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Appendix A - SQC Error and Discrepancy Sheet Listing

Number	Name
SQC 100	Waiver
SQC 200	Death Claims
SQC 201	Award Maintenance Actions
SQC 202	Beneficiary and Option Changes
SQC 300	Medical Applications
SQC 301	VMLI
SQC 400	Correspondence
SQC 401	Applications
SQC 402	Disbursements
SQC 403	Record Maintenance Actions (Record Print Outs)

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Chapter 1 – General

1.01 PURPOSE AND SCOPE

a. The basic aim of insurance quality control is the improvement and maintenance of quality at the highest levels which the various insurance work processes are capable of producing, within available resources.

b. Regular supervision and training are basic to effective quality control and improvement. There are various methods used by the Insurance activity to improve quality. These include supervisory spot checks, 100 percent reviews, analyses of complaints, sampling of the work produced, customer surveys, and Quality Improvement teams.

c. Of the various methods, sampling is the one most widely used in the Insurance activity for quality control purposes. It has the advantage of economy and speed in feeding back information on quality. Since drawing inferences about quality levels from samples is a basic function of statistics, it is termed SQC (statistical quality control). The purpose here is to furnish procedures for its application in certain high volume and largely repetitive areas of the Insurance activity.

d. It is not the intent that SQC displace any of the other supervisory tools. Rather, it is designed to supplement it with the focus at the higher organizational level.

e. In all areas, whether or not covered in this manual, the various levels of supervision are expected:

1. To know and report upward the quality of work items being produced.

2. To conduct reviews to determine areas where deficiencies may exist.

3. To issue special instructions, train individual employees or groups, recommend procedural changes when indicated, or take whatever other action is necessary to ensure quality work performance.

1.02 INSURANCE QUALITY CONTROL ELEMENTS

Quality standards are comprised of Errors and Discrepancies, as discussed below:

Errors

An error is an action which adversely affects the Veteran, the insured, the beneficiary, the payee, third party customers, stakeholders, or the financial health of the insurance program.

To be considered an error, the action must be incorrect based on the law, regulations, manuals, circulars, or statement of procedures (SOPs) for the action in question, or other written guidance issued by appropriate Insurance Management. An action that is incorrect, but does not materially impact the provision of benefits, amount of insurance, premiums, or other substantive aspect of the legally required benefits, is not an error. The end product selected for review must be processed according to established guidelines, without reviewer prejudice.

Errors should be charged against the SQC worksheet line code number which they most nearly resemble. Only if totally unrelated to any of the defect line codes will an item be listed as an unclassified error.

Discrepancies

A discrepancy is an action or omission, the effect of which is minor or administrative. It cannot have direct, substantive, or immediate impact on the benefits payable, the Veteran, the insured, the beneficiary, the payee, third party customers, stakeholders, or the financial health of the insurance program.

To be considered a discrepancy, the action must not rise to the substantive level of an error, but may negatively impact the image of the organization or confuse the customer.

Discrepancies should be charged against the SQC worksheet line code number which they most nearly resemble. Only if totally unrelated to any of the defect line codes will an item be listed as an unclassified discrepancy.

1.03 STATISTICAL QUALITY CONTROL

SQC is a technique for detecting, by statistical means, the presence of systematic or non-random variations in quality in the output of a process. This makes possible the reduction or elimination of these quality variations to an acceptable level, leaving the remaining variation due to chance causes. A process operating within a stable range of chance causes is said to be statistically under control.

1.04 ESSENTIALS OF SQC

a. Effective quality control does not stop with simply measuring the error rate. Nor does it end with on-the-spot correction of an error. The key to successful SQC is feedback of information to the training and planning phases, to remove the causes of error in future work products. An effective system must include a valid sampling plan, quality indicators, information feedback, and action. The following forms are available for application of SQC to insurance operations:

   1. Quality Review Exception Sheet.

   2. Statistical Quality Control Summary Report (Error Classifications).

NOTE: *Please refer to M29-1, Part VII, Appendix A for SQC Quality Control Exception Sheets and Summary Reports.*

b. There are additional essentials of reporting and validation. These topics are discussed under their respective headings.

1.05 SELECTION AND QUALITY REVIEW

a. Wherever possible, identification and selection of the cases to comprise a sample is performed by VA Insurance systems based on programmed random sampling logic.

b. For quality control purposes, completed cases are defined as those upon which all action possible has been taken, based on the material of record, and the Veteran/inquirer has been informed as to his or her status. Interim and intermediate replies and/or cases susceptible to selection under this definition include:

   1. Those going into diary on initial processing because of a further requirement (money, information, records, etc.). Pending cases will be noted PEND.

   2. Cases undergoing final processing after receipt of requested requirements or as a result of diary call-up.

1.06 QUALITY WORKDAY

An SQC workday must be established to consistently maintain a 24-hour cycle. For example, an SQC workday established at 2 p.m. of one workday will run until 2 p.m. of the succeeding workday. The Assistant Director, Insurance Program Management Division will be responsible for establishing the starting time of the quality workday.

1.07 SAMPLING PLAN

a. Random sampling provides for the mathematical evaluation of the sampling error, and provides assurance as to the absence of bias in the selection of work units.

b. The procedure outlined here subjects all items of the work population to an equal probability of selection. It minimizes human influence in the selection of work units for quality review by use of predesignated control digits. The control digits change daily as explained below.

c. The basic plan utilizes the ready-made digit groupings of the established insurance numbering system. The primary, secondary, and final group of digits, going from right to left in the file insurance number, are used for the three selection functions of control, initial match, and final designation, respectively.

d. The listing control digits are derived from the last two digits (primary set) of the last file number selected by the VA Insurance system at the close of each quality workday. These govern selections for the following workday, commencing immediately at the cut off time, and change daily. Separate statistical quality review selection processes are maintained for each SQC survey within the VA Insurance system. Thus, each work process has its own selection control digits. The selection criteria for each SQC survey is listed in M29-1, Part VII, Chapter 4.

e. The selection proceeds from the right to the left in the insurance number. Therefore, all cases selected for the succeeding workday which bear the predesignated control digits in the secondary position (third and fourth from the end) are maintained by the VA Insurance system. These cases together with all related material constitute the initial selections; for further details, see M29-1, Part VII, Chapter 2.

