

Lydia Anne Cheney

April 22, 2016

John U. Young
Attorney, Disclosure Unit
U.S. Office Of Special Counsel
1730 M Street, N.W., Suite 218
Washington, D.C. 20036-4505

RE: OSC File No. DI-15-3117

Dear Mr. Young:

Thank you for allowing me the opportunity to comment on the report from the Department of Veterans Affairs in reference to OSC File No. DI-15-3117. It is imperative that I share with you what I witnessed firsthand and why I filed the following allegations against my employer.

Did the Oakland VARO delay processing and improperly store Informal Claims Documents?

In the February 18, 2015 report, *Department of Veterans Affairs; Review of Alleged Mismanagement of Informal Claims Processing at VA Regional Office, Oakland, California*, Linda Halliday, Assistant Inspector General for Audits and Evaluations reported **"A Veterans Benefits Administration (VBA) management support team, sent to assist with operations of the Oakland Veterans Service Center from October through November 2012, located approximately 14, 000 informal claims dating back to mid – 1990s in a file cabinet"**.

The infamous "file cabinet" was a metal 5 – drawer lateral file cabinet that was located outside of the Assistant Service Center Manager's office. Rachel Pennington walked past the file cabinet to and from her office, every day. The file cabinet, I was once told was located in our Public Contact Office (12th floor) and then relocated to the 14th floor, outside of Rachel's office.

The cabinet was filled with informal and some formal claims from Veterans that visited our Public Contact Office and from Veterans Service Organizations (VSO) (Claimants Representative). The claims were organized in the file cabinet by year and then by month (each year had 12 hanging file folders one for each month). When a Veteran or their VSO visits our Public Contact Office and submits a claim, that claim was filed in the file cabinet per the month of the visit.

Located on the same 14th floor was Triage; now called In-Take Processing Center (IPC). This is the first stop for all incoming claims and other correspondences from Veterans and other resources. I worked in Triage from March 2009 to July 2012 as a Claims Assistant (CA). As a CA, I had various duties and responsibilities. Duties and Responsibilities Section of my Job Description (*See Attachment A*) # 11 stated, *“Receives, opens, reviews and date stamps all incoming correspondences, (claims and miscellaneous mail)....Incumbent understands the differences between the types of claims received and is able to appropriately identify the end product. (Original, new, reopened or informal)”*.

In 2009, I recall being tasked by my Coach, Dennis Uldricks to pull claims from the metal “file cabinet” and process them until further notice. Every morning, I pulled a hanging file folder from the cabinet, processed the claims inside and then pulled another one. If the claims were informal claims, per the law I sent the Veteran an Informal Letter telling the Veteran how to substantiate their claim. If I found any formal claims while working the project, I would put the claims under control by creating an End Product (EP). I worked on the project for about two weeks and personally processed over a thousand untouched claims out of the metal “file cabinet”. I did such an exceptional job that it was mentioned in my yearly evaluations (*See Attachment B*). I also received an **incentive award** for my efforts. After the project, no one continued to work the unprocessed claims in the cabinet.

While I was in Triage as a CA, informal claims were not a priority and were not processed timely. The remaining claims stayed in the metal file cabinet, unprocessed until 3 years later when the Veteran Service Center (VSC) received a visit from Central Office (CO) and Western Area personnel (*See Attachment C*). One person I remember visiting the VSC was Diana Rubens. At that time, Diana Rubens held a senior position in CO. While touring Triage, Diana Rubens along with personnel from the VSC “discovered” the metal cabinet full of unprocessed claims. **After CO’s visit, the prime focus was NOW on Triage and the metal “file cabinet”.**

It's not like the cabinet was a secret or hidden in a closet; Management was fully aware that the cabinet was on the 14th floor, located outside of Rachel's office and was full of unprocessed claims. The Triage Coach Dennis Uldricks, at that time knew; Assistant Service Center Manger, Rachel Pennington knew; and the Service Center Manager, Uli Willimon knew.

July 2012, I along with four other Claims Assistants we're promoted to Veterans Service Representatives (VSRs). We attended 4 weeks of Challenge Training in San Diego from October 2012 and returned November 2012. Before we left for Challenge, Tina Mottram became our new Coach in IPC. When we returned from Challenge, we we're assigned to the Training Team with Rshetta Luster as our Coach.

November 2012, I along with six other VSRs were part of a team conducting reviews on the **13, 184** informal claims that were stored in the 5 – drawer file cabinet located on the 14th floor outside of the Assistant Veterans Service Center Manager office. On each claim we reviewed, we provided a brief description of what was needed, location of the Claims Folder (C-File) and our initials. We were required to provide a daily report on our progress; how many claims we reviewed and what action was needed (*See Attachment D*). I provided my count to a VSR that was part of the project and that VSR reported to our Coach, Rshetta Luster. The project was such a priority that we had to provide our availability from 11/26/2012 – 12/31/2012 and also how many claims on average could we review a day (*See Attachment E*).

During the project, I remembered reviewing informal claims from Veterans that died before we were able to send them an Informal Letter to substantiate their claim. Other claims were from widows asking for assistance from us. I also reviewed claims that needed additional review due to errors, i.e.: earlier effective dates. What is true, Management did not keep records of all 13, 184 informal claims because some, due to various reason had no action needed. Those documents were dropped filed to the Veteran's C-File. The claims that needed further review by a VSR were tracked by our Coach, Mrs. Luster. I personally recall seeing the table outside of Mrs. Luster's office that had stacks of C- Files with claims that needed further review by seasoned VSRs. Veterans waited for many years for the Oakland Regional Office to process their claims. Many Veterans never heard from us at all. When a Veteran dies, his or her claim dies too. The RO was negligent in the processing of informal claims and many Veterans and their families were never considered for benefits! I worked on the Informal Claims Project until I was reassigned.

January 30, 2013, I was reassigned to the Express Lane, Supervised by Dennis Uldricks.

July 2014, employees were given notice that OIG was coming to the RO. We were also told that some of us will be interviewed. I was prepared and ready to be interviewed by OIG but it never happened. Several of my colleagues were interviewed. I just assumed that I would because I worked on the Informal Claims Project. When OIG left and I wasn't interviewed, I started to wonder if they were really here to uncover the truth surrounding the 13, 184 informal claims.

On March 4, 2015, at the Department of Veterans Affairs FY 2016 Budget Hearing the Former Under Secretary Allison Hickey testified that "all of them (13, 184) got their claims worked". She also said that "the Team she brought in actually found them" and "100% review of every one of those claims...made sure we done it right". Listening to Mrs. Hickey's statement, she was very confident in telling the committee the status of the 13, 184 claims; information that was provided to her by Oakland's Regional Office Director, Juliana Boor. Mrs. Hickey, confidently told the Budget Hearing Committee that all 13, 184 claims were processed. The next following month, Director Boor contradicts Former Under Secretary Allison Hickey's statement that all (13,184) claims "were worked" to the House Committee On Veterans Affairs hearing held on April 22, 2015. Director Boor told the House Committee that 2,100 claims need to be reviewed again.

