THE VA CLAIMS BACKLOG WORKING GROUP

MARCH 2014 REPORT

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Statement of Purpose

Today, nearly 400,000 men and women who served our nation in the Armed Services are waiting more than 125 days to receive disability compensation from the Department of Veterans Affairs (VA).[1] These Veterans have sacrificed for our country. That is why Secretary Shinseki promised our Veterans that they would wait no longer than 125 days to receive a decision on their claim. Some have very critical injuries, and the wait experienced to adjudicate their claims far exceeds the nation's expectation.

On September 1, 2012, *The American Legion Magazine* depicted the claims backlog in the following way:

> "*The backlog has been a source of frustration for VA since the late 1990s. Dr. James Peake, one of three different VA secretaries during the George W. Bush administration, in 2008 described VA claims processing as "... a 1945 benefit, 1945 process, around a 1945 family unit. We need to change it."*[2]

To their credit, the VA is focused on establishing a 21st century benefits delivery system for America's disabled Veterans. This is a goal that Veterans, the President, Members of the Senate and the House of Representatives, and Veterans Service Organizations (VSOs) all share. Unfortunately, we are concerned that the VA will have difficulty meeting this goal unless steps in the claims process are updated.

Without changes, the VA will continue to experience difficulty ensuring the claims process is accurate, efficient, and delivers for our Veterans when a surge of claims occurs.

The inability of the VA to serve Veterans in a timely manner is not a new issue. Since at least 1993, the VA has underperformed in its duties to provide timely and accurate disability compensation claims for Veterans.[3] Numerous laws, blue ribbon commissions, Inspector General (IG) reports, Government Accountability reports, and hearings in both the Senate and House of Representatives Veterans' Affairs Committees have all examined ways to fix this inefficiency.

Pledges, taxpayer money, and sincere guarantees from Administration officials have fixed specific deficiencies and reduced the backlog in the past. However, the VA continues to see the backlog rise every few years because the claims process cannot handle a surge of claims filed.

Unless the claims process is reformed, the VA will not only continue to develop backlogs, but it will also never fully eliminate them.

The good news is that Congress—in conjunction with Veterans, the VA, and VSOs—can work together to fix the inefficiencies that exist and help the VA modernize its claims process.

This will take effort, time, and oversight because the process is complex. For a claim to be processed in 125 days, the Veteran likely will have needed to file a completed claim; the claim must be authorized and sent to the correct Veterans Service Representative (VSR); the VSR must accurately and efficiently gather the evidence; the Rating Veterans Service Representative (RVSR) must rate the claim quickly and accurately; and the claim must be swiftly awarded.

Rarely does the claims process run this smoothly. That is why we believe Veterans, the VA, and Congress can all do more to fix the claims backlog. Working together, we can rewrite policies that reduce inefficiencies and increase coordination across the VA Regional Offices (VAROs), which can transition the claims process to a 21st century delivery service.

We have issued this report to provide an understanding of the VA claims process, but also to outline the history of the backlog and to recommend policies to improve the claims process. We hope the report and solutions contribute to the shared goal of a 21st century claims process and delivery system for America's Veterans.

Sincerely,

DEAN HELLER
U.S. Senator

ROBERT P. CASEY, JR.
U.S. Senator

JERRY MORAN
U.S. Senator

MARTIN HEINRICH
U.S. Senator

DAVID VITTER
U.S. Senator

JON TESTER
U.S. Senator

What Impact Does the Backlog Have on Veterans?

The current backlog breaks the sacred oath the United States made to our brave men and women when they joined the military. It is our duty to take care of them if they incur a service-connected disability.

Veterans suffer because of extremely long waits for benefits. For example:

- Because of this backlog, a soldier who lost an eye and use of his right arm and leg from an IED explosion waited more than 18 months for compensation.[4]

- Because of this backlog, a woman who flew a Blackhawk helicopter and was involved in a crash that resulted in a broken back and a spinal fusion was forced to wait more than nine months to be awarded her claim.[5]

- Because of this backlog, a Veteran—who was raising his young daughter, suffered multiple hospitalizations, and could not keep a civilian job due to strain in his back and knees—was forced to wait 284 days for his claim to be approved.[6]

At best, waiting over 125 days for a disability compensation claim to be processed by the VA can be frustrating and tiresome.

At worst, it can devastate a Veteran financially and emotionally.

The people of the United States have always taken care of our Veterans when they come home. This backlog is tantamount to breaking our promise to our nation's Veterans and must come to an end.

The History of the VA Backlog

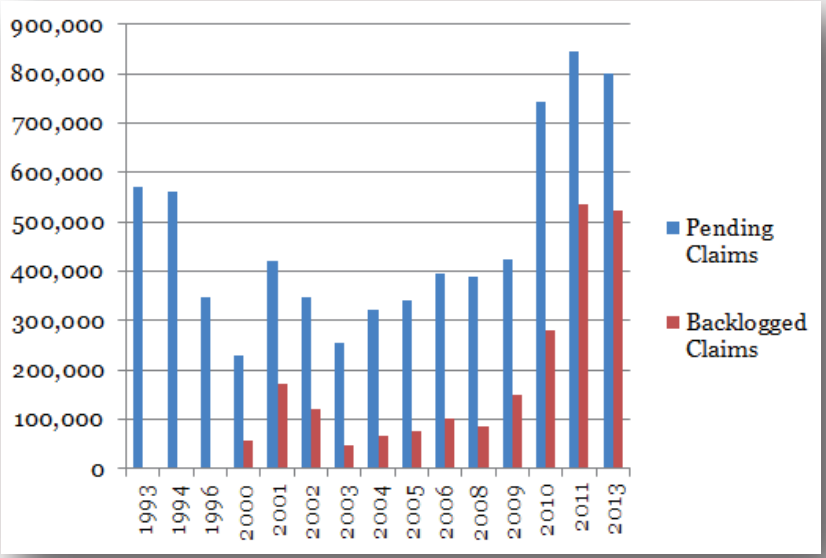
In 2014, there remain nearly 700,000 claims that are in the processing phase throughout the 56 VAROs nationwide, and 400,000 of which have been pending more than 125 days.[7]

Since at least 1993, the VA has had hundreds of thousands of rating claims open at one time and has struggled to adjudicate these claims in a timely manner. This struggle was noted in 1993 when the Deputy Undersecretary for Benefits appointed a Blue Ribbon Commission to find ways to make disability decisions more quickly.[8]

Furthermore, in a letter sent on June 17, 1994, to then-Chairman John D. Rockefeller IV of the Senate Veterans' Affairs Committee, Director David Baine of the VA Federal Health Care Delivery Issues Office wrote[9]:

> ***"The Department of Veterans Affairs has recognized slow claims processing and poor customer service as critical concerns. Claims processing times are increasing as are claims backlogs. In 1993, over 500,000 claims were pending in VA regional offices nationwide."***

Since that time, the President, Members of Congress, the VA, and VSOs have worked to eliminate the backlog. While efforts have led to some decreases, the backlog soon returns to an unacceptable level as displayed in the graph below.[10]



The failure to bring the backlog down has been noted by the Government Accountability Office (GAO) numerous times. GAO reported in December of 2005[11]:

"For a number of years, VBA's regional offices have experienced problems processing Veteran's disability compensation and pension claims. As we reported in May 2000, VBA's regional offices still experience problems such as large backlogs of pending claims, lengthy processing times, and questions about consistency of its regional office decisions."

In February of 2008[12]:

"The VA's inventory of claims awaiting a decision and their average time pending has increased significantly in the last 4 years, in part because of an increase in the number of claims received. The number of pending claims increased by more than 50 percent from the end of fiscal year 2003 to the end of fiscal year 2007 to about 392,000. During the same period, the number of claims pending longer than 6 months more than doubled from about 47,000 to 101,000."

And again on March 13, 2013[13]:

"In Fiscal Year 2011, VA completed over 1 million compensation ratings claims, a 6 percent increase from fiscal year 2009. However, the number of VA compensation rating claims received had grown 29 percent – from 1,013,712 in FY09 to 1,311,091 in FY11. As a result, the number of backlogged claims – defined as claims awaiting a decision for more than 125 days – has increased since 2009. As of August of 2012, VA had 856,092 pending compensation rating claims of which 568,043 (66 percent) were backlogged."

