



## Pension November 2024 Quality Call

### Primary Topics

- Topic 1** September/October and FY STAR Error Trends
- Topic 2** PACT Updates
- Topic 3** Primary and Contributory Cause of Death Updates (P&P)
- Topic 4** Quality of SSA Income Match Special Focus Review (SFR)
- Topic 5** Case Study
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- Topic 6** Quality Call Q&A

### September/October and FY STAR Error Trends

Presenter: Jennifer Kunkel, Analyst

A trend analysis was conducted of errors cited on National STAR Pension Quality Reviews completed between the months of **September 2024** and **October 2024** (transactions completed between August 1, 2024, through September 30, 2024), and for the **fiscal year 2024**. STAR reviews are performed the following month after a claim is completed.

Review Month	Review Type	Total Reviewed	Total # of Errors	# Claims in Error	BE Errors	BE Accuracy %
Sept	Authorization	25	5	4	2	93.11%
	Rating	22	14	8	3	85.06%
	<b>Total</b>	<b>47</b>	<b>19</b>	<b>12</b>	<b>5</b>	
Oct	Authorization	25	7	6	1	96.41%
	Rating	22	8	6	2	89.87%
	<b>Total</b>	<b>47</b>	<b>15</b>	<b>12</b>	<b>3</b>	

FY24	Authorization	297	78	55	17	95.16%
	Rating	240	94	67	15	92.99%
	<b>Total</b>	<b>537</b>	<b>171</b>	<b>122</b>	<b>32</b>	

### September and October Review Analysis

Out of a total of **94** claims reviewed for quality, **24** claims had a total of **34** errors cited; **eight** of those claims had BE errors.

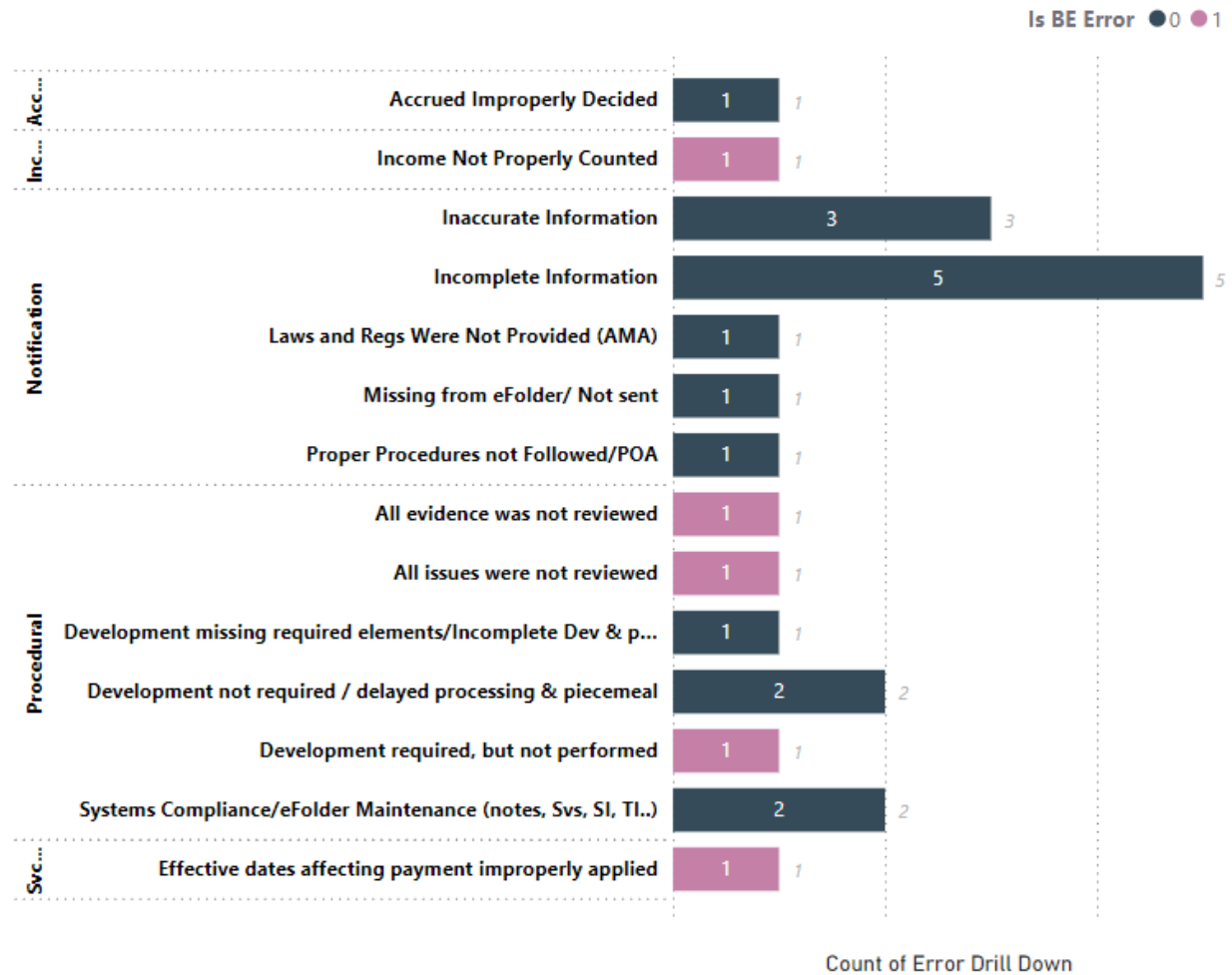
One reconsideration (recon) was submitted on a review from October. The non-BE recon was overturned.

