

Status of Claim



Public Contact Team CRM/UD-O Training

OFO-NCC
February 2022

Status of Claim Participant Guide

- Duration:** 1 hour
- TMS:** TMS survey will be completed at the end of training.
- Audience:** This lesson trains Public Contact Representatives (PCRs) within the Public Contact Teams (PCTs) as they transition into Customer Relationship Management/ Unified Desktop – Optimized.
- Purpose:** This lesson provides VA employees assisting the public an opportunity to refresh their knowledge on this topic. It fulfills the training requirement for experienced Public Contact Representatives.

- Objectives:** Upon completing this lesson, trainees will be able to:
- Understand the importance of providing an accurate status of a claim
 - Identify an interaction flow for handling status of claim inquiries
 - Successfully utilize mandatory scripting.

**References:
KM ARTICLE**

- [EP Guidance](#)
- [Status of Claim Scripts](#)
- [Status of Claim Inquiries- Past Due Expected Completion Date](#)
- [Status of Claim- Incorrect Status Provided](#)
- [Repeat Caller: Status of Claim/Status of Appeal](#)
- [Complaints on How Long It's Taking to Process a Claim](#)

CPKM

- M21-4, Appendix D

Status of Claim

Status of claim is not always a linear process. You may have to review several different tabs in CRM/UD-O to provide the claimant a completely correct status. You are encouraged to develop a routine flow to your interactions when handling status of claim questions as this will improve your clarity and efficiency.

The use of status of claim scripts or components is mandatory. The reason is to provide consistency for the claimant in the information he/she receives from VA. While these scripts/components are required, you must still keep the interaction conversational. It is important that you convey the information naturally. It is a good idea to review and become very familiar with the scripting.

Status of Claim Requirements

- Verify the claim(s) for which the claimant is requesting status.
- Review Flashes for relevant information.
- Provide the correct script or mandatory components.
 - Discuss pending tracked items/letters within their suspense and federal records requests until received, regardless of suspense.
 - Timeframes for completion are not required if past 1 year from date of call or if past due.
- Address opportunities for claim development.

Tips for Providing Status of Claim

PCRs can improve both their performance and the claimant's experience by practicing these delivery techniques.

- Verify which claim(s) if multiple are pending.
 - Quickly browse the claims (and sometimes appeals) tab to ensure clarity on the claim in question.
- Ensure the correct status is provided.
 - CRM/UD-O may not always suggest the right script.
 - Utilize the EP Guidance article to determine if a script is appropriate based on which EP is pending
 - It is worth reiterating this information to PCRs after the lesson to discuss each EP code and what it generally designates.
 - AMA EPs fall under Claim Scripts
- Review all systems to appropriately address pending tracked items.
 - Not all the pertinent information when providing the status of a claim is available within the script, especially when claims are in developmental stages.
 - Tracked items may have been received, but not updated. It's up to you to ensure the right information is provided.
- Provide all mandatory components or the full script.
 - Every person in this room can explain the exact same thing by using different words; scripts & components allow us to provide consistency.
 - Highlight your place on the script page so you can keep track of what you have already provided to the claimant and what still needs to be provided.
 - Handle interruptions politely by addressing the question/concern and then returning to the script or asking the claimant if you can address the issue after you finish providing the full status.

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- Appropriately document developmental information.
 - Actively listen to developmental information that may be conveyed in SOC conversations.
 - Be aware of opportunities to advocate for the claimant by documenting and/or submitting claims-related information on their behalf. This may help improve efficiencies within the claims process and can help expedite the processing of a pending claim.
- Do not:
 - Tell the claimant you must read a script,
 - Ignore the claimant's concerns while providing status, or
 - Speak over the claimant

KM Guidance

- [EP Guidance](#)
- [Status of Claim Scripts](#)
- [Status of Claim Inquiries- Past Due Expected Completion Date](#)
- [Status of Claim- Incorrect Status Provided](#)
- [Repeat Caller: Status of Claim/Status of Appeal](#)
- [Complaints on How Long It's Taking to Process a Claim](#)
- [VAI Business Rules](#)

Beginning the Interaction

Once you have completed the search for the claimant's record, you will see information from the record populate in the **quick view** pane on the left side. Here, you can see how many claims are currently pending.

