

# **BLUE RIBBON PANEL**

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**ON CLAIMS PROCESSING**

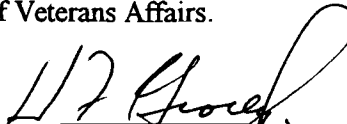
**Proposals to Improve Disability Claims Processing  
in the  
Veterans Benefits Administration**


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**November 1993**


The Blue Ribbon Panel on Claims Processing respectfully submits its proposals for improving claims processing to the Secretary of Veterans Affairs.

  
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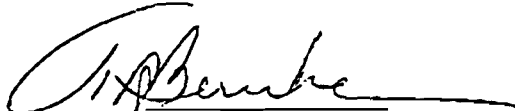
  
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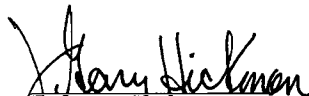
  
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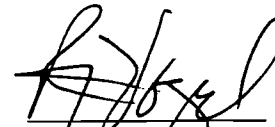
  
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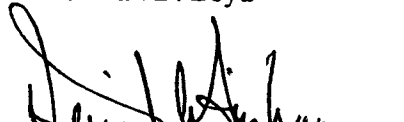
  
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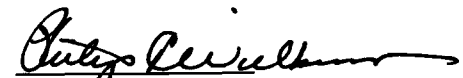
  
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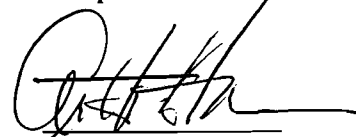
  
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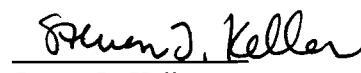
  
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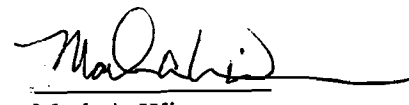
  
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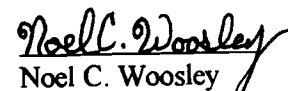
  
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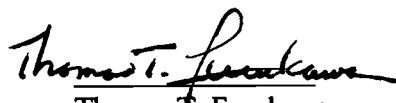
  
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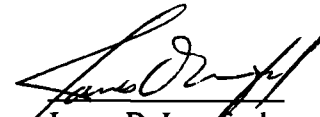
  
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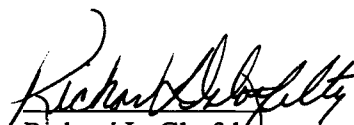
  
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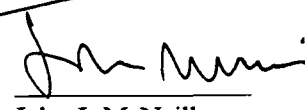
  
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## Introduction

The Blue Ribbon Panel on Claims Processing was established by the Deputy Under Secretary for Benefits in June 1993 to develop recommendations to shorten the time it takes to make decisions on disability claims and reduce the backlog of claims which has reached critical levels at many VBA regional offices. A number of recent developments, including military downsizing, judicial review and changes in due process procedures, have had a major impact on both the volume of claims filed and the complexity of the analysis required to decide those claims. While VA believes that veterans are now receiving better decisions, VA is acutely aware that the growing backlog has created additional and unacceptable delays for its clients. Elimination of the backlog and improving the timeliness of claims processing are therefore the Deputy Under Secretary's top priorities.

The Blue Ribbon Panel brought together recognized experts in veterans benefits and the VA claims adjudication process to respond to the complex challenges VA faces. Members were appointed from the leadership and field organizations of veterans service organizations, as well as from the Board of Veterans Appeals, the Office of the General Counsel and from within the Veterans Benefits Administration. The composition of the Panel afforded unique opportunities to fully explore ideas from many perspectives and to jointly work toward the common goal of improved service.

The work of the Panel was an intensive effort by all members during the four-month period July through October 1993. Using Total Quality Management principles to structure their approach, Panel members met in three formal three-day sessions and worked in three teams between these Panel meetings to collect and review data and studies to aid their analysis and support their recommendations.

At the initial meeting, the Panel focused on identifying key aspects of the claims process where delays are occurring. They considered the types of claims and the parts of the process that are causing the most significant timeliness problems and reached consensus on three specific problem areas to target for improvement. These are:

*Development of initial and reopened disability compensation claims is inadequate.*

*Response time for requested evidence from all sources is excessive.*

*The length of time cases remain in the rating boards is unacceptable.*

Following the initial meeting, each of the three teams studied one of the problem areas in order to identify and verify the root causes of the backlog and timeliness problems. The results of their analyses were presented to the Panel at the second meeting in mid-September. The Panel further refined and reached consensus on the root causes of those problems for which they would develop potential solutions or countermeasures.

Each countermeasure and the practical methods for its implementation were then analyzed by the teams to determine what resources are involved in implementing it and how effective it would be in reducing or eliminating the cause of the problem. At the final meeting of the full panel, held October 20-22, the Panel analyzed and reached consensus on the solutions presented to the Secretary in this report.

## Overview

At the core of the Panel's proposals to reduce the backlog and improve claims processing timeliness is the realignment of all regional office functions related to rating issues into a redesigned "rating activity." In creating this consolidated rating activity, VBA would move from the current assembly-line processing to a team or total-process approach. In this organization, responsibility for control, development and award action would be incorporated in a single rating technician position. The process would thereby be streamlined; ownership and accountability brought into the process; the critical and increasingly complex development functions upgraded; and FTE resources available for decision-making would be increased.

Concurrent with the redesign of the rating activity, existing centralized training programs must be expanded and development of new programs expedited to train rating technicians in claims development and basic rating functions. This would also eliminate the significant amount of time VBA's most experienced rating specialists now devote to one-on-one training of new staff. Centralized training using teleconferencing, satellite and PC-based interactive training must also be incorporated into VBA's training programs.

As part of the redesigned rating activity, VBA should develop a formal training syllabus for rating specialists, with formal certification of those who successfully complete the course. The ongoing evaluation of single-signature rating authority should also be completed and considered in connection with the redesign. The Panel projects that redesign of the rating activity can be fully implemented in all regional offices within 18 months.

More immediate actions are also recommended to bring the rating board workload under control. VBA has had good experience with the use of rating "help teams" at regional offices where the problem is most critical. The agency should target and expand their use. Word processing capability must be provided to the rating boards, to include standardized formats and glossaries. FTE resources must be reallocated to rating functions wherever possible; specialized processing of certain categories of complex cases must be considered; and a manual checklist for development must be provided to all regional offices.