Government reports, newspaper articles, Congress, and the Administration have all found different reasons at different times as to why a backlog exists:

1. The Melidosian Commission reported that the 570,000 claims in 1993 were in part due to the "common agreement that claims are much more complex than they were five or ten years ago."[14]
2. In 1994, the Sun-Sentinel published an article citing poor economic conditions for older Veterans that led them to file more claims, which overwhelmed the VA.[15]

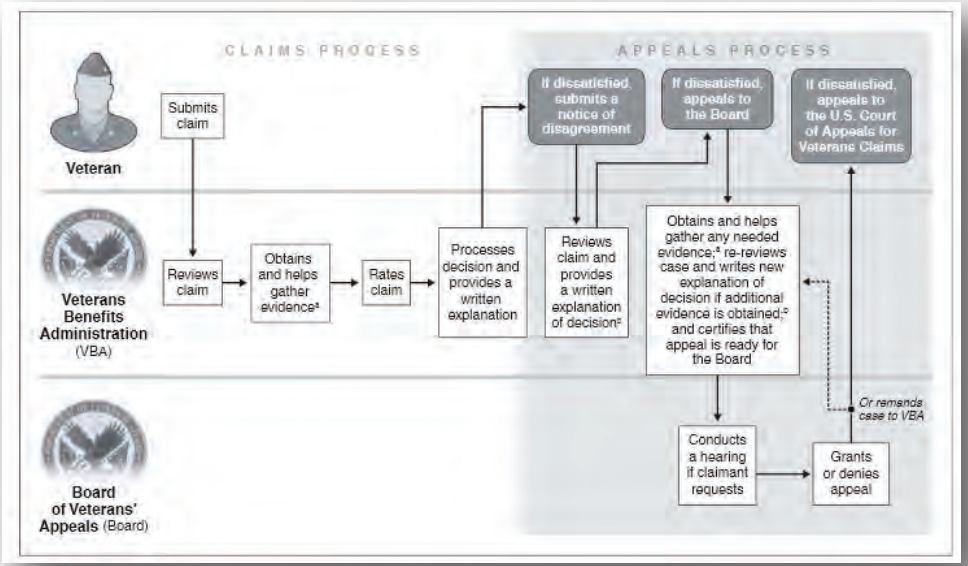
3. In 2001, the Veterans Claims Assistance Act of 2000 added steps to the claims process, lengthening the time it takes to develop and decide a claim.[16] Furthermore, the VA Claims Processing Task Force identified an "apparent lack of uniformity in interpreting directives, compliance, and ultimate accountability" at VAROs as contributing to underperformance.[17]
4. In 2004, a September 2003 court decision required more than 62,000 claims to be deferred, many for 90 days or longer.[18]
5. In 2006, *Haas v. Nicholson* (20 Vet. App. 257 (2006)) was adjudicated and broadened the presumption of exposure to herbicides in Vietnam, resulting in additional claims to adjudicate.[19]
6. In 2008, the VA reopened 488,000 claims for disability benefits and the agency changed its rating process for traumatic brain injury.[20]
7. In 2009, Secretary Shinseki changed the definition of the backlog[21] and added B-cell leukemia and ischemic heart disease to diseases associated with Agent Orange.[22]
8. In 2010, the VA saw an increase in claims due to the drawdown in Iraq and Afghanistan.[23]

What these examples demonstrate is that there are always going to be issues that arise that can result in a backlog. Congress has a choice—either continue to address each issue as it arises or work to restructure the VA claims process to be flexible when an influx of claims are submitted.

An Analysis of the VA Claims Process

The claims process is complex. The VA has a duty to both Veterans and taxpayers to ensure that the correct decision is provided every time. This requires evidence gathering, analysis, and adjudication. The VA breaks down the claims process in the following manner:[24]

- A Veteran will submit a claim for compensation or a pension either electronically, by mail, or in person, which can be done on their own, through a power of attorney, or a VSO.
- The claim will be accepted by the Regional VARO and then be processed and authorized. At that time it will be turned over to a VSR who reviews the claim and helps the Veteran gather relevant evidence necessary for a claim to be "developed."
- Once a claim is "developed," an RVSR determines whether the Veteran is eligible for benefits and determines how much benefit by assigning a percentage rating. The claim is then awarded based on the rating.
- At any time, a Veteran may reopen a claim to request an increase in disability compensation.
- The Veteran may also appeal the decision by the RVSR through a written Notice of Disagreement. If the VA does not agree with the appeal, the Veteran can appeal to the Board of Veterans Appeals which conducts a hearing and makes a further determination. If the Veteran still disagrees, then the Veteran can appeal to the U.S. Court of Appeals for Veteran Claims, the Court of Appeals for the Federal Circuit and finally the Supreme Court of the United States.



*Graph provided by the Government Accountability Office [25]

The overview of the VA claims and appeals process provided by the VA does not offer as broad a picture as the actual experience a Veteran will go through.

The reality is that the claims process starts when an individual joins the United States Armed Forces and ends when the Veteran is satisfied with the compensation and benefits they receive or when they have exhausted the appeals process. For example:

- **Individual joins the U.S. Armed Forces** – Today, the Armed Forces keeps a military Service Treatment Record (STR), which is a chronological record documenting the medical and dental care and treatment received while in the military. The STR may contain a synopsis of any inpatient hospital care or mental health treatment related to the service. All military STR documentation is used by the VA to determine eligibility for service-connected compensation and pension benefits. [26]

  The Official Military Personnel File (OMPF) may also contain a compilation of the service member's medical treatment. However, it is not definitive as to which portions this may include.[27]

- **Service Member decides to leave the Armed Forces** – When service members choose to retire or leave the Armed Forces, they are eligible to apply for compensation for any service-connected disability they have suffered while serving the United States.

- **Transition Assistance Program** – Before being discharged, every member of the military must attend a transition assistance program offered by each branch of service.[28]

  The transition assistance program helps separating service members with searching for civilian employment or with pursuing educational opportunities. However, the VA has its own curriculum within this program: VA Benefits I and II.

  - VA Benefits I Briefing is four hours and provides information on education, health care, compensation, life insurance, and home loans.[29]
  - VA Benefits II Briefing is two hours and provides information on the services and programs related to VA health care, as well as the VA disability compensation process and how to navigate through eBenefits.[30]

- **Veteran/Service Member decides to file a claim and seeks assistance** – Veterans and separating service members have a number of options for filing a claim:

  - **Traditional** – Go to a VARO and file a claim.[31]

- **Benefits Delivery at Discharge (BDD)** – BDD allows a service member to submit a claim for disability compensation, either through eBenefits or by mailing it to the nearest VARO, 60 to 180 days prior to discharge.[32]

- **Quick Start Program** – Quick Start allows a service member to submit a claim for disability compensation, either through eBenefits or by mailing it to the nearest VARO, 1 to 59 days prior to discharge.[33]

- **Integrated Disability Evaluation System (IDES)** – If a service member is found medically unfit for duty, IDES gives the individual a proposed VA disability rating before leaving service. These ratings are normally based on VA examinations conducted using required IDES examination templates.[34]

- **See a Veteran Service Officer** – VSOs have nationwide networks of skilled Veterans Service Officers who are dedicated to helping Veterans navigate the claims process and act as an advocate on their behalf—all at no cost to the Veteran. VSOs are located on most bases and are available during the transition assistance program. VSOs are also located in VAROs across the nation and can also provide assistance by phone.[35]

- **Online at eBenefits**– Through eBenefits Veterans Online Application (VONAPP), a Veteran can file a claim online by filling out relevant forms on their own and providing the necessary documents. Veterans can also check the status of their online submission using the eBenefits portal, which tracks where the claim is in the process. [36]

- **Fully Developed Claims (FDCs)** – The FDC program is an optional new initiative that the VA offers to speed up the claims process. The individual filing the claim submits all required records and documentation and certifies that there is no further evidence. This allows the VA to process the claim more rapidly. [37]

- **Veteran files a claim** – Once a Veteran chooses one of the above options for filing a claim, the claim will be received in one of the following ways:

  - Online through a web portal.
  - Submitted directly to the VARO in person.
  - Submitted to a VSO, who then submits the claim directly to the VARO.
  - By U.S. mail – Paper claims are collected by mail staff, organized, and sent to the proper location.

- **Veteran Receives Notification** – Once the VA is in receipt of a claim, the Veteran will receive notification from the VA by mail.

- **Claim Goes Under Review** – The claim is assigned to a VSR, who reviews it to determine if additional evidence or examinations are needed before sending to an RVSR. A VSR needs, at the very least, the following evidence before sending a claim to an RVSR[38]:

    - Discharge or separation papers (DD214 or equivalent).
    - Service Treatment Records, if they are in the Veteran's possession.
    - Medical evidence – This can include private medical evidence from a physician outside the VA.

- **Gathering of Evidence** – The VSR will request necessary evidence from the required sources, which may include the Veteran, a medical professional, a government agency, or another authority.

    - During this time, the Veteran may be asked to see a doctor for a disability medical examination. The exams requested will depend on the Veteran's claim and treatment history. The VA Medical Center (VAMC) will schedule the exam and will contact the Veteran with the date and type of exam scheduled. Veterans can also opt to see a private physician by using the VA's Disability Benefits Questionnaire (DBQ).[39]

- **Review of Evidence** – The VSR reviews the claim to determine if further evidence is required before sending the claim out for a decision. If additional evidence is needed, the claim will go back to the evidence-gathering stage.

