

# First Interim Evaluation of Individual Claimant Checklist Pilot Program

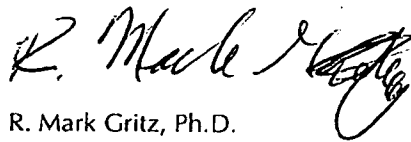
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**CNA**  
ANALYSIS & SOLUTIONS

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

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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# Table of contents

Executive Summary .....	1
Approach and methodology.....	1
Assessment of checklist pilot program to date .....	3
Introduction.....	5
Background.....	7
History of VA's "Duty to Assist" .....	8
Problems implementing VCAA .....	9
VDBC recommendation for checklist pilot program .....	10
Brief review of the claims process .....	12
Approach and Methodology .....	15
Pilot purpose: implementation and execution of program.....	15
Measuring program outcome(s): defining success .....	16
Unintended consequences .....	17
Ethical considerations.....	18
Confounding external influences.....	18
Qualitative data from site visits.....	18
Quantitative claims data .....	21
Progress of pilot program to date .....	25
Implementation .....	25
Initial site visits .....	25
Snapshot data from VOR.....	27
Claims data from VOR: preliminary observations.....	28
Preliminary assessment of pilot at 6 months .....	35
Defining comparison groups.....	35
Checklist program participation .....	38
Initial quantitative results: days to complete .....	41
Next Steps .....	45
Additional acquisition of qualitative information .....	45
Site visits in FY 2010.....	45

Final round of site visits in FY 2011 .....	45
Expanded evaluation of quantitative data .....	46
Hazard models .....	46
Control variables .....	48
Comparison groups and benchmarks .....	49
Summary of individual claimant checklist pilot program to date .....	51
References .....	53
List of figures .....	57
List of tables .....	59

## **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 individual claimant checklist 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 document focuses on the fully developed claims pilot program.

The claims process is generally viewed as being complex and confusing to claimants; many individuals consider the Veterans' Claims Assistance Act (VCAA) letters provided to claimants to be too lengthy and full of legalistic language. The Veterans' Disability Benefits Commission (VDBC) recommended that the Veterans Benefits Administration (VBA) review the language in its VCAA letters to make the letters easier to understand (Scott's statement at VDBC hearing 2008, 14). The checklist pilot is designed to test the benefit of providing claimants a separate brief checklist, which lists all items that the claimant needs to provide to facilitate processing his or her claim. In other words, the checklist essentially summarizes the information the VCAA letter indicates that the veteran needs to provide.

## **Approach and methodology**

The checklist pilot program will run from December 9, 2008, through December 8, 2011. Phase I will involve original claims filed during the one-year period beginning on December 9, 2008, and concluding December 8, 2009. Phase II will involve reopened claims and claims requesting increased ratings that are filed during the 3-

year period beginning on December 9, 2008, and concluding December 8, 2011.

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 at the four participating Regional Offices (ROs): Louisville, Waco, Cleveland, and Boise. In addition, we will examine individual-level, identifiable claims data for all claims filed over the period of the checklist pilot program's execution. Our primary source of information on claims data will be the VETSNET Operations Report (VOR) data. To aid in our evaluation of claims data, we will (1) examine comparable historical data for a period of time prior to the checklist pilot program's execution and (2) develop benchmarks and comparison group data as appropriate.

Defining success for the checklist pilot program would appear to be straightforward—the hypothesis is that the claimants who use the checklist will be able to provide the required information in a timelier manner, which should lead to a shorter time to completion of claims. The structure of the pilot program establishes a natural experiment, in that claim numbers that end in 00 to 49 should receive a checklist from VBA, while claim numbers that end in 50 to 99 should not receive a checklist. This provides a randomized treatment and control group process with an expected 50-50 split between the two groups. Because it is random, we expect that there would be an equal distribution of claims in these digit-controlled subgroups. We should observe the same distribution of easy and difficult claims, based on various measures (e.g., types of claims filed, number of issues). However, this assumption must be validated.

We will evaluate the characteristics of the claims being processed through the pilot program. Examining the claims observed for the pilot program will help us to define 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 fewer days of processing time. This may prove useful in making adjustments if the distributions of claims are not spread evenly across the subgroups.

## Assessment of checklist pilot program to date

VBA 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 claims across all end products. We have focused our analysis on three end products for initial disability and reopened compensation claims. These three end products accounted for 26 percent of claims across all end products.

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 this preliminary assessment of the checklist pilot program. To put it simply, the data we have on completed claims is truncated data from all claims initiated—both closed and pending. Statistically, this creates a severe censoring problem for data evaluation and means that our findings must be considered to be preliminary and subject to modifications.

In order to compare outcomes under the checklist pilot program, we split the unique claims we observed in the VOR data into several groups. First, we grouped claims into those identified as “checklist” claims and claims not so listed. Of the unique claims in our data that were identified by the special-issue fields as checklist claims, about 85 percent (across all end products) satisfied the criteria for inclusion in the checklist pilot in that they were associated with a pilot site, during the right time period, and met other pilot program requirements. Second, claims were split into two time periods—before and after the start of the checklist pilot. Third, we focused on claims in five key end product groups (e.g., initial disability compensation claims with 7 or fewer issues, reopened compensation claims).

Participation with the checklist program (i.e., checklist eligible claims coded as receiving a checklist) is low as measured by claims closed since the start of the pilot. Overall, 46 percent of claims eligible for a checklist (in the end products of interest) received a checklist according to the special issue codes associated with the claims. Participation appears to be more of an issue for eligible claims not receiving a checklist than for ineligible claims receiving

one. We found that the rate at which checklist-eligible claims had the special-issue code for a checklist varied by end product and by other characteristics (e.g., post-traumatic stress disorder (PTSD) claim, global war on terrorism (GWOT) claim).

We caution against drawing conclusions on the effectiveness of the checklist pilot based on the preliminary results we show in this report for two principal reasons. First, there are serious limitations to having only closed claims on which to conduct this analysis, particularly at such an early stage in the pilot. Not having data on pending claims prevents us from conducting statistical analyses that can control for factors associated with claims adjudication time and that can also allow us to estimate when currently pending claims will close. The ability to do this will enable us to give much better estimates in subsequent reports. Second, for the end products of interest the data show that about 46 percent of claims eligible for the checklist pilot received a checklist according to the special-issue flash. It will be important to investigate the apparent participation patterns to determine what types of claims are really receiving a checklist, and whether these patterns influence the observed outcomes.



## Introduction

VA asked CNA to conduct a study of two pilot programs to evaluate their overall effectiveness. This required interim report focuses on the individual claimant checklist 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 fully developed claims pilot program.

Under the Veterans' Benefits Improvement Act of 2008, VA was directed to conduct an individual claimant checklist pilot study to determine the benefits from providing a separate checklist to individuals submitting claims. The claims process is generally viewed as being complex and confusing to claimants. In addition, many individuals consider the Veterans' Claims Assistance Act (VCAA) letters provided to claimants to be too lengthy and full of legalistic language; the letters fail, some believe, to clearly indicate in a succinct manner exactly what the claimant needs to do to quickly further the claim.

