



Servicemembers' Group
Life Insurance
Traumatic Injury Protection

Year One Review

JULY 2008

DEPARTMENT OF VETERANS AFFAIRS
VETERANS BENEFITS ADMINISTRATION
INSURANCE SERVICE

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**SERVICEMEMBERS' GROUP LIFE INSURANCE
TRAUMATIC INJURY PROTECTION
YEAR – ONE REVIEW
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**SERVICEMEMBERS' GROUP LIFE INSURANCE
TRAUMATIC INJURY PROTECTION
YEAR-ONE REVIEW
EXECUTIVE SUMMARY**

LEGISLATIVE HISTORY

Public Law 109-13, enacted on May 11, 2005, created the Traumatic Injury Protection Servicemembers' Group Life Insurance (TSGLI) program. The legislation became effective on December 1, 2005. A provision of the law extended retroactive coverage for members who incur a qualifying loss as a direct result of injuries incurred on or after October 7, 2001, through and including November 30, 2005, in the theater of operations for Operations Iraqi or Enduring Freedom (OEF/OIF). The law is codified in section 1980A of title 38, United States Code.

PROGRAM OVERVIEW

TSGLI was designed to provide severely injured service members who suffer a loss as a direct result of a traumatic injury with short-term monetary assistance to lessen the economic burden on them and their families, who often incur financial hardships because they relocate to be with the member during long and difficult treatment and rehabilitation periods.

The program is broadly modeled after commercial Accidental Death and Dismemberment (AD&D) insurance coverage, specifically, the "dismemberment" portion of the coverage, although it differs from the commercial AD&D model to account for the unique needs of military personnel.

TSGLI provides payments ranging from \$25,000 to \$100,000. Currently, TSGLI covers a range of losses, including but not limited to: total and permanent loss of sight (in one or both eyes), hearing (in one or both ears), or speech, loss of hand or foot by severance at or above the wrist or ankle, 3rd degree or worse burns covering 30% of the body or 30% of the face, and the inability to carry out at least two of the six activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) due to a traumatic brain injury or other traumatic injury.



TSGLI coverage is automatic upon entry into service, as a rider to Servicemembers' Group Life Insurance (SGLI) coverage (automatic life insurance coverage up to \$400,000 available to service members) and cannot be declined unless the member also declines SGLI coverage. Premiums are \$1.00 per month for those with full-time SGLI coverage. This premium is based upon the projected rate at which civilians suffer a traumatic injury similar to the injuries in the TSGLI schedule. All claims in excess of the premiums received are considered to be due to the "extra hazards of military service" and are paid by the branches of service.

TSGLI has been widely acknowledged as a successful program that has met its intended purpose. As of April 30, 2008, 4,408 veterans and servicemembers have been paid \$273,450,000 under the TSGLI program.

PROGRAM IMPLEMENTATION

VA was required to implement the TSGLI program within six months of passage of the original legislation, which was in May of 2005, with an effective date of December 1, 2005. During this period, VA defined the losses payable under TSGLI, prepared the regulations and wrote procedures. VA also conducted research, consulted with experts and, as a result, added an additional loss covering inability to perform activities of daily living due to traumatic injury other than brain injury, which was not included in the legislation.

VA published an interim final rule (38 CFR 9.20) in the Federal Register on December 22, 2005. An interim final rule allows an agency to begin operations while awaiting comments from the public during the required comment period.

As a result of the research conducted by VA prior to the law's effective date, the Department of Defense (DOD) was able to begin certifying eligible claimants to the Office of Servicemembers' Group Life Insurance (OSGLI) on December 1, 2005. The first eligible claimants received payments on December 23, 2005, the day after the interim regulations were published. The final regulation was published in the Federal Register on March 8, 2007.

ORGANIZATIONAL ROLES AND RESPONSIBILITIES

The Department of Veterans Affairs' Insurance Service supervises the TSGLI program. In consultation with DOD, VA sets program policy and promulgates regulations. VA is also responsible for ensuring the financial health of the program. DOD is responsible for collecting TSGLI premiums from its members on a monthly basis and forwarding them to VA for transfer to OSGLI to pay claims and operating costs. When claims exceed premium income due to the

extra hazards of military service, DOD, through the branches of service (BOS) sends VA additional monies to cover these costs. Each BOS has the responsibility to adjudicate and determine the eligibility for TSGLI for claims submitted by their members. The branches of service send all claims decisions to the OSGLI, which administers the day-to-day operations of the TSGLI program, to either pay a specified benefit amount or release a denial letter to the claimant, as directed by the BOS.

THE TSGLI CLAIMS PROCESS

There are four steps to the TSGLI claims process. First, the member completes Part A of the TSGLI Certification Form. In major military treatment facilities, the DOD Patient Coordinators, VA Outreach staff, Marine 4 Life staff, members of AW2 or other patient advocates generally assist the member in completing the form. Next, the member (or their family) takes the form to the physician or other medical professional to complete Part B. Part B requires a medical professional to document and certify the member's losses. Once this is complete, the member sends it to the appropriate TSGLI processing office in each service branch. The service branch then completes the final part of the form by certifying whether the member was insured by SGLI at the time of the traumatic injury and whether the member has sustained a qualifying loss, or does not meet these eligibility criteria and should be denied. The service branch sends the completed claim form and decision to OSGLI for the last step in the process: payment, or release of the denial letter.

THE TSGLI YEAR-ONE REVIEW

In testimony at a September 2006 Senate Veterans Affairs Committee hearing, Mr. Thomas M. Lastowka, the Director of VA's Insurance Service, committed to a full TSGLI program review at the end of one year of operation of the program to ensure that the program was operating effectively and that it was meeting the intent of Congress. The program review, conducted in collaboration with the Department of Defense, began in February 2007.

The objectives of the review were to determine whether the TSGLI program is meeting its Congressional intent to provide short-term financial assistance to severely injured service members and their families, whether there are other losses that should be covered, and whether there are opportunities to improve the administration of the program. The Team organized the review into four broad areas: Program Design, Claims Assistance and Outreach, Administrative Efficiency and Metrics.

The Team undertook a complete review of the losses covered by the TSGLI program as well as the definitions of eligibility. They met with and requested



information from a variety of medical experts, undertook independent research, conducted site visits to medical treatment facilities, had discussions with advocacy groups and case managers, received input from the claims processors in the branches of service, and conducted a comprehensive analysis of over 200 completed cases. The Team also examined industry trends relating to AD&D benefits over the last two years.

PROGRAM DESIGN RECOMMENDATIONS AND FINDINGS

The TSGLI legislation mandated coverage of certain specific losses: the total and permanent loss of sight, speech or hearing, amputation of hand or foot, loss of thumb and index finger, quadriplegia, paraplegia, or hemiplegia, burns, coma, or the inability to carry out the activities of daily living resulting from traumatic injury to the brain. The legislation also authorized the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, to prescribe additional losses.

In implementing the law, VA drafted regulations that set out the schedule of losses, including the payment for each loss. Taking into account the possible combination of specified losses, the resulting schedule listed 43 individual categories of loss. Recognizing that there were many other severe traumatic injuries that members incur that were not specifically listed in the statute, VA used its authority under the legislation to extend TSGLI protection to other, non-specific, severe traumatic injuries. As a result, an additional category, schedular loss number 44, was established for “Other Traumatic Injury” (OTI).

As mentioned, one main area of focus for the Year-One Review Team concerned whether there are other losses that should be covered by the TSGLI program. The following program design changes, all of which were brought to the Team’s attention by medical professionals and other stakeholders who are involved with the TSGLI program, are being recommended by the Team:

RECOMMENDATIONS

R-1. Loss of Sight

Loss of Sight lasting 120 days or more would be considered as "permanent", qualifying the service member for the same payment rate as for permanent loss of sight (\$100,000 for both eyes, \$50,000 for one eye).

R-2. Uniplegia

Uniplegia (complete and total paralysis of one limb) would be added to the schedule of losses with payment at \$50,000.

R-3. Amputation of the Hand

The definition of amputation of the hand would be expanded to include loss of four fingers (on the same hand) or loss of thumb, with payment remaining at \$50,000 for one affected hand and \$100,000 for both hands.

R-4. Amputation of the Foot

The definition of amputation of the foot would be expanded to include loss of all toes, with the payment remaining at \$50,000 for one affected foot and \$100,000 for both feet.

R-5. Loss of Four Toes

A new category would be created for loss of four toes (on the same foot and not including the big toe) with payment at \$25,000 for one affected foot and \$50,000 for both feet.

R-6. Loss of Big Toe

A new category would be created for the loss of the big toe, with payment at \$25,000 for one affected foot and \$50,000 for both feet.

R-7. Limb Salvage

Coverage would be expanded to include limb salvage (multiple surgeries intended to save a limb rather than amputate) with payment equivalent to amputation.

R-8. Burns

The burn standard, currently 3rd degree (full thickness) burns to at least 30% of face or body, would be expanded to include 2nd degree (partial thickness) burns to at least 20% of the face or body.



R-9. Hospitalization as a Proxy for ADL Loss

Continuous 15-day inpatient hospital care would be deemed a proxy for the first ADL eligibility period for OTI and TBI claims.

R-10. Facial Reconstruction

Facial Reconstruction, required as a result of traumatic avulsion of the face or jaw that causes discontinuity defects, would be added to the schedule of losses, with payment levels of \$25,000 to \$75,000, depending upon the severity of the injury.

The Team considered what would be an appropriate effective date for the above program design enhancements, and made the following recommendation:

R-11. Retroactive Applicability of Program Design Changes

All program design recommendations would be effective as of October 7, 2001, the beginning of the eligibility period for the TSGLI program.

