

Military Order of the Purple Heart Conference

Orlando, FL

March 2011



VA Pension Management Center

Kim T. Michalowski
CSM (RET) USA
Coach

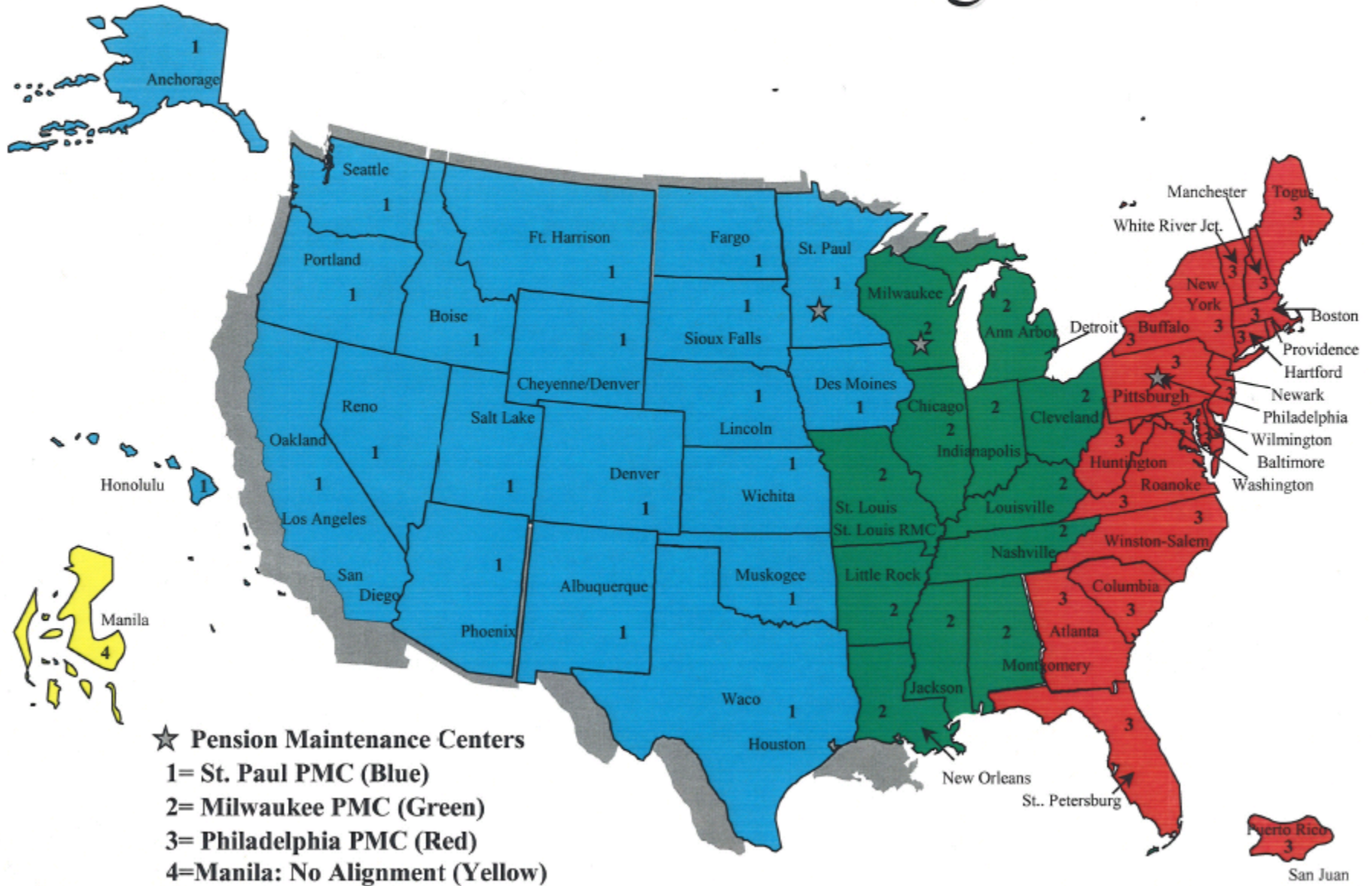


Agenda

- **Pension Center**
 - Responsibilities
 - Service Data
 - Contact Information
- **A Few Technical Issues & Recent Changes**
 - Faxing Claims
 - How You Can Help
 - EVRs
 - Medical Expenses
 - Claims Submission
 - The Fiduciary Process
 - Debts and Tracer Actions
- **The PMC of Today**
- **Questions and Answers**