While process and organizational redesign will bring improvement in efficiency and timeliness, the Panel firmly believes that VBA cannot achieve significant reduction in the backlog without full deployment of six ADP initiatives currently being developed to support the compensation and pension programs (Claims Processing (development) System, Rating Board Automation, On-Line Reference Materials, PC Letters, Automated Medical Information Exchange (AMIE) enhancements, and Control of Veterans Records). Development of these initiatives must be accelerated and all available resources directed/redirected toward their accomplishment in this fiscal year. VBA is on schedule for installation of Stage I computer equipment and local area networks in all regional offices by the end of FY 1994. This will provide the much-needed computer access for the rating activities. It is essential that these six C & P program initiatives be assigned the highest priority to ensure they are ready for full deployment as installation of the Stage I networks is completed. VBA must also ensure that these requirements are fully incorporated in the longer term total system redesign which is called VETSNET.

VBA currently has only very limited control over two of the most essential aspects of the rating process -- timely receipt of service medical records and quality physical examination reports. Clearly, timely delivery of service medical records to VA can never be a Department of Defense priority. Likewise, it is difficult to convey the importance of quality compensation and pension examinations to Veterans Health Administration employees whose primary focus is the delivery of medical care.

VBA must therefore aggressively pursue expansion of the current agreement with the Army on exchange of service medical records to incorporate all branches of service. VBA must also augment DoD's support at military records storage centers by assigning VA personnel to assist in locating records and to perform liaison functions. In addition, the Panel found that time savings would be realized if VBA procedures are revised to provide for immediate transfer of claims and accompanying service medical records from the regional office servicing the DoD separation center to the regional office serving the veteran's home of record.

Although timeliness of C & P examinations has significantly improved as a result of joint VBA and VHA efforts including a memorandum of agreement, the quality of exams continues to be a major problem which causes considerable delay at the regional offices and great inconvenience to veterans. It also increases the number of remands by the Board of Veterans Appeals. The Panel's proposals include recommendations to both expand the memorandum of agreement to include quality measures and to establish joint training efforts to stress the importance of quality exams and the basis of VBA benefits. However, the Panel is convinced that the optimal solution would be to transfer responsibility for contracting for C & P examinations and associated funding to VBA. This would provide direct control over both quality and scheduling of examinations. The feasibility of this transfer is supported by the fact that VHA currently contracts on a fee basis for many of these examinations.

Another important aspect of the issue of C & P examinations involves current DoD policy on military separation physicals. Separation physicals are not routinely provided for every separating service person, or even every service person who requests such a physical. When separation physicals are provided, they seldom meet VA's requirements. The Panel recommends that dialogue be initiated between VA and DoD at the national level on the issue of separation exams, with the goal of reaching agreement on use of VA's Physician's Guide as a basis for these exams and providing education to medical personnel on the use of the guide.

The Panel identified two other areas in which VBA should initiate dialogue with other agencies. First, VA's needs for information from the Social Security Administration and SSA's capabilities to respond to VA requests need to be clarified and formalized in a memorandum of agreement. Computer linkage and on-line data sharing with SSA should be incorporated into long term planning. Second, with regard to interaction with DoD, the Panel noted that the Environmental Support Group within DoD has only limited resources and a large backlog of VA requests for evidence to support PTSD claims. The Panel therefore recommends that VBA seek guidance from ESG regarding their sources for evidence to support in-service stressors, and provide instructions to the regional offices on use of alternate sources to obtain that evidence whenever possible. Additional PTSD training should be provided to VBA and VHA staff (including vet center employees) and veterans service organizations, so that more specific

information is obtained from the veteran and more PTSD development can be done at the onset of the claims process.

Unnecessary delays also occur because written communications do not clearly advise claimants of the information that is needed and the importance of receiving it timely. The Panel's proposals include recommendations for development of a national standard letter package that simply, directly, and compassionately communicates evidence needs and instructions. Procedures and guidelines must be changed to provide for use of telephone and fax communications to follow up on requests for evidence and to supplement written correspondence. Forms and systems must be revised to solicit day and evening telephone numbers.

The Panel also believes it essential to redesign and simplify the application for disability benefits (VA Form 21-526) and the accompanying instructions to make them user-friendly. VBA currently has no form or instruction sheet to give to veterans who wish to reopen their claims or who seek reevaluation of their disabilities. A new form is needed that would solicit from the veteran information sufficient to develop the claim to the fullest extent possible as quickly as possible.

The Panel further believes that requirements for certified copies of documents relating to marriage and dependency are confusing and burdensome to both claimants and regional office staff. The Panel is of the opinion that there are sufficient safeguards as a result of VA data exchanges with other Federal agencies, and recommends VA regulations be changed to permit the acceptance of photocopies.

An extensive and intensive review of all VA adjudication regulations, policies and procedures is also recommended. The Panel proposes establishment of a working group of members of the Department, the veterans service organizations and legal experts from outside the area of veterans law to undertake this review. The goal would be to make them more efficient, clearer, and easier for claimants and adjudicators to understand and follow.

Clearly a multitude of changes must occur in VA operations and systems if improvements in claims processing are to be achieved within existing resources. There is no easy answer or one solution. The Panel believes that the proposals set forth in this document will result in significant reductions in the backlog and bring about the needed timeliness improvements, and asks for their immediate consideration at all levels within the Department.



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**Blue Ribbon Panel on Claims Processing**

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**REPORT ON DISABILITY CLAIMS PROCESSING**

This report summarizes the results of a three-month study of the Veterans Benefits Administration claims adjudication process and presents the Panel's proposals to improve processing timeliness and reduce the backlog of pending claims. It is structured to conform with the Total Quality Management approach which the Panel followed in analyzing VBA's timeliness problems and workload backlogs. Each problem area which the members studied is identified, followed by a discussion of the causes found to contribute to the problem and the solutions proposed by the Panel to remedy the problem. Specific actions to implement the recommended solutions are highlighted in the Action Plan appended to this report.

**PROBLEM AREA 1:            DEVELOPMENT OF INITIAL AND REOPENED  
DISABILITY COMPENSATION CLAIMS IS  
INADEQUATE.**

Based on review and discussion of various reports and statistical information provided at the first session and on the considerable field experience of Panel members, VBA's current development processes were judged to be highly inefficient. This finding was confirmed by studies conducted by the four VBA Area Offices on claims processing timeliness and by information received concerning results of an ongoing review of claims processing by the Office of the Inspector General.

