

# Interim Evaluation of Fully Developed Claims Pilot Program

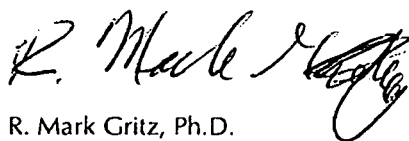
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A handwritten signature in black ink, appearing to read "R. Mark Gritz". The signature is fluid and cursive, with a large initial "R" and a stylized "Gritz".

R. Mark Gritz, Ph.D.  
Vice President and Director, Health Research and Policy

This document represents the best opinion of CNA at the time of issue.  
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## **Executive Summary**

The Department of Veterans Affairs (VA) is conducting two pilot programs to assess efforts to improve the effectiveness and timeliness of the claims process. These pilot programs are being provided under the auspices of Public Law 110-389 (the Veterans' Benefits Improvement Act of 2008), Section 221. VA asked CNA to conduct a study of these two pilot programs to evaluate their overall effectiveness. This required interim report focuses on the fully developed claims pilot program. Because the project effectively started in April 2009 and the data are incomplete, the findings are preliminary and tentative at this stage. A separate report focuses on the individual claimant checklist pilot program.

The claims process is generally viewed as being complex and confusing to claimants. In the fully developed claims program, claimants, generally in conjunction with Veterans Service Organization (VSO) assistance, (1) certify that they have provided to the Veterans Benefits Administration (VBA) all information or evidence that they are required or are able to provide and (2) request an expedited adjudication of their claim. If additional input is later required, the claim is removed from fully developed claim status. This pilot program is designed to determine whether this process will allow such claims to be adjudicated within 90 days or, if not, to determine what specific barriers to swift adjudications are most difficult to overcome.

## **Approach and methodology**

The fully developed claims pilot program is being conducted at the Montgomery, Columbia, Boston, Manchester, Providence, Chicago, Milwaukee, Boise, Denver, and Portland Regional Offices (ROs). The program was established to examine the expedited treatment of fully developed claims during a one-year period from December 9, 2008, through December 8, 2009.

Our overall approach will focus on an evaluation of the time required for adjudication of the fully developed claims after they have been submitted. The goal is that such claims be adjudicated not later than 90 days after the date on which each claim is submitted as fully developed. However, by design VA personnel will follow current guidance and not require or request expedited or special assistance with respect to obtaining medical exams, acquiring government-provided records (e.g., Social Security, DoD), or obtaining necessary records from other organizations (e.g., medical records from private providers). Following this procedure will potentially provide important information regarding the existence of barriers, and the typical types of barriers, and their time dimensions.

In general, we will determine, for each participating RO, the percentage of claims for which it was possible to complete fully developed claims (FDCs) within 90 days or less. When it is not possible for the RO to complete claims within 90 days or less, we will evaluate the actual time to completion and identify and assess the barriers to completion.

The analysis of the pilot program's effectiveness will be accomplished through two methods: qualitative data collection and quantitative data evaluation. We will conduct site visits to gather qualitative information from RO personnel at two of the ten participating sites. We will also examine individual-level, identifiable claims data for all claims filed over the period of the fully developed claims pilot program's execution. To aid in our evaluation of claims data, we will examine comparable historical data for a period of time prior to the pilot program's execution and develop benchmarks and comparison group data as appropriate.

Defining success for the fully developed claims pilot program requires that we assess the timeliness with which the fully developed claims are processed and identify barriers that appear to slow down processing. However, we must also consider the timeliness of claims processing for those claims not included in the fully developed claims process. The focus to prioritize timeliness for the claims in the pilot program might lead to slower processing for claims not in the pilot program. We will also assess the distribution of claims that are typically filed as fully developed claims (e.g., by type of claims

filed, number of issues per claim) and compare this to the overall distribution of claims, because this distribution may affect timeliness.

## **Assessment of fully developed claims pilot program to date**

VBA provided CNA individual-level data on completed claims for this first interim analysis. The initial extract consists of all claims closing from July 1, 2008, through June 18, 2009. We focused our analysis on selected end products for compensation and pension claims that make up 40 percent of all claims. Most of the focus will be on the initial disability compensation claims and the reopened compensation claims.

Note that the data we received from the initial VOR extract provided by VBA consisted only of closed claims. We do not as yet have data on pending claims. This situation is problematic, and it severely limits the information we can provide in this preliminary assessment of the fully developed claims pilot. The current data are extremely limited by having only closed claims—for claims that started near the beginning of the pilot program, we estimate that 55 percent would have closed and be included in our data. Similarly, for claims initiating a quarter of the way through the fully developed claims pilot's initial year (March 9, 2009), we expect that only 31 percent would have closed in time to be included in our data.

In order to make comparisons of outcomes, we split the unique claims we observed in the VOR data into several groups. First, claims were split into claims that were identified as fully developed claims and claims that were not fully developed. Our criteria resulted in a total of 449 unique claims in our data that were identified as fully developed claims that met certain time period restrictions for comparison to non-fully developed claims. Second, claims were split into two time periods—before and after the start of the pilot. Third, we focused on claims in five key end product groups, which accounted for the vast majority of claims in the fully developed claims program. Finally, claims were split by participating and non-participating ROs.

Based on preliminary evidence, it appears that expediting the processing of fully developed claims results in faster processing times for these claims and does not negatively affect the processing times of non-fully developed claims. Again, these results are preliminary because they are based on only closed claims and on just the first few months of the pilot.

Once we are also able to consider pending claims, the results may change. Our results may also change when we obtain a longer period of comparison data as the pilot program becomes more mature.



## Introduction

VA asked CNA to conduct a study of two pilot programs to evaluate their overall effectiveness. This required interim report focuses on the fully developed claims pilot program. Because the project effectively started in April 2009 and the data are not complete at this stage, the findings are preliminary and tentative. A separate report focuses on the individual claimant checklist pilot program.

Under the Veterans' Benefits Improvement Act of 2008, VA was directed to implement a pilot program to determine whether a subgroup of claims classified as fully developed could reasonably be adjudicated within 90 days. VA asked CNA to evaluate the effectiveness of this pilot program with respect to the feasibility and advisability of providing expeditious treatment of fully developed compensation or pension claims to ensure that such claims are adjudicated not later than 90 days after the date on which such claims are submitted as fully developed.

In the fully developed claims program, claimants, usually in conjunction with Veterans Service Organization (VSO) assistance, (1) certify that they have provided to the Veterans Benefits Administration (VBA) all information or evidence that they are required or are able to provide and (2) request an expedited adjudication of their claim. The fully developed claims pilot is designed to determine whether this process will allow such claims to be adjudicated within 90 days, or, if not, to determine what specific barriers to swift adjudications are most difficult to overcome.

## Background

The Veterans' Benefits Improvement Act of 2008 marked the culmination of hearings and bills produced in the House and Senate in 2008. The requirement for VA to conduct the fully developed claims pilot program represents an effort to streamline the frequently lengthy VBA claims process for a subgroup of claims that should be relatively straightforward to process. Section 221 of Public Law 110-389, the Veterans' Benefits Improvement Act of 2008, directed that VA conduct a pilot program on the expedited treatment of fully developed claims to determine whether such claims could reasonably be adjudicated within 90 days.

The House and Senate introduced related bills during the spring of 2008. H.R. 5892 was introduced on April 30, 2008, by the House Subcommittee on Disability Assistance and Memorial Affairs Chair John Hall (D-NY-19), and was referred to the House Committee on Veterans' Affairs. After a series of hearings and markups, it was reported out by the Committee on July 29, 2008, and approved by the House on July 30, 2008. H.R. 5892 was then received in the Senate on July 31, 2008, and was referred to the Senate Committee on Veterans' Affairs.

A similar bill, S. 3023, was introduced in the Senate by the Senate Committee on Veterans' Affairs Chair Daniel Akaka (D-HI) on May 15, 2008. Although the original legislation did not include the pilot program for fully developed claims, the legislation that became law did include the pilot. S. 3023 passed the Senate on September 16, 2008, and passed the House on September 24, 2008. On October 10, 2008, President George W. Bush signed S. 3023 and it became Public Law 110-389.

## **History of the fully developed claims concept and VSO assistance**

The concept of a fully developed claim has existed since the Veterans' Claims Adjudication Commission (VCAC) of 1996. The VCAC said, "a fully-documented claim presented to VA can be readily decided" (VCAC 1996). The VCAC also found that some Regional Offices (ROs) had agreements with Veterans Service Organizations (VSOs) where a well-documented claim was adjudicated immediately after it was presented to the RO. The VCAC recommended that ROs enter partnership agreements with VSOs where the ROs would provide the VSOs with "the materials and training needed to enable them to submit fully developed claims whenever possible."

A 1997 VA Office of Inspector General (OIG) report on VA Claims Processing Issues reiterated the VCAC's recommendation that VA and VSOs should build a strong claims processing partnership. Other reports that supported such a partnership included the National Academy of Public Administration's report on Management of Compensation and Pension Benefits Claims Processes for Veterans (1997) and VBA's own Roadmap to Excellence (1998).

In response to these recommendations, VA introduced the "Training, Responsibility, Involvement, and Preparation of Claims" (TRIP) program in 1998. The TRIP program trains VSOs to submit fully developed claims so that VA can process them more expeditiously (Cooper 2002).

The 2001 Claims Processing Task Force endorsed the idea of VBA working with VSOs and State Departments of Veterans Affairs (SDVAs) to improve the timeliness of the adjudication process.