The checklist pilot is designed to test the benefit of providing claimants a separate brief checklist sheet, listing in one place all items that the claimant needs to provide to the Veterans Benefits Administration (VBA) in order to facilitate processing of the claim. VBA asked CNA to monitor the implementation of the checklist pilot program and to evaluate the feasibility and advisability of providing individual claimants a checklist.

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## 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 an individual claimant checklist pilot program to determine the benefits from providing a separate checklist to individuals submitting claims came from an effort to simplify part of the VBA claims process. Many stakeholders consider the claims process to be complex and confusing to claimants. In addition, the VCAA letters provided to claimants are widely considered to be too lengthy, full of legalistic language, and lacking in clarity with respect to exactly what the claimant needs to do to quickly further the claim.

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 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 using checklists, the legislation that ultimately 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. Under this law, VA was directed to conduct an individual claimant checklist pilot study to determine the benefits from providing a separate checklist to individuals submitting claims.

## History of VA's "Duty to Assist"

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 VA 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."

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 they 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" (Thompson 2000).

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 Benefit Commission (VDBC) 2007). The *Morton* ruling restricted VA's ability to assist a claimant in developing evidence in grounding a claim, meaning that the 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.

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). By specifying exactly what the claimants needed to do, or what evidence they needed to provide, it was hoped that claims would be resolved more quickly, backlogs would be reduced, and stakeholders would be more satisfied with the process.

## **Problems implementing VCAA**

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

A 2002 Government Accountability Office (GAO) report focusing on VBA's efforts to implement the VCAA found that VBA Regional Offices (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 the accuracy of ratings due to the ROs' noncompliance with VCAA requirements. GAO, VDBC, several Veterans Service Organizations (VSOs), and outside organizations such as IBM Global Business Services have found that VCAA letters are confusing and not easily understood by claimants, were poorly written, were too legalistic, and were too long (GAO July 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 claims to VA.

Additionally, a 2002 GAO report, focusing on the need for improvement in the clarity of letters to claimants, made recommendations to eliminate writing deficiencies in the national development letter and to expand the quality reviews of the letters (GAO April 2002, 42):

- *Eliminate writing deficiencies in the national development letter to clarify the actions that the claimant should take to substantiate a claim.*
- *Expand the Systematic Technical Accuracy Review Program (STAR) or choose other ways to systematically evaluate whether letters (including their attachments) are clear to the claimant.*

GAO further recommended later that year 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 July 2002, 16).

## **VDBC recommendation for checklist pilot program**

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 benefits 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). Claimants may be more likely to submit well-documented claims if they have a better understanding about what information and documents they need to submit to support their claims. Submitting well-documented claims should improve timeliness of the claims process and facilitate VA in making the appropriate decision based on complete information.

VDBC felt that VA failed to successfully implement the VCAA by not providing veterans with useful information to assist with the claims process. As a result, VDBC recommended that VBA review the language in its VCAA letters to make them easier to understand by all parties involved in the adjudication process. Specifically, VDBC's recommendation stated the following (Scott's statement at VDBC hearing 2008, 23):

*VA should review the current duty to assist process and develop policy, procedures, and communications that ensure they are efficient and effective from the perspective of the veteran. VA should consider amending Veterans Claims Assistance Act letters by including all claim-specific information to be shown on the first page and all other legal requirements would be reflected, either on a separate form or on subsequent pages. In particular, VA should use plain language in stating how the claimant can request an early decision in his or her case.*

In addition, during a House Subcommittee on Disability Assistance and Memorial Affairs hearing on the Veterans Disability Benefits Claims Modernization Act of 2008 on April 10, 2008, William P. Greene, Jr., Chief Judge of the CAVC, spoke to the issue of the VCAA (Green 2008). Representative John J. Hall, Chairman of the Subcommittee, referring to the problems with VCAA letters, asked Chief Judge Green whether it would be helpful if VA were to provide to claimants a clear checklist outlining what evidence is

needed.<sup>1</sup> In his response, Chief Judge Green indicated that to him, the message was clear in 2000 that VA should use a checklist and make sure the veterans understood what they needed to provide back to VA. In providing legislation to test the checklist pilot program, Congress decided to investigate the value of this approach.

## Brief review of the claims process

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

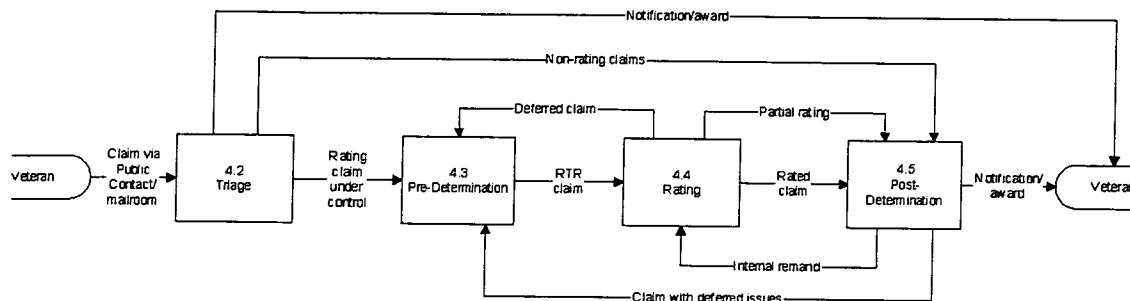
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<sup>1</sup> Representative John J. Hall raised the point that "There are some who believe that the problems with the VCAA letters stem from numerous court decisions rendered since its inception that add requirements beyond congressional intent and which have resulted in a duty to notify letter that is nearly incomprehensible to veterans."



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.

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



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

Although an overview of the claims process is helpful to understanding some of the issues, for the purpose of the checklist pilot, the relevant point of intervention occurs when the VCAA letter is sent to the claimant. The pilot test is designed so that roughly half of the claimants will receive a checklist accompanying the VCAA letter, and half will not.

In the next section, we turn to a discussion of the overall approach to the individual claimant checklist 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.

<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).



## Approach and Methodology

In this section, we discuss the overall approach to assessing the implementation and evaluating the outcomes of the individual claimant checklist pilot program. The checklist pilot program was designed to take place in two phases over a 3-year period, starting on December 9, 2008, and concluding on December 8, 2011.

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

VA asked CNA to assess the effectiveness of the individual claimant checklist pilot program. The overall purpose of the pilot program is to determine whether the use of an additional item to accompany the VCAA letter—a checklist for the claimant to use in providing requested information to support the claim—can decrease the time needed to complete the claim process. VCAA letters can be lengthy and somewhat confusing to claimants, which may lead to delays if the claimant does not fully understand all of the items he or she is required to provide to VBA. The checklist is designed to draw out, in a succinct manner on a separate page, the list of items that the claimant needs to provide to VBA. The checklist is for the use of the claimant and his or her representative and is not to be returned to VBA. The intent is that the claimant be better able (1) to understand what items are required and (2) to gather and send all items in quickly. Ideally the checklist would facilitate a faster return of all required items from the claimant and would diminish the time needed to build a complete file for VBA to evaluate.

