

DEPARTMENT OF VETERANS AFFAIRS

Veterans Benefits Administration



National Work Queue

Phase 1 & 2 Playbook

CONTROLLED UNCLASSIFIED INFORMATION—FOR INTERNAL USE ONLY



Table of Contents

NWQ: Executive Summary 3

NWQ: Standard Operating Procedures 4

Procedures 4

 VBMS Assignment Configuration Rules 5

 Updated- Special Corespondence 6

 Updated- Requesting Physical Files 7

 Updated- Restricted Access Claims Center (RACC) Claims Routing 8

 Updated- Integrated Disability Evaluation System (IDES) Claims Routing 12

 Updated- Duplicate Record Consolidation 15

 Updated- Concurrent End Products 16

 Updated- Rating and Non-Rating EP 930s 19

 Updated- Specialized Requests for Assistance from Coordinators 20

Records Requests (e.g., DPRIS, JSRRC, RMC) 21

Disability Examination Requests: Exam Cancellations & Rejections 22

 Updated- Disability Examination Requests: RVSR Review for Examination 23

 Updated- Disability Examination Requests: Use of Local Examiners/Medical Officers 25

 Updated- Local Mentor Review- VSR 26

 Updated- Local Mentor Review (RVSR) 27

 Updated- Administrative and Rating Decisions Requiring Second and Third Signatures 29

 Updated- Rating Decisions Requiring Second and Third Signatures 31

 Updated- Requests for Compensation Service Review 33

 Updated- VBMS Deferrals 35

Non-ADL Letters 38

Awards Pending Concur 40

 Updated- Claim Review by Quality Review Specialists 41

Updated- Appendix A: Special Issue Guide 44

New- Appendix B: NWQ Phase 2 Non-Rating End Products 46

New- Appendix C: NWQ Playbook Tracked Changes 64



NWQ: Executive Summary

National workload management is a strategy the Veterans Benefits Administration (VBA) has used and perfected over time. Previous examples of national workload management include brokering, the Fiscal Year 2014 Oldest Claims Initiative, and workload leveling. Building upon the success of previous national workload strategies, the National Work Queue (NWQ) is a workload distribution tool to enhance VBA's productive capacity and assist with maintaining the goal of having no disability rating claims pending over 125 days. Utilizing current electronic claims processing technology within Veterans Benefits Management System (VBMS), the NWQ centrally manages the national claims workload by prioritizing and distributing claims across VBA's network of Regional Offices (RO) to maximize resources, improve processing timeliness, and better serve Veterans and their families.

During the second quarter of Fiscal Year 2016, VBA will implement NWQ Phase 1 to centrally manage and distribute the national inventory of rating claims and certain types of non-rating claims. Controlled by routing rules developed and operated by the NWQ team within VBA Central Office, NWQ will distribute claims daily to each RO based on several factors including RO capacity, national claims processing priorities, and special missions. NWQ will begin by managing the workload of a representative group of eight ROs and then deploy a staged expansion. The eight ROs selected for initial implementation are as follows: Albuquerque, Detroit, Indianapolis, Jackson, Louisville, New Orleans, Oakland, and St. Paul. VBA selected these ROs because together they provide a representative mix of geographic diversity, productive capacity, workload balancing needs (i.e., the difference between claim receipts and productive capacity), and special missions (e.g., Radiation, Camp Lejeune Contaminated Water). NWQ will deploy to additional ROs during a staged expansion; the timing of the staged expansion will depend on numerous factors including the outcome of previous deployments, workload needs, and scheduled network and system updates and installations.

The successful implementation of NWQ requires awareness and support from all VBA employees. Specific prerequisites for implementation include the deployment of all NWQ-related VBMS functionality, execution of a comprehensive communication plan, dissemination of all NWQ-related training, and successful establishment of enhanced VBMS assignment configuration profiles for all teams and employees. Employee Development and Training will publish a training plan that identifies specific learning objectives, training content, and delivery timelines for VBA employees in support of NWQ deployment and sustainment. Additionally, the procedural guidance established within this playbook will be incorporated into the [Compensation and Pension Knowledge Management](#) (CPKM) portal.



NWQ: Standard Operating Procedures

Purpose

The purpose of the NWQ Phase 1 Playbook and the Standard Operating Procedures (SOP) contained herein is to provide field users with consolidated guidance to support NWQ implementation. Unless explicitly addressed within this playbook, all current procedures remain unchanged. The procedures outlined in this playbook apply to all VBA personnel associated with claims processing within the disability compensation program. As NWQ is deployed and enhanced, Compensation Service and the Office of Field Operations will continue to support field personnel with updated procedures, guidance, and training.

Procedures

NWQ encompasses all existing and future rating claims, and certain non-rating claims established in VBMS, and distributes these claims to each RO's VBMS work queue. VBMS assigns claims directly to employees based on locally established assignment configuration rules and claims remain within an employee's work queue until the employee takes action on the claim. NWQ operates based on routing rules which rely, in part, on claim and Veteran-level attributes. Attributes include corporate flashes, claim labels, and special issues. The procedures described below will inform employees which attributes to apply in specific situations to ensure appropriate claims routing. Employees must also continue to follow pre-established development procedures and system compliance guidelines, to include the appropriate use of the VBMS development plan, tracked items, and VBMS notes.

To maintain claims processing timeliness, no claim should remain in an employee's work queue for more than 5 business days. All procedures outlined within this playbook align with the 5 business day time-in-queue expectation. However, some procedures require more immediate action to ensure timely claims processing. Front-line supervisors will monitor employee work queues to ensure compliance with all time-in-queue expectations established within this playbook.

The procedures outlined within this playbook include the following sections: General Overview, Technical Functionality, and User Responsibility. Each general overview section explains the purpose of the procedure and provides pertinent background information. Each technical functionality section describes the specific attribute(s) applicable to each procedure, while the user responsibility sections list the required step-by-step actions. To facilitate this playbook's utility as a reference tool, the table of contents contains embedded hyperlinks for quick access to each procedure and appendix. Additionally, embedded hyperlinks throughout the playbook will direct users to appropriate reference materials.



VBMS Assignment Configuration Rules	
Aspect	Description
General Overview	<p>Prior to NWQ deployment, RO division-level management must establish VBMS assignment configuration (i.e., auto-assignment) rules for all teams and all employees who process NWQ Phase 1 End Products (EP). Rules must be maintained to account for employee turnover, movement between teams, and changing work assignments.</p> <p>Note: Division-level management may designate other VBMS users to establish VBMS assignment configuration rules, such as management analysts and front-line supervisors.</p>
Technical Functionality	<p>To ensure claims processors receive appropriate work, VBMS assignment configuration rules must account for all claims processing functions, accurately represent special missions, and ensure all tasks are appropriately resourced based upon maximum available capacity across all claims processing cycles.</p>
User Responsibility	<p>1) Division-level management or designee(s) will establish and maintain accurate VBMS user role assignments for all RO employees. Located on the VBMS Resources intranet site, the VBMS User Role guide provides information regarding the access rights a VBMS user will have based on their assigned user role.</p> <p>2) Division-level management or designee(s) will establish and maintain an accurate RO profile and ensure that front-line supervisors establish and maintain accurate team profiles and employee assignment configuration rules.</p> <p>3) Division-level management or designee(s) will identify up to 5 supervisors who will be responsible for requesting claim jurisdiction from NWQ; ROs should limit requests to those specified by the playbook and exceptional circumstances. ROs will establish internal procedures to ensure the designated supervisors will receive and respond to jurisdiction requests within 2 business days.</p> <p>4) Front-line supervisors must establish and maintain an accurate team profile and employee assignment configuration rules.</p>



Updated- Special Correspondence	
Aspect	Description
General Overview	Special Controlled Correspondence will be processed in a manner that maintains established relationships with stakeholders, demonstrates exceptional customer service, and minimizes the impact to stakeholder offices. Follow the actions below to efficiently process Special Controlled Correspondence.
Technical Functionality	At this time, NWQ will not route EP 500 Special Controlled Correspondence EPs which may include Congressional, White House, Private Attorneys, National VSO HQ, and USB/SECVA inquires. Regional Office (RO) and Pension Management Center (PMC) employees must follow established procedures regarding Special Controlled Correspondence, as outlined below.
User Responsibility	<p>1) Immediately upon receipt of a Congressional inquiry, the employee who first receives/discovers the inquiry will add the “<i>Special Controlled Correspondence</i>” special issue to the EP 500.</p> <p>2) Employee responsible for responding to Congressional inquiries will follow the procedures outlined in M27-1 Chapter 5.</p> <ul style="list-style-type: none">• Veterans with an electronic claims file (i.e., VBMS eFolder): Each RO will respond to Congressional inquiries within 5 business days for Veterans and Claimants residing within their geographic jurisdiction as determined by the Regional Office of Jurisdiction tool. Employees should utilize electronic systems to provide a status update. Do not request claim jurisdiction from NWQ when providing a status update.• Veterans with a physical (i.e., paper) claims file/hybrid file: Each RO will respond to Congressional inquiries within 5 business days for Veterans and Claimants residing within their geographic jurisdiction as determined by the Regional Office of Jurisdiction tool. Employees should utilize electronic systems to provide a status update. If necessary, the RO responding to the inquiry should work with the RO in possession of the physical file to provide an accurate status update. Do not request claim jurisdiction from NWQ when providing a status update. <p>3) Employee responsible for responding to Congressional inquiries will remove the Congressional flash upon completion of the response and appropriate Congressional notification.</p>



Updated- Requesting Physical Files	
Aspect	Description
General Overview	<p>As VBA transitions from a paper-based to an electronic claims processing environment, some Veterans will have claim and benefit related documents in both a physical file and an eFolder. The content of both physical files and eFolders must be available to claims processors at all ROs because rating claims established in VBMS are automatically placed into the NWQ. Therefore, employees must follow the actions outlined below to ensure existing physical files are incorporated into the VBMS eFolder.</p>
Technical Functionality	<p>Employees within the RO establishing the claim will utilize COVERS to initiate the retrieval of a paper claims folder from another RO. When an RO receives notification of a permanent transfer request, RO personnel will locate the file within 2 business days and follow established Veterans Claims Intake Processing (VCIP) procedures.</p>
User Responsibility	<p>1) Employee who establishes the claim will determine if a physical claims file exists. If a physical claims file exists, the employee will access the Veteran's COVERS record and request a permanent transfer on the same day they establish the claim.</p> <ul style="list-style-type: none">• In the event NWQ assigns a claim established by an employee who failed to request transfer of the physical claims file, the claims processor who first discovers the oversight will treat the request for a claims file as a development action and take the following actions:<ul style="list-style-type: none">○ Access COVERS and request a permanent transfer.○ Add the "Requested Claim Folder" tracked item to the claim's VBMS development plan. The claim level suspense will automatically update with a 10-day suspense and the claim will return to the NWQ during the next overnight cycle to await further action. <p>2) RO personnel who receive a permanent transfer request for a physical claims file must locate the file and follow established VCIP procedures to ship the claims file to the appropriate scanning vendor within 2 business days of receiving the file retrieval request.*</p>



Updated- Requesting Physical Files	
Aspect	Description
	Note: If an RO cannot locate a requested physical file, personnel from that RO must follow the established lost folder procedures outlined in M21-1 III.ii.4.D.

