



# Department of Veterans Affairs Office of Inspector General

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## Audit of Veterans Benefits Administration Non-Rating Claims Processing

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# Contents

	Page
<b>Executive Summary</b> .....	i
<b>Introduction</b> .....	1
Purpose.....	1
Background.....	1
Scope and Methodology .....	3
<b>Results and Conclusions</b> .....	5
Veterans Benefits Administration Management Needs to Take Action to Ensure That Non-Rating Claims Are Processed More Timely.....	5
<b>Appendixes</b>	
A. Sampling Methodology and Estimates .....	10
B. Monetary Benefits in Accordance with IG Act Amendments.....	11
C. Under Secretary for Benefits Comments .....	12
D. OIG Contact and Staff Acknowledgments .....	15
E. Report Distribution.....	16

## Executive Summary

### Introduction

The Office of Inspector General (OIG) conducted this audit to assess the Veterans Benefits Administration's (VBA) processing of non-rating claims. Non-rating claims involve both compensation and pension (C&P) benefits, and in general can be processed by a Veterans Service Representative (VSR) without a rating decision. Examples of non-rating claims are dependency changes, claims for veteran burial benefits, and initial death pension claims for widows. Delayed processing of non-rating claims can result in overdue retroactive payments and overpayments, both of which can have a negative financial impact on veterans and their dependents (beneficiaries). The objective of the audit was to determine if Veterans Service Center (VSC) staff at VA Regional Offices (VAROs) were promptly processing non-rating claims.

### Results

VBA needed to increase accountability and strengthen controls to improve the timeliness of non-rating claims processing at VAROs. VSC staff at VAROs did not promptly process non-rating claims. We audited a statistical sample of 646 non-rating claims from a universe of 72,743 claims that had been pending for more than 73 days—VA's performance target for average days pending (ADP) of pension non-rating claims. ADP is a measure of the average number of days that a specific group of claims have been pending, as of a given date. We determined that 533 (83 percent) of the 646 non-rating claims reviewed had avoidable processing delays.

We defined avoidable processing delays as periods of time when VSC staff either did not: (1) enter the claim into the Benefits Delivery Network (BDN) within the required 7 calendar days of receipt at the VARO, (2) take action to begin processing the claim within 30 days of receipt, (3) take follow-up action 65 days after requested information from a claimant or third party was not received, and/or (4) take action to process a claim within 30 days of receiving necessary information or evidence. BDN is an automated information system used by VSC staff to track and process claims, identify claimants, and generate letters.

As of May 2007, VAROs had completed processing on 517 of the 533 non-rating claims with avoidable processing delays. The average processing time on these claims was 296 days. The 16 claims that remained open had been pending an average of 413 days.

VSC managers agreed with the avoidable processing delays that we identified. VSC managers attributed the avoidable processing delays to several causes, including staff shortages and employee turnover, the higher priority VBA management has placed on disability rating claims, and a large backlog of pending non-rating claims. We identified

an additional cause that contributed to avoidable processing delays. We determined that VBA had not established accountability and adequate timeliness standards for processing non-rating claims.

## **Conclusion**

VBA needed to improve the timeliness of non-rating claims processing at VAROs. Avoidable processing delays can result in overdue retroactive payments and overpayments, both of which can have negative financial implications for beneficiaries. Delayed retroactive payments may cause beneficiaries financial hardship by depriving them of entitled monetary benefits when they need them. The resulting collection efforts associated with overpayments may also cause beneficiaries hardship. We estimated that about 57,100 claims, from a universe of 72,743 claims, would have avoidable processing delays. This projection, as well as all other quantitative and monetary projections presented in this report, was based on a 95 percent confidence interval. (See Appendix A, page 10, for details on our sampling methodology, as well as upper and lower level estimates for all projections.) Of these 57,100 claims, about 21,400 beneficiaries would receive approximately \$45.4 million in delayed retroactive payments; and about 4,300 beneficiaries would be overpaid by approximately \$12 million because of claims processing delays. The funds paid to beneficiaries in the overpayment cases could have been put to better use. Improving non-rating claims processing timeliness is critical to beneficiaries who rely on VSC staff to take prompt action on their claims.

