



Pension and Fiduciary (P&F) Service

Pension Quality Call

Date: November 13, 2020

TMS: # 4567180

AGENDA TOPICS

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AGENDA ITEMS

Agenda item: PMC STAR Quality Analysis

Presenter: Wakita Thompson, Analyst

Target Audience:
QRT and Management

Discussion:

A trend analysis was conducted regarding errors cited on National Pension Quality Reviews completed during the month of October 2020.

The below chart shows a breakdown in the number of National STAR Quality Reviews completed in the month of October 2020.

National Pension Quality Reviews	Total # of Claims Reviewed	Total # of Errors Cited	Total # of BE Errors Cited
Non-Rating (Authorization)	22	4	2
Rating	26	6	3
Rating & Non-Rating	48	10	5

As shown in the above chart, out of a total of 48 claims reviewed for National STAR Quality, 10 errors were cited, with 5 cited as benefit entitlement (BE) errors. The ten errors cited fell within three categories: Notification, Income, and Other. A breakdown of these errors is provided below.

The below chart provides a brief description of the reason for each of the 10 errors, broken out by category.

Error Category	Reason for Error
Notification	<ul style="list-style-type: none"> • 2 errors were due to "inaccurate information in the notification letters." • 1 was due to "Incomplete Information in the notification letter."
Income Errors	<ul style="list-style-type: none"> • 1 of the Income errors was due to "income not properly counted." • 1 was due to "medical expenses not correctly being calculated." • 1 was due to \$90 Medicaid rate not being applied."
Other	<ul style="list-style-type: none"> • 2 of the errors were due to "proper procedures not being followed (incorrect end product (EP) used)." • Proper procedures not followed. <ul style="list-style-type: none"> ○ Claim improperly denied for failure to prosecute. ○ Claim not sent for a Rating. ○ Dependent Spouse not added. ○ Claim pending at death, possible accrued.

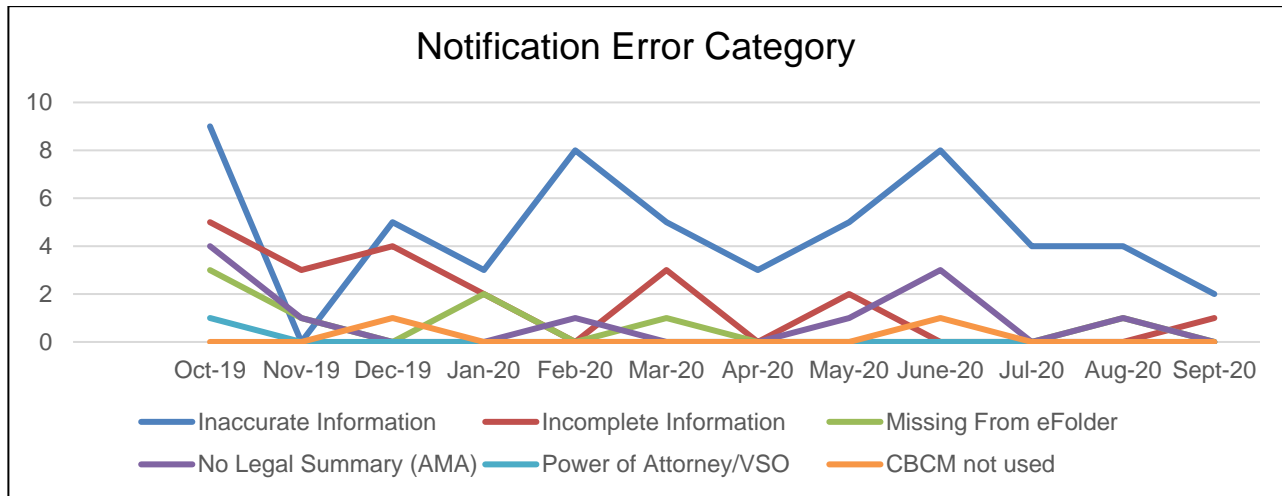
The next chart shows the total number of errors cited broken down into categories from October 2019 through September 2020. Each month in the below chart represents the claim transaction month (e.g., the month of September data represents claims completed by the PMCs in September, with the quality review completed in October).