Updated- Restricted Access Claims Center (RACC) Claims Routing	
Aspect	Description
General Overview	Per OFO Letter 20F-13-04 , VBA consolidates restricted folders and associated claims to a Restricted Access Claims Center (RACC) to improve control and efficiency in processing restricted disability claims, while simultaneously protecting the privacy of Claimants.
Technical Functionality	The “Restricted Access” corporate flash enables NWQ to automatically route RACC claims to the appropriate RO. Per OFO Letter 20F-13-04 , sensitive claims folders for which the RO retains jurisdiction should not possess this flash.
User Responsibility	<p>1) Employee establishing the claim will add the “Restricted Access” corporate flash, if the Claimant meets the criteria for RACC processing and the flash was not previously added to the corporate record.</p> <p>2) Employee establishing the claim should notify their Information Security Officer (ISO) if the claim meets RACC processing criteria but is not under RACC jurisdiction. If found after claim establishment, the employee who discovers a claim requiring RACC processing must immediately add the “Restricted Access” corporate flash and notify their ISO.</p> <p>3) ISO will coordinate the jurisdictional transfer of claims requiring RACC processing with appropriate RO personnel, as per OFO Letter 20F-13-04 and locally established procedures.</p> <p>Please note: For claims that have been sensitized before the flash can be added, the station may contact their NWQ POC for manual transfer.</p>



Updated- Pre-Discharge (BDD and Quick Start) Claims Routing	
Aspect	Description
General Overview	<p>Pre-Discharge claims are accepted from service members on active duty with the goals of providing VA examinations while still on active duty and establishing entitlement to compensation benefits as soon as possible following release from active duty (RAD). These claims include Benefits Delivery at Discharge (BDD) and Quick Start.</p> <p>The intake site development phase for Pre-Discharge claims is generally performed at the intake site or parent RO, and must be done in accordance with the requirements of M21-1 III.i.2.B. Timely completion of the actions noted in this manual section <u>prior to discharge</u> is essential to ensuring service members are able to receive decisions on their claims as close to discharge as possible.</p> <p>The consolidated processing phase for Pre-Discharge claims includes consolidated rating and authorization activity at Rating Activity Sites (RAS) and Consolidated Processing Sites (CPS), while the CPS locations also at times perform some development actions. Therefore, claims processors must follow the actions outlined below to ensure proper claim routing.</p> <p>Important:</p> <ul style="list-style-type: none">• The majority of Pre-Discharge claims in the intake site development phase will have development actions performed by the receiving intake site or parent RO; however, other intake sites or their parent ROs will have the responsibility of performing these actions if the receiving intake site location has reached their capacity.• While the majority of Pre-Discharge claims will have rating and authorization activity performed by the RAS and CPS location, ROs will have the responsibility of performing these actions if the RAS and CPS locations have reached their capacity. Please see M21-1 III.i.2.B.4 for additional information.
Technical Functionality	<p>1) Changing the diary BDD or Quick Start non-Rating EP (as noted in M21-1 III.i.2.A.2.c) to the proper BDD or Quick Start Rating EP (as noted in M21-1 III.i.2.A.2.d) will enable NWQ to route Pre-Discharge claims to the</p>



Updated- Pre-Discharge (BDD and Quick Start) Claims Routing	
Aspect	Description
	<p>appropriate RAS and CPS. See M21-1 III.i.2.B.2.c and III.i.2.B.3.c for additional information.</p> <p>2) Adding tracked items with proper suspense dates and closing any completed tracked items will enable NWQ to timely route Pre-Discharge claims to the appropriate locations through all phases of the Pre-Discharge claims process.</p> <p>3) VBMS will assign Pre-Discharge claims to Pre-Discharge claims processors' VBMS work queues based on VBMS assignment configuration rules established by RO management. If assignment configuration rules are not established for this workload, RO management must manually assign the work to the Pre-Discharge claims processors work queues.</p>
User Responsibility	<p><u>Intake Site Development for Claims Received <i>with</i> STRs</u></p> <p>1) Intake site claims processor or their designee will initially establish all Pre-Discharge claims as a diary claim with the proper non-rating EP, claim label, and third digit modifier (EP 336 or 337) as noted in M21-1 III.i.2.A.2.a through c.</p> <p>2) Intake site claims processor will properly develop the claim consistent with the procedural requirements set forth in M21-1 III.i.2.B.</p> <p>3) Intake site claims processor will ensure all pending tracked items have the proper suspense dates and close any completed tracked items, and</p> <p>4) Intake site claims processor will change the pending BDD or Quick Start non-Rating 336 or 337 EP (as noted in M21-1 III.i.2.A.2.c) to the proper BDD or Quick Start Rating EP (as noted in M21-1 III.i.2.A.2.d); ensuring that the correct EP, claim label, and third digit modifier is used. Please see M21-1 III.i.2.A.1.d and III.i.2.A.1.e for additional information on claims that qualify for the BDD or Quick Start Programs.</p> <p><u>Note:</u> If development has not been completed by the time the service member reaches discharge, then the EP must be changed to the proper BDD or Quick Start rating EP as noted above the day following discharge.</p> <p>5) NWQ will ensure appropriate routing of Pre-Discharge claims.</p>



Updated- Pre-Discharge (BDD and Quick Start) Claims Routing							
Aspect	Description						
	<p style="text-align: center;"><u>Intake Site Development for Claims Received <i>without</i> STRs</u></p> <p>1) Intake site claims processor or their designee will initially establish the Pre-Discharge claim with the proper non-rating diary EP, claim label, and third digit modifier: 336 – <i>Pre-Discharge Excluded</i>.</p> <p>2) Intake site claims processor will take the actions described in M21-1 III.i.2.B.1.j to develop for the service members STRs.</p> <p>3) Intake site claims processor will follow the steps in the table below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If STRs for (at least) the current period of service were...</th> <th style="width: 50%;">Then, ensure all pending tracked items have the proper suspense dates and close any completed tracked items, and...</th> </tr> </thead> <tbody> <tr> <td>received prior to discharge</td> <td>Change the non-Rating 336 or 337 EP (as noted in M21-1 III.i.2.A.2.c) to the proper BDD or Quick Start Rating EP (as noted in M21-1 III.i.2.A.2.d)</td> </tr> <tr> <td><u>not</u> received prior to discharge</td> <td>Change the pending 336 – <i>Pre-Discharge Excluded</i> EP to the proper non Pre-Discharge rating EP.</td> </tr> </tbody> </table> <p>4) NWQ will ensure appropriate routing of Pre-Discharge and non-Pre-Discharge claims.</p> <p style="text-align: center;"><u>Consolidated Processing Phase</u></p> <p>1) RAS, CPS, or RO claims processor will ensure all intake site development phase actions have been completed <u>prior to discharge</u> as required by M21-1 III.i.2.B, especially those noted in M21-1 III.i.2.B.4.</p> <p>2) RAS, CPS, or RO claims processor will ensure all pending tracked items have the proper suspense dates and close any completed tracked items</p>	If STRs for (at least) the current period of service were...	Then, ensure all pending tracked items have the proper suspense dates and close any completed tracked items, and...	received prior to discharge	Change the non-Rating 336 or 337 EP (as noted in M21-1 III.i.2.A.2.c) to the proper BDD or Quick Start Rating EP (as noted in M21-1 III.i.2.A.2.d)	<u>not</u> received prior to discharge	Change the pending 336 – <i>Pre-Discharge Excluded</i> EP to the proper non Pre-Discharge rating EP.
If STRs for (at least) the current period of service were...	Then, ensure all pending tracked items have the proper suspense dates and close any completed tracked items, and...						
received prior to discharge	Change the non-Rating 336 or 337 EP (as noted in M21-1 III.i.2.A.2.c) to the proper BDD or Quick Start Rating EP (as noted in M21-1 III.i.2.A.2.d)						
<u>not</u> received prior to discharge	Change the pending 336 – <i>Pre-Discharge Excluded</i> EP to the proper non Pre-Discharge rating EP.						



Updated- Pre-Discharge (BDD and Quick Start) Claims Routing	
Aspect	Description
	3) NWQ will ensure timely routing of Pre-Discharge claims based on the claim level suspense.

Updated- Integrated Disability Evaluation System (IDES) Claims Routing	
Aspect	Description
General Overview	The Integrated Disability Evaluation System (IDES) is a VA/Department of Defense (DoD) collaborative program which affords wounded, ill and injured service members the opportunity to initiate a claim for VA benefits when they are first referred to a medical evaluation board while still on active duty. IDES provides a single set of disability examinations and a single-source disability rating for use by both Departments. IDES claims are consolidated at Disability Rating Activity Sites (DRAS); therefore, claims processors must follow the actions outlined below to ensure proper claim routing.
Technical Functionality	Tracked items will enable NWQ to route IDES claims appropriately. Intake site personnel such as Military Services Coordinators (MSC) and DRAS personnel must update the Veterans Tracking Application (VTA) appropriately throughout the IDES process.
User Responsibility	<p style="text-align: center;">Managing IDES-related Claims Development under EP 689s</p> <p>1) Intake site claims processor will properly develop the claim, to include adding tracked items, consistent with the procedural requirements set forth in M21-1 III.i.2.D-F and appropriately update VTA.</p> <p>2) Intake site claims processor will ensure the pending EP 689 has the correct claim label and that BIRLS reflects the correct branch of service for the most recent period of service.</p> <p>3) NWQ will route EP 689 to the appropriate intake site upon expiration of claim level suspense.</p>



Updated- Integrated Disability Evaluation System (IDES) Claims Routing	
Aspect	Description
	<p>Note: If all evidence is received prior to expiration of claim level suspense, the MSC must manually request the claim from NWQ</p> <p>4) Intake site claims processor will close all VBMS tracked items when the claim is ready to be routed to the DRAS and appropriately update VTA.</p>
	<p>Completing Exam Sufficiency Reviews</p> <p>1) NWQ will route the claim to the DRAS after all tracked items are closed.</p> <p>2) DRAS claims processor will complete IDES exam sufficiency review upon completion of Medical Evaluation End Date in VTA.</p> <p>3) DRAS claims processor will add a custom tracked item for “Awaiting PEB Request” under the pending EP 689 with suspense of 120 days.</p> <p>4) DRAS claims processor will add additional tracked items for corrective examination requests, when insufficient exam reports are identified and close the tracked items upon receipt of exam results.</p>
<p>User Responsibility</p>	<p style="text-align: center;">Managing IDES Proposed Ratings Requests for Active-Duty Participants</p> <p>1) DRAS claims processor will close the custom tracked item for “Awaiting PEB Request” under the pending EP 689, upon receipt of a proposed rating request from the PEB.</p> <p>2) NWQ will route EP 689 to the appropriate DRAS upon expiration of claim level suspense or when all tracked items are closed, whichever is earlier.</p> <p>3) VBMS will assign claims to DRAS claims processors’ VBMS work queues based on VBMS assignment configuration rules established by DRAS management. If assignment configuration rules are not established for this workload, DRAS management will manually assign the work in accordance with locally established procedures.</p> <p>4) DRAS claims processor will open a tracked item for any additional development action necessary, including corrective examinations, and close the tracked item when the development is completed.</p> <p>5) DRAS claims processor will add tracked item for “Awaiting RAD: Service</p>



Updated- Integrated Disability Evaluation System (IDES) Claims Routing	
Aspect	Description
	Sep Verif Needed” with 180 day suspense once the proposed rating is completed and has been provided to the requesting PEB.
User Responsibility	<p style="text-align: center;">Managing Rating Reconsideration Requests</p> <p>1) DRAS claims processor will establish EP 310 with IDES Reconsideration Request- Active Duty claim label (or EP 020 with Reconsideration Request- Not on AD claim label for non-active duty cases) upon receipt of a reconsideration request from the PEB.</p> <p>2) NWQ will route the EP 310 with IDES Rating – Proposed claim label (or 020 with DES Supplemental claim label for non-active duty cases) to the appropriate DRAS based on IDES claim label.</p> <p>3) VBMS will assign claims to DRAS claims processors’ VBMS work queues based on VBMS assignment configuration rules established by DRAS management. If assignment configuration rules are not established for this workload, DRAS management will manually assign the work in accordance with locally established procedures.</p> <p>4) DRAS claims processor will clear the EP 310 (or 020 for non-active duty cases) once the rating is completed and has been provided to the requesting PEB.</p>
User Responsibility	<p style="text-align: center;">Managing IDES Final Ratings</p> <p>1) DRAS claims processor clears the pending EP 689.</p> <p>2) DRAS claims processor will establish the correct EP and claim label as described in the procedural guidance set forth in M21-1 III.i.2.E and F.</p> <p>3) NWQ will route EP 110/010/020s with IDES-related claim labels to the appropriate DRAS based on the participant’s branch of service.</p> <p>4) VBMS will assign claims to DRAS claims processors’ VBMS work queues based on VBMS assignment configuration rules established by DRAS management. If assignment configuration rules are not established for this workload, DRAS management will manually assign the work in accordance with locally established procedures.</p>