VBA needed to increase accountability and strengthen controls over the processing of non-rating claims to meet their goal of providing beneficiaries with high-quality benefits delivery. Without increased emphasis on non-rating claims, beneficiaries will likely continue to experience avoidable delays in receiving entitled benefits and VBA's backlog of pending non-rating claims will continue to grow.

## **Recommendations**

To increase accountability and strengthen controls over the processing of non-rating claims, we recommended the Under Secretary for Benefits take action to:

1. Address the lengthy average days pending and backlog of non-rating claims.
2. Track and analyze non-rating claims processing timeliness for the remainder of fiscal year (FY) 2008 and, if determined necessary, establish new timeliness goals for processing non-rating claims to increase accountability in FY 2009.

## **Under Secretary for Benefits Comments**

The Under Secretary for Benefits agreed with the findings and recommendations of the report and provided acceptable implementation plans. (See Appendix C, pages 12–14, for the full text of the Under Secretary’s comments.) The Under Secretary stated that VBA has taken steps to reduce the non-rating claims inventory and improve timeliness through specific training and further consolidation of claims processing activities. By the end of FY 2008, VBA will complete the hiring of 3,100 new employees, including VSRs. VBA modified its centralized training curriculum for new employees to increase the focus on processing non-rating claims. VBA has also implemented a plan for brokering initial death pension claims from stations with high inventories to stations with the capacity to complete the work. The Under Secretary also stated VBA will track FY 2008 non-rating claims processing timeliness and take appropriate action based on analysis of the data.

## **Office of Inspector General Comments**

We consider these planned actions acceptable, and we will follow up on their implementation.

*(original signed by:)*

**BELINDA J. FINN**  
Assistant Inspector General  
for Auditing

## Introduction

### Purpose

The OIG conducted this audit to assess VBA's processing of non-rating claims. The objective of the audit was to determine if VSC staff at VAROs were promptly processing non-rating claims.

### Background

VBA processes C&P claims for beneficiaries at 57 VAROs. C&P claims are separated into two distinct categories: non-rating and rating claims. Non-rating claims, the subject of this audit, are claims that a VSR can process without a rating decision. Rating claims, which were outside the scope of this audit, are claims that require a rating decision and consideration of other evidence, such as medical or military personnel records, in order to be processed.

Pending C&P claims are classified by use of an end product system. VBA's end product system is the primary VSC workload monitoring and management tool, whereby each type of claim is assigned an end product code (EPC). Correct use of the end product system facilitates proper control of pending workload and appropriate work measurement credit.

VAROs use the following eight EPCs to measure non-rating claims workload.

- EPC 130 – Disability and Death Dependency Claims
- EPC 150 – Income, Estate, and Election Issues
- EPC 154 – Income Verification Match Cases
- EPC 155 – Eligibility Verification Report Referrals
- EPC 160 – Burial, Plot, Headstone, Marker, and Engraving Claims
- EPC 165 – Accrued by Reimbursement and Accrued by Relationship Claims
- EPC 190 – Initial Death Pension Claims
- EPC 290 – Other Determinations

Title 38, CFR, Part 3, requires VA to notify beneficiaries if their compensation or pension benefits are to be reduced or discontinued and provide them 60 days to respond. Claims involving these types of notifications are called predetermination notices and are assigned an EPC 600. While EPC 600 claims are not considered part of a VARO's non-rating claims workload, in many cases they do not require a rating decision to complete and are, in effect, non-rating claims. Therefore, in addition to claims

represented by the eight EPCs listed above, we included EPC 600 claims in the scope of this audit.