Error Category	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	%	FYTD Total	%
Accrued	0	1	0	0	1	0	0	0	0	0	0	0	0.00%	2	1.21%
Income Errors	4	5	4	6	3	2	3	4	4	2	2	3	30.00%	42	25.45%
Net Worth	3	0	0	0	0	0	0	0	0	0	0	0	0.00%	3	1.82%
Notification Errors	22	5	10	7	9	9	3	8	12	4	6	3	30.00%	98	59.39%
Other	1	2	0	0	2	3	3	0	1	1	1	4	40.00%	20	12.12%
Total	30	13	14	15	15	14	9	12	17	7	9	10		165	
Minus Overturns	1	2	0	1	2	0	0	1	3	0	0	0		10	
Net # of Errors	29	11	14	14	13	14	9	11	14	7	9	10		155	

As shown in the above chart, there was an improvement in the Notification error category in September, which is the transaction completion month. The Notification error category represents 30.00%, Income error represents 30.00%, and the category noted as Other represents 40% of the errors cited in October 2020.

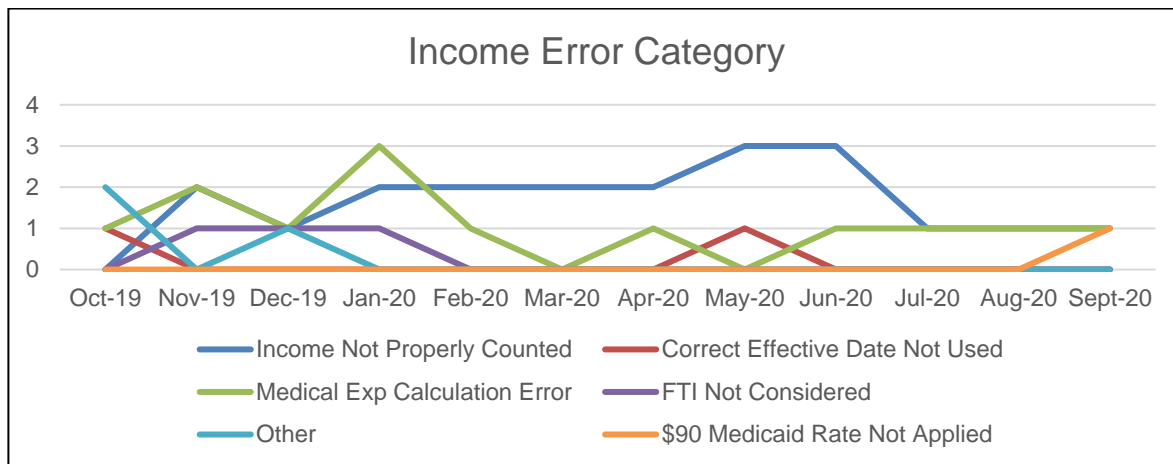
The next two charts provide a drill-down of the Notification and Income error category. The months in the graphs represent the transaction month, not the review month. Again, reviews are completed the month following the transaction month.

The below chart shows a drill-down of errors cited within the Notification error category.