### **Duty to assist**

In addition to its newer partnerships with VSOs, VA has a long history of providing assistance to claimants in gathering evidence to support their claims for VA benefits. Examples of this assistance historically included requesting service records, medical records, and other documents from sources identified by the claimant. According to former VBA Undersecretary for Benefits Joseph

Thompson, "The extent to which a claim was more fully developed to include a VA examination, at times, differed among VA's regional offices depending on the subjective determination of the claims examiner that a particular claim was not factually plausible."<sup>1</sup> The claims process underwent scrutiny in the 1970s and 1980s by veterans, stakeholders, and members of Congress. Stakeholders and policymakers expressed dissatisfaction with the way VA was handling claims and came to the belief that "veterans would benefit if their claims were subject to judicial review" (Thompson, 2000). Public Law 100-687, the "Veterans' Judicial Review Act of 1988," established the United States Court of Appeals for Veterans Claims (CAVC) to provide judicial review of Board of Veterans' Appeals (BVA) decisions. The Act also said that it was a claimant's burden to submit evidence to "well ground" a claim" and "it also codified VA's Duty to Assist a claimant in developing facts pertinent to a claim."

A series of subsequent CAVC decisions made the claims development and adjudication process more complicated and legalistic, further defining the claimant's role in providing evidence to substantiate a claim and also further defining VA's role in formally assisting a claimant in obtaining needed evidence (Thompson 2000). The most important decision, *Morton vs. West* in 1999, demonstrated the "intertwined nature" of the "veteran's duty to submit a well-grounded claim and the VA's duty to assist" (Veterans' Disability Benefits Commission (VDBC) 2007). The *Morton* ruling restricted VA's ability to assist a claimant in developing evidence in grounding a claim, meaning that VA could not assist the claimant or order medical or psychiatric examinations until the claim was well-grounded, "meaning supported by evidence sufficient to convince a fair and impartial individual that the claim is plausible" (VDBC 2007). However, in order for a veteran to submit a well-grounded claim, VA needs to assist the veteran in obtaining evidence.

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<sup>1</sup> Taken from former VA Undersecretary for Benefits Joseph Thompson's testimony to the House VA Subcommittee on Benefits on March 23, 2000.

Congress overturned Morton and enacted Public Law 106-475, "The Veterans Claims Assistance Act" (VCAA) in 2000. VCAA imposed "on VA a duty to assist a claimant by making reasonable efforts to assist him or her in obtaining evidence necessary to substantiate a claim for benefits." VA would carry out its duty by helping a claimant obtain records from government and private sources and provide medical exams and opinions. VCAA also was intended to better inform claimants about the evidence or information required to be submitted or obtained in order to support claims. In assisting a claimant, VBA (1) notifies claimants of the information necessary to complete the application, (2) indicates what information not previously provided is needed to prove the claim, (3) makes reasonable efforts to assist claimants in obtaining evidence to substantiate claimants' eligibility for benefits, and (4) informs claimants when relevant records cannot be obtained (VDBC 2007).

It was expected that the VCAA would improve service delivery to veterans by resulting in claims that were more fully developed, which meant that VBA would be able to adjudicate them more expeditiously and more accurately (Mooney 2006).

## **Problems implementing VCAA**

VA and its stakeholders agreed that the VCAA was well intentioned, but that VA has failed in fulfilling the aim of the legislation (VDBC 2007). Former VBA Undersecretary for Benefits, Daniel L. Cooper, told the Veterans' Disability Benefits Commission (VDBC) that the VCAA, "despite relatively innocuous terminology, has been inordinately difficult to properly execute" (2005).

A 2002 Government Accountability Office (GAO) report found that VBA ROs lacked consistency in how they were implementing the VCAA. GAO noted that despite VBA providing guidance to its ROs on how to implement VCAA, VBA's accuracy reviews indicated a decrease in rating accuracy due to the ROs' noncompliance with VCAA requirements. The GAO, VDBC, VSOs, and outside organizations such as IBM Global Business Services have found that VCAA letters are confusing and not easily understood by claimants, are poorly written, are too legalistic, and are too long. It was also noted that incomplete letters were mailed to claimants on occasion and

that additional original development was unnecessarily done when a new issue was added to the claim (GAO 2002; VDBC 2007; Mooney 2005; Cohen 2008; Senate Report 110-449).

Because of these problems with VCAA letters, it has been difficult for claimants to submit fully developed claims to VA. Therefore, GAO recommended in 2002 that the Secretary of Veterans Affairs direct the Under Secretary for Benefits "to identify the causes of the VCAA-related errors so that more specific corrective actions can be taken" if VBA continues to experience difficulties in implementing the VCAA (GAO 2002, 16).

## **VDBC recommendation for fully developed claims pilot program**

The VDBC stated that well-documented claims improve timeliness of the claims process by reducing the need for additional development. In examining the VA's claims processing system for disabled veterans, the VDBC found that they were "disappointed by the burdensome bureaucracy and delays" of the system in granting compensation and pension to veterans (Scott's statement at VDBC hearing 2008, 14). Contributing to this were the findings of CNA, who was tasked with comparing the VA Disability Compensation Program with other federal disability programs. CNA found that the process for receiving evidence in support of claims was time consuming and that it contributed to delays in providing timely decisions to veterans (VDBC 2007). Therefore, the Commission recommended that VA educate claimants, VSOs, and VBA employees about the necessity of filing well-documented claims.

Part of the VDBC's recommendations included, "implementing an expedited process by which the claimant can state that the claim information is complete and waive the time period (60 days) allowed for further development" (Scott's statement at VDBC hearing 2008, 22). The Commission noted that "A high percentage of cases could be rated earlier if VA had a statement, signed by the veteran, that he or she has no additional evidence to submit and for VA to make a decision on his or her claim as soon as all the identified evidence has been received" (VDBC 2007, 307). Having well-documented

claims submitted at the beginning of the claims process reduces the time needed to develop those claims, thus allowing VA to devote more time to processing claims and reducing their claims backlog.

In providing legislation for this pilot program, Congress determined that it was appropriate to investigate the Commission's recommendation to implement an expedited process for claims submitted as fully developed. However, the VDBC noted that VA would still need to fulfill its statutory duties to assist veterans submitting claims. If a veteran preferred that VA not make an early decision on his or her claim, VA would honor the 60-day time limit for the claim to mature before moving forward. This was supported by the American Legion who voiced their support for the recommendation but also noted the importance of VA maintaining compliance with its statutory duties to assist and notify claimants, especially with regard to claims where benefits would be denied (Smithson's statement at VDBC hearing 2008, 52).

## **Other related initiatives to streamline the claims process: recommendations and lessons learned**

Besides VDBC's recommendation for creating an expedited process for fully developed claims, others also recommended/implemented changes to improve timeliness and streamline the claims processing system. These previous recommendations and changes contributed to the forming of VDBC's recommendation, and they provide guidance on how VDBC's recommendation can be implemented.

The VA Claims Processing Task Force recommended in a 2001 report that "reducing the time limit to submit evidence from 60 to 30 days will significantly assist the Veterans Benefits Administration in meeting their processing goal of 100 days" (VA Claims Processing Task Force 2001, 32). The task force noted that veterans would not be at risk by this recommended change because the claimant would still have one year from the date of the request for the information to submit the evidence. The VDBC supported this recommendation (VA Claims Processing Task Force 2001; VDBC 2007).

The Benefits Delivery Discharge (BDD) programs are an example of effort made to streamline access to veterans' disability benefits. BDD allows some Servicemembers to file a claim and obtain a single comprehensive exam prior to discharge. BDD also started a paperless claims processing initiative to process and manage claims electronically. Although VA is able to award compensation more quickly through BDD than through its traditional claims process, GAO found that VA could make greater efforts to monitor and manage the program to meet optimal results. GAO recommended that reviews of the program be conducted and reported on more consistently. Additionally, since VA completed a pilot to process BDD claims electronically but did not evaluate it before expanding the initiative, GAO recommended that VA conduct an evaluation of the initiative in order to minimize potential implementation challenges (GAO 2008).

Another example of an initiative implemented to streamline the claims process is a pilot initiative conducted by the Texas Veterans Commission (TVC) in collaboration with VBA's Waco Regional Office. Under this initiative, TVC veterans' counselors assist veterans to more quickly obtain the evidence needed to support their claims (Texas Veterans Commission 2008). One additional initiative is the Expedited Claims Adjudication Initiative pilot program. The objective of this initiative is to streamline the appeals process and put the veteran on the fast track from initial claim to adjudication (Federal Register 2008). The challenge with these two initiatives is to maintain the appropriate balance between speed of adjudication and the quality of the evidence developed and decisions made.

## **Brief review of the claims process**

A brief overview of the claims process is helpful to understanding some of the issues relevant to the fully developed claims pilot program. The claims process has been reviewed in depth in a number of documents. The following description is taken from GAO (GAO-06-149; *Further Changes in VBA's Field Office Structure Could Help Improve Disability Claims Processing*, 2005.)