VBA Manual M21-4 includes claims processing timeliness goals, such as Average Days to Complete<sup>1</sup> (ADC) goals, for seven out of the nine EPCs included in the scope of this audit. However, VBA has not revised these timeliness goals since 1996.

OIG staff met with senior VBA officials to discuss reasonable claims processing timeliness goals. It was agreed that 30 days was a reasonable standard to initiate action upon the receipt of a claim or evidence. If further development action or a predetermination notice is not required, the claim should be processed within the 30-day timeframe. However, if additional evidence or a predetermination notice is required; an additional 65 days (that is, 60 days for the claimant to respond and 5 days for mail time) was determined to be a reasonable standard for processing the claim. In summary, it was determined that claims not needing development action or a predetermination notice, known as at-once claims, should be processed within 30 days of receipt; and claims needing development action or predetermination notice should be processed within 95 days of receipt. In order to remain consistent with recently agreed upon standards, we used the 30 and 95 day timeliness standards for all of the claims we reviewed rather than VBA's 1996 timeliness standards for each EPC.

#### Office of Performance Analysis and Integrity

VA established a Claims Processing Task Force to identify issues affecting processing timeliness and ways to reduce the backlog of pending claims in May 2001. In response to the recommendations of the Claims Processing Task Force, VBA restructured its Central Office and field organization in July 2002. As part of this restructuring, the Office of Performance Analysis and Integrity (OPA&I) was created. OPA&I staff analyzes workload, performance, and resource utilization data across organizational levels; coordinates on-site surveys of VARO operations; and provides consulting support and technical assistance to program and field offices. Within OPA&I, Performance Analysis staff evaluates VBA workload and performance data to identify key issues, trends, and potential best practices.

OPA&I conducted a review of pension non-rating workload timeliness and concluded that improvements could be made with some focused effort. It was reported that ADP for pension non-rating workload was a measure in VA's budget; however, there was no accountability within VBA for this workload. Consequently, OPA&I recommended that VBA establish internal accountability for ADP of non-rating pension workload.

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<sup>1</sup> Average Days to Complete is a measure for a certain period of time of the average number of days it takes to process a specified EPC or group of claims.



In October 2007, VBA began the fiscal year with 106,528 non-rating claims pending—an increase of 25,035 pending claims, or 31 percent over the prior period. The ADP for all non-rating claims nationwide at that time was 160.9 days.

## Scope and Methodology

We conducted audit work from September 2006 to August 2007. The audit scope included non-rating claims that were pending for more than 73 days as of October 1, 2007.<sup>2</sup> We selected those claims because 73 days was VA's performance target for the average days pending of pension non-rating claims. We used computer sampling software to randomly select 681 claims from a universe of 72,743 pending claims. We did not include claims that fell within the jurisdiction of VBA's three Pension Maintenance Centers since those claims were reviewed as part of another recent OIG audit.<sup>3</sup>

Claims associated with non-rating EPCs occasionally require a rating decision to process; when this is the case, they are considered rating claims. After reviewing the claims folders for the selected audit sample, we determined that 35 (5 percent) of the 681 claims were rating claims. The 35 rating claims were excluded from our sample, reducing the sample size to 646 non-rating claims. Our sampling parameters required a minimum of 623 claims to be reviewed. Prior to reviewing the claims folders, we requested that VSC staff complete processing on the selected non-rating claims, allowing us to assess the entire claims process and to prevent processing delays from occurring while we reviewed the claims folders. (For more information regarding our sampling methodology see Appendix A, page 10.)

We made visits to VBA's Central Office located in Washington, DC, and VAROs located in Montgomery, AL and St. Petersburg, FL. During our visits, we interviewed VBA program officials and VARO staff to discuss non-rating claims processing and to confirm potential audit findings. Other VAROs shipped requested claims folders to VARO Manchester where we conducted the majority of our case reviews. We communicated claim-specific findings in writing to VSC managers at the 45 VAROs where we identified avoidable processing delays.