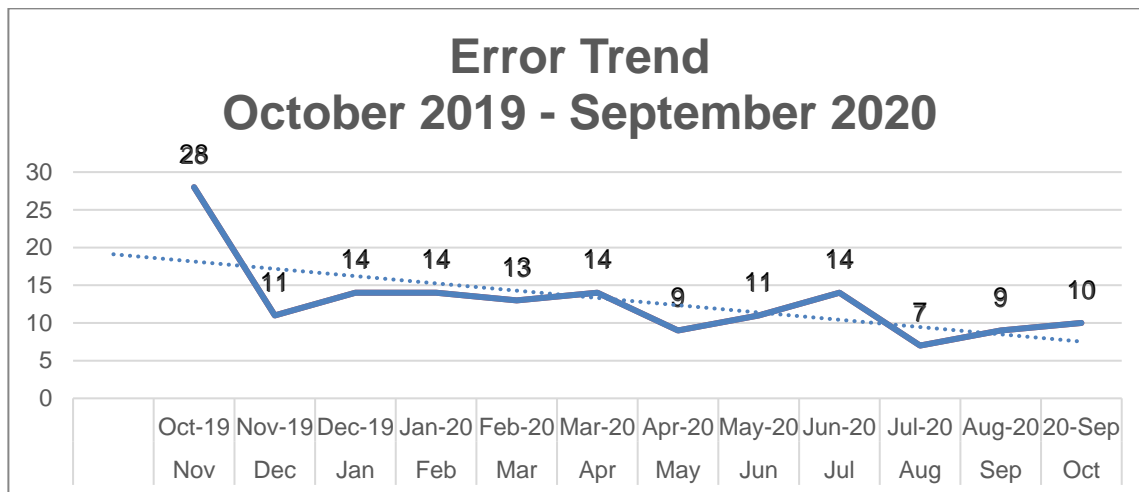
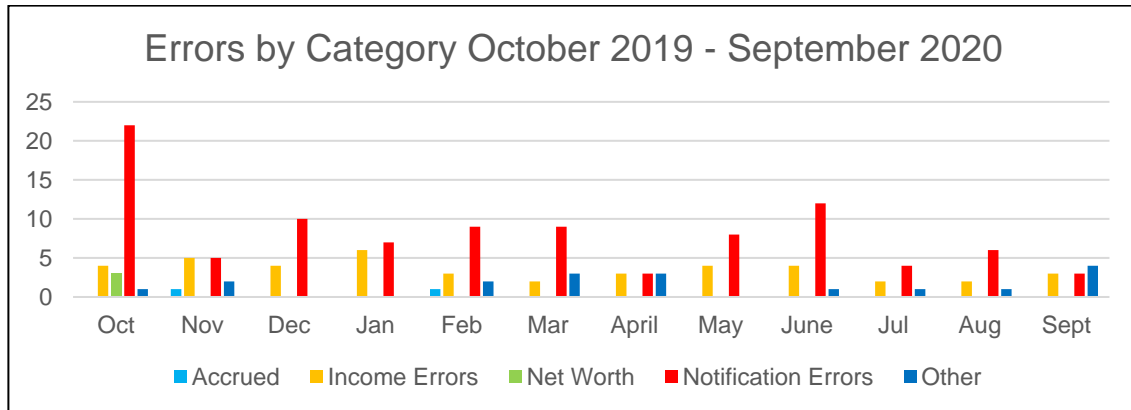
As shown in the above chart, there's an overall improvement in the Notification error category. The chart shows an increase in the "Incomplete Information" category; however, it only represents one error. There were no errors in this category from May through August 2020.

The next chart provides a drill-down of the Income errors from October 2019 through September 2020.



As shown in the above chart, there's been a steady decline in the "Income Not Properly Counted" error category, which is an improvement. "Income Not Properly Counted" error category has historically been the category with the highest number of errors.

The next chart shows an overview of how each category of errors is trending from October 2019 through September 2020, reflecting National STAR quality reviews performed up through October 2020.



References/Contacts

- ✓ STAR Reports https://vbaw.vba.va.gov/bl/21/star/star_home.htm

Agenda item: Submitted STAR Questions

Presenter: Kelly Wante, Chief

Target Audience:
QRT Management

Discussion:

The Milwaukee PMC submitted the following questions related to STAR:

Q1: Why is STAR accuracy not reported on a Fiscal Year basis? Is there anything planned where STAR would change its reporting system to make it clearer for the field?