Updated- Integrated Disability Evaluation System (IDES) Claims Routing	
Aspect	Description
User Responsibility	<p style="text-align: center;">Managing IDES Disenrollment</p> <p>1) Intake site claims processor (e.g., MSC) will generate the return-to-duty/disenrollment letter within 10 business days of receiving notification of the service member’s ineligibility for IDES processing.</p> <p>2) Intake site claims processor (e.g., MSC) will update VTA and notify DRAS personnel of the disenrollment on the same day they send the service member the disenrollment letter.</p> <p>3) Intake site claims processor (e.g., MSC) will clear the EP 689 on the same day they send the service member the disenrollment letter.</p>

Updated- Duplicate Record Consolidation	
Aspect	Description
General Overview	Employees should exercise caution when creating new BIRLS and Corporate records and follow all procedures outlined in the M21-1 III.ii.4.E to avoid creating duplicate records. If an employee either creates or discovers a duplicate record, follow the actions outlined below to ensure proper claim routing and timely consolidation of duplicate records.
Technical Functionality	Using the special issue “VACO Special Issue 1,” claims requiring duplicate record consolidation will remain within an RO’s work queue until completion of the duplicate record consolidation and removal of the special issue “VACO Special Issue 1.”
User Responsibility	<p>1) Employee who creates/discovers the duplicate record will add the special issue “VACO Special Issue 1” to the record(s) with the pending EP; the employee will add the special issue on the day they discover the duplicate record. After the special issue is added, the discovering station should manually broker the EP to the station that created the duplicate record.</p>



Updated- Duplicate Record Consolidation	
Aspect	Description
	<p>2 The creating station will initiate the duplicate record consolidation process on the day they discover the duplicate record and notify the IPC supervisor and/or designee responsible for completing the record consolidation process.</p> <p>3) IPC supervisor or designee will complete the record consolidation process as outlined in M21-1 III.ii.4.D.3 and M21-1 III.ii.4.E.5.a within 5 business days of receiving the claim within their work queue.</p> <p>4) IPC supervisor or designee will remove the special issue “VACO Special Issue 1,” at the conclusion of the duplicate record consolidation.</p>

Updated- Concurrent End Products	
Aspect	Description
General Overview	Many Veterans have concurrent rating and non-rating EPs. Claims processors should strive to work all actionable EPs within their scope of work to improve service to Veterans and their families. M21-1 III.iii.5.L.1.e provides some guidance regarding working concurrent EPs simultaneously.
Technical Functionality	ROs will request jurisdiction of actionable non-rating and rating EPs that can be worked simultaneously as outlined below.
User Responsibility	<p style="text-align: center;">Concurrent Rating and Non-Rating EPs</p> <p>1) Claims processor who identifies an actionable non-rating EP while working a rating EP, will check the claim jurisdiction of the non-rating EP. If the claims processor’s RO has jurisdiction of the non-rating EP, the claims processor will simultaneously work the rating and non-rating EPs. If the claims processor’s RO does not have jurisdiction of the non-rating EP, proceed to step 2.</p> <p>Note: The RO with jurisdiction of the rating EP should take jurisdiction of concurrent actionable non-rating EP(s).</p>



Updated- Concurrent End Products	
Aspect	Description
	<p>2) Claims processor will follow locally established procedures to notify their local supervisor(s) authorized to request claim jurisdiction. Unless instructed otherwise by a supervisor, do not work the EP over which your RO has jurisdiction until your RO receives jurisdiction of the concurrent EP.</p> <p>3) Authorized supervisor will request jurisdiction of the non-rating EP within 2 business days of receipt of the request. Utilize the VBMS jurisdiction request functionality for claims under jurisdiction of 499. For claims under jurisdiction of another RO, follow locally established procedures for jurisdiction requests between ROs and consider a courtesy email notification to the Veterans Service Center (VSC) corporate mailbox for awareness.</p> <p>4) Authorized supervisor will either assign the claim to the requesting claims processor for action or notify the claims processor that the claim is not available for reassignment; the supervisory action must occur within 2 business days of claim receipt in RO work queue.</p> <p>5) Claims processor will utilize VBMS notes to document any negative response to a request for jurisdiction within 2 business days of receiving notification from the supervisor.</p> <p style="text-align: center;">Concurrent Rating and Rating EPs</p> <p>1) Claims processor who identifies an actionable rating EP while working a rating EP, in the same lifecycle, will check the claim jurisdiction of the rating EP. If the claims processor's RO has jurisdiction of the other rating EP, the claims processor will simultaneously work the rating EPs. If the claims processor's RO does not have jurisdiction of the additional rating EP in the same cycle, proceed to step 2.</p> <p>2) Claims processor will follow locally established procedures to notify their local supervisor(s) authorized to request claim jurisdiction. Unless instructed otherwise by a supervisor, do not work the EP over which your RO has jurisdiction until your RO receives jurisdiction of the concurrent EP.</p> <p>3) Authorized supervisor will request jurisdiction of the other rating EP within 2 business days of receipt of the request. Utilize the VBMS jurisdiction request functionality for claims under jurisdiction of 499. For</p>



Updated- Concurrent End Products	
Aspect	Description
	<p>claims under jurisdiction of another RO, follow locally established procedures for jurisdiction requests between ROs and consider a courtesy email notification to the Veterans Service Center (VSC) corporate mailbox for awareness.</p> <p>4) Authorized supervisor will either assign the claim to the requesting claims processor for action or notify the claims processor that the claim is not available for reassignment; the supervisory action must occur within 2 business days of claim receipt in RO work queue.</p> <p>5) Claims processor will utilize VBMS notes to document any negative response to a request for jurisdiction within 2 business days of receiving notification from the supervisor.</p> <p style="text-align: center;">Concurrent Non-Rating and Non-Rating EPs</p> <p>1) Claims processor who identifies an actionable non-rating EP while working a subsequent non-rating EP, in the same lifecycle, will check the claim jurisdiction of the non-rating EP. If the claims processor's RO has jurisdiction of the other non-rating EP, the claims processor will simultaneously work the non-rating EPs. If the claims processor's RO does not have jurisdiction of the additional non-rating EP in the same cycle, proceed to step 2.</p> <p>2) Claims processor will follow locally established procedures to notify their local supervisor(s) authorized to request claim jurisdiction. Unless instructed otherwise by a supervisor, do not work the EP over which your RO has jurisdiction until your RO receives jurisdiction of the concurrent EP.</p> <p>3) Authorized supervisor will request jurisdiction of the other non-rating EP within 2 business days of receipt of the request. Utilize the VBMS jurisdiction request functionality for claims under jurisdiction of 499. For claims under jurisdiction of another RO, follow locally established procedures for jurisdiction requests between ROs and consider a courtesy email notification to the Veterans Service Center (VSC) corporate mailbox for awareness.</p>



Updated- Concurrent End Products	
Aspect	Description
	<p>4) Authorized supervisor will either assign the claim to the requesting claims processor for action or notify the claims processor that the claim is not available for reassignment; the supervisory action must occur within 2 business days of claim receipt in RO work queue.</p> <p>5) Claims processor will utilize VBMS notes to document any negative response to a request for jurisdiction within 2 business days of receiving notification from the supervisor.</p>

Updated- Rating and Non-Rating EP 930s	
Aspect	Description
General Overview	Per M21-4 Appendix B , VBA utilizes EP 930s when no other EP is applicable and/or where appropriate EP credit has already been taken to include the following: missed issues, prematurely cleared EPs, corrections of previous erroneous actions, and for claimants on active duty who are VAMC patients awaiting discharge from military service.
Technical Functionality	<p>Rating and Non-rating EP 930s for control of missed or prematurely cleared EPs must be established with the claim labels outlined in the M21-4, Appendix B. “Rating Control” claim label must be used for rating control EP 930s. “Non-rating Control” claim label must be used for non-rating control EP 930s.</p> <p>EP 930s for corrective action must be established with the claim labels outlined in the M21-4, Appendix B “Correction of Local Quality Error” claim label must be used for local error corrections. “Correction of National Quality Error” claim label must be used for national (STAR) errors.</p>



Updated- Rating and Non-Rating EP 930s	
Aspect	Description
User Responsibility	At the commencement of NWQ routing non-rating end products, 930 EPs will be routed to regional offices as capacity allows. The only necessary action for the end-user to complete will be ensuring the proper claim label is associated with that specific EP as outlined above.

Updated- Specialized Requests for Assistance from Coordinators	
Aspect	Description
General Overview	Some claims require review and assistance from claims processors with specialized skills and access to restricted web-based portals, such as Military Records Specialists (MRS) and Posttraumatic Stress Disorder (PTSD) Coordinators or other designated users with Joint Services Records Research Center (JSRRC) access. Claims processors must take the actions outlined below to ensure proper routing of claims that require special assistance.
Technical Functionality	Using the “JSRRC Request” and “Specialized Records Request” special issues will ensure that claims requiring specialized requests for assistance will remain within an RO’s work queue until the research or records request has been submitted and the special issue has been removed.
User Responsibility	<ol style="list-style-type: none"> 1) Claims processor identifies a claim requiring special assistance by an MRS, JSRRC Coordinator, or other designated coordinator. 2) Claims processor completes all development actions within their scope, within 5 business days of receiving the claim in their work queue. 3) Claims processor adds the appropriate special issue, either “JSRRC Request” or “Specialized Records Request,” within 5 business days of receiving the claim in their work queue. 4) Claims processor will add the “JSRRC Coordinator Review” or a custom “Specialized Records Request” tracked item and follow locally established



Updated- Specialized Requests for Assistance from Coordinators	
Aspect	Description
	<p>procedures to ensure assignment of the work item to the appropriate specialized claims processor.</p> <p>5) Specialized claims processor (e.g., MRS, PTSD Coordinator) will review the claim and take the appropriate action within 5 business days of receiving the claim in their work queue, to include updating all systems and opening any necessary tracked items(s).</p> <p>6) Specialized claims processor (e.g., MRS, PTSD Coordinator) will mark the “JSRRC Coordinator Review” or custom “Specialized Records Request” tracked item as received and remove the “JSRRC Request” or “Specialized Records Request” special issue prior to completing the work item.*</p> <p>Note: Removing the “JSRRC Request” or “Specialized Records Request” special issue will indicate that the claim is ready for NWQ recall. All outstanding development actions must be taken prior to removal.</p>

Records Requests (e.g., DPRIS, JSRRC, RMC)	
Aspect	Description
General Overview	<p>Claims processors utilize many systems to request records and information to support claims, including email and web-based portals. Responses may be sent to individual e-mail accounts or an individually-assigned account within a web-based portal (e.g., Defense Personnel Records Information Retrieval System (DPRIS) or JSRRC). Claims processors must take the actions outlined below to make the individually received response available within the Veteran’s VBMS eFolder within 2 business days of response receipt.</p>
Technical Functionality	<p>Claims processors must open and close tracked items according to established development practices. To ensure all VBMS users can access individually received responses to requests for information and records, claims processors must upload requests to the appropriate VBMS eFolder on the same day as they submitted the request. Responses must be uploaded</p>



Records Requests (e.g., DPRIS, JSRRC, RMC)	
Aspect	Description
	within 2 business day of response receipt.
User Responsibility	<ol style="list-style-type: none"> 1) Claims processor requests records via e-mail to Records Management Center (RMC) or through a web-based application such as DPRIS or JSRRC. 2) Claims processor appropriately updates all required systems, to include adding a tracked item on the day of the request. 3) Claims processor uploads the e-mail request and/or screenshot of a web-based request to the appropriate VBMS eFolder on the day of the request. DPRIS should be checked prior to the end of the claims processor’s tour-of-duty because most DPRIS responses are received within a few hours and should be uploaded on the same day as the request was made, whenever possible. 4) Records Custodian responds to records requests. 5) Claims processor receives response and/or notification regarding records request. 6) Claims processor converts response/notification to PDF format, if required, and uploads the response/notification and any associated documents to the appropriate VBMS eFolder within 2 business days of receipt of response/notification. 7) Claims processor closes corresponding tracked item(s) and, for claims within their work queue, they will take any additional actions as appropriate.