RETROACTIVE AND PROSPECTIVE COSTS

Based on experience from the first year of the program, the chart below shows the estimated retroactive and prospective annual costs of each program design recommendation:

Benefit Enhancement	10/7/01 - 9/30/08		Annual Thereafter	
	Estimated Number of Claims	Estimated Benefit Amount	Estimated Number of Claims	Estimated Benefit Amount
Loss of sight – 120 days	22	\$1,450,000	5	\$350,000
Add uniplegia	12	\$600,000	2	\$100,000
Expanded standard for burns	18	\$1,800,000	5	\$500,000
Expanded definition of amputations	27	\$1,350,000	5	\$250,000
Add facial reconstruction	28	\$1,400,000	5	\$250,000
Add limb salvage	291	\$14,955,600	53	\$2,719,200
Add TBI and OTI ADL proxy	1,244	\$31,100,000	226	\$5,650,000
Total	1,642	\$52,655,600	301	\$9,819,200



CLAIMS ASSISTANCE AND OUTREACH RECOMMENDATIONS AND FINDINGS

Since the inception of the TSGLI program, there has been a great deal of effort devoted to identifying and contacting those who might be entitled to a TSGLI payment, and to educating all interested parties about this new program.

As part of the Year-One Review, the Team examined the effectiveness of outreach conducted and assistance provided by the VA and the branches of service, and recommended the following enhancements:

RECOMMENDATIONS

R-12. Case Management Model

Implement a case management approach for TSGLI claims at the major Military Treatment Facilities (MTF). This model, currently implemented at the National Naval Medical Center (NNMC) by the Marine Corps and Navy, utilizes dedicated on-site staff to control and shepherd a patient's claim through all aspects of the claims process. Interviews with Army officials indicate that they have begun implementing a similar case management model based on reports of its successful use by the other branches.

FINDINGS

F-1. Implement a Communications Plan

VA would implement a comprehensive communication plan to fully inform all affected parties and stakeholders of the program changes and recommendations.

F-2. Use Data Matches to Identify Potential Claimants

Electronic data match efforts would be expanded to identify individuals who have not filed a claim to date, but may be eligible for the TSGLI benefit.

F-3. Consistency of Information

VA would collaborate closely with DOD and the branches of service in developing TSGLI information and training materials.

ADMINISTRATIVE EFFICIENCY RECOMMENDATIONS AND FINDINGS

The Team examined the existing practices in the branch of service TSGLI processing offices and the OSGLI to identify opportunities for improving administrative processes. The Team also conducted a comprehensive review of over 200 completed cases, made onsite visits to OSGLI and the Army and Marines processing offices, and conducted conference calls with the Navy and Air Force processing offices.

The following findings and recommendations relate to the administrative efficiency of the TSGLI program:

RECOMMENDATIONS

R-13. TSGLI Claimants Who Are Incompetent to Pursue a Claim

VA would include a provision in its upcoming revision of the TSGLI regulation that would authorize a Military Trustee under the authority of 37 U.S.C. § 602 to file claims and receive TSGLI payments on behalf of incompetent members.

FINDINGS

F-4. TSGLI and Combat-related Injury and Rehabilitation Pay (CIP).

It appears that some injured members are delaying filing a TSGLI claim so that they can continue to receive CIP. Currently TSGLI is one of several events that can trigger the termination of CIP.

F-5. Sufficiency of Medical Evidence

The Year-One Review Team concluded that in certain instances, supplemental medical evidence was being requested when it was not needed. VA Insurance staff will work with the branch of service TSGLI processing offices to reach a consensus as to when a determination by a medical professional that a claimant suffered a qualifying loss—as demonstrated by a properly completed Part B of the TSGLI form—will be considered sufficient, and under what circumstances additional medical documentation beyond Part B would be required.

F-6. Inability to Perform the Activities of Daily Living

VA would clarify the definition of loss of ADL and provide training and examples concerning the clarified definition.



F-7. Improved Claim Form

A new TSGLI claim form would be introduced. The form was revised based on feedback from claimants, case managers, medical professionals, TSGLI processing offices, and usability testing results.

F-8. Schedule of Losses

A simplified presentation of the schedule of losses would be developed and made available.

F-9. Development of Automated Claims Processes

OSGLI would develop a web-based TSGLI application.

F-10. Denial Letters

Improved TSGLI denial letters would be developed and tested, in order to provide more complete and understandable information for claimants.

METRICS FINDINGS

Accurate, timely and comprehensive metrics are necessary for successful administration of any program. Data routinely reported on the TSGLI program include: the total number of claims paid, the total amount of benefits paid, and the timeliness of the claims process. The Team looked at all of the data currently being collected and reported to determine whether there was sufficient information available to program managers.

FINDING

F-11. Provide Reporting Guidance to Branch of Service Processing Offices

VA and DOD would continue to collaborate and provide detailed guidance to the branch of service TSGLI processing offices to assure consistency in the content and completion of regular monthly data reports. VA would investigate the possibility of applying automation enhancements to the data collection process.

CONCLUSION

The TSGLI Program has largely been a successful program, and has been well received by both beneficiaries and stakeholders. Although it is clear that the Traumatic Injury Protection under SGLI is a vital and necessary benefit for severely injured service members and their families, this review has highlighted several areas where enhancements to the TSGLI Program would improve operations, and help VA and DOD provide needed assistance to our nation's severely injured service members and their families.

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**SERVICEMEMBERS' GROUP LIFE INSURANCE
TRAUMATIC INJURY PROTECTION
YEAR – ONE REVIEW**

INTRODUCTION

LEGISLATIVE HISTORY

Public Law 109-13, enacted on May 11, 2005, created the Servicemembers' Group Life Insurance Traumatic Injury Protection program. The legislation became effective on December 1, 2005. A provision of the law extended retroactive coverage for members who incur a qualifying loss as a direct result of injuries incurred on or after October 7, 2001, through and including November 30, 2005, in the theater of operations for Operations Iraqi or Enduring Freedom (OIF/OEF). The provision is codified in section 1980A of Title 38 of the United States Code.

The original authorizing legislation for TSGLI, Public Law 109-13, provided the Secretary with the authority to establish a time period for incurring a scheduled loss, with the exception of quadriplegia, paraplegia, and hemiplegia, which were limited to one year. The interim final rule governing the TSGLI program, published December 22, 2005, provided that all scheduled losses must be incurred within one year of the traumatic injury or event.

PL 109-233, effective June 15, 2006, removed the existing statutory requirement that quadriplegia, paraplegia, or hemiplegia occur within one year of the traumatic injury for purposes of eligibility under TSGLI. This legislation provided the Secretary of Veterans Affairs with a wider grant of authority than the previous law. The Secretary now was authorized to determine the period of time between the date of a traumatic injury and the date a member suffers a qualifying loss for all losses in the TSGLI program. The Insurance Service promulgated a final rule, published March 8, 2007, that increased the time period for incurring a scheduled loss from one to two years.

PROGRAM OVERVIEW

TSGLI was designed to provide severely injured service members who suffer a loss as a direct result of a traumatic injury with short-term monetary assistance to lessen the economic burden on them and their families, who often incur financial hardships because they relocate to be with the member during long

and difficult treatment and rehabilitation periods.

TSGLI is broadly modeled after commercial Accidental Death and Dismemberment (AD&D) insurance coverage, specifically, the “dismemberment” portion of the coverage, although it differs from the commercial AD&D model to account for the unique needs of military personnel.

TSGLI provides payments in increments of \$25,000, ranging from \$25,000 to \$100,000 based on the traumatic injury suffered. Currently, TSGLI covers a range of traumatic injuries and losses, including, but not limited to:

- Total and permanent loss of sight (in one or both eyes), hearing (in one or both ears), or speech
- Loss of the hand or foot by severance at or above the wrist or ankle
- 3rd degree or worse burns, covering 30% of the body or 30% of the face
- Coma
- Inability to carry out at least two of the six activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) due to a traumatic brain injury or other traumatic injury
- Quadriplegia, paraplegia, or hemiplegia

TSGLI coverage is automatic upon entry into service, as a rider to Servicemembers' Group Life Insurance (SGLI) coverage (automatic life insurance coverage up to \$400,000 available to service members) and cannot be declined unless the member also declines SGLI coverage. Premiums are \$1.00 per month for those with full-time SGLI coverage. The \$1.00 premium is intended to cover only the “civilian” rate of injury. All claims in excess of the premiums received are considered “extra hazards of military service” and are paid by the branches of service.

As of April 30, 2008, 4,408 servicemembers and veterans have been paid \$273,450,000 under the TSGLI program.

Although TSGLI pays benefits for traumatic injuries, it is not a compensation program, disability insurance program, an injury bonus or gratuity program, nor a traditional AD&D benefit. Instead the program, as intended by Congress, was designed to provide a short-term benefit to assist service members with the expenses they and their families incur during the extensive recovery period at a location far from home due to very severe injuries. While VA utilized an



AD&D model, TSGLI varies substantially from it in order to meet this intent. The program is not designed to meet the long-term financial needs of veterans who will lose income-earning potential due to their injuries; the VA disability compensation program is designed to meet these long-term needs.

PROGRAM IMPLEMENTATION

VA was required to implement the TSGLI program within six months of passage of the original legislation, which was in May of 2005, with an effective date of December 1, 2005. During this period, VA defined the losses payable under TSGLI, prepared the regulations and wrote procedures. VA also conducted research, consulted with experts and, as a result, added an additional loss covering traumatic injuries not originally included in the legislation. Within three weeks of the effective date of December 1, 2005, the first TSGLI claims were paid.

To accomplish this, VA published an interim final rule (38CFR 9.20) in the Federal Register on December 22, 2005. An interim final rule allows an agency to begin operations while awaiting comments from the public during the required comment period.

During this time, VA and the Department of Defense jointly developed a claims process that required the development of procedures, the creation of a new claim form and training on how to adjudicate claims based on program criteria. VA and DOD also worked in advance of the December 1, 2005, effective date to identify those service members and veterans likely to be eligible for the TSGLI benefit going back to the October 7, 2001 retroactive coverage provision of the law. Through such efforts, thousands of eligible members were identified.

