

## Digits to Digits and Electronic Claims Filing Fact Sheet December 19, 2019

The Tennessee Department of Veterans Services (TDVS) uses Digits to Digits (D2D) to file eligible forms with VA.

### **What is D2D?**

D2D is an electronic claims transmission service between certain partners and VA. TDVS along with the two veteran service organizations we support (The American Legion (TAL) and Veterans of Foreign Wars (VFW)) have the ability to file eligible forms using D2D.

### **How does it work?**

VetraSpec has worked with VA to develop electronic transmission capability. Like packaging a claim, select Appeals Division employees can elect to transmit claims meeting specific criteria directly to VA systems. For a successful transmission to occur, we must follow certain business rules.

### **What are the basic requirements for successfully filing with D2D?**

- At present, we can file claims for TDVS, TAL and VFW using D2D.
- The organization under which you are submitting must already hold POA, or a 21-22 must accompany the submission.
- The 21-526EZ, 21-22 and 21-0966 are eligible for D2D filing.
- All forms must be completed inside VetraSpec, i.e. , you cannot scan in a completed 21-526EZ into Documents and send that over D2D.
- All forms must be signed using a signature pad.
- The Veterans date of birth must be completed in the veteran's profile prior to generating a form.
- D2D has implemented a city, state and zip code validation. For example, if USPS does not shorten the name of a city (for example Mt. Juliet vs. Mount Juliet), the form is not able to be successfully filed using D2D. A few practice tips that will reduce this error:
  - Spell out the entire city name in the VetraSpec database.
  - Always include a city, state and zip code in the VetraSpec database.
  - Use the [Post Office](#) to "look up a zip code" to validate city spelling and addresses.
- Attachments/Documents
  - Only PDF files can be sent over D2D.
  - When scanning documents, do not use anything but letters and numbers in the

filename when saving the file to your computer. No special characters are allowed in filenames.

IE: 100% Service Connected document.pdf = **BAD**  
 100\_service\_connected\_document.pdf = **GOOD**

**How must forms be completed?**

- **VetraSpec has annotated D2D eligible forms with red text to highlight required fields, special character rules, and provide other tips. An example is below.**
  - Most fields do not allow special characters. Use *only* letters and numbers in fields, unless VetraSpec’s red text indicates otherwise. If a special character is needed, replace it with the word that describes the character. IE, write the word “percent” instead of using %. Do not use apostrophes.
  - All dates must be complete. IE, MM-DD-YYYY. Partial dates are not accepted in *any* field, including the treatment dates and military service fields on the 21-526EZ.
  - “Yes/No” (checkboxes) on the forms must be answered either Yes or No.
  - Direct deposit information is no longer required on the 526EZ if already established with VA.

18A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 18B) <input type="checkbox"/> NO (If "No," skip to Item 19A)		18B. PLEASE LIST THE OTHER NAME(S) YOU SERVED UNDER <input type="text"/>													
19A. BRANCH OF SERVICE (Check all that apply) <b>You must check one.</b> <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD		19B. COMPONENT (Check all that apply) <b>You must check one.</b> <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVES <input type="checkbox"/> NATIONAL GUARD													
20A. MOST RECENT ACTIVE SERVICE DATES (MM,DD,YYYY) <b>Required.</b> Month Day Year ENTRY DATE: September 4 1991 EXIT DATE: September 4 1994		20B. PLACE OF LAST OR ANTICIPATED SEPARATION <b>Required.</b> <input type="text"/> Norfolk VA													
20C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <b>You must check one.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		20D. ADDITIONAL PERIODS OF SERVICE (Indicate enlistment and discharge dates, if applicable) <b>VETRASPEC INSTRUCTIONS: If you have more than one additional period of service, please use a 4138 to list them.</b> <table border="1"> <thead> <tr> <th colspan="3">Enlistment Date(s)</th> <th colspan="3">Discharge Date(s)</th> </tr> </thead> <tbody> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </tbody> </table>		Enlistment Date(s)			Discharge Date(s)			Month	Day	Year	Month	Day	Year
Enlistment Date(s)			Discharge Date(s)												
Month	Day	Year	Month	Day	Year										
21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD? <b>You must check one.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 21B thru 21F) (If "No," skip to Item 22A)		21B. COMPONENT <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES													
21C. OBLIGATION TERM OF SERVICE Month Day Year From: Month Day Year To: Month Day Year		21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT: <input type="text"/> Unit Name <input type="text"/> Address <input type="text"/> Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP													
21E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code) <input type="text"/>		21F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY? <b>You must check one.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO													
22A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 22B & 22C)		22B. DATE OF ACTIVATION: (MM,DD,YYYY) Month Day Year <input type="text"/>													
22C. ANTICIPATED SEPARATION DATE: (MM,DD,YYYY) Month Day Year <input type="text"/>		23A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES (If "Yes," complete Item 23B) <input type="checkbox"/> NO													
23B. DATES OF CONFINEMENT (MM,DD,YYYY) <table border="1"> <thead> <tr> <th colspan="3">From:</th> <th colspan="3">To:</th> </tr> </thead> <tbody> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </tbody> </table>				From:			To:			Month	Day	Year	Month	Day	Year
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