



Scott Walker, Governor  
 John A. Scocos, Secretary

**STATE OF WISCONSIN  
 DEPARTMENT OF VETERANS  
 AFFAIRS**

201 West Washington Avenue  
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 Toll-free: 1-800-WIS-VETS (947-8387)  
 Fax: (608) 267-0403  
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June 27, 2014

**WDVA Bulletin 1013**

**TO: County Veterans Service Officers**

**SUBJECT: Recent Changes and Initiatives in the Milwaukee Pension Management Center**

The following are notes from the VSO meeting held on Wednesday June 25, 2014 with representatives of the Pension Management Center (PMC):

1. The PMC Manager started the meeting by discussing the current workload summary. The Milwaukee PMC continues to be ahead of the curve on claims processing as you can see by the numbers below:

**Workload Summary:**

<b>MILWAUKEE PMC WORKLOAD SUMMARY</b>								
Number of Claims Pending								
End Product	Description	09/29/12	09/30/13	11/30/13	01/31/14	03/31/14	05/31/14	% Decrease Since 09/29/12
020 Series	Reopen DIC	1023	570	523	675	502	547	46.53%
120 Series	Special Monthly Pension	4574	2978	2428	1625	1670	1683	63.21%
130 Series	Dependency Adjustment	2628	854	660	918	843	617	76.52%
140 Series	DIC	3336	1487	1260	1035	1063	1124	66.31%
150 Series	Income Adj/Reopen	7474	2576	2889	5356	4715	3773	49.52%
180 Series	Initial Live Pension	3985	1826	1445	1115	1209	1421	64.34%
190 Series	Initial Death Pension	8681	3324	2263	1588	2280	2109	75.71%
290 Series	Eligibility Determinations	3742	3057	3071	3017	3027	2635	29.58%
EP 165	Accrued	1542	927	705	484	579	451	70.75%
EP 135	Hospital Adjustment	559	166	241	358	281	235	57.96%



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Average Days Pending								
End Product	Description	09/29/12	09/30/13	11/30/13	01/31/14	03/31/14	05/31/14	% Decrease Since 09/29/12
020 Series	Reopen DIC	96.1	77.7	70.0	72.4	59.2	56.1	41.62%
120 Series	Special Monthly Pension	80.8	73.7	64.9	55.3	41.6	42.7	47.15%
130 Series	Dependency Adjustment	95.4	66.9	60.2	44.9	45.7	49.2	48.43%
140 Series	DIC	104.0	75.7	70.2	65.0	55.9	56.6	45.58%
150 Series	Income Adj/Reopen	100.2	59.0	45.6	38.7	45.1	64.9	35.23%
180 Series	Initial Live Pension	90.6	73.5	69.4	57.3	46.9	44.1	51.32%
190 Series	Initial Death Pension	97.7	72.6	61.5	50.9	47.4	43.1	55.89%
290 Series	Eligibility Determinations	139.8	63.3	63.4	56.0	52.4	55.1	60.59%
EP 165	Accrued	126.8	102.6	103.3	93.1	77.0	78.7	37.93%
EP 135	Hospital Adjustment	55.7	42.9	37.0	32.8	31.4	29.0	47.94%



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Percent Backlog								
End Product	Description	09/29/12	09/30/13	11/30/13	01/31/14	03/31/14	05/31/14	% Decrease Since 09/29/12
020 Series	Reopen DIC	28.90	17.90	15.10	10.67	11.95	7.13	75.33%
120 Series	Special Monthly Pension	19.00	17.40	11.40	8.92	2.69	1.90	90.00%
130 Series	Dependency Adjustment	28.30	13.00	11.10	5.99	6.64	9.40	66.78%
140 Series	DIC	32.20	17.80	15.30	14.22	11.01	8.27	74.32%
150 Series	Income Adj/Reopen	32.20	9.50	3.70	1.76	0.07	0.16	99.50%
180 Series	Initial Live Pension	26.50	17.30	13.70	11.57	5.29	2.67	89.92%
190 Series	Initial Death Pension	30.80	16.20	8.30	9.01	5.39	2.75	91.07%
290 Series	Eligibility Determinations	45.50	14.00	9.10	10.24	6.19	9.56	78.99%
EP 165	Accrued	45.60	26.80	26.10	25.00	16.58	15.74	65.48%
EP 135	Hospital Adjustment	0.10	0.10	0.00	84.00	1.42	0.85	- 750.00%

FDC			
Claim Type			
05/31/2014	#	ADP	ADC FYTD
Rating	2214	40	38.4
Non-Rating	1208	36.6	41.7
End Product			
120 Series	427	30.8	33.7
140 Series	715	45	38.1
180 Series	943	39.5	40.7
190 Series	1208	36.6	41.7
029 EP	129	46.7	54.8