The 34 cited errors were within the following categories:

September Reviews		October Reviews	
BE	Non-BE	BE	Non-BE
1 Burial	1 Accrued	1 Burial	1 Income
2 Income	1 Income	2 Procedural	6 Notification
1 Procedural	8 Notification		5 Procedural
1 Basic Eligibility	4 Procedural		

The Error Drill Down graph on the next page shows a breakdown of the error categories:

**Error Drill Down**



Notification errors were again the highest cited error with incomplete and inaccurate information. However, procedural errors were, again, in the top errors cited. Notably, procedural errors accounted for three of the eight (37%) BE errors during this time. All three procedural BE errors were cited on rating claims. Had all evidence and issues been reviewed, and proper development (to include required medical opinions) been completed, these BE errors could have

been avoided. Please remind claims processors (VSRs and RVSRs) that full review of the issues and evidence must be completed to assure that the corresponding procedures are properly followed.

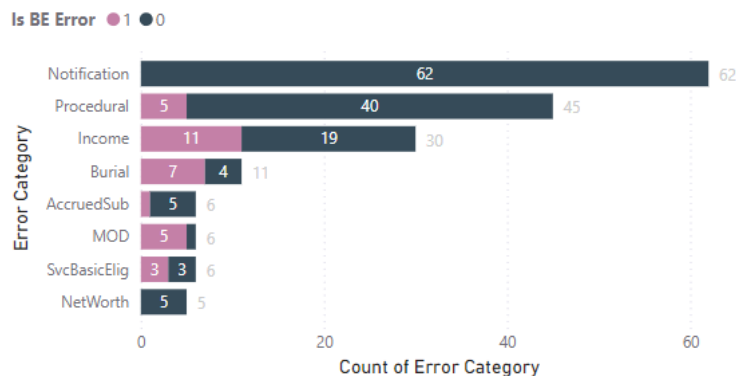
Income and expense counting rules were not properly applied accounting for four of the BE errors this period. Two of those BE errors were cited for incorrectly applying income counting rules, and the other two BE errors were cited for incorrectly counting transportation amounts on burial claims. Please have VSRs review income counting and transportation counting rules for accurate rates.

Rating claims continue to have the highest BE errors with five of the eight BE errors on EPs claims. As noted in previous calls, rising BE errors on Rating claims will continue to reduce national accuracy.

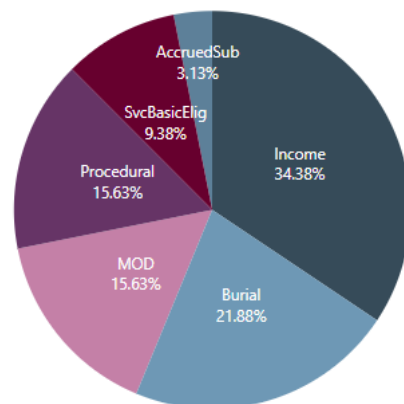
### **Fiscal Year 2024 Analysis**

The **171** cited errors were within the following categories, notification had the highest number of errors; followed by procedural errors. Income, burial procedural, and MOD errors accounted for the top cited BE errors for FY24.