As a result of the research conducted by VA prior to the law's effective date, DOD was able to begin certifying eligible beneficiaries to OSGLI on December 1, 2005. The first beneficiaries of the program received payments on December 23, 2005, the day after the interim regulations were published. The final regulation was published in the Federal Register on March 8, 2007.

ORGANIZATIONAL ROLES AND RESPONSIBILITIES

There are four key organizational elements involved in operating the TSGLI program. They are:

- Department of Veterans Affairs
- Department of Defense
- Service Branches (Army, Navy, Marines, Air Force, Coast Guard, Public Health Service (PHS) and National Oceanic and Atmospheric Administration (NOAA)).
- Office of Servicemembers' Group Life Insurance (OSGLI), an office of Prudential Insurance Company of America

The Department of Veterans Affairs' Insurance Service manages and supervises the TSGLI Program. In consultation with DOD, VA sets program policy and promulgates regulations. VA is also responsible for ensuring the financial health of the program. DOD is responsible for collecting TSGLI premiums from its members on a monthly basis and forwarding them to VA for transfer to Prudential to pay claims and cover operating costs. When claims exceed premium income due to the extra hazards of military service, DOD, through the branches of service, sends VA additional monies to cover these costs.

Each branch of service has the responsibility to adjudicate claims submitted by their members. The branches of service send all claims decisions to OSGLI, which administers the day to day operations of the TSGLI program, to either pay a specified benefit amount or release a denial letter to the claimant, as directed by the BOS.

CLAIMS PROCESS

Step 1: Member Completes TSGLI Certification Form Part A

The member or their guardian/power of attorney completes Part A of the form, which contains basic personal information and bank information. In major military treatment facilities, the DOD Patient Coordinators, VA Outreach staff, or other patient advocates generally assist the member in completing Part A.

Step 2: Medical Professional Completes TSGLI Certification Form Part B

The member (or their family) takes the form to the physician or other medical professional to complete Part B. Part B requires a medical professional to document and certify the member's losses. Once this is complete, the member sends it to the appropriate TSGLI point of contact in each service branch. In major military treatment facilities, DOD Patient Coordinators, VA Outreach staff or other patient advocates generally ensure Part B of the form is completed by the member's physician or other medical professional. These



staff take the form with completed Parts A and B and send it to the appropriate TSGLI point of contact in each service.

Step 3: Uniformed Service Completes TSGLI Certification Form Part C

The uniformed service completes the final part of the form by certifying that the member meets all eligibility criteria and should be paid, or does not meet all eligibility criteria and the claim should be denied. The uniformed service sends the completed claim form and decision to OSGLI for payment or release of the denial letter.

Step 4: OSGLI Processes Payment or Branch of Service Denial

OSGLI receives and images all completed certification forms and any accompanying documents. Based on the uniformed service's certification, OSGLI either pays the claim or sends a letter of denial explaining the reason for the denial and informing the member of how to appeal the decision.

RESPONSE TO THE PROGRAM

TSGLI has been widely acknowledged as a successful program that has met its intended purpose. Comments on the implementation of the program have included the following:

- “The TSGLI benefit dramatically helped my future. When I couldn’t work, the TSGLI benefit was there to pay my bills.” - Specialist Shervayne Diaz, TSGLI beneficiary
- “I see my future going nowhere but up. TSGLI helped my family pay off bills and start with a clean slate.” - Sergeant John Keith, TSGLI beneficiary
- “The program is working very well, and DOD is a satisfied customer.” Michael Dominguez, Principal Deputy Under Secretary of Defense for Personnel and Readiness
- “...The execution of it has been fabulous.” Anna Sherony, Wounded Heroes Foundation
- “You got it exactly right.” Former Chairman, U.S. Senate Committee on Veterans’ Affairs

SECTION I: YEAR-ONE REVIEW

In testimony at a September 2006 Senate Veterans Affairs Committee hearing, the Director of VA's Insurance Service, Mr. Thomas M. Lastowka, committed to a full TSGLI program review at the end of one year of operation of the program to ensure that the program was operating effectively and that it was meeting the intent of Congress. Mr. Lastowka's testimony included the following:

“As we approach the one-year mark since the effective date of the program, the Insurance Service staff is planning a comprehensive evaluation of the Program. This evaluation will include reviews of current procedures at both the uniformed service TSGLI offices, as well as an analysis of program standards and policies. Through this evaluation, we hope to be able to identify areas of improvement and recommend changes to improve our service.”

The program review, conducted in collaboration with the Department of Defense, began in February 2007. During the review, the program became the focus of increased Congressional attention, including proposed legislation that would mandate an independent review. There was also heightened concern regarding the timeliness of claim payments and the Branch of Service disapproval rate of TSGLI claims, as well as interest in enhancing assistance to injured service members as they file claims. This is the final report of the findings of the Year-One Review Team.

OBJECTIVES OF THE REVIEW

The objectives of the review were to determine whether:

- the TSGLI program is meeting its Congressional intent to provide short-term financial assistance to severely injured service members and their families;
- there are other losses that should be covered, and
- there are opportunities to improve the administration of the program.

GOALS OF THE REVIEW

To meet the outlined objectives, the review focused on the following five key goals:

- Appropriateness – Are the benefits paid for various injuries



reflective of the severity and short-term impact of the injury? Are there other losses that should be covered?

- Simplicity – Is the claim process easy for the member, medical personnel and the branches of service to understand and navigate?
- Efficiency – Does the claim process provide quality decisions while minimizing paperwork and the administrative process?
- Timeliness – Are claims submitted, adjudicated, and paid/denied in a timely manner?
- Consistency – Are decisions reliable and uniform across the branches of service?

GUIDING PRINCIPLES FOR THE REVIEW

The guiding principles of the Year–One Review Team in meeting the objectives and goals of the review were:

- Keeping the needs of service members the primary focus;
- Respecting the original Congressional intent of the legislation;
- Maintaining the basic framework of commercial AD&D coverage, while reflecting the unique needs of the military; and
- Reflecting changes in the types of injuries occurring in the military as well as medical advances in treatment.

COMPONENTS OF THE REVIEW

The Team organized the review into four broad areas:

- Program Design
- Claims Assistance and Outreach
- Administrative Efficiency
- Metrics

METHODOLOGY OF THE REVIEW

The Team undertook a complete review of the losses covered by the TSGLI program as well as the definitions of eligibility. The Team undertook an analysis of claims experience in each category of loss for benefits paid through January 2007. The Team conducted extensive research on these and many other issues and received suggestions that arose from discussions with medical experts, site visits to medical

treatment facilities, discussions with advocacy groups and case managers, and input from the claims processors in the branches of service. A comprehensive review of over 200 completed cases was also conducted as part of the Year-One Review. The Team also examined industry trends relating to AD&D benefits over the last two years. The following pages of this report describe the findings of the Team in each of the four components listed above.

A more detailed description of the “Scope and Methodology of the Review” can be found in Appendix I.



SECTION II: PROGRAM DESIGN RECOMMENDATIONS AND FINDINGS

BACKGROUND

The TSGLI legislation mandated coverage of certain specific losses:

- Total and permanent loss of sight
- Total and permanent loss of speech
- Total and permanent loss of hearing
- Amputation of hand or foot
- Loss of thumb and index finger of the same hand
- Quadriplegia, paraplegia, or hemiplegia
- Burns
- Coma or the inability to carry out the activities of daily living resulting from traumatic injury to the brain.

In implementing the law, VA drafted regulations that set out the schedule of losses, including the payment for each loss. Taking into account the possible combinations of specified losses, the resulting schedule listed 43 individual categories of loss. Recognizing that there were many other severe traumatic injuries that members incur that were not specifically listed in the statute, VA used its authority under the legislation to extend TSGLI protection to other, non-specific, severe traumatic injuries. As a result, an additional category, schedular loss number 44, was established for “Other Traumatic Injury.” To establish an eligibility standard for this category of loss, VA decided to use the same evaluation criterion that was stipulated for traumatic brain injury, that is, the “inability to independently carry out activities of daily living (eating, bathing, dressing, toileting, transferring and continence).”

DESCRIPTION OF PROGRAM DESIGN RECOMMENDATIONS AND FINDINGS

As mentioned, one main area of focus for the Year-One Review Team concerned whether there are other losses that should be covered by the TSGLI program. The following program design changes, all of which were brought to the Team’s attention by medical professionals and other groups who are involved with the TSGLI program, are being recommended by the Team:

RECOMMENDATIONS

R-1. Loss of Sight

Loss of Sight lasting 120 days or more would be considered as "permanent", qualifying the service member for the same payment rate as for permanent loss of sight (\$100,000 for both eyes, \$50,000 for one eye).

The law specifies that TSGLI benefits will be paid based on "total and permanent loss of sight." Claims processors reported that medical professionals were unwilling to certify that loss of sight was "permanent" even when the loss of sight had existed for a lengthy period of time and required substantial rehabilitation on the part of the member. Medical professionals at the National Naval Medical Center (NNMC) and VA medical centers indicated that they would not certify loss of sight in cases where the member may regain some sight due to surgery at a later date (e.g., corneal transplants a year after injury). Although these members are blind after their injury and require substantial rehabilitation in the interim period, they are currently ineligible for TSGLI until the physician is certain their vision will not improve. We believe making these individuals eligible for TSGLI benefits is consistent with the intent of the law.

R-2. Uniplegia

Uniplegia (complete and total paralysis of one limb) would be added to the schedule of losses. The benefit amount will be \$50,000.

The TSGLI legislation mandated coverage of quadriplegia, paraplegia, and hemiplegia. Military and VA medical professionals questioned why TSGLI covered paralysis of multiple limbs but not uniplegia (paralysis of a single limb). Research shows that the rehabilitation and recovery impact of paralysis of one limb was similar to the impact of amputation of a limb. The Team reviewed industry practices, which revealed that many commercial Accidental Death and Dismemberment (AD&D) insurers cover uniplegia. In the interest of consistency and equity, coverage would be extended to the paralysis of one limb.