f. The final selections are made from the extreme left digit groups of the cases designated as initial selections. The last two digits of this group are always used as a set. If a file number has less than six digits, each missing digit will be regarded as a zero. The highest and lowest numerical values of these sets are chosen in alternating sequence until a sufficient number of final selections have been gathered to satisfy sample size requirements for the day. These values are chosen in accordance with the monthly sample size and the number of workdays in the current month. The high-low selection sequence will be preserved in continuity from one workday to the next.

g. To illustrate briefly the selection process, see the example below:

Last file number at cutoff time: RS 1234 17 38

Cases encountered after cutoff time: V 164 38 96

V***6*** 38 04

RH 10***98*** 38 55

Primary Set = Selection control ("38")

Single underscoring = Initial selections

Bold and Italicized = Final selections for SQC

1.08 SAMPLE SIZES AND FREQUENCY

Unless otherwise specified, sample sizes are established at 100 monthly for each SQC program in the Policyholders Services entities; 100 monthly for each Death Claims related SQC program; 50 monthly for the Disability Claims programs; 50 monthly for Medical Determination end products; 50 monthly for Outreach end products, and 20 for VMLI. Selections will be made daily throughout all workdays of every month.

1.09 SELECTION BACKGROUND

VA Insurance system's logic identifies and selects completed cases matching the predesignated control digits automatically, using the applicable method for the work volume involved, as outlined in M29-1, Part VII, Chapter 2. For quality control purposes, completed cases are defined as those upon which all action has been taken based on the material of record, and the Veteran/insured/inquirer has been informed as to his or her status. Interim and intermediate replies and/or cases that may be selected under this definition include:

a. Those going into diary on initial processing because of a further requirement (money, information, records, etc.) from outside the processing office.

b. Cases undergoing final processing after receipt of requested requirements or as a result of a diary call-up.

1.10 ACCUMULATION OF MONTHLY SAMPLE

The monthly volume of initial selections should range from 10 percent to 25 percent above the number of cases required for SQC review (dependent upon work volume, sample size, nature of work, and need). On a daily basis, deficits or excesses may be encountered and will be handled as stated below.

a. If fewer cases than required are available for that day, the deficit will be made up from the cases listed in subsequent selection period(s), which can occur as soon as the next day or as late as three days after the end of the review month. All cases listed as subject to SQC will be used until the required number of cases have been gathered to cover all existing deficits through that (current) date.

b. Automated SQC only selects the number of cases needed for review each day from completed work.

1.11 QUALITY REVIEWS FOR ACCURACY

a. Accuracy reviews will be conducted according to the error classifications on the VA Insurance system error classification interface (or SQC Summary Report), as detailed in M29-1, Part VII, Chapter 2.

b. The Insurance Program Management SQC Program Coordinator has the responsibility to see that the SQC surveys are conducted on the cases selected for review.

c. Insurance Program Management Division employees are responsible for conducting SQC Reviews. Individual reviewers are responsible for completing SQC case reviews based on the guidelines provided by the SQC Program Coordinator.

d. The Quality Review Exception Sheet will be completed for each deficiency, whether it be substantive or procedural in nature. The deficiency and its corrective action should be explained to the originator by his or her own first line supervisor rather than the reviewer, so that all concerned will derive maximum benefit from this information feedback.

1.12 LOCAL VALIDATION

a. At the discretion of local management, validity and/ or reliability checks may be performed on each of the SQC surveys shown in M29-1, Part VII, Chapter 2. Validations will not be considered as substitutes for the regular quality reviews.

b. Validations should be considered when results for the last reporting month showed an accuracy rate/timeliness below the lower control limit (LCL), any survey showing zero errors, an accuracy rate/timeliness close to the upper control limit (UCL), or other conditions indicated in M20-2 Quality Control.

c. Sample sizes for validity checks should be the same size used for the monthly SQC. However, samples as small as 60 percent of the monthly SQC samples are acceptable.

d. A validity check is a review from an independent sample to ascertain whether or not the standard is being met and to determine if the SQC reporting is dependable. (An independent sample is one from the same listing used for that month's SQC review, using initial selections that were passed over during the original review, rather than by a second review of the same cases.)

e. A reliability check is the term used to describe reviews which are performed on the same cases selected in a previous SQC survey. Ordinarily, reliability checks are conducted only when a marked disparity is disclosed between a validity check, as described above, and the corresponding basic SQC review. A reliability check is not employed for determining percent in error. Rather, its purpose is to test the know-how and accuracy of the SQC reviewer(s) and any sampling technique deviations or distortions. Upper and lower control limits have no bearing. Evaluation of results is strictly a judgment matter.

f. Validity checks should consist of previously unreviewed, independent samples. Reliability checks should be composed solely of cases drawn from a previously conducted, final SQC survey sample. Unreviewed and previously reviewed samples will not be mixed together in the same check.

1.13 RESPONSIBILITY FOR QUALITY REVIEWS

The Insurance Program Management Division (IPMD) is responsible for processing SQC. A designated IPMD staff member will be responsible for overseeing the SQC Program for the organization.

1.14 INSURANCE PROGRAM MANAGEMENT OPERATIONAL REVIEWS

IPMD staff will conduct Operational Reviews (OR) as needed. Areas of review include both traditional end products now being reviewed under the SQC programs and other areas not reviewed on a formal basis. The OR process will serve as a "spot check" on operational procedures. Review samples will be taken on a random basis from pending and completed work products. If possible, samples from the daily SQC listings that are chosen for review will be used. Other sources of work samples will be desk audits, workflow, and workflow history. Information for other Quality Assurance Reviews may come from interviews with operations management and reviews of miscellaneous documentation.

a. Cases designated as exceptions because they are unacceptable, in need of improvement, or exceptionally well-done will be given to operations management during the course of the review. Operations management should return any comments to IPMD within 2 workdays.

b. A schedule of ORs will be made prior to the beginning of each calendar year. OR findings will be used to provide suggestions for quality and timeliness improvement and to point operations management toward areas for possible further study. OR results are not intended to validate the regular SQC programs.