There are two separate phases of the program. Phase I will involve original claims filed during the 1-year period beginning on December 9, 2008, and concluding December 8, 2009. Phase II will involve reopened claims and claims requesting increased ratings that are filed during the 3-year period beginning on December 9, 2008, and concluding December 8, 2011.

Although the pilot program was slated to start on December 9, 2008, VBA needed some time to establish the terms of the program and to set up appropriate training to initiate the pilot program activities. Fast Letter<sup>3</sup> 08-47, December 11, 2008, provided information and guidance on implementing the Veterans' Benefits Improvement Act of 2008, Public Law 110-389, section 221(b)—the individual claimant checklist pilot program. In addition, there were teleconferences between the Central Office and the participating ROs. The checklist pilot program is being conducted at the Louisville, Waco, Cleveland, and Boise ROs and appears to have been generally operational by mid-January 2009 based on the information we have at this time. We plan to visit the ROs participating in the checklist pilot twice during the pilot 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 the four participating sites. We have already visited the Louisville RO and will schedule initial visits to the remaining participating ROs. We will revisit the four participating ROs as the end of the pilot program approaches. In addition to this collection of qualitative data, we will examine individual-level, identifiable claims data for all claims filed over the period of the checklist 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 checklist pilot program's execution and develop benchmarks and comparison group data as appropriate.

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

Defining success for the checklist pilot program would appear to be straightforward. In essence, the hypothesis is that the claimants who use the checklist will be able to provide the required information in a timelier manner, which should lead to a shorter time to

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<sup>3</sup> The 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.

completion of claims. The structure of the pilot program is designed to establish a natural experiment, in that claim numbers that end in 00 to 49 will receive a checklist from VBA, while claim numbers that end in 50 to 99 will not receive a checklist. Because claim numbers are assigned randomly based on the concluding digits of the claimant's Social Security number, we would expect that there would be an equal distribution of claims into these digit-controlled subgroups. In other words, we should observe the same distribution of easy and difficult claims across the subgroups, based on a variety of measures (e.g., types of claims filed, average number of issues per claim, body system).

### **Unintended consequences**

First, we will need to verify that the digit-controlled subgroups are working as intended. That is, we will need to verify that the claims that should be eligible to be in the checklist subgroup are categorized in the data as receiving a checklist. Along with this, we will need to verify that those in the non-checklist subgroup are not receiving checklists by mistake.

Second, we will need to verify that the distributions of claims across the subgroups are approximately equivalent with respect to a number of factors (e.g., average issues, types of claims). We will want to determine whether there are any observed imbalances in the claims distribution across the subgroups.

Third, we will need to make a historical comparison of claims outcomes for the subgroups. It is important to know, for example, whether the claims that end in 00 to 49 are historically completed faster, slower, or in the same time range as claims that end in 50 to 99 at each participating RO. Different completion rates could occur due to a number of factors, including the experience and skill levels of the personnel assigned to work these digits. We can observe completion rates for a recent historical period just prior to the implementation of the pilot program. However, the movement of staff between positions can change the skill and experience mix of the personnel assigned to the checklist subgroup compared to those assigned to the non-checklist subgroup over the course of the pilot program.

## **Ethical considerations**

The checklist pilot program requires an additional activity by personnel completing the initial processing of claim letters. Although the additional work required is not extensive, it does not appear that additional work credits are being assigned for VBA staff processing the checklists.

In addition, if the checklist program is effective, those claimants who do not receive the checklists may be at a disadvantage in terms of the time required to complete their claims. This situation is an unavoidable consideration, given the structure of the pilot program.

## **Confounding external influences**

When a pilot program is evaluated, it is important to control for any internal factors that may be important (e.g., experience level of staff) as was discussed earlier. It is also important to take into consideration any external factors that may influence the outcome of the pilot program. In this case, one important external factor is whether the VSO organization representing and assisting the claimant already uses a checklist program. While some VSO organizations use a checklist process, others do not. This distinction may represent an uncontrolled external factor.

## **Qualitative data from site visits**

CNA will conduct primary data collection of qualitative data from ROs participating in the checklist 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 checklist pilot program. During the site visits, we assure 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 checklist pilot program, our initial visit was to the Louisville RO. As we complete each site visit, we will re-visit our primary data collection plans for qualitative data and make any adjustments we consider appropriate based on what we learned

during the previous site visits. We will be able to conduct a more thorough and detailed analysis of the site visit results when we have completed additional site visits and are able to compare findings across ROs.

We developed a list of issues and questions related to the individual claimant checklist pilot program to address to a variety of the RO personnel. The points of discussion were targeted, as appropriate, to the variety of individuals at the RO who would be involved in the individual claimant checklist pilot program. During the site visits we will talk to a variety of individuals of interest, including the designated program coordinator for the checklist pilot program, any managers selected to assist in the pilot program implementation, any personnel tasked with training for implementing the pilot program, any RO personnel who are tracking and evaluating pilot program implementation and outcomes (e.g., Management Analysts), at least one VSO representative, and Veterans Service Representatives (VSRs) who prepare the VCAA letters (e.g., with respect to any modern award processing – development (MAP-D) concerns). In addition, we will be interested in talking to any of the RO staff regarding the visibility of the checklist pilot program, the support it is getting at the RO, the training required, and staff members' opinions about the implementation, purpose, and success of the pilot program.

We will tailor our specific questions and discussions to be appropriate to the role of each individual we interview. Our sample 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. The major areas of discussion, and selected sample questions, are listed below.

Initiation of program: guidance and implementation

- When were you informed about participating in the pilot program?
- What materials did you receive to help you establish the program?

- What instructions were you first 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? When do you think the program was fully implemented?

#### Process of implementing the checklist

- Can you talk us through the process of adding the checklist document to the VCAA letter?
- Is the transfer of information from the VCAA letter to the checklist easy or difficult? Does this depend on the type of claim? Are some claims more straightforward for putting a checklist together?
- How much extra time does it take to create and add the checklist to the VCAA letter? Have you needed to ask for deductible time to account for this additional effort?
- What software are you using to create the checklist? Are you using MAP-D? Is this process user-friendly?
- Is there an average length of the checklist? Does this depend on how many issues are present?

#### Workflow patterns – ROs may do their workflow differently

- How is work assigned at this RO? Is it based on digits?
- Do all teams use the digit methodology?
- How often does an individual “switch” or “rotate” digits?

#### Training

- What kind of training was provided for this pilot program? How much time did it take?
- Who provided training for this pilot program?
- Whom do you go to if you have questions?



### Feedback

- Have you received any feedback from veterans or family members of veterans regarding the use of /need for the checklist?
- What do other employees think about the checklist program – employees who are not preparing the checklists?

### Opinions

- Do you think the use of the checklist will create timelier submission of evidence? Have you noticed any difference so far?
- Has anyone at the RO been conducting analysis of the checklist pilot outcomes? Are there are any reports or data we can see?

As mentioned earlier, our discussion points may be modified as we continue the planned site visits and collect more information.