R-3. Amputation of the Hand

The definition of amputation of the hand would be expanded to include loss of four fingers (on the same hand at or above the metacarpophalangeal joint) or loss of thumb at or above the metacarpophalangeal joint, with payment remaining at \$50,000 for one affected hand and \$100,000 for both hands.

R-4. Amputation of the Foot

The definition of amputation of the foot would be expanded to include loss of



all toes, with the payment remaining at \$50,000 for one affected foot and \$100,000 for both feet.

R-5. Loss of Four Toes

A new category would be created for loss of four toes (on the same foot) with payment at \$25,000 for one affected foot and \$50,000 for both feet.

R-6. Loss of Big Toe

A new category would be created for the loss of the big toe, with payment at \$25,000 for one affected foot and \$50,000 for both feet.

R-7. Limb Salvage

Coverage would be expanded to include limb salvage (multiple surgeries intended to save a limb rather than amputate) with payment equivalent to amputation.

The original TSGLI legislation mandated coverage for loss of a hand or foot by severance at or above the wrist or ankle. It also mandated coverage for loss of thumb and index finger of the same hand. During the regulation process, coverage was extended to the loss of thumbs on both hands, based on comments from the public.

There have been cases of significant injuries involving loss of part of a hand or foot that did not qualify for payment under the existing TSGLI schedule. Interviews and medical research indicated that these additional amputations required at least short-term rehabilitation. Interviews with branches of service TSGLI Office staff and staff at the NNMC, Walter Reed Army Medical Center (WRAMC), and Brooke Army Medical Center (BAMC) documented the significance of these losses. Additionally, commercial AD&D policies typically include coverage for loss of fingers and toes. In the literature review the Team conducted, they found that the toes function in terms of balance and propulsion for walking. The big toe “helps maintain balance, while the little toes function like a springboard” for propelling the body during walking. As for fingers, the medical literature affirms the key role the thumb and other fingers play in activities of daily living that require grasping and other fine motor skills.

In conducting research on amputation issues, the Team also learned about the significant rehabilitation impact on injured patients who elect to undergo lengthy limb salvage procedures rather than having a limb amputated. Orthopedic surgeons at NNMC and BAMC noted that limb salvage requires more significant rehabilitation than amputations. In their judgment, service

members undergoing limb salvage procedures were just as much in need of the benefit as amputees. These physicians also raised a concern that covering amputations but not limb salvage creates a monetary incentive for a member to amputate.

R-8. Burns

The burn standard, currently 3rd degree (full thickness) burns to at least 30% of face or body, would be expanded to include 2nd degree (partial thickness) burns to at least 20% of face or body.

The existing standard for evaluating burns requires greater than 2nd degree burns over 30% of the body or 30% of the face. Burn specialists at BAMC as well as VA physicians and the National Burn Association standards qualify 2nd degree burns of 20% of the body as a severe burn. All indicated that patients with 2nd degree burns require as much rehabilitation as those with 3rd degree.

R-9. Hospitalization as a Proxy for ADL Loss

Continuous 15-day inpatient hospital care would be deemed a proxy for the first ADL eligibility period for OTI and TBI claims.

As discussed earlier, in implementing the original legislation, VA recognized that there were other traumatic injuries not specified in the legislation, such as a serious injury to the torso, that would cause members to undergo significant recovery and rehabilitation periods and cause financial hardships. To address these situations, VA used its authority under the legislation to extend TSGLI protection to other, non-specific, severe traumatic injuries. VA, in consultation with DOD and with the support of other stakeholders, determined that the best method would be to make payment based on how an injury impacts a member's ability to perform the ADL for extended periods of time. ADL is a standard used by some in the commercial insurance industry in their disability and long-term care policies. It was also the standard included in the legislation for qualifying for payment as a result of Traumatic Brain Injury (TBI). Therefore, VA set a requirement that if a member is unable to independently perform at least two of six widely recognized ADL (bathing, continence, dressing, eating, toileting, or transferring), TSGLI would be payable for a member suffering a severe OTI not otherwise specified in the schedule of losses.

The creation of this category has been extremely beneficial to injured service members, since as of April 30, 2008, \$138 million in these benefits has have been paid to 2,550 servicemembers or their survivors. These individuals would not have been otherwise eligible for TSGLI benefits because the enabling legislation did not specifically address injuries and severe losses of this type



that have been seen in recent conflicts. Over half of all TSGLI claims paid, and over half of all dollars paid have been for this category of loss.

However, the inherent difficulties in assessing loss of activities of daily living also make this category of loss the most complex to adjudicate. Claims under this category have a significantly higher BOS denial rate than claims under all other categories. The time between injury and receipt of payment is also significantly longer than claims under other categories. Therefore, the Team focused a great deal of attention on seeking improvements to the process of adjudicating claims based on the ADL criteria.

The Team investigated whether existing injury severity scoring systems currently in use in the medical community could be adopted to objectively measure the impact of traumatic injuries in the TSGLI program. Scoring systems evaluated included the Abbreviated Injury Scale (AIS), the Injury Severity Scale (ISS), the Functional Independence Measure (FIM), and the Functional Capacity Index (FCI). Based on their research, the Team decided that they could not recommend adoption of any of these measurement systems. None of them was commonly in use in all types of hospital settings and treatment facilities. Some were more suited to use in making triage decisions, while others were used to measure progress in rehabilitation. None of the scoring systems are currently used for making determinations about benefit eligibility in the public or private sector.

The Team also investigated the possibility of evaluating OTI in terms of length of hospitalization. The Team decided that establishing a “hospitalization proxy” for a set period of time would account for a wide range of complex, severe traumatic injuries that are not specifically covered in the schedule, but which require significant rehabilitation and care (e.g. loss of jaw; torso injuries). It would allow members who cannot document early loss of ADL to establish such loss through an easily documented hospital stay. Establishing a “hospitalization proxy” would also result in more consistent decisions and quicker payments for OTI cases.

In essence, the hospitalization proxy concedes that a 15-day continuous hospitalization period from the time of injury is equivalent to 30 days of ADL loss, and would replace the first payment timeframe for TBI and OTI claims. Timeframes for subsequent TBI or OTI payments would not be affected. The ADL hospitalization proxy also reflects an emerging trend in the commercial AD&D industry, on which the TSGLI program is based. Some commercial companies now provide a per diem benefit for length of hospital stay. Generally, this benefit commences on the 15th day of continuous hospitalization.

Hospitalization for more than two weeks in today's healthcare environment indicates a severe injury. Such hospitalization indicates an injury as severe as one that would render the member unable to perform two of six ADL independently for 30 consecutive days. Additionally, such a severe injury would require the member's family or other caregivers to assist the member in their recovery. Providing benefits to address this need for care is consistent with the program's intent.

Medical personnel and case adjudicators consistently emphasized the importance of clearly defining "hospital." Because of the environment unique to the military, hospitalization time includes transportation time from the site of the injury to the inpatient facility or series of inpatient facilities.

For the purposes of the TSGLI program, a hospital would be defined as an institution that meets these criteria:

- (1) It is accredited as a hospital under the Hospital Accreditation Program of the Joint Commission on Accreditation of Healthcare Organizations,
- (2) It is legally operated, has 24-hour a day supervision by a staff of doctors, has 24-hour a day nursing service by registered graduate nurses, and complies with (a) or (b): (a) It mainly provides general inpatient medical care and treatment of sick and injured persons by the use of medical, diagnostic and major surgical facilities. All such facilities are in it or under its control. (b) It mainly provides specialized inpatient medical care and treatment of sick or injured persons by the use of medical and diagnostic facilities (including X-ray and laboratory). All such facilities are in it, under its control, or available to it under a written agreement with a Hospital (as defined above) or with a specialized provider of those facilities.
- (3) It includes Combat Support Hospitals (CSH), Air Force Theater Hospitals, and Navy Hospital Ships.

However, nursing homes are not considered hospitals. Neither are institutions, or parts of institutions, which (1) are used mainly as places of convalescence, rest, nursing care or for the aged; or (2) furnish mainly homelike or Custodial Care, or training in the routines of daily living; or (3) are primarily schools.

R-10. Facial Reconstruction



Coverage for facial reconstruction (for traumatic avulsion of the face or jaw that causes discontinuity defects) would be added to the schedule of losses, to include certain losses associated with facial reconstruction surgery with a graduated scale of payments starting at \$25,000, with a maximum payment of \$75,000.

Current TSGLI standards do not include this loss. However, consultations with a medical expert in the field of oral and maxillofacial surgery indicated that 20-25 percent of all injuries in OEF/OIF are to the head, face and neck. These injuries are significantly more severe than in the civilian world. The injuries result in severe functional losses, including impairment in areas such as eating, breathing, digestion, vision, and salivation, that require significant recovery and rehabilitation. However, these injuries generally do not result in losses to ADL that are covered under the OTI category. The new standard would state that a member is eligible to obtain a TSGLI benefit if a surgeon attests that the member has a traumatic avulsion of the face or jaw that causes discontinuity defects.

The Team considered what would be an appropriate effective date for the above program design enhancements, and concluded that such changes would be retroactive.

R-11. Retroactive Applicability of Program Design Changes, and Implementation Costs

Program design recommendations would be effective as of October 7, 2001, the beginning of the eligibility period for the TSGLI program. In the past, Congress has applied coverage increases to the SGLI death benefit as well as the DOD death gratuity retroactively. TSGLI was effective December 1, 2005, but applied retroactively to October 7, 2001. Implementing program recommendations retroactively is consistent with this past practice. There would certainly be negative public and political reaction if changes were not effectuated retroactively during the current wartime period.