VBA Areas & PMC Alignment



Authorization Quality Target

- **FY 10 Goal: 96%**
- **FY 10 Accuracy:**
 - Milwaukee: 96%
 - Philadelphia: 95%
 - St Paul: 97%



Rating Quality Target

- **FY 10 Goal: 96%**
- **FY 10 Accuracy:**
 - Milwaukee: 98%
 - Philadelphia: 94%
 - St Paul: 97%



Pension Responsibilities

Pension Centers

➤ Original Claims

- Live
- Death
- DIC
- SMP
- Burials

➤ Rating Issues

➤ Reopened Claims

➤ Running Awards

- EVRs
- Medical Expense Reports
- Dependency
- Nursing Home

➤ Matching Programs

- IVM
- COLA/CS/RR/MR
- SSA Death
- Provider Proof

Regional Offices

➤ DRO Reviews

➤ Fiduciary Services

➤ Sending Hospital Reports to PMCs

➤ Dual Claims are now HRO issues



PHONE CONTACT



- There is no direct phone contact with the Milwaukee PMC for general information calls. Call the National PMC Call Center at:
 - 877-294-6380
- There are two email addresses that are the *preferred* source to be used for EMERGENT CASES ONLY:
- One for VSOs co-located at HRO and encrypted:
 - VAVBAMIW/PMC/VSO
- For those at out based locations and anyone NOT encrypted:
 - milpenctrvso@va.gov
 - Responses to these addresses will not include personal identifiable information (PII) if you are not encrypted



VSO Contact Number

- The Milwaukee PMC has a direct line VSOs can call for emergency situations.
- All status of claim calls, calls for NOD, calls for informal claims should still go through the National PMC Call Center number at:
877-294-6380.
- Emergencies are considered to be:
 - Homeless veterans
 - Terminal illness
 - Foreclosure or removal from Nursing Home
 - Severe Financial hardship
- The number you can call for emergencies is:
 - 414-902-5062

Please DO NOT release this number to Claimants!!!



Contact Us – St. Paul

–Phone:

- CVSO line: 612-713-8978 (not for public use)
 - Hours of operation: 8:00am to 4:30pm Central Time
- Congressional Offices: 612-713-8979 (not for public use)

–Email:

- General Pension inquiries – pension.vbaspl@va.gov
stpapmcpctc.vbaspl@va.gov
- For Service Organizations – pmcvso.vbaspl@va.gov
- For Congressional Offices – pmccongr.vbaspl@va.gov

–Fax:

- General Inquiries: 612-970-5724
- Congressional Inquiries: 612-970-5211

–Mail:

Department of Veterans Affairs Regional Office
Pension Management Center
Bishop Henry Whipple Federal Building
1 Federal Drive
St. Paul, MN 55111-0000



Contact Us - Philadelphia

- **Direct Line to Special Services Queue:**
 - (215) 381-3762
- **E-mail Address:**
 - vavbaphi/ro/pensioncenter@vba.va.gov
- **Special Post Office Box:**
 - PO Box 42910
 - Philadelphia, PA 19101
- **Special Fax Number:**
 - (215) 381-3185



A Few Procedural Issues...

Pension Made Easy!



Is it OK to Fax and Mail the same claim?

