Chapter 6. Quality Review Team (QRT)

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Chapter 6. Quality Review Team (QRT)

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Overview

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1. Overview of the QRT

Introduction

This topic contains an overview of the QRT, including the

- purpose of the QRT, and
- QRT composition.

Change Date

January 26, 2022

6.1.a. Purpose of the QRT

The Compensation Service Quality Review Team (QRT) Program establishes a team of dedicated Quality Review Specialists (QRSs) with a focused emphasis on station quality in every Veterans Benefits Administration (VBA) facility that processes compensation

claims.

The purpose of the QRT is to improve the quality and timeliness of claims processing and decrease the amount of work performed on individual cases by evaluating quality, reviewing error trends, providing training and mentoring on identified error trends, and ensuring individual employee reviews are performed.

6.1.b. QRT Composition

Participants in the QRT program include

- Veterans Service Centers (VSCs)
- Benefit Eligibility Support Team (BEST) sites, and
- Integrated Disability Evaluation System (IDES) sites.

Employees selected for the QRS position must meet their specific performance standards for quality.

Each local QRT is comprised of at least one Authorization QRS (AQRS) and one Rating QRS (RQRS).

2. Duties of the QRT

Introduction

This topic contains information about the duties of the QRT, including

- **primary duties of the QRT**
- **QRT involvement in training**, and
- **other areas of QRT involvement**.

Change Date November 26, 2024

6.2.a. Primary Duties of the QRT

The following list outlines the appropriate duties to be performed by QRTs:

- Individual Quality Reviews (IQRs) for all Claims Assistants (CAs), Military Services Coordinators (MSCs), Veterans Service Representatives (VSRs), Rating Veterans Service Representatives (RVSRs), Decision Review Officers (DROs), and QRSs
- In-Process Reviews (IPRs)
- peer reviews of errors
- Veteran Benefits Management System (VBMS) Deferral Mitigations
- provide mentoring, feedback, and training on quality trends,
- special reviews identified by Compensation Service,
- completion of Error Correction Audits, and
- issuing reconsideration decisions.

6.2.b. QRT Involvement in Training

The QRT is responsible for providing training as it relates to the identification of error trends. All other trainings (Virtual In-Person (VIP), national and local training, etc.) are the joint responsibility of the QRT and employees determined to have the needed skillset to be an effective mentor.

Second signature reviews are the joint responsibility of the QRT, and employees determined to have the needed subject matter expertise to review the claim.

6.2.c. Other Areas of QRT Involvement

Other areas in which QRT (inclusive of QRT Coaches/Assistant Coaches) may be involved include

- providing specific training recommendations as they pertain to quality, at the employee level and RO level, to improve quality based on the results of reviews
- conducting monthly meetings with RO leadership and the RO Training Manager, or designated training coordinator, to identify trends and specific recommendations
- working with Training Managers, or designated training coordinators, to create and provide specific training identified by error trends and analysis
- using national and local results to identify recurring issues at the individual or team level that require additional training, and
- attending continuing education training courses provided by Compensation Service.

Note: QRSs may assist the RO with second signature work (trainee reviews, special monthly compensation (SMC) reviews, etc.) only when the QRT is up-to-date with QRT duties (IQRs, IPRs, mentoring).

3. QRT Management/Supervision Duties

Introduction

This topic contains information about QRT management/supervision duties, including responsibilities of

- **the QRT Coach and/or other QRT supervisor**, and
- **all management members**.

Change Date November 26, 2024

6.3.a. Responsibilities of the QRT Coach and/or Other QRT Supervisor

The QRT Coach and/or other QRT supervisor is/are responsible for the efficient operation of the QRT and all of its responsibilities.

Responsibility	Description
National Error Corrections	Responsible for ensuring National Quality errors are managed per **M21-4, Chapter 3**.
IQRs completed in Quality Management System (QMS)	1. Responsible for ensuring completion of all assigned reviews within 2 business days from the date of assignment. 2. Responsible for completing QRTIQRFINAL review type in QMS within two (2) business days of receipt in station queue. ***Reference***: For more information, see the **QMS User Guide**.
IPRs completed in QMS	Responsible for managing the error correction process, including issuing reconsideration decisions. ***Reference***: For more information, see the **QMS User Guide**.
Mentor Quality	Responsible for managing the error correction process, including issuing reconsideration

Reviews (MQRs) completed in QMS	decisions. ***Reference***: For more information, see the QMS User Guide.
Mentoring	Responsible for notifying and mentoring employees regarding performance measures associated with, but not limited to • IQR results • error overturns resulting from employee reconsideration process • national testing/training results, and • other mentoring, as needed.
Error Trend Analysis	1. Responsible for analyzing appropriate quality metrics to determine areas for training and mentoring at least quarterly. QRSs may also participate in this analysis. 2. Responsible for coordinating with RO Training Managers/Coordinators to identify training courses to address error trends.
Error Correction Audits	Responsible for ensuring the completion of monthly Error Correction Audits. ***Reference:*** For more information, see the Error Correction Validation Standard Operating Procedure maintained by the Office of Field Operations (OFO).

6.3.b. Responsibilities of All Management Members

All management members are responsible for ensuring that errors cited as part of the local quality program are corrected within the performance standard requirement for the position.

Responsibility		Description
IQRs completed in QMS	1. Responsible for managing the error correction process, including • coordinating corrections, and • verifying error corrections are completed in the five (5)-business day timeliness standard. 2. Responsible for documenting dates of leave or other extenuating circumstances for production employees so that reconsideration periods may be calculated accurately. ***Reference***: For more information, see the **QMS User Guide**.	
IPRs complete		Responsible for managing the

d in QMS		error correction process, including • coordinating corrections, and • verifying error corrections are completed in the five (5) business day timeliness standard. ***Reference***: For more information, see the **QMS User Guide**.
MQRs complete d in QMS		Responsible for managing the error correction process, including • coordinating corrections, and • verifying error corrections are completed in the five (5)-business day timeliness standard. ***Reference***: For more information, see the **QMS User Guide**.

4. Fundamentals of Quality Reviews

Introduction

This topic contains information on the fundamentals of quality reviews, including

- **overview**
- **misclassified errors**
- **deselections**
- **grace period for IQRs**
- **error narratives: required elements**
- **error narratives: multiple error citations**
- **error narratives: use of error question and descriptors**
- **definition of cascading**
- **avoiding the cascade effect**, and
- **interim guidance**.

Change Date March 17, 2025

6.4.a. Overview

The fundamentals of quality review are listed below.

- Perform a comprehensive review and analysis of all elements of processing the specific claim, issue, transaction, task, or end product

(EP). All associated actions worked (or that should have been worked) with the transaction pulled in QMS, to include work items and concurrent EPs, are under review and are subject to error citations.

- The standard for an error is where the decision made rises to the level of a clear and unmistakable error (CUE) or a clear violation of current regulations or directives.
- The QRT is required to follow all guidance on citing errors provided by the Compensation Service Quality Assurance Staff. This includes guidance delivered via the QRT corporate mailbox.
- The QRT must provide a regulation citation, manual reference, or other appropriate reference to support every cited error, regardless of the type of quality review.
- When reviewing a claim, maintain objectivity, never allow personal feelings to enter into the review process and show fairness and courtesy at all times to the decision maker.
- For VSRs, due to the specialization of issues or claim types, as well as other factors, it may not be possible for all actionable EPs to be consolidated and assigned to a single VSC or BEST site. As such, it does not rise to the level of a critical error if a claims processor only takes action on the EP(s) assigned to that specific user's queue.

6.4.b. Misclassified Errors

Errors will not be removed on reconsideration merely because the error was misclassified on the appropriate checklist or due to insufficient supporting reference. Removing known errors on cases on the mandated random sample is contrary to sound quality control principles and provides stakeholders with inaccurate data.
Note: This process will not affect the employee's right to ask for an additional reconsideration using the applicable reconsideration procedures.

6.4.c. Deselections

In an effort to ensure a statistically valid sample, every effort will be made to perform a quality review on all cases identified in QMS.

The Office of Performance Analysis and Integrity (PA&I) provides claim numbers to QMS based upon specific system transactions by individual. Therefore, generally, there should be an actionable transaction appropriate for quality review.

In rare instances, when a review may not be appropriate, the QRS will propose to deselect the case if there is no other alternative.
Examples of incorrect deselections include deselecting because the case is sensitive or the employee being reviewed and the QRS conducting the review are at the same station.
Examples of proper deselections include deselecting because the documents associated to the transaction under review are no longer viewable to the QRS (for example, the rating decision, award, correspondence).
Example 1: The transaction selected for a VSR IQR is "Award" with a transaction date of July 18, 2024. A review of the file indicates an authorizer returned the award on July 19, 2024. The same VSR generated another award on July 20, 2024, and it was authorized the same day.
Analysis: Deselection is appropriate because the draft award and correspondence letter(s) associated with the July 18, 2024 transaction are no longer available for review.

Example 2: QMS shows the identified transaction as "Rating Decision Complete" on April 1, 2023, but the only rating decision of record completed by the RVSR under review is dated April 8, 2023.

Analysis: Deselection is appropriate as the original rating completed on April 1, 2023 is no longer available to the QRS for review.
Example 3: The transaction selected for a RVSR IQR is "Deferred Rating" with a transaction date of July 8, 2022. The corresponding rating that contained a deferred issue is returned for correction and there is an electronic deferral in VBMS. There is a rating decision dated July 13, 2022.
Analysis: Deselection is not appropriate. The original VBMS deferral is still available to the QRS to review on the deferral only.
The deselected case will be forwarded via QMS to the QRT Coach (or appropriate designee) for verification and final deselection approval.

Reference: For more information on deselections, see **QMS User Guide**.

6.4.d. Grace Period for IQRs

QRT will have a 30-calendar day grace period for any new guidance provided in the M21-1 before citing deficiencies as critical errors. The grace period is counted as 30 calendar days after the relevant Veterans Affairs (VA) Key Changes document is published. This does not include minor grammatical changes or relocation. The QRS must ensure that the specific block being cited was subject to a substantive change before applying a grace period.

An error noted prior to the expiration of the 30-calendar day grace period should be recorded on the checklist to ensure the employee is made aware of the change, and a correction to the case will be required. However, the employee will not be cited for a critical quality error. Instructions for indicating these errors on the appropriate checklist are found in **M21-4, Chapter 6.5.c**.

Example: VA Key Changes document showing new manual guidance is published on January 20, 2024, so the grace period includes the next 30 calendar days. Errors will be cited on or after February 19, 2024, for any errors relevant to the specific citation.
Note: Guidance issued through other means, such as interim guidance or guidance issued by the Office of Field Operations (OFO) that contains specific claim processing instructions, does not warrant a grace period unless one is specifically provided by OFO or Compensation Service. ROs may not locally determine if a grace period is warranted

6.4.e. Error Narratives: Required Elements

Every error narrative must include
- a statement of the error
- a statement of the facts, and
- supporting references.

The table below describes each of the required error narrative elements.

Element	Description
Statement of the Error	The QRS should provide a specific statement that clearly identifies the error cited. ***Example***: The *Heart Disability Benefits Questionnaire* (DBQ), dated July 18, 2022, is insufficient for rating purposes because required metabolic equivalent (METS) testing or estimate was not provided.
Statement of the	The QRS should provide a concise statement of the facts that outlines the evidence supporting the

Facts	finding of an error. ***Example***: The VA examiner did not provide a well-supported rationale for the medical opinion. Examiner noted there were no records from service to support onset of symptoms during active duty. However, the service treatment records (STRs) contain multiple records showing treatment for the claimed right knee arthritis. ***Notes:*** • The QRS should generally refrain from including specific corrective action in the narrative. • A judgment or a difference of opinion reflecting a possible better practice or solution will not be recorded as a comment.
Supporting References	The QRS should provide specific and appropriate references to support the error citation and correction(s) required. The references should be organized in a logical order and clearly separated. Appropriate references include • Public Law • Regulation • manual instruction • interim guidance contained at **VBA Interim Guidance** websites, or • supporting aids such as the National Work Queue (NWQ) Playbook and VBMS User Guides, and other procedural Job Aids found at **Job Aids Home Page**, such as the Reconstructing Fire-Related Records Job Aid. Appropriate references do ***not*** include • court cases without a supporting manual citation or regulation • local policy directive • Fast Letters or Training Letters (unless relevant based upon a retroactive award), or • information on QMS Chatter. ***Note***: Information from QMS Chatter is valuable as clarification of existing policy or procedure and should be provided when mentoring. However, the underlying regulation or manual citation should be cited in the error narrative, not the QMS Chatter reference. Formal policy or procedure is not issued by Compensation Service in QMS Chatter.

Notes:

- The QRS must spell out acronyms not commonly used in the M21-1, or if the acronym may represent multiple things. Uncommon jargon should not be used.
- The QRS must ensure the error narrative clearly explains the citation and provides complete information for the employee to understand the error.

Examples of VSR IQR error narratives:

- An exam was not ordered as required for the Veteran's right knee condition. The elements required for ordering an exam are met as the medical evidence indicates a current right knee disability, there are multiple complaints of right knee pain and injuries in the service

treatment records, and the evidence indicates that the right knee condition may be associated with the established injury in service. (38 CFR 3.159, M21-1, IV.i.1.A.1.a-b)

- The 6/7/2022 date of claim (DOC) is incorrect. The DOC for claims establishment purposes is the earliest date any VA facility received the claim, and the Minneapolis VAMC first received the Veteran's application for benefits on 6/3/2022. (M21-1, II.iii.1.A.4.c., M21-4, Appendix B.1.c.)

Examples of RVSR IQR error narratives:

- A minimum evaluation was assigned based on an implanted pacemaker. However, the Veteran's implanted device is an Automatic Implantable Cardioverter Defibrillator (AICD), which is not the same as a pacemaker. Therefore, a higher evaluation is warranted. (38 CFR 4.104 DC 7018, 38 CFR 4.104 DC 7011)
- The medical evidence shows that the Veteran was diagnosed with coronary artery disease prior to the date that this disability became a presumptive disability based on herbicide exposure. Therefore, an earlier effective date is warranted. (38 CFR 3.114, 38 CFR 3.309, M21-1, V.ii.4.A.6a-e; M21-1, VIII.i.1.B.1.i)

6.4.f. Error Narratives: Multiple Error Citations

If multiple errors are cited, each error should be discussed independent from the others. Each error should include the three elements of a narrative as noted in the previous block.

6.4.g. Error Narratives: Use of Error Question and Descriptors

Reviews completed in QMS should not include a reference to the question or descriptor. The checklist questions and/or descriptors may be adjusted; therefore, the order of the descriptors as they appear in QMS may change. Descriptors for each question are designed to assist Quality Assurance with data gathering. The lack of a descriptor for a given error is not indicative that it is not a critical error. QRSs are expected to select the closest descriptor possible when multiple descriptors may apply. If no descriptor describes the situation, the QRS should select the closest approximation.

QMS has built-in functionality to sort the user selections for error trend analysis purposes.

6.4.h. Definition of Cascading

Cascading is the result of citing multiple errors based upon the same basis, or root cause.

6.4.i. Avoiding the Cascade Effect

Once the QRS has determined the root cause of an error, no other errors should be cited as a natural result of the initial root cause error.

Once the root cause error has been identified, the QRS should review the claim "as if" the decision in error were correct when reviewing the remainder of the claim.

All errors associated with a decision should be captured on the appropriate checklist. Accuracy rates will be provided by VBA-approved reporting systems.

Note: The principles of avoiding the cascading effect apply to all quality reviews completed in QMS by any QRS. The concept of cascading as defined for an IQR is not interchangeable with the definition of cascade effect for Systematic Technical Accuracy Review

(STAR) contained at M21-4, Chapter 3, Topic 3, Block j.