If the changes were applied only prospectively, two members who suffer an identical traumatic event and loss, separated by only one day, would receive different TSGLI eligibility determinations – one for payment, one for denial. For example, if February 1, 2008, were the effective date of program design changes:

- Service member “A”, injured on February 1, 2008, by an Improvised Explosive Device (IED) in Iraq, who suffers a severe injury of the foot, resulting in the loss of the front half of his foot would be paid \$50,000
- Service member “B”, injured on January 31, 2008, by an IED, who suffers the identical injury as service member “A” above, would be

denied a TSGLI benefit.

Additionally, the recommendations from this review would result in additional benefits being paid without any corresponding increase in the TSGLI premium. This means, in effect, that if the benefit were to be applied only prospectively from a certain date, members injured prior to that date would be paying an equal premium to those injured after that date, but obtaining less benefits for it.

Although the recommendations implemented as a result of this review would be implemented retroactively, it is not anticipated that future recommendations would be retroactively applied. This is because the Team was tasked with identifying conditions that were “overlooked” when the initial legislation and regulations were written due to the short time frame in which the program was implemented. To meet the program’s intent, the Team concluded that the current recommendations would need to be applied retroactively. In contrast, future expansions of benefits would likely be introduced only to capture newly developing benefits or losses that the commercial industry begins to cover, and as such there would be a sound basis for implementing these new benefits on a prospective basis only.



RETROACTIVE AND PROSPECTIVE COSTS

Based on experience from the first year of the program, the chart below shows the potential retroactive and prospective costs of each program design recommendation:

Benefit Enhancement	10/7/01 - 9/30/08		Annual Thereafter	
	Estimated Number of Claims	Estimated Benefit Amount	Estimated Number of Claims	Estimated Benefit Amount
Loss of Sight – 120 days	22	\$1,450,000	5	\$350,000
Add uniplegia	12	\$600,000	2	\$100,000
Expanded standard for burns	18	\$1,800,000	5	\$500,000
Expanded definition of amputations	27	\$1,350,000	5	\$250,000
Add limb salvage	291	\$14,955,600	53	\$2,719,200
Add TBI and OTI ADL proxy	1,244	\$31,100,000	226	\$5,650,000
Add facial reconstruction	28	\$1,400,000	5	\$250,000
Total	1,642	\$52,655,600	301	\$9,819,200

SECTION III: CLAIMS ASSISTANCE AND OUTREACH RECOMMENDATIONS AND FINDINGS

Background

Since the inception of the TSGLI program there has been a great deal of effort devoted to identifying and contacting those who might be entitled to a TSGLI payment and to educating all interested parties about this new program. Activities included preparation of written materials, press releases, web sites, and advertisements; briefings and training programs for medical personnel, caseworkers, social workers, and advocacy groups; training for responsible military officers; and use of data matches to locate and contact individual service members who were potentially eligible for benefits.

As part of the Year-One Review, the Team examined the effectiveness of outreach conducted to date by the VA and the BOS. They reviewed the findings of the TSGLI 2007 Claims Service Survey that was conducted by the Office of Servicemembers' Group Life Insurance (OSGLI) to obtain feedback from approved and disapproved TSGLI claimants on their experience with the claims process. A total of 400 telephone interviews were conducted with injured service members regarding their TSGLI claims service experience. Feedback from this telephone survey was overwhelmingly positive – 85 percent of TSGLI claimants said they were satisfied with the ease of obtaining and completing claim forms. More than half of claimants completed the TSGLI benefit process without assistance. Additionally, the Team interviewed advocacy groups and caseworkers at various locations to obtain their impressions on improving the general understanding of the TSGLI program by stakeholders.

Description of Claims Assistance and Outreach Recommendations and Findings
The following are the claims assistance and outreach findings and recommendations of the TSGLI Year-One Review:

RECOMMENDATIONS

R-12. Case Management Model

A case management approach would be implemented for TSGLI claims at the major Military Treatment Facilities (MTF). Perhaps the most significant finding under claims assistance and outreach involves the utilization of the case management model currently implemented at the NNMC by the Marine Corps and Navy. This model utilizes dedicated on-site staff to control and shepherd a patient's claim through all aspects of the claims process. It also includes early identification of clientele using the Joint Patient Tracking Application (JPTA) and the Defense Casualty Information Processing System (DCIPS). Army,



which has the largest number of TSGLI beneficiaries, has begun implementing this model.

Not only does this model provide better personal service to injured service members, it also improves the efficiency of the processing offices in the branches of service. A review of recently processed cases indicates that use of the case management model results in improved timeliness and a lower branch of service denial rate. The Team believes the case management model results in a reduction in the denial rate because it manages the expectations of the member, such as eliminating the submission of clearly ineligible claims based on minor injuries, and ensuring the TSGLI claim is fully and properly completed, and additional documentation, if necessary, is included. Timeliness improves because the case manager, rather than the injured member, obtains all necessary documentation and ensures all needed information is included when the claim is sent to the TSGLI processing offices. An illustration of the model's impact on timeliness and approval rates is shown below.

Injuries Incurred and Reported from 3/1/07

	Approval Rate	Cycle Time
Marine Corps (Case Management)	86%	51 days
Army (No Case Management)	46%	69 days

Note: Army and Marine Corps data were used in the example because these branches are the two largest sources of TSGLI claims. The Marine Corps case manager has been present at NNMC since March 2007. Case managers were not available at WRAMC and BAMC as of June 30, 2007.

FINDINGS

F-1. Communications Plan

VA would implement a comprehensive communication plan to fully inform all affected parties and stakeholders of the program changes and recommendations. A comprehensive communications plan is critical to successfully implementing any program changes. Most importantly, military and VA medical staff, case managers, and patient advocates need to have ongoing training on the program's intent, eligibility criteria and completion of the claim form.

F-2. Use of Data Matches to Identify Potential Claimants

Electronic data match efforts would be expanded to identify individuals who may be eligible for the TSGLI benefit, but who have not filed a claim to date.

The Team analyzed sources of data that could be used to identify additional potential applicants for TSGLI benefits. The branches of service and the Seamless Transition staff located at VA Regional Offices previously conducted outreach using information about individuals who had been approved for VA disability compensation. Periodic data matches of this type should continue. By institutionalizing this type of data match effort, this would ensure that eligible service members who are now receiving VA disability compensation are notified of their possible entitlement to the TSGLI benefit. The Team has also initiated contact with the Social Security Administration (SSA) to determine the feasibility of a data match against records of claims for SSA disability benefits filed by individuals who indicate recent military service.

F-3. Consistency of Information

VA would collaborate closely with DOD and the branches of service in developing TSGLI information and training materials.

The Team noted some inconsistencies in the educational materials produced or posted to web sites. To ensure the accuracy, consistency and completeness of all distributed materials, the VA and DOD would review all communication packages, instructional and training materials, web site postings, etc., before being forwarded to any audience for widespread distribution. VA would take the lead in developing information for distribution to the general public and potential claimants as well as certain training materials for medical professionals. This would include a program video accessible on the web.

A separate Outreach and Claims Assistance work paper prepared by the Team contains a number of specific action items that would be implemented as part of the Communications Plan.



SECTION IV: ADMINISTRATIVE EFFICIENCY RECOMMENDATIONS AND FINDINGS

Background

The Team examined the existing practices in the branch of service TSGLI processing offices and OSGLI to identify opportunities for improving administrative processes. The Team also conducted a comprehensive review of over 200 completed cases, made onsite visits to OSGLI and the Army and Marines processing offices, and conducted conference calls with the Navy and Air Force processing offices.

The findings from the OSGLI site visit concluded that overall the TSGLI claims process was functioning effectively and efficiently and the claims staff was very knowledgeable about the processing of TSGLI claims. The findings from the site visits to the branch of service TSGLI processing offices similarly identified that the claims process was under good control and the offices had good lines of communication with TSGLI claimants. Following the site visits, VA sponsored a centralized meeting at which all branches of service shared their best practices. It should be noted that the claims processing time spent at the branch of service processing offices and OSGLI, do not represent a significant portion of factors in the overall TSGLI processing timeline.

From the results of the case review, the Team gained major insight into the life cycle of the TSGLI claims process, as depicted in the graphic on the following page. They observed delays in the process during specific periods. For example, the Team learned that in many cases substantial periods of time elapsed from the date of the injury to the date a claim was signed by the member, and from the date the physician signed the claim, to the date the claim was subsequently received in the branch of service TSGLI processing office. Therefore, the Team concluded that initially the most effective means to reduce the total claims processing time is to identify and correct the reasons for delay in the member's completion of the claim form, and the delay between the time the physician signs the claim and it is received by the branch of service TSGLI processing offices. Accordingly, most of the Team's administrative efficiency recommendations address opportunities to reduce the time delays in these early stages of the claims process.

The Team's findings and recommendations focus on simplifying the process for service members, case managers, medical professionals, and the branch of service TSGLI processing offices. The Team believes that implementation of these changes would result in a more efficient process and faster payments to eligible claimants.