On March 24, 2015, 20 days after Former Under Secretary Allison Hickey's testimony, I was summoned along with other VSRs to the 17th floor for a special project...Informal Claim Review Project (*See Attachment F*). Once again, I was reviewing the exact same claims that I reviewed November 2012. How I know this is because I reviewed a claim that had my initials on it from 2012 and we still hadn't "worked" it. Management had assigned an Assistant Coach to record each claim that needed to be worked. I saw him sitting at a table with C-Files all around him and he was inputting the information off the review sheet (*See Attachment F*) into a spreadsheet for Management. The Informal Claim Review Project was an "All Hands on Deck" project to include Rating Veteran Service Representatives (RVSRs). During this time, I was on the Express Team and Dennis Uldricks was the Coach. On the Team were RVSRs. While the VSRs were reviewing the informal claims, the RVSRs on the Express Team were rating the claims (*See Attachment G and H*). The RO was strictly focusing on claims from the 2012 Informal Claim Project. Director Boor knew in a few weeks she will be in Washington, DC testifying about the Informal Claims Project. The same claims that the Former Under Secretary confidently testified a month ago were worked.

Word had gotten out that the Oakland Regional Office was hiding old mail and claims. April 10, 2015, all employees received an email stating that we will be having a 100%

audit of the entire office by senior VA leaders (*See Attachment I*). That was proven to be true. We did have a back log of claims and mail that hadn't been processed in IPC. Director Boor spoke on the backlog of mail during the hearing on April 22, 2015.

April 22, 2015, Oakland's Regional Office Director Julianna Boor testified to the House Committee on Veterans Affairs that 530+ claims were on station that needed a review, "make sure we did it right". What Mrs. Boor intently failed to tell the Committee was out of the 2,100 that the VSRs reviewed in March, how many were claims that were being worked for the first time. True, some had to be changed due to the wrong effective dates, which gave more compensation to the Veteran but others were being worked for the first time in March 2015. Director Boor did not give the House Committee the full picture concerning the informal claims project. The RO were still working on these claims from 2012.

June 1, 2015, Oakland's Service Center Manager, Mary Markey sends out an email to all employees requesting information about the Informal Claims Review conducted in 2012 (*See Attachment J*). Mrs. Markey states in her email that OIG is requesting this information but that wasn't true. **Management wanted to know for sure who was involved because a lot of information was being given to the media, Congress, OIG and OSC about the project. The Agency's tale about the "Informal Claims Project" from 2012 was being exposed by several employees and they wanted to know who they were.** I replied to Mrs. Markey's email.

June 2015, I had the opportunity to speak with OIG about the Informal Claim Project (*See Attachment K*).

August 2015, I received an incentive award for my contribution to the Informal Claim Review that took place in March of 2015 (*See Attachment L*)

October 2015, I contacted OSC with evidence showing that the Regional Office was processing claims from the Informal Claims Project from 2012. The next following month, I am aware that more information was provided to OSC about what type of claims and the dates of those claims were being processed.

Veteran's claims were still being processed by the Oakland Regional Office when OIG released on January 8, 2016, the follow-up review on mismanagement of informal claims report. Three years later, the RO was still working claims that were reviewed by me and other VSRs in 2012.

In conclusion, OIG recommended that VARO Oakland Director provide training on "proper" informal claims processing and to conduct a review of 1,900 informal claims. That's it! The recommendations from OIG after their "thorough" investigation was disappointing and a personal insult to over 13,000 Veterans that applied for benefits at the Oakland Regional Office. It was also an insult to me and the other VSRs that worked the Informal Claims Project in 2012. **The "Fab-Five" as we were called. We all served our Country honorable.** Majority of us are disabled and had experienced personally delays in processing our own benefits claims. So we knew how these Veterans were feeling, waiting for many years for the VARO Oakland to process their claims for benefits. I take much pride in doing my job then and now as a VSR. It was my duty as a VSR and to my fellow Veterans, all 13,184 of them to report the misconduct that Management was doing at the Oakland RO. What's ludicrous about the situation is that the Agency lead OIG in believing that the employees that worked the project were not trained properly on processing informal claims and for that, delayed benefits to Veterans. I can proudly say that I was once one of the top Claims Assistant (CA) at the Oakland Regional Office. Not only that, my quality as a CA was above average and I met my production standards. As I stated earlier, I received an incentive award for processing informal claims and it was mentioned on how well I worked that project in my yearly evaluation. I was not only trained but highly qualified to review 13,184 informal claims. The lack of training was not an issue at all but the Agency said it was. Yes, the Director provided training on informal claims processing *only* because we were transitioning into a new system (VBMS) and a new way of processing informal claims. Not because of OIG recommendations. These 13,184 claims were stuffed in a file cabinet and stored there for many years. It was substantiated during the OIG investigation that informal claims were not processed timely because they were not a priority at the RO. How is this not malfeasance? What about the many Veterans that filed a claim at the Oakland office but died before Oakland processed their request for benefits? What about the surviving spouse and dependents? Where's the justice for them? Then VA Leadership testifies that all 13,000+ claims were worked and that those claims in the cabinet were just copies. It was also substantiated in OIG's report that all 13,184 informal claims were not worked and that the RO in 2016 was still "working" those claims. How is that not malfeasance? In 2016, some Veterans are still waiting to hear from Oakland or for Oakland to correct the award the Veteran is currently receiving. This is unacceptable and Management has to be held accountable for the gross injustice to many Veterans that served this great Country. Putting the blame on employees was atrocious and it bothers me to this day.

To this day, I am still being held accountable for my actions as a whistleblower. The retaliation is constant and intentional but if I had the chance to do it all over again, I

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would! I pray that your agency will consider with an open mind all the evidence that's presented for this case and make a favorable decision for the many Veterans that applied at the VARO Oakland.

Thank you for this opportunity.

Sincerely,



Lydia Anne Cheney

Enclosures: Attachment List
12 Attachments

TABLE OF ATTACHMENTS

Date: April 22, 2016

Tab	Date	Document	Source
A	N/A	Position Description Claims Assistant – GS-998-06	Lydia Cheney
B	05/07/2009	VA Form 0750 Performance Appraisal Program	Lydia Cheney
C	4/10/2012	Email Subject: Visitors to the VSC	Lydia Cheney
D	11/21/2012	Email Subject: FW: Oakland Informal Claim Review Process	Lydia Cheney
E	11/27/2012	Email Subject: RE: Oakland Informal Claim Review Project	Lydia Cheney
F	03/24/2015	Informal Claim Review Check sheet	Lydia Cheney
G	03/23/2015	Email Subject: Special Project	Lydia Cheney
H	03/24/2015	Email Subject: Working tomorrow	Lydia Cheney
I	04/10/2015	Email Subject: 100% Workplace / Desk Audit	Lydia Cheney
J	06/01/2015	Email Subject: Informal Claims Review conducted in 2012	Lydia Cheney
K	06/15/2015	Email Subject: OIG Interview Today	Lydia Cheney
L	08/27/2015	VA Form 4659 Incentive Awards Recommendation and Approval	Lydia Cheney

POSITION DESCRIPTION

CLAIMS ASSISTANT - GS-998-06 (General - Position Description 02112A)

INTRODUCTION: The Claims Assistant works as a member of one of the Teams in the Veterans Service Center (Triage, Pre-Determination, Rating, Post-Determination, Appeals, or Public Contact.) The Claims Assistant serves as a primary contact for the veteran and his/her representative or advocate for compensation and pension claims. The Claims Assistant is able to explain benefit programs and entitlement criteria.