- **Preparation for Decision** – An RVSR recommends a decision and prepares required documents detailing that decision. If more evidence is required, the claim will be sent back in the process for more information or evidence. Otherwise, the RVSR carefully reviews all the medical evidence and applies the policies set forth in federal regulations to determine entitlement to each issue claimed, and documents the results in a rating decision.[40]

- **Pending Decision Approval** – The recommended decision is reviewed, and a final award approval is made. If it is determined that more evidence or information is required, the claim will be sent back in the process for more information or evidence.

- **Preparation for Notification** – The entire claim decision packet is prepared for mailing.

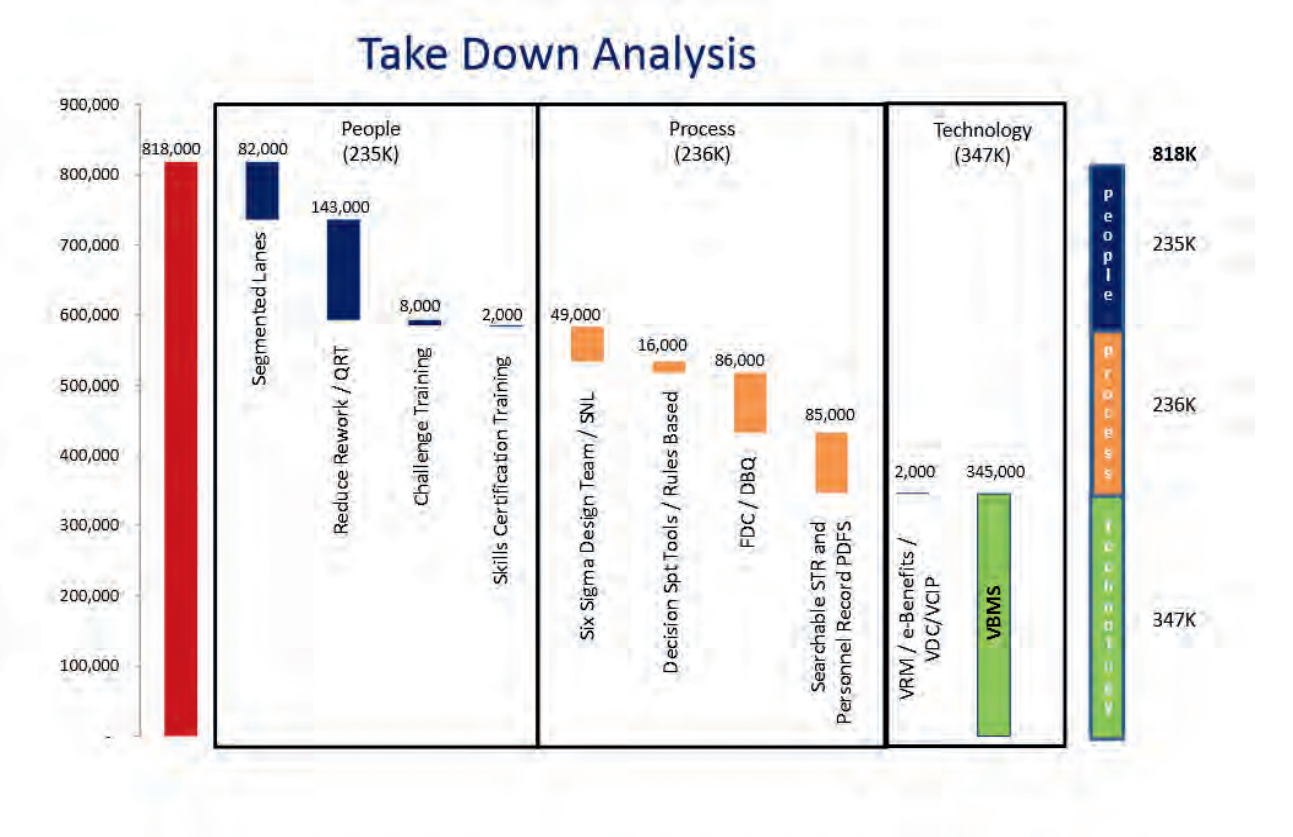
- **Claim Is Completed** – The VA sends a decision packet by U.S. mail, at which point the Veteran has a year to appeal the decision if they disagree.

There are multiple options for filing a claim and a cumbersome process to follow it. This is why there is no single solution that will fix the process.

Current VA Initiatives

Having acknowledged the seriousness of the claims backlog, the VA's Veterans Benefits Administration (VBA) is taking action to reduce the number of Veterans waiting for a decision through initiatives of its own.

In January 2013, the VA released the "VA Strategic Plan to Eliminate the Compensation Claims Backlog," which includes three primary components to reduce the backlog of claims—people, process, and technology. [41] The graph below estimates how the backlog will be impacted by each initiative.[42]



People

the VA has faith that its employees, over 50 percent of whom are Veterans, will be able to reduce the backlog if given the proper tools.

- **Establish Segmented Lanes**
  - The VBA established a new standardized organizational model that focuses on case management by separating its workforce into teams that work on one of three segmented lanes: express, special operations, or core. [43]
    - Express – Claims that predictably take less time to process will go through the express lane. This is expected to be 30 percent of claims.
    - Special Operation – Claims that typically take more time or require special handling will go through the special operations lane. This is expected to be 10 percent of claims.
    - Core – All other claims will flow through the core lane, which is expected to be 60 percent of claims.

- **Reduce Rework through Quality Review Teams and Challenge Training**
  - In 2012, the VBA instituted Quality Review Teams (QRTs) to enhance employee accuracy by focusing on improving the most frequent errors that claims processors make. The VBA then addressed those issues during Challenge training to ensure there is less rework of claims.[44] According to the VBA, new employees who received Challenge Training decide 150 percent more claims per day than previous new employees who did not receive Challenge Training.[45]

- **Skills Certification Training**
  - The VBA claims processors go through intensive training and then take a skills certification test demonstrating thorough knowledge of reference materials, computer information systems and codes, the workflow system, and some understanding of the medical and legal requirements to receive compensation.[46]

Process

While VBA employees must have the training and management environment to work effectively, the VBA also analyzed its process to streamline operations and eliminate repetition.

- **Six Sigma Design Team**
  - The VBA established a "Design Team" concept to conduct quick development and testing of process changes. Through pilot programs, the VBA ensures that changes are efficient before implementing across the nation. The FDC Program is an example of one of those successful changes.[47]

- **Decision Support Tools**
  - The VBA has incorporated decision-support tools using evaluation builders and rules-based calculators to increase accuracy and efficiency. This capability is

included in the VBA's Veterans Benefits Management System (VBMS), which is being deployed across the nation's VAROs. [48]

- **Fully Developed Claims and Disability Benefits Questionnaires**
  - Pushing FDCs has been a critical effort for the VBA because these claims have all the necessary federal and personnel records needed to move forward, making it quicker for the claims processor to move forward rather than waiting on federal agencies or a Veteran to deliver additional evidence. In January 2013, the VBA reported that FDCs were being completed in 117 days—under the 125-day deadline.[49]
  - DBQs are forms that physicians complete during an exam that contain explicit medical information needed to decide a disability compensation claim. The largest area of rework for a claims processor was a lack of data provided by the doctor after an examination. DBQs request the specific information needed so that the Veteran does not have to repeat the process. DBQs are used by private physicians, the VAMCs, and the Department of Defense (DOD) when issuing exit exams. [50]

- **Searchable Service Treatment Records and Personnel Record PDFs**
  - The DOD and the VA reached an agreement to have the DOD provide 100 percent complete service treatment and personnel records for any departing service members. These records will be provided in an electronic, searchable format, allowing for more claims to be filed as fully developed and reducing the evidence-gathering phase—which can take 60-90 days when the VA must request and wait for records to be transferred. [51]

Technology

The VBA has been using an outdated process that is paper-intensive and timely. The VBA is in the process of deploying technology that will "improve access, drive automation, reduce variance, and enable faster and more efficient operations."

- **Veterans Benefits Management System**
  - VBMS is a web-based, electronic claims processing solution that will serve as the VBA's technology platform for claims processing. Many of the initiatives mentioned above go hand-in-hand with VBMS's electronic format as the VBA transitions to a paperless environment that is more accurate, efficient, and results in a quicker decision.[52]

- **Online Portal—eBenefits**
  - To complement the VBA's implementation of VBMS, the DOD and the VA created a shared self-service portal called eBenefits that will allow Veterans to file

a claim online and scan in all needed evidence. This program also gives the Veteran information about where the claim is in the process.[53]

- **Veterans Claims Intake Program (VCIP)**
  - As VBMS is implemented across the nation, it is important that the VA scan all existing and future documents since the new system is paperless. The VCIP focuses on scanning and transferring Veteran data into VBMS. By the end of 2013, the VA estimated that VCIP contractors would provide 70 million images per month. [54]

The Process Needs More Than What the VA Is Doing

The current VA initiatives are necessary changes, and we hope they prove successful. We also know that more must be done beyond the VA's current efforts.