1.15 SUMMARY

Strict adherence to the VA Insurance SQC sampling plan and documentation provides, among other things, the following advantages:

a. The VA Insurance SQC sampling plan assures that the method of selection is completely random. The documented selection of control digits by random chance rather than choice, and their application through the secondary and into the final digit groupings, keeps all work products subject to the possibility of selection constantly. Sampling cannot become concentrated in any particular group of work items.

b. The statistical quality review worksheet provides for local quality validations a ready trail to certain points in time, such as periods of heavy workload volumes or other occurrences. It offers a choice between those items initially listed but passed over and those which entered the organized quality sample. This choice can serve the various work processes as a double-check on the estimates of accuracy and timeliness, the reliability of reporting, and the efficiency, knowledge or training needs of the work item originator on up through the quality reviewer.

c. The VA Insurance SQC sampling plan outlined adapts itself to any one or more of the 100 percentage plans outlined in paragraph 2.01 to all segments of the Insurance activity. Further, it will provide for any future changes in staffing, organizational structure, or work volumes.

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Chapter 2 – Accuracy

2.01 SELECTION PLANS AND GENERAL GUIDELINES

a. Selection Plans

1. There are one hundred selection plans (See a2(b)) available to adjust to various work volumes throughout the Insurance activity. No specific percentage selection plan is assigned to the surveys presented in this chapter. The only requirement is that, whichever plan is used, it should produce initial selections in an amount equal to the established sample size, plus a minimum of approximately 10 percent in additional samplings. The plans may be changed as the workload dictates; however, such changes will only be made at the beginning or the middle of the SQC month.

2. The proper method for determining the control numbers for the various percentage selection plans is illustrated below.

a) **Listing Controls** - The primary set (last two digits) of the last case listed each day becomes the beginning control numbers to make selections the next day. For example: for file number FV 1234 67 89, 89 is the primary set, the beginning control digits for the following day.

b) **Initial Selections** - Cases containing the control digits in the secondary set (third and fourth from the end) of the insurance number. The following chart shows examples of how the control digits are selected for the different percentage plans.

PERCENTAGE PLAN	CONTROL NUMBERS	LAST FILE NUMBER AT CUTOFF
1%	V 1234 17 38	38
2%	V 17 23 80	80, 81
3%	RS 500 42 41	41, 42, 43
4%	J 8230 90 98	98, 99, 00, 01
5%	RH 1696 81 12	12, 13, 14, 15, 16
10%	K 42 30 55	55 through 64
15%	RH 1697 30 02	02 through 16
20%	V 1230 51 79	79 through 98

3. The established sample sizes are mandatory and strict adherence is important. However, if workload decreases to such an extent that the percentage plan does not produce the established sample size plus the minimum of ten percent additional sampling for three consecutive months, action should be taken to reduce the sample size.

b. General Guidelines

1. General SQC Selection Guidelines

a) Sensitive cases can be selected for SQC review. SQC reviewers will request the required supporting documentation from staff if a sensitive case is selected for review.

b) IPMD must complete their SQC reviews by the third workday of the month.

2. General Reviewer Guidelines on Key Processes

a) Correspondence

1) It is essential that correspondence to Veterans, beneficiaries, or third parties be viewed, to the extent possible, from the Veterans', beneficiaries, or third party's perspective.

2) Correspondence, email, and VMLI certificates must be complete, accurate, courteous, reader focused, and timely. Notifications must be factually

correct, address all issues, be direct and concise, and be logically laid out and free from contradictory statements.

3) All ancillary issues and benefits (e.g. waiver of premiums, burial benefits, DIC, etc.) should be addressed when interacting with the Veteran or their representative.

4) Notice of procedural and appellate rights is required for all negative decisions, including denial of applications for insurance, reinstatement, disallowance of claims for insurance benefits; and decisions holding fraud or imposing forfeiture. Notice to the applicant or claimant and his representative, if any, of the right to appeal will be sent at the time the denial, disallowance, or forfeiture occurs. The form is: VA Form 20-0998, "Your Rights To Seek Further Review Of Our Decision".

b) Effective Dates

1) Effective dates of insurance benefits, disability benefits, conversion, reinstatements, special ordinary life policies, and change of plans must be accurate.

2) Generally, effective dates of applications will be made effective, unless the insured requests otherwise, on the date all requirements are met. This means the submission of both application and money. If within the time limits set by law a Veteran submits an application, then later the premium, the insurance will be effective as of the date the money is received if within the next premium month due. If supplemental information is required and submitted within the eligibility period, the effective date will be the date the application or the money was submitted, whichever is later.

c) Development

1) Once VA's duty to assist has been triggered by submission of a claim or application, all indicated development must be accomplished. VA is obligated to make reasonable efforts to obtain records to assist the claimant, if the records are adequately identified by the claimant, relevant to the claim, potentially helpful in substantiating the claim, and VA would be authorized to disclose the relevant portions of such records to the Veteran under the Privacy Act and 38 U.S.C. 5701 and 38 U.S.C. 7332. However, in certain circumstances, VA may conclude that reasonable efforts do not include requesting third party records even when adequately identified by a claimant. A case-by-case determination should be undertaken to decide whether an attempt to obtain such records is within the scope of VA's duty to exert reasonable efforts to obtain the records. The duty to assist ends when all relevant evidence is obtained, or cannot be obtained despite reasonable efforts, or benefits are granted. While allowances must be substantiated, there is no duty to assist requirement to develop additional records when entitlement can be established on the evidence of record. (Over/Under Development). The key questions that should be asked are:

i. Does the record show a documented attempt to obtain all indicated evidence prior to denial of the claim or benefit?

ii. Was all evidence received prior to deciding the claim or benefit? If not, is there documented follow-up to show that the claimant was given the opportunity to obtain and submit the evidence?

c. Survey Guidelines

1. To the extent practicable, only survey customers whose actions have been subject to SQC review. The only instance in which customers whose actions were not SQC-reviewed should be sent surveys is when there were insufficient SQC reviews in the month to make up the targeted number of surveys. EXCEPTION: The Teleservice survey sample is pulled from supervisory monitored calls.

2. Do not survey the same customer more than once in a twelve-month period in any major SQC category. Additionally, no death claim file number can be surveyed more than once.

3. Only customers with a five-digit numeric US zip code should be surveyed.

4. Insurance Service should be automatically notified after the first workday of a month if the desired number of surveys is not generated.

2.02 DAILY ACCUMULATION

Initial selections will be made from all workdays of every month. Final selections will be made at a daily rate as specified below (see also paragraph 1.09).