## **Quantitative claims data**

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 in the event the distributions of claims are not even across the subgroups. 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 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 our overall strategy, VBA language (from FL 08-47) requests a methodology to enable the measurement of the checklist's impact both within pilot stations and against non-pilot stations; the language also seeks to measure any variability of the pilot stations compared to the rest of the nation. We will establish metrics to evaluate these issues. First, we will use the split of digit responsibility for checklist and non-checklist claims to investigate within-RO outcomes for the four pilot ROs. Second, we will compare the performance of the four pilot ROs to the performance of four (or more) comparable ROs, based on similarity of size and claim volume and on other characteristics as appropriate. We will determine comparable matching ROs through consultation with VBA subject matter experts. Third, we will compare the variability of the pilot stations to the variability of all non-pilot stations. It is important to note that conducting these comparisons may require that a number of internal characteristics (e.g., staffing levels) and external characteristics (e.g., existence of other priority programs) be taken into consideration or controlled for properly, in terms of statistical assessments of efficiency.

We will evaluate the quantitative data in VOR recorded both prior to and subsequent to the initiation of the checklist pilot program. This will allow us to develop a better understanding of the VOR data and to determine the fields that will be most useful for our analysis. Additionally, we expect to find that some fields are well populated while others are not. The data received from our initial data request will be used to tailor future data requests.

Although the split of assignment to the checklist pilot on the basis of terminal digits offers a natural experiment, we will need to verify whether this structure is completely random in terms of impact and whether it will be appropriate to make adjustments to facilitate analysis of checklist program effectiveness. For example, we will want to look at descriptive analysis of the claims that enter the checklist program compared to claims that do not enter the checklist program. This will allow us to determine whether the claims

have the same mix of characteristics across the two subgroups. We will also want to evaluate whether all claims in the checklist subgroup by digit receive the appropriate flash code designation and to examine the characteristics of any claims that do not receive the checklist flash code.

In addition, we will want to examine our measures historically for a period of time prior to the implementation of the checklist pilot program. By looking at claims measures and outcomes for the digit subgroups by the checklist digit designation structure for a period prior to the implementation of the checklist pilot, we can evaluate any variability in results between the subgroups prior to the implementation of the checklist pilot. Such variability might relate to a number of factors (e.g., staffing levels, degree of experience and training for staff) across the digit subgroups. Such factors may be specific to each pilot RO and may vary across pilot ROs in terms of size and significance.

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

We will develop evidence on a number of metrics to assist in evaluating how the checklist pilot program performed. Descriptive data measures will include, but not be limited to the following:

- Flash indicators (checklist; any other flash code categories for same individual)
  - Number of claims in the correct digit range, with no checklist flash
- Type and distribution of claims (e.g., PTSD, presumptive claims, TBI)
- End products (distribution of end products)
- Power of attorney (distribution observed).

In order to understand the impact of the pilot program, the quantitative data analysis will focus on a variety of cycle time measurements (e.g., time to close, development initiation time, time in rating board) to the extent permitted by the data. These measures will be calculated for claims initiated under the checklist program and for claims initiated but not under the checklist program within each participating RO. We will also, after controlling for appropriate internal and external factors, make comparisons to selected non-participating ROs and to the greater group of all non-participating ROs.

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

The implementation of the checklist pilot program began in December 2008, with VA initiating guidance to the participating ROs. Following a kickoff meeting in late March, CNA's role of program assessment and evaluation effectively started in April 2009. 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 checklist pilot program was slated to begin on December 9, 2008, and conclude on December 8, 2011. However, as indicated earlier, 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 08-47 (December 11) provided information and guidance to participating ROs on implementing the Veterans' Benefits Improvement Act of 2008, Public Law 110-389, section 221(b)—the individual claimant checklist pilot program. In addition, there were teleconferences between the Central Office and the participating ROs in January 2009. The checklist pilot program appears to have been generally operational by mid-January 2009.

### **Initial site visits**

CNA worked with VBA to determine the timing of the site visits to the ROs participating in the checklist pilot program. At this point in the implementation of the pilot program, we have concluded our first site visit, to the Louisville RO. As we will not visit the remaining ROs participating in the checklist pilot program 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 Louisville RO on May 27-28, 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 Louisville RO personnel were very engaged in the topic of the individual claimant checklist 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 individual whom 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 individual claimant checklist pilot program. In addition, we spoke to representative members and coaches of the teams (e.g., Triage, Pre-Determination). We investigated what type of training was provided, who received the training, and how the training program was carried out. We observed a demonstration of how data related to the checklist pilot is entered into VETSNET and discussed the use of flash and special-issues codes. Finally, we explored the nature of VSO involvement in the pilot program. We learned that a number of VSO organizations around the country already use checklists for the individual claimants whom they assist, including the Kentucky Department of Veterans Affairs (KDVA).

With respect to the implementation of the individual claimant checklist pilot program, the Louisville RO was contacted in early December regarding their participation in the program, including having received Fast Letter 08-47 on December 11, 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 checklist pilot program appears to be high. The Louisville RO management has requested an internal tracking of the implementation and outcomes related to the checklist pilot program. At the time we visited, the program had been tracked for about 3 months, from mid-January through mid-April.

## **Snapshot data from VOR**

VBA has been following the implementation of the individual claimant checklist pilot program through occasional snapshots taken from VOR. These snapshots have identified claims in the system associated with the flash code assigned for the checklist 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 checklist flash designator revealed both recording and interpretation difficulties. The checklist flash was being seen attached to claims for a number of ROs that were not involved in the checklist program. Although there were not generally a large number of cases for each non-participating RO, this pattern revealed some confusion as to the appropriate use of the checklist flash. VBA determined that it would be necessary to provide feedback to the ROs regarding the proper use of the checklist flash code.

The VOR snapshots focused on the number of pending claims currently designated as part of the checklist pilot program, on a particular date, along with the average days pending for those claims. The existence of a number of claims that were noted as pending for more than 180 days raised a concern, because a valid checklist pilot claim could not have been in existence for 180 days at the time of the May 2009 VOR snapshot. In fact, some checklist claims were noted as pending for even longer periods of time. It appears that the checklist flash is being associated not only with claims started in the pilot period, but also with older claims, through association with an individual who has filed a claim under the checklist pilot program.

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 checklist pilot program. For example, it is not very accurate to look at average days pending for a snapshot of currently open claims because surges in workload can substantially impact the average days pending, even if in the end these claims are not adjudicated at a different rate. 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 checklist 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 individual claimant checklist pilot program claims<sup>4</sup>. The VOR extracts will also allow us to calculate the average days to completion for claims filed with a checklist, compared to claims filed without the assistance of a claimant checklist. Finally, the rich data associated with the claims process will facilitate a variety of descriptive and statistical comparisons.