- **We accept every valid claim we receive, but this practice slows things down:**
 - First receipt is the only date of claim used.
 - If there are any discrepancies, development is often required.
 - Creates redundancies in Virtual VA.
 - Screening time increases.
- **Additionally, on running awards this does not protect an entitlement date.**
- **Please use only the Virtual VA FAX Number of 414-902-9470**
 - All new issues or reopened claims
 - When to use Team fax numbers....NEVER!!!!



Mail Plan and Development PO Boxes

- The Milwaukee PMC has established a new mail system that we hope will allow for more timely association of development responses with the claim
- In the body of all letters from 1/15/2011 forward will be a specific PO BOX listed to advise the claimant all responses to our letter should be sent to that PO BOX
- This will always be specific to that claim
- All New claims, EVRs, 21-8416s, Re-opened claims and general correspondence should still be sent to the general address at PO BOX of 342000



When is a File Needed?

- For every DIC Claim sent to the PMC
- Upon request of the PMC (PTO)



How You Can Help !

- **How you can help the process run smoothly:**
 - Make sure application/forms are completed fully. Enter some type of status in all fields (none or NA), to include the VAF 21-4142
 - Make sure the application/forms and the 21-4142 are properly signed
 - Make sure service documents are properly certified
 - If in a Nursing Home, complete the 21-0779
 - Make sure your VAF 21-22 is enclosed and properly completed
 - **Send the claim directly to the PMC; except DIC**

NOTE: These points apply to all issues, but with the original claims, it is even more critical



Signatures

M21-1 MR Part I,

Chapter 3, Section A

A representative is authorized to prepare, present, and prosecute a claimant's claim and has the authority to:

- review the claimant's records
- present evidence on behalf of the claimant, and sign an informal claim, a notice of disagreement (NOD), or a substantive appeal on behalf of the claimant.
- withdraw an appeal

Note 1: A POA cannot sign applications for veterans benefits or eligibility verification reports.



Signatures, cont.

- Please have the claimant sign ALL claims.
- VA recognized fiduciaries are an exception.
- Accredited POAs w/a VA Form 21-22 on file can sign evidentiary statements and submit evidence on behalf of the claimant.
- Accredited POAs cannot sign forms requiring claimant certification: 21-4142, 21-8416, EVRs, 21-534, 21-526



Eligibility Verification Reports (EVRs)

- **Expected FY 11 40,000 (increase from 25K)**
- **Completed EVRs are Required and Imperative.**
 - Dependency Information
 - Nursing Home Information
 - Income (Be specific on any changes)
 - Net Worth
 - Signature
- **VA Form 21-8416, has to be worked with the EVR, if an EVR is due. So please send them together, and don't send duplicates.**



EVR Medical Expenses

➤ The \$800 rule

per M21-1MR V.iii.1.G.42

- Preprinted Medical Amount Indicates What We Were Projecting
- If either actual year, or estimated year is greater than projected by more than \$800, they must complete VA Form 21-8416.
- If not we have to develop with a threat to remove the expenses.
- Estimated year is considered a claim for continuing medical expenses and must either be granted, developed, or denied.



Enforcement of Medical Expense Manual

- M21-1MR v.iii.1.G, Deductible Expenses
- Claims must include the following five items:
 - Purpose
 - Amount Paid
 - Date Paid
 - Name of Provider
 - For Whom Paid
- If an item is missing, we have to develop and timeliness suffers for all those served.



Medical Expenses

- VA Form 21-8416, not receipts. Receipts often don't have the five elements.
- Mileage must state the purpose, and give the miles. If paid a fee, make it clear what the fee was for, and don't give the mileage.
- Claimant has to claim nursing home fees. We cannot rely solely on the nursing home statement. Therefore if possible, the claimant should sign any nursing home certificates/VA Form 21-0779. Particularly if requesting reduction to \$90.00.