A1: Per the FY2020 Quality Assurance Sampling Methodology abstract, STAR accuracy is calculated on a rolling 12-month basis to ensure the quality estimation meets the objectives of the sample design for a 95% confidence level and 5% margin of error. FY STAR accuracy is established in September of each year, where the 12 month rolling period is the same as the FY. OFO makes determinations on cutoffs for performance accountability for the stations, which is currently August reporting; this still encompasses a 12-month accuracy period.

Q2: Why are STAR reviews claim based while IQRs reviewed by the QRSs are task based? Is there anything planned for the future to change STAR reviews to a task-based system so it can align with IQRs?

A2: STAR reviews are claim based as this information is required by and reported to Congress. Although tasks are relevant for individual performance, performance of the program is measured on completed claims only. There are no plans to migrate STAR reviews to a task-based system at this time.

Agenda item: PMC Phone Number on PCGLs

Presenter: Julieann Brantseg,
Analyst

Target Audience:
All PMC Claims Processors

Discussion:

In December 2019, Pension & Fiduciary (P&F) Service began using the same VA benefits phone number as Compensation Service for all correspondence, with the exception of Fiduciary Hubs.

All Pension related correspondence should be updated to the new phone number, 1-800-827-1000. As a reminder, please ensure you are verifying the phone number has been updated when reviewing claims. We are finding examples of custom templates or inserting free text which include the old phone number.

References/Contacts

- ✓ OFO email dated December 23, 2019
- ✓ P&F Business Management Team [VAVBAWAS/CO/P&F BUS MGMT](#)

Target Audience:

All PMC Claims Processors

Discussion:

Pension & Fiduciary (P&F) Service identified several error trends in the processing of claims for State Plot or Interment Allowance. To promote continued improvement in accuracy and timeliness, please review and disseminate the following information to the appropriate personnel within your Pension Management Center (PMC):

- 1. Payment to incorrect state cemetery** – P&F Service received feedback from state cemeteries regarding state plot allowance payments being issued to an incorrect state cemetery, despite documentation of the correct state cemetery on VA Form 21-530a, *State Application for Interment Allowance*. As noted within [M21-1 VII.1.B.5.g.](#), the PMC Intake Processing Center (IPC) is responsible for reviewing VA Form 21P-530a and establishing an end product (EP) and, during establishment, identifying the appropriate state cemetery claimant on the form. It is **extremely important** that the proper cemetery is identified during claim establishment, as most state plot claims will be processed via automation, without further review by claims processors.

While IPC personnel are responsible for properly establishing claims, claims processors must also verify that the appropriate state cemetery claimant is associated with the EP when the claim is not processed via automation. If the wrong state cemetery is identified, the EP must be updated to reflect the appropriate claimant before award action is taken to grant the benefit.

Also, as noted by VII.1.B.5.d., when a PMC receives a request from a new state cemetery location or a request to change a state cemetery address, the request should be e-mailed to Pension and Fiduciary Service at: [VAVBAWAS/CO/P&F BUS MGMT](mailto:VAVBAWAS/CO/P&F_BUS_MGMT). Prior to sending the request, please review NCA's listing of state veterans cemeteries found at: https://www.cem.va.gov/grants/veterans_cemeteries.asp.

- 2. Service Verification procedures** – Manual changes were published on July 30, 2019 to M21-1 VII.1.B.1.b, **directing that** a copy or equivalent of a *DD Form 214* submitted by a state cemetery is acceptable evidence of qualifying service for state plot benefits as noted in [M21-1, Part III, Subpart ii, 6.B.3.a](#). P&F Service continues to observe cases where unnecessary Personnel Information Exchanges System (PIES) requests are submitted, resulting in claims processing delays.
- 3. Telephone Development when service has not been verified** - Manual changes were published to [M21-1 VII.1.B.5.g.](#) on May 14, 2020 to update military service verification procedures for claims for State Plot or Interment Allowance. Where service documentation is not otherwise of record or accessible from data systems shared by Department of Defense and VBA, PMC Veteran Service Representatives are required to perform telephone development to obtain acceptable service verification documentation. This should occur prior to initiating a PIES request.