**All Errors Count with BE breakdown**



**BE Error Drilldown**

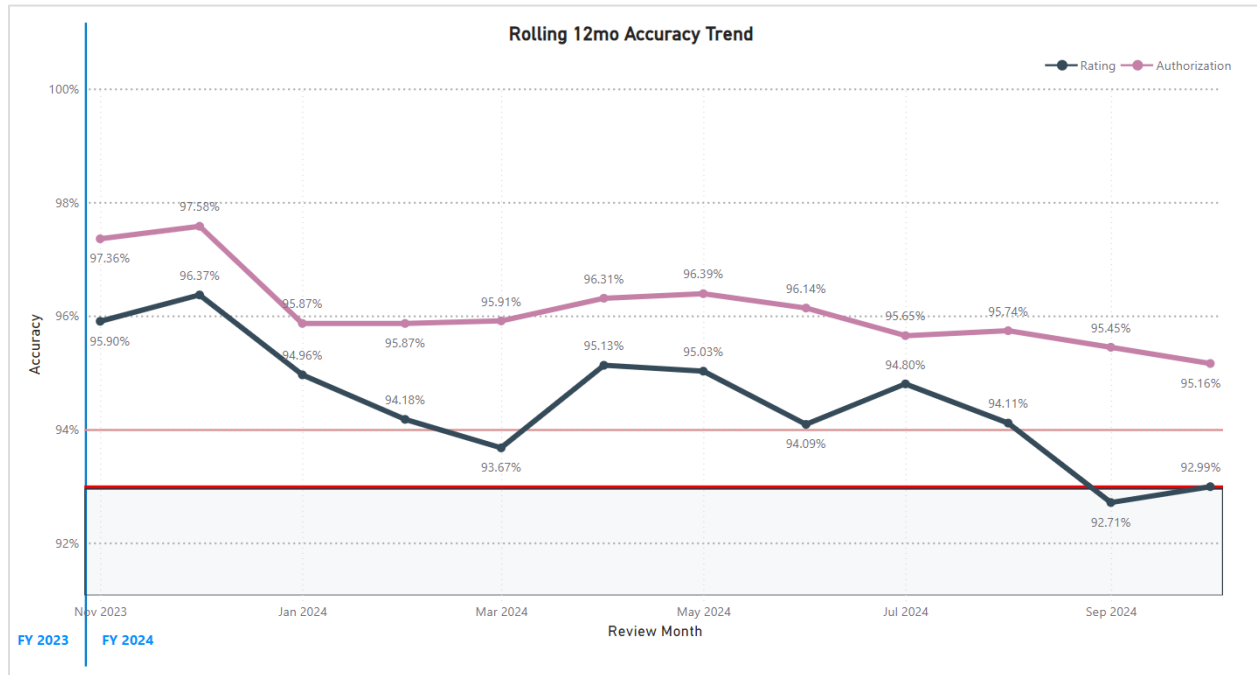


Income and medical expense counting accounted for 34.38 percent of the BE errors this FY.

All seven of the Burial BE errors, making up the second highest cited error category, were cited on authorization EPs 160s from station 310.

The third highest BE error categories were procedural and MOD error categories each making up 15.63 percent of the BE errors cited during FY24. Procedural errors included failure to request a medical opinion, required development that was not performed, evidence and/or issues that were not reviewed that were significant enough to affect the rate and outcome of the claim decision. MOD errors included missed COLA increases on December MOD rates, MOD paid when eligibility was not established, and MOD was not paid when it should have been.

Over fiscal year 2024, both Rating and Authorization accuracy have dropped. Despite a 2.2 percent point drop, Authorization EPs have maintained a fully successful score throughout the FY showing great improvement from fiscal year 2023. However, increased BE errors this FY on Rating claims have caused Rating accuracy to decline, falling 2.91 percent points; and finally falling below the 93 percent threshold of the Fully Successful national standard set by the Director’s Performance Plan<sup>1</sup>.



Of the 240 Rating claims Pension and Fiduciary Service (P&F) reviewed in FY24, the 15 Rating BE errors cited were cited on the following EPs:

- 1 – EP 020 (MOD category)
- 1 – EP 022 (Procedural category)
- 1 – EP 120 (Income category)
- 8 – EP 140 (3 Basic eligibility, 2 procedural, 1 MOD, 2 Income)
- 4 – EP 180 (all in the Income category)

Income (not properly counted) was the most cited error category of the 15 rating BE errors cited. Incorrectly applied income effective dates and medical expenses only accounted for two of the seven income related BE rating errors. Please ensure that claims processors are reviewing proper income counting rules, effective dates that would significantly affect the claimant’s rate.