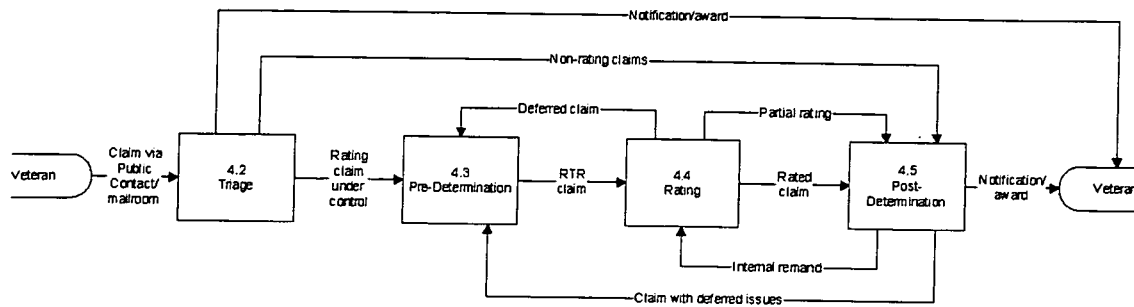
*When a veteran or other claimant submits a claim for disability compensation, pension, or dependency and indemnity compensation to a VBA regional office, veterans service center staff process the claim in accordance with VBA regulations, policies, procedures, and guidance. A veterans service representative (VSR) in a predetermination team develops the claim, that is, assists the claimant in obtaining sufficient evidence to decide the claim. For rating-related claims, a decision is made in a rating team by rating veterans service representatives (also known as rating specialists). VSRs also perform a number of other duties, including establishing claims files, authorizing payments to beneficiaries and generating notification letters to claimants, conducting in-person and telephone contacts with veterans and other claimants, and assisting in the processing of appeals of claims decisions.*

Figure 1 provides a summary of the flow of the claims process (adapted from a flow chart in the IBM study on Claims Processing Improvement Study Gap Analysis, 2008). Although there are built-in time limits for some of the steps in the process, there are many exceptions to the time limit guidelines in practice.<sup>2</sup> Given the time limits and notice requirements, Pre-Determination (or evidence-gathering, in general) is the most time consuming part of the process.

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<sup>2</sup> For example, with respect to initial VCAA Letter Originals and Claims for Increase, the veteran has 30 days to respond, but can still submit evidence for up to a year (M21-1MR, Part 1, Chapter 1, Section B: See [http://www.warms.vba.va.gov/M21\\_1MR.html](http://www.warms.vba.va.gov/M21_1MR.html)). For federal records, the limits are 60 days after initial request and 30 days for follow-ups. For non-federal and private records, the time limits are 30 days after initial request and 30 days for follow-ups (M21-1MR, Part I, Chapter 1, Section C). See [http://www.warms.vba.va.gov/M21\\_1MR.html](http://www.warms.vba.va.gov/M21_1MR.html).

Figure 1. Claims Process Flow Chart<sup>a</sup>



a. Adapted from a flow chart in Claims Processing Improvement Study Gap Analysis, IBM Global Business Services, Feb 2008, p 21.

For the purpose of the fully developed claims pilot, the relevant point of intervention occurs when the claimant agrees that he or she has provided all the necessary information, or all the information that he or she has to provide, and asks for expedited claim processing. From this point on, VBA personnel will provide special handling of these claims.

In the next section, we turn to a discussion of the overall approach to the fully developed claims pilot program. We will discuss the structure of the pilot program and the methodology proposed to evaluate the success or failure of the program, including the use of qualitative data derived from site visits and quantitative claims data provided by VBA.

## Approach and methodology

In this section, we discuss the overall approach to assessing the implementation and evaluating the outcomes of the fully developed claims pilot program. The fully developed claims pilot program was designed to be implemented over a one-year period, starting on December 9, 2008, and concluding on December 8, 2009.

### **Pilot purpose: implementation and execution of program**

VA asked CNA to assess the effectiveness of the fully developed claims pilot program with respect to the feasibility and advisability of providing expeditious treatment of fully developed compensation or pension claims. The overall purpose of the pilot program is to determine whether this process will allow such claims to be adjudicated within 90 days after submission, or, if not, to determine what specific barriers to swift adjudications are slowing down the process. A fully developed claim is defined as a claim for a benefit:

- For which the claimant received assistance from a veterans service officer (VSO), an agent, or an attorney
  - Or submits along with the claim an appropriate indication that the claimant does not intend to submit any additional information or evidence in support of the claim and does not require additional assistance with respect to the claim
- For which the claimant submits a certification in writing that is signed and dated by the claimant stating that, as of such date, no additional information or evidence is available or needs to be submitted in order for the claim to be adjudicated
  - And for which the claimant's representative, if any, submits a certification in writing that is signed and dated by the representative stating that, as of such date, no

additional information or evidence is available or needs to be submitted in order for the claim to be adjudicated.

The fully developed claims pilot program is being conducted at the Montgomery, Columbia, Boston, Manchester, Providence, Chicago, Milwaukee, Boise, Denver, and Portland ROs. The program was established to examine the expedited treatment of fully developed claims during a one-year period from December 9, 2008, through December 8, 2009. However, VBA needed some time to establish the terms of the pilot program and set up appropriate training to initiate the pilot program activities. Fast Letter<sup>3</sup> 08-48, December 17, 2008, provided information and guidance on implementing the Veterans' Benefits Improvement Act of 2008, Public Law 110-389, section 221(a)—the fully developed claims pilot program. In addition, there were various communications between the VBA Central Office and the participating ROs. The fully developed claims pilot program appears to have been generally operational by mid-January 2009, based on the information we have at the current time.

Our overall approach will focus on an evaluation of the time required for adjudication of the fully developed claims after they have been submitted. The goal is that such claims be adjudicated not later than 90 days after the date on which each claim is submitted as fully developed. However, by design, VA personnel will follow current guidance and not require or request expedited or special assistance with respect to obtaining medical exams, acquiring Government-provided records (e.g., Social Security, DoD), or obtaining other necessary records from other organizations (e.g., medical records from private medical providers). Following this procedure will potentially provide important information regarding the existence of processing barriers and of the typical types of barriers found, along with the time dimensions of such barriers.

In general, we will determine, for each participating RO, what percentage of the time the RO was able to complete fully developed claims (FDCs) in 90 days or less. When it was not possible for the RO to complete claims in 90 days or less, we will evaluate the actual

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<sup>3</sup> VA uses Fast Letters to send information via e-mail to relevant parties about fast-changing issues, including policy and procedural changes. Usually the messages are sent to RO directors.

time to completion and identify and assess the barriers to completion.

The final report on the fully developed claims pilot program will include data concerning the number and type of claims covered by the pilot program, along with the findings of the fully developed claims pilot program. The report will also include recommendations on the feasibility and advisability of continuing or expanding the fully developed claims pilot program and on any modifications that might be appropriate for continuation or expansion of the program.

The analysis of the pilot program's effectiveness will be accomplished through two methods: qualitative data collection and quantitative data evaluation. We will conduct site visits to gather qualitative information from RO personnel at two of the ten participating sites. We conducted a site visit to the Milwaukee RO in June 2009 and expect to conduct a site visit to the Boise RO in October 2009.

In addition to this collection of qualitative data, we will examine individual-level, identifiable claims data over the period of the fully developed claims pilot program's execution. To aid in our evaluation of claims data, we will examine comparable historical data for a period of time prior to each pilot program's execution and develop benchmarks and comparison group data as appropriate.

## **Measuring outcome(s): defining success**

Defining success for the fully developed claims pilot program requires that we assess the timeliness with which the fully developed claims are processed and identify barriers that appear to slow down processing. However, we must also consider the timeliness of claims processing for those claims not included in the fully developed claims process. We will also assess the distribution of claims that are typically filed as fully developed claims (e.g., by type of claims filed, number of issues per claim) and compare this information to the overall distribution of claims, because this distribution may affect timeliness.

## Unintended consequences

First, we will need to verify that the fully developed claims subgroup is working as was intended. For example, claims that are initially coded as being part of the fully developed claims pilot may subsequently be removed from the pilot. We will need to investigate what percentage of fully developed claims gets removed from the pilot program and for what reasons. If a substantial percentage of fully developed claims is removed from the expedited claims processing, the claimants may become confused or concerned.

Second, we will need to investigate whether the existence of the prioritization attached to the execution of the fully developed claims causes other claims to be processed more slowly. Giving higher priority to fully developed claims may mean that other claims with various priorities will be pushed down in the queue in terms of how quickly they are processed, which could result in an increase in time to adjudication for claims that are not fully developed claims.

## Ethical considerations

The fully developed claims pilot program requires additional attention from RO personnel because additional steps are required (1) to designate the claims as part of the fully developed claims pilot and (2) to assign such claims priority processing.<sup>4</sup> Although the additional work required is not extensive, it does not appear that additional work credits are being assigned for VBA staff processing fully developed claims, based on our investigation to this point.

By prioritizing the processing of fully developed claims, the processing of regular claims may be somewhat delayed. In fact, any RO has

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<sup>4</sup> Priority processing of the fully developed claims may vary across ROs. At the Milwaukee RO, fully developed claims were designated to receive priority processing (secondary to GWOT processing, however). The prioritization for fully developed claims includes using blue paper to make these claims more visible, establishing target periods for moving the claims forward, and hand-carrying claims to the next stage of the claims process.

a number of prioritizations of claims waiting to be worked. As mentioned earlier, giving higher priority to fully developed claims may mean that other claims with various priorities are pushed down in the queue in terms of how quickly they are processed, which could result in an increase in time to adjudication for claims that are not fully developed claims. This raises a question of whether it is appropriate to focus on adjudication of claims that are relatively easy to address – the fully developed claims – rather than to focus on claims that may have been pending for a long time. In other words, is it appropriate for these claimants to get preferential treatment compared to other claimants?