RECOMMENDATION

R-13. TSGLI Claimants Who Are Incompetent to Pursue a Claim

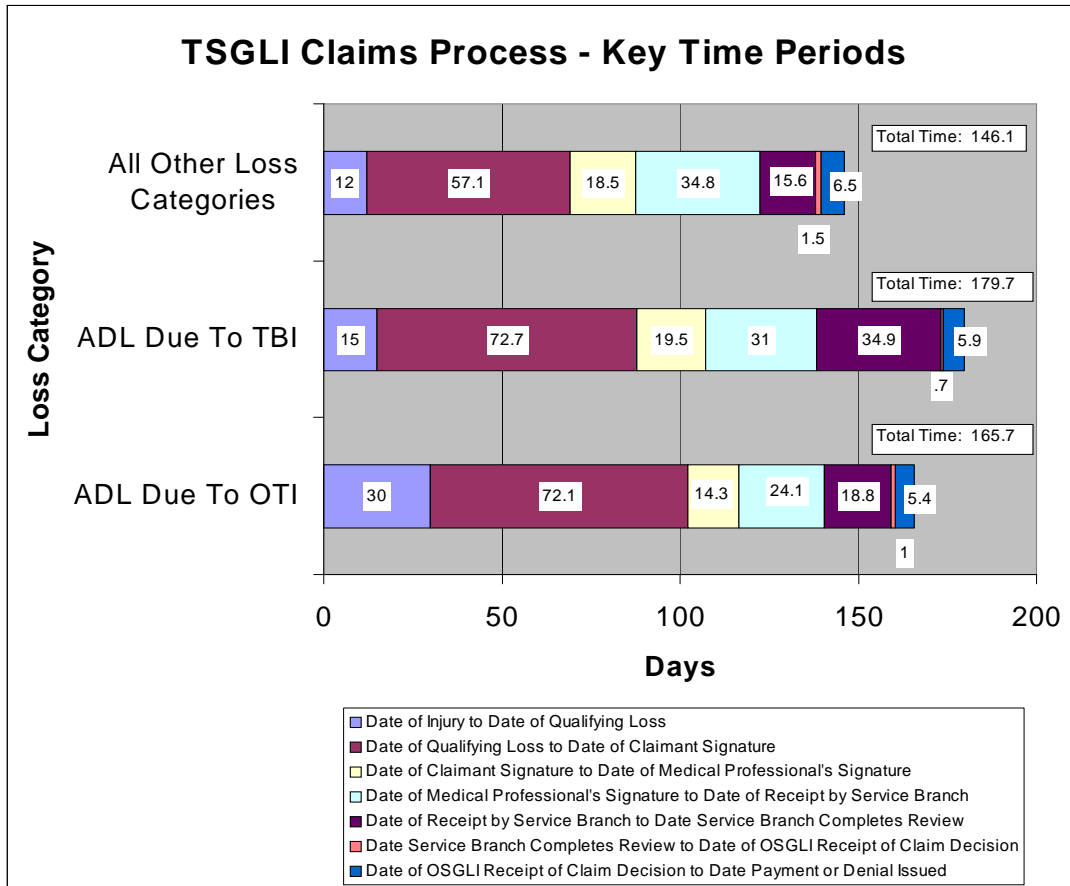
The Team heard concerns that there are delays in paying TSGLI claims when the

member is incompetent. Research revealed a small number of cases in which incompetence has been an issue. In about half of those cases, the member had previously designated a Power of Attorney, who was able to file the claim on the service member's behalf. To address situations where the member has not named a Power of Attorney or Guardian, VA would include a provision in its upcoming revision of the TSGLI regulation that would authorize a Military Trustee established under the authority of 37 U.S.C. § 602 to file claims and receive TSGLI payments on behalf of incompetent members.

FINDINGS

F-4. TSGLI and Combat-related Injury and Rehabilitation Pay (CIP)

The Team received anecdotal evidence that the interaction with CIP is one factor in the lengthy delays in initiating TSGLI claims. One triggering condition for ending receipt of CIP is payment of the TSGLI benefit. The Team was told that members were being advised to delay filing TSGLI claims in order to obtain additional monies under CIP. While the temptation to defer filing a TSGLI claim in order to continue receiving CIP payments is obvious, the Team believes that the possible short-term benefit of continuing to receive CIP payments can have a negative impact on their receipt of the much larger TSGLI payments. This is because delayed TSGLI claims are more difficult to document and adjudicate, and members do not receive the quick, significant, short-term financial assistance intended by the program.



F-5. Sufficiency of Medical Evidence

VA Insurance staff will work with the BOS TSGLI processing offices to reach a consensus as to when a determination by a medical professional that a claimant suffered a qualifying loss—as demonstrated by a properly completed Part B of the TSGLI form—will be considered sufficient, and under what circumstances additional medical documentation beyond Part B would be required.

Additional supporting documentation of the loss would generally be sought by the TSGLI processing offices when it appears there is an apparent discrepancy or error in the information contained in the TSGLI claim form or the claimed loss is clearly inconsistent with the injury. The branch of service TSGLI processing offices can request supporting medical documentation whenever they believe it is warranted.

VA would implement a post-adjudicative review process to evaluate whether decisions made based solely on Part B of the claim form, are consistent with what the decisions would have been if additional medical documentation were reviewed.

The Year-One Review Team concluded that in certain instances, supplemental medical evidence was being requested when it was not needed. The Team found that one reason there are significant delays in the early stages of the claims process is because claimants and those assisting claimants are going to great lengths to gather supporting medical documents (hospital records, nurses' notes, etc.), even though the claim form is completed and signed by a medical professional (over a legal penalty statement) certifying the nature of the injury and loss. A significant amount of time is also spent by the TSGLI processing offices in reviewing and sometimes requesting additional medical records.

Benchmarking with the commercial AD&D insurance industry revealed that the industry relies almost exclusively on the information provided over the medical professional's signature, without additional documentation. This new process would allow the branch of service TSGLI processing offices to follow the commercial practice and rely more heavily on the information provided on the medical professional's certification (Part B of the claim form) and limit requests for additional medical documentation. VA will work with the branch of service TSGLI processing offices to provide written guidance on the instances when medical evidence is needed to support the physician's certification, but to also make clear to the adjudicators that they may at any time exercise their judgment in requesting documentation as warranted by information in the claim. VA will also support branch of service TSGLI processing offices use of additional medical evidence from readily available automated sources, such as JPTA and DCIPS.

Limiting the amount of medical documentation routinely required would significantly reduce the burden on the service member and improve the timeliness of claims processing.

In order to ensure that the administrative change to the medical evidence requirement would work as intended, VA would develop a temporary post-adjudicative review process. This is not intended as a quality review of decisions by the branches of service. Rather, for a period of about one year, VA would request medical evidence in a sample of cases where the branches relied completely on the information in Part B of the application. VA would



review these cases to determine if the medical evidence supports what the medical professional attested to in Part B of the form. There would be little or no administrative burden on the branches of service since their only role in this review would be to assist in the collection of medical evidence in the cases identified for review. The results of the review would enable VA and the services to determine if the process of relying solely on Part B of the TSGLI application is working as intended.

F-6. Inability to Perform the Activities of Daily Living

VA would clarify the definition of loss of ADL and provide training on the clarified definition. The standard for whether a loss under the categories of “Other Traumatic Injury” and “Traumatic Brain Injury” qualifies for payment is based on a determination of the claimant’s inability to independently perform at least two of the six prescribed ADL. The Team concluded that the current standard was still the most appropriate way to measure the impact of OTI and TBI. However, the Team found that current guidance on applying the ADL standard was complicated and subject to different interpretations. This could lead to inconsistent decisions between claims and between the branches of service. To address this issue the Team researched a variety of measures used to assess and describe “inability” and “independence.” The Team consulted with medical professionals at Magee Rehabilitation Hospital, Moss Rehabilitation Center, and at the VA Polytrauma Center in Richmond VA. These medical professionals also assisted in the development of guidance clarifying this issue.

VA would clarify the standards for measuring the inability to independently perform ADL by utilizing the Katz scale, a measure commonly used in rehabilitation centers and familiar to physical medicine professionals as a basic model. The clarification would demonstrate that assistance includes not only “physical” assistance (hands-on), but also includes “stand-by” assistance (within arm’s reach), or “verbal” assistance (must be instructed) necessary for the member to perform the task. The clarified definition of ADL loss would be:

“The patient is UNABLE to perform an ADL independently if he or she REQUIRES:

- o Physical assistance (hands-on), or
- o Stand-by assistance (within arm’s reach), or
- o Verbal assistance (must be instructed)

without which the member would be INCAPABLE of performing the task.”

F-7. Improved Claim Form

A new TSGLI claim form, revised based on feedback from claimants, case managers,

medical professionals, TSGLI processing offices, and usability testing results would be introduced.

Feedback from members, medical professionals and others on the current form identified that it needed to be improved. VA has revised and tested a new TSGLI claim form to simplify the application process and incorporate more complete guidelines. Revisions to the claim form include:

- Providing a clearer explanation of the purpose of the TSGLI program and the nature of losses that qualify for payment.
- Providing an opportunity for the member to explain the nature of the injury that is the basis of the claim.
- Revising the physician certification portion of the form to provide definitions of qualifying losses.
- Restructuring the branch of service certification part of the form and separating it from the claim form itself.

These changes would provide potential claimants, medical professionals and others with a better understanding of the nature of injuries that qualify for payment, and should make it easier for the TSGLI processing offices to adjudicate claims. Used in conjunction with the earlier finding to limit supporting medical documentation, the new claim form would support a more efficient and timely claim process.

F-8. Schedule of Losses

A simplified presentation of the schedule of losses would be developed and made available.

From feedback received from a variety of sources, the Team learned that the current presentation of the schedule of losses makes it difficult to locate qualifying losses and corresponding payments. This can result in confusion and a lack of understanding by claimants, medical professionals, and those assisting claimants, and causes dissatisfaction for claimants whose claims are denied. A simplified presentation of the schedule of losses has been developed that would improve program understanding, appropriately manage expectations of potential claimants, and speed the claims development and adjudicative processes.

F-9. Development of Automated Claims Process

OSGLI would develop a web-based TSGLI application. The current TSGLI claims process is entirely paper-driven (except for transmission of the completed claim via fax from the branches of service to OSGLI for payment or release of the denial notice). Across the



government there is increasing interest in making more services available to the public via the Internet. Various stakeholders interviewed by the Team supported the concept of providing on-line access to file TSGLI applications. Online processing would also reduce the likelihood that a claim is lost or misplaced, and would reduce the time it takes to move claims through the various steps of the process.

F-10. Denial Letters

Improved TSGLI denial letters would be developed and tested, in order to provide more complete and understandable information for claimants.

Based on feedback from claimants (from both the claimants survey and Congressional inquiries), case managers, service organizations, and the branches of service, the Team determined that there is a need to clarify correspondence notifying claimants of the decision on their claim. Particularly in the case of Branch of Service denials, the notices should be expanded to provide more specific information about the reason why the claimed loss did not qualify for payment and what steps the member must take to appeal the decision.