Example 1: Service connection (SC) is improperly granted because there was no event in service, but the assigned evaluation and effective date are otherwise correct.
Analysis: Once the QRS has determined that the root cause of the error is the improper grant of SC due to lack of an event in service, they should continue to review the decision as if the grant were correct. In this case, only a single error should be cited for the improper grant of service connection. The QRS would be incorrect to cite additional errors based upon the assigned evaluation and effective date. Per the scenario, the assigned evaluation and effective date were correct based upon the evidence of record. The assigned evaluation and effective date are not in error based solely upon the fact that the grant of SC itself was improper.
Example 2: SC is improperly granted because there was no event in service. Additionally, the assigned evaluation and effective date are incorrect based upon the evidence of record.
Analysis: Once the QRS has determined that the grant of SC was improper, they should continue to review the decision as if the grant were correct. In this example, the assigned evaluation was incorrect based upon the evidence of record, so a separate error should be cited for the incorrect evaluation. Similarly, the effective date was incorrect based upon the evidence of record, so the error should be cited as well.
Example 3: A VSR grants a dependent using an incorrect effective date, resulting in the award and the notification letter both being incorrect.
Analysis: The VSR would be cited for one error for the incorrect effective date under Task 8. The subsequent error (incorrect notification letter under Task 10) would not be cited because the notification error was the direct result of the effective date error.

6.4.j. Interim Guidance

For quality review purposes, when VBA Central Office issues interim guidance it supersedes the instructions found in the M21-1 or other VA procedural references. While the interim guidance is in effect, quality errors should be cited in instances where claims processors clearly do not follow the interim procedures correctly.
This includes citing systems compliance errors for incorrectly utilizing (or failing to properly add) corporate flashes or special issue indicators not listed as critical errors in **M21-4, Chapter 6.A.d**&**e**, but that are required by the interim procedures.
It is appropriate to utilize the interim procedures as a valid reference for the error citation.
This instruction applies to interim procedures located on the Compensation Service website or other VA-maintained websites.
Note: Interim guidance must be implemented immediately. Grace periods will not apply to interim guidance unless one is specifically provided by OFO or Compensation Service.

5. IQRs

Introduction

This topic contains information about IQRs, including

- **purpose of IQRs**
- **review criteria for IQRs**
- **standard of review for IQRs**
- **recording method for IQRs**

- peer reviews
- peer review disagreements
- notification to employees
- corrective action time limits for errors
- reconsideration requests in QMS
- deciding reconsideration requests
- non-IQR reconsideration decision timeliness, and
- mitigation of errors cited on IQRs.

Change Date November 26, 2024

6.5.a. Purpose of IQRs

A review of the individual's work is intended as a performance measure to ascertain the quality element in that individual's performance standard.

An IQR is intended to provide an evaluation of an individual's work product to determine if the minimal standard for correctness has been met.

IQRs are the review of three randomly selected cases per month (on average) for VSRs and RVSRs and five randomly selected cases per month (on average) for MSCs and CAs who have a quality element in their performance standards. This review determines the employee's individual quality level as part of their overall performance evaluation.

6.5.b. Review Criteria for IQRs

The QRT will be responsible for performing IQRs as identified by QMS. These reviews will consist of a random selection of work based on the amount set forth in the national performance standards for each position. IQRs are randomly selected by PA&I and other computerized statistical models based on the available sample of work completed by the identified employee.

6.5.c. Standard of Review for IQRs

The QRS will review all associated actions that were taken or that should have been taken associated with the transaction under review. IQRs should not be a *de novo* review of the entire case file but limited to the actions of the individual for whom the review is being completed.

Checklist	Standard of Review
Task Based Quality Review Checklists	• The review is a task based review. • Each checklist question is a stand-alone question. The QRS will apply each question in the checklist for each contention to determine if that task was successfully met. • "Yes" and "No" responses pertain to the action(s) the employee did take or should have taken associated with with the transaction(s) under review for each checklist question. • An "NA" response is recorded for each checklist question that does not apply to the actions taken by the employee associated with the transaction(s) under review. • Multiple errors may be cited within a single task. • A single error noted within a single task will result in no credit for that task.

	• When completing a review, the QRS should only uncheck the "Critical Error" box within each question if the noted error is within 30 days of a manual change as noted in **M21-4, Chapter 6.4.d**. ***References***: For more information on • the VSR Task Based Checklist, see **M21-4, Chapter 6, Appendix A**, or • the RVSR Task Based Checklist, see **M21-4, Chapter 6, Appendix B**, or • the CA Task Based Checklist, see **M21-4, Chapter 6, Appendix C**, or • the MSC Task Based Checklist, see **M21-4, Chapter 6, Appendix D**, or • QMS, see the **QMS User Guide**.

Important: Reviewers should evaluate the actions taken (or that should have been taken) based on the transaction date selected for review. Critical errors should not be cited for deficiencies that were found and corrected by the employee on the same day as the transaction date selected for review.

Example 1: On November 4, 2023, a VSR sends a Section 5103 notice to the Veteran and adds a tracked item with a 30 day suspense. The same day, the VSR realizes the 5103 development letter was not required and updates the tracked item disposition to "In Error." A VSRIQRPRE is generated for the November 4, 2023 transaction.

Analysis: A critical error related to sending the unnecessary Section 5103 notice should not be cited because the VSR caught and corrected the mistake on the same day as the transaction selected for the IQR.

Note: Because quality reviews are selected based on a specific date, quality reviewers should only consider actions taken, or that should have been taken, up to the date of the transaction under review. Corrections completed the same day are considered part of the transaction under review. If corrective action occurred on a later date, even by the same employee, this is a separate and distinctly different transaction that is not considered as part of the transaction selected for review.

Example 2: A VSR orders an incorrect examination on April 18, 2022. On April 21, 2022, an RVSR completes a partial rating on the claim and corrects the examination request. On May 24, 2022, the same VSR conducts follow-up development. A VSRIQRPRE is generated for the May 24, 2022, follow-up development transaction.

Analysis: The reviewer should evaluate the VSR actions that were taken or that should have been taken on May 24, 2022. A critical error should not be cited for ordering an incorrect examination on April 18, 2022, because as of May 24, 2022, the examination request was accurate and no corrective action was required.

Note: If the examination request dated April 18, 2022, was not corrected as of May 24, 2022, then it would be appropriate to cite a critical error.

6.5.d. Recording Method for IQRs

RVSR, VSR, CA, MSC, and QRS reviews must be completed in QMS.

References: For more information on IQR routing rules and procedures, refer to the **QMS User Guide**.

6.5.e. Pe

Peer reviews are required for all errors cited on any IQR type. Peer

er Reviews

reviewers are responsible for ensuring that

- cited errors are appropriate,
- errors are properly documented with applicable references,
- the remainder of the checklist has been properly completed to include correctly indicating the applicability of other tasks, and
- ensuring that there are no missed errors that should have been cited by the initial reviewing QRS.

Obvious errors that were not cited by the initial QRS should be cited and forwarded for correction per the appropriate instructions in the **QMS User Guide**.

QMS will automatically route all claims that have identified errors on initial review to a QRS with authority to perform peer reviews. The results of the peer reviews will be documented in QMS.
Important: Once the initially reviewing QRS has submitted their review, the checklist cannot be changed by anyone except the peer reviewer. Coaches are not to manually reassign a review that has been forwarded to the peer review level for purposes of the initial reviewer to make a correction to the checklist.

References: For more information on QMS, see the **QMS User Guide**.

6.5.f. Peer Review Disagreements

As with overturning an error, the only basis for disagreeing with an error during the peer review is because the initial QRS's error call was incorrect, which means there was no CUE or clear violation of a directive.

If a peer reviewer disagrees with an initial reviewer on IQRs completed in QMS, the following process must be followed.

The peer reviewer must contact the initial reviewer to discuss the review in order to reach a consensus regarding the appropriate outcome prior to selecting “Agree” or “Disagree” in QMS. This discussion should be expedited to ensure timely resolution of the pending quality review. The initial reviewer and peer reviewer should make all efforts to resolve any inconsistencies to avoid the need for a third QRS review. If the initial reviewer is unable to be reached, the peer reviewer must annotate the attempt in the comment box in QMS, to include date and time of the attempt.

All QRSs are reminded to ensure that cited errors meet the standard for a critical error as a CUE or violation of policy or directive.

The Peer, Final, and QRTIQRFinal review levels in QMS all function identically. The most important function at these review levels is to ensure that the checklist is completed consistently with the finding(s) of the review. When performing the review, the reviewer has the option to either agree or disagree. If the checklist is acceptable and no changes are required, select “Agree,” provide a comment in the text box, and select “Submit Review.” The review will move forward to "Complete" or "Error Pending" status.

If the reviewer finds any discrepancies with the checklist present at the Peer, Final, or QRTIQRFinal review levels, to include only changing a task question response from "Yes" to "NA" or "NA" to "Yes," select “Disagree,” add a comment, and submit, which will allow edits to be made to the checklist. Once all updates to the checklist are completed, the reviewer will need to select “Review Summary” at the bottom of the checklist page to proceed to the “Review Summary

Page" and verify the checklist accepted the changes. Select "Submit Review" if all checklist changes are complete. The QRTIQRRET level is designated for reviews returned to the initial reviewer. When performing the review at this level, the reviewer will perform the same process of reviewing the checklist that is present when performing the review.

Important: When a review is returned, selecting "Agree" will not allow for changes to the checklist, Agree means the displayed checklist requires no changes. If the reviewer selects "Disagree," the checklist can be modified. This function allows the initial reviewer to work with the previous subsequent reviewer to make agreed-upon changes if further changes are necessary.

6.5.g. Notification to Employees

Once an IQR is finalized, the employee and their designated Coach will immediately receive notice of any errors that were cited through automatic QMS email notification procedures. Emails will have subject line of "Notification of Error Correction."

Settings in QMS have been defaulted to provide notification to employees when an IQR has been completed and no error has been cited. QRS are not to change the default setting contained in the " Send Review Summary" without explicit instructions from Compensation Service or OFO to do so.

If selected for a QRTIQR, notification to the employee will be dependent on when the QRTIQR is finalized.

Note: If an employee does not receive an email notice of a cited error, this is indicative that the RO did not submit all of the needed information when entering the employee into the Workforce and Time Reporting System (WATRS). Failure to include the employee's WIT ID when submitting the employee for WATRS access will result in employees potentially not receiving automatic notification by QMS. All Salesforce users must also ensure that they have verified their email address to ensure the automated processes are able to run uninterrupted.

6.5.h. Corrective Action Time Limits for Errors

Following notification of an error, the employee has five (5) business days to take corrective action or file a reconsideration request as outlined in **M21-4, Chapter 6.5.i.** If the employee files a reconsideration request and the error is upheld, the employee has five business (5) days from the notification of the decision to correct the error(s) or to submit a secondary reconsideration request.

The five (5) business day timeliness requirement may be extended when the employee is not in a duty status during the reconsideration period for one of the following reasons:

- employee was on leave for a full day,
- employee was off work due to a compressed work schedule or "in-lieu of" holiday due to a compressed work schedule, or
- other extenuating circumstance resulting in the employee being in a non duty status as documented by a Coach

Employees needing an extension due to leave or other extenuating circumstance must coordinate with their Coach prior to entering their reconsideration request.

Coaches are responsible for documenting days the employee was not in a duty status for each full business day during a reconsideration period by entering a review comment in QMS. If the extenuating circumstance is leave, coaches should not document the type or reason for leave.

When calculating the number of business days in the

reconsideration period, the first full business day following the date of notification of the error is day one.
Example 1: Employee is notified of an error on May 25, 2023. The employee submits a reconsideration request on June 2, 2023.
Analysis: The reconsideration request is considered to be timely. May 29, 2023, is a holiday so the employee receives an additional calendar day so that they receive five (5) full business days to submit a reconsideration.
Example 2: The employee is notified of the first reconsideration decision on June 15, 2023, and is on leave from June 20 through June 23, 2023. The employee submits a secondary reconsideration request on July 3, 2023.
Analysis: The secondary reconsideration request is not timely. To be timely, the request must have been entered into QMS by the close of business on June 29, 2023. This will result in the error being upheld.
Note: If the employee does not wish to submit a reconsideration request, the employee will perform the accept and correct actions within QMS. If the error does not require corrective action, the employee only needs to accept the error in order for the record to successfully close.

6.5.i. Reconsideration Requests in QMS

The table below provides general information on the flow of IQR reconsiderations in QMS. For more specific information, refer to the **QMS User Guide**.
Important: QRS are responsible for issuing all reconsideration decisions on IQRS. Management members are not authorized to decide the outcome of an IQR reconsideration request.

Step	Action
1	Employee receives a “Notification of Error Correction” email for each cited error, and the employee has five (5) business days to express disagreement. **Reminder**: Employees needing an extension due to leave or other extenuating circumstance must coordinate with their coach prior to entering their reconsideration request.
2	Disagreements with error citations more than five (5) business days after notification will not be accepted unless leave use or other non-duty status is documented in a QMS review comment submitted by a coach.
3	Select “Initiate Recon” and, in the comments box, type the reconsideration narrative. All reconsideration requests must include • why you disagree with the cited error and • reference(s) to support your decision. Employees should not copy and paste the error citation into their request. This information is viewable by the individual deciding the reconsideration request. **Note**: At this point the error correction has not been resolved. The employee is still responsible for managing and monitoring the “Error Correction” records noted on the “Error Correction Detail” page.
4	All IQR reconsiderations will automatically route to a QRS with at least one (1) year of experience completing quality reviews. QMS will route reconsiderations to a QRS that was not involved with the initial review and to the greatest

	extent possible, a QRS that is not on station with the initial reviewer or employee reviewed. For non-IQR review types, the error correction record will route to the station queue of the employee reviewed. Coaches will continue to be responsible for issuing reconsideration decisions on non-IQR review types at a local level. This responsibility may also be delegated to an appropriate QRS with the appropriate skillset. Non-IQR review types should have a reconsideration decision issued within five (5) business days from submission by the employee.
5	Once a reconsideration decision is made, the employee will receive notification of the decision by email. The email subject line will include “A Reconsideration Decision has been made on your initiated Recon.” The subject line will indicate if it was the first or second level reconsideration decision.
6	If the error was overturned, no further action is required of the employee. If the error was mitigated, the employee must take corrective action and indicate in the error correction record that the error was both accepted and corrected to successfully close the correction record. The employee must complete corrective action within five (5) business of notification. If the error was upheld, the employee must determine if they accept the first level reconsideration decision. If the employee accepts the reconsideration decision, they have five (5) business days to take corrective action and close the error correction record. If the employee does not accept the decision, they have five (5) business days to submit a second level reconsideration request.
7	Upon submission of a second level reconsideration request, an IQR reconsideration request will route to a QRS for a decision. QMS will route to a QRS unassociated to the initial review and reconsideration decision to the greatest extent possible. For non-IQR review types, the error correction record will route to the station queue of the employee reviewed. Coaches will continue to be responsible for issuing reconsideration decisions on non-IQR review types at a local level. This responsibility may also be delegated to an appropriate QRS with the appropriate skillset. Non-IQR review types should have a reconsideration decision issued within five (5) business days from submission by the employee.
8	Once a decision is made, the employee will receive notification of the decision by email. The email subject line will include “A Reconsideration Decision has been made on your initiated Recon.” The subject line will indicate if it was the first or second level reconsideration decision.
9	If the employee continues to disagree with the reconsideration decisions and the local QRT agrees that the employee continues to have a substantive argument

	that was not adequately considered, the local QRT coach will work with the QRT coach from the station that completed the second reconsideration decision to schedule a call between the upholding QRS, the employee, and both QRT coaches. At the conclusion of the call, the final deciding QRS will determine if a change in outcome is warranted. If no change is warranted, the reconsideration decision in QMS will stand. If the QRS determines that the error should be overturned or mitigated, the coaches will work together to return the error correction record to the QRS for updates. When taking action in QMS, the deciding QRS is required to provide a comment when resetting the error correction record indicating that the reset is following a conference with the employee and coaches. The date of the meeting is to be provided by the QRS.
10	This is the final reconsideration decision, even if a less favorable decision is issued to the employee. If the error was overturned, no further action is required of the employee. If the error was mitigated, the employee must take corrective action and indicate in the error correction record that the error was both accepted and corrected to successfully close the correction record. The employee must take corrective action within five (5) business days. If the error was upheld, the employee has five (5) business days to take corrective action and close the error correction record.