The Panel's analysis of the development process identified seven potential causes of inadequate and incomplete initial development. They are described below with proposed solutions.

**CAUSE 1-A: Assembly-line approach to development is ineffective.**

The existing organizational structure of adjudication divisions results in an assembly-line approach to claims processing. There is no ownership or accountability associated with this process. The claim physically moves from one location to the next, with each person responsible for a small part of the process and each movement contributing to further delay in the claim.

**CAUSE 1-B: Sequential development delays the claim.**

Flow charts of the process were studied which showed claims development to be the most fragmented aspect of the adjudication process. Step-by-step actions are required to develop evidence to process the claim. Any number of people in the division can initiate or direct some type of development. The development clerk makes initial requests for evidence but then refers the claim to the rating board. The rating specialist reviews the claim and may direct the clerk to request additional evidence. In some instances, evidence is received that requires subsequent development for more evidence.

**CAUSE 1-C: There are too many "pass-offs" from rating board to development clerks.**

The Panel found that the physical movement of files between the rating board and the development clerks can occur numerous times in the development of one claim. One person does not make all the decisions regarding evidence necessary to complete action on a claim. As each piece of evidence is received, the claim is referred to the Board only to have rating action deferred until all evidence is received. In some offices, the adjudicator enters into this process as more complex development is directed away from the development clerk. These constant "pass-offs" back and forth cause considerable delay, inefficiencies and opportunities for errors.

**CAUSE 1-D: Clerks cannot make complete development decisions.**

Clerks responsible for development activities cannot act completely independently, as they do not have the authority or the expertise to make all development decisions. Development clerks can request certain types of evidence without direction, but the complexity of many types of claims requires a higher level review (currently being accomplished by rating specialists) to determine what additional evidence is required. From that point in the claims process, clerks are directed as to what development action to take.

**PROPOSED SOLUTION: Restructure the adjudication processes and position descriptions to consolidate responsibility for control, development, and authorization of rating issues in a single position.**

The Panel proposes that responsibility for establishing control, developing evidence, and adjudicating claims involving rating issues be consolidated in a new rating technician position. Rating technicians would be empowered to perform all development functions required for a decision by the rating specialist, as well as all actions necessary to complete the processing once the rating decision has been made.

**PROPOSED SOLUTION: Streamline the development and processing of rating issues by creating a rating activity responsible for control, development, rating and authorization of rating issues.**

The adjudication division must be reorganized from the current assembly-line structure to a structure that eliminates pass-offs and encourages team work. The rating activity must become an integrated element of the adjudication organization, responsible for all actions necessary to process the claim.

A number of regional offices are experimenting with division reorganizations that encourage the team approach to claims processing. Because of the diversity of the various regional offices, the Panel does not believe that only one organizational scheme can or should be mandated. Instead, the Panel recommends that regional office directors be given the opportunity to submit a locally designed plan. Models of various organization structures should be provided as samples to consider in their reorganizations. At a minimum, each reorganization scheme must include a consolidated rating activity containing rating specialists and rating technicians. The size of some stations may limit their structural redesign or physical reorganization.

Each regional office should be asked to submit their design to Central Office for approval. Once approved, an implementation plan should be established.

### **ACTION ITEMS:**

*Prepare and implement position descriptions to consolidate responsibility for control, development, and award action in a single rating technician position.*

*Create a rating activity responsible for control, development, rating, and authorization of rating issues. Compile and distribute models for the structure of consolidated rating activities containing both rating specialists and rating technicians.*

*Require all stations to submit a locally designed plan to Central Office for review. Implement approved plans by a target date.*

### **CAUSE 1-E: Development tools are not adequate.**

The Panel's analysis showed that current procedures for claims development are fragmented and for the most part not automated. While some development can be accomplished using the Benefits Delivery (Target) System, many other development actions must be accomplished through manual forms or dictated letters to the claimant. Reference materials for claims development are currently found in numerous publications. Procedures for developing a claim are scattered throughout the various parts of the adjudication manual. Interim procedures are often contained in circulars; clarification of instructions provided in training letters. There is no easy way to sort through this material to find answers to questions encountered during the claims development process. The complexity caused by current development procedures and the lack of automated support largely contribute to the extensive time required to collect information needed to process the claim.

The Panel was briefed on a new system referred to as the Claims Processing System (CPS), which VBA is developing as one of five transitional Modernization applications. CPS will use a knowledge rule-based functionality incorporating all policies and procedures on claims development to determine the proper development actions for each claim. CPS rules will be applied through a series of questions, prompts and other directed actions to determine what information needs to be obtained and what steps need to be taken to properly complete the claim. This system is being built to generate the necessary development letters and requests for evidence. The first stage of this project deals with original compensation and original pension claims.

Another transitional Modernization application is the Automated Reference Material System (ARMS). This application resulted from a successful prototype of CD-ROM technology to support the rating board function at one of our regional offices. ARMS is being designed to include all reference material used by VBA programs. Nationwide deployment is anticipated to begin in the second quarter of FY 1994.

**PROPOSED SOLUTION:** The Deputy Under Secretary should establish, as the highest ADP priority in VBA, the development, testing and full deployment of rules-driven development and reference systems.

It is apparent to the Panel that full deployment of CPS and ARMS will support more consistent development by all regional offices, enhance productivity and improve overall claims processing service and communications. It is also apparent that these systems are needed right now. Development, testing and implementation must be given the highest priority in VBA. The necessary resources to make these systems a reality must be devoted to these projects.

In the interim, the use of a claims development checklist would provide guidance for proper development of evidence.

***ACTION ITEMS:***

*Elevate to the level of a war effort, the creation, testing and implementation of the Claims Processing System (CPS).*

*Provide automated on-line access to reference materials through implementation of the Automated Reference Material System (ARMS).*

*Deploy development checklists (manual) for all aspects of adjudication.*

**CAUSE 1-F: The skill and knowledge level of development clerks does not meet current organizational needs.**

The Panel believes that the nature of claims involving rating issues has become more complex over the years. The advent of the Court of Veterans Appeals is also felt to have had a tremendous impact on the way claims are handled. The definitions by the Court of "duty to assist," "new and material evidence" and "well-grounded claims" require a higher level of expertise when developing a claim than was previously needed. As a result, development responsibilities are migrating to higher-graded employees.