## Claims data from VOR: preliminary observations

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

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<sup>4</sup> We examined the earliest claim start date (on or after 12/9/08) where the claim was flagged as a checklist claim. The result was 12/9/08. Clearly ROs went back and flagged claims already going on. They also flagged some claims that were started years before 12/9/08. Given this discrepancy, we are using all flagged claims that started on or after 12/9/08.



claims across all end products.<sup>5</sup> We have focused our analysis on the end products for initial disability and reopened compensation claims. It is our understanding that these end products contain the claims that are referred to as original claims and claims for increased ratings. As table 1 shows, these end products account for 753,730 claims or 26 percent of all claims.<sup>6</sup>

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

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

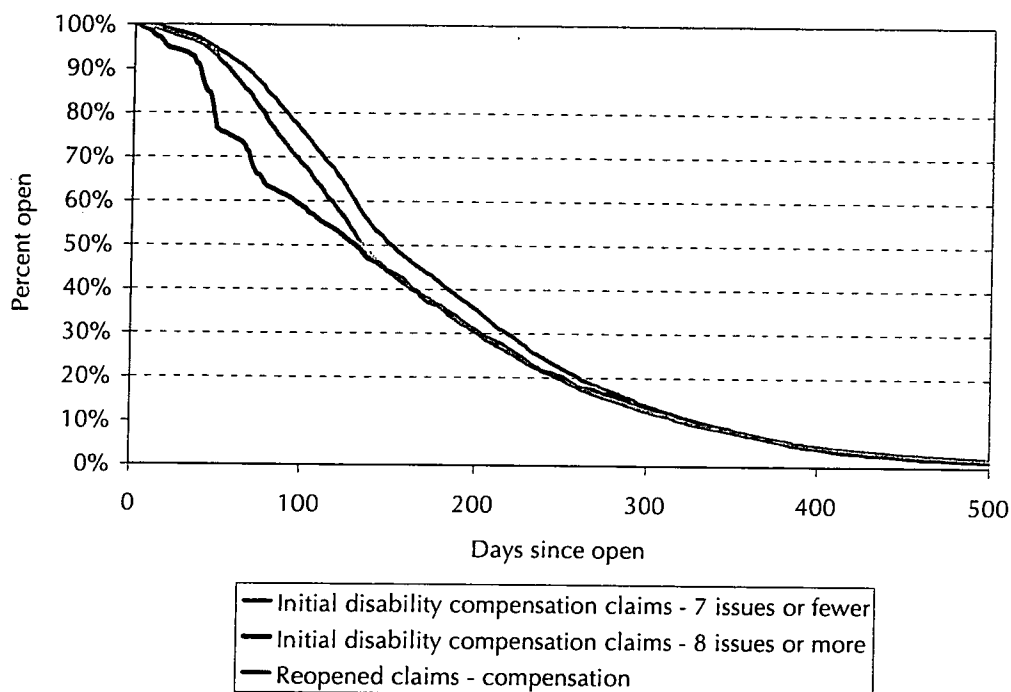
Note that the data we received from the initial VOR extract provided by VBA consisted only of closed claims. We do not as yet have data on pending claims. This is problematic and severely limits what we can provide in a preliminary assessment of the checklist pilot program. To illustrate why this is 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

<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 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-issue 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.

<sup>6</sup> Note that some claims in other than the three end products of interest are coded as receiving a checklist, but the percentage of claims in these other end products so coded is smaller. With the understanding that the checklist program is primarily intended to speed completion of original and reopened compensation claims, we limited our analysis to these claims.

how long the claims were open before they closed. The 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 percentage of claims are closed, by days, since the claim started.

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



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 are still open or 24 percent have closed. By 200 days, 35 percent of the claims are still open or 65 percent have closed.

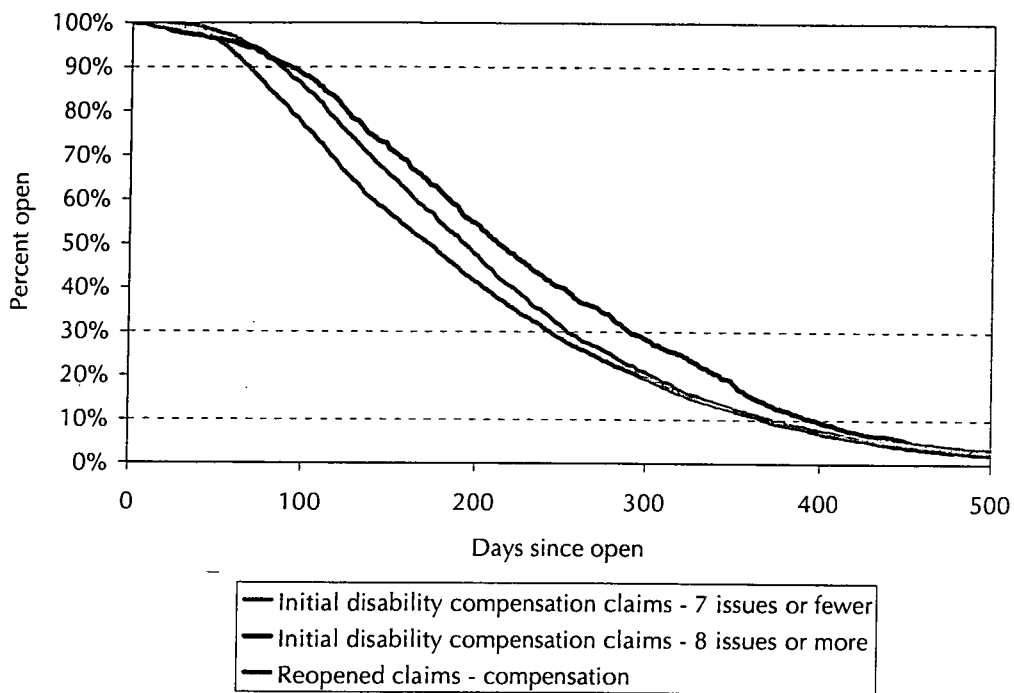
Given that the elapsed time between the start of the checklist pilot (December 9, 2008) and the end of our data (June 18, 2009) is only 192 days, the data we have are extremely censored by having only closed claims. We know from our site visit that the checklist pilot program likely was not fully implemented 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 would be included in our data. Similarly, for claims initiating a quarter of the way through the checklist

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 checklist pilot program 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 checklist and non-checklist 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 individual claimant checklist pilot program was fully implemented by mid-January 2009. The use of the checklist flash had been in effect for approximately 5 months by mid-June 2009. Because CNA effectively started the evaluation of the 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 pilot program is still maturing. Phase I, involving original claims filed, will end on December 8, 2009. Phase II, involving claims to reopen and claims for increased ratings, will conclude on December 8, 2011. For timing- and data-related reasons, this report covers only preliminary assessments of the program's progress.

### Defining comparison groups

In order to make comparisons of outcomes under the checklist pilot program, we split the 2,912,624<sup>7</sup> unique claims we observed in the VOR data into several groups. First, we divided claims into those identified as "checklist" claims and those not identified as checklist claims. For our analysis, we classified a claim as a "checklist" 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 checklist pilot program<sup>8</sup>

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

<sup>8</sup> At this time, it is not clear to what extent brokered work might have an impact on the evaluation of the pilot program. Our discussions with VBA indicate that, at this time, there are no codes in the data that identify claims that have been brokered in or out. We will continue to explore this issue with VBA.