Vitamins, Food Supplements and Herbal Remedies

- M21-1MR V.iii.1.G.43.j
- A \$500.00 limit per household member has been set for these medical expenses before requiring proof from a physician
- This is per individual and not as a household



Continuing Medical Expenses

- M21-1MR V.iii.1.G.44d
- Medical expenses allowed on a claim should not be an arbitrary amount
- VSRs may project certain predictable expenses:
 - SMIB (Must be projected)
 - Private Medical Insurance
 - Attendant Fees if Special Monthly Pension
 - Nursing Home Fees
 - Their estimated amount on the EVR, if within \$800 of preprinted amount
- If your claimant wants a different specific amount projected, have them specifically request it in writing. Include the time period for the projection. The request will be considered.



Provider Proof

- **M21-1MR V.iii.1.G.45**
- **Provider proof for nursing home expenses can now be taken over the phone and documented on a VA Form 119**
- **If records on file already contain evidence that 'zeroes out' income, development for provider proof is not required**
- **Photocopies of canceled checks may now be used to document provider proof**



Can long term care insurance be used as a UME?

- Yes it can.
- Be sure to list the amount paid and when.
- If they then enter the NH, don't claim any expenses that will be reimbursed.



Can prescriptions be used as UMEs if a doctor statement is included?

- They can be.
- A statement from a health care professional is not required (but would be a factor in our decision).
- If UMEs are requested, we can either accept, deny, or develop.
- We project UMEs based on predictability of the expense, and in an attempt to not reduce the present rate, while not increasing the chances of a future overpayment.



Can family members or friends be used for care providers for UMEs?

- Yes.
- If not receiving Special Monthly Pension, the provider would have to be a licensed healthcare professional.
- If the spouse is the caregiver, the payments would be counted as income.



How are state home fees handled?

- "If a veteran in a State home is receiving hospital care or is a patient (as opposed to a resident) in a nursing home, out-of-pocket amounts actually paid by the veteran may be allowed as medical expenses."
- Amount paid, versus charged is a key factor.
- M21-1MR V.iii.1.G.42



Nursing Home Fees

- **Allow deduction for NH fees if a responsible official of the NH certifies that the disabled person is a patient (as opposed to a resident) of the NH.**
- **Allow a deduction for NH fees even though the NH may not be licensed by the State to provide skilled or intermediate care.**
- **M21-1 MR Part V, iii, 1, G43**



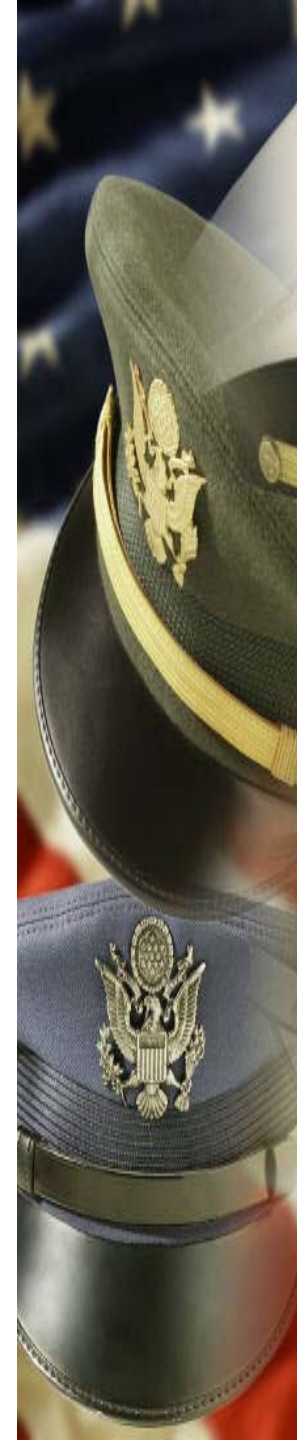
In Home Attendants

- **If rated for Special Monthly Pension (SMP [A+A or HB])...**
 - Allow all fees paid to an in-home attendant as long as the attendant provides medical or nursing services.
 - All reasonable fees paid to individual for personal care and maintenance of the immediate environment may be allowed.
 - The person does not have to be a licensed health care professional.