**References**

[STAR Reports-FY 2024 \(va.gov\)](#)  
[Pension STAR Dashboard | Salesforce](#)

<sup>1</sup> FY2024 Director’s Performance Plan

## **PACT Updates**

Presenter: Jennifer Kunkel, Analyst

### **Recent Key-Releases and Events**

- October 1, 2024 – AR75 has been posted to the Federal Register. Highlights include:
  - Expands the definition of a Persian Gulf Veteran to include service in Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan.
  - New locations covered as presumptive service connection include those with service in the Southwest Asia theater of operations or Somalia on or after Aug. 2, 1990; as well as service in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, or Uzbekistan on or after Sept. 11, 2001.
  - Updates the list of locations eligible for a presumption of exposure to toxic substances, chemicals, or airborne hazards based on Gulf War service, and adds additional diseases associated with exposure to burn pits and other toxins.
  - Survivors and dependents will be eligible for potential benefits based on the service of their spouse in one of the new locations.
  - Codifies procedure for determining when medical examinations and nexus opinions are required for claims that cannot be considered on a presumptive basis and the evidence establishes participation in a toxic exposure risk activity (TERA)
- New ILER IES Functionality in VBMS, and updated *ILER* Guidance
  - **October 7, 2024** – The ILER IES is automatically uploaded to the VBMS eFolder when certain claims are established in VBMS. Claims processors must review the VBMS eFolder to determine if an ILER IES or an ILER IES Unavailable Response is of record. If no ILER IES Report is in the VBMS eFolder or it is not the most current version, then the claims processor must submit a request for the IES through the ILER IES Record request button in VBMS, or manually by logging into the ILER tool.
  - A five-minute video demonstration is available in TMS under VA 4666245 – *VBMS ILER IES Record Button Demonstration Video*
  - Please see the updated **ILER Guidance Version 5.0** posted to the [Compensation Service PACT Intranet page](#), under *PACT Act Policy Guidance*.
- Updated TERA Memorandum
  - **October 4, 2024** – Version 3 updates included a question about the Toxic Exposure-Uzbekistan Deployed Veteran Flash and an additional question about evidence of Karshi-Khanabad (K2) service. This update intended to ensure that claims processors acknowledge K2 Veterans and awareness of known military exposures, other than particulate matter, at this location. Version 3 was only available on the CS PACT intranet site and was not immediately available in VBMS.
  - **November 4, 2024** – Updated TERA Memo (v3) was embedded in VBMS Core functionality.

- Updated TERA Memorandum Job Aid
  - **October 4, 2024** – Updated Version 7.0 to identify when the memorandum is and is not necessary for service-connected *death* claims.
  - **November 4, 2024** – Updated Version 8.0 to remove *Interim Procedures* (i.e., the workaround while the embedded TERA Memorandum in VBMS-Core was being updated), among other minor updates.
  - Changes are highlighted in each version document located on the [CS PACT Intranet site](#), under *PACT Act Job Aids*; and the [\(CS\) PACT Act Historical Page](#)
- PACT Act SOP – Updated Version 6
  - **November 4, 2024** – Highlights include updates to *Changes Specific to Thailand* on pages 31 and 32 regarding spina bifida claims.

### **Reminder: Camp Lejeune Cases (CLCW)**

Although Camp Lejeune was not specifically expanded under PACT, the PACT Act recognizes Camp Lejeune Contaminated Water (CLCW) cases as a TERA. Therefore, if a Veteran has confirmed service in Camp Lejeune during the dates provided for CLCW cases, TERA procedures should be applied; even when the cause of death is non-presumptive condition. In those situations, a medical opinion must be obtained, especially if service-connected death is denied. Furthermore, a reminder that the Louisville RO has jurisdiction over these cases, and should be transferred accordingly per M21-1 VIII.iii.8.A., after qualifying service is established for a CLCW case.

### **References**

[PACT Act - Pension and Fiduciary Service \(va.gov\)](#)

[PACT Act Information Page \(va.gov\)](#)

[Field Inquiry Tool \(FIT\)](#)

[AR75](#)

## **Updating the Veterans Cause of Death on the Veteran Profile Screen**

Presenter: Rob Pomarico, Analyst

*Public Law 117-168*, otherwise known as the PACT Act, requires that, whenever a law establishes or modifies a presumption of service connection, VA must identify and notify previous claimants that may be entitled to survivor benefits based on the new presumptive condition.