Important: If the first level reconsideration decision is to overturn or mitigate the error (meaning the error is changed so that it does not count as a critical error against the employee's performance), QMS will not prevent the employee from submitting a second level reconsideration request. However, if the employee submits a second level reconsideration request and the decision is to uphold the error, then this final decision will override the prior reconsideration decision. This will mean the error will be counted against the employee's quality performance metric. Employees are responsible for understanding the outcome of a reconsideration decision and the impact the decision has on their quality.
Note: Stations may forward disputed reconsideration decisions to Quality Assurance to determine if a national training opportunity exists. However, Quality Assurance will not provide responses on individual errors or reconsiderations and the decisions made the QRS are considered to be final.

6.5.j. Deciding Reconsideration Requests

The only basis for overturning an error is because the QRS's error citation was incorrect, which means there was no CUE or clear violation of VBA policies and procedures.
If an error was correctly cited, but the references included with the error narrative are incorrect, then the error should not be overturned. QMS must continue to correctly record the valid error cited by the QRS. When completing the reconsideration decision, the deciding QRS or management official should provide the correct references that support the cited error.
Errors may not be overturned due to instances of locally issued guidance, such as instructions from a coach or QRS on how to

handle a particular claim.
References: For additional information, see **M21-4, Chapter 6.4.a**, and **M21-4, Chapter 6.4.b**.

6.5.k. Non-IQR Reconsideration Decision Timeliness

RO management has five (5) business days following the submission of a non-IQR error reconsideration request, which includes the appropriate write-up and supporting references, to issue a formal decision as to the outcome of the reconsideration request. QMS must be updated with the final decision and any relevant reference used when considering the reconsideration request.
Non-IQR reconsideration requests will route automatically to the station queue for the station of the reviewed employee. Employees will receive an email notifying them once a reconsideration decision has been issued.
All employees are responsible for entering their reconsideration rationale into QMS. When issuing a decision on the reconsideration, all rationale and supporting references must be included in QMS. It is not sufficient to state that an error was overturned through local procedures when references are appropriately cited and documented in QMS.

6.5.l. Mitigation of Errors Cited on IQRs

In some situations, mitigation of cited errors may be appropriate. Mitigation of an error is distinct from overturning an error because the only acceptable reason for overturning an error is that the error citation was incorrect (i.e., it was not a CUE or a clear violation of current regulations or directives).
Mitigation of an error during the reconsideration process results in the "Critical Error" box being unselected. Mitigation is to be used when the error citation was valid but is not to be counted against the employee's performance for the period during which the error was cited. The error will still require corrective action within the five (5) business day timeliness requirement.
Acceptable reasons for mitigation of an error are

- instances that QA has instructed to be cited as a correctable comment but the QRS cited as a critical error, or
- the error was incorrectly cited as a critical error during an applicable grace period when the QRS failed to uncheck the 'critical' box, or
- the employee is in a training status (during which IQRS are not to be completed) but is not properly recorded in the Workforce Information Tool (WIT).

Reference: For more information on grace periods, refer to **M21-4, Chapter 6.4.d**.

6. QRT IQRs

Introduction

This topic contains information about QRT IQRs, including

- **purpose of QRT IQRs**
- **review criteria for QRT IQRs**
- **standard of review for QRT IQRs**
- **recording method for QRT IQRs**, and
- **QRTIQR-FINAL review level and QRT Coach responsibilities**.

Change Date July 14, 2023

6.6.a. Purpose of QRT IQRs

A review of the individual's work is intended as a performance measure to ascertain the quality element in that individual's performance standard.

A QRT IQR is intended to provide an evaluation of an individual QRS's work product to determine if the minimal standard for correctness has been met.

QRT IQRs are the review of five randomly selected cases per month (on average) for the QRS. This review determines the employee's individual quality level as part of their overall performance evaluation.

The intent of the performance standard is to obtain an average of five per month over the entire fiscal year for each employee to assess the quality element in the standard.

6.6.b. Review Criteria for QRT IQRs

QRSs are responsible for performing IQRs identified by QMS on other QRSs. QRT IQRs with cited errors will be routed via QMS to a QRT Coach for peer review. These reviews will consist of a random selection of work based on the amount set forth in the national performance standards. The selection of actions, while random, will reflect an appropriate mix of work performed by the employee throughout the month (i.e., not from a single day or single week). However, when a QRS is not working the appropriate mix of work on an ongoing basis to provide a mix of work for the QRS, the selected reviews are to be accepted.

6.6.c. Standard of Review for QRT IQRs

The standard of review for QRT IQRs is to ensure accurate completions of the quality checklist used for RVSR, VSR, MSC, and CA IQRs. The QRT IQR will encompass a thorough assessment of the QRS's completed checklist in its entirety to ensure that the minimum standard for review has been met on the initial quality review.

The minimum standard includes proper selection of "Yes," "No," and "NA" on the checklist task questions.

- The minimum standard for review is to ensure all "No" responses on the checklist rise to the level of a clear and unmistakable error (CUE) or a clear violation of current regulations or directives.
- The minimum standard for review is to ensure all "Yes" responses on the checklist account for the proper actions implicitly or explicitly taken by the RVSR, VSR, MSC, or CA for the transaction(s) under review.
- The minimum standard for review is to ensure all "NA" responses on the checklist do not apply to the transaction(s) under review.
- Selecting the proper checklist responses to reflect the appropriate answer for each task is important to ensure the RVSR, VSR, or CA receives credit for work completed correctly or ensuring the employee does not receive undue credit for work not applicable to the transaction under review.

A QRS performing a QRT IQR will select either "Agree" or "Disagree" with the initial review performed. If an error is found on the initial review, to include only changing a task question response from "Yes" to "NA" or "NA" to "Yes," the reviewer performing the QRT IQR will identify the task question(s) in error in the comment box along with a complete error narrative.

QRT Performance Errors are required when correcting question responses to reflect the appropriate answer for a task because it is important to ensure RVSRs and VSRs receive credit for work completed correctly or to ensure the employees do not receive undue credit for work not applicable to the transaction(s) under review.
When changing a response to a question, only changes to Questions 1 through 11 on the MSC, VSR, and RVSR checklists and the entirety of the MSC and CA checklist are considered critical. A change to a non-critical question is not considered a performance error against the QRS.
Important: A performance error is warranted any time the checklist is found to be in error for a critical question. Whether something rises to the level of a benefit entitlement error is irrelevant when conducting and completing IQRs.

Example: An RQRS is completing a review on the rating decision complete (RDC) transaction. The previous RQRS marked the review correct. The RQRS conducting the QRT IQR determined that the evaluation for sleep apnea was incorrect because the RVSR did not assign a 50 percent evaluation based upon use of a CPAP. The RQRS will "Disagree" with the initial review and will include the following narrative in the comment box: "Error for incorrect evaluation of sleep apnea. The RQRS failed to cite a Task 7 error on the RVSR."
A coach reviewing this disagreement on a QRTIQRFinal review would indicate that a performance error is appropriate against the RQRS who completed the initial review.

Example: An AQRS is completing a review on the claim transaction for generating an award (Award). The previous AQRS marked a Task 9 error because the award did not include a withholding for military retired pay. The AQRS conducting the QRT IQR determined that a withholding was not required. The AQRS will "Disagree" with the initial review and will include the following narrative in the comment box: "No error is present. The AQRS incorrectly cited a Task 9 error on the VSR."
A coach reviewing this disagreement on a QRTIQRFinal review would indicate that a performance error is appropriate against the AQRS who completed the initial review.

6.6.d. Recording Method for QRT IQRs

An IQR on a QRS is identified as "QRTIQR" in the "Review Level" column in the "My Reviews" view, which can be accessed by clicking on the "Reviews Landing Page" tab. Whether the IQR selected is for a QRS can also be identified by reviewing the "Review Detail" screen. If QMS selects an IQR for a QRS, the "QRT Performance Review" box is checked on the "Review Detail" screen.

To open the review, click on the review name in the "Review Name" column, which will open the "Review Detail" screen. To see additional information, select the "Review Summary" button from the "Review Detail" screen.

To begin the review:

- Select the "Perform Review" button on the "Review Detail" screen.
- Scroll down to "Claim Review – Initial Review Process" which will display the recorded review to include any errors cited and error citation box.
- After completing a review of the QRS's review, scroll down to the "Subsequent Reviewer Decision" section, which includes "My

Comments," "Agree," and "Disagree."

- The reviewer will complete the "My Comments" box and select either the "Agree" or "Disagree" button depending on the outcome of the case. If "Disagree" is selected, the reviewer provides the error narrative with the task question(s) from the associated quality review checklist.
  Note: A comment is required regardless of whether the "Agree" or "Disagree" option is selected.

If the reviewer agrees with the QRS's initial review, they will input a comment, select the "Agree" button, and click the "Submit" button. Once the QRS selects the "Submit" button, the review is complete.

If the reviewer disagrees with the QRS's initial review, the checklist completed during the initial review will require modification and/or correction. When the "Disagree" option is selected, the reviewer is returned to the initial review page that contains the "Claim Information" with the error citations and comments provided by the initial reviewer. The QRT IQR reviewer will cite any additional errors found, correct any of the errors cited on the initial review, and/or correct any responses to the task question(s). After correcting the corresponding checklist, the reviewer selects the "Review Summary" button. The reviewer will also notate the error that was cited or that should have been cited from the applicable checklist, along with any changes to task question responses. Once the review checklist is updated and the error narrative is input in the comment box, the reviewer will select the "Submit Review" button and the review is complete.

Reference: Refer to the **QMS User Guide** for QRT IQR routing rules and procedures.

6.6.e. QRTIQR-FINAL Review Level and QRT Coach Responsibilities

QRT IQRs with cited errors will be routed via QMS to a QRT Coach for peer review.

All QRT IQRs that result in a "Disagree" are routed to the QRTIQRFinal review level. This level is directed to a QRT Coach for their determination on the outcome of the review. The Coach performs the review using the same steps listed above.

Important: If the Coach is agreeing with the changes to the review made by the last individual that reviewed the case, this indicates the QRTIQRFinal individual is approving the changes and the disagreement indicated by the QRTIQR reviewer. A disagreement at the QRTIQRFinal level is used if the Coach does not agree with the subsequent reviewer's determination

7. In Process Reviews (IPRs)

Introduction

This topic contains information about IPRs, including

- **purpose of IPRs**
- **review criteria for IPRs**
- **standard of review for IPRs**
- **recording method for IPRs**
- **corrective action time limits for IPRs**,

- **reconsideration process for disagreements on IPRs**, and
- **locally determined IPRs.**

Change Date November 26, 2024

6.7.a. Purpose of IPRs

An IPR is a specialized review designed to correct deficiencies identified during the claims process and to identify training opportunities.
Immediate feedback will be provided to employees so that prompt corrective action can be taken to resolve deficiencies.

6.7.b. Review Criteria for IPRs

IPRs are developed by Compensation Service or OFO based upon discrepancies noted on quality review metrics. New IPR checklists are released on an as-needed basis.

Compensation Service of OFO will create and manage IPR case selection based upon national error trend analysis or other selected criteria. QMS will automatically route and assign cases based upon individuals or claim processes.

ROs do not have a monthly requirement of IPRs to complete. The monthly goal is national in scope and is assigned in QMS for completion.

6.7.c. Standard of Review for IPRs

IPRs are designed to be a "quick touch" review with emphasis on specific error trends. The QRS should not be completing a full "end to end" review of the entire claim. Instead the QRS should limit the review to the basic information needed to determine whether the action completed by the employee under review was complete and correct under the appropriate IPR checklist.

Errors not within the scope of the specific IPR checklist noted during the review should be identified and corrected per local quality error correction procedures.

6.7.d. Recording Method for IPRs

The results of the IPRs will be documented in QMS and notification of any error will follow the standard QMS notification procedures.

6.7.e. Corrective Action Time Limits for IPRs

The employee has five (5) business days after notification of an error to correct it.

6.7.f. Reconsideration Process for Disagreements on IPRs

Reconsiderations for IPRs completed in QMS are to be submitted through QMS and proper routing procedures will be applied.
M21-4, Chapter 6.5.k. contains additional information on how reconsiderations will flow through QMS.

6.7.g. Locally Determined

The preceding blocks in this section are specific to Compensation Service or OFO determined IPRs that are loaded and distributed through QMS.

IPRs Locally, stations may conduct non-punitive reviews to ensure compliance with claims processing requirements based on local needs. Selection and tracking of these reviews are completed outside of QMS based on local Regional Office (RO) procedures.

8. VBMS Reviews

Introduction This topic contains information on VBMS reviews, including

- claim routing for IQRs/IPRs in NWQ
- procedures for IQRs/IPRs when an EP is pending
- procedures for claims requiring corrective action when an EP is not pending
- IQR reconsiderations in NWQ
- VBMS deferrals
- procedures for deferral reviews, and
- erroneous deferrals.

Change Date November 26, 2024

6.8.a. Claim Routing for IQRs/IPRs in NWQ QRSs are required to use proper system updates when conducting IQRs/IPRs to ensure proper claim routing and timely claims processing. Using either the *Local Quality Review* special issue or the appropriate *Correction of Local Quality Error* EP 930 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 the Local Quality Review special issue is removed, the authorization activity clears the EP 930, or the QRT supervisor cancels an erroneously established EP 930.

6.8.b. Procedures for IQR/IPRs When an EP is Pending Follow the steps below when reviewing an IQR/IPR and an EP is pending.

Step	Action
1	The 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. • 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 the QRT supervisor. Once claim/appeal jurisdiction has been obtained, add the *Local Quality Review* special issue.
2	The QRS will perform the review and notify the claims processor of the IQR/IPR results per locally established procedures.
3	The 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.
4	The QRT supervisor will assign the claim to the claims processor for corrective action.
5	The claims processor will take corrective action and notify

	their supervisor, the QRS, and the QRT supervisor after completion of corrective action. All corrective action must be completed within five business days of the claims processor receiving the claim in their work queue.
6	The QRT supervisor will review the claim to ensure the error was corrected and remove the special issue.

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/appeal from the RO by emailing the RO's VSC corporate mailbox and copying the RO's assigned District and NWQ analysts. The subject line of the email should read "IQR Error: Transfer Claim." 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/appeal to the requesting RO within one business day.

6.8.c. Procedures for Claims Requiring Corrective Action When an EP is Not Pending

Follow the steps below for claims reviewed by QRT requiring corrective action when an EP is not pending.

Step	Action
1	The QRS will have an EP 930 established with the appropriate *Correction of Local Quality Error* claim label and notify the claims processor of the IQR/IPR results per locally established procedures. Do not add the *Local Quality Review* special issue.
2	The QRT supervisor will assign the claim to the claims processor for corrective action upon receipt of the claim into the RO's work queue.
3	The claims processor will take initial corrective action and notify their supervisor, the QRS, and the QRT supervisor after completion of initial corrective action. All initial corrective action must be completed within five business days of the claims processor receiving the claim in their work queue.

References: For information on the requirement to enter a VBMS note and how to enter one, please see

- **M21-4, Appendix B. 2.930**
- **M21-1, Part II, Subpart ii, 2.A.1.c**.

6.8.d. IQR Re considerations in NWQ

If an employee disagrees with an error citation on an IQR, they will initiate the reconsideration process per **M21-4, Chapter 6.5.i**.

During the IQR error reconsideration process, the *Local Quality Review* special issue must remain assigned to ensure the claim remains under the RO's jurisdiction until the reconsideration process is complete.

- If the IQR error is upheld, follow the steps for corrective action as outlined in **M21-4, Chapter 6.8.b.** or **c**.
- If the IQR error is overturned, the QRT supervisor will either remove the *Local Quality Review* special issue or cancel the EP 930.

Note: ROs should ensure their IQR error reconsideration process (if present) meets the five business day time-in-queue expectations as established by this chapter.

6.8.e. VBMS Deferrals

VBMS deferral functionality allows a claims processor to return a claim to an earlier place within the claims cycle to correct erroneous actions. Using VBMS deferral functionality is required for any situation in which a claim returns to a previous step in the process, and all relevant details must be provided to include

- a manual reference
- most appropriate reason(s) for deferral, and
- relevant eFolder document bookmarks.