DUTIES AND RESPONSIBILITIES: When called upon, to perform the duties and responsibilities as described below, the incumbent will be expected to perform core duties that are aligned with the team's mission. These duties and responsibilities will be supplemented, as necessary, by duties that are applicable to a particular team or common to all teams.

1. The incumbent is responsible for the care and maintenance of the claims folders and insures that all pertinent records and documents are preserved and are neatly and orderly filed in chronological order in the correct compartment. Disposes of all redundant and non-record material after its initial purpose has been served. Determines the existence and location of the claims folder. Consolidates claims folder or establishes a new folder, when necessary.
2. Analyzes claim and determine if disposition of claim and control action has been appropriately identified. Establishes or updates control action, to include BDN, CAPS and COVERS.
3. Develops straightforward evidence in conjunction with claims. Assists the VSR with the gathering of evidence for more complex cases. Reviews evidence received for completeness. Incumbent follows-up to ensure that requested information is received for development actions. When information has not been received, takes the necessary steps needed to obtain the required information.
4. Utilizes BDN Systems development capabilities; prepares correspondence through office automation for all development which cannot be accomplished by use of BDN System. When requested evidence is received, routes claims folder to the appropriate team for further action.
5. Facilitates the workflow between the team and other VSC teams through prompt use of COVERS, for receipt and dispatch of claims folders.
6. Independently performs weekly WIPP reviews for end products established for service-connected admissions. Determines the need for and performs any required follow-up actions and establishes controls for future review and action.
7. When requested, identify, obtain the claim folder and/or tags cases needed for independent reviews. (i.e. priority cases, diabetes cases, and over 70 cases.)
8. Incumbent must have the ability to communicate effectively in writing. Incumbent is expected to generate various types of correspondence, (i.e. letters, reports of

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contacts, reports, and responses to FOIA requests or congressional inquiries), that will be understood by individuals with various backgrounds and educational levels. Provided information for statistical and narrative reports, as needed.

9. Prepares reports of contact on all telephone calls or inquiries needed to complete the development of claims.
10. Has a thorough understanding of the operation of BDN, CAPRI, CEST, COVERS, CAPS, VACOLS, PCGL, PIES, AMIE, SHARE, CEST, RBA 2000, and WORD. Fully utilizes these systems to input and/or access information needed in connection with the duties of the position.
11. Receives opens, reviews and date stamps all incoming correspondences, (claims and miscellaneous mail). Independently analyzes and determines RO jurisdiction and request transfer-in of folder if necessary or refers claim to proper RO of jurisdiction. Forwards claim to the appropriate team/team member for review and/or action. Incumbent understands the differences between the types of claims received and is able to appropriately identify the end product. (Original, new, reopened or informal.)
12. Process dependency questionnaires issued to verify status of dependents of compensation and Dependency and Indemnity Compensation (DIC) recipients. These recurring reviews require analysis of payment history and information provided on the questionnaire and identification of conflicting dependency status. Process award actions, if needed.
13. The incumbent is responsible for developing and assembling all evidence required for burial and plot claims. Prepares burial and plot awards and disallowance's. Processes first notices of death. Process informal claims providing the claimant with the necessary application and stipulating the appropriate time limit.
14. Processes admission notices and requests for evidence and information from VAMCs (Form 7131) via BDN and PIES and provides accurate and complete replies.
15. Processes informal claims providing the claimant with the necessary application and stipulating the appropriate time limit.
16. Incumbent independently develops and determines appropriate action for live and death pensions. This requires a thorough knowledge and application of multiple factors: income limits, determination of dependency and net worth and various forms of income. He/She must be able to evaluate income from farm, rental and self-employment and be familiar with various types of deductible expenses.
17. Processes Notices of Disagreements. Establishes a VACOLS record and prepares

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an appeal record flash for the claims folder. Sends letter to claimant to determine Decision Review Officer (DRO) jurisdiction.

18. Releases Statements of the Case and Supplemental Statements of the Case. Updates the VACOLS record, annotates the appeal folder flash and claims folder.
19. Updates the VACOLS record and the appeal folder flash for RO appeal grants and withdrawn appeals. CESTs an end product and refer the folder for award processing.
20. Schedules all requests for hearings by contacting the Service Organization and the veteran to coordinate a hearing date. Sends a letter to the claimant and his representative to confirm the scheduled hearing. Maintains the hearing schedule database. Where postponements are necessary or cancelled, takes appropriate action to advise all parties either by telephone or preparation of new notices or both. Establishes an end product and refers the hearing request for DRO or Coach review. Prepares additional claims folder volumes. Generates a bar code label, prepares a charge card, and establishes the additional volume(s) in COVERS. File down material and determines proper routing of the folder.
21. Processes all incoming Powers of Attorney. Determines if a prior representative must be revoked, prepares correspondence to notify all parties concerned and updates the master record(s), pending issue(s), VACOLS and BIRLS. Must be able to recognize when special procedures are required due to an existing private power of attorney or recognition of a private attorney for limited Issues.
22. Greets all visitors and creates a favorable impression so visitors feel that VBA is interested in their welfare and will be responsive to their questions and needs. Must be friendly, articulate and possess the interpersonal skills to be able to cope with a variety of personalities and to subdue angry, hostile and excitable visitors
23. Explains basic VA benefit programs and entitlement criteria to veterans and their dependents. Assists the claimant with the completion of applications and forms. The incumbent is responsible for checking all forms and evidence submitted for completeness and accuracy and routing them to proper operating elements. If incomplete, assists visitor with the completion of the application or forms and advises visitor of additional information or documentation required. Must also provide general information relating to other federal, state, and municipal agencies.
24. The incumbent: 1) Provides information relating to basic eligibility requirements of all veterans benefits; 2) explains current pending claims status; 3) determines eligibility and prepares entitlement letters for Civil Service Preference; commissary privileges, fishing licenses, etc. and type of benefit and amounts verification letters. 4) Prepares changes of addresses and processes direct deposit requests. 5) Handles limited release of information requests by providing copies of

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documents from the claims file. 6) Is responsible for maintaining the integrity of the claims folder during folder review by claimants. 7) Determines when the visitor requires a structured interview with a VSR or a higher level Claims Assistant, retrieving the claims file when needed.

25. Prepares, controls and monitors Veterans Assistance Inquiries (VAIs) ensuring that timely responses are provided. Prepares VAI's when inquiries are made in person.
26. Inputs requests for VA examinations via CAPRI identifying the type of exam(s), claimants most current address, and entering additional questions or instructions that must be addressed by the examining physician to permit rating of the pending claim. Identifies which claims folders must be made available to the examining physician. Update CAPS records, sends letter to claimant, and transfers file if necessary. Incumbent requests all evidence required to support the claim for VA benefits.
27. Requests information from VA Medical Centers or Ambulatory Care Centers pertaining to veteran's claim, or determines that no such action is required. Utilizes the Automated Medical Information Exchange (AMIE) for these functions. Releases notification letters to veterans.
28. Incumbent provides administrative support to the Team.
29. Performs other related duties as directed by the Team Supervisor.