### **Confounding external influences**

When a pilot program is evaluated, it is important to control for any internal factors that may be important (e.g., staffing changes, experience level of staff). It is also important to take into consideration any external factors that may influence the outcome of the pilot program. In this case, VSO support and participation is a key element, and the interactions and training provided by the ROs key determinants of success. Equally, the participation and buy-in from VSOs and individual VSO representatives are very important. One source of external influence may be possible confusion among VSOs and claimants between the fully developed claims pilot and the expedited claims adjudication (ECA) initiative (Fast Letter 09-24). Some claimants may have heard about the ECA initiative and be reluctant to agree to participate in the fully developed claims pilot program because of confusion and concern about being required to waive some of their rights. We have found some of these concerns voiced on various Web sites.

### **Qualitative data from site visits**

CNA will conduct primary data collection of qualitative data from ROs participating in the fully developed claims pilot through site visits. Prior to conducting the initial site visits, we made detailed plans about the type of information we need to collect from different types of RO staff for the fully developed claims pilot program. During each site visit, we offer assurances to all individuals that their

input will be considered confidential and that we value their candor, as this will provide the most useful and thorough information possible.

For the site visits for the fully developed claims pilot program, our initial visit was to the Milwaukee RO. For this visit, we coordinated our efforts with the site visit conducted for the analysis of employee work credit and work management systems project, also being conducted by CNA.

We developed a list of issues and questions related to the fully developed claims pilot program to address to a variety of the RO personnel. The points below do not address the employee work credit and work management systems. The points of discussion were targeted, as appropriate, to the variety of individuals at the RO who would be involved in the fully developed claims pilot program. Not all questions or issues are appropriate for all individuals.

Our sit visit discussion plan is to talk to a variety of individuals of interest, including the designated program coordinator for the fully developed claims pilot program, any managers selected to assist in the pilot program implementation, any RO personnel who are tracking and evaluating pilot program implementation and outcomes (e.g., Management Analysts), any personnel tasked with training for implementing the pilot program, Veterans Service Representatives (VSRs) who prepare the VCAA letters, at least one VSO, and a selection of coaches, VSRs, and rating VSRs (RVSRs) from the various teams. We will be interested in talking to any of the RO staff regarding the visibility of the fully developed claims pilot program, the support it is getting at the RO, their opinions about the implementation, purpose and success of the pilot program, and their opinions about the appropriateness of giving fully developed claims internal priority over other claims being processed (to the extent that this occurs).

In each case, we will tailor our specific questions and discussions to be appropriate to the role of each individual we interview. These questions are designed to start the discussion and are guidelines only. Actual discussion points will be determined by the responses of each participant and will follow the directions that seem appropriate based on our initial contact with each individual.



### Initiation of program: guidance and implementation

- When were you contacted with regard to participating in the pilot program?
- What materials were you given to assist you in establishing the program?
- What instructions were you initially given for setting up the program, and what additional instructions have you subsequently received?
- When did the pilot program get started? Did it start in phases, or all at once? At what point would you say the program was fully implemented?

### Process

- Would you talk through the processing of fully developed claims and describe your specific role with regard to your team?
- How does the fully developed claims pilot affect your normal working pace and structure?
- Are fully developed claims “easier” to complete than routine processing? Does it take any additional time to prepare FDCs compared to routine claims (different teams may have different answers, e.g., triage teams have extra steps initially but the rating teams may move FDCs through more quickly than routine claims)?
- Are there adjustments to the work credits provided for the fully developed claims? Are these changes to the system appropriate?
- How many fully developed claims have you processed since the pilot started in December of 2008? How many fully developed claims has the RO processed since the pilot started?
- Of those fully developed claims that have been processed, what is the average number of issues present?
- Does the veteran more commonly have assistance from a VSO or from a lawyer?

- Do you use MAP-D for the primary tracking of the fully developed claims? Have you had any software issues with this program? Has the software been user-friendly with regard to this pilot program?

#### Training

- Is everyone at the RO trained in processing fully developed claims?
- What kind of training was provided for this pilot program? How long did the training take to complete?
- Who provided training for this pilot program?
- Whom do you go to if you have questions?
- What interaction with the Central Office has occurred with this pilot program with respect to training?

#### Feedback

- Have you received any feedback from veterans or veterans' representatives regarding the use/need of fully developed claims?
- What do other employees think about this pilot program?

#### Opinions

- In your experience so far, has the fully developed claims pilot program contributed to the timelier processing of claims?
- Do you think the use of fully developed claims will create timelier processing of claims?
- What priority is placed on completing fully developed claims? Is this an appropriate prioritization compared to other types of claims?
- Has the RO been conducting analysis of the fully developed claims pilot outcomes? Are there any reports or spreadsheets?

Our discussion points may be modified as we continue the planned site visits and collect more information. We currently plan to visit the Boise RO later this year and may possibly visit an additional RO participating in the fully developed claims pilot.

## Quantitative claims data

The best method to establish a baseline or comparison group to assess the effectiveness of the fully developed claims pilot program is to use individual-level, identifiable data on all claims initiated. We will use individual-level claims data to evaluate the characteristics of the claims that are being processed through the pilot program. Examining the claims initially observed for the pilot program will help us in defining appropriate comparison groups and/or baseline periods. For example, examining these data on each claim initiated and processed will enable us to estimate the degree to which different types of claims typically require more or less processing time. This information may prove useful in making adjustments to the data. Our primary source of information on claims data will be the VETSNET Operations Report (VOR) data. We will request a variety of extracts from VOR over the course of the project to allow us to address the pilot program implementation and outcomes.

Because we received a partial extract of claims data from our initial data request at the end of June 2009, our current development of protocols must be considered to be in the preliminary stage. Although we will use the initial data received to refine our quantitative data protocols, it will take some time to evaluate the data and determine how to derive the best protocol measures. Once we complete our evaluation of the claims data, we will update our proposed protocols and request additional data.

For the fully developed claims pilot program, it will be critical to establish both baseline information and a variety of control group methods, to the extent the data permit. These steps are important because part of the data discovery process will establish the distribution of the types of claims being processed under the fully developed claims pilot program, and this in turn will influence the choice of the correct baseline information and control group structure. CNA plans to examine a number of factors for the fully developed claims, including the number of issues for each claim, whether particular issues were disproportionately involved (e.g. PTSD, Traumatic Brain Injury (TBI), other psychiatric disorders, incompetency), the most recent military discharge date of the veteran, whether the claim is original or supplemental, which service organization assisted, and which office is involved.

It seems clear that certain types of claims will be more likely to qualify as fully developed claims. In other words, fully developed claims are not likely to be representative of overall claims. For example, claims that are less complicated (involving a fewer number of medical issues) are more likely to become fully developed claims than more complicated claims. We also assume that less complicated claims would have an average adjudication time that is less than adjudication time for claims overall. So comparing the adjudication time of fully developed claims to the overall average adjudication time would give misleading results about the effectiveness of the pilot program.

The FL08-048 instructions include the language that claims "cannot be excluded from this pilot program due to normal delays built into development for evidence in Federal custody, e.g., corroborating a stressor, verifying exposure to herbicides, etc. These delays will be measured during the pilot program." Therefore, part of the tasking will be to measure any delays resulting from obtaining evidence of this type. Other barriers will be identified and documented as well.

We will request up to 2 years of claims data prior to the pilot program. This will facilitate calculating a range of baseline information to determine various baseline measures. Examining historical data will allow us to assess the inherent variability in the data and in the measures calculated so that we can determine whether a change we observe associated with the pilot program is significant or within the range of normal fluctuations over time. We will work with VBA to determine whether 2 years of historical data will be appropriate, or whether a shorter time period may be necessitated (e.g., if substantive structural changes have occurred during the past 2 years).

We will evaluate data concerning the number and type of claims covered by the pilot program for each participating RO. We will also compare the implementation across ROs. Our overall focus will be on the completion of fully developed claims. Among other measures, we will calculate the percentage of FDCs completed in 90 days or less. We will evaluate within each participating RO and across all participating ROs. To the extent possible, we will also compare the impact for the ROs participating in the pilot to ROs across the VA system.

We will explore a variety of measures for each RO participating in the fully developed claims pilot. In addition, we will examine the variability in such measures across participating ROs. Some descriptive measures include, but are not limited to, the following:

- Flash indicators (FDC; any other flash categories for same individual)
- Special issue indicators (indicators for removing claim from FDC status)
- Nature of claim
- Type of claim (e.g., PTSD, presumptive claims, TBI)
- End products (distribution of end products)
- Power of attorney
- Most recent military discharge date of veteran
- Age (range) of claimant
- Service organization assistance.

Some of the quantitative measures we will evaluate include, but are not limited to, the following:

- Number of claims categorized as FDCs (valid by date) at each RO
  - Percentage of all claims categorized as FDCs at each RO
  - Variability across ROs
- Average number of issues for FDC claims
  - Average number of issues for non-FDC claims
- Type of claims categorized as FDCs at each RO
  - Variability across ROs
- Number and percentage of FDCs that are removed from FDC status at each RO
  - Type of claims that are removed from FDC status

- Reasons given for removing claims from FDC status (distribution)
- Variability across ROs
- Percentage of fully developed claims that are completed within 90 days
- Average time to completion for FDCs
  - That are completed within 90 days
  - That are completed in more than 90 days
  - By type of claim
- Average time to completion for non-FDC claims at each RO
  - By type of claim
  - Variability across ROs
- Average time to completion for FDC claims removed from FDC status at each RO
  - By type of claim
  - By reasons removed
  - Variability across ROs
- Average time to completion for all claims
  - For pilot ROs individually
  - For pilot ROs in aggregate
  - For all ROs
    - Controlling for claim mix distribution.