We also reviewed electronic records from VBA information systems, including BDN and the Modern Award Processing – Development<sup>4</sup> (MAP-D) application. To assess the reliability of computer-processed data, we compared electronic information from these

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<sup>2</sup> The universe of pending non-rating claims consisted of the following EPCs: 130, 150, 154, 155, 160, 165, 190, 290, and 600.

<sup>3</sup> On March 30, 2007, the OIG issued the *Audit of Veterans Benefits Administration's Pension Maintenance Program Administered by the Pension Maintenance Centers (Report No. 05-03180-111)*.

<sup>4</sup> Modern Award Processing - Development is a computer application that stores data and information regarding contact made between VSC staff and claimants. It is a tool that helps VSC staff perform claims development actions and provide customer service to claimants.

systems to documentation in claims folders. We concluded that the computer-processed data was sufficiently reliable for the purposes of the audit.

Our assessment of internal controls focused only on those controls related to our audit objective of determining whether non-rating claims were being processed timely. The audit was not intended to form an opinion on the adequacy of VBA's controls overall and the report does not render such an opinion. We conducted the audit in accordance with generally accepted government auditing standards.

## Results and Conclusions

### VBA Management Needs to Take Action to Ensure That Non-Rating Claims Are Processed More Timely

#### Findings

VBA needed to increase accountability and strengthen controls to improve the timeliness of non-rating claims processing at VAROs. Our review of 646 non-rating claims concluded that 533 (83 percent) claims, from 45 VAROs, had avoidable processing delays. Delays in processing claims resulted in delayed payments to some beneficiaries and overpayments to others. In 197 cases, VAROs made delayed retroactive payments totaling \$430,679. The delay in processing these payments may have caused financial difficulties for the beneficiaries. In 41 cases, VAROs overpaid beneficiaries by \$115,682 because the claims were not processed timely. Delays in processing the remaining 295 claims did not result in financial implications.

We estimated that about 57,100 claims, from a universe of 72,743 claims, would have avoidable processing delays. Of these 57,100 claims, about 21,400 beneficiaries would receive approximately \$45.4 million in delayed retroactive payments; and about 4,300 beneficiaries would be overpaid by approximately \$12 million because of delays in claims processing. The funds paid to beneficiaries in the overpayment cases could have been put to better use. (See Appendix A, page 10, for details on our sampling methodology, as well as upper and lower level estimates for all projections.)

We defined avoidable processing delays as periods of time when VSC staff either did not: (1) enter the claim into the BDN within the required 7 calendar days of receipt at the VARO; (2) take action to begin processing the claim within 30 days of receipt; (3) take follow-up action 65 days after requested information from a claimant or third party was not received; and/or (4) take action to process a claim within 30 days of receiving necessary information or evidence.

As of May 2007, VAROs had completed processing on 517 of the 533 non-rating claims with avoidable processing delays. The average processing time on these claims was 296 days. The 16 claims that remained open had been pending an average of 413 days.

The examples on the next page illustrate avoidable delays in processing non-rating claims and the related financial implications.

**Example 1.** The widow of a deceased veteran applied for death pension benefits. VSC staff put the claim under control<sup>5</sup> 3 days after receiving the claim. VSC staff initiated development of the claim 73 days later by sending a letter to the widow requesting a copy of the veteran's death certificate, as well as current and expected income information. The VARO received all evidence necessary to process the claim 54 days later; however, VSC staff did not take further action on the claim until we notified them that it was selected for review as part of our audit sample. Final award action occurred 255 days after VSC received all information necessary to process the claim. This death pension claim took a total of 382 days to process, resulting in the widow not receiving her pension benefits timely. She received a delayed retroactive payment of \$4,248. VSC management cited the backlog of non-rating claims and the priority on processing rating claims as reasons for the delay.