Factor 1 - Knowledge Required by the Position

Knowledge of Title 38 U.S. Code, and VA compensation and pension regulations in order to determine eligibility for benefits and evidentiary requirements to establish entitlement. Has technical knowledge of the various types of claims to determine end products.

Knowledge of the organizational structure for VA, VBA's Business Lines and the Regional Office. General knowledge of the internal operations and benefit programs provided by the Regional Office and a general knowledge of benefits; i.e. education, vocational rehabilitation, loan guaranty, life insurance and VA health care.

Knowledge of and skill in using VBA's integrated automated case processing systems' and skill in using the systems' input and output methodology, forms, and data (i.e. COVERS, CAPS, BDN, WIPP, AMIE, CAPRI, PCGL, CEST, VONAPS, IRIS and VACOLS).

Use a variety of ADP/PC software in order to produce and transmit documents, reports and correspondences. Such use would include: Word Processing; database and/or

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spreadsheet software to design databases and spreadsheets of a less complex nature, and to enter, revise, sort, calculate and retrieve data for analytical reports. Ensures correct punctuation, grammar, spelling, capitalization, and required formats. Must have basic computer and keyboarding skills.

Skill in written communications in order to prepare correspondence to claimants, and other parties in possession of evidence concerning claims.

Skill in oral communications in order to transmit and receive information from claimants, and other parties in possession of evidence concerning claims.

Knowledge of the procedures required to process mail and files and perform standard clerical duties including how to process unidentifiable correspondence, how to create case folders, how to transfer folders into and out of the station, maintain suspense and follow-up systems. Knowledge of the sources from which necessary evidence of service, and death may be obtained.

Knowledge of the Privacy Act and Freedom of Information Act requirements for release of information to requesters.

Factor 2 - Supervisory Controls

The assistant is under the direct supervision of the Team Supervisor. Each employee is responsible for managing the workload and adhering to the division priorities and timeliness constraints. The supervisor discusses changes, issues instructions and provides technical guidance. Generally, all work is performed on the incumbent's own initiative and responsibility. Supervisory controls are exercised through regular quality reviews and random periodic spot checks.

Special cases may be assigned directly on a priority basis. The incumbent ordinarily completes work independently; unusually difficult and complex cases may be referred to a higher level employee for guidance.

Factor 3 - Guidelines

Guidelines include Title 38, U.S. Code, VA compensation and pension regulations and manuals, and Veterans Service Center Manager memoranda. Guidelines include a wide variety of different rules, regulations, policies, and procedures. The guidelines are general in nature, supporting only the most ordinary and repetitious job situations, and do not always specifically apply to most problems encountered. Guidelines must be fitted to specific problem cases and must continually be updated to reflect changes. The employee must interpret manual provisions or locally developed guidelines and exercise ingenuity and initiative in such situations where fixed guidelines do not exist. Situations in which programs are not covered by guidelines are referred to the supervisor for guidance. The supervisor provides oral guidelines when necessary.

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Factor 4 - Complexity

The work consists of different and unrelated processes, methods, and sequences of duties for the full range of claims processing. The work involves determination of the evidence necessary to evaluate a claim, and the sources of such evidence, and then taking appropriate action to obtain such evidence. The incumbent also responds to a variety of requests asking for information related to a claimant's entitlement to benefits. Processing necessary data required under the law for final determination of legal eligibility is often difficult because of missing information and requires research. Complexity increases with the requirement to follow specific laws and regulations. The work is complicated by such factors as: the requirement to research and review available records and locate required documentation from a variety of sources; a requirement to provide answers to general inquiries on the claims program by claimants and beneficiaries; requirement to handle irate clients and answer eligibility questions, etc.

Factor 5 - Scope and Effect

The purpose of the work is to examine and analyze claim request, application, appeal or remand, develop simple claims cases and/or determine entitlement/non-entitlement for benefits. The assistant's performance directly affects the operation within their team as well as supports the activities in other teams within the Service Center. The assistant's examination of applications and development of claims cases, to include obtaining required information and reviewing evidence, contribute to the completeness, accuracy, and timeliness of processing claims. The assistant's performance on claims also affects the timeliness and quality of adjudicative decision making. The assistant's determination of entitlement or non-entitlement assures that benefits are conferred only upon those who have met statutory or regulatory requirements for eligibility.

Factor 6 - Personal Contacts

Contacts are made to inform and assist veterans and their dependents in obtaining benefits available through the Department of Veterans Affairs and other social service agencies. Contacts are also made with their representatives; military service personnel and various service providers, Federal State and local government employees in the veteran's network.

Factor 7 - Purpose of Contacts

Contacts are made for the purpose of explaining VA programs and to elicit information from veterans or their advocates/representatives upon which entitlement, post-entitlement and reconsideration decisions are made. Much of the eligibility information is acquired through interviews that may involve probing of very personal and/or sensitive situations. The incumbent must also be able to satisfactorily explain complex rules and requirements and provide an atmosphere of constructive empathetic assistance to individuals who may be hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill and possible dangerous.

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The incumbent must control the interview and keep it on track to orchestrate the desired objective.

Factor 8 - Physical Demands

The work is mostly sedentary. However, there may be some walking, standing, and carrying of light items such as papers, books, claims folders, and files from one desk to another or for returning to storage. Carts are utilized to carry large number of claims folders. This will require the incumbent to push or pull the cart from one are to another.

Factor 9 - Work Environment

Most work is generally performed under common business office conditions at a Regional Office, Pre-discharge site or other approved site. The work environment involves everyday risks or discomforts that require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, or commercial vehicles. The work area is adequately lit, heated, and ventilated.



IMPORTANT: For additional information see VA Handbook 5015/1, Part 1. If additional space is needed for any item on this form, use page 6.

PERFORMANCE PLAN AND APPRAISAL OF

EMPLOYEE NAME (Last, First Middle Initial) Cheney, Lydia		POSITION TITLE, SERIES AND NUMBER Claims Assistant		GRADE/SALARY GS- 5/6
DEPARTMENT/OFFICE Department of Veterans Affairs (VBA)			LOCATION Oakland Regional Office	
DATE ASSIGNED TO PRESENT POSITION March 30, 2009	DUE DATE OF WITHIN-GRADE INCREASE	PERIOD COVERED BY THIS APPRAISAL FROM 03/30/09 TO 9/30/09		
SIGNATURE AND TITLE OF RATER PREPARING THIS PERFORMANCE PLAN 	DATE 5/7/09	SIGNATURE OF EMPLOYEE 		DATE 5/7/09

SECTION A - PERFORMANCE PLAN

Reflect the performance elements for the position to be rated. An element is defined as a component of a position that is sufficiently important to warrant written appraisal. Normally each position has four or five elements. Designate with an asterisk the element(s) considered critical. Specific performance standards must be written for each element. There are usually three to five performance standards for each element. When writing performance standards, only the fully successful level of achievement need be defined.

PERFORMANCE ELEMENTS/ STANDARDS

CRITICAL ELEMENT 1 - SERVICE DELIVERY *

A Claims Assistant who is assigned to a new team will have a three-month training period during which quality of work standards do not apply. Work produced will be reviewed by the supervisor and appropriate feedback and training will be given. If new tasks are introduced after the initial training period, the successful level will be calculated from the date the training was initiated.