That is why we propose three areas of improvement revolving around the Veteran, the claims process, and the government.

1. Veterans must be given every tool they need to understand the claims process and what they can do to provide information that the VBA needs by law to process the claim efficiently and accurately.

   The Veteran must always have the safety net that Congress has rightfully provided for Veterans who need additional assistance from the VA. However, if Veterans can provide the necessary information when initially filing a claim, they can be awarded what they have earned in a timelier manner.

   To accomplish this, the following needs to occur:

   - Provide better education to Veterans on filing a claim;
   - Ensure direct access to Veterans Service Organizations to assist Veterans;
   - Incentivize developed claims submission through monetary benefits.

2. The VBA and VAROs must make structural changes to ensure claims are being processed quickly, particularly as the VBA transitions to an electronic claims processing environment. The Backlog Working Group believes the workforce at each VARO is capable of tackling this enormous task, provided they have the resources and guidance that is consistent throughout the VBA.

   The VBA must make structural changes that increase accuracy and efficiency in the following ways:

   - Ensure accountability and oversight of VARO management;
   - Provide resources to VBA employees and implement process changes that allow claims processers to efficiently move claims through the benefits awards structure;
   - Improve the transparency to the public on the size and scope of the current backlog.

3. The federal government, across-the-board, must make Veteran benefits claims a priority. Files at other departments within the VA or at outside agencies are targeted as a reason for delays in the claims process. The VA is trying to become a 21st century benefits delivery service for our Veterans, but cannot award claims when lacking critical evidence.

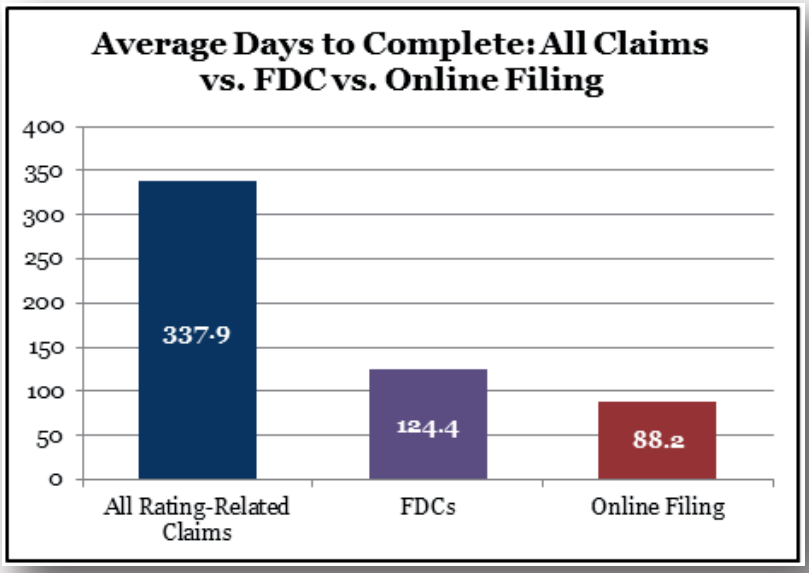
   In order to gain necessary evidence to process claims, the VA and outside agencies must do the following:

   - Demand more from federal agencies to transfer requested information;
   - Ensure VBA employees process information they receive from these agencies in a timely fashion.

Focusing on these goals, in addition to what the VA is doing, will help to provide a system that is accurate and efficient and can work to stop the backlog from growing in the future.

Initiative #1 – The Claims Submission

We believe if Veterans are better prepared to submit a claim, the wait time will decrease. The chart below shows the average days the VBA takes to complete a claim. Claims that are not fully developed take on average 200 more days to complete than FDCs.



*Data provided by the Veterans Benefits Administration—based on Average Days to Complete, fiscal year to date thru June 30, 2013.[55]

It must be noted that developing a claim takes time because Congress and the courts have increased the obligations the VA must fulfill when assisting a Veteran with a claim.

For example, when Congress passed the Veterans Claims Assistance Act (VCAA) of 2000 (Public Law 106-475), which requires the VA to assist Veterans in obtaining evidence needed to decide a claim, they enacted a landmark change in the way the VA handles claims.[56]

Subsequent court decisions handed down by the U.S. Court of Appeals for Veterans Claims and the U.S. Court of Appeals for the Federal Circuit also interpreted the VCAA's obligations upon the VA. In response, the VA implemented internal policies to meet those obligations.[57]

Prior to the VCAA passing, the VA had a policy in place to assist a claimant in developing the facts relevant to the claim and gathering evidence in favor of the claim. Today, codified into law

are the VA's responsibilities, such as obtaining relevant records from any federal agency, including the DOD, VAMCs, and the Social Security Administration (SSA).

Further, the VA must provide a medical examination or obtain a medical opinion if it is determined necessary to decide the claim. The claimant's responsibility is to identify and obtain, if possible, relevant records not held by a federal agency, including state and local governments, private doctors or hospitals, and former employers. The VA also assists in obtaining these records. [58]

It is critically important that the VA should work to help every Veteran, and the Working Group is not proposing a change to any current law in this regard. However, it must be understood by all involved parties that while the VA should adhere to the VCAA and assist Veterans in obtaining necessary records and evidence, the process has the potential to be cumbersome and lengthy.

That is why the following proposals encourage, assist, and educate Veterans on the benefits of submitting a completed claim when possible without removing the safety net that is available to Veterans should they choose to submit a claim and opt to allow the VA to collect evidence on their behalf.

Initial Claims Submission

- Extension of Transition Assistance Program: This proposal requires the VA and the DOD to make the transition assistance program curriculum accessible to a Veteran through eBenefits.

    - *Justification: Not all Veterans apply for VA benefits upon leaving active duty. Veterans who wait years to apply for benefits may no longer have information they initially received, such as the Transition Assistance Program Participant Guide Benefits Curriculum. Ensuring Veterans can access this information at a later time on eBenefits will allow them to revisit the information and resources previously offered.*

- Encourage forms for VA claims: The VA will encourage claimants to file using applicable VA forms for all types of claims.

    - *Justification: When Veterans file using the proper forms, the VBA is able to identify specific contentions claimed, determine if medical evidence is available, and quickly resolve whether the claimant needs the VA's assistance to procure medical evidence in support of a claim. The VA should ensure that Veterans are aware of the forms available to them and encourage filling in this manner. Filing*

using applicable forms will reduce the number of 38 U.S.C. §5103 notice letters that are currently required when the VA receives claims on non-official forms.[59]

- Direct the VA to message resource information to a Veteran through eBenefits and additional methods: This proposal would direct the VA to automatically send to any person who establishes a username and password at the eBenefits website a message outlining the benefits of filing an FDC and where the individual can go to obtain assistance, including the VA and VSOs. The proposal also mandates that when the VA sends a new message to a Veteran through eBenefits, the VA also contact the Veteran through the Veteran's preferred secondary contact, such as a telephone call, a notice sent in the mail, or a private e-mail address on file.

    - *Justification: If the VA automatically emails resources and outlines the benefits of filing an FDC, the Veteran will know they can obtain assistance from trusted sources and will be aware of the benefits of filing an FDC. In addition, by requiring the VA to use one additional method of communication when attempting to communicate with a Veteran besides eBenefits, the chance a message on eBenefits is never read is reduced. Veterans may not be checking the eBenefits portal consistently and may miss important information.*

- Extend authority to provide incentives to file a developed claim: Currently, the VA is authorized to provide an additional year of retroactive benefits as incentive for Veterans to file an FDC. This proposal extends that authority until December 31, 2020.

    - *Justification: One reason the backlog exists is due to numerous claims filed that need additional evidence gathered before a decision can be made. An FDC is ready to be rated, which significantly reduces the time it takes for the VA to complete the claim. That is why Senator Burr (R-NC) introduced legislation, which passed into law (Public Law 112-84), to provide an additional year of benefits to Veterans who file an FDC. This authority expires on August 6, 2015. By extending this authority, the VA will continue incentivizing Veterans to file an FDC, ensuring the claims backlog continues to go down.*

Appeals Submission

When a Veteran disagrees with the decision regarding a claim, he or she can submit a written Notice of Disagreement to the VARO handling the claim. The VBA will review the case, and a Decision Review Officer (DRO) provides the Veteran with a written explanation of the decision or grants the appealed issues. If the Veteran further disagrees with the decision, he or she may appeal to the Board of Veterans' Appeals.