To assist VA with identifying survivors that may be eligible for benefits based on future presumptive conditions, VA now requires claims processors to ensure the primary and contributory cause(s) of death field accurately reflect a Veteran’s causes of death based on the most recent death certificate.

M21-1 II.iii.3.B was updated on September 25, 2024, to instruct claims processors to review and potentially update Veteran’s causes of death anytime a claim for survivor benefits is processed. This includes, but is not limited to original claims, burial claims, and income adjustments on running pension awards.

**Example** – The year is 2035, and congress passes the FACT Act. With this new law, gangrene is identified as a presumptive condition for Vietnam Veterans. VA has the ability to run a report that reviews Vietnam Veteran’s causes of death and extracts the claim numbers for each Veteran that has gangrene listed as a primary or contributory cause of death. Survivors are quickly identified and notified about potential benefits because claims processors have been ensuring cause of death information is accurate.

**References**

[M21-1 II.iii.3.B.5](#)

**Quality of SSA Income Match Special Focus Review (SFR)**

Presenter: Christine Hohnholt, Analyst

Please refer to the attached document.

**Case Study Review**

Presenter: Christine Hohnholt, Analyst

Please refer to TMS # 4668611 to view the full case study.

**Q&A Field Topics**

**Philadelphia PMC**

**Question:** Are there any plans or discussion for PMCs to implement the Error Correction Validation initiative that began in June at VSCs and other special mission sites? PMCs were not included in the initial SOP, but are curious if there are plans to start that in the future?

**P&F Response:** This is a compensation service only initiative. P&F is not pursuing it at this time.

**Milwaukee PMC**

**Question 1:** In situations where we receive a pension claim and there is a running compensation award where we know compensation will be the greater benefit, the Milwaukee PMC believes that the proper way to address pension is to make an immediate formal decision on pension based on the evidence of record, if possible. This would mean completing the pension decision and issuing notification to the claimant immediately, explaining that they currently receive a benefit (compensation) which is greater than the amount of pension that could be paid, rather than develop for any missing elements to formally decide the issue of pension. This seems to be supported by M21-1 [VI.ii.1.A.2.a.](#) (Elections Between Compensation and Pension) and [38 CFR 3.700](#). However, the response in the September PMC Quality Call - Final Bulletin (“*If there is not sufficient evidence on record to provide a decision on pension benefits, then development is likely required*”) has our PMC questioning the degree to which we should be developing for

pension, if development were found to be necessary. Please provide clarification on the following for handling pension claims when compensation is the greater benefit:

- a) Could P&F provide examples of when development for pension would be required in these situations where we know compensation is the greater benefit? We are looking for clarification on when development would be necessary versus when we could make a formal decision on pension based on the evidence of record **Example:** The Veteran is in receipt of a 100 percent service connected compensation award and applies for pension. They have no income for VA purposes or are under the income limit but we are missing some financial information (e.g. interest income, incomplete medical expense information) which would require development. Would we need to issue development to obtain that information, or, could we issue a decision for pension based on the evidence of record, to include how we arrived at that pension decision using the information of record and inform them in the notification letter that we assume election of the greater benefit (compensation).
- b) Should we be obtaining a rating decision (if one would be necessary) for pension purposes? **Example:** The Veteran is in receipt of 100 percent compensation but they would need to have a rating decision for pension (e.g. they have no income for VA purposes or are under the income limit but would need a rating decision to grant either P&T disability or special monthly pension). To make a formal decision on pension, do we need to send the claim for pension to the rating activity to have a rating decision completed?
- c) If it is determined that we should be developing for pension, what about in cases for survivors benefits when we receive a 534EZ? For example, if we have an EP 140 for where we can grant service connection for the cause of death but would need to develop for a missing aspect to decide survivors pension, would we have to develop for missing elements of pension to make a formal decision for survivors pension? FIT Item 238 raised this question and to our knowledge, we still have not received a formal response. FIT Item 238 included the following question: “Milwaukee submits the below follow-up questions to the PMC Quality Call on 11-29-2022. During the call, an issue on notification letters was raised, specific to addressing survivors pension in notification letters where we are granting DIC (as the greater benefit). Milwaukee submits the below follow-up questions regarding this issue. 1. Are we required to make a decision (grant or deny) on survivors pension in a case where we are granting DIC as the greater benefit? Or, are we still able to provide notice to the claimant that we awarded DIC as the greater benefit if we inform them that they may also be entitled to survivors pension? (Questions were continued in the submitted FIT item but are cut off here for the purposes of this FIT item submission). P&F response was, “Thank you for your inquiry. P&F Service is requesting legal analysis in conjunction with this inquiry. Additional information will be provided upon receipt of the legal opinion and analysis. Thank you for your patience.” To our knowledge, this has not been addressed. In light of P&Fs response about handling pension claims when compensation is the greater benefit, this seemed like an appropriate time to follow-up on this issue for survivor benefits as well.