In the event the claims processor assigned the claim for corrective action disagrees with the deferral, the claims processor will email a brief narrative to the QRT Coach and copy their Coach within five 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.

6.8.f. Procedures for Deferral Reviews

Follow the steps below for deferral review requests.

Step	Action
1	The claims processor emails the QRT Coach with the deferral disagreement narrative.
2	The QRT Coach will assign a QRS to review the deferral disagreement.
3	The QRS will review all relevant documents and determine if the deferral is appropriate within two business days of receipt from the QRT Coach.
4	The QRS will email the results of the deferral review to the QRT Coach and the claims processor's Coach.
5	The claims processor's Coach will notify the claims processor of the outcome of the deferral review and take the actions provided in the table below. **If the QRT... / Then ...** upholds the deferral: the claims processor takes the action directed in the deferral. finds the deferral to be in error: • the claims processor's Coach will resolve the deferral from VBMS using the "Mitigate" button, and • the claims processor takes the necessary actions to move the claim to the next stage of processing. ***Note***: All actions must be completed within three business days following QRT review.

6.8.g. Erroneous Deferrals

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.
Note: The "Mitigate" button will resolve the entire deferral. Current functionality does not support the mitigation of a partially erroneous deferral. Failure to include a supporting reference in the initial deferral is not grounds for automatic mitigation (system mitigation). Also, avoidable vs. unavoidable, or outside the scope of the employee is not grounds for system mitigation.

Appendix A. VSR Task Based Quality Review Checklist

Introduction This appendix includes the

- **VSR Task Based Quality Review Checklist**
- **instructions and guidelines for VSR review**
- **VSR review elements**
- **systems compliance errors - corporate flashes**, and
- **systems compliance errors - special issues**.

Change Date March 17, 2025

6.A.a. VSR Task Based Quality Review Checklist The following is a sample of the VSR Task Based Quality Review Checklist:

Development Specific Questions	
1. Was proper pre-decisional notification provided and / or was proper development to the Veteran / claimant completed as required by regulations and/or the manual?	☐ Yes ☐ No ☐ NA
Error Description	
Development letter addressing 5103 (if applicable) and/or evidence requirement for claimed issues, not sent or lacked critical information	☐
Supplemental development letter lacked critical information or not sent when required	☐
Pre-decisional (due process) letter lacked critical information or not sent when required	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
Development / Pre-decisional letter not documented in the electronic record	☐
Development procedures after properly obtaining Federal Tax Information (FTI) not followed	☐
Request for Application (RFA) and/or Intent to File (ITF) acknowledgment letter not sent and/or not documented in file, or was incorrect	☐
Higher Level Review Informal Conference not held when requested or attempts to schedule not documented properly	☐
2. Were all pertinent service treatment records (STRs) obtained / requested or determined to be of record?	☐ Yes ☐ No ☐ NA

Error Description	
No STRs requested (when necessary) or incomplete request (i.e. not all periods of service / branches requested or improperly requested)	☐
No National Guard or Reserve records requested or requested improperly	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
3. Were all pertinent Federal records (other than STRs) obtained / requested or determined to be of record?	☐ Yes ☐ No ☐ NA
Error Description	
VAMC treatment records not obtained/requested or only partially obtained/requested	☐
Service personnel records not requested (when necessary) or incomplete service personnel records requested (i.e. not all periods of service / branches requested)	☐
SSA records not requested (when necessary)	☐
Identified Vet Center records not requested or only partially obtained/requested	☐
Service verification for all periods of active duty and/or other periods of service related to claimed issues not requested or requested incorrectly	☐
MRRC request not submitted when necessary	☐
MRRC Formal Finding not complete when there is a lack of information RRC requires to verify exposure	☐
Federal records (to include personnel records) from other agencies not obtained/requested (i.e. federal prison, OPM, Dept. of Labor)	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
4. Were all pertinent private / non-Federal records obtained / requested or determined to be of record?	☐ Yes ☐ No ☐ NA
Error Description	
Private medical records not requested or requested incorrectly.	☐
State or local government records not requested or requested incorrectly (i.e., prison records or incarceration information)	☐
Private non-medical records not requested or requested incorrectly	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
Not all necessary pension telephone calls (e.g.,	☐

Medicaid, Nursing Home, ADL) made and appropriately documented in the electronic record	
5. Were all necessary examinations / medical opinions requested and correct?	☐ Yes ☐ No ☐ NA
Error Description	
Necessary examinations not requested (or rescheduled)	☐
Necessary medical opinion not requested	☐
Examination request incomplete or incorrect – failure to identify all correct disabilities or identifying incorrect disabilities	☐
Medical opinion request incomplete or incorrect – failure to identify all correct disabilities or identifying incorrect disabilities	☐
Exam request incomplete or incorrect – selecting incorrect examination type/DBQ	☐
Medical opinion request incomplete or incorrect – Medical Opinion DBQ erroneously selected and/or not selected when necessary	
Examination / opinion request incomplete or incorrect -- incorrect jurisdiction based on the ERRA tool	☐
Examination request incomplete or incorrect – failure to identify or include pertinent information such as evidence to review. C-file not sent to examiner when required	☐
Medical opinion request incomplete or incorrect – failure to identify or include pertinent information such as evidence to review. C-file not sent to examiner when required	☐
Examination incorrect -- Examination not warranted	☐
Medical opinion incorrect -- Opinion not needed or inappropriate legal question requested.	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
Award Specific Questions	
6. Were all issues addressed and decided?	☐ Yes ☐ No ☐ NA
Error Description	
Dependents not addressed and/or decided	☐
All drill pay adjustments not addressed and decided	☐
All claimed issues not addressed and decided by rating decision	☐
All claimed issues not addressed and decided administratively (not by rating) (e.g., apportionment claims)	☐

Award generated prior to determining military eligibility	☐
Award generated prior to determining pension disability eligibility (permanent and total, age)	☐
Active duty period not addressed	☐
No action taken on AEW	☐
All accrued issues were not addressed	☐
Pending work items not addressed correctly	☐
Month of death not addressed correctly	☐
SMP or SMC not addressed correctly	☐
7. Was necessary administrative decision or award generated/completed and correct?	☐ Yes ☐ No ☐ NA
Error Description	
Payment change (other than dependent or withholding action) not valid or not effectuated	☐
Administrative decision provided incorrect entitlement outcome	☐
Administrative decision was not procedurally complete (i.e. missing signatures, all decision(s) not provided, relevant evidence not discussed)	☐
Administrative decision for Net Worth not addressed correctly (claims prior to 10-18-18)	☐
Administrative decision for service eligibility not addressed correctly (e.g., Line of Duty, Willful Misconduct, Character of Discharge)	☐
Administrative decision to establish dependency relationship not addressed correctly (e.g., deemed valid, common law, child adoption, step-child)	☐
Improper or incomplete burial benefit decision (e.g., NSC vs SC, hospital, plot, and/or transportation)	☐
Accrued award processed incorrectly	☐
Income not calculated correctly	☐
Federal Tax Information (FTI) incorrectly counted or omitted from the award	☐
Expenses and/or deductions not calculated correctly	☐
Net Worth not calculated correctly or addressed (e.g., Transfer of Assets, Look-back Period, Change in Net Worth, Conversion of Assets)	☐
COWAC or waiver of debt/overpayment not addressed or processed incorrectly	☐
Liberalized law not accurately invited and/or applied	☐
Time limits not accurately applied (e.g., Burial, Accrued, Intent to File)	☐
Restoration/Resumption of benefits not implemented or implemented incorrectly	☐
Award not suspended/terminated or award	☐

suspended/terminated incorrectly	
Award adjusted prior to expiration of due process period (60 days)	☐
Decision maker considered and listed evidence received after the record closed for a higher-level review.	☐
8. Were all dependency adjustments and/or decisions correct?	☐ Yes ☐ No ☐ NA
Error Description	
Dependent spouse established, denied, or removed incorrectly	☐
Dependent minor biological child/children established, denied, or removed incorrectly	☐
Dependent minor step-child/children established, denied, or removed incorrectly	☐
Dependent minor adopted child/children established, denied, or removed incorrectly	☐
Dependent school age child/children established, denied, or removed incorrectly	☐
Dependent helpless child/children established, denied, or removed incorrectly	☐
Dependent parent established, denied, or removed incorrectly	☐
Surviving spouse established, denied, or removed incorrectly	☐
Surviving child/children established, denied, or removed incorrectly	☐
Surviving parent established, denied, or removed incorrectly	☐
Dependency adjustment effective date incorrect	☐
Failed to readjudicate issue on the merits when new and relevant evidence was of record	☐
9. Were all required withholdings / reductions correctly implemented?	☐ Yes ☐ No ☐ NA
Error Description	
Retired pay not withheld or withheld incorrectly	☐
Severance pay not withheld or withheld incorrectly	☐
Drill pay not withheld or withheld incorrectly	☐
Incompetency adjustment not withheld or withheld incorrectly	☐
Survivor Benefit Plan (SBP) adjustment not withheld or withheld incorrectly	☐
COLA adjustment not withheld or withheld incorrectly	☐
Adjustment due to incarceration or fugitive felon not implemented or implemented incorrectly	☐

Hospital adjustments not implemented or implemented incorrectly	☐
Medicaid adjustment not implemented or implemented incorrectly	☐
CRDP or CRSC adjustment incorrect	☐
Recoupment of separation pay not implemented or implemented incorrectly	☐
Apportionment not executed or executed incorrectly	☐
Election of benefit not accurately completed (e.g., change in law or VA policy, election of greater benefit, election to change benefit type)	☐
Attorney fee not withheld or withheld/calculated incorrectly	☐
10. Was the claimant properly notified?	☐ Yes ☐ No ☐ NA
Error Description	
Notification letter not sent and/or not documented in file	☐
Notification letter has incorrect or missing effective dates and/or payment rates	☐
Notification letter does not provide or incorrectly provides the amount of any benefits VA is withholding and the reason for the withholding	☐
Failure to notify outcome of all issues decided by a rating decision	☐
Notification letter fails to or incorrectly explains the decisions made	☐
Notification letter failed to include summary of evidence considered (excluding evidence discussed in preceding proposed adverse action or evidence provided in rating decision for rating-related issues)	☐
Notification letter failed to provide appellate rights, or appellate rights were provided incorrectly	☐
Courtesy copy of the notification letter was not sent to the appropriate appointed representative (including failure to include a private attorney's address on the cc line)	☐
Notification letter is incorrect or missing required or accurate information	☐
Non-rating higher-level review decision failed to provide notice that there was evidence received after the record closed that was not considered	☐
Non-rating decision failed to explain elements met and/or not met	☐
Pension issues not addressed in notification letter (e.g., breakdown of income/medical expenses, or incorrect income/medical expenses)	☐
Federal Tax Information notification procedures not followed	☐
System Compliance Specific Questions	

11. Were all systems accurately updated?	☐ Yes ☐ No
Error Description	
Date of claim incorrect	☐
End product incorrect	☐
Payees' address incorrect including not identifying temporary addresses	☐
All periods of active duty for (pension, relevant records) or other service related to claimed issues not verified and updated in VBMS (EOD, RAD, Branch, Char SVC, Sep Reason, VADS and/or VERIFIED)	☐
Power of Attorney (POA) information/access not correctly updated in all systems	☐
Necessary special issues were not entered and/or correct	☐
Necessary flashes were not entered and/or correct	☐
Contentions for all claimed issues were not entered and/or correct	☐
Tracked items for all requested evidence were not entered and updated as necessary (includes disposition and suspense date)	☐
Direct Deposit information (when there is a pending/running award) incorrect	☐
Federal Tax Information (FTI) documents mislabeled in unsecured repository	☐
Correctable Comments	
12. Is the c-file free from other defects requiring correction which are not considered "critical" to the item(s)/transaction currently under review?	☐ Yes ☐ No ☐ NA
Duplicate claim folder (DUP-C) identified and consolidation steps not properly followed	☐
Overdevelopment for federal records that did not materially delay the claim	☐
Overdevelopment for non-federal records that did not materially delay the claim	☐
Visually Impaired (VI) correspondence procedures not followed	☐
Required telephone development was not completed/documented in VBMS	☐
Required memo, calculation worksheet, or screenshot not completed/documented in VBMS	☐
Required diary not created or cleared	☐
Alternate contention name field not properly utilized (prior to exam request)	☐
Required VBMS note not entered	☐
Notification not provided to other VA program office or entity as required	☐

Necessary special issue or flash not entered and/or correct (if not considered critical under Task 11)	☐
Veteran or dependent information incorrect in VA systems (Name, DOB, SSN, service number, etc.)	☐
Notification on a prior decision not issued	☐
Unadjudicated discovered claim not under EP control	☐
Document(s) in VBMS need to be moved to another eFolder	☐
Returned mail unrelated to the transaction under review not addressed	☐
Past grant of non-rating issue(s) not correct	☐
Past denial of non-rating issue(s) not correct	☐
Past payment adjustment not correct	☐
Rating *Codesheet* adjustment required	☐
Non-rating decision failed to list favorable findings when required for denials	☐
Notification letter failed to provide a summary of the applicable laws and regulations (AMA)	☐
Pension notification failed to provide favorable findings, or provided incorrect favorable findings	☐
Required informational letter incorrect or was not sent (e.g., invalid direct deposit notice, notice of revocation to POA, etc)	☐

6.A.b. Instructions and Guidelines for VSR Review

These instructions and guidelines have been developed to promote consistency and uniformity in the review of cases selected for local VSR lQRs. Use these instructions/guidelines in conjunction with the VSR Task Based Quality Review Checklist.

The VSR Task Based Quality Review Checklist is a task based checklist. The task based checklist reviews different tasks taken during the VSR claim process. For each case reviewed, a VSR Task Based Quality Review Checklist must be completed and all questions answered. The employee will be reviewed for each task they completed on the date of the transaction selected. At the time of the review, the reviewer will determine which tasks are applicable. There are three possible answers for each of the tasks. A task is considered “accurate” when “Yes” is selected for that task indicating that the activity associated with the question was completed accurately. A task is considered “in error” when “No” is selected for that task indicating that the activity associated with the question was “in error.” A task is considered not applicable to the review when “NA” is selected for that task indicating that the question is not applicable to the case under review.

A VSR’s quality will be calculated based on “root cause” errors, in order to evaluate the actual cause of the error(s) rather than also calculating all of the subsequent consequences resulting from the initial error. For example, a VSR generates the incorrect effective date for a dependent which results in an incorrect notification letter. The VSR would be cited for one error for the incorrect effective date. The subsequent error (incorrect notification letter)

would not be cited because it was caused by and the direct result of the original effective date error. The notification error, however, would be captured in the comments for training purposes.

Each task on the checklist is associated with multiple error descriptors. The error descriptors are meant to provide an additional level of information on the error cited to better identify error trends. The main task question (ex: Were all issues addressed and decided?) is what is used to determine if there is an error for that task. The error descriptors are only there to further identify error trends; they are not meant to determine whether there is an error. ***The only exception is Task 11 systems compliance errors. Only those errors that fit under the specific error descriptors are errors under Task 11***.

While any one particular development request cannot be counted under more than one task, even if the records technically fall into more than one task, separate requests to more than one source for the same records could be counted under more than one task. For example, if a VSR simultaneously requests employment information (VAF 21-4192) from both the employer and the Veteran this could constitute errors under Task 1 and Task 4.