- The terminal digits of the claim number were 00 to 49
- It had a special-issue field for “Pilot Prog Checklist.”

The data included some claims that were identified as “checklist” claims in one or more of the special issue fields, but that did not satisfy one or more of the criteria required for the claimant to be eligible to receive a checklist.<sup>9</sup> Examples included claims received at ROs that did not participate in the checklist pilot program, claims that were received before the start of the pilot, and claims with terminal digits outside the range of 00 to 49. A total of 3,873 unique claims in our data were identified by the special issue fields as “checklist” claims. Of these, only 3,322, or about 85 percent, satisfied the above criteria.<sup>10</sup>

Second, claims were split into two time periods—before and after the start of the checklist pilot. We defined the post-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 by 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 more fair comparison between the pre-pilot group and the pilot group, with both groups having the same time period in which a claim could start and close by to be included for comparison.

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

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<sup>9</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 checklist 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>10</sup> The VOR Snapshot report of pending claims indicated that there were 10,041 checklist claims pending as of June 17, 2009, across all end products.

- Initial disability compensation claims – 7 issues or fewer
- Initial disability compensation claims – 8 issues or more
- Reopened compensation claims.

These end product groups accounted for the vast majority of claims identified as participating in the checklist program. Of the 3,873 unique claims identified via the special-issue fields as “checklist” claims, 2,967, or roughly 77 percent, were claims in one of these three end product groups. Table 3 shows the number of “checklist” claims by groups.

Table 3. Number of claims by group

ROs and end products	Claims Received Between 6/1/08 and 12/8/08*		Claims Received Between 12/9/08 and 6/18/09	
	No Checklist	Checklist	No Checklist	Checklist
<b>Boise – pilot site</b>				
Initial disability compensation (7 issues or fewer)	150	NA	142	68
Initial disability compensation (8 issues or more)	51	NA	43	10
Reopened claims - compensation	699	NA	668	232
<b>Cleveland – pilot site</b>				
Initial disability compensation (7 issues or fewer)	580	NA	687	238
Initial disability compensation (8 issues or more)	51	NA	85	23
Reopened claims - compensation	2,246	NA	1,950	592
<b>Louisville – pilot site</b>				
Initial disability compensation (7 issues or fewer)	290	NA	341	97
Initial disability compensation (8 issues or more)	52	NA	52	13
Reopened claims - compensation	1,502	NA	1,500	445
<b>Waco – pilot site</b>				
Initial disability compensation (7 issues or less)	905	NA	606	175
Initial disability compensation (8 issues or more)	355	NA	258	20
Reopened claims - compensation	3,114	NA	2,603	807
<b>All Pilot Program Regional Offices</b>				
Initial disability compensation (7 issues or fewer)	1,925	NA	1,776	578
Initial disability compensation (8 issues or more)	509	NA	438	66
Reopened claims - compensation	7,561	NA	6,721	2,076
<b>Non-Pilot Program Regional Offices</b>				
Initial disability compensation (7 issues or fewer)	19,073	NA	22,590	NA
Initial disability compensation (8 issues or more)	10,754	NA	10,330	NA
Reopened claims - compensation	64,492	NA	79,043	NA

\* 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. At the individual RO level, there are small numbers of checklist claims for initial disability compensation claims with 8 issues or more. Aggregating across all pilot program ROs gives a larger sample size for this end product group, but it remains small in comparison to the other groups.

## Checklist program participation

We examined the participation of the four checklist pilot sites—Boise, Cleveland, Louisville, and Waco—with the checklist program. In other words, we compared the percentage of claims coded as having a checklist (through the special issue codes) to the claims that were potentially eligible for the pilot. To check program participation, we considered only those claims starting on or after December 9, 2008. At the pilot sites, claims with terminal digits of 00 to 49 are eligible to receive a checklist. Those with terminal digits of 50 to 99 are not eligible to receive a checklist. Table 4 shows for each pilot site, the number of unique claims by end product that were:

- Eligible to receive a checklist, but did not
- Eligible to receive a checklist and did
- Not eligible to receive a checklist and did not
- Not eligible to receive a checklist but did.

Given that eligibility for the checklist pilot is determined essentially randomly by the terminal digits of the claim, we expect that roughly half of the claims at the pilot sites would be eligible for the checklist pilot. This is in fact what we observe. Across the four pilot sites, about 50 percent of the claims that started by December 9, 2008, and closed by June 18, 2009, were checklist eligible (see table 4).

Table 4. Checklist pilot program — participation

Pilot site ROs and end products	Eligible Claims		Non-Eligible Claims	
	No Checklist	Checklist	No Checklist	Checklist
<b>Boise</b>				
Initial disability compensation (7 issues or fewer)	53	68	89	0
Initial disability compensation (8 issues or more)	17	10	26	0
Reopened claims - compensation	270	230	398	2
<b>Cleveland</b>				
Initial disability compensation (7 issues or fewer)	249	236	438	2
Initial disability compensation (8 issues or more)	30	23	55	0
Reopened claims - compensation	644	591	1,306	1
<b>Louisville</b>				
Initial disability compensation (7 issues or fewer)	109	97	232	0
Initial disability compensation (8 issues or more)	22	13	30	0
Reopened claims - compensation	515	445	985	0
<b>Waco</b>				
Initial disability compensation (7 issues or fewer)	236	175	370	0
Initial disability compensation (8 issues or more)	108	20	150	0
Reopened claims - compensation	884	806	1,719	1
<b>All Pilot Program Regional Offices</b>				
Initial disability compensation (7 issues or fewer)	647	576	1,129	2
Initial disability compensation (8 issues or more)	177	66	261	0
Reopened claims - compensation	2,313	2,072	4,408	4

The next question is: for the checklist-eligible claims, what percentage of them are coded as a checklist claim through the special-issue fields? The data in table 5 show that participation with the checklist program is low as measured by claims closed since the start of the pilot. Overall, 46 percent of claims eligible for a checklist received one based on the special-issue flash. This percentage is higher (47 percent) both for initial disability compensation claims with 7 issues or fewer and for reopened compensation claims. As for non-eligible claims receiving a checklist (based on the special-issue flash), only 0.7 percent received a checklist. Hence, if the special-issue flash is an accurate accounting of the claims that received a checklist, participation is more of an issue for eligible claims not receiving a checklist than for ineligible claims receiving one.

We've shown that the rate at which checklist-eligible claims had the special-issue code for a checklist varied by end product. Because of the differences we observed, we also explored the degree to which eligible claims were checklist claims based on other characteristics. These characteristics include whether the claim was a PTSD claim, an Agent Orange claim, or a GWOT claim, and whether the claimant had a power of attorney. The results show striking differences by characteristic as table 5 shows.