Disability Examination Requests: Exam Cancellations & Rejections	
Aspect	Description
General Overview	Exam cancellations and rejections may either identify actionable claims or indicate the need for additional development. VHA and the contract vendors send exam cancellation and rejection notifications directly to the



Disability Examination Requests: Exam Cancellations & Rejections	
Aspect	Description
	claims processor who entered the exam request. Following the guidance below will make information regarding the disposition of exam requests available for all claims processors and help improve service to Veterans.
Technical Functionality	Claims processors will utilize VBMS to document all exam cancellations and rejections within 2 business days of notification. Claims processors will take any required action, to include resubmitting the exam request, within 2 business days of notification of either exam cancellation or rejection.
User Responsibility	<ol style="list-style-type: none"> 1) Claims processor receives e-mail notification of either exam cancellation or rejection. 2) Claims processor converts the notification to PDF format and uploads the document to the appropriate VBMS eFolder within 2 business days of receipt of the notification. 3) Claims processor takes any required action, to include resubmitting the exam request, if necessary, within 2 business days of receipt of the notification. If the exam cancellation is due to user error (VSR or RVSR) then the pending tracked item will be marked as “in Error” and a new TI will be created. If the exam cancellation is not due to user error (contract or VHA exam cancellation) then mark the tracked item as closed and a new tracked item created.

Updated- Disability Examination Requests: RVSR Review for Examination	
Aspect	Description
General Overview	Per III.iv.3.A.1.a , ROs should primarily route claims requiring review for disability examinations to Veterans Service Representatives (VSR) who will determine the need for an exam and request all necessary examinations. However, for particularly complex medical opinions, VSRs will follow the guidance outlined below within 5 business days of receiving the claim in their work queue to ensure correct routing of complex medical opinion



Updated- Disability Examination Requests: RVSR Review for Examination	
Aspect	Description
	requests to Rating Veterans Service Representatives (RVSR). RVSRs will follow the guidance below within 5 business days of receiving the claim in their work queue to ensure timely claims processing and accurate routing.
Technical Functionality	Utilizing the “RVSR Examination” special issue will ensure that claims requiring RVSR review will remain within an RO’s work queue until completion of the RVSR examination review and removal of the “RVSR Examination” special issue.
User Responsibility	<p>1) VSR will add the “RVSR Examination” special issue to claims requiring particularly complex medical opinions within 5 business days of receiving the claim in their work queue.</p> <p>2) VSR will add the “Review Complex Exam” tracked item and follow locally established procedures to ensure assignment of the work item to an RVSR at their RO who will provide the review.</p> <p>3) RVSR will mark the “Review Complex Exam” tracked item as received and remove the “RVSR Examination” special issue after reviewing the claim and requesting any necessary examination(s) within 5 business days of receiving the claim in their work queue.</p> <p>RVSR will add the appropriate VBMS tracked item(s) for all exam requests on the same day they enter the exam request into the appropriate system based upon the ERRA routing recommendation (i.e., CAATS, CAPRI).</p> <p>Note: Deferral Order of Operations should be followed to ensure complete resolution of the deferral. The Order of Operations can be found on the VBMS resources page here: Deferral Order of Operations.</p>



Updated- Disability Examination Requests: Use of Local Examiners/Medical Officers	
Aspect	Description
General Overview	<p>Local examiners and medical officers have been made available to all ROs and the AMO to help facilitate the disability examination process. The assistance provided by these local examiners/medical officers may include VHA exam clarifications, requests for medical opinions, and the use of Acceptable Clinical Evidence (ACE). The appropriate use of local examiners/medical officers may improve the Veteran's experience by expediting the disability examination process. Follow the guidance below when utilizing local examiners/medical officers for VHA exam clarifications, requests for medical opinions, and ACE. This guidance should only be utilized if the local provider can resolve the request within a reasonable period of time (e.g., a few business days).</p> <p>Note: The local examiner/medical officer must not be used to provide an exam clarification for medical opinions when the exam was conducted by a VBA contracted provider. For more information on returning insufficient or inadequate exam to a VBA contracted provider, see the Returning Examination Reports chart.</p>
Technical Functionality	<p>Capitalizing on existing functionality will ensure claims remain within a claims processor's work queue while awaiting assistance from a local examiner/medical officer.</p> <p>Note: If the request for clarification/medical opinion/ACE is required due to erroneous development, the claims processor should utilize the VBMS deferral functionality to document the erroneous action.</p>
User Responsibility	<ol style="list-style-type: none">1) Claims processor reviews the claim and determines that assistance is required by the local examiner/medical officer.2) Claims processor follows locally established procedures to request the necessary assistance from their local examiner/medical officer and notify their supervisor of the request. Do not add a tracked item and do not change the claim status, at this time.3) Claims processor receives the exam report from the local examiner/medical officer then takes appropriate action. For VSRs: take the



Updated- Disability Examination Requests: Use of Local Examiners/Medical Officers	
Aspect	Description
	<p>next appropriate action, to include necessary system updates. For RVSRs: finalize the decision as the next case worked.</p> <p>4) Front-line supervisors must monitor their employees' work queues to ensure timely claims processing.</p>

Updated- Local Mentor Review- VSR	
Aspect	Description
General Overview	<p>Processing claims in a live production environment is an essential part of VBA on-the-job training (OJT). To support OJT, ROs will assign a mentor to claims processors who have recently completed VSR Challenge training. Other circumstances might necessitate the assignment of mentors in accordance with locally established procedures. The actions outlined below must be followed to ensure proper routing of claims requiring local mentor review. To ensure timely claims processing, mentors must complete each review within 5 business days of receipt of request for review.</p>
Technical Functionality	<p>Utilizing the “Local Mentor Review” special issue will ensure that claims requiring review by a mentor will remain within an RO’s work queue until completion of the mentor review and either removal of the “Local Mentor Review” special issue or authorization activity clears the rating EP.</p>
User Responsibility	<ol style="list-style-type: none"> 1) VSR completes an action requiring mentor review within 5 business days of receiving the claim in their work queue (e.g., generates a draft development letter, or award). 2) VSR adds the “Local Mentor Review” special issue prior to adding any necessary tracked item. 3) VSR will add the “Second Signature” tracked item and follow locally established procedures to notify the mentor of the required review. 4) Mentor will review the draft document(s) and will either return the draft for corrections and input a follow-up date associated with the



Updated- Local Mentor Review- VSR	
Aspect	Description
	<p>“Second Signature” tracked item or approve the development action(s) and mark the “Second Signature” tracked item as received within 5 business days of receipt of request for review.</p> <p>5) Mentor will follow locally established procedures to notify the claims processor of the status of the mentor review.</p> <p>6) VSR will make corrections within 2 business days following mentor review, if necessary, and return to Step 3. Otherwise, the claims processor will remove the “Local Mentor Review” special issue and finalize the development action/award action within 2 business days following mentor review.</p> <p>7) VSR will perform any other required system updates.</p> <p>*Note: Marking receipt of the “Second Signature” tracked item will only be performed once the final review has been completed. All interim review routing will use follow up 1 or follow up 2 adjustments to the tracked item.</p>

Updated- Local Mentor Review (RVSR)	
Aspect	Description
General Overview	<p>Processing claims in a live production environment is an essential part of VBA on-the-job training (OJT). To support OJT, ROs will assign a mentor to claims processors who have recently completed RVSR Challenge training. Other circumstances might necessitate the assignment of mentors in accordance with locally established procedures. The actions outlined below must be followed to ensure proper routing of claims requiring local mentor review. To ensure timely claims processing, mentors must complete each review within 5 business days of receipt of request for review.</p>
Technical Functionality	<p>Utilizing the “Local Mentor Review” special issue will ensure that claims requiring review by a mentor will remain within an RO’s work queue until</p>



Updated- Local Mentor Review (RVSR)	
Aspect	Description
	completion of the mentor review and either removal of the “Local Mentor Review” special issue or authorization activity clears the rating EP.
User Responsibility	<ol style="list-style-type: none"> 1) RVSR completes an action requiring mentor review within 5 business days of receiving the claim in their work queue (e.g., generates a rating decision). 2) RVSR adds the “Local Mentor Review” special issue prior to adding any necessary tracked item. 3) RVSR Mentor will review the draft document(s) and will either return the draft for corrections using the follow up functionality associated with the “Second Signature” tracked item or approve the decision within 5 business days of receipt of request for review. If required, the mentor will provide a signed 21-0961 to the RVSR, in accordance with locally established procedures. 4) RVSR Mentor will follow locally established procedures to notify the RVSR of the status of the mentor review. 5) RVSR will make corrections within 2 business days following mentor review, if necessary, and return to Step 3. Otherwise, the RVSR will remove the “Local Mentor Review” special issue, mark the second signature tracked item as completed, and finalize the decision within 2 business days following mentor review. 6) RVSR will upload either the decision and/or VA Form 21-0961 to the correct VBMS eFolder, if necessary, and perform any other required system updates.



Updated- Administrative and Rating Decisions Requiring Second and Third Signatures	
Aspect	Description
General Overview	Administrative decisions require additional review by either claims processors or supervisory staff. If a VSR completes either an administrative decision which requires additional review and signatures, follow the actions outlined below to ensure proper claim routing and timely claims processing.
Technical Functionality	Claims requiring additional review and signatures prior to finalization will remain within an RO's work queue until completion of the review and removal of the following special issues: Administrative Decision Review-Level 1, and Administrative Decision Review-Level 2.
User Responsibility	<p style="text-align: center;"><u>Decisions Requiring Second Signature</u></p> <p>1) VSR will add either the “Administrative Decision Review- Level 1” special issue to the claim, upon completion of the draft administrative or rating decision (respectively).</p> <p>2) VSR will add a custom “Admin Decision” tracked item and follow locally established procedures to notify the second signer and make the draft decision and, if required, an electronic signature VA Form 21-0961 available for review.</p> <p>3) Second signer will review the draft decision and will either return the draft for corrections using the follow up functionality associated with the “Admin Decision” tracked item, or provide the requested signature within 2 business days of receipt of request for review.</p> <p>Note: Once the decision is approved, if a third signer is required, second signer should proceed to the following section. Step 4 should not be completed at this time.</p> <p>4) If the decision has been approved, the second signer should mark the custom “Administrative Decision” tracked item as received and remove the special issue flash, “Administration Decision Review – Level 1.”</p> <p>Note: The second signer should ensure the claim level suspense is updated to correctly route for continued development, or notification to</p>