The guideline is that an error will be recorded when an action is taken that violates current regulations, policies, and procedures. A narrative summary is required with statutory, regulatory, judicial, or manual references for any "error" or "No" answer recorded. A judgment or a difference of opinion reflecting a possible better practice or solution is not captured on the VSR Task Based Qulaity Review Checklist. If an error is identified that is not related to the individual's scope that error is recorded as a correctable comment under Task 12. For example, the promulgation action is randomly selected for review. The reviewer finds that the dependency effective date is incorrect due to an incorrect effective date on the rating *Codesheet*. The reviewer would not cite an error on the VSR for the incorrect dependency effective date since it is due to the incorrect effective date on the rating *Codesheet*. Rating decisions are outside the scope of the VSR. The reviewer would instead capture the finding as a correctable comment under Task 12.
QRS are responsible for reviewing any pertinent data sources such as the **Special Issue Claims Tableau Dashboard** or military service history information, prior to citing any critical errors under Task 11.
A new Special Issue (SI) or Corporate Flash (CF) will not be added to the listing of those resulting in critical errors unless the SI or CF:

- Impacts routing for Centralized Processing and Special Missions claims.
- Affects priority processing (e.g., terminally ill, homeless) to ensure expeditious conclusion of claims.
- Permits the reporting and/or monitoring of relevant data.
- Allows VBA systems to input letter text, VBMS-R glossary use, and other features.
- Can be added or removed by end users in VBMS.
- Has clearly published instructions to claims processors on when to add or remove the CF or SI (e.g., M21-1, M21-4, Appendix E).
- Indicates there are specific claims processing procedures (e.g., fugitive felon CF indicates that a Veteran's compensation should be stopped until the warrant is cleared).

Overdevelopment can be just as harmful as underdevelopment. Overdevelopment, as it relates to the task based checklist, is taking an incorrect development action that prevents the

claim from progressing to the next step in the claims process (materially delays the claim). Examples of this would be requesting information that is not needed or requesting information already of record that prevents the claim from moving to the decision stage (this includes both rating decisions and administrative decisions). The development action must prevent a claim from moving to the next stage to be an overdevelopment error. Incorrect development actions taken concurrently with necessary development actions are not considered overdevelopment errors because the incorrect development action is not materially delaying the claim. For example, a VSR requests STRs that are already in the eFolder when requesting the necessary exams. Reviewers should capture overdevelopment that does not materially delay the claim as a correctable comment under Task 12.

Exception: Overdevelopment is always captured for unnecessary exam/opinion requests even if it does not materially delay the claim. An error will be cited under Task 5 for unnecessary exam/opinion requests.

Notes:

- An error should not be cited on a VSR for overdevelopment if the overdevelopment is the result of a written deferral or directed development by an RVSR, a DRO, or the Board of Veterans' Appeals (BVA).
- The lack of a required note in VBMS should be captured as a correctable comment under Task 12.
- An error should not be cited if a VSR does not conduct telephone development prior to issuing a required development letter.

6.A.c. VSR Review Elements

The following is a list of explanations of the elements of the VSR Individual Quality Review Checklist.

Development Specific Questions	
1. Was proper pre-decisional notification provided and/or was proper development to the Veteran/claimant completed as required by regulations and/or the manual?	38 CFR 3.159 states that upon receipt of a substantially complete application, VA is required to notify the claimant and the claimant's representative, if any, of any information, and any medical or lay evidence, not previously provided that is necessary to substantiate the claim. As part of that notice, VA is required to indicate which portion of that information and evidence, if any, is to be provided by the claimant and which portion, if any, VA will attempt to obtain on behalf of the claimant. The basic rule concerning notice is contained in 38 CFR 3.103. Within that regulation, at 3.103(b)(2), are provisions for due process associated with adverse actions. Additional instructions for implementation are found in M21-1, Part I, Subpart i, Chapter 1, Section B. Strict adherence to these procedures is necessary both from the customer's perspective and the government's. This includes the required Appeals Election letter (DRO process, Traditional process, or Appeals process explanation letter etc.).

	This also includes initial or supplemental development letters to the Veteran/claimant to establish dependency entitlement prior to the decision phase of the claim. Errors associated with final notification letters (or equivalent) that VA is unable to obtain records are captured under this task. This citation is not limited to Ready for Decision (RFD) transactions, it may be cited at any point of time in claims processing once it has been determined that the records are unavailable. Examples of overdevelopment in this task may consist of an additional 5103 Notice Letter being sent when not needed and requiring 30 days before being able to move the claim forward to the next stage (i.e., RFD), or requesting dependency information when it is already of record preventing the dependent from being added at that time.
2. Were all pertinent service treatment records (STRs) obtained / requested or determined to be of record?	An error would be cited when a VSR failed to obtain the STRs or National Guard or Reserve records when required. This would also include when only partial records were requested or records were improperly requested (e.g., STRs not obtained using Joint Legacy Viewer (JLV)). STRs requested directly from the Veteran would be assessed in Task 1. STRs from the NPRC or another agency would fall under Task 2. An example of overdevelopment in this task would be trying to obtain National Guard or Reserve records when the event was identified during a period of active duty (AD) and shown in the active duty STRs. Further development would not aid in the claim for service connection. Another example of overdevelopment would be when STRs are of record but a PIES O50 is requested to obtain STRs.
3. Were all pertinent Federal records (other than STRs) obtained / requested or determined to be of record?	All Federal records need to be obtained when identified by the Veteran. This would include Social Security Administration (SSA) records, Veterans Affairs Medical Center (VAMC) records, Vet Center records, etc. Failure to obtain records at the time they are identified by the Veteran or at initial development would be an error. This could delay the claim or cause other deficiencies such as missed examinations and/or medical opinions. If a Veteran identifies records and the VSR does not obtain those records, this would be an error on the VSR under this task. If the VSR does not conduct a search and associate relevant unidentified VAMC records, this would be an error under this Task. However, VSRs will not be held accountable for identifying and uploading non-VAMC records that Veteran did not identify. An example of overdevelopment in this task is requesting and waiting for personnel records (DPRIS or PIES O50) when they are already of record. Another example could be trying to verify active duty training (ADT) or inactive duty training

	(IADT) service when the claimed disability began during a period of verified AD, thereby preventing the claim from moving to the next step (examination, rating board, etc.).
4. Were all pertinent private / non-Federal records obtained / requested or determined to be of record?	An error would be cited if private treatment records (PMRs) were not requested. This would include the required follow-up request. This could include medical records or non-medical records such as employment records for the Veteran or claimant. An error would be cited if a VSR failed to upload completed VA Form 21-4142 and 21-4142a to the PMR Vault for processing or failed to involve the PMR Super User to complete this step when required. This action is required when forms are received through Veterans On-Line Application Direct Connect and eBenefits uploads. Examples of overdevelopment in this task would include trying to obtain PMRs when they are already of record or the required number of requests were already completed, as well as asking for a new release for records when a valid release was already of record.
5. Were all necessary examinations / medical opinions requested and correct?	An error will be cited when all necessary examinations and/or medical opinions are not requested. An error would also be cited if the incorrect exam/DBQ is requested, all disabilities are not identified in the request, or critical information is not identified in the request such as private treatment records, VAMC records, Veteran's statements, or STRs (event in service). An error will also be cited if unnecessary examinations are requested, regardless of whether this prevented the claim from moving to the next step. An example of an unnecessary examination would be one requested when the Veteran claimed service connection for a right ankle fracture when STRs are negative for any x-ray or other evidence documenting a fracture. An error would be cited if a VSR failed to tab/identify pertinent medical evidence in the request for examiner review when a medical opinion was requested. If the VSR failed to request a necessary exam and/or medical opinion, but the situation is beyond the scope of the VSR's training, then no error should be cited. The standard for determining when an exam or medical opinion is required is different for a VSR than for an RVSR. An example would be if an examination and opinion was needed for a claim for compensation under **38 U.S.C. 1151** or if a medical opinion was needed regarding conflicting medical evidence.
Award Specific Questions	
6. Were all	A "claimed issue" is any benefit specifically mentioned

issues addressed and decided?	by the applicant or his/her representative. Errors would include not conveying all the issues decided by a rating decision if the portion of the rating decision provided to the Veteran/claimant did not include those decisions, and hence, the Veteran is not receiving any notification on the outcome of that issue. The VSR is also responsible for ensuring the rating decision addressed all issues. Furthermore, the VSR is evaluated on whether they appropriately addressed/decided all administrative issues (issues not requiring a rating). Dependency errors are cited under this task only when a claimed dependent is not addressed. All other dependency errors should be captured under the appropriate task. Failing to address pension administratively when appropriate would fall under this task. An example of a premature award of benefits prior to determining eligibility would be administratively granting pension without verifying the qualifying service first.
7. Was necessary award or administrative decision generated/completed and correct?	This task encompasses all situations where an award was generated or should have been. This includes erroneously cleared claims. Errors would include failing to implement payment changes based on a rating decision or incorrectly implementing such a decision and failing to correctly pay based on benefits awarded, discontinued, or adjusted administratively. Payment errors resulting from withholdings of administrative reductions or dependency adjustments would not be indicated under this task.
8. Were all dependency adjustments and/or decisions correct?	This task involves all awards/decisions involving the addition, denial, removal, and change in status of dependents based on the promulgation/authorization activity. Examples of errors in this task would include adding ineligible dependents to an award, removing or denying eligible dependents from an award, adding or removing dependents or changing their status from an incorrect date, and erroneously changing or failing to change the status of a dependent. Establishing an incorrect future date for the removal or change in status of a dependent is also an error. This task also includes errors involving premature dependency adjustments. Error examples include a VSR establishing a dependent prior to obtaining the Social Security number (SSN) or removing a stepchild when the Veteran divorces the parent without determining whether the Veteran still supports the child. For error trend purposes, if multiple dependency adjustments/decisions are involved, only select the error descriptors that are in error. For example, a Veteran submits a claim to establish a spouse, a biological child, and a stepchild. The VSR

	correctly added the spouse to the award; however, the biological child was added from an incorrect effective date and the stepchild was added without the Veteran furnishing requested necessary evidence to establish entitlement. The reviewer would select error descriptors for effective dates and stepchildren.
9. Were all required withholdings / reductions correctly implemented?	This task encompasses all such payment adjustments requiring VSR input/decision. This includes retired pay withholdings, severance pay withholdings, drill pay waivers, hospitalization adjustments, incarceration adjustments, return to active duty adjustments, etc. This does not include reductions due to rating actions as they are covered in Task 7. As with all tasks, this encompasses not just whether the adjustments the VSR made were correct, but whether the VSR failed to implement any and all adjustments covered by this task.
10. Was the claimant properly notified?	**38 CFR 3.103** contains the basic rule. Claimants and their representatives are entitled to timely notice of any decision made by VA. This rule applies to both awards and disallowances. Notification letter(s) must be placed in the claims folder or in the electronic record(s). The decision notice must not be in “Draft” status in the Package Manager. The decision review period does not begin until the claimant and representative are notified of the decision. Information must be complete and accurate. Evidence used to decide the claim must be included in every notification letter. Notice of procedural and appellate rights is required following every decision. The POA must be properly copied on the notification letter (i.e., private attorney addresses). Errors under this task also include notifications to the claimant regarding POA appointments. For example, errors regarding notification to the claimant of an incomplete appointment or notification when the appointment form lacks **38 U.S.C.7332** election.
System Compliance Specific Questions	
11. Were all systems accurately updated?	Systems compliance is required for all VSR IQRs. ROs are required to utilize the error descriptors in this question to determine systems compliance errors. Local guidance will not be used to call systems compliance errors. Only “Yes” or “No” are acceptable answers for Task 11. “NA” is not an acceptable answer for Task 11 because every VSR IQR requires a systems compliance review. Only errors that fall under the specific error descriptors on the checklist are considered systems compliance errors. Errors would include not utilizing the correct EP and date of claim (this includes companion EPs), not updating VBMS with the necessary service information, and not updating mailing and payment addresses. An incorrect third digit modifier is not a critical error under this task. Not inputting all claimed issues as contentions and

	verifying the contention is an error for a VSR but capitalization of contentions is **not** an error. Furthermore, incorrectly granting POA access or failure to update VBMS (or VACOLS, if applicable) to remove the revoked POA in VBMS and Case Flow is an error. This includes accepting an invalid form. POA updates must be completed in VBMS and VACOLS, when appropriate. Failure to notify the revoked POA, and/or failure to annotate the VAF 21-22/21-22a, does not rise to the level of a critical error. Incorrectly inputting and updating tracked items for all requested evidence is an error under this task. Corporate flashes and special issues listed below in Blocks d and e of this appendix are considered systems compliance errors. Corporate flashes and special issues required as part of interim guidance or other special guidance issued are also considered system compliance errors. All other corporate flashes and special issues are considered as remarks and returned for correction. Any required systems updates that do not fall under the specific error descriptors of this section are not errors and should be indicated as remarks and returned for correction. For example, VBMS indexing and inputting VBMS notes are not errors under this task. Contention classifications and contention types are also not considered errors under systems compliance. All specific error descriptors under Task 11 are applicable to every VSRIQR, regardless if it's a PRE or POST transaction. The only exception is tracked item errors will not be cited on POST transactions resulting in the EP being closed (manually cleared or authorized). This includes a VSR transaction for generating an award that is later authorized. If the EP remains open because it was continued at authorization, then errors related to tracked item errors are appropriate. Please note: An incorrect date of claim (DOC) or EP is still a systems compliance error even if the EP is closed and the DOC/EP cannot be corrected. DOC/EP errors can only be corrected prior to the claim being closed. If a DOC/EP error is identified on a closed EP, the error should be cited under Task 11 and the VSR is notified; however, corrective action may not be required. It is not appropriate to establish an EP 930 when the only error was for an incorrect DOC or EP and the EP is now closed. ***Note***: FTI applies only to pension claims.
Correctable Comments	
12. Is the c-file free from other defects requiring correction which are not considered	This task houses and routes correctable comments found during the IQR process. Correctable comments are those items which are not considered to be a "critical" error on the transaction under review, but which require additional processing to ensure the correctness and/or completeness of the claim in general.

"critical" to the item(s)/transaction currently under review?	***Note***: Changing *any* element of the Task 12 response does not constitute a QRT Performance Error, as only Tasks 1-11 are factored into the quality calculation for VSRs. Failure to properly utilize the *Duplicate Record Consolidation (DUPC)* special issue should be captured as a critical error under Task 11. If the special issue is correctly utilized, but additional consolidation action is required, then a correctable comment should be cited. Overdevelopment actions that do not materially delay the claim, but must be corrected, should be captured as a correctable comment. ***Reminder***: Overdevelopment is always captured for unnecessary exam/opinion requests as a critical error under Task 5 even if it does not materially delay the claim.

6.A.d. Systems Compliance Errors - Corporate Flashes

Use the table below to identify which corporate flashes are considered systems compliance errors. Failure to add or remove the relevant corporate flash as required rises to the level of critical error. Corporate flashes that are not covered by the list below but still need to be input or removed on the claim are indicated as remarks and returned for correction.
Exception: Failure to properly apply corporate flashes required by interim guidance will be cited as critical errors. See **M21-4, Chapter 6.4.j.** for additional information.

Corporate Flash Name
Amyotrophic Lateral Sclerosis
Blind
Clear and Unmistakable Error
Committee on Waiver Case
Death in Service
EHRM Pilot
Emergency Care
Forfeiture Case
Fugitive Felon
Hardship
Homeless
Incarceration
Locked File
OIG Case
Philippine Service
POW
Potential Attorney Fee
Priority Processing - Veteran 85 or older
Private Attorney - Fees Payable
Restricted Access - Milwaukee RACC
Restricted Access - San Diego RACC
Restricted Access - St. Paul RACC

Returned to Active Duty
Seriously Injured/Very Seriously Injured
Terminally Ill

6.A.e. Systems Compliance Errors - Special Issues

Use the table below to identify which special issues are considered systems compliance errors. Failure to add or remove the relevant special issue as required rises to the level of critical error. Special issues that are not covered by the list below but still need to be input on the claim are indicated as remarks and returned for correction.
Exception: Failure to properly apply special issues required by interim guidance will be cited as critical errors. See **M21-4, Chapter 6.4.j.** for additional information.