## **Progress of pilot program to date**

The implementation of the fully developed claims pilot program began in December 2008, with VBA initiating guidance to the participating ROs. CNA's role of program assessment and evaluation effectively started in April 2009, following a kickoff meeting in late March. The participating ROs were informed of CNA's role, and CNA started preparations for qualitative and quantitative analysis, including planning for site visits and developing a methodological approach for using claims data to evaluate the pilot program outcomes.

### **Implementation**

The fully developed claims pilot program was slated to begin on December 9, 2008, and conclude on December 8, 2009. However, as indicated above, VBA needed some time to establish the terms of the program and set up appropriate training to initiate the pilot program activities. In December 2008, Fast Letter 08-48 (December 17) provided information and guidance to participating ROs on implementing the Veterans' Benefits Improvement Act of 2008, Public Law 110-389, section 221 (a)—the fully developed claims pilot program. In addition, there were communications between the Central Office and the participating ROs in January 2009. The fully developed claims pilot program appears to have been generally operational by mid-January 2009, based on the information we currently have.

### **Initial site visits**

CNA worked with VBA to select which sites to visit and to determine the timing of the site visits to the ROs participating in the fully developed claims pilot program. At this point in the implementation of the pilot program, we have concluded our first site visit, to the

Milwaukee RO. Because we will not visit the Boise RO until later in the year, we will not be able to generalize regarding findings or lessons learned at this stage of the evaluation.

During our site visit to the Milwaukee RO on June 2-4, 2009, we met with a wide variety of personnel. Our visit was combined to serve both this study and the Analysis of Employee Work Credit and Work Management Systems project. We tailored our discussion questions to match the nature of the position of each person we spoke with.

The Milwaukee RO personnel were very engaged in the topic of the fully developed claims pilot program. We were able to discuss the program at length with a number of individuals. In each discussion, we met in a private room, we explained why we were visiting the RO and why we were asking questions about the pilot program, and we informed each person we spoke with that we would keep their individual responses confidential.

We spoke with management personnel who were in charge of supervising the implementation and execution of the fully developed claims pilot program. In addition, we spoke to representative members and coaches of the teams (e.g., Triage, Pre-Determination, Rating). We investigated what type of training was provided, who received the training, and how the training program was carried out. We talked to relevant RO personnel about how they enter data related to the fully developed claims pilot into VETSNET (e.g., flash code, special issues). Finally, we explored the nature of VSO involvement in the pilot program.

With respect to the implementation of the fully developed claims pilot program, the Milwaukee RO was contacted in early December regarding their participation in the program, including receiving Fast Letter 08-48 on December 17, 2008. However, it took some time to set up the program guidelines, and meetings were conducted in January 2009 to work out the details. The program was fully implemented by mid-January 2009.

Management interest in the fully developed claims pilot program appears to be high. The Milwaukee RO management has requested an internal tracking of the implementation and outcomes related to the fully developed claims pilot program. At the time we visited, the



program had been tracked for about 4 months, from the end of January through May 2009.

## Snapshot data from VOR

VBA has been following the implementation of the fully developed claims pilot program through occasional snapshots taken from VOR. These snapshots have identified claims in the system associated with the flash code assigned for the fully developed claims program. Examining these snapshot reports for May and June 2009 has been useful in a number of ways to help refine the execution of the pilot program.

The early snapshots of the claims showing the fully developed claims designator revealed both recording and interpretation difficulties. The fully developed claims flash code was attached to a small number of claims for two ROs that were not involved in the fully developed claims pilot program. This pattern revealed some confusion as to the appropriate use of the fully developed claims flash code. VBA determined that it would be necessary to provide feedback to the ROs regarding the proper use of the fully developed claims flash code, and this has been done.

The VOR snapshots focused on the number of claims currently designated pending as part of the fully developed claims pilot program, on a particular date, along with the average days pending for those claims. The existence of a small number of claims that were noted as pending for more than 180 days and/or for more than 270 days raised a concern; a valid fully developed claims pilot claim could not have been in existence for 180 days at the time of the May 2009 VOR snapshot. It appears that the fully developed claims flash code is being associated not only with current claims, but possibly with some older claims, through association with an individual who has filed a claim under the fully developed claims pilot program but also has prior claims filed.

The snapshots from VOR are useful to determine some of the cautions that must be taken in terms of evaluating the claims data. VOR interactive reports are not the correct metric to use to evaluate the implementation and execution of the fully developed claims

pilot program. For example, it is not very accurate to look at average days pending for a snapshot of currently open fully developed claims because surges in workload can substantially impact the average days pending at a point in time. This will be true even if in the end these claims are not adjudicated at a different rate than is observed for other claims. It is better to calculate the days pending until claims are adjudicated, also taking into account that some claims will still be pending at any given point in time. To do this, we will use VOR extracts provided by VBA that contain all claims initiated between two points in time, along with information on the progress of each claim through the VBA reporting system.

Using an extract from VOR for all claims filed, inappropriate fully developed claims designations for older claims can be screened out by controlling for the date of entry of the claim into the system: claims that were entered prior to December 9, 2008, are unlikely to be valid fully developed claims for the pilot program. The VOR extracts will also allow us to calculate (1) the average days to completion for claims filed as fully developed claims and (2) the percentage of fully developed claims that are adjudicated within 90 days. We will also be able to determine what percentage of those claims originally designated as fully developed claims was ultimately withdrawn from the pilot program. Finally, the rich data associated with the claims process will facilitate a variety of descriptive and statistical comparisons, including a better understanding of the number and nature of any barriers that are observed to hinder quick resolution of the claims under the fully developed claims pilot program.

## Claims data from VOR: preliminary findings

VA provided CNA individual-level claims data from VOR for this first interim analysis. The initial extract consists of all claims closing from July 1, 2008, through June 18, 2009. This represents 2,912,624 unique claims across all end products.<sup>5</sup> We have focused our

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<sup>5</sup> VBA provided a comma-separated file with 29 fields in 4,806,415 records. Each claim is identified by a unique claim identifier. Each claim could be represented by multiple records, reflecting varying flash and special-issue strings. All other fields were constant within individual

analysis on the following end products for compensation and pension claims. As table 1 shows, these end products account for 1,175,990 claims or 40 percent of all claims. Most of the focus will be on the initial disability compensation claims and the reopened compensation claims.

Table 1. Number of closed claims by end product

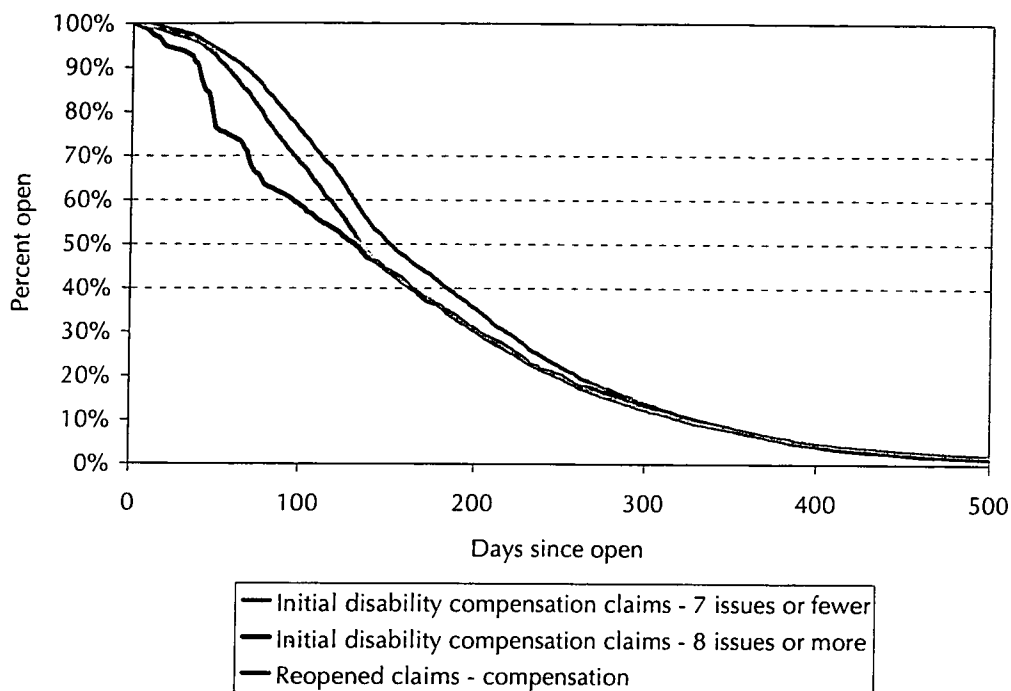
End product	Number of claims <sup>a</sup>
Initial disability compensation claims – 7 issues or fewer	173,138
Initial disability compensation claims – 8 issues or more	62,094
Reopened claims - compensation	518,498
Disability and death dependency	245,017
Reopened claims - pension	49,903
Initial death compensation and DIC claims	29,455
Initial disability pension claims	42,271
Initial death pension claims	55,614

a. Number of claims that closed between July 1, 2008 and June 18, 2009.