**Example 2.** On the same day a VARO received notification that a veteran receiving compensation benefits had been incarcerated, VSC staff put the claim under control and sent a predetermination notice to the veteran. The notice stated that his compensation benefits would be reduced 65 days later due to his incarceration. However, VSC staff did not take further action on the claim until we notified them that it was selected for review as part of our audit sample. Final award action to reduce the veteran's benefits occurred 255 days after the planned benefits adjustment. Thus, this claim took 321 days to process from the time the VARO was notified of the veteran's incarceration, resulting in an avoidable overpayment of \$3,737. VSC management cited limited staffing resources as the reason for the delay.

**Example 3.** A veteran submitted a claim to add his wife as a dependent to his compensation benefits. VSC staff did not put the claim under control until 25 days after receipt. The claim contained all the documentation needed to process, and could have been processed within a few days of receipt. However, VSC staff did not take action to add a dependent to the veteran's award until 319 days after the VARO received the claim. As a result, the veteran did not receive his additional benefits timely. The veteran received a delayed retroactive payment of \$4,685. VSC management cited limited staffing resources and the higher priority VBA management has placed on rating claims as reasons for the delays.

Of the 533 non-rating claims found to have avoidable delays, we determined that 206 (39 percent) could have been processed as at-once claims. However, for these 206 claims that required neither development action nor a predetermination notice, it took an average of 283 days to complete processing. Processing time for these 206 claims ranged from 94 to 601 days.

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<sup>5</sup> The phrase "put under control" refers to a claim being entered into BDN, one of VBA's major information systems. The number of days it takes for a claim to be put under control from date of receipt is called "control time." VBA Manual M21-1 requires all claims to be put under control within 7 calendar days of receipt.

**Example 4.** A veteran submitted a claim to add his wife and stepchildren as dependents to his compensation benefits. VSC staff did not put the claim under control until 197 days after receipt. Final award action on this claim was not taken until 251 days later. This dependency claim took a total of 448 days to process. The veteran received a delayed retroactive payment of \$4,382. VSC management cited a backlog of pending claims as reasons for the delays.

Of the 646 non-rating claims reviewed, we determined that 229 (35 percent) claims were not put under control within the required 7-day timeframe. If claims information is not entered into BDN in a timely manner, VBA management will not have complete and reliable information that identifies the inventory of claims that need processing. The average time it took to put these claims under control was 51 days, with a range of 8 to 363 days.

VSC managers at the 45 VAROs where we identified avoidable processing delays agreed with the avoidable processing delays that we identified. VSC managers attributed the avoidable processing delays to three main causes: (1) staff shortages and employee turnover, (2) higher priority VBA management has placed on disability rating claims, and (3) a large backlog of pending non-rating claims.

In addition to the causes reported by VSC managers, we determined that VBA had not established accountability and adequate timeliness standards for processing non-rating claims.

**Internal Accountability for Processing Non-Rating Claims Was Not Established.**

VBA has not established adequate timeliness goals and standards for processing non-rating claims and further action is needed to establish internal accountability for the ADP of non-rating pension workload. While VBA management has established goals for the ADP (110 days) and the ADC (158 days) for rating claims, they have not established similar goals for non-rating claims. The FY 2007 VARO Directors' Performance Standards included a goal to reduce the percentage of non-rating claims pending for more than 1 year to less than 3 percent. However, we do not believe this goal directly addresses the significant average length of time non-rating claims are pending nor does it establish adequate accountability for the processing of non-rating claims. Additionally, in an effort to maximize resource utilization and achieve rating claims processing goals, some VAROs broker pending rating claims to other VAROs to be processed.<sup>6</sup> However, VBA does not take advantage of this tool for pending non-rating claims. In our opinion, VBA management needed to take action to improve non-rating claims processing timeliness.

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<sup>6</sup> VBA has implemented a process by which claims requiring a rating decision are sent from VAROs with high claims inventories to other VAROs with the capacity to process additional rating work.