SECTION V: METRICS RECOMMENDATIONS AND FINDINGS

Accurate, timely and comprehensive metrics are necessary for successful administration of any program. In addition, VA and DOD officials are frequently required to report data on the operation of the TSGLI program. Data routinely reported on the program include: the total number of claims paid, the total amount of benefits paid, and the timeliness of the claims process. Ad hoc reports are created to respond to requests for information about such issues as the rate of Branch of Service claims denials, the frequency and disposition of various types of losses claimed, the overall time from date of injury to date of award, processing time in the branches of service, etc. The Team looked at all of the data currently being collected and reported to determine whether it was providing sufficient information to program managers.

FINDING

F-11. Provide Reporting Guidance to Branch of Service Processing Offices

VA and DOD would continue to collaborate and provide detailed guidance to the branch of service TSGLI processing offices to assure consistency in the content and completion of regular monthly data reports. VA would investigate the possibility of applying automation enhancements to the data collection process.

In cooperation with DOD, the branch of service TSGLI processing offices, and OSGLI, initiatives are underway to assure that program managers have accurate, timely, detailed data about all aspects of the TSGLI program. With guidance from the VA, the branches of service are now preparing detailed monthly cycle time reports for each step of the TSGLI claims process. These reports enable better program oversight and identify opportunities for continued improvement.

The existing schedule of monthly conference calls between the branch of service TSGLI processing offices, DOD, OSGLI, and VA provides a good mechanism for timely communication of information, concerns, and suggestions. The team encourages the continuation of these calls. The branch of service TSGLI processing offices have also expressed interest in establishing a process for periodic (quarterly or biannual) face-to-face meetings where pertinent issues could be discussed in more detail and best practices could be shared.

The Team supports continuation of collaborative efforts to improve the data collection and reporting process. Improvement efforts should focus on the



consistency and accuracy of data reported by the branches of service and OSGI. Additionally, communication about program data needs to be improved among all organizations. Current data collection and reporting has been greatly improved in recent months, but is very labor-intensive. Greater automation and flexibility of the data reporting process would increase efficiency as well as improve the accuracy, timeliness, and consistency of data.

SECTION VI: CONCLUSION

The TSGLI Program has largely been a successful program, and has been well received by both its beneficiaries and its stakeholders. Although it is clear that the Servicemembers' Group Life Insurance Traumatic Injury Protection Program is a vital and necessary benefit for severely injured service members and their families, this review has highlighted several areas where enhancements to the TSGLI Program would improve its operation and help VA and DOD provide needed assistance to our nation's severely injured service members and their families.



APPENDIX I: SCOPE AND METHODOLOGY OF REVIEW

In order to obtain the necessary information and data to meet the Year-One Review's goals and objectives, the review included the following efforts:

- Medical Expert Consultations: The Team consulted with world-recognized experts in such fields as orthopedic surgery, burn management, and statistical methodologies to learn the most current medical treatments and injury analysis systems. These experts included: Ed Davis, Ph.D., Trauma and Wound Ballistics Section Physiologist, U.S. Army Research Laboratory, Aberdeen Proving Grounds; Colonel Mark Bagg, M.D., Chairman, Department of Orthopedics and Rehabilitation, Brooke Army Medical Center (BAMC); Evan Renz, M.D., Surgeon, Assistant Director, Trauma Critical Care Fellow and Burn Expert, U.S. Army Institute of Surgical Research; Robert Hale, DDS, Chief, Oral and Maxillofacial Surgery, BAMC Dental Clinic; and Thakor G. Patel, M.D., MACP, Program Chief, VA Medical Service Field Advisory Committee, Mimi S. Kokoska, M.D., FACS, Chief, Otolaryngology-Head & Neck Surgery, Central Arkansas Veterans Healthcare System, LTC Markian Kunasz, MD, BAMC, Plastic Surgery, Colonel David Hayes, MD, BAMC.
- Review of Medical Literature: The Team conducted detailed reviews of current medical literature in areas such as extremity loss, limb salvage, paralysis, frostbite and heat stroke, activities of daily living, and hospitalization periods.
- Data Collection and Analysis: The Team analyzed program data on types of injuries and cycle times. The Team conducted a detailed review of over 200 approved and disapproved claims. The Team also analyzed data on the length of time injured service members were hospitalized.
- Operational Offices' Site Visits: The Team conducted on-site visits or phone calls with all branch of service TSGLI processing offices and the Office of Servicemembers' Group Life Insurance to review outreach, adjudication and payment procedures; and to identify best practices and suggestions for improvement.
- Benchmarking: The Team benchmarked program benefits with the insurance industry to determine if coverage offered was comparable to that provided by commercial insurers. The Team also benchmarked standards for related benefits offered by VA and the Social Security Administration.
- Input from Stakeholders: The Team met with advocacy groups, for example, The Wounded Warrior Project, and commissioned a survey of TSGLI claimant satisfaction. They interviewed medical personnel, patients, family members, and caseworkers at Walter Reed Army Medical Center (WRAMC); National Naval Medical Center, Brooke Army Medical Center, Center for the Intrepid; and Richmond VA Polytrauma Center.

- Consultation with the Branches of Service and the Department of Defense:
The Team consulted with the branches of service as well as a representative from the Office of the Secretary, DOD, throughout the review process. The input of those staff members was the basis for many of the issues identified early on by the Team for additional research and analysis. VA and DOD executives evaluated and discussed the implications of the Team findings. This report reflects the decisions reached as a result of that consultation.



APPENDIX II: SUMMARY OF RECOMMENDATIONS

Recommendations Regarding the Design of the TSGLI Program:

R-1 Loss of Sight

Loss of Sight lasting 120 days or more would be considered as "permanent", qualifying the service member for the same payment rate as for permanent loss of sight (\$100,000 for both eyes, \$50,000 for one eye).

R-2 Uniplegia

Uniplegia (complete and total paralysis of one limb) would be added to the schedule of losses with payment at \$50,000.

R-3 Amputation of the Hand

The definition of amputation of the hand would be expanded to include loss of four fingers (on the same hand) or loss of thumb, with payment remaining at \$50,000 for one affected hand and \$100,000 for both hands.

R-4 Amputation of the Foot

The definition of amputation of the foot would be expanded to include loss of all toes, with the payment remaining at \$50,000 for one affected foot and \$100,000 for both feet.

R-5 Loss of Four Toes

A new category would be created for loss of four toes (on the same foot and not including the big toe) with payment at \$25,000 for one affected foot and \$50,000 for both feet.

R-6 Loss of Big Toe

A new category would be created for the loss of the big toe, with payment at \$25,000 for one affected foot and \$50,000 for both feet.

R-7 Limb Salvage

Coverage would be expanded to include limb salvage (multiple surgeries intended to save a limb rather than amputate) with payment equivalent to amputation.

R-8 Burns

The burn standard, currently 3rd degree (full thickness) burns to at least 30% of face or body, would be expanded to include 2nd degree (partial thickness) burns to at least 20% of face or body.

R-9 Hospitalization as a Proxy for ADL Loss

Continuous 15-day inpatient hospital care would be deemed a proxy for the first ADL eligibility period for OTI and TBI claims.

R-10 Facial Reconstruction

Facial Reconstruction, required as a result of traumatic avulsion of the face or jaw that causes discontinuity defects, would be added to the schedule of losses, with payment levels of \$25,000 to \$75,000, depending upon the severity of the injury.

R-11 Retroactive Applicability of Program Design Changes, and Implementation Costs

All program design recommendations would be effective as of October 7, 2001, the beginning of the eligibility period for the TSGLI program.

Recommendations to Improve the Claims Assistance and Outreach for the TSGLI Program:

R-12 Case Management Model

A case management approach would be implemented for TSGLI claims at the major Military Treatment Facilities (MTF).

Recommendations to Improve the Administrative Efficiency of the TSGLI Program:

R-13 TSGLI Claimants Who Are Incompetent to Pursue a Claim

VA would include a provision in its upcoming revision of the TSGLI regulation that would authorize a Military Trustee established under the authority of 37 U.S.C. § 602 to file claims and receive TSGLI payments on behalf of incompetent members.



APPENDIX III: TSGLI CLAIMANT TELEPHONE SURVEY RESULTS

A survey of TSGLI claimants was conducted in May 2007, to determine the service experience of injured service members. A total of 400 telephone interviews took place between May 9 and May 15, 2007, from a sampling frame of 1,229 TSGLI claims. The overall sample included proportionate representation of the following groups: war zone and non-war zone, branch of service approvals and denials and retroactive and prospective claims.

The following observations were among the key findings of the survey:

- Few claimants were aware of the TSGLI benefits before being injured. Most learned about TSGLI within a month of their injury, typically from family, friends or fellow service members. Awareness of TSGLI benefits was highest among Marines and lowest among the Coast Guard and Air Force.
- Claimants have little difficulty with the process of applying for TSGLI benefits and more than half of those surveyed completed the process without assistance.
- One-third of the survey respondents report that the benefit amount they received is the amount that they expected to receive; one-fourth were unsure of what their benefit amount would be.
- Claimants are generally satisfied with the timeliness of the TSGLI claims process and other aspects of their service experience. As would be expected, those surveyed whose claims were denied and those who appealed their claims' decisions were the least satisfied.

APPENDIX IV: COST ESTIMATES AND METHODOLOGY

The program costs were derived as follows:

- Loss of Sight:

Retroactive: Based upon vision claim denials, we estimate that an additional 22 claims will be granted through FY08.

Annual: A low incidence is expected – estimated to be approximately five per year.
- Uniplegia:

Retroactive: A minimal incidence of cases is expected based on interviews with military medical professionals.

Annual: A minimal incidence of cases is expected based on interviews with military medical professionals.
- Burns

Retroactive: Based upon burn claim denials, we estimate that an additional 18 claims will be granted through FY08.