Special Issue Name
38 USC 1151
Administrative Decision Review - Level 1
Administrative Decision Review - Level 2
Amyotrophic Lateral Sclerosis (ALS)
Blue Water Agent Orange
C-123
Character of Discharge AQ95
ChemBio
Compensation Service Review - Environmental Hazard Verified
Compensation Service Review - Equitable Relief
Compensation Service Review - Extraschedular
Compensation Service Review - Mustard Gas
Compensation Service Review - Opinion
Compensation Service Review - Over $25K
Compensation Service Review - POW
Compensation Service Review - Radiation
Disability Benefits Questionnaire - Private
Disability Benefits Questionnaire - VA
Duplicate Record Consolidation (DUPC)
Emergency Care - CH17 Determination
Environmental Hazard - Camp Lejeune
Environmental Hazard - Camp Lejeune - Louisville
Environmental Hazard in Gulf War
FY21 NDAA AO Presumptive
Gulf War Presumptive
Gulf War Presumptive – Airborne Hazards
IDES Deferral
Informal Conference
Local Hearing
Local Mentor Review

Local Quality Review
Military Sexual Trauma (MST)
MRRC Request
Mustard Gas
National Quality Review
PACT
RVSR Examination
Radiation Radiogenic Disability Confirmed
Rating Decision Review - Level 1
Rating Decision Review - Level 2
SHAD
Specialized Records Request
Transfer from Intake Site
Traumatic Brain Injury

Appendix B. RVSR Task Based Quality Review Checklist

Introduction This appendix contains information on the RVSR Task Based Quality Review Checklist, including

- **RVSR Task Based Quality Review Checklist**
- **instructions and guidelines for RVSR review**, and
- **rating review elements**.

Change Date November 26, 2024

6.B.a. RVSR Task Based Quality Review Checklist

Below is a sample of the RVSR Task Based Quality Review Checklist.

Rating Specific Questions	
1. Were all claimed issues addressed and decided?	☐ Yes ☐ No ☐ NA
Error Description	
A claim for service connection was received but not addressed or decided	☐
A claim for secondary service connection was received but not addressed or decided	☐
A claim for an increased evaluation was received but not addressed or decided	☐
The issue of IU was claimed but was not decided	☐
Entitlement to a claimed ancillary benefit (SAH, SHA, DEA, Paragraph 29 or 30, etc.) was not addressed	☐
The issue of competency was claimed but was not addressed	☐
Entitlement to SMC or SMP A/A or HB was not addressed	☐

Entitlement to another level of SMC was not addressed	☐
A proper claim of the existence of a CUE was not decided (to include effective date due to alleged CUE)	☐
Claimed issue for IDES was not addressed (IDES program only)	☐
Entitlement to pension was not addressed	☐
Entitlement to DIC was not addressed	☐
Entitlement to accrued benefits was not addressed	☐
Entitlement to spousal A/A was not addressed (survivors pension)	☐
Entitlement to spousal Housebound was not addressed (survivors pension)	☐
Entitlement to dental treatment was not decided (only when referred by a VA treating facility via VA Form 10-7131)	☐
The SOC/SSOC did not address an issue on appeal when required	☐
Entitlement to an earlier effective date for an issue on appeal was not decided or addressed (appeals)	☐
The decision failed to address an issue requiring adjudication (specific to supplemental and/or HLR claims)(AMA)	☐
A partial decision was warranted but not completed	☐
2. Were all inferred and/or ancillary issues addressed?	☐ Yes ☐ No ☐ NA
Error Description	
Entitlement to unclaimed complications of disabilities (nerve involvement due to the back, ALS or Parkinson's complications, etc.) was not addressed when appropriate	☐
Entitlement to an inferred issue based upon related disability (e.g., tinnitus grant when HL is claimed and SC warranted) was not addressed	☐
Entitlement to IU was not addressed when appropriate	☐
An evaluation under **38 CFR 3.324** (multiple non-compensable SC disabilities) was not determined when required	☐
The issue of competency not addressed	☐
Entitlement to DEA was not addressed	☐
Entitlement to service connection for conditions found on examination but not claimed was not considered (IDES only)	☐
Entitlement to pension (including extra-scheduler under 3.321b) was not considered when required	☐

Entitlement to SMC or SMP A/A or HB was not addressed when required	☐
Entitlement to Special Home Adaptation or Special Adaptive Housing was not addressed when required	☐
Entitlement to Auto/Auto Adaptive Equipment was not addressed when required	☐
Entitlement to another level of SMC was not addressed when required	☐
Entitlement to medical care under 38 U.S.C. 1702 was not addressed when required	☐
3. Was all necessary development to obtain all indicated evidence (excluding VA Examination) completed prior to deciding the claim?	☐ Yes ☐ No ☐ NA
Error Description	
The service treatment or personnel records are needed	☐
VAMC treatment records were not obtained and uploaded to the eFolder when required	☐
Other Federal records were not obtained (such as Social Security records, prison records or Vet Center records) when required	☐
Development for non-VA treatment records is required	☐
IU development is not complete (excluding examinations – e.g. missing 8940, employment history, 4192 development, signed 4140, etc.)	☐
AO exposure development is not complete	☐
PTSD development is not complete (stressor verification/information, etc.)	☐
The development for other special issues is not complete (risk factors for hepatitis C, project SHAD, etc.)	☐
5103 Notice was not provided	☐
New and Relevant evidence was submitted necessitating development for other identified evidence prior to deciding the issue (AMA)	☐
4. Were all necessary examinations and medical opinions requested and sufficient?	☐ Yes ☐ No ☐ NA
Error Description	
VA examination was needed but was not requested	☐
VA medical opinion was needed but was not requested	☐
The VA examination was insufficient (necessary information is missing or the eFolder not reviewed when required)	☐
The VA medical opinion was insufficient (opinion was requested but not provided or the eFolder not	☐

reviewed when required)	
The supporting rationale for a required VA medical opinion was missing, incomplete or not supported by the evidence	☐
The medical opinion request failed to include pertinent information for consideration in the opinion and such consideration was not provided (evidence review, etc.)	☐
VA examination was warranted based on a change in law or policy but was not requested (newly added presumptive condition, etc.)	☐
An incorrect examination or DBQ was requested	☐
Overdevelopment- an examination was requested by the RVSR but was not needed (e.g., sufficient private DBQ on file)	☐
Overdevelopment – a medical opinion was requested by the RVSR but was not needed	☐
Overdevelopment – a VAE was ordered by the RVSR but there is no basis in the regulations for establishing SC for the underlying disability	☐
Aggravation was not addressed in the examination when required	☐
New and Relevant evidence was submitted necessitating a VAE prior to deciding the issue (AMA)	☐
5. Was the grant of all issues correct?	☐ Yes ☐ No ☐ NA
Error Description	
Service connection was not warranted but was established	☐
Service connection is not warranted for a symptom or lab finding (pain, proteinuria, etc.)	☐
The rating established additional service connection for a condition which was previously established as a grant on the *Codesheet* (i.e., same condition service-connected twice on *Codesheet*)	☐
The rating established an improper presumptive grant (condition not compensable during appropriate time frame or not covered by presumption)	☐
The rating incorrectly granted a condition as aggravated without appropriate consideration	☐
Service connection was not warranted due to a regulatory restriction (congenital defect, willful misconduct, etc.).	☐
Service connection was not warranted as there was “clear and unmistakable” evidence to overturn past favorable findings (AMA)	☐
6. Was the denial of all issues correct?	☐ Yes ☐ No

	☐ NA
Error Description	
Service connection was warranted but was not established	☐
Service connection was warranted for an undiagnosed illness (Gulf War Undiagnosed Illness) or MUCMI	☐
The rating denied service connection for a condition which was already established as SC on the *Codesheet*	☐
The rating improperly denied a presumptive condition when SC was warranted	☐
The rating incorrectly denied a condition as not aggravated without appropriate consideration	☐
Issue(s) decided on SOC/SSOC for which no NOD has been received	☐
New and Relevant evidence was submitted which warrants a grant of the issue (AMA)	☐
Service connection was warranted as there was no “clear and unmistakable” evidence to overturn past favorable findings (AMA)	☐
7. Were the evaluations assigned correct to include SMC coding and the combined evaluation?	☐ Yes ☐ No ☐ NA
Error Description	
A condition or conditions were under-evaluated	☐
A condition or conditions were over-evaluated	☐
Pyramiding - separate evaluations were established for two or more diagnostic codes where such is prohibited by the rating schedule (e.g., sleep apnea and asthma separately evaluated)	☐
Pyramiding – the same symptoms were used to evaluate two or more conditions separately	☐
Separate evaluations were warranted for one SC disability (e.g., knee LOM and instability)	☐
Separate evaluations were not warranted for the SC disability (e.g., bilateral flatfoot under DC 5276)	☐
The bilateral factor was improperly applied or not applied when required	☐
Convalescence or Hospitalization was incorrectly established or denied	☐
A reduction was proposed or completed but was not warranted or the associated ancillary benefits was/were not addressed	☐
A reduction was warranted but was not proposed or completed	☐
The aggravation deduction was not performed when required or shown by the evidence of record	☐
Condition warranted an evaluation as a paired	☐

organ or extremity	
Evaluation assigned established a violation of the amputation rule	☐
SMC coding was incorrect	☐
8. Are all effective dates assigned correct?	☐ Yes ☐ No ☐ NA
Error Description	
Day after discharge effective date was incorrect (warranted or not warranted)	☐
An effective date based on an Intent to File was incorrect	☐
Effective date equal to DOC was not applied or was applied inappropriately	☐
Original DOC was warranted based upon receipt of additional records (e.g., new STRs not previously of record)	☐
An incorrect effective date for increase was applied based upon an increase being factually shown or not shown in the medical evidence of record	☐
The criteria for IU had an incorrect effective date	☐
Increase during appeal period – effective date warranted from original DOC	☐
Increase during appeal period – effective date warranted from date of increase factually shown	☐
Liberalizing legislation was misapplied for effective date	☐
Effective date of conditions associated with disease processes per rating schedule (incorporated within rating schedule) incorrectly applied	☐
Incorrect effective date for any other reason not listed	☐
9. Was the decision free of other deficiencies?	☐ Yes ☐ No ☐ NA
Error Description	
Incompetency was improperly proposed or established	☐
Issues were addressed by rating without a proper claim (claim not filed on proper form)	☐
A routine future examination was added to a condition but is not appropriate	☐
A routine future examination was not added to a condition when required (e.g., active cancer)	☐
The claim was improperly or prematurely certified to BVA (appeals)	☐
The disability(ies) upon which IU was established	☐

were not reflected in the rating narrative	
A summary of the evidence considered was not provided (AMA)	☐
For denied claim(s), identification of the missing element(s) which are required to grant the claim(s) was not provided (AMA)	☐
The decision did not identify the criteria to grant the next higher level of compensation (AMA)	☐
Deferral Specific Questions	
10. Were all deferrals completed necessary and properly recorded?	☐ Yes ☐ No ☐ NA
Error Description	
Deferral was completed for records that were not required or were already contained within the C-file	☐
Deferral did not encompass all development that was required or was otherwise incomplete	☐
Deferral was not finalized or was finalized improperly	☐
The order of operations for a deferral was not followed	☐
System Compliance Specific Questions	
11. Were all systems updates completed when needed?	☐ Yes ☐ No ☐ NA
Error Description	
The POA was not updated correctly on *Codesheet*	☐
The appropriate service period(s) listed on the *Codesheet* was/were not verified (regular active duty, active and inactive duty for training)	☐
The proper EP was not reflected on the rating decision *Codesheet* to include proper DOC for EP	☐
An additional signature for the rating was not obtained when required [e.g. SMC at a rate greater than SMC (l), CUE, proposals to sever SC, etc.]	☐
The *Codesheet* was not correctly updated for final CUE action	☐
Correctable Comments	
12. Is the c-file free from other defects requiring correction which are not considered "critical" to the item(s)/transaction currently under review?	☐ Yes ☐ No ☐ NA
Error Description	
Past claimed issues have not been addressed or decided	☐
Past inferred and/or ancillary issues have not been addressed	☐
Past necessary development to obtain all indicated	☐

evidence (excluding VA Examination) was not completed prior to deciding the claim	
When required, past examinations and/or medical opinion were not requested and/or sufficient	☐
The past grant of issues was not correct	☐
The past denial of issues was not correct	☐
The past evaluations(s) assigned was/were not correct, to include the combined evaluation	☐
The past SMC coding was not correct	☐
The past effective date(s) assigned was/were not correct	☐
New and Relevant evidence was submitted but the claim was not decided based on the merits of the claim	☐
A claim was invited that cannot be granted (i.e., no basis in the law for a grant)	☐
An issue that is on appeal was addressed in rating decision (i.e., no jurisdiction to consider the issue)	☐
The laws and regulations applicable to the claim were not provided (AMA)	☐
The decision maker did not properly identify or document favorable findings	☐

6.B.b. Instructions and Guidelines for RVSR Review

These instructions and guidelines have been developed to promote consistency and uniformity in the review of cases selected for local rating IQRs. Use these instructions/guidelines in conjunction with the RVSR Task Based Quality Review Checklist.

The RVSR Task Based Quality Review Checklist is a task based checklist. The task based checklist reviews different tasks taken during the rating process. For each case reviewed, an RVSR Task Based Quality Review Checklist must be completed and all questions answered. The employee will be reviewed for each task they completed on the date of the transaction selected. At the time of the review, the reviewer will determine which tasks are applicable. There are three possible answers for each of the tasks. A task is considered “accurate” when “Yes” is selected for that task indicating that the activity associated with the question was completed accurately. A task is considered “in error” when “No” is selected for that task indicating that the activity associated with the question was “in error.” A task is considered not applicable to the review when “NA” is selected for that task indicating that the question is not applicable to the case under review.
Quality will be calculated based on “root cause” errors, in order to evaluate the actual cause of the error(s) rather than also calculating all of the subsequent consequences resulting from the initial error. For example, a decision maker assigns an incorrect evaluation for a condition which warranted a total evaluation (100%). There are other, separate SC disabilities that combine to be more than 60% disabling. Had the proper evaluation been assigned, the Veteran would have met the evaluation requirements for statutory housebound benefits. The decision maker would be cited for one error for the incorrect evaluation. The subsequent error (failure to infer and grant statutory housebound) would not be cited

because it was caused by and the direct result of the original evaluation error. It would, however, be captured in the comments for training purposes.

An error will be recorded when an action is taken that violates current regulations, policies, and procedures. A narrative summary is required with statutory, regulatory, judicial, or manual references for any "error" or "No" answer recorded. A difference in judgment or opinion reflecting a possible better practice or solution is not captured on the RVSR Task Based Quality Review Checklist.

Overdevelopment, as it relates to the task based checklist, is taking an incorrect development action that prevents the claim from progressing to completion (materially delays the claim). This would include unnecessary requests for exams or medical opinions, information that is not needed to make a decision, or information that is already of record, etc. For example, a medical opinion regarding the onset of a condition during service was requested, but service connection is otherwise warranted for that condition on a presumptive basis. The opinion would have no material effect on the outcome of the claim and is considered overdevelopment (provided no other development was requested or required, and the opinion request itself resulted in a delay to processing the claim). Unless the effective date would be affected, the opinion is irrelevant.

Notes:

- To rise to the level of an error for overdevelopment, the development directed must clearly be unnecessary and/or erroneous in nature and must also materially affect (for example, delay) the claim.
- Errors are not to be cited based upon a simple difference of opinion between the decision maker and the quality reviewer regarding evidence sufficient to decide the claim.

6.B.c. Rating Review Elements

The following is a list of explanations of the elements of the RVSR Task Based Quality Review Checklist.