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Unified Service Desk CLOSE AND NEW CALL NEW CALL

VETERAN: VETERAN, JOHN

Document(s) exist in VBMS Homeless POW VBMS

Name: **VETERAN, John**

SSN / File Number: 123123123 / 123123123

Branch Of Service: ARMY

Station of Jurisdiction: 328 - Chicago

Character of Discharge: HON

Rank:

POA: 2AX - JOEL B MITCHELL

DOB: 1/1/1945

Gender: M

DOD:

OGC Database Link: [OPEN LINK](#)

Fiduciary Info:

Person/Org Name:

S/C Combined Rating:

NSC Combined Degree:

Award Type:

Pay Status:

Last Paid Date:

Amount:

Next Scheduled Pay Date:

Next Amount:

Pending Claims: 4 open claim(s)

Pending Appeals: 0 pending appeal(s)

Mailing Address: 4676 LOGSDON DR TEST A11 APO AE 09021

Last Phone Call History: 03/28/2018 8:26 AM Claim General Status

Status: Success [REFRESH](#)

CALL SCRIPT

New Interaction

Hello! Please provide the veterans SSN

Instructions

Search for the veteran in the Search tab and select the veteran.

[Proceed to Caller Id](#)

After you have identified the caller, you will need to **categorize the interaction** as follows: Type *Claim*, Subtype *General Status*.

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Select Request Type

- Appeals Modernization
- Appeals
- BVA Appeal
- Contract Examinations
- Claim**
- Correspondence and Forms
- Dependent Maintenance
- eBenefits
- Fiduciary
- FNOD
- FOIA/Privacy Act
- General Benefits Information for VBA
- Ghost Call/Disconnected Call
- Hurricane
- Media Inquiries
- General Benefits Information for VHA
- General Benefit Information For NCA
- Mission Act
- Non VA Calls
- Novel Coronavirus
- Payments / Debts
- Potential Incident
- RAMP

Select Request Sub Type

Create Request

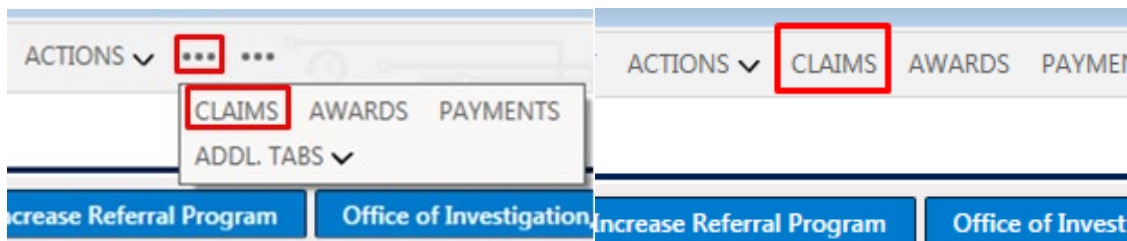
- Burial Plot and Transportation benefits
- DIC (Dependency and Indemnity Compensation) / Accrued
- Death Pension / A and A / Housebound
- Document Verification
- Exam
- General Status**
- ITF/Generate ITF
- ITF/ VA Form 21-0966
- Income Adjustment
- IVM
- MOD Payments
- Reconsideration Request
- Withdraw a Claim/Contention

Create Request

Make sure to review **flashes** associated with the record. Remember, these appear as blue icons at the top of the screen. Flashes provide important information about a claim or claimant and may impact your actions during the interaction. For example, a hardship flash will indicate priority processing of claims.

For claimants who have more than one claim pending, make sure you **clarify which claim** he or she is requesting the status for before you begin looking at the claim information.

By selecting Claim as the request type, the Claims tab will be available for view.



The Claims tab displays a list of closed and pending claims. You can see the date of claim, general claim status, claim description, end product code (EP/EPC), claimant name, payee code, and last action date.

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Date of Claim	Claim Status	Claim Description	EPC	Claimant First Name	Claimant Last Name	Payee Type Code	Last Action Date
6/7/2021	CAN	eBenefits 526EZ-Supple...	400			00	6/7/2021
5/11/2021	CLR	eBenefits 526EZ-Supple...	020			00	6/17/2021
5/7/2021	CLR	Supplemental Claim Rating	040			00	6/17/2021
3/5/2021	CLR	eBenefits 526EZ-Supple...	400			00	3/8/2021
2/19/2021	CLR	eBenefits 526EZ-Supple...	020			00	4/23/2021
6/3/2020	CAN	eBenefits 526EZ-Supple...	400			00	6/4/2020
6/3/2020	CLR	eBenefits 526EZ-Supple...	020			00	9/18/2020

To see more information about a particular claim, double click on the claim. A series of subtabs will populate with information specific to that claim.