Annual: A low incidence is expected - estimated to be approximately five per year.
- Amputations:

Retroactive: Based upon amputation claim denials, we estimate that an additional 27 will be granted through FY08.

Annual: A low incidence is expected - estimated to be approximately five per year.
- Limb Salvage

Based on discussions with orthopedic surgeons at BAMC and NNMCM, there are roughly the same number of patients who choose limb salvage as choose amputation. About half of the patients who choose limb salvage must eventually have an amputation and would already be covered under the existing program. Many limb salvage patients would have already been paid some monies under the existing OTI standard.

Retroactive: Based on the approved number of claims for amputations, there would be an equivalent number of claims expected for limb salvage. This number, however, will be reduced by half since data shows that half of limb salvage patients will still eventually need to undergo amputation.

Annual: It is expected that the annual estimate can be derived from the retroactive estimate, divided by 5.5 (number of years between the start of Operation Iraqi Freedom and September 30, 2008).



- Hospitalization as a Proxy for ADL Loss:

Retroactive: Based on a case review of denied TSGLI claims for other traumatic injury, traumatic brain injury and coma, it is estimated that 40 percent of these claims would now qualify based on a 15-day hospital stay. An alternate calculation was derived using DOD's Joint Patient Tracking Application data on hospital inpatient stays from a six-month period in 2007, which provided a similar estimate.

Annual: It is expected that the annual estimate can be derived from the retroactive estimate, divided by 5.5 (number of years between start of Operation Iraqi Freedom and September 30, 2008).

- Facial Reconstruction

Retroactive: Based on a frequency prediction by medical experts at the Dental Clinic in BAMC.

Annual: Based on a frequency prediction by medical experts at the Dental Clinic in BAMC.

Appendix V: TSGLI Schedule of Losses

Part I	
For losses listed in Part I, multiple injuries resulting from a single traumatic event may be combined with each other and treated as one loss (except where noted otherwise), however, the total payment amount MAY NOT exceed \$100,000.	
Loss	Payment Amount
1. Sight: Total and permanent loss of sight OR loss of sight that has lasted 120 days <ul style="list-style-type: none"> ▪ For each eye 	\$50,000
2. Hearing: Total and permanent loss of hearing <ul style="list-style-type: none"> ▪ For one ear ▪ For both ears 	\$25,000 \$100,000
3. Speech: Total and permanent loss of speech	\$50,000
4. Quadriplegia: complete paralysis of all four limbs	\$100,000
5. Hemiplegia: complete paralysis of the upper and lower limbs on one side of the body	\$100,000
6. Paraplegia: complete paralysis of both lower limbs	\$100,000
7. Uniplegia: complete paralysis of one limb	\$50,000
8. Burns: 2nd degree or worse burns to at least 20% of the body including the face OR , at least 20% of the face	\$100,000
9. Amputation of hand: Amputation at or above the wrist <ul style="list-style-type: none"> ▪ For each hand* <i>*Note: Payment for loss 9 cannot be combined with payment for loss 10 for same hand.</i>	\$50,000
10. Amputation of 4 fingers OR thumb alone: Amputation at or above the metacarpophalangeal joint <ul style="list-style-type: none"> ▪ For each hand 	\$50,000
11. Amputation of foot: Amputation at or above the ankle <ul style="list-style-type: none"> ▪ For each foot* <i>*Note: Payment for loss 11 cannot be combined with payments for losses 12 or 13 for same foot.</i>	\$50,000
12. Amputation of all toes including the big toe on 1 foot: Amputation at or above the metatarsophalangeal joint <ul style="list-style-type: none"> ▪ For each foot 	\$50,000
13. Amputation of big toe only, OR other 4 toes: Amputation at or above the metatarsophalangeal joint <ul style="list-style-type: none"> ▪ For each foot 	\$25,000
14. Limb salvage of arm: Salvage of arm in place of amputation <ul style="list-style-type: none"> ▪ For each arm* <i>*Note: Payment for loss 14 cannot be combined with payments for losses 9 or 10 for same arm.</i>	\$50,000
15. Limb salvage of leg: Salvage of leg in place of amputation <ul style="list-style-type: none"> ▪ For each leg* <i>*Note: Payment for loss 15 cannot be combined with payments for losses 11, 12 or 13 for same leg.</i>	\$50,000



Part I (cont'd)

For losses listed in Part I, multiple injuries resulting from a single traumatic event may be combined with each other and treated as one loss (except where noted otherwise), however, the total payment amount **MAY NOT** exceed \$100,000.

Loss	Payment Amount
16. Facial Reconstruction – reconstructive surgery to correct traumatic avulsions of the face or jaw that cause discontinuity defects.	
<ul style="list-style-type: none"> ▪ Jaw – surgery to correct discontinuity loss of the upper or lower jaw 	\$75,000
<ul style="list-style-type: none"> ▪ Nose – surgery to correct discontinuity loss of 50% or more of the cartilaginous nose 	\$50,000
<ul style="list-style-type: none"> ▪ Lips – surgery to correct discontinuity loss of 50% or more of the upper or lower lip <ul style="list-style-type: none"> - For one lip - For both lips 	\$50,000 \$75,000
<ul style="list-style-type: none"> ▪ Eyes – surgery to correct discontinuity loss of 30% or more of the periorbita <ul style="list-style-type: none"> - For each eye 	\$25,000
<ul style="list-style-type: none"> ▪ Facial Tissue – surgery to correct discontinuity loss of the tissue in 50% or more of any of the following facial subunits: forehead, temple, zygomatic, mandibular, infraorbital or chin. <ul style="list-style-type: none"> - For each facial subunit 	\$25,000
<p><i>Note 1: Injuries listed under facial reconstruction may be combined with each other, but the maximum benefit for facial reconstruction may not exceed \$75,000.</i></p>	
<p><i>Note 2: Any injury or combination of injuries under facial reconstruction may also be combined with other injuries listed in Part I and treated as one loss, provided that all injuries are the result of a single traumatic event. However, the total payment amount may not exceed \$100,000.</i></p>	
17. Coma from traumatic injury AND/OR Traumatic Brain Injury resulting in inability to perform at least 2 Activities of Daily Living (ADL) <ul style="list-style-type: none"> ▪ at 15th consecutive day of coma or ADL loss ▪ at 30th consecutive day of coma or ADL loss ▪ at 60th consecutive day of coma or ADL loss ▪ at 90th consecutive day of coma or ADL loss 	\$25,000 an additional \$25,000 an additional \$25,000 an additional \$25,000
18. Hospitalization due to traumatic brain injury <ul style="list-style-type: none"> ▪ at 15th consecutive day of hospitalization 	\$25,000
<p><i>*Note: Payment for hospitalization replaces the first payment period in loss 17.</i></p>	

Part II

For losses listed in Part II, payment amounts **MAY NOT** be combined with payment amounts in Part I. The total payment amount **MAY NOT** exceed \$100,000 for multiple injuries resulting from a single traumatic event.

Loss	Payment Amount
<p>19. Traumatic injury resulting in inability to perform at least 2 Activities of Daily Living (ADL)</p> <ul style="list-style-type: none"> ▪ at 30th consecutive day of ADL loss ▪ at 60th consecutive day of ADL loss ▪ at 90th consecutive day of ADL loss ▪ at 120th consecutive day of ADL loss 	<p>\$25,000 an additional \$25,000 an additional \$25,000 an additional \$25,000</p>
<p>20. Hospitalization due to traumatic injury</p> <ul style="list-style-type: none"> ▪ at 15th consecutive day of hospitalization <p><i>*Note: Payment for hospitalization replaces the first payment period in loss 19.</i></p>	<p>\$25,000</p>



APPENDIX VI: LIST OF TSGLI YEAR-ONE REVIEW TEAM MEMBERS

Thomas M. Lastowka, Program Director, VA Insurance Service, Director, VA Regional Office and Insurance Center

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APPENDIX VII: GLOSSARY OF ACRONYMS

AD&D – Accidental Death and Dismemberment
ADL – Activities of Daily Living
AIS – Abbreviated Injury Score
BAMC – Brooke Army Medical Center
BOS – Branch of Service
CFR—Code of Federal Regulations
CIP – Combat Injury Pay
CSH – Combat Support Hospital
DCIPS – Defense Casualty Information Processing System
DDS – Doctor of Dental Surgery
DOD – Department of Defense
ENT – Ear, Nose and Throat Physician
FCI – Functional Capacity Index
FIM – Functional Independence Measure
IED – Improvised Explosive Device
ISS – Injury Severity Score
JPTA – Joint Patient Tracking Application
MACP – Member, American College of Physicians
MTF – Military Treatment Facility
NOAA – National Oceanic and Atmospheric Administration
NNMC – National Naval Medical Center
OEF/OIF – Operation Enduring Freedom/Operation Iraqi Freedom
OSG – Office of the Surgeon General
OSGLI – Office of Servicemembers' Group Life Insurance
OTI – Other Traumatic Injury
PHS – Public Health Service
SGLI – Servicemembers' Group Life Insurance
SSA – Social Security Administration
TBI – Traumatic Brain Injury
TSGLI—Traumatic Injury Protection Under Servicemembers' Group Life Insurance
VA – Veterans Affairs (Department of)
WRAMC – Walter Reed Army Medical Center
YOR – Year-One Review



APPENDIX VIII: CONTACT INFORMATION

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APPENDIX IX: ACKNOWLEDGEMENTS

The Year-One Review of the TSGLI Program was a comprehensive, lengthy undertaking that involved the combined efforts of many individuals and organizations that share an interest in service members, veterans and their families. Special mention is made of the following people without whose ongoing assistance and support the Team would not have been able to accomplish the Year-One Review: Dr. Robert Hale, Dr. Evan M. Renz, Dr. Mark Bagg, Kevin Hillegas, Dr. McNamee, Major Peter Ortell, Colonel John Sackett, Master Chief Ralph Gallagher, LCDR Robert Poerschmann, Isabel Every, Cedric Austin and Karen R. Martin.