Rating Specific Questions	
1. Were all claimed issues addressed and decided?	All issues filed by a Veteran or properly filed by his/her representative should be formally addressed and decided in some fashion. This task question applies to issues under the case selected for review that were properly addressed or should have been addressed. This task question also applies to any issue that needs to be addressed and decided based on a review initiated by VA, such as routine future examinations under EP 310, corrections under EP 930, etc. Entitlement to an earlier effective date would generally apply only to an appeal, unless such a claim is filed in conjunction with a claim of CUE.
2. Were all inferred and/or ancillary issues addressed?	All inferred issues that arise from the claim should be addressed. This would include any ancillary issues, such as entitlement to Dependents' Educational Assistance (DEA) benefits when a permanent and total evaluation is established, or inferred issues, such as IU that is reasonably raised but not specifically claimed. This would also include any unclaimed issue that is "within scope" of a claimed condition and for which SC is warranted, such as a tinnitus grant when only hearing loss is claimed, a neurological abnormality grant when only a cervical or lumbar spine condition is claimed, a diabetic

	complication grant when only diabetes is claimed, unclaimed scar grants, etc.
3. Was all necessary Development to obtain all indicated evidence (excluding VA Examination) completed prior to deciding the claim?	This task question includes all development items outside of any required VA examination. Please note this does not include items that are purely administrative in origin, so long as all actual development is completed. For example, the absence of the posttraumatic stress disorder (PTSD) stressor memorandum from the eFolder is not a critical rating error, so long as all necessary development has been completed in the attempt to verify the stressor. If the necessary development has not been completed, note such as a critical error under the appropriate task question.
4. Were all necessary examinations and medical opinions requested and sufficient?	This task question includes errors that arise in relation to a VA examination/medical opinion that was actually requested or that should have been requested. However, it does not apply to a deferral that directs a VA examination/medical opinion as errors on deferrals are recorded under Task 10. Please note this task question encompasses overdevelopment in the form of ordering examinations that are not necessary to decide the claim. To be an overdevelopment error, the examination requested must have clearly been erroneous (e.g., ordering an examination for a condition for which SC could not be established due to a statutory bar) and materially affected the claim (i.e., delayed claim processing in and of itself). Mere differences of opinion regarding whether or not the evidence of record was sufficient to decide a claim without an examination are not valid quality errors.
5. Was the grant of all issues correct?	This task question includes items such as establishing dual service connection for the same issue (i.e., granting new service connection and an evaluation for a condition already shown on the *Codesheet* as service-connected but for which an additional evaluation cannot be established).
6. Was the denial of all issues correct?	This task question includes improper denial of service connection for issues previously established as service-connected on the *Codesheet*. In addition, it encompasses issues addressed on an SOC or SSOC for which no appeal was filed (please note this is not for consideration when a separate rating is done by the Appeals unit).
7. Were the evaluations assigned correct to include SMC coding and the combined evaluation?	This task question includes erroneously establishing separate evaluations for a condition that must be evaluated as a single entity (e.g., bilateral flatfoot). In addition, various forms of pyramiding and improper reductions are accounted for under this question.
8. Are all effective dates assigned correct?	This task question encompasses intent to file (ITF), DOC, and increases during the appeal period, as well as various Individual Unemployability (IU) scenarios. Also covered here are incorrect effective dates for ancillary benefits.

9. Was the decision free of other deficiencies?	Items such as incompetency improperly proposed or established, rating issues without a formal claim, and failure to properly utilize routine future examinations fall under this task question.
Deferral Specific Questions	
10. Were all deferrals completed necessary and properly recorded?	Items cited under this task question must be clearly erroneous and not based upon a difference of opinion regarding evidence needed to properly decide a claim. Completing a deferral for evidence already of record is one example. Also, failing to finalize or improperly finalizing the deferral in VBMS is cited here as this will have a negative effect upon the claim work flow (as will failure to follow the proper order of operations).
System Compliance Specific Questions	
11. Were all systems updates completed when needed?	Only errors that fall under the specific error descriptors on the checklist are considered systems compliance errors. This task question applies only to the rating decision *Codesheet*, and it was developed to account for items that slow or misdirect the claims process and require correction. Proper POA, appropriate service period verification, updating the *Codesheet* for final CUE action, and having the proper EP associated with the decision are included here. Of note, the lack of appropriate third digit modifier does not cause an EP association error under this question; rather, only the lack of an overall appropriate EP will (e.g., an EP 020 and 310 for the same issue). The terminology of "additional signature" denotes those ratings which always require an additional signature (such as CUEs cited on the rating boards/lanes, etc.).
Correctable Comments	
12. Is the c-file free from other defects requiring correction which are not considered "critical" to the item(s)/transaction currently under review?	This task question houses and routes correctable comments found during the IQR process. Correctable comments are those items which are not considered to be a "critical" error on the transaction under review, but which require additional processing to ensure the correctness and/or completeness of the claim in general. ***Note***: Changing the Task 12 response from "Yes" to "NA" or "NA" to "Yes" does not constitute a QRT Performance Error, as only Tasks 1-11 are factored into the quality calculation for RVSRs.

Appendix C. CA Task Based Quality Review Checklist

Introduction

This appendix contains information on the Claims Assistant (CA) Task Based Quality Review Checklist, including

- **CA Task Based Quality Review Checklist**

- instructions and guidelines for CA review, and
- CA review elements.

Change Date March 30, 2023

6.C.a. CA Task Based Quality Checklist Below is a sample of the CA Task Based Quality Review Checklist.

CA Specific Questions	
1. Was the Claimant Correctly Identified in all systems?	☐ Yes ☐ No ☐ NA
Error Description	
Documents contained in the mail packet under review were not uploaded to the correct e-folder related to the correct Veteran	☐
Incorrect action regarding any unidentified mail	☐
Incorrectly updated appropriate systems for any name, including spelling, and/or address changes	☐
Failed to identify and/or took incorrect action regarding any duplicate records identified for the Veteran or other claimant. (i.e. Dup-C)	☐
2. Did the CA correctly determine that a new end product control was needed; and, if so, did CA establish it correctly?	☐ Yes ☐ No ☐ NA
Error Description	
An EP was not required and/or not established based upon the packet or other assignment under review	☐
The incorrect date of claim was established	☐
The incorrect EP code was established	☐
The benefit type, payee code, and/or claim label were incorrectly established, where applicable (based upon current manual guidance)	☐
Failed to request folder at the time of claim establishment	☐
System letter not generated or suppressed incorrectly (i.e. 5103)	☐
3. Electronic Record Updates: Did CA take correct actions to update systems to allow complete tracking and routing of claims and benefits?	☐ Yes ☐ No ☐ NA
Error Description	
VBMS Manage Evidence screen and/or legacy systems incorrectly completed when evidence is received	☐
Contentions and Tracked Items were not input and, when required, updated incorrectly	☐
Priority flashes and/or special issues were	☐

incorrectly established when required	
Power of Attorney (POA) incorrectly updated, to include granting appropriate access (if VA Form 21-22 submitted with mail packet). Prior POA not revoked when applicable	☐
Documents uploaded to the electronic folder were incorrectly indexed	☐
VACOLS was incomplete and/or inaccurately updated as required	☐
Direct Deposit information was input or updated incorrectly	☐
Any Notice of Death (FNOD) was input incorrectly	☐
Intent to File (ITF) information input or updated incorrectly, when applicable	☐
4. Other CA Actions: Were any and all other necessary CA actions taken, and taken correctly?	☐ Yes ☐ No ☐ NA
Error Description	
Hearing Scheduled: Actions pertinent to the scheduling of an individual hearing were incomplete	☐
Non-system generated correspondence incorrectly prepared and/or released (e.g., Request for Application (RFA), Intent to File (ITF), Benefits Verification letter, Commissary letter)	☐
Any one-time end product PCLR incorrectly completed, when applicable	☐
Incorrect exam request follow-up was initiated	☐
Incorrect Folder boxed, shipped and tracked	☐
Incorrect FOIA , privacy or other request logged	☐
Incorrect FOIA, privacy or other response	☐
Incorrect Centralized Mail printing and mailing (Assistance with Work-at-Home Letters)	☐
Any Folder Request not associated with the establishment of a claim was initiated incorrectly	☐
Incorrect Burial Development or Award	☐
Incorrect Re-assignment or Re-routing of mail packet	☐

6.C.b. Instructions and Guidelines for CA Review

The scope of the Quality Review questions below is limited to the mail packet or other work assignment selected for random quality review at your station. These instructions and guidelines have been developed to promote consistency and uniformity in the review of cases selected for local CA IQRs. Use these instructions/guidelines in conjunction with the CA Task Based Quality Review Checklist.

The CA Task Based Quality Review Checklist is a task based checklist. The task based checklist reviews different tasks taken during the CA intake process. For each case reviewed, a CA Task Based Quality Review Checklist must be completed and all questions answered. The employee will be reviewed for each task they

completed on the date of the transaction selected.
At the time of the review, the reviewer will determine which tasks are applicable. There are three possible answers for each of the tasks. A task is considered “accurate” when “Yes” is selected for that task indicating that the activity associated with the question was completed accurately. A task is considered “in error” when “No” is selected for that task indicating that the activity associated with the question was “in error.” A task is considered not applicable to the review when “NA” is selected for that task indicating that the question is not applicable to the case under review.

A CA’s quality will be calculated based on “root cause” errors, in order to evaluate the actual cause of the error(s) rather than also calculating all of the subsequent consequences resulting from the initial error. For example, a CA generates the incorrect EP for a dependent which results in an incorrect claim. The CA would be cited for one error for the incorrect EP. The subsequent error (incorrect notification letter) would not be cited because it was caused by and the direct result of the original EP error. The notification error, however, would be captured in the comments for training purposes.

Each task on the checklist is associated with multiple error descriptors. The error descriptors are meant to provide an additional level of information on the error cited to better identify error trends. The main task question (ex: Were all mail issues addressed and decided?) is what is used to determine if there is an error for that task. The error descriptors are only there to further identify error trends; they are not meant to determine whether there is an error.

The guideline is that an error will be recorded when an action is taken that violates current regulations, policies, and procedures. A narrative summary is required with statutory, regulatory, judicial, or manual references for any “error” or “No” answer recorded. A judgment or a difference of opinion reflecting a possible better practice or solution is recorded as a remark rather than an error. If an error is identified that is not related to the individual’s scope, that error is recorded as a remark. For example, the reviewer finds an incorrect entry made by a VSR that the CA did not make. The reviewer would not cite an error on the CA for the incorrect entry since it is due to the incorrect entry from the VSR. This would be outside the scope of the CA. The reviewer is advised to capture the error as a remark and return to the VSR to ensure review and possible correction, as well as for training purposes.

Note:
The lack of a note in VBMS is not grounds for an error citation.

6.C.c. CA Review Elements

The following is a list of explanations of the elements of the CA Task Based Quality Review Checklist.

Development Specific Questions	
1. Was the Claimant correctly identified in all systems?	This question is applicable when a mail packet is processed, including taking action regarding unidentified mail. This question also applies to system updates for any name changes, including spelling, and/or address changes, based on a mail packet or other assignment under review. A

	critical error should be cited if the CA failed to identify and/or take corrective action regarding a duplicate corporate record identified for the Veteran or other claimant. (i.e. Dup-C).
2. Did the CA correctly determine that a new end product control was needed; and, if so, did CA establish it correctly?	This question is only applicable when the packet or other assignment under review requires EP establishment. It does not apply to a one-time clearing of EP (PCLR) or to EPs already pending at the time of the CA review. Any errors found in an EP pending either prior to or after the CA's review will not be captured as a critical error, but will be noted in the comment section to ensure that corrective action may be taken. Critical errors are warranted if the paper claims folder was not requested or if a required system letter was not generated or was suppressed incorrectly.
3. Electronic Record Updates: Did CA take correct actions to update systems to allow complete tracking and routing of claims and benefits?	This question is applicable when the mail packet or other assignment under review requires the CA to update claim or claimant level information in the electronic record (typically VBMS, Virtual VA or other corporate system) to allow for the efficient processing of the claim and/or correct routing of mail and benefits to the claimant. It most typically applies when a CA establishes an EP, manages mail received for an existing claim or is required to update a POA, an address, or direct deposit information. Failure to notify the revoked POA, and/or failure to annotate the VAF 21-22/21-22a, does not rise to the level of a critical error. Incorrectly inputting and updating tracked items for all requested evidence is an error under this task. Critical errors should only be cited for the incorrect use of corporate flashes and special issues specific to priority assignment as defined in **M21-1, Part X, Subpart i, 1.1.a**.
4. Other CA Actions: Were any and all other necessary CA actions taken, and taken correctly?	This question is applicable to other actions taken by CAs not captured in Tasks 1-3. This includes scheduling or sending hearing notifications, appeal elections, or non-system generated correspondence prepared and released by the CA was such as Request for Application (RFA), ITF, Benefits Verification letter, Commissary letter, etc. Critical errors for incorrectly performing a one-time PCLR should be captured under this question. This question also applies to actions related to exam follow-up requests, processing folder boxes, FOIA requests, centralized mail printing, folder requests not associated with establishing an EP, burial development or burial awards, and re-assignment and re-routing of mail packets.

Appendix D. MSC Task Based Quality Review Checklist

Introduction

This appendix contains information on the MSC Task Based Quality Review Checklist, including

- **MSC Task Based Quality Review Checklist**
- **instructions and guidelines for MSC review**
- **MSC review elements**

Change Date November 26, 2024

6.D.a. MSC Task Based Quality Checklist

Below is a sample of the MSC Task Based Quality Review Checklist.

Development Specific Questions	
1. Was claims establishment accurate?	☐ Yes ☐ No ☐ NA
Error Description	
End product (EP) and/or claim label incorrect	☐
Incorrect Intake Site or Claim Type selected at CEST	☐
Improper CEST procedure resulting in duplicate record	☐
Incorrect date of claim	☐
Additional EP not established or established incorrectly (when applicable- i.e., return to active duty, supplemental claim)	☐
2. Were all systems accurately updated?	☐ Yes ☐ No
Error Description	
All previous periods of active duty that are verifiable by the evidence of record not updated and marked verified in VBMS	☐
Current active duty service (with branch) and anticipated RAD (for BDD/BDDE cases) or blank RAD (for IDES cases) is not recorded in VBMS	☐
All applicable corporate flashes and special issue indicators not entered or entered erroneously	☐
EP 689: Transfer from Intake Site special issue was not applied when all development was completed (IDES cases only)	☐
EP 336 was not updated (or updated improperly) after examination request submission (BDD cases only)	☐
Missing or erroneous Veterans Tracking Application (VTA) data entry (IDES cases only)	☐
Incomplete/inaccurate address information	☐
Direct Deposit information (when there is a pending/running award) incorrect	☐
Power of Attorney (POA) information/access not	☐

correctly updated in all systems	
Tracked Items were not entered or updated appropriately in VBMS	☐
Contentions for all issues (including dependency) were not entered or were entered erroneously in VBMS	☐
3. Did the MSC verify appropriate date stamps on VA form(s) and do the systems accurately reflect status/evidence?	☐ Yes ☐ No ☐ N/A
Error Description	
Missing, inaccurate, or incomplete date stamps on paper applications or evidence	☐
Documentation confirming date of receipt for electronically received documents missing (i.e., e-mail associated with documents not uploaded directly to claims folder)	☐
4. Was proper pre-decisional notice provided?	☐ Yes ☐ No ☐ N/A
Error Description	
Development letter addressing 5103 and/or evidence requirements (such as issues not claimed on VA Form 21-526EZ) not sent, or missing critical information	☐
Supplemental development letter not sent or missing critical information (to include when applicable: notice of development to third party, notice of need for LoD determination)	☐
Required informational letter not sent or VBMS note documenting verbal communication not entered (when applicable), to include Request for Application (RFA), Return of Documents, and BDD-Excluded letters	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
5. Were all pertinent Federal records (other than STRs) obtained / requested or determined to be of record?	☐ Yes ☐ No ☐ N/A
Error Description	
Inadequate development for verification of previous periods of service	☐
Previous VA claims folder not properly requested/obtained	☐
VA treatment records not obtained/requested or partially obtained/requested	☐
Identified Vet Center records not requested or only partially obtained/requested	☐
Service personnel records not requested (when necessary) or incomplete service personnel	☐

records requested (i.e., current periods of service / branches requested, current orders)	
Other Federal records (i.e., non-VA, non-Military, such as SSA or DoL) required, but not requested/obtained	☐
Overdevelopment which prevented the claim from moving forward to the next step in claims processing (materially delaying the claim)	☐
Final notification letter not sent for missing federal records (other than STRs)	☐
6. Were all pertinent private/non-Federal records obtained/requested or determined to be of record?	☐ Yes ☐ No ☐ N/A
Error Description	
Private Medical Records not requested or requested incorrectly	☐
Other non-federal records (such as city/state government, or employment records) required, but not requested or obtained	☐
Overdevelopment which prevented the claim from moving on to the next step in claims processing (materially delaying the claim).	☐
7. Were all pertinent service treatment records (STRs) obtained/requested or determined to be of record?	☐ Yes ☐ No ☐ N/A
Error Description	
Service Department Statement of Complete and Current STR on VA Form 21-0819, not completed or completed incorrectly (IDES cases only)	☐
STRs from all periods of active duty not requested or requested incorrectly (to include entrance physical)	☐
STRs from National Guard and Reserve service not requested or requested incorrectly	☐
Request to PEBLO for missing STRs not completed (IDES cases only)	☐
Final notification letter not sent for missing STRs	☐
Overdevelopment related to the category which prevented the claim from moving forward to the next step in claims processing (materially delayed the claim)	☐
8. Are all pertinent documents in VBMS and identified in accordance with the manual?	☐ Yes ☐ No ☐ N/A
Error Description	
Applications not uploaded into eFolder (i.e., not sent for scanning)	☐
Documents shipped to scanning improperly	☐