Standard

Quality of Work

Successful Level for GS-5/6

0 - 3 months assigned: Not applicable.

4 - 6 months assigned: The accuracy rate during the evaluation period equals or exceeds 85% (cumulative).

After 6 months: The accuracy rate during the evaluation period equals or exceeds 90% (cumulative).

Indicator

A random selection will be made of an average of 5 cases per month. The selection of cases, while random, must reflect an appropriate mix of work performed by the employee throughout the month (i.e. not from a single day or single week).

Only one error is counted per action reviewed (others may be tracked to assist with employee development). Instructions for this review are contained in Attachment A. The errors will be called using the applicable categories identified on Attachment B.

CRITICAL ELEMENT 2 - ESTABLISH/PROCESS CLAIMS, SYSTEM UPDATES, WORKFLOW CONTROL (Critical Element)*

Processes a minimum cumulative average number of weighted actions per day. Actions will be counted for production purposes as provided on Enclosure C.

A Claims Assistant who is assigned to a new team will have a three-month training period during which productivity standards do not apply. Amount of work produced will be reviewed by the supervisor and appropriate workload management feedback and training will be given.

Employee copy

PERFORMANCE ELEMENTS STANDARDS

Standard

Productivity

Successful Level GS-5

0 - 3 months assigned:	Not applicable
4 - 6 months assigned:	4.5 weighted actions per eight-hour day (cumulative).
After 6 months:	10.5 weighted actions per eight-hour day (cumulative).

Successful Level GS-6

0 - 3 months assigned:	Not applicable
4 - 6 months assigned:	5 weighted actions per eight-hour day (cumulative).
After 6 months:	11 weighted actions per eight-hour day (cumulative).

Indicator

Production reports populated by supervisor, counts kept by employee.

*Leave, union time, and special projects or assignments pre-approved at the discretion of the supervisor are considered deductible time. Unmeasured time, such as informal training, was considered in developing the successful level and is not reportable deductible time.

Standard

B. Standard

Timeliness

Successful Level GS-5/4/3

- | | |
|-----------------------------------|---|
| ➤ FNODS | Processed within 3 business days |
| ➤ Folder Transfer In/Transfer Out | Processed within 3 business days |
| ➤ Follow-ups | Completed within 10 business days of due date |
| ➤ Burials | Processed within 3 business days of receipt |
| ➤ Cady mail filed | Filed within 3 business days |
| ➤ Claims establishment | Processed within 7 days of receipt of mail |

With the exception of claims establishment actions, time is calculated from time of receipt of work by employee. No more than 4 instances of work not being processed/completed within established time frames or failure of employee to notify their supervisor when cases cannot be worked within established time frames and reasons thereof. Extenuating circumstances and notification to the employee's supervisor will be considered. In addition, extenuating circumstances must be applied if work assigned per day exceeds production standards per day. An incident will not be called until after the first notification of non-compliance of the above standard.

Indicator

Daily production reports, weekly pending counts and observation by supervisor.

CRITICAL ELEMENT 3: CUSTOMER SERVICE*

Standard

Quantity

Successful Level

GS-5: No more than 3 instances of valid complaints or incidents.
 GS-6: No more than 2 instances of valid complaints or incidents.

Indicator

Verbal and/or written feedback from internal and /or external customers. Observations by a supervisor with the complaint documented. A valid complaint or incident is one where a review by the supervisor, after considering both sides of the issue, reveals that the complaint/incident should have been handled more prudently and was not unduly aggravated by the complainant. Disagreeing, per se, does not constitute "discourtesy." Valid complaints or incidents will be determined by the supervisor and discussed with the employee.

ELEMENT 4: COOPERATION AND ORGANIZATIONAL SUPPORT (Non-critical element)

The employee understands the agency mission and supports efforts to improve the work unit's performance through positive interaction with others. Displays appropriate degree of professionalism and treats co-workers and veterans with courtesy and respect. Cooperates with co-workers and supervisors to accomplish work objectives and enhance efficiency. Recognizes the importance of teamwork and is sensitive to the contributions of others. Communicates, shares ideas, and demonstrates respect for differing viewpoints. Participates in cross-functional teams to address shared challenges, facilitate better communication, and achieve agency goals.

Fully Successful Level: Interaction with supervisor, co-workers, and others within the organization is businesslike and professional. Working relationships with others are typically constructive and promote the agency mission. Conscientiously follows instructions and adheres to applicable guidance. Employee easily adjusts to different working styles, ideas, and perspective and appropriately expresses own views in the proper manner. Disagreements are normally resolved through appropriate means. Any deviations in these areas are minor and collectively or separately do not significantly hinder organizational or individual productivity or efficiency.

CHANGES TO PERFORMANCE PLAN (Changes may be recorded anytime during the rating period)

ELEMENT DESCRIPTION/TITLE

STANDARD(S)

ELEMENT DESCRIPTION/TITLE

STANDARD(S)

SIGNATURE OF RATER

DATE

SIGNATURE OF EMPLOYEE

DATE

SECTION B - PROGRESS REVIEW

At least one progress review is required during the appraisal year. Employee must be informed of his/her progress as measured against the performance plan. Additional progress reviews may be documented on page 6.

A performance review was conducted and discussed, and the employee's performance as of this date:

Is considered Fully Successful or better.

Needs improvement to be Fully Successful or better. (See VA Handbook, 5013/1, Part 1, Paragraph 7, for additional required action.)

SIGNATURE OF RATER

DATE

SIGNATURE OF EMPLOYEE

DATE

[Handwritten Signature]

11/23/09

[Handwritten Signature]

11/23/09

SECTION C-1 - ACTUAL ACHIEVEMENT

Indicate the single, overall level of achievement that best describes the employee's performance for each ELEMENT shown in Section A. Do not indicate achievement for each individual standard. Specific examples of performance must be provided in the space below for each element where a level of achievement other than Fully Successful has been assigned. Assignment of the Exceptional level means that Fully Successful performance standards have been significantly surpassed. This level is reserved for employees whose performance in the element far exceeds normal expectations and results in major contributions to the accomplishment of organizational goals.

ELEMENTS <i>(Use the same keyword description for each element as in Section A)</i>	LEVELS OF ACHIEVEMENT		
	EXCEPTIONAL	FULLY SUCCESSFUL	LESS THAN FULLY SUCCESSFUL
1. SERVICE DELIVERY-ACCURACY*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2A. ESTABLISH/PROCESS CLAIMS, SYSTEM UPDATES, WORKFLOW CONTROL- PRODUCTIVITY*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2B. ESTABLISH/PROCESS CLAIMS, SYSTEM UPDATES, WORKFLOW CONTROL - TIMELINESS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CUSTOMER SERVICE*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. COOPERATION AND ORGANIZATIONAL SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe specific examples of performance for each element where a level of achievement other than Fully Successful has been assigned above. Specific achievements at the Fully Successful level may be described

ELEMENTS/ACHIEVEMENT(S)

1. SERVICE DELIVERY-ACCURACY*

Standard: 4 - 6 months assigned: The accuracy rate during the evaluation period equals or exceeds 85% (cumulative).

Exceptional Level: Accuracy during the evaluation period equals or exceeds 95% or 92 % if less than six months of job experience. Accuracy will be computed separately for both periods and employee must meet both indicators.