Sample Size, 100 Monthly

19 workday month = 6 daily, first 5 days + 5 daily, last 14 days

20 workday month = 5 daily, throughout

21 workday month = 5 daily, first 16 days + 4 daily, last 5 days

22 workday month = 5 daily, first 12 days + 4 daily, last 10 days

23 workday month = 5 daily, first 8 days + 4 daily, last 15 days

Sample Size, 50 Monthly

19 workday = 3 daily, first 12 days + 2 daily, last 7 days

20 workday = 3 daily, first 10 days + 2 daily, last 10 days

21 workday month = 3 daily, first 8 days + 2 daily, last 13 days

22 workday month = 3 daily, first 6 days + 2 daily, last 16 days

23 workday month = 3 daily, first 4 days + 2 daily, last 19 days

Daily selections for monthly sample sizes other than 100 or 50 per month are readily calculated, using the above techniques.

2.03 STATISTICAL QUALITY CONTROL CHARTS

a. Experience shows that the mere introduction of a control chart into a work situation often causes quality improvement. Such improvement may result only from the influence of the chart in focusing the attention of employees and management on the quality level. This is certainly a positive aspect of control charts and should be considered as such.

b. Using control charts to focus attention solely on the quality level, however, is not the whole story. In the long range, much of the quality improvement attributable to the use of control charts comes from concentrating the user's attention on variations which are statistically abnormal. Care should be taken to view control charts in terms of whether the work processed items are, or are not, in statistical control. And, of course, this must include identifying "assignable causes" (errors and discrepancies) and taking the necessary steps to bring the system back into a constant-cause system.

NOTE: *Please refer to M29-1, Part VII, Appendix A for SQC Quality Control Exception Sheets and Summary Reports.*

2.04 DEFINITION OF CONTROL CHART

SQC control charts show the monthly error/discrepancy rates or timeliness for the various statistical quality control programs. The data from these control charts can be plotted on graphs. On such graphs, there are three parallel lines: a central line which represents the actual average error/discrepancy rate or timeliness for the previous year and an upper and a lower control line. The control limits are intervals of three standard deviations above and below the actual average percent in error. They represent the boundaries within which the error rate for any month should statistically fall.

a. A control chart is a graphic device for detecting lack of statistical control. Thus, control charts which plot the error/discrepancy rate from month to month are more than just a means for determining how well or how poorly an organization is doing. In fact, their primary importance is to determine if review results reflect what would be expected statistically by random selection and review of a work process. When control charts reveal that a work process demonstrates random variability, the process is said to be under "statistical control". Conversely, a process lacking "statistical control" means that observed variations in quality are greater than should occur by chance, or that plot patterns do not show expected month-to-month variability or randomness.

b. Control charts for the SQC programs are tools used in monitoring the quality of work completed. The purpose of such a process is fourfold:

   1. to review the quality of work being processed;

   2. to indicate when a work process does not exhibit the stability of a constant-cause system (is not in statistical control);

   3. to attribute assignable causes when an SQC program is not in statistical control;

   4. to take positive steps to eliminate those assignable causes.

2.05 ASSIGNABLE CAUSES (Errors and Discrepancies)

Assignable causes are simply those underlying reasons why a work process, such as an SQC program, is not in statistical control. Assignable causes are broken down into either errors or discrepancies.

a. An error is an action which adversely affects the Veteran, the insured, the beneficiary, the payee, third party customers, stakeholders, or the financial health of the insurance program.

b. A discrepancy is an action or omission, the effect of which is minor or administrative. It cannot have direct, substantive, or immediate impact on the benefits payable, the Veteran, the insured, the beneficiary, the payee, third party customers, stakeholders, or the financial health of the insurance program.

***Note**: See 1.02 for additional information on errors and discrepancies.*

2.06 USE OF CONTROL CHARTS

Control charts can show whether a work process is in statistical control by position, order, trend, or grouping of successive plots placed on those charts. Putting it more simply, basically two things are looked for on control charts. Are all points (plots) within the upper and lower control limits and do the point groupings avoid having a particular form? If they meet these two basic criteria, they are considered to be in a so-called "controlled state".

a. **PLOTS OUTSIDE THE CONTROL LIMITS** - The first of these two situations have been the traditional barometer of whether an organization is performing well. If there is a plot or two above the upper control limit, then the organization is in an "out-of-control" situation, should look into the matter, and do what is required to ensure that the error or timeliness improves the following month. This is not an inappropriate response to the situation, but this is not the only time a response is warranted. It is very important to note that a plot below the lower control limit also represents a situation that "lacks statistical control". Often when this has happened, the approach has been to assume two things: that there is near or total perfection and that the review results were totally accurate. Actually, this situation should cause on organization to look into the work process in question. In short, the correct use of control charts never allows an organization to assume the accuracy of any error rate that is questionable based upon that error rate's failure to fall within the limits which have been established statistically.

b. **PLOTS ASSUMING A PARTICULAR FORM** - Plots which are said to "assume a particular form" generally fall into four or five separate categories. These indicate that things may not be what they should be. A basic summary of these categories is shown below.

    1. **RUN** - A run exists when seven or more consecutive plots are on one side of the central line, even though none is outside the control limit on that side. A run of less than six may also fall under this category if 10 out of 11 plots, 12 out of 14 plots, or even 16 out of 20 plots lie on one side of the central line (average error or timeliness rate). The number of plots is called the length of run.

    2. **TREND** - A trend exists when seven or more points form a continuous upward or downward curve. Normally, the plots appear from a point near one control limit and go to a point near the opposite control limit. In some situations, the points will extend beyond the control limits. Even if there are not seven continuous plots in one

direction, a trend may still exist if there is nonetheless an overall "drastic trend" in one direction extending for more than seven plots.

3. **PERIODICITY** - Periodicity is seen when the plots show the same pattern of change, up or down, over equal intervals.

4. **HUGGING THE CONTROL LINE** - This occurs when plots on the control chart stick close to either control limit line. To determine if there is "hugging" of the control limit lines, two lines should be drawn at two-thirds of the distance between the central line and each control limit line.

5. **SUDDEN CHANGE** - This happens when four or more consecutive plots appear on one side of the central line and suddenly show a change in level by the appearance of four or more plots on the opposite side of the central line.