**PROPOSED SOLUTION: Prepare a centralized training program for developing claims.**

A centralized training program for developing claims is essential to meet the needs of regional office employees. A curriculum devoted exclusively to the issue of development must be established, which includes lesson plans and a training manual. The Panel recommends a number of methods be used to provide this training. Centralized formal classroom training, a train-the-trainer approach, local training and computer based training should all be considered when developing the training program.

***ACTION ITEM:***

*Prepare a centralized training program for developing claims.*

**CAUSE 1-G: Application documents do not meet customer or VA needs.**

A veteran filing a first-time application for compensation or pension benefits is required to submit that claim on VA Form 21-526. It is the opinion of the Panel that this form has evolved into a disjointed combination of entries to be completed by the claimant. Five pages of instructions are provided which do not adequately communicate to the veteran what information is crucial to a decision on his or her claim, nor do they identify what additional evidence the veteran is responsible for providing to assist VA in the completion of the claims process.

There is also no specific claim form to use to request to reopen a claim or to request reevaluation of a service connected disability. Because the veteran usually does not know what information is needed to process these types of claims, a development letter to the veteran is almost always needed, which can add weeks or even months to the process.

**PROPOSED SOLUTION: Redesign VA Form 21-526 and the instructions.**

The application for an original compensation or pension claim needs to be redesigned with both the veteran and VA in mind. The Panel was briefed on an effort already underway in VBA to accomplish this redesign, which included use of focus groups and input from all VBA organizational elements involved in processing claims.

**PROPOSED SOLUTION: Devise a form to help customers identify issues and evidence on reopened claims and on claims for reevaluation of service connected disabilities.**

The Panel believes that a separate form for reopened claims and claims for an increased rating will facilitate rapid development and assist the veteran in providing the information needed to promptly act on his or her claim. Use of this form should be optional. Focus groups should be used to advise on the design of the form and the form should be field-tested prior to publication.

**ACTION ITEMS:**

*Finish the redesign of VA Form 21-526 and the instructions. Field test the form.*

*Design a new form to help veterans identify issues and evidence needed to support reopened claims and claims for reevaluation of service connected disabilities. Create focus groups to advise on design of the new form. Field test the form.*

**PROBLEM AREA 2:            RESPONSE TIME FOR REQUESTED EVIDENCE FROM  
ALL SOURCES IS EXCESSIVE.**

After reviewing documents prepared by various field elements pertaining to claims processing timeliness, the Panel identified excessive response time as an area where improvements could be realized. Some of these documents were based on actual folder reviews and included quantitative results, while other documents presented subjective conclusions to claims process issues as a result of subject matter experts' anecdotal experiences. The Panel verified the information contained in the documents by conducting two additional studies. Thirteen regional offices were asked to participate in a development response timeliness study on cases that were over 180 days old. The other study involved eight regional offices and a review of the adequacy of VA physical examinations.

Eight causes of delays in response time were identified. They are described below with proposed solutions.

**CAUSE 2-A: The key information in VA's requests for evidence is hidden.**

The Panel's study revealed that the average number of days to receive information from the claimant was 48 days. Additionally, 53% of the requests to veterans were still pending after 164 days. Input from various field elements and the Veterans Service Officers indicated that VBA's letters are confusing because of the format and the use of VA jargon and legal terms. Claimants cannot easily determine what is required of them and tend to ignore the request, thus delaying their claim or causing it to be denied.

**PROPOSED SOLUTION:** Develop a standard computer-generated letter package for nationwide use that requests information in clear, simple language that is easily understood by the reader.

In developing a standard letter package, VBA must format the letters to list first the key information and evidence needed. Instructions should be highlighted, VA jargon eliminated, and legal notices placed on the reverse of the letter or in attachments. A phone number and name of a VA person to contact should be included for any questions that may arise. To prepare a successful package, input should be obtained from all of VBA's customers, both during and after development, and the package updated as needed.

A national letter package would replace all locally-created letter packages and alleviate the need for individual offices to write their own letter packages, thereby allowing them more staff hours to devote to claims processing.

**PROPOSED SOLUTION:** Expand communications to include other modes such as phone, FAX, personal contact, pagers or E-Mail.

Expanding communications to include other modes would allow offices to obtain information directly from the claimant and/or the custodian of the record and alleviate the need, expense and delay of preparing a letter and waiting for a response. The Panel recognizes that this would not eliminate the need for a letter package but would be used as a supplement for written communication. This solution can be implemented immediately, using available systems. However, consideration will need to be given to expanding telecommunications systems and revising forms to provide the claimants' phone numbers.

***ACTION ITEMS:***

*Develop, field test and implement a standard, national letter package using input from all customers.*

*Change guidelines/procedures to allow other communication modes (phone, FAX, personal contact, pagers or E-Mail) to supplement written communications.*

*Revise forms/systems to include claimant phone numbers - both daytime and nighttime.*

**CAUSE 2-B: Failure of VHA physicians to routinely use the VA Physician's Guide in conducting C & P examinations.**

Eight regional offices participated in a review of 177 physical examinations. The data collected revealed 29% of the examinations did not conform to the Physician's Guide. It was also noted that, because of time pressures, VBA often accepts examination reports for rating purposes that do not comply.

It was the general feeling of the Panel members that VHA physicians were frustrated with VBA's requests because of the large amount of paperwork involved under the Automated Medical Information Exchange (AMIE) system. There is also believed to be a general mindset that physicians view C&P examinations as not a part of the managed healthcare system; therefore, their importance is minimized.

**PROPOSED SOLUTION:** Ensure compliance with the Physician's Guide by expanding the current VBA/VHA memorandum of understanding (MOU) to include an examination quality measure.

The current VBA/VHA MOU placed a high priority on the timeliness of examinations. Expanding the MOU to include quality would enhance the program. VBA should also establish a reporting scheme and designate physicians' coordinators in VACO and the field to monitor quality both locally and nationally.



**PROPOSED SOLUTION: Establish a joint VBA/VHA education and training effort on C&P examinations.**

Establishment of a joint VBA/VHA training effort would educate physicians as to why conformance with the Physician's Guide is needed and would allow for a dialogue between the two administrations. Local, on-going training and interaction to stress the importance of quality examinations and the basis of VBA benefits would aid physicians in understanding VBA needs. National satellite conferences are also a good means of disseminating critical information to a target group.