4. **Use of EP 930 for error correction** - As noted within [M21-4 Appendix B](#), EP 930 applies to reviews and issues where no other EP is applicable and where the appropriate EP credit has already been taken to include the following:
- missed issues or prematurely cleared EPs, and
 - correction of previous erroneous actions identified during quality review

Historically, it was not been possible to process a burial award under an EP 930. However, that issue has been resolved and this EP should be used to control for correction of errors associate with burial claims.

5. **Establishing Debts Against State Cemeteries and Interim Procedures** - As noted within M21-1 VII.1.B.5.g., if a state cemetery submits a claim for State Plot or Interment Allowance that was already improperly paid to another beneficiary, the PMC should send a due process notification to the beneficiary requesting evidence showing they paid for plot or interment. If no evidence is received during the due process period, the PMC must terminate the prior plot or interment allowance payment. Following termination of the prior plot award, the PMC should pay the correct state veterans cemetery the plot or interment allowance.

When establishing a debt against a state cemetery, PMCs are issuing notice to the state cemetery about collection and repayment occurring through the Debt Management Center (DMC). It has come to our attention through the Office of Financial Management that this is incorrect, as state cemeteries are third parties and therefore DMC does not have jurisdiction over these debts nor will they send the debt notices. Instead, please follow these interim procedures in the following order until the corresponding manual changes have been published:

- Initial award action must be taken to terminate the state plot payment against the incorrect state cemetery and provide the incorrect cemetery notice of the decision.
- The PMC will complete a memo directing local finance activity to send the debt notice to the state cemetery and move the debt from the Finance & Accounting System (FAS) to the Centralized Administrative Accounting Transaction System (CAATS). This **must** occur prior to initiating award action to pay the correct cemetery to prevent the offset from occurring to ensure the payment can be released correctly in VBMS-A.
- Finally, award action must be taken to pay the correct state cemetery and provide the correct cemetery notice of the decision.

Contacts:

- Procedural questions related to this email can be submitted by appropriate PMC management or QRT coach personnel to [VAVBAWAS/CO/P&F POL & PROC](#),
- Questions on quality can be emailed to [VAVBAWAS/CO/P&F TNG QUAL OVRST](#), and
- Questions on systems issues, requests for new cemetery locations, or changes in cemetery addresses can be emailed to [VAVBAWAS/CO/P&F BUS MGMT](#).

Target Audience:

Insert Targeted Audience Here (QRS, MGMT, etc.)

Discussion:

Milwaukee posed the following question:

Could there be an addition to the QMS interface or a note in the comments section of a STAR error to make it clear and concise that a station receives a BE or non-BE error?

P&F Response:

In order for a STAR error to rise the level of "BE," VACO analysts must take the following three actions while citing an error that results in a BE accuracy of 0%

- Cite an error on tasks 1-8 of the Rating checklist (NPRQR) or tasks 1-11 of the Authorization checklist (NPAQR).
- Select the "Payment Adjustment Required" box when citing the error under the specific error descriptor.
- Choose a dollar amount on the Review Summary tab for the Over/Underpayment amount on the review.

In order for the PMC to quickly determine whether the error cited rose to the level of BE, P&F recommends the following process in QMS.

1) Enter the BID # into QMS:



2) Click into the review:

Reviews (1) Show Filters				
Action	Review Name	Benefit Claim ID	Review Status	Review Level
Edit	NPRQR	80281558	Error Pending	Peer

3) Under "Review Accuracy Metrics" you will see the BE Accuracy:

BE Accuracy 0%

In addition, when performing STAR reviews, P&F analysts will begin entering in the comments or within the error narrative whether BE or non-BE errors are being cited. This should help the PMCs in quickly evaluating whether a BE error is being cited as part of the STAR review.