[Claim Details](#) [LifeCycles](#) [Contentions](#) [Tracked Items](#) [Suspense](#) [Evidence](#) [Claims Letters](#)

Claims Details: Provides general information regarding the claim to include the claimant's name, station working the claim, and current claim status.

Life Cycle: Provides a brief history of the claim, and its current status.

Contentions: Provides the disabilities listed on the claim.

Tracked Items: Provides a list of items VA is gathering to support the claim. More will be discussed on this subtab later in this lesson.

Suspense: Provides information regarding the latest activity on the claim.

Evidence: Provides a view of unsolicited evidence for all claims. When confirming if we have received evidence this tab may be utilized; however, PCRs should also consider alternative search methods (VBMS) if the evidence of concern is not available in this subtab.

Claims Letters: Provides letters sent to either claimants or third parties in attempt to obtain evidence to support a claim. Sometimes these letters can be accessed via this tab; however, PCRs should also utilize VBMS if tracked items suggest a pending development letter that cannot be accessed via this tab.

Claim Development

PCRs have a unique opportunity to advocate on behalf of claimants.

For example, you need to notify the claimant if a §5103 notice was sent to him/her and solicit for a response. Or the claimant may indicate recent medical treatment for a claimed condition and you need to ask probing questions to determine if this evidence may be needed to support the claim.

Tracked Items

Tracked items include development actions VA has taken to gather evidence to support the pending claim. VA may request evidence from the claimant, a medical facility, DOD, or other third parties

Claim Details LifeCycles Contentions Tracked Items Suspense Evidence Claims Letters

Claim ID	57064445				
✓ Development Action / Letter	Request Date ↓	Received Date	Suspense Date	Closed Date	R
DBQ PSYCH PTSD Initial	2/17/2017	3/20/2017	3/19/2017	---	--
DBQ Medical Opinion 1	2/17/2017	3/20/2017	3/19/2017	---	--

The tracked items tab identifies the following information for each tracked item:

Development Action/Letter: Provides a description of the evidence requested

Request Date: Provides the date VA requested the information

Received Date: Provides the date VA received a response to the request. This date is populated for both positive responses, meaning VA received the requested evidence, and negative responses, meaning VA received a response that the information is unavailable.

Suspense Date: Provides the timeframe VA is initially waiting for a response.

Closed Date: Provides the date VA determined it is no longer waiting for a response.

In Error: Provides the date VA determined the tracked item was entered in error; VA is not requesting the listed development action/letter.

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Follow up: Provides the date(s) a follow-up or second follow-up request was sent for the information.

Recipient: Provides identifying information regarding the recipient of the request for information.

Pay attention to the total number of tracked items listed for the claim, as you may need to review multiple pages of tracked items. This information is located at the bottom of the tracked items. Use the blue arrow to advance to another page.



You are required to discuss the tracked items when appropriate based on the status of the claim. You must address tracked items that have not been received and are still within their suspense date, meaning the date has not passed. Regardless of suspense date, you must address open tracked items for federal record requests, including personnel records, service treatment records, VAMC records, compensation and pension (C&P) exams, or any other request for records in the custody of the federal government.

You may need to review other resources when discussing tracked items. It is possible a response to a tracked item has been received, yet the item remains open. You may need to review the VBMS eFolder, notes, exams & appointments tab, evidence sub-tab, or mail portal, if you have access, to determine if VA is still waiting for a response. It is your responsibility to make sure accurate information is provided to the claimant.

Exams & Appts Tab

When tracked items display pending C&P exam or disability benefit questionnaire (DBQ) requests, you must review the exams and appointments tab.

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✓	Ref #	Exam	Exam Description	Date of...	Exam Place	Status	Patient	Request 25...
	467169	---	DBQ REVIEW ...	5/15/2019	CLINIC	COMPLET...	---	580
	436926	---	DBQ CHRONI...	1/29/2018	CLINIC	COMPLET...	---	580
	436770	---	DBQ GULF W...	1/29/2018	CLINIC	COMPLET...	---	580
	436925	---	DBQ MEDICA...	1/29/2018	CLINIC	COMPLET...	---	580
	690486	---	DBQ FIBROMY...	10/19/2016	CLINIC	COMPLET...	---	674

Within the exams & appts tab, you can see C&P and DBQ requests under the Exam subtab and other VAMC appointments under the Appointments subtab. The information displayed includes the type of exam requested, the date of the exam, and the status of the exam/results.