**PROPOSED SOLUTION: Improve the AMIE examination process to reduce the amount of paper that is generated.**

The Panel learned that the current AMIE program is based on discrete worksheets for examinations of particular body systems. It does not allow for customization of requests and results in redundancy and a large volume of unnecessary paper. A system that generates customized examination requests would remove the redundancy and large paper usage, and allow VBA to request only what is needed.

**PROPOSED SOLUTION: Transfer responsibility and associated resources for C&P examinations from VHA to VBA.**

This would allow VBA to control the quality and timeliness of examinations through a fee-basis program. Panel members also reported that many times veterans receive very short notice of their exams and are therefore frequently unable to report at the scheduled time. This solution would give VBA control over all scheduling activities as well.

***ACTION ITEMS:***

*Expand the current VBA/VHA MOU to include examination quality measures.*

*Establish a reporting scheme to monitor quality, locally and nationally.*

*Establish physicians' coordinators at VACO, medical centers and regional offices.*

*Establish a joint VBA/VHA education and training effort on C&P examinations.*

*Improve the AMIE examination process.*

*Transfer responsibility and associated resources for C&P examinations from VHA to VBA.*

**CAUSE 2-C: VA's procedures for obtaining Social Security Administration (SSA) records are not current.**

The Panel's study revealed that it took an average of 66 days to receive a response from public records including SSA records. Of the cases reviewed where the request was still pending, the delays averaged 129 days. Due to the impact of COVA on decision making, SSA medical records are required on an increasing number of cases, with additional delays being encountered.

**PROPOSED SOLUTION:** Update VA/SSA request procedures by establishing a high level dialogue between VA and SSA.

An appropriate dialogue with SSA would allow VBA to communicate its needs and determine SSA capabilities, keeping in mind that SSA also depends on VA for medical records. A memorandum of understanding should be executed which satisfies the needs of both agencies, and VBA procedural guidance updated.

The Panel also suggests initiation of discussions with SSA on direct computer linkage. This would replace the existing system where VA and SSA match records using data tapes. "Read/print" capabilities and direct access to SSA records would significantly enhance processing.

***ACTION ITEMS:***

*Establish a high level dialogue with SSA to communicate needs.*

*Update/verify VBA procedural guidance on obtaining SSA records.*

*If possible, establish a VA/SSA computer linkage to obtain medical records.*

**CAUSE 2-D: VBA procedures for requesting Service Medical Records (SMRs) are ineffective.**

Data collected revealed an average delay of 108 days on requests for SMRs. Of the cases still pending completion, the average delay was 259 days. A report for the Eastern Area task team on claims pending over 180 days revealed that the average number of days to receive SMRs was 200 days, with delays in receiving service records or medical evidence accounting for 94% of the total number of days a claim had been pending.

Army separation points currently forward all original claims to the regional office within their state (the "separation office"), regardless of where the veteran resides. The separation office establishes the file and begins claims processing. If a physical examination is needed (most often it is), the file is then transferred to the regional office of jurisdiction over the veteran's place of residence (the "home office"). This transfer results in a delay of at least 10 work days.

**PROPOSED SOLUTION:** Directly involve VA in the acquisition of SMRs from DoD records storage facilities by assigning VA personnel to records centers to assist and perform liaison functions.

The Panel's recommendation to assign VA personnel to the records centers to assist in acquisition of SMRs would allow VA more control over their requests and provide additional insight on how the system works and how to better deal with it. VA personnel would also perform field station liaison in cases where traditional requests have not yielded any results. It is the general feeling of the members that records centers would welcome additional staff to alleviate the work pressure.

**PROPOSED SOLUTION:** Assume control of SMRs for all new discharges by expanding the current policy with Army to all branches of service.

VA currently receives the SMRs of all new Army discharges directly from the separation centers and has found this to be the most efficient and timely way to obtain these records. Expanding this agreement to all services would be the logical progression. Because of VBA's successful partnership with the Army, dealings with other services should be met with enthusiasm.

**PROPOSED SOLUTION:** Have original claims forwarded immediately to the regional office of jurisdiction.

The most effective way of reducing delay caused by current procedures for handling claims received from DoD separation centers would be to have the military separation points forward the claims file directly to the VA home office. However, the Panel was advised that DoD expressed a desire not to do this because of the additional administrative burden this would cause. The Panel therefore recommends changing VBA's current procedures to have the separation regional office forward the claim to the home regional office immediately upon receipt.

***ACTION ITEMS:***

*Expand current SMR agreement with Army to all branches of service.*

*Assign VA personnel to DoD records centers to assist and perform liaison.*

*Change VBA procedures to forward claims from separation regional office to home regional office immediately.*

**CAUSE 2-E: The Environmental Support Group (ESG) procedures need improvement.**

In the Panel's study, responses from the ESG averaged 143 days on completed cases and 131 days on cases still pending. Informal contact with the ESG indicated that the current delay is 10 months. The ESG further indicated that lack of staffing and VA's noncompliance with their research guide contribute to the delay. Requests to the ESG can be reduced or avoided if more detailed information about the stressful event is obtained from the claimant and the reference material published by various agencies, such as the Marine Corps Historical Center, is utilized.

**PROPOSED SOLUTION: Improve VA procedures for ESG requests.**

Procedures could be improved by using other evidence sources directly. VBA should establish a dialogue with ESG and obtain information regarding alternate sources of verification. The Panel believes that ESG's heavy workload would make them receptive to VBA's efforts to reduce the number of requests sent to them. Once these alternate sources are known, this information must be disseminated to the field.

**PROPOSED SOLUTION: Obtain more complete information from the veteran.**

This proposal will require continued training of all persons involved in gathering this data. Due to the sensitive nature of post traumatic stress disorder claims, VBA must equip staff with the counseling methods required to gather the needed information. A training guide should be prepared and disseminated to the appropriate personnel in VBA, VHA (including vet centers) and veterans service organizations.