## Conclusion

VBA needed to improve the timeliness of non-rating claims processing at VAROs. Avoidable processing delays can result in overdue payments and overpayments, both of which can have a negative financial impact on beneficiaries. Delayed payments may cause beneficiaries financial hardship by depriving them of entitled benefits when they need them. The resulting collection efforts associated with overpayments may also cause beneficiaries hardship. We estimated that about 57,100 claims, from a universe of 72,743 claims, would have avoidable processing delays. Of these 57,100 claims, about 21,400 beneficiaries would receive approximately \$45.4 million in delayed retroactive payments; and about 4,300 beneficiaries would be overpaid by approximately \$12 million because of claims processing delays. The funds paid to beneficiaries in the overpayment cases could have been put to better use. Improving non-rating claims processing timeliness is critical to beneficiaries who rely on VSC staff to take prompt action on their claims.

VBA needed to increase accountability and strengthen controls over the processing of non-rating claims to meet their goal of providing beneficiaries with high-quality benefits delivery. Without increased priority on non-rating claims, beneficiaries will likely continue to experience delays in receiving entitled benefits and VBA's backlog of pending non-rating claims will potentially continue to grow.

## Recommendations

**Recommendation 1.** We recommended that the Under Secretary for Benefits take action to address the lengthy ADP and backlog of non-rating claims.

**Recommendation 2.** We recommended that the Under Secretary for Benefits track and analyze non-rating claims processing timeliness for the remainder of FY 2008 and, if determined necessary, establish new timeliness goals for processing non-rating claims to increase accountability in FY 2009.

## Under Secretary for Benefits Comments

The Under Secretary for Benefits agreed with the findings and recommendations of the report and provided acceptable implementation plans. (See Appendix C, pages 12–14, for the full text of the Under Secretary's comments.) The Under Secretary stated that VBA has taken steps to reduce the non-rating claims inventory and improve timeliness through specific training and further consolidation of claims processing activities. By the end of FY 2008, VBA will complete the hiring of 3,100 new employees, including VSRs. VBA modified its centralized training curriculum for new employees to increase the focus on processing non-rating claims. VBA has also implemented a plan for brokering initial death pension claims from stations with high inventories to stations with the capacity to complete the work. The Under Secretary also stated VBA will track FY 2008

non-rating claims processing timeliness and take appropriate action based on analysis of the data.

### **Office of Inspector General Comments**

We consider these planned actions acceptable, and we will follow up on their implementation.

## Sampling Methodology and Estimates

### Universe

To determine whether VAROs were promptly processing non-rating claims, we used VBA’s C&P Pending Issue File database to identify the universe and sample. We obtained the database from VBA in order to complete the audit. The universe consisted of 72,743 claims pending more than 73 days as of October 1, 2007.

### Sampling Design

We used data analysis software to select a random statistical sample of 681 claims. Of the 681 claims, we determined that 35 (5 percent) were rating claims. The 35 rating claims were removed from the sample, resulting in a final statistical sample of 646 non-rating claims. The final statistical sample size was adequate for statistical sampling purposes because the statistical sampling plan parameters required a review of a minimum of 623 claims.

### Estimation Methodology

We used the RAT-STATS<sup>7</sup> statistical software package to evaluate audit results. Our audit identified 533 non-rating claims that had avoidable processing delays, of which 238 (45 percent) claims resulted in delayed retroactive payments or overpayments made to beneficiaries. We estimated that about 57,100 non-rating claims would have avoidable processing delays, resulting in delayed retroactive payments potentially impacting about 21,400 beneficiaries totaling approximately \$45.4 million; and overpayments made to about 4,300 beneficiaries totaling approximately \$12 million because claims were not processed timely.<sup>8</sup> For all estimates we used a 95 percent confidence interval.