VBMS eFolder

You may also need to access the VBMS eFolder when providing the status of a claim.

The eFolder will have copies of development letters, 27-0820s, evidence, exam results, and other information pertinent to the status of the claim.

27-0820s

You will act as an advocate for claimants by documenting evidence or information to support a claim on a VA Form 27-0820, *Report of General Information*.

Generally, you will document a VAF 27-0820 when the claimant provides information that requires:

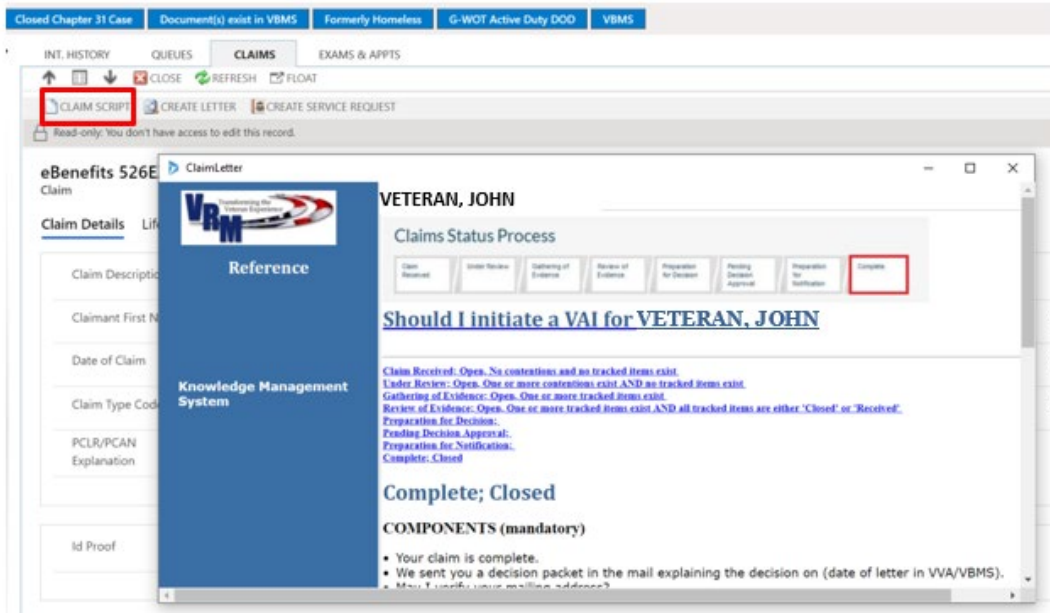
- An action by the VSC/PMC regarding a claim or award, or
- Documentation for the record (i.e. evidence for a claim).

VAF 27-0820 is an official document, and it becomes a part of the claimant's official record, so it is important that the message included on the form is professional and clearly communicated.

When documenting claim-specific information, you must include the end product and date of claim on the VAF 27-0820.

Scripts Page

Each time you click on the "Claim Script" button within the Claim Tab, the script page opens in a new window. The script page contains helpful information in addition to the mandatory scripts and components for providing status of a claim. It is recommended that PCRs determine the status of the claim before accessing the script in case CRM automatically pulls the wrong script.



Reference: This column on the left side contains a link directly to the Knowledge Management System (KM).

Tracked Item Table: This is an expandable table that lists the same tracked items you see in the tracked items tab.

Claims Status Process: This process bar shows you the status of the claim as displayed in eBenefits.

Should I Initiate a VAI For...: This tool is no longer in use.

Status Scripts/Components: Typically, when the script page opens, the script corresponding to the status of the claim will be expanded. It is still your responsibility to ensure the accurate status is provided.

The components or script must be provided in full.

Miscellaneous Scripts: The VAI Pending, Apology, Repeat Caller, and Hardship scripts are available for use depending on the specifics of the situation.

Role Play Scenarios

The instructor should have a variety of test file numbers for trainees to use during role play. Depending on the number of trainees and the time available, role play scenarios can be conducted in small groups of two or three trainees or with a trainee taking the “hot seat” in front of the class. The instructor must ensure trainees are following the proper procedure and steps in CRM/UD-O.

It may be beneficial to use live records to demonstrate the process for providing status of a claim.

Summary: When a claimant inquires about the status of his/her claim, Public Contact Representatives (PCRs) must appropriately review the system to determine the status and provide the correct script/components. Claimants depend on PCRs to provide accurate information and assist with the claims process.