Table 5. Number of checklist-eligible claims (percent checklist) by characteristic and end product

Characteristic	Initial disability compensation claim - 7 issues or fewer	Initial disability compensation claim - 8 issues or more	Reopened compensation claim	Total for these end products
<b>PTSD</b>				
Yes	142 (49%)	77 (19%)	857 (56%)	1,076 (53%)
No	1,079 (47%)	166 (31%)	3,517 (45%)	4,762 (45%)
<b>Agent Orange</b>				
Yes	268 (48%)	12 (25%)	792 (54%)	1,072 (53%)
No	953 (47%)	231 (27%)	3,582 (46%)	4,766 (45%)
<b>GWOT</b>				
Yes	391 (43%)	184 (26%)	652 (46%)	1,227 (42%)
No	830 (49%)	59 (32%)	3,722 (48%)	4,611 (48%)
<b>Power of attorney (POA)</b>				
Yes	647 (66%)	136 (37%)	2,665 (66%)	3,448 (65%)
No	574 (26%)	107 (15%)	1,709 (18%)	2,390 (20%)
<b>All</b>	<b>1,221 (47%)</b>	<b>243 (27%)</b>	<b>4,374 (47%)</b>	<b>5,838 (46%)</b>

\* indicates fewer than five claims, so no data are reported.

For checklist-eligible claims, those involving PTSD were more likely (53 to 45 percent) to be a checklist claim, although there was some variation in this pattern across the various end products. We observe similar differences (53 to 45 percent) for Agent Orange cases. For GWOT claims, it appears that non-GWOT claims are more likely to be checklist claims (42 to 48 percent) than GWOT claims. However, there are substantial differences depending on whether there was an associated power of attorney. Those with an associated power of attorney were three times more likely to be checklist claims (65 to 20 percent) than claims without an associated power of attorney.

What do these differences in propensity mean? They mean that among checklist-eligible claims, the checklist assignment process is not random. The process appears to be systematic and predictable based on claim characteristics of PTSD, Agent Orange, GWOT, and power of attorney. These factors will need to be accounted for when the impact of the checklist pilot is estimated.

The implicit assumption that we made in the forgoing participation discussion is that eligible claims without the special-issue flash were not checklist claims. If, however, the other eligible claims were in fact checklist claims but the data were not “flashed” or identified appropriately, participation will be different than discussed. Eligible claims that were not coded as participating in the checklist program may have (1) not needed a checklist (e.g., no VCAA letter required); (2) been eligible for a checklist, but the VCAA letter did not require the claimant to send any information to VA; (3) been eligible and received a checklist, but the claim was not coded correctly as included in the checklist program; or (4) been eligible for a checklist, but the claim was not included in the checklist program and no checklist was sent.

## **Initial quantitative results: days to complete**

Using the claims that fell into each of the groups defined in the first two tables, we calculated the average number of days it took to close the claim, as indicated in the VOR field labeled “days to complete.” We reiterate that because our data are incomplete (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 once all pending claims are adjudicated. Table 6 presents the average days to complete, broken down into the end product groups we defined previously.

Table 6. Average days to complete

ROs and end products	Claims Received Between 6/1/08 and 12/8/08 <sup>a</sup>		Claims Received Between 12/9/08 and 6/18/09	
	No Checklist	Checklist	No Checklist	Checklist
<b>Boise – pilot site</b>				
Initial disability compensation (7 issues or fewer)	90.5	NA	83.1	77.0
Initial disability compensation (8 issues or more)	78.7	NA	77.1	100.5
Reopened claims - compensation	73.3	NA	68.0	73.1
<b>Cleveland – pilot site</b>				
Initial disability compensation (7 issues or fewer)	95.2	NA	87.2	84.3
Initial disability compensation (8 issues or more)	96.7	NA	95.3	90.7
Reopened claims - compensation	82.8	NA	77.9	84.9
<b>Louisville – pilot site</b>				
Initial disability compensation (7 issues or fewer)	99.1	NA	89.9	84.5
Initial disability compensation (8 issues or more)	94.1	NA	102.2	96.6
Reopened claims - compensation	70.0	NA	73.1	74.2
<b>Waco – pilot site</b>				
Initial disability compensation (7 issues or fewer)	91.9	NA	89.2	98.4
Initial disability compensation (8 issues or more)	78.9	NA	67.9	99.9
Reopened claims - compensation	95.9	NA	90.5	98.7
<b>All Pilot Program Regional Offices</b>				
Initial disability compensation (7 issues or fewer)	94.0	NA	88.1	87.8
Initial disability compensation (8 issues or more)	82.9	NA	78.2	96.1
Reopened claims - compensation	84.8	NA	80.7	86.7
<b>Non-Pilot Program Regional Offices</b>				
Initial disability compensation (7 issues or fewer)	87.0	NA	87.5	NA
Initial disability compensation (8 issues or more)	66.7	NA	72.0	NA
Reopened claims - compensation	83.5	NA	80.7	NA

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

Focusing on the first two columns, the group of pilot-site ROs appears to process claims in most of the end product groups in roughly the same amount of time as non-pilot-site ROs. The exception is initial disability compensation claims with 8 or more issues. Over the pre-pilot period of roughly 6 months, pilot-site ROs took about 16 days longer, on average, to process a claim in this end product group.

At pilot-site ROs, checklist claims generally took longer, on average, to process than non-checklist claims over the pilot period. For re-

opened compensation claims, checklist claims average days-to-complete was longer than it was for non-checklist claims at each of the four pilot sites. In contrast, checklist claims had a shorter days-to-complete result at three of the four ROs for initial disability compensation claims with 7 issues or fewer. The results were mixed for initial disability compensation claims with 8 issues or more. Table 7 summarizes the difference in average days to complete for checklist claims and non-checklist claims at pilot program ROs.

Table 7. Difference in average days to complete at pilot program ROs

End product	Boise	Cleveland	Louisville	Waco
Initial disability compensation (7 issues or fewer)	-	-	-	+
Initial disability compensation (8 issues or more)	+	-	-	+
Reopened claims - compensation	+	+	+	+

Note: A positive sign indicates that checklist claims, on average, took longer to close than non-checklist claims.

We caution against drawing definitive conclusions on the effectiveness of the checklist pilot based on the preliminary results we show in this report. We do so for two principal reasons. First, as previously discussed, there are serious limitations to having only closed claims on which to conduct this analysis, particularly at such an early stage in the pilot. Not having data on pending claims prevents us from conducting statistical analyses that can control for factors associated with claims adjudication time and that can also allow us to estimate when currently pending claims would close. The ability to do this will enable us to give much better estimates in subsequent reports.

Second, the data show that about 46 percent of claims eligible for the checklist pilot received a checklist according to the special-issue flash. The best participation rate we observed was 47 percent for both initial disability compensation claims with 7 issues or fewer and for reopened compensation claims.

What are the implications? It is hard to be sure at this stage. It is possible that some of the claims that would appear to be checklist-eligible are not listed as participating because they either do not require a VCAA letter or the claimant is not being asked to provide any information or evidence to support his or her claim. We will need to evaluate the data further to determine whether a portion of

the claims initially defined as checklist-eligible do not qualify for the program.