Updated- Administrative and Rating Decisions Requiring Second and Third Signatures	
Aspect	Description
	<p>the claimant of the decision.</p> <p>Corrective action or finalization must occur within 2 business days following second signature review.</p>
User Responsibility	<p style="text-align: center;"><u>Decisions Requiring Third Signature</u></p> <p>1) Second signer will remove the “Administrative Decision Review- Level 1” special issue from the claim, upon signing the draft administrative or rating decision. Second signer will add the “Administrative Decision Review- Level 2” special issue and complete the work item to assign to the third signer and follow locally established procedures to notify the third signer of the pending review and make the draft decision and, if required, the VA Form 21-0961.</p> <p>2) Third signer will review the draft decision and will either return the draft for corrections using the follow up functionality associated with the custom “Admin Decision” tracked item or approve the draft and provide the requested signature within 2 business days of receipt of request for review.</p> <p>5) Claims processor will make required corrections and return to Step 2. Otherwise, the claims processor will finalize the decision and, if necessary, upload either the decision and/or VA Form 21-0961 to the correct VBMS e-folder. Corrective actions or finalization should occur within 2 business days following third signature review.</p> <p>6) Third signer will mark the custom “Admin Decision” tracked item as received and remove the “Administrative Decision Review- Level 2” or special issue.</p> <p>Note: The third signer should ensure the claim level suspense is updated to correctly route for continued development, or notification to the claimant of the decision.</p>



Updated- Rating Decisions Requiring Second and Third Signatures	
Aspect	Description
General Overview	<p>Certain rating decisions require additional review by either claims processors or supervisory staff. If a claims processor completes a rating decision which requires additional review and signatures, follow the actions outlined below to ensure proper claim routing and timely claims processing.</p> <p>Note: A rating decision should not be finalized until necessary 2nd and 3rd signatures have been obtained.</p>
Technical Functionality	<p>Claims requiring additional review and signatures prior to finalization will remain within an RO's work queue until completion of the review and removal of the following special issues: Administrative Decision Review-Level 1, and Administrative Decision Review-Level 2.</p>
User Responsibility	<p style="text-align: center;"><u>Decisions Requiring Second Signature</u></p> <ol style="list-style-type: none">1) RVSR will add the "Rating Decision Review-Level 1" special issue to the first contention.2) RVSR will navigate to the "Complete Work Item" to reassign to the second signature. (Claim State should be RDC; Select appropriate second signature, input a permanent reassignment note: Pending Mentor review; Select Submit).3) RVSR will navigate to the "Edit Claim Details" screen and update the suspense reason to "Second Signature Review" with 2 day suspense, and then select save.4) RVSR will follow locally established procedures to notify the second signer and, if required, an electronic signature VA Form 21-0961 available for review.5) If no 3rd signature is required:<ol style="list-style-type: none">a) RVSR Second Signer will upload the signed VA Form 21-0961.b) Navigate to the "Complete Work Item" to reassign the case to the post employee. (Claim state: RDC; Select appropriate post employee; Input permanent note: Gap/Authorization required;

**Updated- Rating Decisions Requiring Second and Third Signatures**

Aspect	Description
	<p>and submit.)</p> <p>c) RVSR Second Signer will navigate to the “Edit Claim Detail” and update the suspense reason and date to “Rating Decision Complete” with a 2 day suspense, then select save.</p> <p style="text-align: center;"><u>Rating Decisions Requiring Third Signatures</u></p> <p>1) If 3rd signature is required, the second signature will take the following actions:</p> <ul style="list-style-type: none">a) RVSR Second Signer will remove the “Rating Review – Level 1” special issue and add “Rating Review-Level 2” special issue.b) Navigate to “Complete Work Item” to reassign to the appropriate 3rd signature RVSR. (Claim Status: RDC; Select appropriate 3rd signature employee; Input Permanent Note: Third Signature Required; and submit.) <p>RVSR Second Signer will navigate to the “Edit Claim Detail” and update the suspense reason and date to “Rating Decision Complete” with a 2 day suspense, then select save.</p> <ul style="list-style-type: none">a) The 3rd signature will sign the VA Form 21-0961 (or reassign the case using the complete work item for corrections.)b) Remove the Rating Review – Level 2 special issue.c) Upload the VA Form 21-0961d) Navigate to the “Complete Work Item” to reassign the case for post processing (Claim State: RDC; Select appropriate post employee; Input Permanent Note: Gap/Authorization required; and submit.)e) Navigate to the “Edit Claim Detail” and update the suspense to Rating Decision Complete with a 2 day suspense, then select save. <p>2) Third signer will remove the - “Rating Decision Review- Level 2” special issue.</p>



Requests for Compensation Service Review											
Aspect	Description										
General Overview	For claims which require review by Compensation Service, follow the actions outlined below to ensure proper routing. All actions taken prior to submission for Compensation Service review must occur within the timeframes provided below and the timeframes provided in the cross-referenced sections.										
Technical Functionality	Using the appropriate special issue as listed below and appropriate tracked item, claims will be removed from an RO's work queue and routed to Compensation Service personnel. Claims will remain under the jurisdiction of Compensation Service until Compensation Service personnel close the tracked item and remove the special issue. Upon closure of the tracked item and removal of the special issue, NWQ will return the claim to the RO who initiated the Compensation Service review.										
User Responsibility	<p>1) Claims processor will follow manual guidance regarding actions to take prior to submission for VSCM review. Manual guidance varies based on the specific type of claim and the type of review required. Manual references include, but are not limited to,</p> <table border="1"> <thead> <tr> <th>Special Issue Name</th> <th>Description of Use</th> <th>Manual Reference</th> </tr> </thead> <tbody> <tr> <td>Compensation Service Review - Opinion</td> <td>Used when requesting an Advisory Opinion, Administrative Review, or Administrative Determination on a Difference of Opinion from Compensation Service</td> <td>M21-1, III.vi.1.A</td> </tr> <tr> <td>Compensation Service Review – Extra-schedular</td> <td>Used when requesting a determination on extra-schedular entitlement to</td> <td>M21-1, III.vi.6.B.4.c</td> </tr> </tbody> </table>		Special Issue Name	Description of Use	Manual Reference	Compensation Service Review - Opinion	Used when requesting an Advisory Opinion, Administrative Review, or Administrative Determination on a Difference of Opinion from Compensation Service	M21-1, III.vi.1.A	Compensation Service Review – Extra-schedular	Used when requesting a determination on extra-schedular entitlement to	M21-1, III.vi.6.B.4.c
Special Issue Name	Description of Use	Manual Reference									
Compensation Service Review - Opinion	Used when requesting an Advisory Opinion, Administrative Review, or Administrative Determination on a Difference of Opinion from Compensation Service	M21-1, III.vi.1.A									
Compensation Service Review – Extra-schedular	Used when requesting a determination on extra-schedular entitlement to	M21-1, III.vi.6.B.4.c									



Requests for Compensation Service Review		
Aspect	Description	
		TDIU and/or evaluation from Compensation Service
	Compensation Service Review - Radiation	Used for referral to Compensation Service to obtain a medical opinion from the USH M21-1, IV.ii.1.C.5
	Compensation Service Review – Equitable Relief	Used to refer claims for Equitable Relief to Compensation Service, including TBI Equitable Relief M21-1, III.vi.1.B.1
	Compensation Service Review - POW	Used for submission of an FPOW Determination for Compensation Service M21-1, III.v.1.C.3
	Compensation Service Review – Over \$25K	Used when requesting Compensation Service approval of administrative decisions involving erroneous payments of \$25,000 or greater due to administrative error M21-1, III.v.1.I

2) Claims processor will follow steps 1-3 as listed in the [Updated- Administrative and Rating Decisions Requiring Second and Third](#) section to ensure the claim remains within the RO work queue during the review process. The claims processor must complete these actions within 5 business days of receipt of claim in their work queue.

3) VSCM or designee will perform the review as outlined by the manual reference applicable to the type of claim and review required within 5 business days of receipt of request for review.

4) VSCM or designee will ensure all supporting documents (applicable to the



Requests for Compensation Service Review	
Aspect	Description
	<p>type of claim and review required) are uploaded and available within the appropriate VBMS eFolder.</p> <p>5) VSCM or designee will remove either the “Administrative Decision Review-Level 1” or “Rating Decision Review-Level 1” special issue if the VSCM authorizes Compensation Service review.</p> <p>6) VSCM or designee will add the VBMS tracked item “Compensation Service Case Review.”</p> <p>7) VSCM or designee will add the appropriate special issue. Please note steps 3 through 7 must occur within 5 business days of receipt of request for review.</p> <p>8) VSCM or designee: For action where the M21-1 requires a memo or recommendation to be provided to the Service line via email, please continue to do so. Ensure that the email, when sent, has the subject line of “Routed in NWQ”. This will allow Compensation Service to ensure proper control of cases. In addition to sending via email, ensure all necessary documentation is uploaded to the VBMS efolder.</p> <p>9) Compensation Service personnel will close the tracked item “Compensation Service Case Review” and remove the special issue upon completion of their review.</p>

Updated- VBMS Deferrals	
Aspect	Description
General Overview	<p>Electronic deferral functionality within VBMS allows a claims processor to return a claim to an earlier place within the claims cycle to correct avoidable and unavoidable erroneous actions. VBMS categorizes deferrals as either <i>avoidable</i> or <i>unavoidable</i> based on the selected reason for deferral.</p> <p>Avoidable deferrals indicate erroneous claims processing associated with failure to follow established regulations, policies, or procedures.</p> <p>Unavoidable deferrals indicate erroneous claims processing caused by an</p>



Updated- VBMS Deferrals	
Aspect	Description
	<p>action outside of the control of the claims processor.</p> <p>Using VBMS deferral functionality is required for any situation in which a claim returns to a previous step in the process, including claims within the same RO. Claims processors must follow the actions outlined below to ensure proper claim routing. Unless noted otherwise, all actions must occur within 5 business days of deferral receipt.</p>
Technical Functionality	<p>NWQ will route deferred claims based on the claim's cycle and automatic categorization of the deferral as either avoidable or unavoidable.</p> <p>Unavoidable Deferrals:</p> <ul style="list-style-type: none">• Claims deferred during the development, evidence and decision cycles will be routed to any RO based upon claim priority and productive capacity. These claims will run against local VBMS assignment configuration rules.• Claims deferred during either the award, authorization, or concur cycles will be routed to the claims processor who took the last action. <p>Avoidable deferrals:</p> <ul style="list-style-type: none">• Claims deferred during the development, evidence and decision cycles will be reassigned to the RO of the claims processor who completed the last action. These claims will run against local VBMS assignment configuration rules.• Claims deferred during either the award, authorization, or concur cycles will be routed to the claims processor who took the last action.
User Responsibility	<p>1) Claims Processor initiating the deferral will:</p> <ul style="list-style-type: none">• Select most appropriate reason(s) for deferral• Bookmark relevant eFolder documents, if necessary<ul style="list-style-type: none">○ If adding a deferral bookmark, the claims processor must associate the bookmarked document with the deferral reason• Add all relevant details to deferral to include a manual reference and/or direct link to CPKM guidance• VA Form 21-6789 will not be required