For the period June 30, 2009 to September 30, 2009 (less than 6 months of job experience), Ms. Cheney's accuracy was 100% cumulative. Exceptional.

Prior to June 30, 2009, Ms. Cheney was in training and quality of work standards did not apply.

2A. ESTABLISH/PROCESS CLAIMS, SYSTEM UPDATES, WORKFLOW CONTROL- PRODUCTIVITY*

Standard: 4 - 6 months assigned: 4.5 weighted actions per eight-hour day (cumulative).

Exceptional Level: At least 13 Weighted Actions per day (cumulative) or 20% above the standard if less than six months of job experience. Productivity will be computed separately for both periods and employee must meet both indicators. 20% above the standard is 5.40 weighted actions per eight-hour day.

For the period June 30, 2009 to September 30, 2009 (less than 6 months of job experience), Ms. Cheney's productivity was 7.08 weighted actions per day eight hour day. Exceptional.

Prior to June 30, 2009 Ms. Cheney was in training and productivity standards did not apply.

2B. ESTABLISH/PROCESS CLAIMS, SYSTEM UPDATES, WORKFLOW CONTROL - TIMELINESS*

Lydia has successfully balanced her many priorities throughout this rating period. She has processed the following timely, efficiently, and accurately: EP 020/110/010 CEST, PTI CADDY mail and folders, Expedite Mail and TTI folders. She is able to efficiently balance all of her priorities while always making CESTing her first priority. No instances of work completed untimely. Also responsible for maintaining a caddy of 7 digits. Exceptional.

3. CUSTOMER SERVICE*

Lydia has fit into the team environment very well. She is valued team member who is always willing to do anything that will benefit our veterans. She has been a welcome addition to Triage as she assisted in identify claims that were filed as informals but in many instances were actually claims. Her efforts have now eliminated the backlog. This effort alone has greatly assisted our service to veterans and widows.

As a member of one of four sub-teams in the Triage Team, Lydia has shown that she recognizes the importance of teamwork and communication. She has worked hand-in-hand with her team leader and teammates to ensure that work is prioritized and completed timely. Lydia is exceptional in this area.

NARRATIVE SUMMARY - OPTIONAL (Describe any additional significant accomplishments or other factors such as details of training experiences related to the overall performance. Your capacity to assume a more responsible position may also be addressed.)

4. COOPERATION AND ORGANIZATIONAL SUPPORT

Ms. Cheney has not only assisted the Triage Team but the entire Regional Office with her extensive effort on identifying a large backlog of over a thousand untouched informal claims and determining if they were true informals or actually a claim for increase. This was a huge project but Ms. Cheney was determined to accomplish and thanks to her efforts there is no backlog. Ms. Cheney puts our veterans as her highest priority and does anything needed to ensure that they are served. Her efforts were essential in Triage making the improvements that were seen this fiscal year and her teamwork is outstanding.

Exceptional in this area.

OVERALL COMMENTS: Ms. Cheney has quickly become a key player within Triage. She has a "can do" attitude who works very well in the team environment. Great addition to Triage!

SECTION D - OVERALL RATING

TYPE OF RATING:

- ANNUAL RATING OF RECORD SPECIAL RATING OF RECORD SUMMARY RATING
(POSITION CHANGES - EMPLOYEE OR RATER)

PERIOD COVERED BY THIS APPRAISAL:

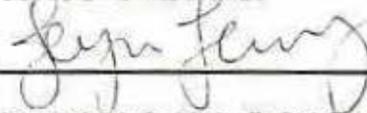
FROM 03-30-2009 TO 09-30-2009

NOTE: Recommended Performance Rating - Using achievement levels assigned in Section C and the criteria described below, check the appropriate rating.

PERFORMANCE RATING:

- OUTSTANDING** - Achievement levels for all elements are designated as Exceptional.
- EXCELLENT** - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for non-critical elements are designated as at least Fully Successful. Some, but not all, non-critical elements may be designated as Exceptional.
- FULLY SUCCESSFUL** - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and non-critical elements are designated as at least Fully Successful or higher.
- MINIMALLY SATISFACTORY** - Achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement level(s) for one (or more) noncritical elements is (are) designated as Less Than Fully Successful.
- UNSATISFACTORY** - The achievement level(s) of one (or more) critical elements(s) is (are) designated as Less Than Fully Successful.

SIGNATURE AND TITLE OF RATER

 Assistant coach

DATE

11/23/09

SECTION E - HIGHER LEVEL REVIEW/APPROVAL

Required only for Minimally Satisfactory and Unsatisfactory ratings of record; unless organization has chosen to have higher level approval required for Outstanding ratings of record.

State the rating to be referred to the Performance Review Board if based on consideration of multiple summary ratings or if the rater who supervised an executive for less than 90 days endorses the summary rating level proposed by the previous supervisor.

- Concur with recommended rating.
- Do not concur with rating. Approve rating of SELECT

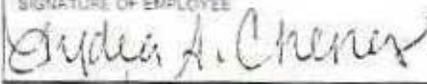
BASIS FOR PERFORMANCE RATING CHANGE

SIGNATURE AND TITLE OF APPROVAL OFFICIAL

DATE

A copy of this performance appraisal was given to me.

SIGNATURE OF EMPLOYEE



DATE

11/23/09

USE THIS AREA FOR ANY ADDITIONAL INFORMATION

Subject: [REDACTED]

From: [REDACTED]

To: [REDACTED]

Date: [REDACTED]

From: Uldricks, Dennis, VBAOAKL

Sent: Tuesday, April 10, 2012 8:38 AM

To: [REDACTED] Cheney, Lydia, VBAOAKL; [REDACTED]
[REDACTED]

Subject: Visitors to the VSC

For your information:

We will have an Area Analyst and one person from Central Office on station in Oakland on Wednesday April 11, 2012 and then in Sacramento on Thursday April 12. Dennis

Attachments

- smime.p7s (9.11KB)

Subject: [REDACTED]
From: [REDACTED]
To: [REDACTED]
Date: [REDACTED]

On Wednesday, November 21, 2012 12:01 PM, "Cheney, Lydia, VBAOAKL" <Lydia.Cheney@va.gov> wrote:

From: Mottram, Tina, VBAOAKL
Sent: Wednesday, November 21, 2012 8:46 AM
To: [REDACTED]; Cheney, Lydia, VBAOAKL; [REDACTED]
Subject: FW: Oakland Informal Claim Review Process

Hello all,

You did an amazing job with the informal claim reviews this week; 1524 completed. Thank you!

I believe Gary was pulling the work for you on Fridays. I will be out of the office on Friday, so if you run out of work, please see your Coach.

My only request for next week is that when you submit your completed work to Gary's old desk, please include a post-it note that identifies 1) the total number of informals needing additional review, 2) the total number of NANs, and 3) any informals that need action. I will add these numbers up to get the total number reviewed.

Thanks again.