**Table 1: Summary of Statistical Sample Results**

Category	Projected Number of Claims	Projected Dollar Amount	Reflects 95% Confidence Interval	
			Lower Limit	Upper Limit
Claims with Avoidable Processing Delays	57,140		53,815	60,003
Claims Resulting in Delayed Retroactive Payments	21,444		17,975	25,088
Amount of Delayed Retroactive Payments		\$45,391,046	\$38,077,516	\$53,073,496
Claims Resulting in Avoidable Overpayments	4,315		2,622	6,627
Amount of Avoidable Overpayments		\$11,975,732	\$7,290,349	\$18,368,264

<sup>7</sup> RAT-STATS is the Department of Health and Human Services OIG’s package of statistical software tools designed to assist users in selecting random samples and evaluating audit results.

<sup>8</sup> Our projections are based on the assumption that 5 percent of the 72,743 claims were rating claims, as 5 percent of the 681 claims reviewed during the audit were rating claims. Therefore, all projections are based on our estimate that about 95 percent of the 72,743 claims were non-rating claims.



## Monetary Benefits in Accordance with IG Act Amendments

<u>Recommendation</u>	<u>Explanation of Benefits</u>	<u>Better Use of Funds</u>
1-2	Reducing overpayments by increasing accountability and strengthening controls to improve the timeliness of non-rating claims processing.	\$12 million

## Under Secretary for Benefits Comments

**Department of  
Veterans Affairs**

**MEMORANDUM**

Date: JAN - 8 2008

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report—Audit of Veterans Benefits Administration (VBA)  
Non-Rating Claims Processing—WebCIMS 395269

To: Assistant Inspector General for Audit (52)

1. This is in response to your request for VBA's review of OIG Draft Report: Audit of VBA Non-Rating Claims Processing. Attached are VBA's comments.
2. Questions may be referred to Dee Fielding, VBA's OIG Liaison, at 461-9057.

  
Daniel L. Cooper

Attachment

### **Under Secretary for Benefits Comments to Office of Inspector General's Report**

The following Under Secretary for Benefits comments are submitted in response to the recommendations in the Office of Inspector General's Report:

VBA concurs with the overall findings of the OIG audit that improvements to non-rating claims processing are needed. This response details measures already in place to improve non-rating claims processing effectiveness and the steps taken by VBA subsequent to the period covered by the audit.

#### **OIG Recommendations**

**Recommendation 1.** We recommend that the Under Secretary for Benefits take action to address the lengthy average days pending and backlog of non-rating claims.

VBA concurs.

**Target Completion Date:** September 30, 2008

VBA has already taken steps to reduce the non-rating claims inventory and improve timeliness through specific training and further consolidation of claims processing activities. By the end of FY 2008, VBA will complete the hiring of 3,100 new employees, including Veterans Service Representatives. VBA modified its centralized training curriculum for new employees to increase the focus on processing non-rating claims. Once these employees return to their offices, they will immediately be able to work on dependency and burial claims. VBA has also implemented a brokering plan for initial death pension claims. Through this strategy, claims are sent from stations with high inventories to stations with the capacity to complete the work. These measures, together with the consolidation of pension activities to the three Pension Maintenance Centers, will result in improved non-rating claims processing.

**Recommendation 2.** We recommend that the Under Secretary for Benefits track and analyze non-rating claims processing timeliness for the remainder of fiscal year (FY) 2008 and, if determined necessary, establish new timeliness goals for processing non-rating claims to increase accountability in FY 2009.

VBA concurs.

**Target Completion Date:** October 31, 2008

VBA will track FY 2008 non-rating claims processing timeliness and take appropriate action based on analysis of the data.

## OIG Contact and Staff Acknowledgments

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OIG Contact	Nick Dahl (781) 687-3120
Acknowledgments	Stephen Bracci Michael Cannata Timothy Halpin Patricia Hudon Matthew Kidd Lance Kramer C. Russell Lewis Carl Looby James McCarthy Joseph Vivolo

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## Report Distribution

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### Non-VA Distribution

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This report will be available in the near future on the OIG's Web site at <http://www.va.gov/oig/publications/reports-list.asp>. This report will remain on the OIG Web site for at least 2 fiscal years after it is issued.