Updated- VBMS Deferrals	
Aspect	Description
	<p>2) NWQ and VBMS will route deferrals as outlined in the technical functionality section.</p> <p>3) RO leadership will ensure any deferrals assigned to the RO unassigned queue are manually assigned to the appropriate claims processor.</p> <p>4) Claims processor who receives the deferral will complete the directed action within 5 business days of receiving the deferral in their work queue. In the event a claims processor disagrees with a deferral, follow the actions outlined in the section below titled “Deferral Reviews.”</p> <p>5) Front-line supervisors will monitor their employees’ work queues and reassign deferrals routed to employees either on extended leave or otherwise unable to complete an assigned deferral.</p> <p>6) Front-line supervisors will monitor deferral trends and take action to address the training needs of any employee whose work frequently results in avoidable deferrals and any employee who frequently submits deferrals lacking merit. Supervisors may submit erroneous deferral trends to RO leadership and RO leadership may submit this information to their district office. Districts may consult the Office of Field Operations for any issues that cannot be resolved at the district level.</p>
User Responsibility	<p style="text-align: center;">Deferral Reviews</p> <p>1) Claims processor in disagreement with the deferral will email a brief narrative to their Quality Review Team (QRT) supervisor and copy their supervisor within 5 business days of receipt of the deferral. The narrative must identify why the claims processor disagrees with the deferral and provide a reference to support the disagreement. Do not modify any claim attributes (i.e., tracked item, special issue, flash) prior to the conclusion of the deferral review process as this will impact proper claim routing.</p> <p>2) QRT supervisor will assign a QRS to review the deferral disagreement.</p> <p>3) QRS will review all relevant documents and determine if the deferral is appropriate within 2 business days of receipt of QRT supervisor.</p> <p>4) QRS will email the results of the deferral review to the QRT supervisor</p>



Updated- VBMS Deferrals	
Aspect	Description
	<p>and the claims processor’s supervisor.</p> <p>5) Claims processor’s supervisor will notify the claims processor of the outcome of the deferral review. For erroneous deferrals, the claims processor’s supervisor will resolve the deferral from VBMS using the “Mitigate” button.</p> <ul style="list-style-type: none"> • The mitigate button should not be used to resolve accurate deferrals because claims processors must take the corrective actions outlined in all accurate deferrals. The button should only be used to resolve erroneous deferrals. • The mitigate button will resolve the entire deferral. Current functionality does not support the mitigation of a partially erroneous deferral. <p>6) Claims processor will take the action directed in the deferral, if QRT upholds the deferral. If QRT finds the deferral to be in error, the claims processor will take the necessary actions to move the claim to the next stage of processing. All actions must be completed within 3 business days following QRT review.</p>

Non-ADL Letters	
Aspect	Description
General Overview	<p>Automated Decision Letters (ADLs) are designed to support most rating-related end product award notification scenarios. In the event a user generates a letter using Personal Computer Generated Letters (PCGL), the draft copy of the letter will not be available to users in another RO; therefore, claims associated with PCGL notification letters will remain within the jurisdiction of the RO from which the letter was generated.</p>



Non-ADL Letters	
Aspect	Description
Technical Functionality	Using the “Non-ADL Notification Letter” special issue, claims requiring PCGL notification will remain within an RO’s work queue until either the removal of the special issue (for claims continued at authorization) or completion of the EP.
User Responsibility	<p>1) Employee generates a PCGL letter within 5 business days of receipt of the claim in their work queue and saves the draft to a shared drive in accordance with locally established procedures.</p> <p>2) PCGL generating employee adds the “Non-ADL Notification Letter” special issue.</p> <p>3) PCGL generating employee will follow locally established procedures to notify the authorizing employee of the PGCL letter and pending award.</p> <p>4) Authorizing employee completes authorization activity to include authorizing the award and dating, releasing, and uploading into the VBMS eFolder the final version of the PCGL letter within 5 business days of notification of pending award.</p> <p>5) Authorizing Employee removes the “Non-ADL Notification Letter” special issue if the award is continued at authorization.</p> <p>Note: If a PCGL notification is not available in the Veteran’s eFolder, the employee’s supervisor (or designee identified by the VSCM) should email the VSC corporate mailbox of the RO which cleared the end product associated with the missing notification letter. The subject line should read <i>Missing Notification Letter</i> and the body of the email should provide enough information to identify the prior claim and request a search of locally stored PCGL notifications. When an RO receives an email with that subject line, the RO must perform the search and upload the PCGL notification, if found. The RO should notify the requesting RO of the outcome of the search within two business days of receiving the email request.</p>



Awards Pending Concur	
Aspect	Description
General Overview	Awards with retroactive payments greater than \$25K and awards generated with a manual override require concurrence. Awards must be either concurred or returned for corrections within 5 business days following award authorization.
Technical Functionality	<p>Upon authorization, both VBMS-A and VETSNET will automatically update claim status to “Pending Concur.” Claims processors are not required to perform additional steps to support this functionality.</p> <p>Awards in “Pending Concur” status will remain under the jurisdiction of the RO who authorized the award.</p>
User Responsibility	<p>1) Authorizing employee will follow locally established procedures to notify the concurring employee of an award requiring concurrence. This action should occur immediately following authorization of the award.</p> <p>2) Concurring employee will review the authorized award and provide concurrence within 5 business days of receiving notification of the authorized award. If an error is found, the concurring employee must return the award within 5 business days of receiving notification of the authorized award.</p> <p>3) Concurring employee will follow locally established procedures to ensure that the authorizer and/or award generator corrects the error, returns the award to pending concur status, and follows locally established procedures to notify the concurring employee within 2 business days of award return.</p> <p>4) Concurring employee must provide concurrence within 2 business days of receipt of the corrected award.</p>



Updated- Claim Review by Quality Review Specialists	
Aspect	Description
General Overview	Quality review specialists (QRS) perform Individual Quality Reviews (IQR) and In-process Reviews (IPR). Follow the actions outlined below to ensure proper claim routing and timely claims processing.
Technical Functionality	Using either the “Local Quality Review” special issue or the EP 930 “Local Quality Review Correction” claim label, claims under review and/or requiring corrective action will remain within an RO’s work queue until completion of the review and/or corrective action and either removal of the “Local Quality Review” special issue, change of the EP 930 “Local Quality Review Correction” claim label, authorization activity clears the EP 930, or the QRT supervisor cancels an erroneously established EP 930.
User Responsibility	<p style="text-align: center;">IPR/IQR for Pending EP</p> <p>1) QRS will add the “Local Quality Review” special issue upon selection of a claim for either IPR or IQR that is under the jurisdiction of their RO.</p> <ul style="list-style-type: none"> • For claims with jurisdiction at either 499 or another RO, do not request jurisdiction unless corrective action is required • If corrective action is required, follow locally established procedures to notify supervisor(s) authorized to request claim jurisdiction and QRT supervisor • Once claim jurisdiction has been obtained, add the “Local Quality Review” special issue <p>2) QRS will perform the review and notify the claims processor of the IQR/IPR results per locally established procedures.</p> <p>3) QRS will remove the special issue after the review if no corrective action is required. If corrective action is required, do not remove the special issue and proceed to Step 4.</p> <p>4) QRT supervisor will assign the claim to the claims processor for corrective action.</p> <p>5) Claims processor will take corrective action and notify their supervisor, QRS, and the QRT supervisor after completion of corrective action. All</p>



Updated- Claim Review by Quality Review Specialists	
Aspect	Description
	<p>corrective action must be completed within 5 business days of receiving the claim in their work queue.</p> <p>6) A member of the QRT will review the claim to ensure the error was corrected and remove the special issue.</p> <p>Note: If corrective action is required for a claim pending under the jurisdiction of another RO, the QRT supervisor (or designee identified by the VSCM) must request jurisdiction of the pending claim from the RO by emailing the RO's VSC corporate mailbox and copying their assigned District and NWQ analyst. The subject line of the email should read <i>IQR Error: Transfer Claim</i>. The body of the email should provide enough information to identify the claim and the reason for the request to transfer jurisdiction. When an RO receives an email with that subject line, the RO must utilize VBMS brokering functionality to send the claim to the requesting RO within one business day.</p>
User Responsibility	<p style="text-align: center;">Corrective Action Required: No Pending Rating EP</p> <p>1) QRS will establish an EP 930 with the "Local Quality Review Correction" special issue, and appropriate claim label, and notify the claims processor of the IQR/IPR results per locally established procedures.</p> <p>2) QRT supervisor will assign the claim to the claims processor for corrective action, upon receipt of the claim into the RO's work queue.</p> <p>3) Claims processor will take corrective action and notify their supervisor, QRS, and the QRT supervisor after completion of corrective action. All corrective action must be completed within 5 business days of receiving the claim in their work queue.</p> <p>4) Claims processor's supervisor will ensure claim is worked to completion and notify QRT supervisor once EP 930 has been cleared.</p> <p>Note: If the corrective action is a development action, the claim should not remain with the station while awaiting development. Once the supervisor confirms the corrective development action has been initiated, the supervisor should remove the EP 930 "Local Quality Review Correction"</p>



Updated- Claim Review by Quality Review Specialists	
Aspect	Description
	<p>special issue.</p> <p>5) A member of the QRT will review the claim to ensure the error was corrected and the EP 930 cleared, or the EP 930 special issue was removed to allow the claim to recall if the claim must remain pending while awaiting development after corrective action is completed.</p>
User Responsibility	<p style="text-align: center;">IQR Error Rebuttals</p> <p>1) QRS and QRT supervisor will follow the steps outlined in the appropriate section above.</p> <p>2) Claims processor initiates rebuttal process per locally established procedures. During the IQR error rebuttal process, the “Local Quality Review” special issue must remain pending to ensure the claim remains under the RO’s jurisdiction during the rebuttal process.*</p> <ul style="list-style-type: none">• If the IQR error is upheld, follow the steps for corrective action as outlined in the appropriate section above.• If the IQR error is overturned, the QRT supervisor will either remove the “Local Quality Review” special issue or cancel the “Local Quality Review Correction” EP 930. <p>Note: ROs should ensure their IQR error rebuttal process (if present) meets the 5 business day time-in-queue expectations outlined on page 4.</p>



Appendix A: Special Issue Guide

NWQ routing rules and VBMS assignment configuration rules utilize special issues to manage the claims workload. The following special issues have been created to support special routing within NWQ and VBMS:

Special Issue	Intended Destination	When Added	When Removed
Administrative Decision Review - Level 1	Designated First Reviewer	Draft Decision Completed	Decision Approved
Administrative Decision Review	Designated Second Reviewer	Level 1 Approval Completed	Decision Approved
Rating Decision Review - Level 1	Designated First Reviewer	Draft Decision Completed	Decision Approved
Rating Decision Review - Level 2	Designated Second Reviewer	Level 1 Approval Completed	Decision Approved
Local Mentor Review	Assigned Mentor	Draft Letter, Decision, or Award Completed	Action Approved
Non-ADL Notification Letter	Same-RO Authorization	Non-ADL Letter Generated	Claim Authorized
RVSR Examination	RVSR for Examination Review	As Needed, after VSR Examination Review	After RVSR Review
IDES Transfer to DRAS	DRAS	IDES Claim Ready for DRAS	Claim Authorized
JSRRC Request	RO Designated JSRRC User	JSRRC Request Needed	JSRRC Request Submitted
Specialized Records Request	Military Records Specialist	Specialized MRS Request Needed	Request Submitted
Simultaneous Award Adjustment Not Permitted	Awards VSR	If simultaneous award adjustments are not permitted	Claim Authorized



Compensation Service Review - Opinion	Comp Service Policy Staff	Local Approval Completed	Comp Service Action Complete
Compensation Service Review – Extra-scheduler	Comp Service Policy Staff	Local Approval Completed	Comp Service Action Complete
Compensation Service Review - Radiation	Comp Service Policy Staff	Local Approval Completed	Comp Service Action Complete
Compensation Service Review – Equitable Relief	Comp Service Policy Staff	Local Approval Completed	Comp Service Action Complete
Compensation Service Review - POW	Comp Service Policy Staff	Local Approval Completed	Comp Service Action Complete
Compensation Service Review – Over \$25K	Comp Service Quality Assurance Staff	Local Approval Completed	Comp Service Action Complete

Step-by-step instructions for adding or removing special issues are found in the [VBMS User Guide](#).



New- Appendix B: NWQ Phase 2 Non-Rating End Products

Non-rating end products will now be routed within NWQ along with rating end products. Below is information specific to non-rating end products and how they will interface in the NWQ environment.