Note that the data we received from the initial VOR extract provided by VBA consisted only of closed claims. We do not as yet have data on pending claims. This is problematic and severely limits what we can provide in a preliminary assessment of the fully developed claims pilot. To illustrate why this is a problem, consider figure 2. To develop this figure, we looked at all claims closing in the last 2 weeks of the data (June 5-18, 2009) and looked at the distribution of how long the claims were open before they closed. Given that, this figure shows the percentage of claims still open, categorized by time since the claims started. Another way to interpret this figure is to say that it shows what percentages of claims are closed, by days since the claim started.

claims. We collapsed each claim into a single record, recording each unique flash and each special-issue string as a separate field. We found up to nine flash values and up to six special-issues values per claim. This process yielded 2,912,624 records. We found that 86 records had a claim date value substantially after its closed date. We concluded that these dates were probably originally stored without century values. We subtracted one century from each of these. There were another 777 records with a claim date after the closed date. We treated these as missing values.

Figure 2. Time to close for claims closing between June 5 and 18, 2009, by end product



For example, looking at the initial disability compensation claims with 7 issues or fewer, we found that by 100 days since the start of the claim, 76 percent of the claims were still open or 24 percent had closed. By 200, days, 35 percent of the claims were still open or 65 percent had closed.

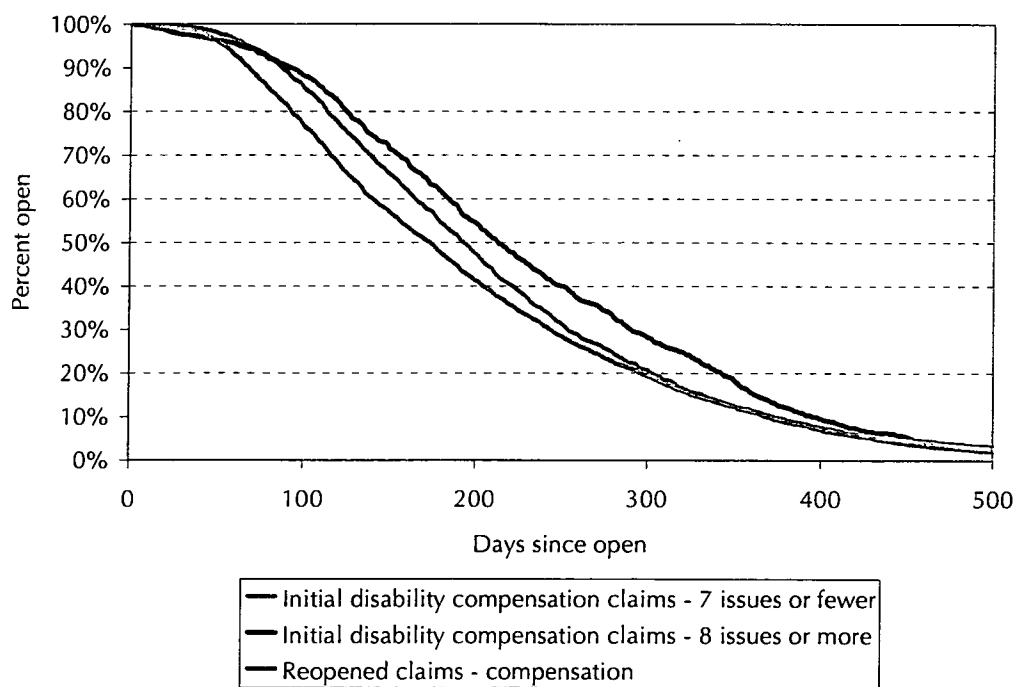
Given that the elapsed time between the start of the fully developed claims pilot (December 9, 2008) and the end of our data (June 18, 2009) is only 192 days, the data we have are extremely limited by having only closed claims. We know from our site visit that the fully developed claims pilot likely was not fully implemented until mid-January 2009 or roughly 150 days prior to the end of our data. So for claims that started near the beginning of the pilot program, we estimate that 55 percent would have closed and been included in our data. Similarly, for claims initiating a quarter of the way through the fully developed claims pilot's initial year (March 9, 2009), we expect that only 31 percent would have closed in time to be included in our data.

The presumption for both pilot and non-pilot claims is that, for the most part, the easiest claims close first. This begs the question, do

we expect the fully developed claims pilot to have a meaningful impact on the adjudication time for the easiest claims? If the answer is no, we wouldn't expect to see a significant difference between pilot and non-pilot claims at this early stage.

One of the curious things about figure 2 is that it indicates that initial disability compensation claims with 7 issues or fewer close more slowly than those with 8 issues or more. This clearly does not match expectations. One possible explanation is that the case type differs between the two groups. To see whether the case type can explain this difference, we limited the sample to those cases with an end product modifier for Post Traumatic Stress Disorder (PTSD). When we do this, the results are in line with expectations. Initial disability compensation claims with 7 issues or fewer close before claims with 8 issues or more (see figure 3).

Figure 3. Time to close for PTSD claims closing between May 19, 2009, and June 18, 2009, by end product



Note: this may not include all PTSD claims. It includes all claims with an end product modifier for PTSD.

Specifically for claims with a PTSD modifier, the median time to close is 173 days for reopened compensation claims, 193 days for initial disability compensation claims with 7 issues or fewer, and 213

days for claims with 8 issues or more. Given the skewed nature of the distribution, the average time to close is somewhat more than the median time (see table 2).

Table 2. Median and average time to close for PTSD claims by end product

	Median time to close	Average time to close
Initial disability compensation claims – 7 issues or fewer	193	214
Initial disability compensation claims – 8 issues or more	213	236
Reopened claims – compensation	173	201

Note: this is based on claims closing in the last month of the data (May 19, 2009, to June 18, 2009, for cases with an end project modifier for PTSD).

## Preliminary assessment of pilot at 6 months

The fully developed claims pilot program began on December 9, 2008, and was substantially implemented by mid-January 2009. The use of the fully developed claims flash had been in effect for approximately 5 to 6 months by mid-June 2009. Because CNA effectively started the evaluation of the fully developed claims pilot program in April 2009, there has not been sufficient time to develop a detailed evaluation of the pilot program progress and outcomes. In addition, the fully developed claims pilot program is still maturing, as it will run through December 8, 2009. For these and other data-related reasons, this interim report includes only preliminary assessments of the progress of the pilot program.

### Defining comparison groups

In order to make comparisons of outcomes under the fully developed claims pilot program, we split the 2,912,624 unique claims we observed in the VOR data into several groups.<sup>6</sup> First, claims were split into claims that were identified as fully developed claims and claims that were not. For our analysis, we classified a claim as a fully developed claim if and only if all of the following criteria were satisfied:

- The claim was received on or after December 9, 2008.
- The station number indicated that the claim was received at an RO that participated in the fully developed claim pilot program.

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6. For our analysis, we dropped 777 claims for which the days to complete were reported as less than or equal to zero.

- It had a flash or special-issue fields for “Fully Developed Claim” or “Pilot Prog Fully Dev Claim.”<sup>7</sup>
- None of the special-issue fields were marked “Pilot Prog Not Fully Dev Claim.”

These criteria resulted in a total of 1,129 unique claims<sup>8</sup> in our data that were identified as fully developed claims.

Second, we split claims into two time periods—before and after the start of the fully developed claims pilot. We defined the pilot period as running from December 9, 2008, to June 18, 2009, and the pre-pilot period as running from June 1, 2008, to December 8, 2008. This was done so that both the pre-pilot and pilot periods are the same length. Because the VOR data we received included only claims that were closed on or before June 18, we further restricted the group of pre-pilot claims to only those claims that were closed on or before December 8, 2008. We added this restriction to ensure a fairer comparison between the pre-pilot and pilot groups with both groups having the same time period in which a claim could start and close by to be included for comparison

Also, because one outcome of interest is the proportion of claims that are closed in 90 days or fewer, we further restricted the pre-pilot and pilot groups so that within each period, we only included claims that *could have* taken longer than 90 days to process. Practically speaking, this means that for the pre-pilot period, we only considered claims that were received after June 1, 2008, and before September 10, 2008, and for the pilot period, we only considered

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<sup>7</sup> The VOR data for an individual claim may have a “flash” or “special-issue” field to identify various factors for that particular claim. Flashes and special issues include designation as a fully developed claim. They may also indicate whether the claim deals with PTSD, Agent Orange, or other issues, and they indicate whether it is a GWOT-associated claim. These are only examples. Flashes and special issues identify many other issues as well.

<sup>8</sup> The VOR Snapshot report of pending claims indicated that there were 825 fully developed claims pending as of June 17, 2009 across all end products. So in total, there were 1,937 pending and closed fully developed claims as of mid-June.



claims that were received between December 9, 2008, and March 20, 2009.

Third, claims were split into five end product groups, which were defined as follows:

- Initial disability compensation claims, 7 issues or fewer
- Initial disability compensation claims, 8 issues or more
- Reopened compensation claims
- Disability and death dependency claims
- Initial death compensation and Dependency and Indemnity Compensation (DIC) claims.

These end product groups accounted for the vast majority of claims identified as participating in the fully developed claims program. Of the 1,129 unique claims identified as fully developed claims, 707, or roughly 63 percent, were claims in one of these five end product groups.

Last, claims were split according to whether the station number indicated on the claim implied that the claim was received and processed at one of the 10 ROs that participated in the fully developed claims pilot program.<sup>9</sup> Table 3 shows the number of fully developed claims in the groups defined previously for the time periods in which a claim could have started and closed within 90 days and be observed in our data.

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<sup>9</sup> Eleven ROs if you consider Cheyenne separately from Denver.