P&F Response: This question was also submitted through Field Inquiry Tool (FIT), and will be responded to through that application.



Question 2: In situations where we receive a pension claim and there is a running compensation award where we know compensation will be the greater benefit, should PMC VSRs be entering information into VBMS-A (e.g. Income, Net Worth, Medical Expenses)? If so, how are we to resolve future issues where VSC personnel would generate a compensation-related EP that would automatically switch the beneficiary to pension without an election? This would seemingly be the fault of the VSC. In those cases, what action should PMC personnel to resolve the issue?

P&F Response: This question was also submitted through Field Inquiry Tool (FIT), and will be responded to through that application.

### **St. Paul PMC**

Question: Regarding the recent manual change in II.iii.3.B.5.c. *Viewing and Updating Cause of Death information in VBMS*, will it be considered an error if a VSR or RVSR does not verify the cause of death is correct or does not update the system if it is incorrect? If so, under what category and task should the error be called. If it is not an error, should a correctable comment be called. Also, does the apply to every claim or just original/reopened claims?

P&F Response: Yes, it is considered an error if a claims processor does not verify that the cause of death is correct or does not update the system if it is correct, in VBMS. M21-1 II.iii.3.B.5.c states “a claims processor must ensure this field accurately reflects the Veteran’s cause(s) of death as they are listed on the most recent version of the report of death.” VSRs and RVSRs are both considered claims processors. This guidance must be applied to every survivor claim (not just original/initial claims) as stated in M21-1 II.iii.3.B.5.c; “This is required on all claims for survivor benefits.”

P&F is in the process of updating the quality review checklists to add a descriptor to the checklists for this change. Until that process is complete, and further notice provided, please cite these errors as following:

VSR IQRs: These errors should be cited under question #11 *Were all systems accurately updated?* And use descriptor: *contentions for all claimed issues were not entered and/or correct.*

RVSR IQRs: These errors should be cited under question #12 *Is the c-file free from other defects requiring correction which are not considered “critical” to the item(s)/transaction currently under review?* And use the descriptor: *The past SMC coding was not correct.*

When citing the error, be clear to mention in the remarks that these descriptors are used for this kind of error until the M21-4 is properly updated to reflect the new guidance from M21-1 II.iii.3.B.5.

## **Quality Call Q&A**

**Question:** It was mentioned that Philly is not taking the Camp Lejeune contaminated water cases again. Can you clarify that we are now reversing that and the Camp Lejeune cases are now going back to Louisville?

**P&F Response:** To clarify, this section was intended to be a reminder only. P&F has confirmed with OFO that there are no routing changes since the July 2024 update and the Philadelphia PMCs will continue to get RFD CLCW claims from Louisville as they have been. This section was meant to remind claims processors that CLCW service must be verified by the PMC prior to routing a claim to the Louisville RO, who will then complete the development cycle. Furthermore, this section was also intended to remind claims processors that CLCW cases are considered TERA claims and TERA procedures must be applied, specifically if a CLCW case would be denied based on a non-presumptive cause of death, a medical opinion must be of record.

## **TMS Courses and Quality Call Bulletins**

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 P&F Quality and Oversight mailbox at [PFTNGQUALOVRST.VBACO@va.gov](mailto:PFTNGQUALOVRST.VBACO@va.gov). For specific policy and procedures related topics, please send inquiries through the P&F [Field Inquiry Tool \(FIT\)](#).

Quality Call Bulletins can be found in TMS along with call recordings.

The next Quality Call is scheduled for January 21, 2025.

## **Helpful Tools**

[QMS Reporting Tool](#)

[Field Inquiry Tool \(FIT\)](#)

[Pension STAR Dashboard | Salesforce](#)

[STAR Reports-FY 2024 \(va.gov\)](#)