2.07 REPORTING

a. After the close of SQC reviews, no later than the third workday of each month, IPMD must generate from the VA Insurance system, a monthly summary report of the preceding month's review results for quality and timeliness.

b. In cases where Operations disputes an error or discrepancy and the dispute is resolved in favor of Operations, IPMD must modify the SQC exception sheet and subsequently generate a new monthly report.

c. Data from SQC reporting will be utilized to conduct trend analysis and identify areas that require training, refresher training, policy or procedural changes, workload, and/or system enhancements/changes.

2.08 DISABILITY CLAIMS - SQC 100

a. **Organization of Sample**. Samples for this survey will be drawn from all cases in which a new claim for disability benefits has been awarded or denied, including pending cases as defined in paragraph 1.09.

b. **Sample Size**. Fifty monthly which will include forty completed cases and ten pending cases. The cases will be drawn from all workdays throughout the current month, at the appropriate daily rate as specified below.

	Pending Cases	**Completed Cases**
19 workday month =	1 every other day until a total of 10 are reviewed	3 daily, first 2 days 2 daily, last 17 days
20 workday month =	1 every other day until a total of 10 are reviewed	2 daily, throughout
21 workday month =	1 every other day until a total of 10 are reviewed	2 daily, first 19 days 1 daily, last 2 days

22 workday month =	1 every other day until a total of 10 are reviewed	2 daily, first 18 days 1 daily, last 4 days
23 workday month =	1 every other day until a total of 10 are reviewed	2 daily, first 17 days 1 daily, last 6 days

System Selection Criteria

- Status = 'completed'
- Date completed = selection date
- Taskdescription = Waiver Application or Waiver Application Folder or Waiver Application Evidence or Referral – Waiver Application Folder or Referral – Waiver Application

c. Acceptable Quality Level (AQL). The AQL is adjusted annually. It is set by management based on industry best practices.

2.09 DEATH CLAIMS - SQC 200

a. **Organization of Sample**. Samples for this survey will be drawn from all death cases having undergone the adjudicative process. This includes cases on which insurance death awards are granted or disallowed, as well as those going into diary awaiting further developmental requirements, including the submission of a claim.

b. **Sample Size**. One hundred monthly, (which will include 80 completed cases and 20 pending cases) drawn from all workdays throughout the current month, at a daily rate specified as follows:

	Pending Cases	**Completed Cases**
19 workday month =	2 first day, 1 daily on successive days	6 daily, first 2 days 4 daily, last 17 days
20 workday month =	1 daily	4 daily, throughout
21 workday month =	1 daily until 20 are reviewed	4 daily, first 19 days 2 daily, last 2 days
22 workday month =	1 daily until 20 are reviewed	4 daily, first 18 days 2 daily, last 4 days
23 workday month =	1 daily until 20 are reviewed	4 daily, first 17 days 2 daily, last 6 days

System Selection Criteria

80 'Completed' cases:

Select cases using the ADEArchived and LocationLast tables with:

- ADE trans type = '01'

- verified date = selection date
- LastName <> "AMA"
- Location = "DEATH PEND" or "295 ADE OK" or " NO COBAR "

20 'pending' cases:

Select cases from the NewWorkTasks table with:

- NOT also eligible as 'completed' case
- TaskDescriptionID = '088' " _
- Status = 'pending' "
- QueueLocation = '295' "
- category <> ""
- QueueName is null or QueueName <> 'Victars'
- No pending task in 293
- Filenumber not in ADEPendingAwards table
  OR
- Location = 'Death Pend' in LocationLast table
- LastName <> 'AMA'
- datesent = selection date

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.10 AWARDS MAINTENANCE ACTIONS - SQC 201

a. **Organization of Sample**. Samples for this survey will be drawn from all incoming correspondence, address changes, "RETCK" RPO's and other generated RPO's usually processed by the Claims Technician. The cases will be accompanied by all letters or other material denoting action(s) taken. This will also include cases made pending while waiting for return of money, further information, records, etc.

b. **Sample Size**. One hundred monthly (which will include 20 "RETCK" generated RPO's, 20 other generated RPO maintenance actions, and any combination of 60 award correspondence and address change actions) drawn from all workdays at a daily rate specified as follows:

"RETCK RPO" Maintenance	**Award Correspondence and Address Changes**
19 workday month = 2 first day 1 daily on all successive days	4 daily, first 3 days 3 daily, last 16 days
20 workday month = 1 daily	3 daily, throughout
21 workday month = 1 daily until 20 are reviewed	3 daily, first 18 days 2 daily, last 3 days
22 workday month = 1 daily until 20 are reviewed	3 daily, first 19 days 1 daily, last 3 days

23 workday month = 1 daily until 20 are reviewed	3 daily, first 19 days 1 daily until 60 are reviewed

***NOTE**: The daily rate for other generated RPO maintenance actions will be the same as that for "RETCK" RPO's.*

Selection Criteria

1. A completed task falls into at least one of these three categories:

   a) Awards Maintenance task which was not sent to 293 for verification.

   b) Any Verify task to verify an Awards Maintenance task.

   c) Any Verify Award Transactions task.

2. The file number of the Award Maintenance Task Completed has to have a running award record other than a lump sum.

3. The selection date is the current workday.

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.11 BENEFICIARY AND OPTION CHANGES - SQC 202

a. **Organization of Sample**. The items to be reviewed are mainly VA Forms 29-336, Designation of Beneficiary and Optional Settlement. However, to cover the entire population of work items in this area, sampling will include any written request over the insured's signature in which the intent is clearly stated. Additionally, No Action Necessary (NAN) cases that are identified by the system will be reviewed to ensure that no action was required. If no action was needed, the SQC reviewer will replace the case. If action was required and/or taken, the case will be reviewed.

b. **Sample Size**. One hundred monthly, drawn from all workdays throughout the current month, at a daily rate as specified in paragraph 2.02.

Selection Criteria

- Doctype = 'BO' and credate = selection date
- Doctype = 'BODE' and daynum = daynum of selection date
- Not RH file number with effective date less than 90 days ago

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.12 MEDICAL APPLICATIONS - SQC 300

a. **Organization of Sample**. The work items for this survey include all cases processed to completion by the Claims Examiners as well as those going into diary awaiting further development. These consist of applications which involve a medical determination, based on health evidence from a report of physical examination (full medical), on the applicant's replies to health questions (short form medical), or from VA systems. The survey includes medical reinstatements and S-DVI applications.

b. **Sample Size**. Fifty monthly drawn from all workdays throughout the current month, at a daily rate as specified in paragraph 2.02.