Table 3. Number of claims

End products and RO groups	Claims Received Between 6/1/08 and 9/10/08 <sup>a</sup>		Claims Received Between 12/9/08 and 3/20/09	
	Non-Fully Developed Claims	Fully De- veloped Claims	Non-Fully Developed Claims	Fully De- veloped Claims
<b>All Pilot Program Regional Offices</b>				
Initial disability compensation (8 issues or more)	589	NA	568	17
Reopened claims – compensation	10,327	NA	12,598	273
Initial disability compensation (7 issues or fewer)	2,568	NA	3,032	102
Disability and death dependency	7,721	NA	8,310	33
Initial death compensation and DIC claims	764	NA	1,058	24
<b>Non-Pilot Program Regional Offices</b>				
Initial disability compensation (8 issues or more)	8,996	NA	7,687	NA
Reopened claims – compensation	51,561	NA	62,246	NA
Initial disability compensation (7 issues or fewer)	16,092	NA	18,879	NA
Disability and death dependency	40,331	NA	46,730	NA
Initial death compensation and DIC claims	4,746	NA	5,750	NA

<sup>a</sup> Includes only claims that were closed no later than 12/8/08.

Overall, the numbers of claims in the pre-pilot and pilot periods are similar, though there appears to have been an increase in the volume of claims for most end product groups, both for pilot program ROs and for non-pilot program ROs.

Note that the percentage of closed claims at the pilot sites that are fully developed claims account for 1.8 percent of all of the claims started on or after December 9, 2008.<sup>10</sup> As shown in table 4, the participation rate in the pilot is higher for initial disability compensation claims with 7 issues or fewer (4.1 percent) and for initial disability compensation claims with 8 issues or more (3.3 percent).

<sup>10</sup> The 1.8-percent figure is for all claims in the following end products: initial disability compensation claims, reopened compensation claims, reopened pension claims, disability and death dependency, initial death compensation and DIC claims, initial disability pension claims, and initial death pension claims. Across all end products, fully developed claims account for 0.6 of all claims.

Although participation in the pilot is not required, the 1.8 percent rate means that only 1 out of every 55 claims is participating.

While we observed differences by end products in the percentage of claims that are fully developed, we looked to see whether claims with certain characteristics were fully developed at different rates. The characteristics we looked at are claims involving PTSD, Agent Orange, GWOT, and power of attorney (POA). As table 4 shows, we found some variation by characteristics in the percentage of claims that are fully developed but the variation does not appear to have a consistent pattern across end products. The only clear distinction is that a higher percentage of claims with POA are fully developed, but we'd expect that given what it takes to be a fully developed claim.

Table 4. Percent of claims that are fully developed claims by characteristic and end product

End products	PTSD	Agent Orange	GWOT	Power of attorney (POA)	All claims
Initial disability compensation (7 issues or fewer)	4.2%	5.1%	3.8%	4.3%	4.1%
Initial disability compensation (8 issues or more)	1.2%	0%	3.2%	5.0%	3.3%
Reopened compensation claims	2.4%	3.3%	2.1%	2.9%	2.7%
Reopened pension claims	1.1%	1.2%	0%	1.2%	1.0%
Disability and death dependency	0.9%	0.6%	0.4%	0.6%	0.6%
Initial death compensation and DIC claims	0%	0%	0%	4.2%	3.5%

## Initial quantitative results

Using the claims that fell into each of the groups defined in table 3, we calculated the average number of days it took to close claims, as indicated in the VOR field labeled "days to complete." We reiterate that because our data are incomplete at this time (because we see only claims *that have been closed* as of June 18, 2009), the averages we report will underestimate the average days to complete among *all* claims received during the pilot period. Table 5 presents the average days to complete, broken down into the groups we defined above.

Table 5. Average days to complete

End products and RO groups	Claims Received Between 6/1/08 and 9/10/08*		Claims Received Between 12/9/08 and 3/20/09	
	Non-Fully Developed Claims	Fully De- veloped Claims	Non-Fully Developed Claims	Fully De- veloped Claims
<b>All Pilot Program Regional Offices</b>				
Initial disability compensation (8 issues or more)	101.7	NA	95.1	79.3
Reopened claims – compensation	90.7	NA	86.8	57.4
Initial disability compensation (7 issues or fewer)	103.2	NA	98.2	67.8
Disability and death dependency	47.0	NA	44.9	36.0
Initial death compensation and DIC claims	69.6	NA	73.2	33.7
<b>Non-Pilot Program Regional Offices</b>				
Initial disability compensation (8 issues or more)	71.2	NA	80.6	NA
Reopened claims – compensation	90.5	NA	87.1	NA
Initial disability compensation (7 issues or fewer)	91.6	NA	92.3	NA
Disability and death dependency	48.3	NA	45.4	NA
Initial death compensation and DIC claims	71.1	NA	69.5	NA

\* Includes only claims that were closed no later than 12/8/08.

Focusing on the first two columns, the group of pilot program ROs appears to process claims in most of the end product groups in roughly the same amount of time as non-pilot program ROs. Notable exceptions are the end products for initial disability compensation claims. Over the pre-pilot period of roughly 6 months, pilot program ROs took about a month longer, on average, to process initial disability compensation claims with 8 or more issues, and about 10 days longer, on average, to process initial disability compensation claims with 7 issues or fewer.

For all end product groups, fully developed claims took much less time to process, on average, than non-fully developed claims at pilot ROs. The magnitude of the difference ranged from a little over 8 days to greater than 30 days. For initial death compensation and DIC claims at pilot ROs, fully developed claims were closed over 39 days sooner, on average, than non-fully developed claims.

One possibility is that expediting fully developed claims will slow down processing of other claims because VA's resources are limited. There is not evidence at this preliminary stage that expediting the processing of fully developed claims had any negative effect on the

processing of non-fully developed claims at pilot ROs. During the pilot period, pilot program ROs still completed non-fully developed claims at rates relative to non-pilot program ROs that are consistent with the data on claims processed during the pre-pilot period. Based on this preliminary evidence, it appears that expediting the processing of fully developed claims results in much faster processing times for fully developed claims and does not negatively affect the processing times of non-fully developed claims. Again, these results are preliminary as they are based on only closed claims and on just the first few months of the pilot, and the number of fully developed claims is quite small.

As another measure of the effects of the fully developed claims pilot program, we calculated the proportion of claims that were completed in 90 days or fewer for various end product groups. We note again that for both the pre-pilot and pilot periods, we only considered claims that *could have* taken longer than 90 days to complete. Table 6 shows the percent of claims completed in 90 days or fewer for each of the groups we defined.

Table 6. Percent of claims completed in 90 days or fewer

End products and RO groups	Claims Received Between 6/1/08 and 9/10/08*		Claims Received Between 12/9/08 and 3/20/09	
	Non-Fully Developed Claims	Fully De- veloped Claims	Non-Fully Developed Claims	Fully De- veloped Claims
<b>All Pilot Program Regional Offices</b>				
Initial disability compensation (8 issues or more)	38.9%	NA	43.8%	70.6%
Reopened claims – compensation	50.0%	NA	54.7%	85.7%
Initial disability compensation (7 issues or fewer)	35.8%	NA	42.0%	73.5%
Disability and death dependency	83.6%	NA	85.8%	97.0%
Initial death compensation and DIC claims	71.2%	NA	70.6%	87.5%
<b>Non-Pilot Program Regional Offices</b>				
Initial disability compensation (8 issues or more)	68.2%	NA	65.3%	NA
Reopened claims – compensation	50.3%	NA	54.4%	NA
Initial disability compensation (7 issues or fewer)	48.8%	NA	48.8%	NA
Disability and death dependency	83.1%	NA	85.2%	NA
Initial death compensation and DIC claims	71.2%	NA	72.0%	NA

\* Includes only claims that were closed no later than 12/8/08.

Given our finding that fully developed claims took, on average, much less time to process than non-fully developed claims, the results in this table are not surprising. During the pre-pilot and pilot periods, pilot program ROs completed a similar proportion of non-fully developed claims in 90 days or fewer. Pilot ROs completed a similar proportion of claims in 90 days or fewer as non-pilot program ROs for all end product groups except for initial disability claims. During the pilot period, a much higher proportion of fully developed claims were processed within the 90-day window at pilot program ROs compared to non-fully developed claims at those ROs. The proportion of non-fully developed claims processed in 90 days or fewer is generally not negatively affected by the expediting of fully developed claims.

The quantitative evidence in this interim report suggests that expediting the processing of fully developed claims results in those claims being completed much more quickly, with no negative effect on the processing of non-fully developed claims. However, we note that fully developed claims represented an extremely small percentage of the total number of claims received at pilot program ROs. Even drastic improvements in processing times for such a small fraction of the claims workload may not have much of an effect on average processing times overall.

For example, there were 12,598 reopened compensation claims that were non-fully developed claims and 273 that were fully developed claims. The average days to complete were 86.8 for non-fully developed claims and 57.4 for fully developed claims. Assuming that, absent the fully developed claims pilot, the average days to complete for all claims would have been 86.8, what is the change in the overall average days to complete as a result of the pilot? The answer is the overall average days to complete with the pilot is 86.2 days. Even though the pilot claims were completed in 57 days—30 days faster than non-pilot claims—because they only accounted for 2.7 percent of reopened compensation claims, it had very little impact on the overall average days to complete.

In addition to the small effect of fully developed claims on overall claims processing time, we note that within a particular end product we cannot determine from the data whether the "faster" or "slower" claims are designated as fully developed. In other words, absent the

pilot would the claims that are designed as fully developed have been adjudicated much faster anyway? We can explore this question in future site visits.

We need to stress again that these results are preliminary. They are based on closed claims only. Once we are also able to consider pending claims, the results may change. Further, this is based on the early months of the pilot. So if the pilot program did not start many claims in the first month of the pilot, our comparison group of non-pilot claims may have a different distribution to that of when claims started in the comparison period.

