Documents	Rated Issues Not	ies 🗗		
						*	Veteran S	ummary			
- Last Name:	—						+ Veteran In	formation			
Address Type:	Domestic O International O Military							SSN:			
* Address Line 1:								File #	1		
Address Line 2:	_							ICN:			
	-							EDIPI: Unavailable	Ē		
Address Line 3:							Ger	ider:	_		
* City:							Birth	Date	0		
							General F	POA: -			
- state:	-		~				eFolder Acc	ess:			
* Zip Code:	-						Chg of Addr A	Auth:			
Work Phone - Ext: 1		—				- 1	VHA CO	DMM			
						- 1	CONS	ENT:			
Home Phone - Ext: 1 *		·L_				- 1	TA ENROLLM	ENT:			
Mobile Phone - Ext: 1 v		•				- 1	`	/R&E IRND			
Personal Email Address:						- 1	•				
							· Dendler (Talma .			
Assign a Limited POA for this claim:	U					- 1	, i shong c				
General POA:	None O POA O Generic					- 1	Military Se	ervice			
Assign to me:											
					Cancel Su	bmit 🗸	 Rated Issu 	ues			





The EP will appear in VBMS, allowing the claim to proceed with processing within the system.



Important Reminders

Specific eligibility rules apply to HLR establishment. For detailed information, refer to M21-5, Chapter 4.2.f., *Ineligible HLR Reasons.*

Other Resources

- <u>VBMS</u>
- System Transition Crosswalk Claim Establishment from Caseflow to VBMS



Questions

Discuss any questions about this job aid locally with peers, experts, quality staff, and/or management. Management may route any questions requiring OAR assistance to <u>OARADMIN.VBAWAS@va.gov</u>.