Many Veterans wait years to receive a decision on an appealed claim—far longer than Veterans who are filing an initial claim. Congress's 2003 mandate (Sec. 707, Public Law 108-183) requires that appeals remanded to a VARO be expedited; yet, there are more than a quarter of a million Veterans stuck in the appeals process.[60] These claims cannot be ignored.

- Notice of Disagreement Filing Period: Encourage Veterans to file an appeal, if desired, within 180 days following the issuance of a rating decision.
    - *Justification: It is important that the Veteran has the full year to submit an appeal; however, submitting an appeal sooner will ensure that evidence remains up-to-date so the appeal can be processed quickly and exams do not have to be rescheduled.*
- Require the VBA to implement the Houston pilot program regarding Notice of Disagreement forms across all VAROs.
    - *Justification: The Houston VARO established a standardized Notice of Disagreement form, which simplifies identification and control of appeals, prompts the Veteran to specify what is being appealed or evaluated, and allows DROs to contact a Veteran by phone to discuss the issue. When the Houston VARO implemented this Notice of Disagreement form, it reduced the control time from 88 days to 8 days. The VBA should implement effective, time-saving solutions such as this across all the VAROs.*
- Require the VA to determine and schedule the most expeditious type of hearing to afford an appellant (i.e. an in-person hearing or a video conference hearing), but allow appellants to request alternate hearing options.
    - *Justification: Allowing the Board of Veterans' Appeals to schedule the most expeditious type of hearing will ensure the best time management and use of resources, which will allow the appeals process to move forward in a timely manner for each Veteran. However, it is also important that Veterans have the option to schedule a different type of hearing available if they choose.*

Initiative #2 – Reform VA and VARO Practices

PERSONNEL AND MANAGEMENT

In addition to improving claims submission, personnel and management must be given tools to perform efficiently. VSRs, RVSRs, and DROs have a unique skill set that requires extensive training to obtain. Good management and proper employee support will ensure that quality personnel are retained. Creating an efficient work environment requires consistent management practices, as well as accountability at all levels.

Improve VBA management

When analyzing the pending and backlogged claims across the 56 VAROs, it is apparent that there are differences in output and success at each VARO. Below are the top ten best and worst VAROs as of January 6, 2014, based on the average days it took to complete claims fiscal year to date (FYTD).

Ten Best VAROs	Average Days to Complete -FYTD
Providence	97.2
Manila	123.7
Sioux Falls	150.2
St. Paul	163.6
Lincoln	177.0
Togus	211.4
Fargo	211.6
Seattle	215.5
Fort Harrison	220.9
Milwaukee	225.7

Ten Worst VAROs	Average Days to Complete - FYTD
Reno	425.9
Baltimore	389.2
Houston	383.3
Winston-Salem	378.5
Cleveland	370.6
Los Angeles	368.5
Chicago	366.5
Pittsburgh	363.7
Atlanta	356.5
Jackson	356.4

The Working Group asked whether the differences in average number of days to complete claims are a result of the location of the VARO, the resources provided to that particular VARO, or the management of the VARO. However, without a thorough analysis of the current state of management at VAROs, specific recommendations for improvement cannot be made.

The following action would determine how the VAROs are being managed to ensure accountability mechanisms are in place.

- Require GAO to analyze the VA's 56 regional offices in order to identify ways to achieve more consistent performance in Veterans' disability claims processing. Specifically, the

GAO will identify the factors, including management practices, which appear to distinguish the higher performing regional offices from other regional offices. As part of this analysis, the GAO will identify possible lessons learned that the VA Secretary could use to achieve improvement.

- *Justification: This review by GAO will answer questions that existing GAO, IG, and Commission reports have not been able to answer. Having a good management team can impact work environment, productivity, accountability, the employee support system, and retention of quality employees—all of which are key factors to reducing the claims backlog. Comparing the higher performing regional offices will help determine if there are practices that should be implemented nationwide to create more efficiency for claims processors.*

* * *

EFFICIENCY

As the VBA transitions into a 21st century benefits delivery system, many of the practices used by the VBA and its management remain outdated. Improving, simplifying, and streamlining these practices will help claims processors with the challenges they face that lead to a backlogged claim. The following recommendations target the inefficiencies the Working Group has identified.

Study on Increases in Disability Evaluations

- Require the VA to conduct a study that would analyze and report data regarding the statistical progression of disabilities over time based on the VA's historical data of Veterans' disabilities.

  The VA will report the statistics and information related to the progressive nature of a service-connected disability, in terms of increased impairment of earning capacity caused by the disability.

  The VA's report will provide Congress recommendations regarding methods that this data can be utilized to faster adjudicate claims for increased compensation and will make recommendations as to how this data can be utilized to faster adjudicate claims for Veterans serving in a specific military occupation.

This report will be made publicly available so that stakeholders, including VSOs and other Veteran advocates, can provide input on the VA's recommendations. The VA will then submit to Congress a proposal—utilizing input from stakeholders—for a pilot program to adjudicate disability claim increases using data from the study conducted by the VA. This pilot program must be authorized by Congress before implementation.

- *Justification: Certain disabilities have a history of worsening over time. As a result, Veterans must continually return to the VA to request an increase in their disability rating.*

  The data collected from the VA in this study and report will determine the best path forward for a potential pilot program that utilizes this historical data to automatically increase a Veteran's disability rating for conditions that consistently worsen over time. As the VBA implements VBMS, Congress and the VBA must look for ways to make the claims process more efficient for both Veterans and claims processors under the new automated system.

  A system that properly applies historical data would result in a more efficient utilization of resources for the VBA and VAMCs, as well as quicker decisions for all Veterans submitting claims.

Veterans Health Administration Contract Examinations

- Provide a three-year extension and expansion of authority for contract examinations: This proposal extends the authority to contract out disability examinations for three years, as well as expands the authority to five additional VAROs.

  - *Justification: To establish service connection, some Veterans must receive a disability examination at a VAMC. However, VAMCs do not always have the resources to handle the number of incoming requests for exams, so the process can take months.*[61] *That is why the Veterans Benefits Improvement Act (Public Law 104-275) authorized a pilot program for 10 VAROs to contract out medical disability examinations to private physicians, allowing more examinations to be conducted in a shorter timeframe. This proposal expands the pilot program authority to an additional five VAROs and extends authorization of the program for three years.*

Mail Processing

- Require the VA to develop a plan and execute a uniform mail processing and scanning system throughout the 56 VAROs no later than a year from the date of the legislation's

enactment. The VA will also provide a report to Congress on implementation of this plan.

- *Justification: The VA's IG report in 2009 demonstrated that the VA's mail system is inefficient. Mail was put aside for months, improperly processed, shredded, or lost.*[62] *As the VBA transitions to a paperless system, an updated mail processing system will be needed so that all incoming claims and related documents are scanned for processing into VBMS. Mail processing should have clear and concise guidelines that are implemented consistently in every VARO.*

Suspense Dates

- Require the VA IG to review the process and utilization of "Suspense Dates" to determine if VAROs need additional VSRs to handle the massive amounts of critical evidence received every day and to determine whether it is advisable to restrict the ability to extend Suspense Dates, with permissions only granted due to claims that have higher priority.

  - *Justification: The VBA utilizes "Suspense Dates" to set incremental deadlines for a VA disability claim as it flows through the claims process. Because of the daily, sometimes multiple, priorities that are sent to the VAROs from the VA Central Business Office, as suspense dates are triggered, often they are extended until months have passed. The VA's IG should review the utilization of suspense dates, determine the frequency of suspense dates being extended, and provide recommendations for utilization of suspense dates. If Coaches are restricted on the number of times a suspense date is extended, the flow of a claim should move through the process more expeditiously.*[63]

Progress of Veterans Benefits Management System

VBMS is one of the main pillars of the VBA's transformation plan that is a necessary step to speed up claims processing long term. However, VBMS has not been fully implemented across all the VAROs[64], and some recommendations in this report are dependent upon the VBA utilizing VBMS and embracing the paperless system.