**ACTION ITEMS:**

*Seek guidance from ESG regarding their sources and capabilities.*

*Provide manual guidance on use of other evidence sources for PTSD stressor development.*

*Continue to educate VBA and VHA staff (including vet centers) and veterans service organizations regarding PTSD development.*

**CAUSE 2-F: VA procedures for certified copies hinder timely response.**

The Panel found that receipt of requested evidence from veterans averaged 48 days on completed cases and 164 days on pending cases. As in the earlier discussion under cause 2-A, the delay is attributed to confusion caused by VBA's letters. A review of the letters used in requesting a certified copy found them to be unnecessarily lengthy and confusing. It was also the general consensus of the members that most veterans were not certain of the definition of a "certified copy" and many times submitted a photocopy or a notarized copy, or did not respond at all. VSO

members proffered that veterans who failed to respond did so because of frequent difficulty in obtaining certified copies.

**PROPOSED SOLUTION: Revise regulations to allow the acceptance of photocopies of documents.**

Accepting photocopies would reduce time delays and frustration by veterans who are having difficulty obtaining certified copies. Current requirements to obtain social security numbers for all dependents and inclusion of those numbers in the master record could be used as a safeguard. VBA could perform dependency computer matches with IRS and SSA similar to income matches currently performed. VBA employees must also be made aware of the necessity of determining if a photocopied document was altered and of what action to take.

***ACTION ITEM:***

*Revise regulations to allow the acceptance of photocopies.*

**CAUSE 2-G: Claims status information provided by the Work-in-Progress Subsystem (WIPP) is inadequate.**

WIPP is designed to assist management in identifying areas which require attention and analysis and to be utilized by all regional office activities to determine the status of a claim. The effectiveness of the system is dependent upon the quality of the information entered. All Panel members agreed that the system is antiquated and provides only limited information regarding claims history or status. As a management tool it is generally considered to be unwieldy and sometimes a hindrance. However, the Panel makes no recommendation for enhancing WIPP as members were advised that WIPP would be replaced through the Modernization program.

**PROPOSED SOLUTION: Improve claims status reports.**

The Claims Processing System (CPS) is scheduled for deployment shortly after installation of the Stage I local area network (LAN) in each regional office. Total system redesign (VETSNET) is scheduled for deployment at a much later date. Both applications must provide a tracking record to include evidence requests outstanding and received, claim location, and pending action. This information is essential to accurate status inquiries and appropriate management of claims without folder pull and review.

***ACTION ITEMS:***

*Integrate claims status information and reports, including identification of all evidence requested and received, in CPS.*

*Assure VETSNET design incorporates tracking of case status through the appeal process.*

**CAUSE 2-H: DoD separation examinations do not meet VA requirements.**

A service separation examination study conducted with the Marine Corps and the Navy was made available to the Panel. 75% of the Marine Corps examinations and 76% of the Navy examinations were inadequate for VA rating purposes.

**PROPOSED SOLUTION:** Ensure that DoD provides separation examinations that meet VA requirements for rating purposes.

VBA should initiate dialogue with DoD on a national level on the issue of separation examinations. The Panel also recommends that VA seek DoD's cooperation on use of the Physician's Guide in the conduct of the separation examinations. DoD physicians should be educated in the protocol required to produce an examination acceptable for VA rating purposes and on use of the Physician's Guide.

***ACTION ITEMS:***

*Initiate national VA/DOD dialogue on separation examinations to ensure they meet VA requirements.*

*Educate DoD medical staff on use of VA's Physician's Guide.*

**PROBLEM AREA 3:           THE LENGTH OF TIME CASES REMAIN IN THE  
RATING BOARD IS UNACCEPTABLE.**

The Panel identified this as the third area causing the backlog of C&P cases. Various studies including a special survey of twelve adjudication rating boards conducted for the Panel, a timeliness study conducted by the Central Area, and a recent study by the Office of the Inspector General, verified that cases remain in the board from 30 to 90 days on the average. There were numerous examples of cases staying in the rating board well over 120 days.

Three causes determined to contribute to this problem are discussed below, and potential solutions identified.

**CAUSE 3-A: It has become more difficult and time-consuming to rate cases because of the growing complexity of the rating process.**

A number of factors were discussed and agreed upon as contributors to the growing complexity of the rating process. Decisions of the Court of Veterans Appeals; statutory requirements of due process, including full legal-style notification; claims for more complex disabilities such as those caused by environmental hazards; and the increasing number of original compensation claims with larger numbers of claimed disabilities were identified.

Additionally, VA statutes, regulations, manuals, guidance and training materials are voluminous and virtually all hard-copy. As a consequence, rating staff members have difficulty using them correctly and quickly, which adversely affects the quality of decisions as well as timeliness.

The Panel noted that VA regulations and adjudication procedures have evolved in a piecemeal fashion over the past sixty years. Regulations, and the manuals and procedures that implement them, were drafted at different times to serve varying purposes. As a result, problems of consistency and efficacy have resulted. Panel members offer, as an example, the U.S. Court of Veterans Appeals decision in *Hallestad v. Derwinski*, 1 Vet.App. 164 (1991), a case involving a claim for individual unemployability benefits. As noted in the decision, "The Court finds the regulatory provisions relating to unemployability and total disability to be a confusing tapestry for the adjudication of claims." *Id.*, 167. Clearly, if the Department's regulations are a "confusing tapestry" to the Court, it is hardly surprising that the process is at least equally perplexing, and therefore time consuming, to both claimants and VA personnel involved in the adjudication process, most of whom are non-attorneys.

Potential problems with the applicable regulations and implementing manuals and directive may be pervasive. It appears that VA regulations never have been subject to a broad-based review to determine whether they are legally valid, consistent with each other, and provide the most effective means to afford claimants all the benefits to which they are entitled. The Panel is of the opinion that if such a review is not undertaken, it will be accomplished in a piecemeal fashion by the Courts through the litigation process. This will further add to the complexity of the adjudication process and further degrade decision timeliness.

**PROPOSED SOLUTION: Improve computerized decision-generation tools for the rating process.**

A PC-based word processing capability in the rating board is essential to improving the rating process and must be provided. Word processing tools must include standardized formats and glossaries. Prototypes of these tools have been developed by a number of the adjudication divisions throughout the country. It was reported to the Panel that these prototypes allowed rating specialists to compose more complete and procedurally accurate ratings with greater efficiency.

**PROPOSED SOLUTION: Improve the day-to-day research tools for the rating staff.**

The Panel believes that on-line integrated access to necessary VA manuals and legal and medical reference materials is essential and must be provided.