Rating End Products				
Aspect	Description			
General Overview	The following list of EPs is classified as Rating EPs and is eligible to be recalled and distributed by NWQ.			
List of EPs	010	111	142	313
	011	112	143	315
	012	113	144	316
	013	114	145	317
	014	115	146	318
	015	116	147	319
	016	117	148	320
	017	118	149	321
	018	119	180	322
	019	120	181	323
	020	121	182	324
	021	122	183	325
	022	123	184	326
	023	124	185	327
	024	125	186	328
	025	126	187	329
	026	127	188	405
027	128	189	409	



	028	129	310	681
	029	140	311	687
	110	141	312	

Non- Rating End Products					
Aspect	Description				
General Overview	The following list of EPs is classified as Non-Rating EPs and is eligible to be recalled and distributed by NWQ.				
List of EPs	095	196	414	501	682
	130	197	415	502	683
	131	198	416	503	684
	132	199	417	504	685
	133	290	418	505	686
	134	291	419	506	688
	135	292	420	507	689
	136	293	421	508	690
	137	294	422	509	691
	138	295	423	510	692
	139	296	424	511	693
	150	297	425	512	694
	151	298	426	513	695
	152	299	427	514	696
	153	314	428	515	697



154	330	429	516	698
155	331	450	517	699
156	332	451	518	930
157	333	452	519	931
158	334	453	590	932
159	335	454	591	933
160	336	455	593	934
161	337	456	594	935
162	338	457	595	936
163	339	458	596	937
164	400	459	597	938
165	401	470	600	939
166	402	471	601	960
167	403	472	602	961
168	404	473	603	962
169	406	474	604	693
190	407	475	605	694
191	408	476	606	965
192	410	477	607	966
193	411	478	608	967
194	412	479	609	968
195	413	500	680	969



Work Items			
Aspect	Description		
General Overview	The following list of Work Items is eligible to be recalled and distributed by NWQ.		
List of Work Items	800	821	842
	801	822	843
	802	823	844
	803	824	845
	804	825	846
	805	826	847
	806	827	848
	807	828	849
	808	829	850
	809	830	851
	810	831	852
	811	832	890
	812	833	
	813	834	
	814	835	
	815	836	
	816	837	
	817	838	
	818	839	
	819	840	
820	841		



Note: Work items will not be included in the phase 2 aspect of NWQ. They will be included at a future date. Until the time that they are included, regional offices should continue to establish respective end products from their work item workload management lists. Following establishment, the NWQ will route the end products accordingly.

Private Attorneys	
Aspect	Description
General Overview	<p>Veterans and claimants may appoint accredited representatives of a service organizations, agents and attorneys as their power of attorney (POA).</p> <p>38 CFR 14.636 authorizes the Department of Veterans Affairs (VA) to make direct payment of fees to accredited agents and accredited attorneys if the following conditions are met:</p> <ul style="list-style-type: none">• A notice of disagreement has been filed• The agent or attorney has complied with the POA requirements of 38 CFR 14.631• The fee agreement requirements in 38 CFR 14.636(g) are satisfied. <p>The attorney fee program’s policies and procedures are discussed in M21-1 I.3.C.</p>
Technical Functionality	<p>If a claim or appeal has the potential for attorney fees, the “Private Attorney – Fees Payable” or the “Private Attorney – Fees Non Payable” flashes must be applied so that NWQ will automatically route these attorney fee claims in the award / authorization to the Veteran’s local regional office (RO).</p>



Private Attorneys	
Aspect	Description
User Responsibility	<p>1) Employee will determine if the POA is a private attorney or agent and notify the Agent and Attorney Fee Coordinator (AAFC) so that he/she can determine if there is a fee agreement as discussed in M21-1 III.ii.3.C.5.b</p> <p>2) AAFC reviews the case and ensures the systems are updated to reflect the applicable POA code for each agent or attorney who is accredited as discussed in M21-1 I.3.C.d.</p> <p>3) AAFC will enter the appropriate corporate flashes if there are potential attorney fees:</p> <ul style="list-style-type: none"> • “Private Attorney – Fees Payable” • “Private Attorney – Fees Non-Payable” <p>4) NWQ will only route claims in award/authorization lifecycles with attorney fees payable to the Veteran’s local RO</p>

Non-Rating End Products (IDES) and Ancillary Benefits	
Aspect	Description
General Overview	The DRAS of jurisdiction is responsible for processing claims for dependency and ancillary benefits for participants currently enrolled in IDES.
Technical Functionality	<p>NWQ will route the following EPs concurrently with pending EP 689 and/or pending EP 010/110/020 with DES claim labels:</p> <ul style="list-style-type: none"> • EP 290 DRAS Automobile Allowance • EP 290 DRAS Character of Discharge • EP 290 DRAS Clothing Allowance • EP 290 DRAS CRSC/CRDP Processing • EP 290 DRAS Drill Pay Adjustment • EP 290 DRAS Eligibility Determination



Non-Rating End Products (IDES) and Ancillary Benefits	
Aspect	Description
	<ul style="list-style-type: none">• EP 290 DRAS Military Pay in Lieu of Comp• EP 290 DRAS Retired Pay Waiver/Election• EP 290 DRAS Return to Active Duty• EP 290 DRAS Special Home Adaptation• EP 290 DRAS Specially Adapted Housing• EP 290 DRAS Vehicular Adaptive Equipment• EP 600 DRAS Predetermination Notice• EP 130 DRAS Dependency
User Responsibility	<p>DRAS employees are responsible for processing claims for dependency and ancillary benefits for participants currently enrolled in IDES according to standard procedures.</p> <p>Users must manually request pending non-rating EPs if the claim was not concurrently routed to the DRAS with the pending IDES claim.</p>



Special Correspondence- Freedom Of Information Act and Privacy Act Requests							
Aspect	Description						
General Overview	Freedom of Information Act (FOIA) and Privacy Act (PA) requests will be processed by the Records Management Center (RMC) or regional office (RO) based on rules established in M21-1, III, ii.1.E.4.a and M27-1, I, 7.						
Technical Functionality	NWQ will route claims for FOIA/PA requests for records covered by the Centralized FOIA/Privacy Act jurisdiction to the RMC and those excluded from Centralized FOIA/Privacy Act to the ROJ.						
User Responsibility	<table border="1"> <thead> <tr> <th>If a FOIA/PA request is</th> <th>The employee will</th> </tr> </thead> <tbody> <tr> <td>Received by a member of the Public Contact Team</td> <td> <ul style="list-style-type: none"> Follow guidance outlined in M27-1, I, 7 </td> </tr> <tr> <td>Received by a member of the Intake Processing Center</td> <td> <ul style="list-style-type: none"> Follow guidance outlined in M21-1, III,ii,1,E.4.a. </td> </tr> </tbody> </table>	If a FOIA/PA request is	The employee will	Received by a member of the Public Contact Team	<ul style="list-style-type: none"> Follow guidance outlined in M27-1, I, 7 	Received by a member of the Intake Processing Center	<ul style="list-style-type: none"> Follow guidance outlined in M21-1, III,ii,1,E.4.a.
If a FOIA/PA request is	The employee will						
Received by a member of the Public Contact Team	<ul style="list-style-type: none"> Follow guidance outlined in M27-1, I, 7 						
Received by a member of the Intake Processing Center	<ul style="list-style-type: none"> Follow guidance outlined in M21-1, III,ii,1,E.4.a. 						

EP 120 Pension Claims Received After the Initial Eligibility Decision / 190 Initial Survivors Pension Claims	
Aspect	Description
General Overview	<p>The EP 120 series applies to Veterans Pension or Survivors Pension claims received after an initial eligibility decision has been made under EP 180 series or EP 190 series. Unless otherwise noted, the EP will not be cleared until all issues raised by the claim have been resolved.</p> <p>Special monthly pension (SMP): EP 120 series also applies to claims for entitlement to SMP.</p>
Technical Functionality	The EP 120 series and all subsequent EPs related to the EP 120 series must be established in VBMS, to include all payee codes. Once the appropriate EP 165



EP 120 Pension Claims Received After the Initial Eligibility Decision / 190 Initial Survivors Pension Claims	
Aspect	Description
	<p>has been established and the claim label “Substitution of Claimant” has been added, NWQ will route the case to the appropriate Veterans Service Center accordingly.</p> <p>During establishment of the EP 165, the most appropriate claim label should be associated with the EP. After further review if it is determined that the case needs to transfer jurisdiction from a VSC to PMC or vice versa, the appropriate claim label should be updated to trigger NWQ recall and distribution.</p> <p>Note: Claim label with “PMC” in the title will be routed to a PMC as appropriate. Claim labels without “PMC” in the title will be routed to a VSC as appropriate.</p>
User Responsibility	<p>The PMC determines if the Veteran had a claim or appeal for Disability Compensation pending at the time of death. If the Veteran did have a claim or appeal for Disability Compensation pending at the time of death, the PMC will review the evidence of record to ensure consideration for service connected death does not apply, make a decision on the claim for Survivors Pension (EP 120 series /EP 190 series), establish an EP 165 with the appropriate claim label to control for the accrued claim. Following claim establishment, NWQ will route the EP appropriately.</p>

EP 130 – Pension/DIC	
Aspect	Description
General Overview	<p>In special circumstances, simultaneous award adjustments pertaining to Compensation and Pension benefit awards can occur. As these types of claims require special awards processing, end users are required to follow the actions below to efficiently process simultaneous award adjustments.</p>
Technical Functionality	<p>Identify special issue “Simultaneous Award Adjustment Not Permitted” as ‘do not recall’ to allow next day award processing by the RO/PMC.</p>



EP 130 – Pension/DIC					
Aspect	Description				
User Responsibility	<table border="1"> <tr> <td>If simultaneous award adjustments are not permitted</td> <td> <ul style="list-style-type: none"> Follow guidance outlined in M21-1.III.vi.2.A.2.c. Insert special issue “Simultaneous Award Adjustment Not Permitted” to the remaining EP referenced in Step 4 of the above reference. </td> </tr> <tr> <td>If simultaneous award adjustments are permitted</td> <td> <ul style="list-style-type: none"> Follow guidance outlined in M21-1.III.vi.2.A.2.a Do not apply special issue “Simultaneous Award Adjustment Not Permitted” To an EP as the awards can be processed simultaneously. </td> </tr> </table>	If simultaneous award adjustments are not permitted	<ul style="list-style-type: none"> Follow guidance outlined in M21-1.III.vi.2.A.2.c. Insert special issue “Simultaneous Award Adjustment Not Permitted” to the remaining EP referenced in Step 4 of the above reference. 	If simultaneous award adjustments are permitted	<ul style="list-style-type: none"> Follow guidance outlined in M21-1.III.vi.2.A.2.a Do not apply special issue “Simultaneous Award Adjustment Not Permitted” To an EP as the awards can be processed simultaneously.
	If simultaneous award adjustments are not permitted	<ul style="list-style-type: none"> Follow guidance outlined in M21-1.III.vi.2.A.2.c. Insert special issue “Simultaneous Award Adjustment Not Permitted” to the remaining EP referenced in Step 4 of the above reference. 			
If simultaneous award adjustments are permitted	<ul style="list-style-type: none"> Follow guidance outlined in M21-1.III.vi.2.A.2.a Do not apply special issue “Simultaneous Award Adjustment Not Permitted” To an EP as the awards can be processed simultaneously. 				