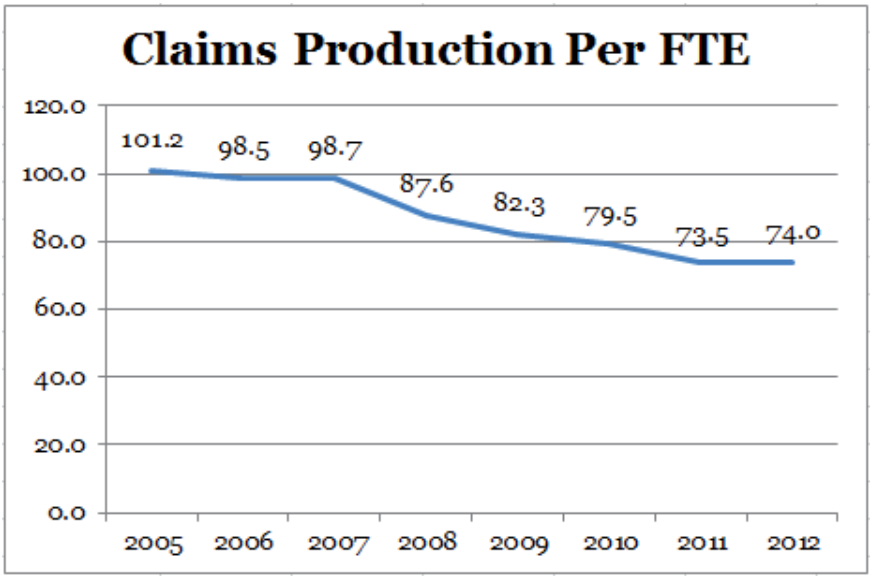
- Require the VA to report to Congress every six months on the progress of implementation of VBMS until full functionality is certified by the VA's IG. This report shall include an assessment of the functionality (fully, partially, or not functional) of VBMS sub-components, as well as a timeline for when sub-components that are not fully functional will be completed. The report will also include comments and

recommendations for improvement from claims processors at the VAROs, including VSRs, RVSRs, and DROs.

- *Justification: As part of Congress's oversight responsibilities, Members need to know when to expect VBMS to be fully functional, especially since the VA Secretary has set a target date of 2015 for all backlogged claims to be eliminated. Furthermore, input from VSRs, RVSRs, and DROs will determine whether VBMS is functional and adaptable to the needs of claims processors.*

Standards for VSR Productivity

Based on data between 2005 and 2012, the VA experienced an increase in the receipt of claims, the year-end inventory, production, and the number of employees it hired. Yet, regardless of the increase in labor, the production per full-time employee (FTE) decreased from 101.2 claims per FTE to 74 claims per FTE. Further, the average days to complete claims increased from 177 days in 2006 to 262 days in 2012.



*This data is based on VBA disability determination workload (all rating related claims with the combined totals for C&P and DIC claims)

Recognizing that claims are more complex and employees have a learning curve of two years[65], the Working Group must understand what the expected output should be given the current claims processing environment. Understanding the expected output of a FTE will allow the VBA and Congress to determine the appropriate resources to put towards claims processing and how to measure the success of VSRs and RVSRs.

- Require the VBA to provide a report on an annual basis that calculates the number of claims open at the VBA, the number of FTEs, and the expected average output over the course of the year to determine whether the VBA has adequate workforce to reduce backlogged claims while also performing regular VBA duties. The report shall include a justification of whether the VBA needs to increase or adjust the workforce to meet the needs of incoming Veterans' claims over the next 1, 5 and 10 years.

    - *Justification: Combining the current inventory with estimates of the next year's receipts and utilizing the prior year's "Production per FTE" will allow the VA to determine how many VSRs, RVSRs, and DROs it will need to process claims without having to draw from other areas such as appeals. The VBA cannot continue to wait for the backlog to grow, and then address the fact that it is under-resourced. The VBA should be predicting its incoming claim numbers and acting pre-emptively to ensure claims do not fall into the backlog as a result of under-staffing.*

* * *

TRANSPARENCY

As part of the VA's Transparency Program, the VBA issues a Monday Morning Workload Report (MMWR) each week. This MMWR is a compilation of performance measures for the processing of disability, pension, and education benefits. The report measures statistics such as the number of pending and backlogged claims that are under VBA's jurisdiction, as well as accuracy measurements on claim decisions.

To ensure accountability, the Working Group generated the following recommendations regarding information and statistics that should be included in the MMWR to keep Congress, the VSOs, and the public fully aware of VA's progress and efforts with the claims backlog.

- Include in the MMWR the number of claims that received a partial rating in both the "Transformation" and "Aggregate" sections of the report.

    - *Justification: A partial rating is a rating that grants one of the conditions a Veteran files for, but not the rest of the conditions. Partial ratings are utilized in cases in which the condition can be quickly granted and all the necessary evidence is available. This allows the Veteran to start receiving benefits although the full claim is not completed. Granting partial ratings has been a policy utilized and encouraged by the VA, but its implementation in VAROs has not been tracked. Some VAROs may not be utilizing partial ratings because the VSR and*

RVSR do not receive immediate credit for a partially completed claim. Including this information in the Monday Morning Workload Report would shine a spotlight on which VAROs are granting partial ratings so that managers and supervisors, as well as Congress, can ensure this policy is being implemented by VSRs and RVSRs.

- Include in the MMWR "Transformation" section two additional "bundles": (1) a bundle that adds up the number of pending and backlogged non-rating-related claims; (2) a bundle that adds up all non-rating and rating-related claims pending and backlogged.

    - *Justification: Currently, the Monday Morning Workload Report defines the pending claims and backlog only as it relates to rating-related claims. However, the workload of the VAROs is not limited to these particular claims. There are hundreds of thousands of other claims that must be processed—such as educational or dependency. When analyzing the backlog, policymakers, VSOs, and the public need a full understanding of the workload that VAROs are handling. While these numbers are included in the workload report, they are not added up to paint a complete picture.*

- Include in the MMWR a section on percentage of FDCs in the system and the average days pending by VARO.

    - *Justification: This information will allow policymakers, VSOs, and the public to understand how quickly an FDC is processed on average to demonstrate the effectiveness of filing an FDC. Furthermore, it will bring greater transparency to the success each VARO is experiencing with the FDC program.*

- Allow public access to the appeals reports entitled "Appeals Pending" and "Appeals Work By Station." Include in one of the reports the percentage of appeals granted by station.

    - *Justification: Policymakers, VSOs, and the public should have an understanding of how many appeals are pending in each phase of the appeals process to determine if a specific part of the appeals process should be fixed or receive better oversight by managers. Furthermore, understanding the percentage of appeals granted by station, over time, will highlight any discrepancies in how appeals are being awarded across the country.*

Initiative #3 – Government Must Make VA Claim a Priority

In addition to assisting Veterans with filing a fully developed claim and giving the VA additional tools to perform efficiently, the Backlog Working Group believes the government must also make Veterans' claims a priority.

In December 2012, the GAO released a report analyzing the VA's disability claims process and the challenges the VA faced with timeliness. One of its primary findings was that claims processors struggled to receive requested records from other federal agencies in a timely manner.[66] A striking example of this issue was demonstrated by the process VSRs must go through to receive a record from the SSA. VSRs are required to fax the request for records to SSA and wait 60 *working* days before following up. After following up with another faxed request, the VSR must wait an additional 30 days before reaching out by e-mail. Already, the VBA has lengthened the evidence-gathering phase by 90 days as a result of this process. The VBA is aiming for the evidence-gathering stage to take 85 days, so the VBA has already missed its deadline.[67] Such a process is outdated and contributes to delays.

The VA faces similar challenges with the DOD due to a lack of an interoperable electronic health record (EHR) between the VA and the DOD. Congress mandated in 2008 that the VA and the DOD develop an interoperable EHR; yet, after spending more than a billion dollars, this goal has not been accomplished.[68]

The below recommendations address other federal agencies' role in the claims process and ensure they are held accountable to Congress for timely responses.

- Require the DOD to have the Health Artifact and Image Management Solution (HAIMS) program fully developed and operational for the VA to use within 6 months. If it is not interoperable by this deadline, the DOD will issue a report on the difficulty achieving interoperability.

    - *Justification: The Working Group is pleased that this recommendation, which was filed as an amendment to S. 1197 by Senator Heller, was included as part of the Fiscal Year 2014 National Defense Authorization Act (Public Law 113-66). HAIMS is intended to provide the DOD and VA health care providers with access to documents and images generated during the health care delivery process. Claims processors also need access to this information during the evidence-gathering process to establish service-connected disabilities. Congress will continue to hold both agencies accountability to this goal, and the report will*

allow Congress to identify the resources that may be needed should implementation not be reached by the required deadline.

- Require federal agencies, specifically the DOD and its reserve components, SSA, and National Archives and Records Administration, to provide liaisons or another form of direct access that can serve as a point-of-contact to the VA to help facilitate the acquisition of records requested.

    - *Justification: Agencies relevant to the VA processing Veteran disability claims should ensure the VA has ease of access to necessary records, whether it is a Veteran's service record held at National Archives, current disability benefits provided by SSA, or an STR held by the DOD. Establishing a liaison will ensure VA can follow up on requests with a designated individual.*

- Require federal agencies to respond within 30 days to a VA request for records necessary to adjudicate a Veteran's claim.