Tina

Tina K. Mottram, Coach
Intake Processing Center
Department of Veterans Affairs
Oakland Regional Office
Tel: 510.637.6095
email: tina.mottram@va.gov

From: Moore, Gary J., VBADENV
Sent: Thursday, November 15, 2012 9:54 AM
To: Luzi, David, VBAPHNX; Mottram, Tina, VBAOAKL
Subject: Oakland Informal Claim Review Process

Dave & Tina,

Attached is a one page guide to where the Informal Reviews are at and who is involved. Please let me know if you

have questions.
Thanks,
Gary J. Moore
Coach, CORE1
Denver VARO

Attachments

- Oakland Informal Claim Review Process.doc (32.50KB)
- smime.p7s (9.11KB)

Oakland Informal Claim Review Process
11/15/12

Oakland currently has seven VSR's conducting reviews on the 13,184 Informal Claim copies stored in a lateral 5 drawer file cabinet on the 14th floor. The following VSR's in Oakland have been assisting with the project:

1. [REDACTED]
2. [REDACTED]
3. Lydia Cheney
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]

In addition to the above Sacramento has had a team of VSR's doing reviews but they are only doing 5 hanging folders full of Informal Claims per week. On Fridays I pull the folders from the cabinet and place them in the Sacramento outgoing mail to the attention of Cesar.

I have the VSR's reviewing SHARE, MAPD and VVA to determine if action was taken on the Informal Claim. They have been instructed to annotate every piece of mail. If no action is needed because our systems show action was taken they are marking the mail with NAN, the date, and current COVERS location so the mail can be dropped to the file. If they cannot determine proper action was taken or if there is a question on effective date they have been instructed to mark the mail as needing review and annotate current COVERS location so we may call the file in for review. I have instructed them to be conservative and if they think it is questionable, mark the mail for review so the file can be looked at. I'd rather be safe than sorry.

The VSR's are not sending AB-10 letters at this time. Only a small sample of claims have been reviewed but so far 3 of 6 need action such as CUE's for effective dates and a newly claimed condition. I am stacking the folders on a cart next to the computer I have been using on the 14th floor in the IPC. They are marked so it should be easy to see what needs to be done. My plan is to move them back into the lateral 5 drawer once the top drawer is cleared out.

If we are to meet the December 14, 2012 deadline to complete the initial reviews the QRT will be needed in addition to the above VSR's. We completed reviews on 1167 Informal Claims in a week with our current staffing. I think it will increase next week now that they know what they are doing. Let me know if you have any questions.

Gary

Subject: [REDACTED]
From: [REDACTED]
o: [REDACTED]
Date: [REDACTED]

From: Mottram, Tina, VBAOAKL
Sent: Tuesday, November 27, 2012 9:46 AM
To: [REDACTED]; Cheney, Lydia, VBAOAKL; [REDACTED]
Cc: Luster, Rashetta, VBAOAKL
Subject: RE: Oakland Informal Claim Review Project

Good morning,

I'd like to request some additional information from you to help us project an ETA for completion of this project. As soon as you can, would you please provide as much information in the grid below regarding your available time over the next couple months. It will help a lot.

How many VSRs on the project?					7
How many days is each on duty from 11/26 - 12/31?					
How many can each VSR average per day?					
		2wks	3wks	9.834114339	
Current weekly avg:		1345.5	1067		
At the current rate, it will take 10 weeks to finish - January 31, 2013					

Thanks very much.

Tina

Informal Claim Review: March 24, 2015

Name of Reviewer: _____

File Number: _____ Veteran Name: _____

Date of Informal Claim:	10/27/05
Contentions Claimed:	HL & TINN PENSION
Form Informal claim was received on:	VA FORM 119
Facts of the case:	1. Is this an Informal Claim: <input checked="" type="radio"/> Y or N If no why: _____ 2. Was an informal Claim letter sent: <input checked="" type="radio"/> Y or N 3. Date of Receipt of Claim (i.e. 526): 7/28/06 4. Date of Rating Decision: 11/11/06 2/7/07
	5. All issues addressed: <input checked="" type="radio"/> Y or N 6. Effective date correct: Y or N 7. Were all rating decisions reviewed to ensure proper effective date: Y or N
Was an EP established from prior review? If yes, list EP, Date,	EP: _____ Date of EP: _____ Rating Decision Facts:
Is Action Needed? If so what (i.e. EP needed for earlier effective date)?	
Any other pertinent information:	

Initials of Reviewer: _____

Date: _____

Cheney, Lydia, VBAOAKL

From: [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Subject: [REDACTED]

From: Uldricks, Dennis, VBAOAKL
Sent: Monday, March 23, 2015 4:57 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Special Project

Raters,

Just a reminder to strictly focus on the informal claim project-please make every effort to complete the review of your assigned claims by tomorrow and send back to us. We are already getting calls from the Director's office.

Thank you,

Dennis

Cheney, Lydia, VBAOAKL

From: [REDACTED]
Sent: Tuesday, March 24, 2015 7:47 AM
To: Cheney, Lydia, VBAOAKL
Subject: RE: Working tomorrow

[REDACTED]

Apparently they have all the RVSR's from this team working this "special project" so they told us yesterday that we are no longer to be doing anything other than "special project" until further notice. They have a spreadsheet in which we are currently have each of us assigned to about 35 claims each and said that they are in the process of pulling about 1000 more from San Bruno or something like that.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subject: [REDACTED]

From: [REDACTED]

o: [REDACTED]

Date: [REDACTED]

From: VAVBAOAK/RO/DIR
Sent: Friday, April 10, 2015 1:34 PM
Subject: 100% Workplace / Desk Audit
Importance: High

April 10, 2015

Good afternoon,

As many of you have heard, we are having visitors next week. A team of senior VA leaders are coming to the Oakland and Sacramento offices, to conduct 100% audit of the entire office. This will include all divisions, desks, training rooms etc. The audits will be conducted with the intent of confirming that there are no loose claims materials (mail) in the office.

The audit team will be in Oakland on Monday/Tuesday and in Sacramento on Wednesday.

Please make every effort to go through your desk and work space to clean out any old or outdated materials.

If you have claims related materials containing PII, please bring it to your supervisor so we can get it reviewed and to the scanner. Ensure other materials are shredded as appropriate. (Examples include training documents, copies of letters/rating decisions/awards, workload lists). The RMO will be performing several pickups of shred boxes today.

Let's show our visitors how awesome we are!

Thanks for your support and continued dedication to our mission.

Julianna M Boor

Director

Attachments

- smime.p7s (9.01KB)

Subject: [REDACTED]
From: [REDACTED]
o: [REDACTED]
Date: [REDACTED]

From: Markey, Mary, VBAOAKL
Sent: Monday, June 01, 2015 12:02 PM
To: Cheney, Lydia, VBAOAKL
Subject: RE: Informal Claims Review conducted in 2012

Thank you

rom: Cheney, Lydia, VBAOAKL
Sent: Monday, June 01, 2015 11:56 AM
To: Markey, Mary, VBAOAKL
Subject: RE: Informal Claims Review conducted in 2012

Add me to the list.....

From: Markey, Mary, VBAOAKL
Sent: Monday, June 01, 2015 10:45 AM
To: [REDACTED]

Subject: Informal Claims Review conducted in 2012

Good Morning,

The Office of Inspector General (OIG) will be conducting a follow up review of the informal claims processing the week of June 15th. In preparation for this visit I was asked to provide the names of employees who worked on this project back in 2012. This is difficult as I was not here in 2012 and it is not annotated on the employee org chart or anywhere else that I am aware. I know there were many people who worked to review these documents and if you were involved, please email me as soon as possible so I can include your name on the list. Thank you for your cooperation.