Selection Criteria

- Status = 'completed'
- Date completed = selection date
- Taskdescription =
  - 'RH Insurance Application Decision' or
  - 'RH Insurance Application Evidence' or
  - 'Referral - RH Insurance Application Evidence' or
  - 'Referral - RH Insurance Application Decision'

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.13 VMLI - SQC 301

a. **Organization of sample:** Three types of VMLI cases are reviewed each month. They are:

1. Original Approvals
2. Coverage Changes (Refinances and Prepayments)
3. Death Claims Paid

b. **Sample Size.** Twenty monthly

Selection Criteria

- Date approved = selection date and apptype = 'original' or 'prepayment' or 'refinance'
  OR
- Claim paid = selection date

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.14 CORRESPONDENCE - SQC 400

a. **Organization of Sample.** This sample will be gathered from all incoming correspondence processed to completion by the Policyholders Services entities. The sample will also include all transmittals noted as "D" mail, "NAN," or "Ready for File."

b. **Sample Size.** One hundred monthly drawn from all workdays throughout the current month, at a daily rate as specified in paragraph 2.02.

Selection Criteria

Select workflow tasks that have **no task pending** and

- Status = 'completed'
- Date completed = selection date
- Processing employee division = Policyholders Services Division (292)
- Task description =
  - Correspondence Application or
  - Referral-Correspondence Application or
  - Correspondence or
  - Referral-Correspondence or
  - No record Mail or
  - Referral- No record Mail or
  - Email or Referral-Email or
  - Power of Attorney Application or
  - Referral-Power of Attorney Application or
  - Referral Power of Attorney or
  - Direct Deposit Application or
  - Referral-Direct Deposit Application

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.15 APPLICATIONS - SQC 401

a. **Organization of Sample**. The items for this survey will be collected from all applications for conversions, replacement insurance, SRH applications, VAMATIC applications, and reinstatements processed by the Policyholders Services entities, on which a medical determination is not necessary.

b. **Sample Size**. One hundred cases monthly drawn from all workdays throughout the current month, at the appropriate daily rate specified in paragraph 2.02.

Selection Criteria

Select workflow tasks that have **no task pending** and:

- Status = 'completed'
- Date completed = selection date
- Processing employee division = Policyholders Services Division (292)
- Task description =
  - Conversion Application or
  - Referral-Conversion Application or
  - Referral - Conversion Application (New CORR Mail)

- SPOL Replacement Application or
- Referral-SPOL Replacement Application or
- Reinstatement Application or
- Referral-Reinstatement Application or
- Reinstatement Application (new Corr Mail) or
- Referral- Reinstatement Application (new Corr Mail) or
- Supplemental RH Application or
- Referral-Supplemental RH Application or
- SRH Insurance Application or
- Referral-SRH Insurance Application or
- VAMatic Application or
- Referral-VAMatic Application or
- VAMatic Application (new Corr Mail) or
- Referral- VAMatic Application (new Corr Mail) or
- Change of Plan Application or
- Referral-Change of Plan Application

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

2.16 DISBURSEMENTS (LOANS AND CASH SURRENDERS) - SQC 402

a. **Organization of Sample**. The items for this review will be selected from all processed loans and cash surrenders.

b. **Sample Size**. One hundred monthly. Samples will be selected each workday throughout the current month at the appropriate daily rate specified in paragraph 2.02.

Selection Criteria

65 Loans

- VerifiedInforceActions with GroupNumber in ('06','07')"

35 Surrenders

- VerifiedInforceActions with GroupNumber in ('01','02')"

c. **Acceptable Quality Level (AQL)**. The AQL is adjusted annually. It is set by management based on industry best practices.

2.17 RECORD MAINTENANCE ACTIONS - SQC 403

a. **Organization of Sample**. The items for this survey will be selected from processed reason codes on record maintenance actions.

b. **Sample Size**. One hundred monthly. Samples will be selected each workday throughout the current month at the rates specified in Paragraph 2.02.

Selection Criteria

NewWorkTasks with

- Status = ‘completed’
- Date completed = selection date
- taskdescriptionid = '404'
- taskdescription = 'Inforce Rpo'
- TimeCompleted < '180000'
- systemMessage not like '%System Reject%'
- QueueUserid not Classification = 'Supervisor'
  or userid like 'iss%'

c. **Acceptable Quality Level (AQL).** The AQL is adjusted annually. It is set by management based on industry best practices.

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Chapter 3 - Timeliness

3.01 PURPOSE AND SCOPE

a. This section outlines the procedure to be followed for measuring, reporting, and evaluating the timeliness of processing selected insurance items.

b. Insurance processing time standards are designed to serve as a yardstick for measuring the promptness on inquiries or other required actions relating to Government insurance. The fulfillment of this objective requires that processing time be reported on an insurance-wide basis, i.e., from the date a letter, notice of death, application, or other request for action is received in the processing office, to the date when all service possible has been rendered.

c. The standards are expressed in terms to reflect the percentage of items which normally should be processed to completion within a specified number of days after receipt. It includes the expected processing time for all insurance elements that share in the responsibility for the movement of an item through its complete cycle.

d. Start dates for calculating timeliness must start from the date of receipt of the correspondence, applications or the date of the RPO/diary action. The timeliness clock will not stop until the Veteran/insured is informed that all VA actions able to be taken at the current time have been completed.

3.02 SAMPLING REQUIREMENTS

a. All items which are representative of the total process will be considered as part of the population and subject to sample selection. Items will not be excluded because of routing, diary or other actions which are part of the overall process.

b. When applicable, the timeliness review will be made from the same cases selected for review under the related SQC (statistical quality control) survey and by the same person who conducts the accuracy check. The exceptions to this are covered under the standards and specifications for the individual timeliness surveys (par. 3.04).