**PROPOSED SOLUTION: Promote specialization to process certain categories of complex or unusual cases.**

Specialized processing can be accomplished using individual rating specialists, individual rating boards or whole divisions. The Panel members reported positive experience with the centralized handling of Persian Gulf environmental hazard-related cases and offers it as an example where specialization has enhanced processing and control.

**PROPOSED SOLUTION: Improve the training provided to the rating staff.**

The Panel proposes that centrally coordinated training for rating staff members, such as that provided by the C&P Service at the VBA Academy and at the regional offices, should be expanded and expedited.

The Panel also proposes development of a formal training program with certification for rating specialists. This program must be successfully completed before a specialist is certified to begin rating cases or to continue rating cases. It is foreseen that the program for the new specialists would be from one to two years in length and that training for journeyman specialists would vary according to the topic and method of training.

Interactive, centrally-coordinated training for rating staff members is also recommended as a means to improve the quality of training and reduce the amount of time rating staff members must spend on training new members. Interactive training includes use of videos, video- and teleconferencing, satellite and PC-based training programs. Equipment requirements and complexity of applications development for these types of training programs would make them long-term solutions.



**PROPOSED SOLUTION: Refine the adjudication regulations, manual and policy procedures.**

The Panel proposes establishment of a working group composed of members of the Department, the veterans service organizations and legal experts from outside the area of veterans law to undertake a comprehensive review of existing adjudication regulations and procedures. This group would recommend refinements to VA regulations and procedures, including revision or elimination of unnecessary procedures and streamlining avenues of cooperation between governmental agencies that often delay claims processing.

The goal of this broad-based review would be to make regulations and procedures more efficient, clearer, and easier for claimants and adjudicators to understand and follow. It is felt that the use of outside legal experts, who would bring both a degree of objectivity, as well as a broad background in other areas of administrative law and entitlement adjudication, would add needed perspective to the review process. Suggested sources of such expertise include the Administrative Conference of the United States and the American Bar Association. It is also felt that the recommendations of a group of this composition and expertise would serve to expedite the lengthy process required for the promulgation of new regulations.

While the Panel recognizes that this measure will be time-consuming and provide a long-term solution, it should yield practical, effective results in a more expeditious manner than if regulatory review were attempted by the usual method or left to the vagaries of the litigation process.

***ACTION ITEMS:***

*Provide PC word processing capability for the rating staff to include standardized formats and glossaries.*

*Use specialization selectively to concentrate on certain categories of complex rating cases.*

*Expand and expedite centrally-coordinated training for rating staff.*

*Provide on-line PC access to necessary reference material.*

*Develop formal rating training programs with requisite certification.*

*Develop centralized training that utilizes videos, video- and teleconferencing, satellite and interactive PC-based programs.*

*Conduct a special review of VA regulations, manuals and policies to refine them.*

**CAUSE 3-B: There are insufficient resources available to make rating decisions in a timely manner.**

Recognizing the limited manpower resources available to adjudication in general and the rating staff in particular, the Panel's analysis focused on how to best use the available FTE. Discussion of the issues included the most efficient utilization of the FTE currently allocated to the adjudication/rating process and possibilities for reallocating FTE from outside of the local adjudication division.

Various reports reviewed by the Panel, including the special survey of twelve stations, corroborated that over 40 percent of the cases coming out of the rating board were not final decisions and required additional development. This reflected generally poor development and screening of the cases going to the rating specialists. As a result, too much of the rating specialists' time is spent doing the preliminary work that should be done by others and the skills of the rating specialists are not being used properly.

**PROPOSED SOLUTION: Increase the size of the rating activity through better utilization of available personnel.**

The Panel suggests that management at each regional office conduct a specific review of their local manpower to identify any resources which might be productively redirected into the rating function.

Additionally, the Panel considered the potential of single-signature rating authority to increase available resources for decision-making. This is currently being tested in the field to determine if it will increase the number of decisions made by the existing pool of rating specialists without compromising program quality. In discussing this issue at length, the Panel recognized that the gain resulting from single-signature authority would not be two- or three-fold as might be thought, but estimated productivity increases somewhere around 10 percent. (This estimate was based in part on BVA's 25 percent projection for a similar initiative and the potential availability of the FTE now devoted to medical rating specialists.) Nevertheless, the Panel feels that a 10 percent increase would be a significant gain and should not be ignored. Completion of the evaluation of single-signature rating authority is therefore recommended.

Rating "help teams" from outside stations should be targeted to stations with the largest backlogs. The Panel was provided with information on the recent use of help teams at three stations with good results. In recommending continued use of such help teams, however, the Panel recognizes this as a short-term solution to be used in unique situations; extensive use would eventually impact negatively on those stations providing the assistance.

**PROPOSED SOLUTION: Reduce the development and screening activities of the rating specialists.**

A new rating technician position should be established with responsibilities for independently screening and developing rating cases and performing follow-up authorization actions. The Panel also felt employees in this position could be utilized to make simple rating decisions, such as the follow-up to due process notification decisions when there was no reply. Training in rating and, as necessary, in development and authorization activities must be provided to these new rating technicians .

The Panel learned that development and screening activities will be significantly streamlined with implementation of the Stage I Modernization Claims Processing System (CPS). Members were briefed on this system, expected to be implemented in part by end of FY 1994. It is felt that the sophistication of the system will promote better and more timely development and a better product for the veteran-customer. It is essential that this system be implemented as soon as possible.

Implementation of the Stage I Modernization Control of Veterans Records System (COVERS) should also be expedited. Accurate information on the location of claims folders, as is projected to be available through this system, will accelerate and improve the overall development process by ensuring the association of requested evidence with the folder in a more timely manner.

A manual checklist, as a short-term solution pending full implementation of the systems described above, is also recommended. This checklist should be used at all stations to help ensure complete and timely development. Such checklists are used at a number of stations now. A composite list incorporating the best of those already in use should be developed and issued for standardized use.

***ACTION ITEMS:***

***Reallocate FTE resources to the rating activity.***

***Complete the evaluation of single-signature rating authority being tested in the field.***

***Target the use of rating help teams to reduce backlogs when and where needed.***

***Establish a rating technician position.***

***Provide training for the new incumbents in rating, development and authorization.***

***Implement the Modernization CPS as soon as possible.***

***Implement the Modernization COVERS as soon as possible.***

***Deploy development checklists (manual) for all aspects of adjudication.***

**CAUSE 3-C: The rating function is limited by a paper or hard-copy processing environment.**

Rating specialists and rating support technicians are not able to take advantage of automated-processing efficiencies because of a lack of computer equipment. Access to computer equipment and local area networks must be provided, and work processes and reference materials automated.