Another possibility is that the checklist special-issue flash is correct and the majority of checklist-eligible claims are not receiving a checklist. If this is true, we question whether it is random as to which eligible claims actually get a checklist or whether the harder claims, which may be perceived to benefit more from a checklist, are the ones getting the checklist. If this is the case, we expect that checklist claims would appear to take longer than non-checklist claims simply because they are the more complicated cases. On the other hand, if the checklist flash is incorrect and all or nearly all eligible claims actually receive a checklist, the comparison of average days to complete for checklist and non-checklist claims is muddled because checklist claims would be in both groups.

In future site visits and through working with VBA personnel, we will seek to understand more about which claims are actually checklist claims so that we can appropriately measure the impact of checklist claims on average days to complete. To do this, we will need to explore the range of possible explanations indicated earlier regarding the status of claims that would appear to be eligible to receive a checklist, but are not coded as being part of the checklist pilot program. Among other things, we will need to learn to what extent checklists are being sent for claims that are not coded as receiving a checklist, and what percentage of claims should receive a checklist but do not. In addition, we will work with VBA to determine whether there is a way to assess the potential impact of brokering.

## **Next Steps**

CNA will continue to monitor the implementation of the checklist 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 claims data, including pending and completed claims, with attention to claims initiated over a time period well in advance of the start of the checklist pilot program and following claims initiated throughout the course of the pilot.

## **Additional acquisition of qualitative information**

We will continue to use the mechanism of site visits to obtain primary data that is qualitative in nature. We will refine our questions for the site visits after each new visit and will begin to make comparisons and draw conclusions from lessons learned as we complete additional site visits to the participating ROs.

### **Site visits in FY 2010**

We plan to visit all of the ROs participating in the checklist pilot program. We have visited the Louisville RO and plan to visit the Waco, Cleveland, and Boise ROs starting in October 2009. Because the Boise RO is also participating in the fully developed claims pilot project, we will coordinate our visit to Boise to gather information on both pilot programs. The first round of site visits will provide us with information regarding the implementation of the pilot program for Phase I and Phase II.

### **Final round of site visits in FY 2011**

Because the checklist pilot program has a 3-year time span, we anticipate being able to visit the ROs participating in the checklist pi-



lot twice over the course of the project. We plan to revisit each of the ROs participating in the checklist pilot program near the end of the pilot program period. This will provide us with information regarding the Phase II portion of the checklist pilot.

## **Expanded evaluation of quantitative data**

This preliminary analysis of the checklist pilot is limited by having only completed claims to analyze. Future analyses of the checklist pilot program 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 checklist pilot program had been underway for a couple of years, having only closed cases to evaluate would not be as problematic, because there would have been enough time for most claims to have closed.

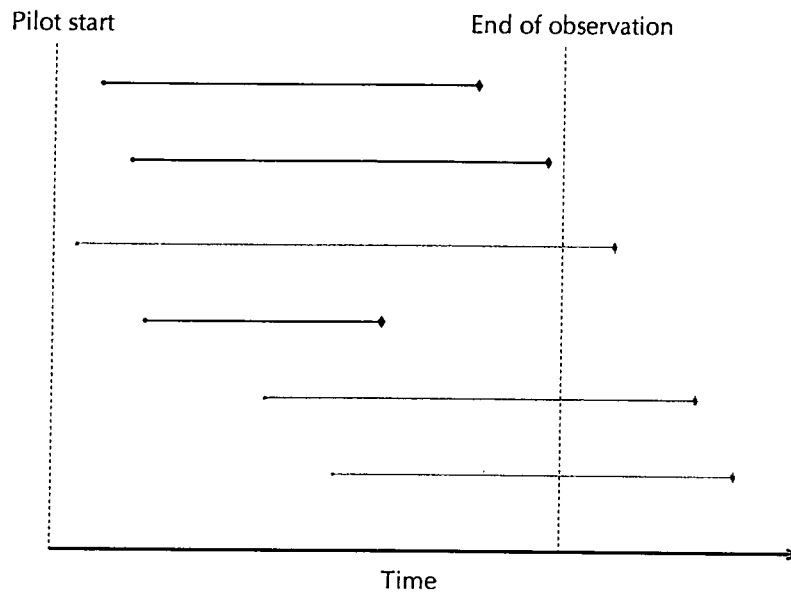
It would be equally limiting to conduct an evaluation on only pending claims, because, by definition, they provide no information on the time to close. Average days pending may be a useful management tool for prioritizing workload at the ROs, but it is not a good measure of the pilot program's effectiveness. 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, it 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 checklist pilot program 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 (days to complete)?

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 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:

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<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.

- 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 checklist claim. Through the observed statistical results, we will then be able to state whether the checklist program has had an impact on the adjudication time for various types of claims.

## **Comparison groups and benchmarks**

To accurately estimate the impact of checklist 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, GWOT claims, etc.

For the checklist pilot program, the comparison group is established fairly well by applying the checklist to only those claims with terminal digits of 00 to 49, using claims with terminal digits of 50 to 99 to serve as the comparison group. However, participation issues remain a concern to resolve. We need to learn why participation appears to be so low for claims that would appear to be eligible for the checklist program. This information will be necessary to allow us to make the best comparisons and correctly interpret our findings.

### **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 con-

trol 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 checklist pilot improves the adjudication time of the claims. Accordingly, we need to control for ROs to see the degree to which the checklist pilot improved adjudication time at ROs that are performing relatively well or not so well compared to others.

#### **Within-RO comparisons**

The built-in comparison group of claims with terminal digits of 50 to 99 provides a natural experiment to facilitate determining the effectiveness of a pilot at a particular RO. For example, if we observed that the average days to complete for the treatment group claims decreased by 30 days from 190 before the pilot to 160 after the pilot, we would not want to automatically conclude that the impact of the pilot is a 30-day reduction. Before we make that determination, we would need to see what the change is in the control group. If we find that the control group also decreases by 20 days from 200 to 180, the net effect attributable to the pilot program would be 10 days.

## **Summary of individual claimant checklist pilot program to date**

CNA will evaluate the effectiveness of the individual claimant checklist 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 the 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 programs. 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 individual claimant checklist pilot program should be considered as preliminary and subject to further modification. As we further evaluate VOR data that includes both completed and pending claims and conduct additional site visits, we expect to refine and modify the data elements and measures discussed herein. 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 both completed and pending claims data and request additional data extracts.

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## List of figures

Figure 1.	Claims Process Flow Chart.....	13
Figure 2.	Time to close for claims closing between June 5 and 18, 2009, by end product .....	30
Figure 3.	Time to close for PTSD claims closing between May 19, 2009, and June 18, 2009, by end product .....	32
Figure 4.	Modeling of time to close using closed and pending cases .....	47

## List of tables

Table 1. Number of closed claims by end product .....	29
Table 2. Median and average time to close for PTSD claims by end product .....	33
Table 3. Number of claims by group .....	37
Table 4. Checklist pilot program — participation .....	39
Table 5. Number of checklist-eligible claims (percent checklist) by characteristic and end product .....	40
Table 6. Average days to complete.....	42
Table 7. Difference in average days to complete at pilot program ROs .....	43

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