3.03 CALCULATING PROCESSING TIME

a. The date imaged will be considered the date of receipt.

b. Processing time will be computed in workdays for all surveys. The date of receipt will not be counted. All workdays following the date of receipt, including the day final action is taken, will be counted as full workdays.

c. Completed Action Cases: For a case to be considered complete in terms of the timeliness clock stopping, all indicated development must be finished and the Veteran/Insured/Beneficiary informed of the decision, if required. This processing time includes all prescribed clerical actions, including mandatory reviews, if such clerical actions impact delivery of the benefit at point of decision or future actions. If clerical actions or other case actions do not impact delivery of the benefit and/or would not impact future actions, these actions should not be included in the timeliness processing days. Delays encountered beyond the normal point of completion, such as quality reviews, data processing time and so forth, will be counted in the overall processing time.

d. Pending Action Cases: Cases which are diaried because information, money, records, etc., must be secured from sources outside insurance are eligible for sample selection and a timeliness review on either the initial handling or any subsequent handling. If selected on the initial handling, processing time ends when all required actions have been taken to the point of diary. If selected on a subsequent handling, processing time will begin on the first workday following the date of receipt of the requested data, money, etc. If the requested item is not received, the processing time will begin on the first workday following the diary call up date. If a case is selected in which a simultaneous request for more than one item from different sources is involved, the processing time will be computed even though the requested material was not received. Processing time begins on the first workday following the date of receipt of the requested data to the date the case is sent to file pending receipt of the other information.

e. Dual Action Cases: On dual action cases when the second action is selected for review and is one which must be taken in another organizational element (for instance, correspondence and beneficiary option changes), processing time for the second action will be computed from the date the first action is completed. Processing time ends, of course, when the first action is completed, if it is the one selected. When both actions are within the same unit the longer of the two timeliness standards will apply.

f. This method of calculating processing time will be used for all timeliness surveys and pending cases.

3.04 STANDARDS AND SPECIFICATIONS

a. Disability Claims - SQC 100

1. Timeliness Goal, 95 % in 11 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-the sample size will be 50 monthly using the same cases reported under SQC 100 except that claims which are pending processing of an insurance application will be excluded from the sample. For claims filed prematurely, processing time begins on the first day of eligibility if sampled after such date, and from date of premature receipt to date of response if selected prior to eligibility.

b. Death Claims - SQC 200

1. Timeliness Goal, 90 % in 10 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-the sample size will be 100 monthly using the same cases reported under SQC 200. Processing time for completed awards and pending cases begins either from the date of the final ("XC") RPO, or from the first workday following the date of receipt of the claim, correspondence or the date of the telephone inquiry that resulted in the award or other action, or from the first workday following the diary due date of a pending claim.

c. Awards Maintenance Actions - SQC 201

1. Timeliness Goal, 90 % in 10 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-the sample size will be 100 monthly using the same cases reported under SQC 201. Processing time for cases begins from one of the following: (a) Incoming mail, the first workday following image date; (b) follow-up RPO's, the first workday following the date of the generated RPO (excluding "RETCK" RPO's); (c) "RETCK" RPO's, the first workday following the date of the Returned Check listing; or (d) date of phone contact with beneficiary for either address or direct deposit change.

d. Beneficiary and Optional Changes - SQC 202

1. Timeliness Goal, 95 % in 7 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-sample size is 100 monthly using the cases reported under SQC 202.

e. Medical Applications - SQC 300

1. Timeliness Goal, 95 % in 11 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-report the processing time for all applications reviewed under SQC 300. The sample size will be 50.

f. Policyholders Services Correspondence - SQC 400

1. Timeliness Goal, 95 % in 8 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-report the processing time for all mail reviewed under SQC 400. The sample size will be 100 monthly.

g. Policyholders Services Applications - SQC 401

1. Timeliness Goal, 95 % in 8 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-report the processing time for all non-medical applications reviewed under SQC 401. The sample size will be 100 monthly.

h. Policyholders Services Disbursements (Loans/Cash Surrenders) SQC - 402

1. Timeliness Goal, 95 % in 5 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-report the processing time for all loans/cash surrenders reviewed under SQC 402. The sample size will be 100 monthly.

i. Record Maintenance Actions - SQC 403

1. Timeliness Goal, 90 % in 8 days. The SQC chart 'Center Line' is set annually by management based on industry best practices.

2. Specifications-report the processing time for all record maintenance actions reviewed under SQC 403. The sample size will be 100 monthly.

3.05 CHARTING AND ANALYSIS OF RESULTS

a. Charts similar to those used for accuracy reviews should be used as a means for comparing processing time experience with standards, and to depict out-of-line situations.

b. On processing time charts, each case which is not processed within the specified number of days is regarded as being defective, or in error.

c. As an example, if the standard is 90 percent in 7 days, the AQL should be charted at 10 percent. Based on a sample size of 100, the UCL (upper control limit) for an AQL of 10 percent is 19.0 percent. Thus, if 15 cases in the sample took more than 7 days, the plotting on the chart would be at 15.0 percent, or about midway between the AQL and the UCL. In this instance, the process would be considered under control.

d. The criteria used for determining out-of-line conditions on accuracy charts will also apply to processing time charting. There is an additional factor to be considered, however, in the analysis of processing time reports. Processing time deficiencies, even though the overall process is under control, are usually attributable to specific causes rather than the human error. For this reason, supervisory personnel should analyze each item which exceeds the time standards to determine the cause and any corrective measures needed to prevent other similar delays. Potential out-of-line situations should be reported upward as they come to light, along with recommendations for improvement.

3.06 CRITICAL END PRODUCTS PENDING

a. The items in this category are those with the greatest impact on the Veteran, his/her family, and to a lesser degree, the general public. They are: loans, surrenders, incoming correspondence, death claims, and formal applications. An important indicator of the timeliness of operations in these areas is a breakdown of the number of workdays that the end-of-month balances represent. Another effective supplement to timeliness sampling is a check of the age spreads in the unprocessed work items. All these constitute continuing supervisory responsibilities.

b. Balances on hand, workdays pending, and various age spreads of unprocessed work items will be made a matter of record when taking the end-of-month inventories. The data for disability claims and death claims will be obtained at the end of each month from the Oracle Business Intelligent Enterprise Edition (OBIEE) application. These items will be reviewed at the division level or by a designated person. The following narrative describes the method of reporting data for the(OBIEE) application:

1. Workdays Pending

   (a) In each of the five critical categories, divide the number of end products completed during the previous month by the number of workdays in that month. This resulting average daily output will be applied to the balance being reported as on hand for the current month, to arrive at the number of full workdays pending.