Target Audience:
All PMC Personnel

Discussion:

The Safeguards Security Audit was completed from August 25, 2020 through August 30, 2020, by the Internal Revenue Service (IRS). The audit measures the ability of the Veterans Benefit Administration (VBA) to safeguard Federally Transmitted Information (FTI) distributed from the IRS throughout VBA. Please ensure that each employee handling FTI takes the required training annually in TMS (**VA 3847680**).

P&F Service would like to thank all the users that participated in the interviews and are happy to report, P&F Service is only directly responsible for six of the 873 findings during this audit. The other findings were system related. We will be launching a series for security safeguards FAQs throughout the year.

The auditors found that some of the personnel interviewed did not know the proper reporting procedures when an FTI breach occurs. Please ensure all employees know internal procedures, and leadership is aware of the proper procedures as outlined in M21-1X.4.IB.1. I. Once a breach is detected by the employee, the breach must be reported immediately to the employee's immediate supervisor. The supervisor must then report the breach to the APMCM or the PMCM who must contact the office of the appropriate special agent in charge, Treasury Inspector General for Tax Administration (TIGTA) immediately, but no later than 24 hours after the identification of the breach.

Target Audience:
All PMC Claims Processors

Discussion:

During a review of DIC automation, P&F discovered that some DIC claims were marked "RFD" by VSRs which, in turn, were picked up by automation. In these claims, it was discovered that basic eligibility (relationship status) had not been met. The widow reported being married to the Veteran for less than one year. As a result, automation erroneously paid DIC benefits based on the presumption that once a DIC claim is marked RFD, all basic eligibility has been met.

As a reminder, by marking a claim RFD, a VSR is certifying that the claim is not only ready for a Rating Decision, but that a final decision (grant or denial) can be made after the formal Rating Decision is made, and no additional development is required. This can help prevent erroneous grants of DIC and future corrective actions.

Target Audience:

PMC Quality Review Specialists and PMC QRT Management

Discussion:

Performance standards for VSRs and RVSRs changed on October 1, 2020. The quality metric changed to a task-based applicable standard. Only tasks marked as *Yes* or *No* determines the quality percentage of the employee. As the number of tasks increase, the threshold for an employee to meet quality increases.

For example, if a GS-11 PMC VSR has 29 applicable tasks reviewed through 4 reviews, the quality standard for that VSR is 79.7%. Therefore, if 5 critical errors were cited in those 29 applicable tasks, the resulting quality would be 82.8%.

For example, if a GS-11 PMC VSR has 87 applicable tasks reviewed, the quality standard for that VSR is 84.3%. Therefore, if 13 critical errors were cited in those 87 applicable tasks (regardless of # of IQRs completed), the resulting quality would be 85.1%

P&F Service would like to provide some reminders as you process your quality reviews. These are identical to previous guidance given in QRS discussions:

- Use the checklist questions to guide you
- If you can answer *No*, then you can answer *Yes*
- For each task, determine what the employee did and what the employee should have done
- Any debate or gray area should lead to a *Yes* answer
- Is it easier to defend a *Yes* or *NA*?
- You cannot cascade *No*, but you can cascade *Yes*

PMC QRT Statistics – as of 11-12-20

	VSR IQRs	RVSR IQRs	QRTIQRs
Reviews Completed	1,629	109	276
Avg # of Applicable Tasks	4.9	6.1	N/A
Total Errors Cited	314	3	0
Quality Percentage	96.09%	99.55%	100%

PMC Scenarios:

Q1: Initial review of an EP 140 shows that DIC is grantable (SC disabilities or 1318). As a result, STRs are not applicable to the decision. Is it recommended that Task 2 (Were all pertinent service treatment records (STRs) obtained/requested or determined to be of record?) be marked as *Yes* or *NA*?