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2. The PMC Management wants to stress that all PMC claims must go through the PMC. DO not send to the Veteran Service Center because they will/can end up in VBMS, which will cause a delay in the PMC taking action.
3. Virtual VA PMC Stakeholders:

As stated in our last Bulletin, July 25, 2014, Virtual VA is scheduled to replace the current fax system. A new fax subsystem is required as the current embedded Fax components are no longer sold or supported by the product vendor. Additionally, a new fax subsystem is needed to respond to business requests for expanded fax functionality that is more in line with today's workload needs. **VSOs should expect:**

- Inbound Fax documents to Virtual VA will no longer be received and processed within the Capture Point Scanning Application
- Internal VBA customers will be able to fax documents directly into a Veteran's eFolder. Internal customers will create fax cover sheets that include barcodes with the metadata necessary for auto insertion into eFolders
- Fax Cover Sheet generator will be located on the Virtual VA Login Page. **WDVA will receive your claims via the mail and FAX to VVA after review and confirmation.**
- A separate email notification will be sent for each document auto inserted into an eFolder (those mailboxes have been established and lines configured)
- Email notification will include a hyperlink to the Virtual VA eFolder and faxed document. Faxed documents that are not auto inserted (barcoded cover sheet not used) will be routed to the Exceptions Processing Area (EPA) within Virtual VA (orphaned document queue)
- Outbound Fax of documents from Virtual VA Web Application remains essentially unchanged
- The Compensation Service Business Management Staff will coordinate all training relative to the new system. Training will be provided remotely and documentation and training materials will be provided.
- A new Virtual VA Inbound Fax Number will be provided per each site
- There will be no forwarding of existing Fax numbers
- Legacy Fax system will be decommissioned and current numbers will no longer be needed. Region5 OI&T will coordinate that task with your local IRM.
- 'Legacy' Capture Point Indexing Stations can be updated to current version of Capture and WN7 at point of "Go Live" of new Fax subsystem
- "Go Live" date for new Fax subsystem is **July 14, 2014**
- Current Virtual VA Fax numbers will be deactivated on July 12, 2014 (see table below)
- Training on Fax functionality and EPA will be provided the week of July 7, 2014 (invite to follow)



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- Compensation Service Business Management Staff will host a call in the coming weeks to discuss these changes and address questions/concerns (invite to follow)

RO	Current Number	New Number
Milwaukee	414-902-9470	215-842-4430
St. Paul	612-970-5488	215-842-4420
Philadelphia	215-381-3191	215-842-4410

**Again; it is important that all claims submitted to VA first come through the WDVA Claims Office if that office has been designated as Power-of-Attorney. We will take all necessary steps to forward the claims received with the appropriate cover sheets per the PMC guidance.**

**The WDVA Claims Office email claims system will NOT be affected by this system. We encourage you to use that system if you are not currently doing so.**

4. Information about the Fiduciary Hub processing and some reminders:

- Date still unknown for transitioning fiduciary awards to the fiduciary hubs.
- Reminder – When filing a claim, please have the claimant only report what they are actually paying for attendant fees, not the amount they would be paying if VA pension was granted. This will generate an improper increased rate if the claimant does not pay the reported amount. The claimant can submit paid unreimbursed medical expenses at any time for an increase to their VA pension rate.
- Burials – Pension and Fiduciary Service final burial rule has been posted to the Federal Register. The burial automation deployment date is July 7, 2014. The Fast letter, providing guidance to the Pension Management Centers, is in concurrence and is scheduled to post to the VBA website prior to the effective date of the rule. Any future updates will be provided in the upcoming VSO conference calls.
- Triage – Please be careful when faxing claims into Virtual VA, especially original claims. Please ensure that the claim contains sufficient information to identify the Veteran. A VA file number, SSN, and service number helps us associate the claim with the proper Veteran’s eFolder.

5. General reminders for Advocacy Claims:



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- If you have a terminally ill claim, please make sure we can easily identify it.
- For hardship claims, please tell us what the hardship is and submit any supporting documentation with the claim (eviction notice, power off, etc.)

6. Rating Team Issues:

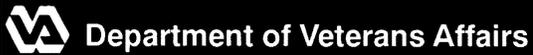
1. Automation of Survivor Benefits: Automation of Dependency and Indemnity Compensation (DIC) under the provisions of 38 USC 1318(b), service-connected (SC) burial and non-service-connected (NSC) burial benefits is **scheduled for implementation on July 7, 2014**. Survivors who are eligible for this automation includes those who survived a Veteran who:
  - (1) Had a SC disability continuously rated totally disabling for a period of 10 or more years immediately preceding death,
  - (2) Had a SC disability continuously rated totally disabling for a period of not less than five years from the date of such veteran's discharge or other release from active duty, or
  - (3) Was a former prisoner of war who died after September 30, 1999, and the SC disability was continuously rated totally disabling for a period of not less than one year immediately preceding death.