In Home Attendants

- If NOT rated for Special Monthly Pension (SMP [A+A or HB]) AND a licensed physician has not stated that a dependent or other relative requires an in-home attendant...
 - Allow expenses paid to an in-home attendant only if the attendant is a licensed healthcare professional.
 - All reasonable fees paid to individual for personal care and maintenance of the immediate environment may be allowed.



Custodial Care, Including Assisted Living Facilities

- If a beneficiary or dependent or other person for whom UMEs can be allowed is maintained in such an institution because they need to live in a protected environment, all unreimbursed fees paid to the institution for custodial care (room and board) and medical or nursing care are deductible expenses, **IF**...
- Rated for SMP, or
- A licensed physician certifies that the individual has a medical condition that makes such a level of care necessary.



Is there a preferred way to list UMEs?

- **Single listing for each provider over the course of the year; e.g.**
 - Prescriptions, \$1000, CY 2009, Walgreens, Self
 - Prescriptions, \$500, CY 2009, Rite Aid, Spouse
- **List for the entire calendar year, or initial year. Specific dates would be required if the IY is not delineated.**
- **We prefer no receipts or prescription printouts, unless provider proof is requested.**



What types of claims delay back pay for UMEs?

➤ We don't purposely delay any type of claim.

➤ Problematic issues include:

- Incomplete 8416s.
- Initial year not fully accounted for.
- Unsigned or incorrectly signed.
- Submitting receipts or printouts.
- Listing each purchase individually.
- Listing SMIB when it is no longer paid.
- Any change in SSA which was not previously reported to us in detail.



What can you do to help reduce overpayments?

- Request a specific, small amount of UMEs.
- Advise beneficiaries to inform us of increases in income immediately (including SSA), to include the date payment was first received, *over their signature*. Request that immediate action be taken, and indicate that due process is waived.
- Don't send multiple copies of the same claim.



Understanding the Overpayment Process

- Once an overpayment is created and evidence shows it is valid understand the claimant's options.
- Shortly after the debt is created they will receive a letter from the Debt Management Center (DMC). The PMC no longer is involved.
- The claimant has the following options:
 - Request a waiver of the debt
 - Request a limited withholding of the debt
 - Pay the debt in full



What are DMC Time Limits?

- **Once the DMC notice of debt letter is mailed the claimant has:**
 - 30 days to request a waiver, limited withholding or pay the debt before his running benefits are withheld to collect
 - After 30 days, he can still request a limited withholding
 - If a request for waiver is received within 30 days, benefits are not withheld during the waiver decision process
 - 180 days to request a waiver of the debt



Tracer Actions

- **Again, not something the PMC controls, but you need to understand the process:**
- **When a tracer is initiated one of two things occur:**
 - One- the check is not cashed and the Treasury cancels it and issues a new one. Can take 3-6 weeks
 - Two- the check has been cashed and a tracer action needs to be initiated. In that event the claimant will:
 - Receive a letter from the Treasury requiring him/her to sign a series of paperwork in 5-6 places
 - Once it is determined the claimant did not cash the check by Treasury, a new one is issued. This can take 5-6 months



PMC Fiduciary Procedures

- **PMC identifies claimant may be incompetent, prepares a proposal rating and issues due process. A 607 EP is established.**
- **A DLP award is completed and all retro benefits are withheld pending final incompetency rating and a fiduciary being named.**
- **Due process expires or an answer is received, a final rating of competency/incompetency is prepared. If incompetent:**
 - 297 EP is established and a 21-592 is prepared and sent to HRO Fiduciary Dept.
 - 21-555 received from HRO FID and w/h benefits are released



An aerial photograph of the Milwaukee VA Pension Center. The center consists of several multi-story brick buildings with numerous windows. In the background, the large, green, arched roof of Miller Park stadium is prominent. The foreground shows a green lawn, a paved walkway, and some trees with autumn foliage. The sky is overcast with light clouds.

**The Milwaukee
VA Pension Center
Staff and Employees
Thank You for Your
Cooperation and Service!**

Questions?