**PROPOSED SOLUTION: Provide computer equipment to the rating staff and implement the Modernization Stage I Rating Board Automation (RBA) System as soon as possible.**

Rating board activities are scheduled to receive computer equipment in the deployment of Stage I equipment now in process. Information on the RBA system currently being developed was provided to Panel members. The design concept uses the opportunities that computer intelligence offers to create a rating decision on a PC with a minimum of keystroke entries and fewer processing steps. Key elements of individual issues are linked within a rating decision, thereby providing a more systematic and consistent analysis of each issue. Rating data essential to award processing will be generated and the essentials of the rating decision used as the basis of the notification document to the claimant. The Panel proposes accelerated development of this system.

***ACTION ITEM:***

***Develop, test and implement the Rating Board Automation (RBA) System.***

## BLUE RIBBON PANEL ON CLAIMS PROCESSING

### ACTION PLAN

Action Items	Full Implementation		
	<u>0-6</u> <u>Months</u>	<u>6-18</u> <u>Months</u>	<u>18+</u> <u>Months</u>
<u>Redesign the Rating Activity</u>			
Create a rating activity responsible for control, development, rating and authorization of rating issues. Compile and distribute models for the structure of consolidated rating activities containing both rating specialists and rating technicians.		X	
Prepare and implement position descriptions to consolidate responsibility for control, development, and award action in a single rating technician position. Provide training for the new incumbents in rating, development and authorization.		X	
Require all stations to submit a locally designed plan for review to Central Office. Implement approved plans by a target date.		X	
Prepare a centralized training program for developing claims.		X	
Complete the evaluation of single-signature rating authority being tested in the field.		X	
Develop formal rating training programs with requisite certification.		X	
Develop centralized training that utilizes videos, video- and tele-conferencing, satellite, and interactive PC-based programs.			X
Provide PC word processing capability to the rating staffs to include standardized formats and glossaries.	X		
Use specialization selectively to concentrate on certain categories of complex rating cases.	X		

## BLUE RIBBON PANEL ON CLAIMS PROCESSING

### ACTION PLAN (Continued)

Action Items	Full Implementation		
	<u>0-6</u> <u>Months</u>	<u>6-18</u> <u>Months</u>	<u>18+</u> <u>Months</u>
<u>Redesign the Rating Activity</u> (continued)			
Expand and expedite centrally coordinated training for rating staff.	X		
Reallocate FTE resources to the rating activity.	X		
Target the use of rating help teams to reduce backlogs when and where needed.	X		
Deploy development checklists (manual) for all aspects of adjudication.	X		
<u>Elevate ADP Initiatives to the Level of a War Effort</u>			
Develop, test and implement the Claims Processing System (CPS). Integrate claims status information and reports, including identification of all evidence requested and received, in CPS.		X	
Develop, field test and implement a PC-based standard, national letter package using input from all customers.		X	
Enhance the Automated Medical Information Exchange (AMIE) examination process.		X	
Provide on-line PC access to necessary reference material through implementation of the Automated Reference Material System (ARMS).		X	
Develop, test and implement the Rating Board Automation (RBA) system.		X	
Implement the Control of Veterans Records System (COVERS).		X	
Assure VETSNET design incorporates tracking of case status through the appeal process.			X

## BLUE RIBBON PANEL ON CLAIMS PROCESSING

### ACTION PLAN (Continued)

Action Items	Full Implementation		
	0-6 <u>Months</u>	6-18 <u>Months</u>	18+ <u>Months</u>
<u>Service Medical Records</u>			
Expand the current SMR agreement with Army to all branches of service.		X	
Assign VA personnel to DoD records centers to assist and perform liaison.		X	
Change VBA procedures to forward claims from separation regional office to home regional office immediately.		X	
<u>Compensation and Pension Examinations</u>			
Expand the current VBA-VHA memorandum of understanding to include examination quality measures.		X	
Establish physicians' coordinators at VACO, medical centers and regional offices.		X	
Establish a reporting scheme to monitor quality, locally and nationally.		X	
Establish a joint VBA-VHA education and training effort on C&P examinations.		X	
Transfer responsibility and associated resources for C&P examinations from VHA to VBA.		X	
Initiate national VA/DOD dialogue on separation examinations to insure they meet VA requirements.		X	
Educate DoD medical staff on use of VA's Physician's Guide.		X	

## BLUE RIBBON PANEL ON CLAIMS PROCESSING

### ACTION PLAN (Continued)

Action Items	Full Implementation		
	<u>0-6 Months</u>	<u>6-18 Months</u>	<u>18+ Months</u>
<u>Communications with Veterans</u>			
Change guidelines/procedures to allow other communication modes (phone, fax, personal contact, pagers or E-mail) to supplement written communication.	X		
Revise forms/systems to include claimant phone numbers - both daytime and nighttime.	X		
Finish the redesign of VA Form 21-526 and the instructions. Field test the form.	X		
Design a new form to help veterans identify issues and evidence needed to support reopened claims and claims for reevaluation of service connected disabilities. Create focus groups to advise on design of the new form. Field test the form.	X		
Develop, field test and implement a standard, national letter package using input from all customers.		X	
<u>Communications with Social Security Administration</u>			
Establish a high-level dialogue with SSA to communicate VA needs.	X		
Update/verify VBA procedural guidance.	X		
If possible, establish a VA/SSA computer linkage to obtain medical records.			X



## BLUE RIBBON PANEL ON CLAIMS PROCESSING

### ACTION PLAN (Continued)

Action Items	Full Implementation		
	<u>0-6</u> <u>Months</u>	<u>6-18</u> <u>Months</u>	<u>18+</u> <u>Months</u>
<u>Evidence from the Environmental Support Group</u>			
Provide manual guidance on use of other evidence sources for PTSD stressor development.	X		
Continue to educate VBA and VHA staff (including vet centers) and veterans service organizations regarding PTSD development.	X		
Seek guidance from ESG regarding their sources and capabilities.	X		
<u>Regulatory Change and Review</u>			
Revise regulations to allow the acceptance of photocopies.		X	
Conduct a special review of regulations, manuals and policies to refine them.			X

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