Upon notice of the eligible veteran's death, surviving spouses who were are also on the veteran's record will automatically receive DIC and SC burial benefits without having to submit an application. We will also pay SC burial if the veteran was 100 percent at death, excluding IU. If the veteran did not have a disability rated at 100 percent at time of death, NSC burial benefits will be provided.

2. IRS/SSA initiative update: Depending on the day of the week claims are established, we still must wait between 10-16 days from the date of establishment for the IRS/SSA data transfer to be completed.

**Reminder**, there is a new version of the VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, dated Jun 2014. See the attached. Please use this form as we move forward.

If there are any questions, please contact Kim T. Michalowski or Colin Overstreet in the claims office.



**APPOINTMENT OF VETERANS SERVICE ORGANIZATION  
AS CLAIMANT'S REPRESENTATIVE**

**Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, " Appointment of Individual as Claimant's Representative." VA Forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).**

**IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.**

1. LAST-FIRST-MIDDLE NAME OF VETERAN	2. VA FILE NUMBER <i>(Include prefix)</i>
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS <i>(See list on reverse side before selecting organization)</i>	
3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A <i>(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)</i>	
3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A	

**INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES**

4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN)	5. INSURANCE NUMBER(S) <i>(Include letter prefix)</i>	
6. NAME OF CLAIMANT <i>(If other than veteran)</i>	7. RELATIONSHIP TO VETERAN	
8. ADDRESS OF CLAIMANT <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i>	9. CLAIMANT'S TELEPHONE NUMBERS <i>(Include Area Code)</i>	
	A. DAYTIME	B. EVENING
	10. E-MAIL ADDRESS <i>(If applicable)</i>	
11. DATE OF THIS APPOINTMENT		

**12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.**  
 By checking the box below I **authorize** VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

**13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:**

<input type="checkbox"/> DRUG ABUSE	<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE	<input type="checkbox"/> SICKLE CELL ANEMIA

**14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS -** By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.

I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.

I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

**THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC**

15. SIGNATURE OF VETERAN OR CLAIMANT <i>(Do Not Print)</i>	16. DATE SIGNED
17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B <i>(Do Not Print)</i>	18. DATE SIGNED

<b>VA USE ONLY</b>	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE			

**NOTE:** As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

## RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of national, regional, or local organizations recognized by the Secretary of Veterans Affairs in the preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association	National Association for Black Veterans, Inc.
American Legion	National Veterans Legal Services Program
American Red Cross	National Veterans Organization of America
AMVETS	Navy Mutual Aid Association
American Ex-Prisoners of War, Inc.	Paralyzed Veterans of America, Inc.
American GI Forum, National Veterans Outreach Program	Polish Legion of American Veterans, U.S.A.
Armed Forces Services Corporation	Swords to Plowshares, Veterans Rights Organization, Inc.
Army and Navy Union, USA	The Retired Enlisted Association
Associates of Vietnam Veterans of America	The Veterans Assistance Foundation, Inc.
Blinded Veterans Association	The Veterans of the Vietnam War, Inc. & The Veterans Coalition
Catholic War Veterans of the U.S.A.	United Spanish War Veterans of the United States
Disabled American Veterans	United Spinal Association, Inc.
Fleet Reserve Association	Veterans of Foreign Wars of the United States
Gold Star Wives of America, Inc.	Veterans of World War I of the U.S.A., Inc.
Italian American War Veterans of the United States, Inc.	Vietnam Era Veterans Association
Jewish War Veterans of the United States	Vietnam Veterans of America
Legion of Valor of the United States of America, Inc.	West Virginia Department of Veterans Assistance
Marine Corps League	Wounded Warrior Project
Military Order of the Purple Heart	
National Amputation Foundation, Inc.	
National Association of County Veterans Service Officers, Inc.	

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama	Hawaii	Minnesota	North Carolina	South Dakota
American Samoa	Idaho	Mississippi	North Dakota	Tennessee
Arizona	Illinois	Missouri	Northern Mariana Islands	Texas
Arkansas	Iowa	Montana	Ohio	Utah
California	Kansas	Nebraska	Oklahoma	Vermont
Colorado	Kentucky	Nevada	Oregon	Virginia
Connecticut	Louisiana	New Hampshire	Pennsylvania	Virgin Islands
Delaware	Maine	New Jersey	Puerto Rico	Washington
Florida	Maryland	New Mexico	Rhode Island	West Virginia
Georgia	Massachusetts	New York	South Carolina	Wisconsin
Guam				

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is considered relevant and necessary to recognize a service organization as your representative and/or identify disclosable records. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to recognize the service organization you name to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902). We will also use the information to identify any VA records that we may disclose to the service organization (38 U.S.C. 5701(b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.