A1: Generally speaking, requesting “pertinent” STRs or determining prior “pertinent” STRs are of record is not necessary when the DIC claim can be sent directly to Rating. Therefore, a response of *NA* would be appropriate. However, as each transaction is unique, the QRS should review whether any action taken by the VSR (implicitly or explicitly) to determine each response on the checklist. Improper STR development would warrant a *No* response as it would be considered materially delaying the claim.

Q2: Development was sent for VA Form 21P-0969. Should this action be recorded under Task 1 or Task 4? Task 4 has an error descriptor titled “Private non-medical records not requested or requested incorrectly.” Much of pension development could be considered under this error descriptor. Is it recommended that both Task 1 and Task 4 be marked as *Yes* or *No* when reviewing such development?

A2: Task 1 applies to proper development or pre-decisional notification sent directly to the claimant. Task 4 applies to development to other entities, sent on behalf of the claimant. If an error regarding development to the claimant is cited, then Task 1 should be marked *No*. However, as with any transaction, the QRS will review to determine whether all tasks apply? If development was wrong, it would not be appropriate to mark Task 1 and Task 4 in error as that would be considered cascading. However, it is not wrong to cascade *Yes* responses for all tasks deemed applicable to the transaction.

Q3: A surviving spouse claims DIC and Survivors pension. Review of the claim shows that development is needed for STRs, income, and SSA information. Should we be addressing Tasks 1-4 or just Task 1 for development, Task 2 for STRs, Task 3 for SSA records, and Task 4 for income development?

A3: See response to Q2. In addition, Tasks 2 and 3 would be applicable to the transaction under review to confirm that complete development was accomplished as required. If so, responses of *Yes* would be appropriate.

Q4: MOD was processed incorrectly, should Task 6 be *No*, while Task 7 is *Yes* or *NA*?

A4: Task 6 refers to whether MOD was addressed and decided. Task 7 refers to whether MOD was generated and correct. The two tasks should be reviewed independently of each other. The QRS should review whether MOD was addressed (either with its own standalone claim (EP 290) or as part of the initial claim for DIC, Survivors Pension, and Accrued Benefits (EP 140 or EP 190). The QRS should then review whether the MOD was awarded correctly. P&F Service is reviewing whether specific wording should be adjusted in the VSR checklist for Task 6.

Q5: Task 6 (“Were all issues addressed and decided”) seems like it could be applicable to a due process letter if the claimant claimed medical expenses under an EP 150. The EP 150 was the underlying EP which was cleared to issue due process. Would Task 6 be *Yes* if the issue was reflected in the due process letter or is it recommended to be *NA*, since no formal decision was made on the EP 150.

A5: Generally speaking, pre (development) work is usually captured under Tasks 1-5, and post work is usually captured under Tasks 6-10. A due process letter proposes an adverse action, but does not finalize the action. Even if the proposed notice includes the previously claimed expenses, final action could include additional changes based on

information submitted in response to the letter. Since no action is “decided,” Task 6 would be marked *NA*.

References/Contacts

- ✓ AQRS FAQ sent October 13, 2020
- ✓ RQRS FAQ sent October 13, 2020
- ✓ Updated AQRS FAQ sent October 30, 2020
- ✓ Updated RQRS FAQ sent October 30, 2020

Closing Comments

P&F Quality Mailbox:

We will solicit for agenda topic(s) for each future Quality Call. If you have a specific topic suggestion, please feel free to email it to the Pension and Fiduciary (P&F) Quality mailbox at PFTNGQUALOVRST.VBACO@va.gov

Quality Call Bulletins

Quality Call Bulletins can be found in the following locations:
<https://vbaw.vba.va.gov/PENSIONANDFIDUCIARY/pension/index.asp>

The next Quality Call is tentatively scheduled for mid-January. Additional information will be given at that time.

TMS Course

All Pension Quality Calls and Bulletins will be available in TMS. Once the monthly bulletin is finalized, information will be sent to the PMCs which will include the TMS #.