## **Next steps**

CNA will continue to monitor the implementation of the fully developed claims pilot program, both in terms of developing qualitative information through site visits and through evaluating the claims being processed. We will focus on obtaining a complete set of individual claims data, including pending and completed claims, with attention to claims initiated over a time period well in advance of the start of the fully developed claims pilot program and following claims initiated throughout the course of the pilot.

## **Additional site visit in FY 2010**

We plan to visit two of the ten ROs participating in the fully developed claims pilot program. We have visited the Milwaukee RO and plan to visit the Boise RO early in FY 2010. Because the Boise RO is also participating in the individual claimant checklist pilot program, we will coordinate our visit to Boise to gather information on both pilot programs.

At this time, the implementation of the Boise fully developed claims pilot program has not experienced very many claims being processed under the fully developed claims category. In visiting the Boise RO, it will be important to discuss why so few claims have been processed under the fully developed claims pilot program. However, it may also be desirable to consider whether it would be useful to visit a third RO – one that, like Milwaukee, has shown a substantive participation in the fully developed claims pilot program (e.g., the Chicago RO). We will take this under consideration with VBA.

## **Expanded evaluation of quantitative data**

This preliminary analysis of the fully developed claims pilot is limited by having only completed claims to analyze. Future analyses of



the fully developed claims pilot will utilize data from both closed and pending claims to give a complete picture. We've already discussed the limitations of only using closed claims for the evaluation. Having only closed claims is particularly problematic at such an early stage in the pilot. If the fully developed claims pilot had been executing for a considerably longer time period, having only closed cases to evaluate would not be as problematic, as there would have been enough time for most claims to have closed.

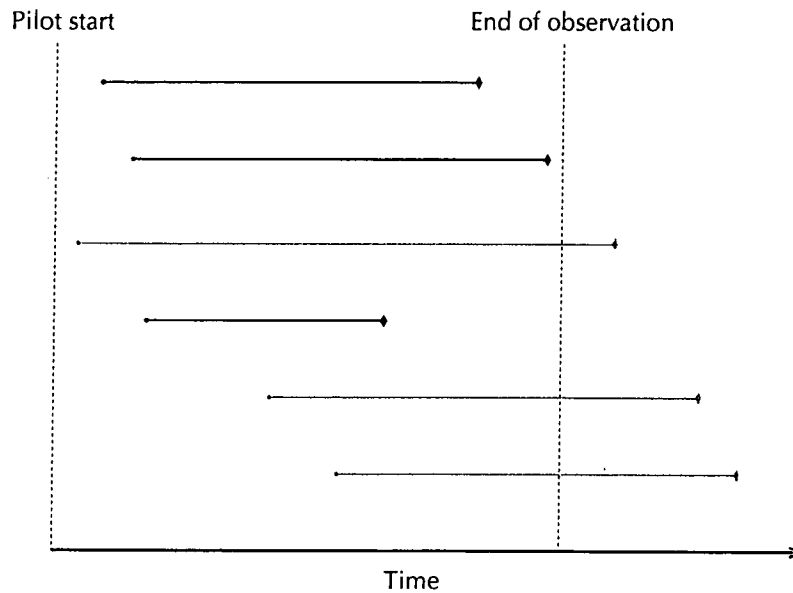
Equally limiting would be to conduct an evaluation on only pending claims, because, by definition, they provide no information on the time to close. Average days pending may be a useful management tool for prioritizing workload at the ROs, but it is not a good measure of effectiveness of the pilot program. Average days pending will change based on the rate at which claims are flowing in and not just on the rate at which claims are completed. If, for instance, an unusually large number of claims flows in, that volume will drive average days pending down simply because there are a lot of new claims. Similarly, if the number of claims flowing in becomes unusually small, it will drive average days pending up because there are few new claims to maintain the existing balance between old and new claims.

## **Hazard models**

Despite the limitations of using only closed or only pending claims, the combined data we will receive next will allow us to statistically estimate the impact of the fully developed claims pilot because we will have information about the universe of claims. To see how we will do this, consider figure 4. At any given time, there is a mix of closed and pending claims. Notionally, figure 4 shows that three of the six claims are closed by the date of observation. These claims are shown by the dark lines. The figure also notionally shows three claims that are pending at the date of observation (shown by the gray lines). If we were to observe these three pending cases long enough, we'd eventually see them close and we'd be able to estimate the average days to close based on the characteristics of interest. But, in practice, we observe when they started and that they were still open when we observed the data. So how then do we use

the pending claims along with the closed claims to statistically estimate average time to close?

Figure 4. Modeling of time to close using closed and pending cases



We can do this using a statistical technique known as time-to-failure or hazard modeling. Originally, hazard models were developed to estimate the amount of time that would pass before a particular piece of equipment or part would fail and would need to be replaced. These modeling techniques have been applied to numerous other problems such as the time it takes workers to find employment after becoming unemployed.<sup>11</sup>

While the term “hazard” has a negative implication, really what this technique does is model the time that elapses before the event of interest occurs. This event could be the failure of some piece of equipment, the time it takes to find employment, the

<sup>11</sup> In medical research, hazard models have been frequently used to estimate the time between treatment and mortality for patients receiving a particular medical intervention compared to no intervention.

closing/adjudication of a disability claim, or any other event. In the case of a disability claim, the "hazard" is the closing of a claim.

In the employment example, estimates derived from hazard models use information on the time that has elapsed since the worker becomes unemployed until he or she finds new employment. The modeling technique also uses information on the elapsed time since the worker becomes unemployed for those workers who do not find new employment in the period over which the data are observed. Similarly, using hazard models on claims data to estimate average time to close will use the information on the time elapsed between the opening and closing of a claim for closed claims, as well as the time elapsed from the opening of a claim until we observe the data for pending claims.

### **Control variables**

In addition to allowing us to estimate average days to close for claims, hazard models allow us to control for various factors that may be associated with claims that close faster or slower than other claims. For example, the presumption is that initial disability claims with 7 issues or fewer should close faster than claims with 8 issues or more. Accordingly, we will estimate the best-fitting hazard function for time to close claims controlling for those factors we believe are systematically correlated with time to close a claim. These control variables may include, but not necessarily be limited to, the following:

- End products (initial disability compensation claim with 7 issues or fewer, initial disability compensation claim with 8 issues or more, reopened compensation claims, etc.)
- PTSD claims
- Agent Orange claims
- GWOT claims
- Power of attorney (POA)
- Timing of external factors such as the introduction of various VBA hiring initiatives and Fast Letters.

In addition to controlling for these factors, we can explicitly control for variables of interest. In this case, we will control for whether the claim is a fully developed claim. Through the observed statistical results, we will then be able to state whether the fully developed claims pilot has had an impact on the adjudication time for various types of claims.

## **Comparison groups and benchmarks**

To accurately estimate the impact of fully developed claims on adjudication time, we need to select appropriate groups for comparison and establish benchmarks. Comparison groups include similar types of claims. This is the purpose of controlling for end products and claim characteristics such as PTSD, Agent Orange, and GWOT claims.

For the fully developed claims pilot, the comparison group is established fairly well by comparing fully developed claims to those claims with similar characteristics, such as the end product and other qualifiers like GWOT and PTSD. The challenge with estimating the impact of the fully developed claims pilot will be the small number of claims that are “fully developed.”

### **Across-RO comparisons**

In addition to the control variables previously discussed, we will control for the RO of the claim. This is a particularly important control variable because it is a proxy for factors unique to each RO that, when combined, may impact its adjudication time compared to other ROs. Note that the point of the pilot is not to establish the “best” RO but to determine whether the fully developed claims pilot improves the adjudication time of the claims. Accordingly, we need to control for ROs to see the degree to which the pilot improved adjudication time at ROs that are performing relatively well or not so well compared to others. Although we will control for differences across ROs in our statistical analysis, we do not expect to report results by RO because of the small number of fully developed claims at some ROs.

### **Within-RO comparisons**

The fully developed claims pilot does not have a built-in comparison group as the checklist claims do with some terminal digits eligible for the checklist while others are not. Accordingly, the within-RO comparisons we will make will be for fully developed claims of a particular end product compared to non-fully developed claims of the same end product. As stated previously, the ability to do this may be limited due to the small number of fully developed claims at each site and within a particular end product.

## **Summary of fully developed claims pilot program to date**

CNA is evaluating the effectiveness of the fully developed claims pilot program using two methods: conducting site visits to gather qualitative information and examining individual-level, identifiable claims data (quantitative data elements) over the period of the pilot program's execution. To aid in our evaluation of claims data, we will examine comparable historical data for a period of time prior to each pilot program's execution, and develop benchmarks and comparison group data as appropriate for both within-RO and across-RO comparisons. We will conduct within-RO evaluations of the pilot program and will also compare program implementation and outcomes to assess variability across other ROs participating in the pilot program. Finally, to the extent that it is feasible, we will compare our findings to overall metrics observed for non-pilot program ROs, subject to data limitations and other external considerations.

Our initial evaluation protocols designed to assess the effectiveness of the fully developed claims pilot program should be considered as preliminary and subject to further modification. As we further evaluate the VOR data using both completed and pending claims, and conduct at least one additional site visit, we expect to refine and modify the data elements and measures discussed above. Therefore, this document describes our initial, or preliminary, assessment of the pilot program. It is likely that our evaluation methodology will be refined as we examine the full distribution of claims data and acquire additional months of data.

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