(such as without Document Control Sheet)	
Locally scanned documents illegible or incomplete	☐
IDES development checklist missing or incomplete at the time case is made Ready for Decision (IDES cases only)	☐
9. Were all necessary examinations / medical opinions requested, and correct?	☐ Yes ☐ No ☐ N/A
Error Description	
Necessary examinations not requested (or rescheduled)	☐
Necessary medical opinion not requested	☐
Examination request incomplete – failure to identify all correct disabilities/contentions or identifying incorrect disabilities/contentions	☐
Medical opinion incomplete – failure to identify all correct disabilities/contentions or identifying incorrect disabilities/contentions	☐
Exam request incomplete or incorrect – selecting incorrect examination type/DBQ	☐
Medical opinion incomplete or incorrect – Medical Opinion DBQ erroneously selected and/or not selected when necessary	☐
Examination request incomplete or incorrect – failure to identify or include pertinent information such as evidence to review	☐
Medical opinion incomplete or incorrect – failure to identify or include pertinent information such as evidence to review	☐
Examination requested but not warranted	☐
Medical opinion incorrect – opinion not needed or inappropriate legal question requested	☐
Complex medical opinion required, but not referred to DRAS for action (IDES cases only)	☐
10. Were all examinations complete?	☐ Yes ☐ No ☐ N/A
Error Description	
Examination results were not properly reviewed and/or deemed complete, prior to PEBLO notification (entry of the Medical Evaluation End Date) and/or transferring to DRAS (IDES cases only)	☐
All requested examination results not uploaded to eFolder	☐
11. Was the claimant properly notified and end product disposed of correctly (if applicable)?	☐ Yes ☐ No ☐ N/A
Error Description	

Notification letter not sent and/or documented in file, to include IDES disenrollment (FFD/RTD) letter, Non-BDD Claim – General letter, etc	☐
Courtesy copy of the notification letter was not sent to the appropriate appointed representative (including failure to include a private attorney's address on the cc line)	☐
EP was not cleared or cancelled correctly (if applicable)	☐
Correctable Comments	
12. Is the c-file free from other defects requiring correction which are not considered "critical" to the item(s)/transaction currently under review?	
Duplicate claim folder (DUP-C) identified and consolidation steps not properly followed	☐
Overdevelopment for federal records that did not materially delay the claim	☐
Overdevelopment for non-federal records that did not materially delay the claim	☐
Visually Impaired (VI) correspondence procedures not followed	☐
Required telephone development was not completed/documented in VBMS	☐
Alternate contention name field not properly utilized (prior to exam request)	☐
Required VBMS note not entered	☐
Necessary special issue or flash not entered and/or correct (if not considered critical under Task 2)	☐
Claimant or dependent information incorrect in VA systems (Name, DOB, SSN, service number, etc.)	☐
Document(s) in VBMS need to be moved to another eFolder	☐
New mail indicator not cleared on claim-related mail after making the claim RFD (IDES cases only)	☐

6.D.b. Instructions and Guidelines for MSC Review

These instructions and guidelines have been developed to promote consistency and uniformity in the review of cases selected for local MSC IQRs. Use these instructions/guidelines in conjunction with the MSC Task Based Quality Review Checklist.

The MSC Quality Review Checklist is a task based checklist. The task
based checklist reviews different tasks taken during the MSC claim process. For each case reviewed, a MSC Task Based Quality Review
Checklist must be completed, and all questions answered. The employee
will be reviewed for each task they completed on the date of the transaction
selected. At the time of the review, the reviewer will determine which

tasks
are applicable. There are three possible answers for each of the tasks. A
task is considered “accurate” when “Yes” is selected for that task indicating that the activity associated with the question was completed
accurately. A task is considered “in error” when “No” is selected for that
task indicating that the activity associated with the question was “in error.” A task is considered not applicable to the review when “NA” is selected for that task indicating that the question is not applicable to the
case under review.
A MSCs quality will be calculated based on “root cause” errors, to evaluate
the actual cause of the error(s) rather than also calculating all the subsequent consequences resulting from the initial error. For example, a
MSC lists a contention in VBMS as right knee pain, when the left knee was
claimed. The exam request included the right knee contention. The MSC
would be cited for one error for the incorrect contention being entered in
VBMS. The subsequent error (incorrect contention listed on the contention exam request) would not be cited because it was a direct result of the original contention error. The exam request error, however, would be captured in the comments for training purposes.
Each task on the checklist is associated with multiple error descriptors. The
error descriptors are meant to provide an additional level of information on
the error cited to better identify error trends. The main task question (ex:
Were all systems accurately updated?) is what is used to determine if there
is an error for that task. The error descriptors are only there to further
identify error trends; they are not meant to determine whether there is an
error. ***The only exception is Task 2 systems compliance errors. Only those***
errors that fit under the specific error descriptors are under Task 2.
The guideline is that an error will be recorded when an action is taken that
violates current regulations, policies, and procedures. A narrative summary
is required with statutory, regulatory, judicial, or manual references for any “error” or “No” answer recorded. A judgment or a difference of opinion reflecting a possible better practice or solution is not captured on the MSC Task Based Quality Review Checklist. If an error is identified that is not related to the individual’s scope that error is recorded as a correctable comment under Task 12.
Overdevelopment can be just as harmful as
underdevelopment. Overdevelopment, as it relates to the task based checklist, is taking an incorrect development action that prevents the claim from progressing to the next step in the claims process (materially delays the claim). Examples of this would be requesting information that is not needed or requesting information already of

record that prevents the claim from moving to the decision stage (this includes both rating decisions and administrative decisions). The development action must prevent a claim from moving to the next stage to be an overdevelopment error. Incorrect development actions take concurrently with necessary development actions are not considered overdevelopment errors because the incorrect development action is not materially delaying the claim. For example, a MSC requests STRs that are already in the eFolder when requesting the necessary exams. Reviewers should capture overdevelopment that does not materially delay the claim as a correctable comment under Task 12.
Exception: Overdevelopment is always captured for unnecessary exam/opinion requests even if it does not materially delay the claim. An error will be cited under Task 9 for unnecessary exam/opinion requests.
Notes:

- An error should not be cited on a MSC for overdevelopment if the overdevelopment is the result of a written deferral or directed development by an RVSR or a DRO.
- The lack of a required note in VBMS should be captured as a correctable comment under Task 12.
- An error should not be cited if a MSC does not conduct telephone development prior to issuing a required development letter.

6.D.c. MSC Review Elements

The following is a list of explanations of elements of the MSC Individual Quality Review Checklist.

1. Was claims establishment accurate?	An incorrectly established DOC or EP results as an error under Task 1 regardless of whether the EP/DOC can be corrected or not. Errors would include not utilizing the correct EP code, DOC or claim label (this includes companion EPs). DOC/EP errors can only be corrected prior to the claim being closed/cancelled.
2. Were all systems accurately updated?	Systems compliance is required for all MSC IQRs. ROs are required to use the error descriptors in this question to determine systems compliance errors. Local guidance will not be used to call systems compliance errors. Only “Yes” or “No” are acceptable answers for Task 2. “NA” is not an acceptable answer for Task 2 because every MSC IQR requires a systems compliance review. Only errors that fall under the specific error descriptors on the checklist are considered systems compliance errors. Errors would include not updating VBMS with the necessary service information, and not updating mailing and payment addresses. Not inputting all claimed issues as contentions and verifying the contention is an error for a MSC but capitalization of contentions is not an error. Furthermore, incorrectly granting POA access or failure to update VBMS (or VACOLS, if applicable) to remove the revoked POA in VBMS is an error. This includes accepting an invalid form. POA updates must be completed in VBMS and VACOLS, when appropriate. Failure to notify the revoked POA, and/or failure to annotate the VAF 21-22/21-22a, does not rise to the level of a critical error. Incorrectly inputting and updating tracked items for all requested evidence is an error under this task. Corporate flashes and special issues listed in **6.A.d.** and **6.A.e.** are considered systems

	compliance errors. Corporate flashes and special issues required as part of interim guidance or other special guidance issued are also considered system compliance errors. All other corporate flashes and special issues are considered as remarks and returned for correction. Any required systems updates that do not fall under the specific error descriptors of this section are not errors and should be indicated as remarks and returned for correction. For example, VBMS indexing and inputting VBMS notes are not errors under this task. Contention classifications and contention types are also not considered errors under systems compliance.
3. Did the MSC verify appropriate date stamps on VA forms and do the systems accurately reflect status/evidence?	Paper documents to include applications and other evidence submitted to the MSC must capture the date of receipt via date stamp. Documentation confirming the date of receipt for electronically received documents outside of approved VA claims submission service website, such as VA.gov, etc should be of record in the eFolder (i.e. e-mail showing date received associated with documents not uploaded to claims folder). Documents transferred via HAIMS transfer are considered an approved VA submission portal. When mail is received via e-mail through an authorized mailbox, accept the “sent” date electronically recorded on the email as an acceptable date stamp and upload the email. If documents are signed via signature pad (e-signature) or digitally and uploaded into VBMS, a note must be entered as an indication of receipt. Errors would not include electronically received documents with computer generated date stamps indicating date of receipt.
4. Was proper pre-decisional notice provided?	**38 CFR 3.159** states that upon receipt of a substantially complete application, VA is required to notify the claimant and the claimant's representative, if any, of any information, and any medical or lay evidence, not previously provided that is necessary to substantiate the claim. As part of that notice, VA is required to indicate which portion of that information and evidence, if any, is to be provided by the claimant and which portion, if any, VA will attempt to obtain on behalf of the claimant. The basic rule concerning notice is contained in **38 CFR 3.103**. Within that regulation, at **3.103(b)(2)**, are provisions for due process associated with adverse actions. Additional instructions for implementation are found in **M21-1, Part I, Subpart i, Chapter 1, Section B**. Strict adherence to these procedures is necessary both from the customer’s perspective and the governments’. An example of an error under this category would be the claimant files a claim on the incorrect claim form for an issue that was previously denied. The Request for Application (RFA) letter was not provided as required.
5. Were all pertinent Federal records (other than	All federal records need to be obtained when identified by the Veteran/claimant. This would include Social Security Administration (SSA) records, Veterans Affairs Medical Center (VAMC) records, Vet Center records etc. Failure to obtain records at the time they are

STRs) obtained / requested or determined to be of record?	identified by the Veteran/claimant or at initial development would be an error. This could delay the claim or cause other deficiencies such as missed examinations and/or medical opinions. If a Veteran /claimant identifies records and the MSC does not obtain those records, this would be an error on the MSC under this task. If the MSC does not conduct an enterprise search and associate relevant unidentified VAMC records, this would be an error under this Task. However, MSCs will not be held accountable for identifying and uploading non-VAMC records that the Veteran/Service member did not identify. An error would be cited if a final notification letter or equivalent is not completed. This may be cited at any point of time in claims processing once it has been determined that the records are unavailable. This error citation is ***not*** limited to RFD status claims only. An example of overdevelopment in this task is when we are requesting and waiting for personnel records (DPRIS) but they are already of record. Another example could be trying to verify active duty for training (ADT) or inactive duty for training (IADT) service when the claimed disability was during a period of verified AD, therefore hindering the claim from moving to the next step (ready for decision rating board, etc.).
6. Were all pertinent private/non-Federal records obtained/requested or determined to be of record?	An error would be cited if private treatment records were not requested. This would include the required follow-up request. This could include medical records or non-medical records such as employment records for the Veteran or claimant. An error would be cited if a MSC failed to upload completed VA Form 21-4142 and 21-4142a to the PMR Vault for processing or failed to involve the PMR Super User to complete this step when required. This action is required when forms are received through VA claim submission service websites. ***Note***: Prior to requesting PMRs for active duty Service members, MSCs should review the STRs to determine if indicated PMRs are already of record. Examples of overdevelopment in this task would consist of trying to obtain private medical records (PMRs) that are already of record, the required number of requests for PMRs were completed, or asking for a new release for records when a valid release was already of record.
7. Were all pertinent service treatment records (STRs) obtained/requested or determined to be of record?	An error would be cited when a MSC failed to obtain the STRs or National Guard or Reserve records when required. This would also include when only partial records were requested or records were improperly requested (e.g., STRs not obtained or annotated as missing on VA Form 21-0819 from the Physical Evaluation Board Liaison Officer (PEBLO) for IDES or failure to follow-up twice with the SM for BDD). A failure to have the final notification letter of record would also constitute an error in this task.
8. Are all pertinent documents	An error will be cited if applications submitted by the claimant to the MSC are not uploaded and identified in eFolder or shipped properly for scanning. An error

in VBMS and identified in accordance with the manual?	would also be cited if the IDES checklist is missing or incomplete at the time the case is made Ready for Decision (IDES cases only) .
9. Were all necessary examinations / medical opinions requested, and correct?	An error will be cited when all necessary examinations and/or medical opinions are not requested. An error would also be cited if the incorrect exam/Disability Benefits Questionnaire (DBQ) is requested, not all disabilities were identified in the request, incorrect disabilities are identified, or critical information is not identified in the request such as omitting information found in the supplemental language matrix or not including pertinent evidence for the examiner's review as required. An error will also be cited if unnecessary examinations/opinions are requested, regardless if it prevented the claim from moving to the next step. An example of an unnecessary examination/opinion would be MSC orders an aggravation medical opinion citing a pre-existing condition. Upon review of the entrance exam and other records, there is no indication of the pre-existing condition, and the record shows the disability was first indicated in service
10. Were all examinations complete?	An error will be cited if it is determined that examinations provided to the PEBLO and/or the claim transferred to the DRAS without the proper review or determination of completeness. Completeness is defined as having all the appropriate and necessary parts to include physicians signature and credentials. The MSC will not be held responsible for the sufficiency of the DBQ as that is outside the MSC scope. Sufficiency will be determined by the DRAS. Furthermore, an error will be cited if all requested examination results are not uploaded in the eFolder.
11. Was the claimant properly notified and end product disposed of correctly (if applicable)?	An error will be cited if claimant notification letters were not sent, not documented in the file and a courtesy copy was not provided to claimants appointed representative (if applicable). An error will also be cited if the end product (EP) was not disposed of correctly (cleared or cancelled). For example, IDES claimant is disenrolled from the IDES program. The MSC sends the disenrollment letter but cancels the EP 689. The error would be cited as the EP should have been cleared, not cancelled.

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Correctable Comments	
12. Is the c-file free from other defects requiring correction which are not considered "critical" to the item(s)/transaction currently under review?	This task houses and routes correctable comments found during the IQR process. Correctable comments are those items which are not considered to be a "critical" error on the transaction under review, but which require additional processing to ensure the correctness and/or completeness of the claim in general.

	Note: Changing any element of the Task 12 response does not constitute a QRT Performance Error, as only Tasks 1-11 are factored into the quality calculation for MSCs. Overdevelopment actions that do not materially delay the claim, but must be corrected, should be captured as a correctable comment. ***Reminder***: Examinations that are requested but not warranted are captured for unnecessary exam as a critical error under Task 9 even if it does not materially delay the claim.

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