Stay safe everyone!

Post-Call Follow Up

Follow Up to PMC Scenarios

Q1: Under question 1, as developing for STRs would be delaying the claim, shouldn't the determination by the VSR that STRs are not needed for the claim warrant a *Yes* under Task 2? We see inappropriate PIES DEV with frequency, so it might seem that making the correct determination to RFD without PIES should mean a *Yes* response.

On the flip side, if STRs are not needed but a PIES request is done in addition to DEV for an unrelated issue, why would this not be in error? If evidence requested is received then the claim could be delayed due to the outstanding PIES request.

A1: QRS must review every transaction independent of the next. If the QRS believes that an action taken by the VSR (implicitly or explicitly) warrants a Yes response, then the checklist should be updated accordingly. In addition, the determination of whether an unnecessary PIES request materially delays the claim must be made at the time of the IQR, regardless of what may occur with the claim in the future.

Q2: When it comes to the “deferral” transaction, in addition to Task 11, should the QRS address Task 6 or Task 7? In particular, under Task 6, should we address “*All claimed issues not addressed and decided administratively (not by rating) (e.g. apportionment claims)*?” Or, should we focus on Task 7, which relates to the award promulgation, since the transaction is, in fact, a deferral of the award? Finally, does the answer change if a VSR takes action after the date of the deferral transaction date? Would it be a deselection?

A2: The scope of every IQR is to verify that all actions taken or should have been taken were completed accurately. If the IQR pulled is based on an authorizer taking deferral action on a claim, then the only way an accurate quality review can be completed on that transaction is if all work completed by the VSR, and reviewed by the authorizer (rating decision, award, decision letter, etc.), is also available to the QRS at the time of the IQR. The IQR should be deselected if all work is not available to the QRS for review, or if the QRS determines that additional action has been taken on the claim since the deferral. In any instance where the QRS can perform the review, then each applicable task based on the action performed should be answered with a Yes or No on the corresponding checklist. Generally, Task 6 would apply to ensure the deferral completed covered all aspects of the claim that required correction. Task 7 would generally not apply as the authorizer is not taking award action. However, each transaction must be reviewed on a case-by-case basis.

Automation Questions:

Q1: For burial automation, do you know what automation “looks” at to grant VA hospitalization death? The manual update says to accept the statement unless it’s questionable. Does that refer to either box 13A or 13B? Do they have to check VAMC death, or does claiming death at a State “Veteran’s Home” qualify? (if so that’s concerning as many claimants report this when the death occurred at the Veteran’s personal home).

A1: When VA hospitalization death is granted under burial automation, VA Form 21P-530 box 13A or 13B is considered. In order to ensure accuracy of this decision several steps are being taken:

- a. Clarification was added to M21-1 VII.1.B.4.b. to reinforce the acceptance of what is indicated on the form unless the statement is questionable,
- b. VA Form 21P-530EZ is under review to drive more accurate reporting from the claimant, and
- c. The Automation PIO is reviewing the requirements to identify improvements to the automation process.

Q2: If VAMC burial is paid out by automation, and then is sent to PMC for transportation decision, if it is discovered that VAMC burial was paid in error could that be determined to be an administrative error or would it be an OP to the claimant - even though the evidence was of record at the time of the grant?

A2: When a PMC identifies that VAMC burial was paid in error by automation, an assessment of the facts found must be completed under M21-1 III.v.1.I.3.c. If none of the conditions under M21-1 III.v.1.I.3.b. exist, then the erroneous payment may be considered an administrative error. It is important to note that each case is unique and must be decided based on the facts found.

TMS Course:

Available content from the Quality Call bulletin and recording is available in TMS! The TMS # for the November 2020 Pension Quality Call is 4567180 (Pension and Fiduciary Quality Call – Pension November 2020)

The link to TMS is [HERE](#). It is recommended to use Google Chrome when viewing the TMS information.