2. Age Spreads

   (a) End-of-month balances for formal applications, loans, surrenders, and Policyholders Services mail (all incoming) will be broken down into the following age groups, by calendar days:

   1-15 16-31 Over 31

   (b) Death claims and new disability claims will be segregated by calendar months, as follows:

   0-6 7-9 10-12 Over 12

c. Items in the 15-45 calendar day or 7-9 calendar month categories, according to the nature of the end product, will be reviewed by the supervisor or designee to verify that an acknowledgment has been sent, if in order, and that all VA action which can be completed has been accomplished.

d. End products pending over 31 calendar days, or claims (death or disability) pending over 9 months will be identified and listed, together with the reasons for the pending status, for attention at the division level as to additional remedies needed. The division chief will be kept informed about all cases in the over 31 and over 12 categories. Insurance Service will give advice or assistance on any of these cases when requested.

NOTE: *The age of disability claims filed prematurely will be calculated from the date of eligibility, in determining under which of the four age spreads each claim belongs. Those not having reached eligibility date will be subtracted from balance on hand, in arriving at workdays pending.*

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Chapter 4 - Systematic Analyses

4.01 GENERAL

The principal emphasis in preceding chapters has been on the statistical approach. This chapter outlines another form of quality control, one which is more analytical in nature. It provides for critical overall analyses of insurance operations through the medium of continuing reviews as scheduled by local management.

a. The term, systematic analyses, as used herein, refers to a formal review and analysis program encompassing the feature of all prior formal review programs such as operations reviews, self-audits, self-appraisal surveys, management studies, etc.

b. Daily supervision and SQC (statistical quality control) play the overriding part in the program in that they are used as feeders, alerting management to the need for a systematic analysis when circumstances dictate.

c. This chapter prescribes the minimum requirements for systematic analyses of operations with regard to areas for study and frequency of analyses. Revisions will be made from time to time when changes in the program, or service priorities occur. Local management is expected to expand reviews and analyses, as considered necessary, beyond these minimum requirements when the situation warrants. Analyses should be made whenever an out-of-line situation occurs and will take preference over regularly scheduled analyses.

4.02 OBJECTIVES

a. An effective systematic analyses program should provide the means for determining the accuracy of the operation, the quality of services rendered, and whether the present operating techniques are the most practical and economical.

b. This program, together with prescribed operating and quality reports, should inform Insurance Program Management Division of the strengths and weaknesses in all functional areas.

c. It should pinpoint existing and potential trouble spots and should lead to effective preventive or improvement measures, as the situation warrants.

4.03 RESPONSIBILITIES

The Assistant Director, Insurance Program Management Division will be responsible for scheduling and coordinating the various surveys and systematic analyses.

4.04 SCOPE

In order to assure fulfillment of the stated objectives, a comprehensive systematic analyses should be made at least annually. When trouble spots exist, recurring reviews should be made quarterly until satisfactory improvement has been achieved.

4.05 SYSTEMATIC ANALYSES PROCEDURES

Insurance staff should follow standard procedures and format for conducting an SAO.

4.06 STASTICAL QUALITY CONTROL

SQC review and validation requirements are prescribed in preceding chapters. These should be reviewed annually, and include the following:

a. Review the selection methods.

b. Apply the individual digit selection plan's percentage factor to the volume as reported in the VA Insurance system to assure that the number of selections actually listed is reasonably near the expected yield.

c. Include specific recommendations for improving the SQC program.

4.07 REVIEW OF SUPERVISORY CONTROLS AND TECHNIQUES

a. Supervision should not rely solely on SQC. For example, there should be reviews to assure:

    1. That supervisory spot checks are made regularly to determine the nature and amount of pending work balances.

    2. That work is being performed in a manner as to not create additional and avoidable work items.

b. Investigate areas where SQC results are in control but are at the Warning Level just below the UCL, indicating trouble may be brewing, without confining the search for possible future trouble spots to this category alone.

c. Check the adequacy of supervisory training of employees.

4.08 REVIEW OF WORK ITEMS NOT UNDER FORMAL SQC

The following are some examples of this category:

a. Unassociated Remittances (Excess of Ten Category)

b. Postal Address Return Cards and Returned Mail

c. Computing Actions

d. Utility Policy Liens

e. Liabilities

f. Finance Indebtedness

4.09 ANALYSIS OF INCOMING CORRESPONDENCE

Cross sections of policyholder mail can provide an informative and useful indicator in the area of systematic analyses. The objective is to identify patterns when correspondence could be eliminated or reduced appreciably by improvements in procedures, forms or form letters, correction of pattern error conditions, possible changes at the policy level, greater care in the preparation of correspondence, or changes in the scheduling of work. Samplings will be conducted at the discretion of the Assistant Director, Insurance Program Management Division, or delegated representative.

4.10 REVIEW OF REPORTING PROCEDURES

This includes checking the adequacy and accuracy of required feeder reports and final reports. It also includes an analysis of these reports beyond routine daily or weekly examinations for significant trends or potential out-of-line situations. Aside from required reporting, attention should also be given to the principle of reporting by exception.

4.11 CORRESPONDENCE MANAGEMENT

This would include:

a. Review of forms and form letters.

b. Control of complaint mail.

4.12 OTHER AREAS

Some of these would be:

a. Manpower utilization.

b. Control and processing of ADP rejects.

c. Analysis of RPO's by reason codes to identify areas requiring particular attention including possible computer programming improvements.

d. Work flow routing.

e. Compliance with Central Office and local directives.

f. Review of local operating instructions.

g. Any other analyses which may be needed to reflect accurately the overall condition of the Insurance activities.

4.13 SCHEDULING

a. Within the framework outlined previously, it will be Insurance Program Management Division's responsibility to determine how and when the various reviews will be made, as well as the scope and depth of each.

b. Priority in scheduling should be given to known or suspected trouble areas. Whenever a review discloses a need for action or improvement, a follow-up review should be made not more than 3 months later (see par. 4.04, above) to determine whether effective corrective measures have been taken.

c. Surveys and special studies instituted at the request of Insurance Program Management Division will be considered and reported as a part of the Systematic Analyses program.