    - *Justification: According to the December 2012 GAO report, evidence-gathering takes 157 days on average; whereas, the VA's goal is to complete the evidence-gathering phase in 85 days.*[69] *Giving agencies 30 days to respond to a VA's request for records will allow VSRs to complete the evidence-gathering phase in less than 85 days.*

- Require the VA to submit a report to Congress each year on the number of days information requested by the VA to other government agencies takes to be returned.

    - *Justification: It is Congress's responsibility to conduct oversight to ensure that federal agencies are responding in a timely manner and that the VA is moving the claim forward after receiving timely responses.*

- Require the VA and the DOD to submit a joint report setting a timeline and milestones for achieving interoperability of EHRs between the two agencies.

    - *Justification: The Working Group is pleased that the Fiscal Year 2014 National Defense Authorization Act (Public Law 113-66) includes a provision requiring the VA and the DOD to submit a report by January 31, 2014, regarding progress on the interoperable EHR. While there have been reports regarding VA and DOD's progress on reaching interoperability, the two Departments have not provided a timeline or plan for sharing necessary information for processing claims. Congress needs a timeline and milestones to hold the DOD and VA accountable to this initiative mandated by Congress.*

Glossary

The Veterans Benefits Administration

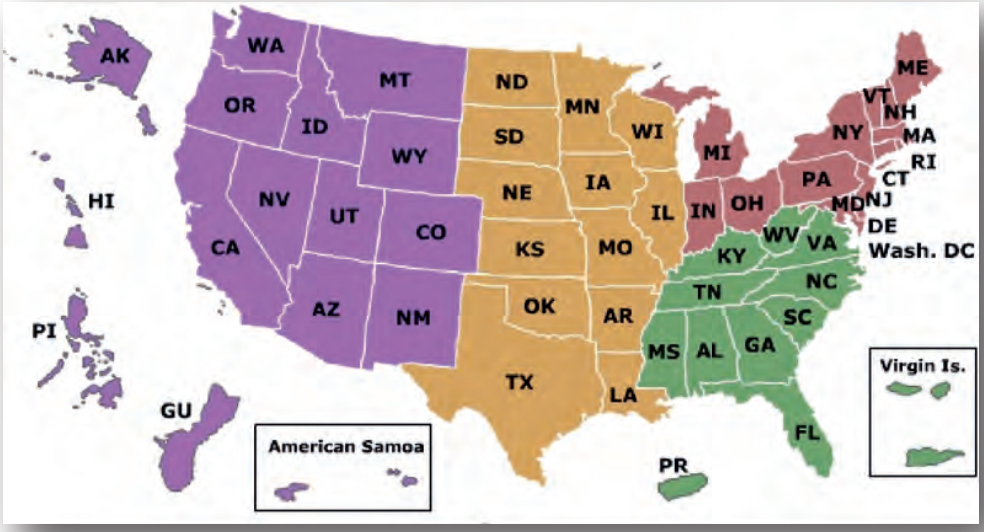
The VBA is in charge of processing disability and compensation claims. The VA website describes the VBA this way:

"As one of three administrations within the VA, the VBA, in partnership with the Veterans Health Administration and the National Cemetery Administration, provides benefits and services to service members, Veterans, and their families in recognition of their service to the Nation.

Within VBA, there are three Deputy Under Secretaries led by the Under Secretary for Benefits. Their organizations provide oversight for Disability Assistance, Economic Opportunity, and Field Operations. Additionally, there are four program offices including Strategic Planning, Management, Resource Management and Performance Analysis and Integrity."[70]

The VBA has four field offices that provide oversight of the 56 VAROs that accept, develop and rate claims. The four field offices are in the following locations:

- Philadelphia, PA, (oversight of VAROs in Northeast)
- Nashville, TN (oversight of VAROs in South
- St. Louis, MO (oversight of VAROs on Midwest)
- Phoenix, AZ (oversight of VAROs in West)



The 56 VAROs serve Veterans and their families in their geographic location with compensation and pension claims as well as career counseling, retraining benefits, job placement assistance and follow up for Veterans.

The mission of each VARO is to provide benefits and services to Veterans and their families within their jurisdiction in a responsive, timely and professional manner. The VAROs report to the Office of Field Operations through their respective Area Offices.

A VARO is comprised of six divisions that carry out the functions of the VBA and generally includes the following:

1. Veterans Service Center
2. Finance Division
3. Support Services Division
4. Human Resources
5. Loan Guaranty Division
6. Vocational Rehabilitation and Employment Division

Types of Claims Processed

The 56 VAROs in the VBA system are run by one of the four regions in which they preside. Each VARO is responsible for rating and non-rating claims.

Pre-Discharge Claims: Service members that are within 180 days of separation or retirement from active duty or full time National Guard duty may file claims for disability compensation.

Claims Based on Pre-Service Disabilities: Individuals may enter military service with a known disability. Should this disability become worse due to military service, the VA may be able to pay compensation. This is known as aggravation; however, compensation can only be paid for the level of aggravation. For example, at entry into military service, an individual has a disabling condition that could be considered 10% disabling. In order for this condition to be considered aggravated, it would have to have worsened due to military service to at least 20%.

Claims Based on In-Service Disabilities: These claims are based on disabilities that are a result of an injury or disease that occurred in active service, and in the line of duty. Injuries or diseases as a result of the Veteran's own willful misconduct or abuse of alcohol or drugs are excluded. Claims Based on Post-Service Disabilities: Claims for post-service disabilities would include claims for disabilities that are a result of disabilities considered to be service-related, even though the disability arose after service. There are various classifications of presumptive disabilities which can be based on location or circumstances of service or just by military service itself.

Claims Based on Special Circumstances: Claims regarding compensation are not always based on an in-service event. In other words, after a disability has been determined to be service connected, there may be other types of claims a Veteran or surviving spouse may wish to file. This might include a claim for a temporary 100% rating due to surgery for a service-connected disability, or additional compensation based on being in need of regular aid and attendance.

How VA Identifies Claims

Original Claim: An original claim is the first claim Veterans file for compensation from the VA. This can be filed by a service member, Veteran or survivors of deceased Veterans.

Reopened Claim: A reopened claim is a claim filed for a benefit that could not be granted and the decision has become final, meaning that it is over one year old and has not been appealed. The VA cannot reopen these claims unless new and material evidence is received. New evidence is evidence that the VA has never before considered in connection with the specific benefit

claimed. Material evidence is evidence that is relevant to and has a direct bearing on the issue at hand.

New Claim: A new claim is a claim for a benefit that may or may not have been filed before. Generally, the decision made on the claim is based entirely on new evidence. These may include claims for (1) An increased disability evaluation; (2) Special monthly compensation; or (3) Individual unemployability.

A new claim differs from a reopened claim in that a decision on the claim is totally independent of any evidence submitted in connection with an earlier claim.

Secondary Claim: A secondary claim is a claim for disabilities that developed as a result of or were worsened by another service-connected condition. In other words, it is recognized that a service-connected disability may cause a second disability. This second disability may not otherwise be considered service-connected.

Types of Compensation

- **Disability Compensation –** A tax-free monetary benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. The benefit amount is graduated according to the degree of the Veteran's disability on a scale from 10 percent to 100 percent (in increments of 10 percent). Compensation may also be paid for disabilities that are considered related or secondary to disabilities occurring in service and for disabilities presumed to be related to circumstances of military service, even though they may arise after service. Generally, the degrees of disability specified are also designed to compensate for considerable loss of working time from exacerbations or illnesses.

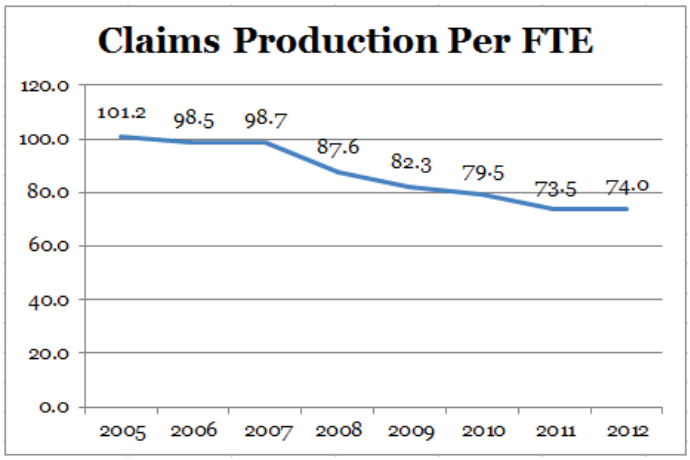
- **Dependency and Indemnity Compensation (DIC)** – DIC is a tax-free monetary benefit generally payable to a surviving spouse, child, or parent of service members who died while on active duty, active duty for training, or inactive duty training, or to survivors of Veterans who died from their service-connected disabilities. Parents DIC is an income-based benefit for parents who were financially dependent on a service member or Veteran who died from a service-related cause.