EP 140 Initial Death Compensation and DIC Claims / 029 Reopened (DIC) Claims	
Aspect	Description
General Overview	<p>Review of the claims file shows an application was received for a request to substitute. Review of VBA systems shows the Veteran had a claim or appeal for Disability Compensation pending at the time of death.</p> <p>EP 140 series is limited to initial DIC or death compensation claims or initial dual claims for service-connected death and survivors pension (including accrued) and REPS claims, if no prior claim for survivors benefits has been filed and adjudicated.</p>
Technical Functionality	<p>The EP 140 series and all subsequent EPs related to the EP 140 series must be established in VBMS, to include all payee codes. Upon establishment of the appropriate EP 165 with the appropriate “Substitution of Claimant” claim label, NWQ will route the case to the appropriate Veterans Service Center.</p> <p>During establishment of the EP 165, the most appropriate claim label should</p>



EP 140 Initial Death Compensation and DIC Claims / 029 Reopened (DIC) Claims	
Aspect	Description
	<p>be associated with the EP. After further review if it is determined that the case needs to transfer jurisdiction between a VSC and PMC, update the claim label to trigger NWQ recall and redistribution.</p> <p>Note: Claim label with “PMC” in the title will be routed to a PMC as appropriate. Claim labels without “PMC” in the title will be routed to a VSC as appropriate.</p>
User Responsibility	<p>The PMC determines if the Veteran’s cause of death is intertwined with the Veteran’s claim for Disability Compensation pending at the time of death. If intertwined, no additional routing is needed (PMC will make a decision on DIC [EP 140 series /EP 020 series] and accrued benefits [EP 165]). If not intertwined, the PMC will make a decision on the claim for DIC, CEST an EP 165 with appropriate claim label to control for the accrued claim. Following establishment of the EP 165, NWQ will route accordingly. Additionally, if the Veteran’s claim pending at the time of death was an appeal issue pertaining to Disability Compensation, the PMC will CEST an EP 165 with appropriate claim label to control for the accrued claim. Following establishment of the EP 165, NWQ will route accordingly.</p>

Vocational Rehabilitation Eligibility Determination Memorandum Rating Decision- EP 095	
Aspect	Description
General Overview	<p>Vocational Rehabilitation and Employment (VR&E) may request a memorandum rating to determine whether the claimant’s service-connected (SC) disabilities meet the 10 percent or 20 percent eligibility requirements in any of the following situations</p> <ul style="list-style-type: none"> • VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, is filed by a service member who is not enrolled in IDES • VA Form 28-1900 is filed by a Veteran, but no claim for compensation was ever filed, or



Vocational Rehabilitation Eligibility Determination Memorandum Rating Decision- EP 095	
Aspect	Description
	<ul style="list-style-type: none">• all of the following are true:<ul style="list-style-type: none">○ <u>VA Form 28-1900</u> and either a <u>VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits</u> or <u>VA Form 21-526, Veteran's Application for Compensation or Pension</u>, were filed and both are currently being processed, and○ Service department medical records adequate for memorandum rating purposes were received. <p>Note: IDES participants do not require a memorandum rating or a proposed rating of 20 percent or more to be eligible for VR&E benefits. Documentation of referral into IDES (completed Section I of VA Form 21-0819) is acceptable qualifying documentation for entitlement.</p>
Technical Functionality	Upon receipt of request for a memorandum rating through any of the above mentioned actions, an EP 095 will be established in VBMS and routed accordingly for action to be taken and a memorandum rating rendered.
User Responsibility	Upon receipt of a request for a memorandum rating, use VBMS to establish an EP 095 with the EP label <i>Vocational Rehabilitation Eligibility Determination - Memorandum Rating Decision Required.</i> Upon completion of the memorandum rating, route the claim back to the VR&E office of origin as outlined in M21-1 IX.i.1.B.3.d.



Competency Issues Claims Routing	
Aspect	Description
General Overview	<p>The workload management of EP 590 incompetency cases will remain under the jurisdiction of the respective Fiduciary Hubs. Phase 2 of NWQ will not include EP 590s, however NWQ will route subsequent EP 600 hearing requests associated with the respective EP 590.</p>
Technical Functionality	<p>NWQ will route the EP 600s with appropriate claim label to the respective VSC/PMC for action.</p> <ul style="list-style-type: none">• For cases that require PMC action, establish an EP 600 with “PMC Incompetency Determination” claim label. These cases will be routed to the respective PMC as appropriate• For cases that require VSC action, establish an EP 600 with “Competency Issue” claim label. These cases will be routed to the respective VSC as appropriate <p>Note: The following fiduciary end products are currently excluded from NWQ distribution and recall:</p> <ul style="list-style-type: none">• EP 590 with claim label “Due Process for Incompetency”• EP 290 with claim label “FID- Fiduciary Adjustment”
User Responsibility	<p>When the Fiduciary Hub receives a hearing request associated with the EP 590 incompetency decision, the EP 590 should be PIF changed to an EP 600 with the “Competency Issue” claim label. (FL 15-02). This action will enable NWQ to route to the local RO associated with the Veteran’s home address for further action and hearing scheduling.</p> <p>Note: If a VSC or PMC must manually establish an EP 590 associated with a proposal of incompetency, they must follow the claims establishment and transfer procedures outlined in M21-1, III.v.9.B.2.b.</p>



Non-Rating End Products Requiring a Rating Decision	
Aspect	Description
General Overview	Current auto-RFD/RTW functionality within VBMS will move a non-rating claim to the incorrect lifecycle phase which could trigger NWQ to misroute non-rating claims that require a rating decision. To prevent these claims from moving to the incorrect lifecycle phase and to ensure proper routing, a claims processor must take the appropriate action outlined below.
Technical Functionality	For claims that require either no additional development or due process prior to rating, the claims processor must manually update the claim to reflect “Ready for Decision.” For claims that require a period of suspense prior to rating, the claims processor must add an auto-RFD/RTW exception tracked item.
User Responsibility	<p><u>Claims Ready for Rating Action</u></p> <p>1) Claims processor determines that a claim is ready for rating action (i.e., no additional suspense required). Do not add a tracked item; proceed to step 2.</p> <p>2) Claims processor manually updates claim status to “Ready for Decision” by clicking the “Complete Work Item” icon and selecting “Ready for Decision” from the drop-down menu.</p> <p>Note: If a claims processor accidentally closes the last tracked item prior to updating the claim status, the claim will automatically move to “Ready to Work” status and VBMS will remove the claim from the claims processor’s work queue. In this scenario, the claims processor must select the “Edit Claim Detail” icon and update the claim suspense to “Ready for Decision.” This action will update the claim status to “Ready for Decision” and ensure proper routing.</p> <p><u>Claims Requiring Development or Due Process prior to Rating Action</u></p> <p>1) Claims processor determines that a claim is requires a period of either development or due process prior to rating action.</p> <p>2) Claims processor adds the “Secondary Action Required” tracked item with proper suspense based on either the development or due process requirements.</p>



Non-Rating End Products Requiring a Rating Decision	
Aspect	Description
	<p>Note: If a claims processor wants to add additional tracked items that are not exceptions to auto-RFD/RTW, they must ensure that the “Secondary Action Required” tracked item has a later suspense date than any other tracked item. For a list of exceptions to the auto-RFD/RTW tracked items, please review the Quick Guide to Identifying Tracked Items that are Exceptions to Automatic Ready for Decision/Ready to Work. Please note, the same list of exceptions apply to VBMS’ automatic “Ready to Work” functionality.</p>



Apportionments	
Aspect	Description
General Overview	In some instances all or any part of a Veteran’s benefits being received may be apportioned. In the instance an apportionment claim is filed, the following procedures should be followed to ensure accurate routing.
Technical Functionality	When an apportionment claim is identified, NWQ will route that EP to the RO within that Veteran’s jurisdiction based on the existence of the “apportionment” claim label
User Responsibility	<p>When an apportionment claim is filed, the appropriate EP 130 or EP 600 should be cested with the respective claim label as indicated below.</p> <ul style="list-style-type: none">• 130- “Apportionment”• 600- “Apportionment Due Process” (payee 00 & 10 only) <p>Note: For EP 600 payee codes other than payee 00 & 10, the claim label “apportionment due process” is not available. Please reference the Concurrent Rating and Non-Rating EPs section of the playbook to ensure all actionable apportionment EPs are routed approximately.</p> <p>Note: The functionality to establish non-payee 00 claims in VBMS is available. In the event there are concurrent VBMS and legacy EPs pending, the RO with the legacy system established EP must accept jurisdiction of any concurrent actionable VBMS EPs.</p>



Foreign Claims	
Aspect	Description
General Overview	Specific Regional Offices maintain jurisdiction over the rating and non-rating foreign workload in accordance with M21 III.ii.5.1
Technical Functionality	NWQ will route foreign non-rating claims with the “foreign” flash to the Pittsburgh Regional Office.
User Responsibility	When a foreign non-rating case is established or identified, the “foreign” flash should be added to the case. NWQ will route foreign non-rating claims with the “foreign” flash to the Pittsburgh Regional Office for processing.

EPs 693- Overpayment/Underpayment	
Aspect	Description
General Overview	If information is received that suggests a potential overpayment or underpayment to a Veteran or beneficiary may have occurred, an EP 693 is established concurrently with a controlling EP to monitor timeliness in completing action on potential under/overpayments.
Technical Functionality	To minimize brokering between stations, NWQ will maintain jurisdiction of the EP 693 inventory at Station 499. EP 693s will not be automatically distributed to stations during the nightly NWQ distribution. EP 693s will be subject to recall during the nightly NWQ recall.
User Responsibility	<p>When a potential overpayment or underpayment is identified, the controlling EP and concurrent EP 693 should be established.</p> <p>NWQ will distribute the controlling EP for action to an RO, but will maintain jurisdiction of the concurrent EP 693 until the EP 693 is requested.</p> <ol style="list-style-type: none">1) Claims processor with an EP involving a potential overpayment/underpayment will review the pending issues for a concurrent EP 693 located at station 499.2) Claims processor will follow locally established procedures to notify their



EPs 693- Overpayment/Underpayment	
Aspect	Description
	<p>local supervisor(s) authorized to request EP 693 claim jurisdiction. Unless instructed otherwise by a supervisor, do not work the EP over which your RO has jurisdiction until your RO receives jurisdiction of the concurrent EP.</p> <p>3) Authorized supervisor will request jurisdiction of the EP 693 utilizing the VBMS jurisdiction request functionality for claims under jurisdiction of 499.</p> <p>Note: Although NWQ will not distribute EP 693, these EPs will be subject to recall during the nightly NWQ job.</p>



New- Appendix C: NWQ Playbook Tracked Changes

The following chart gives a brief description and indicator of the most recent changes to be made to the playbook. Each individual section should be referenced for the full scope of changes.

Section	Page	Change/Update
Requesting Physical Files	7	Tracked item was updated to "Requested Claim Folder" with 10 day suspense instead of 15 suspense.
Restricted Access Claims Center (RACC) Claims Routing	8	Additional information added under bullet point #3
Integrated Disability Evaluation System (IDES) Claims Routing	13	Under "Managing IDES Proposed Ratings Requests (in cases involving Active-Duty IDES Participants)" bullet #5 was updated to reflect tracked item "'Awaiting RAD: Service Sep Verif Needed" for 180 days.
Integrated Disability Evaluation System (IDES) Claims Routing	14	Under "Managing Rating Reconsideration Requests" bullet #1 the claim labels were updated to reflect "IDES reconsideration Request - Active Duty and Not on AD"
Administrative and Rating Decisions Requiring Second and Third Signatures	28	Updated to say rating decisions should be reviewed prior to finalizing them.
Request for Compensation Review	33	additional information added under bullet point #1, #4, #8
Claim Review by Quality Review Specialist	40	Under "Corrective Action Required: No Pending Rating EP" the claim label bullet #1 was changed to the "Local Quality Review Correction" special issue and appropriate claim label, bullet #4 was updated to remove the EP 930 special issue. Bullet #5 was updated to remove the special issue instead of the claim label.
Appendix A: Special Issue Guide	44	Compensation Service Review items added
Rating End Products	46	EP 314 was removed from this section and moved to the non-rating EPs
Private Attorney	51	Clarification provided under bullet point #4