Mary

Attachments

- smime.p7s (9.01KB)

Subject: [REDACTED]

From: [REDACTED]

To: [REDACTED]

Date: [REDACTED]

From: Akitomo, Ed (OIG)
Sent: Monday, June 15, 2015 11:28 AM
To: Cheney, Lydia, VBAOAKL
Subject: OIG Interview Today
Importance: High

Good Morning Lydia,

The San Diego Benefits Inspection Division is conducting a follow up site inspection of the Oakland VARO's Informal Claims Review this week from June 15, 2015 through June 19, 2015.

The objective of our follow up inspection is to:

- Identify the Informal Claims Review history and process, and gather any claims review information that the VARO used to document the review.
- Determine whether management controls ensured compliance with VA regulations and policies; assist management in achieving program goals; and minimize the risk of fraud, waste, and other abuses.
- Identify and report systemic trends in VARO operations.

In addition, we may examine issues or allegations referred by VA employees, members of Congress, or other stakeholders.

As part of our follow-up inspection, we will be interviewing staff involved in the Informal Claims

Review as well as VARO managers. You are one of VARO claims processing staff selected for an interview. The interview typically takes approximately 30-45 minutes. If your duty schedule permits, we would like to interview you today at 1:30 PM in Conference Room 2A. If the scheduled time conflicts with another commitment, please provide a few alternate dates and/or times. If you are available, please confirm the time by responding to this email.

Thank you for your cooperation.



Ed Akitomo, Benefits Inspector

Benefits Inspection Division

*U.S. Dept. of Veterans Affairs
Office of Inspector General*

*San Diego, California
Office: 858-404-8329*

Fax: 858-202-0699

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If this correspondence contains Personally Identifiable Information, then it must be protected pursuant to Federal Law to prevent unauthorized access and/or disclosure.

Attachments

- image001.jpg (3.26KB)
- smime.p7s (9.01KB)

TYPE OF AWARD(S) RECOMMENDED (check as appropriate)
 NOTE: Shaded area (Case Number) for Human Resources Use Only.

CASE NUMBER	X	AWARDS			
	<input type="checkbox"/>	HONOR	SPECIFY TYPE		
AB298	<input checked="" type="checkbox"/>	SPECIAL CONTRIBUTION	TANGIBLE SAVINGS	INTANGIBLE VALUE (See VA Handbook 501, Part III, Appendix A, "Scale of Awards Based on Intangible Benefits") <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> SUBSTANTIAL	INTANGIBLE EXTENT (See VA Handbook 501, Part III, Appendix A, "Scale of Awards Based on Intangible Benefits") <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> GENERAL
			AWARD VALUE \$ 300.00	GROSS-UP (if applicable)	TOTAL AWARD AMOUNT (Award Value + Gross-Up) = \$ 300.00
	<input type="checkbox"/>	SUPERIOR PERFORMANCE (SP) AWARD	AWARD AMOUNT	% BASE ANNUAL SALARY (if applicable) %	
	<input type="checkbox"/>	QUALITY STEP INCREASE	Attach written justification and performance appraisal.		
	<input type="checkbox"/>	SPECIAL USE	(See VA Office of Finance, Vol. II, Chapter 4, Awards, Ceremonies, Food or Refreshments, Gifts or Mementos)		
			<input type="checkbox"/> CASH AWARD <input type="checkbox"/> CASH EQUIVALENT (i.e. gift card, gift certificate) <input type="checkbox"/> NON-CASH (greater than \$100) <input type="checkbox"/> DE MINIMUS NON-CASH (\$100 or less)	AWARD VALUE	GROSS-UP (if applicable)
		VERIFICATION: I certify that this item is not a cash equivalent and has a value of \$100 or less.		SIGNATURE	
	<input type="checkbox"/>	TIME OFF	TOTAL HOURS	VALUE OF CONTRIBUTION (See VA Handbook 501, Part III, Appendix A, "Scale of Awards Based on Intangible Benefits") <input type="checkbox"/> MODERATE <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> EXCEPTIONAL	

CURRENT STATUS (Provide justification on reverse or attach separate sheet)

FACILITY NO.	NAME OF EMPLOYEE(S)	EMPLOYEE ID NUMBER	AWARD AMT/ HOURS OFF	POSITION TITLE	PAY PLAN/ GRADE STEP	BASE SALARY
143	Cheney, Lydia A.	0410700	\$30	VR	GS-10V1	\$6,191.00

PERIOD COVERED BY RECOMMENDATION March-April 2014	PRICEDITIONS, AWARDS, QUALITY STEP INCREASES, OTHER HONORS RECEIVED DURING LAST 12 MONTHS
SIGNATURE, TITLE AND ORGANIZATION OF RECOMMENDING OFFICIAL Cidney C. Tyler, 659055 Recruit	DATE 08/20/2014

CONCURRENCE (if required)			
SIGNATURE AND TITLE	DATE	SIGNATURE AND TITLE	DATE
SIGNATURE AND TITLE	DATE	SIGNATURE AND TITLE	DATE

APPROVAL			
SIGNATURE OF TECHNICAL REVIEWER (www.va.gov/vafr)	DATE	SIGNATURE, TITLE AND ORGANIZATION OF OFFICIAL AUTHORIZED TO MAKE INCENTIVE AWARDS DECISION	DATE
Cidney C. Tyler 659055	08/20/2014		

JUSTIFICATION

Ms. Cheney, from the Express C Team, is recommended for a Special Contribution Award for her contribution to the informal claims project.

On March 24, 2015, the Oakland Regional Office (RO) initiated a review of 1,848 cases that were identified as having informal claims requiring further review and/or action. This review consisted of electronic and paper case reviews, performed by a group of employees from the Oakland RO Appeals, Express, Core, and Quality Review Teams. This group of reviewers consisted of Veterans Service Representatives (VSRs), Rating Veterans Service Representatives (RVSRs), Decision Review Officers (DROs), Authorization Quality Review Specialists (AQRs), Rating Quality Review Specialists (RQRs), as well as local supervisory staff (Assistant Coaches and Coaches). Work-at-home employees were recalled into the office with no advanced notice to work on this project. Intake Analysts (IAs) and Claims Assistants (CAs) from the Intake Processing Center (IPC) assisted with reviewing mail, establishing end products, and requesting and routing paper claims folders.

The reviewers were responsible for completing an initial review on each of the 1,848 cases to determine if all claimed issues were properly addressed, more specifically, to determine if additional benefits were entitled. Each case review was logged into a master tracking spreadsheet by supervisory staff. Any additional benefits entitled or rating corrections noted during the case reviews were referred to a rating official (RVSR, DRO, or RQR) and addressed at this point in the review process. In the event that additional claims development action was required, VSRs and AQRs performed the necessary development actions. The AQRs and VSRs were also responsible for promulgating and authorizing payment for these cases upon completion of the rating activity.

A review of these 1,848 claims resulted in 196 cases that required corrective action and 146 cases that required additional rating action. The rating actions on these claims resulted in a retroactive award payment totaling to over \$600,000 in benefits paid.