- **Special Monthly Compensation (SMC)** – SMC is an additional tax-free benefit that can be paid to Veterans, their spouses, surviving spouses and parents. For Veterans, Special Monthly Compensation is a higher rate of compensation paid due to special circumstances, such as the need of aid and attendance by another person, or by specific disability, such as loss of use of one hand or leg.

- **Compensation Based on Special Circumstances** – Veterans may be eligible for other types of disability compensation once a disability has been determined to be service connected. Special VA disability compensation programs include: individual unemployability, automobile allowance, clothing allowance, prestabilization, hospitalization, convalescence, dental, and birth defects.

Appendix

Figure 1.



VBA disability determination workload (all-rating related claims - combined totals for C&P/DIC claims)								
Year	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Compensation Direct Labor FTE	7,547	7,858	8,353	10,277	11,868	13,555	14,038	14,119
Receipts	788,298	806,382	838,141	888,112	1,013,712	1,192,346	1,311,091	1,080,342
Year-end Inventory	346,292	378,296	391,593	379,842	416,335	531,698	810,455	846,590
Production	763,464	774,378	824,844	899,863	977,219	1,076,983	1,032,344	1,044,207
Average Days to Complete		177	183	179	161	166	188	262
Claims Production Per/FTE	101.2	98.5	98.7	87.6	82.3	79.5	73.5	74.0

Figure 1 Data Citations:

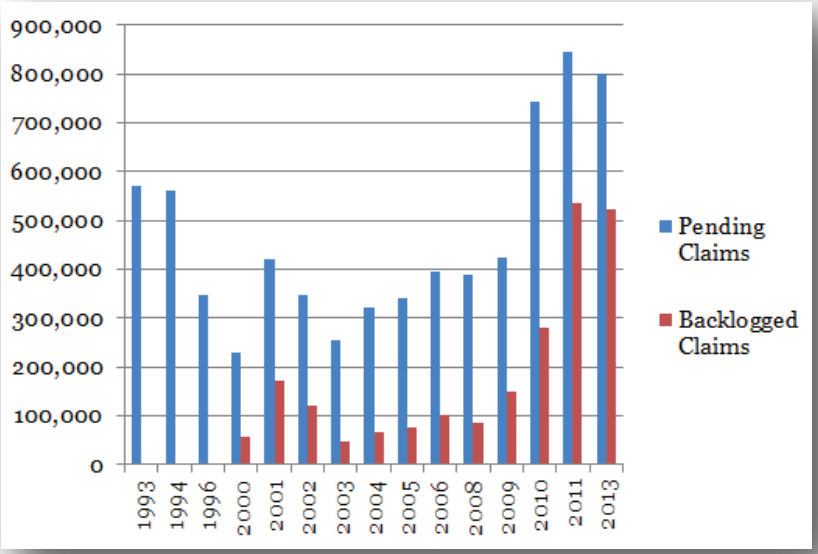
2005: "Volume II – National Cemetery Administration, Benefits Program, and Departmental Administration – Congressional Submission, FY 2007," Department of Veterans Affairs, Fiscal Year 2007 Budget Estimate; http://www.va.gov/budget/products.asp.

2006: "Volume II – National Cemetery Administration, Benefits Program, and Departmental Administration – Congressional Submission, FY 2008," Department of Veterans Affairs, Fiscal Year 2008 Budget Estimate, page 6B-4; http://www.va.gov/budget/products.asp.

2007: "Volume III – Benefits and Burial Programs and Departmental Administration – Congressional Submission, FY 2009," Department of Veterans Affairs, Fiscal Year 2009 Budget Estimate, page 4B-6; http://www.va.gov/budget/products.asp.

2008: "Volume III – Benefits and Burial Programs and Departmental Administration – Congressional Submission, FY 2010," Department of Veterans Affairs, Fiscal Year 2010 Budget Estimate, page 4B-10; http://www.va.gov/budget/products.asp.
2009: "Volume III – Benefits and Burial Programs and Departmental Administration – Congressional Submission, FY 2011," Department of Veterans Affairs, Fiscal Year 2011 Budget Estimate, page 4B-14; http://www.va.gov/budget/products.asp.
2010: "Volume III – Benefits and Burial Programs and Departmental Administration – Congressional Submission, FY 2013," Department of Veterans Affairs, Fiscal Year 2013 Budget Estimate, page 4B-8; http://www.va.gov/budget/products.asp.
2011: "Volume III – Benefits and Burial Programs and Departmental Administration – Congressional Submission, FY 2013," Department of Veterans Affairs, Fiscal Year 2013 Budget Estimate, page 4B-8; http://www.va.gov/budget/products.asp.
2012: "Volume III – Benefits and Burial Programs and Departmental Administration – Congressional Submission, FY 2014," Department of Veterans Affairs, Fiscal Year 2014 Budget Estimate, page 3B-10; http://www.va.gov/budget/products.asp.

Figure 2



Year	1993	1994	1996	2000	2001	2002	2003	2004
Pending Claims	570,000	560,000	346,000	228,000	421,000	346,000	254,000	321,000
Backlogged Claims*	N/A	N/A	N/A	57,000	172,000	122,000	47,000	67,000

Year	2005	2006	2008	2009	2010	2011	2013	
Pending Claims	340,000	394,000	389,000	423,000	742,000	844,000	801,000	
Backlogged Claims*	75,000	108,000	87,000	150,000	281,000	534,000	524,000	

*Prior to 2009, claims were considered "backlogged" if pending more than 6 months.

Figure 2 Data Citations:

1993: "The Veteran. VA's Customer: Who Claims Benefits and Why?" Veterans' Claims Adjudication Commission, December 1996, page 1; http://www.veteranslawlibrary.com/files/Commission_Reports/Melidosian_Commission_Report_Dec_1996.pdf.

1994: "Stem VA Backlog, Other Problems," SunSentinel, March 28, 1994, Available at http://articles.sun-sentinel.com/1994-03-28/news/9403250530_1_veterans-claims-veterans-affairs-department-older-veterans, accessed on June 14, 2013.

1996: "The Veteran. VA's Customer: Who Claims Benefits and Why?" Veterans' Claims Adjudication Commission, December 1996, page 1; http://www.veteranslawlibrary.com/files/Commission_Reports/Melidosian_Commission_Report_Dec_1996.pdf.

2000: "Veterans' Disability Benefits: Claims Processing Problems Persist and Major Performance Improvements May Be Difficult," Government Accountability Office, GAO-05-749T, May 2006; http://www.gao.gov/assets/120/111723.pdf.
2001: "Veterans' Disability Benefits: Claims Processing Problems Persist and Major Performance Improvements May Be Difficult," Government Accountability Office, GAO-05-749T, May 2006; http://www.gao.gov/assets/120/111723.pdf.
2002: "Veterans' Disability Benefits: Claims Processing Problems Persist and Major Performance Improvements May Be Difficult," Government Accountability Office, GAO-05-749T, May 2006; http://www.gao.gov/assets/120/111723.pdf.
2003: "Veterans' Disability Benefits: Claims Processing Problems Persist and Major Performance Improvements May Be Difficult," Government Accountability Office, GAO-05-749T, May 2006; http://www.gao.gov/assets/120/111723.pdf.
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2005:"Veterans' Disability Benefits: Claims Processing Problems Persist and Major Performance Improvements May Be Difficult," Government Accountability Office, GAO-05-749T, May 2006; http://www.gao.gov/assets/120/111723.pdf.
2006: "Monday Morning Workload Report – December 31, 2006" Veterans Benefits Administration, December 2006; http://www.vba.va.gov/REPORTS/mmwr/.
2008: "Monday Morning Workload Report – December 29, 2008" Veterans Benefits Administration, December 2008; http://www.vba.va.gov/REPORTS/mmwr/.
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Acronyms

BDD	Benefits Delivery at Discharge
C&P	Compensation and Pension
DBQ	Disability Benefits Questionnaire
DIC	Dependency and Indemnity Compensation
DOD	Department of Defense
DRO	Decision Review Officer
EHR	Electronic Health Record
FDC	Fully Developed Claim
FTE	Full Time Employee
GAO	Government Accountability Office
HAIMS	Health Artifact and Image Management Solution
IDES	Integrated Disability Evaluation System
IG	Inspector General
MMWR	Monday Morning Workload Report
OMPF	Official Military Personnel File
QRT	Quality Review Team
RVSR	Rating Veterans Service Representative
SSA	Social Security Administration
STR	Service Treatment Record
VA	Department of Veterans Affairs
VAMC	Department of Veterans Affairs Medical Center
VARO	Department of Veterans Affairs Regional Office
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VCAA	Veterans Claims Assistance Act
VCIP	Veterans Claims Intake Program
VSO	Veterans Service Organization
VSR	Veterans Service Representative

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