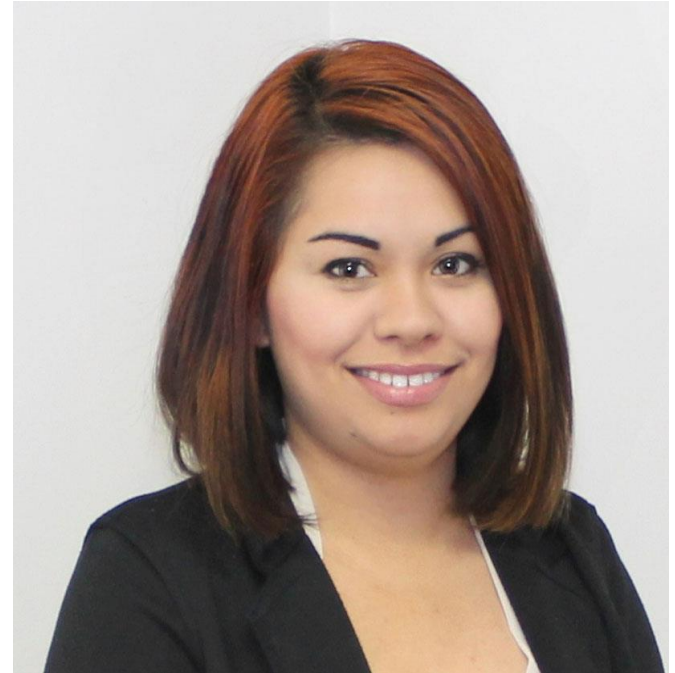


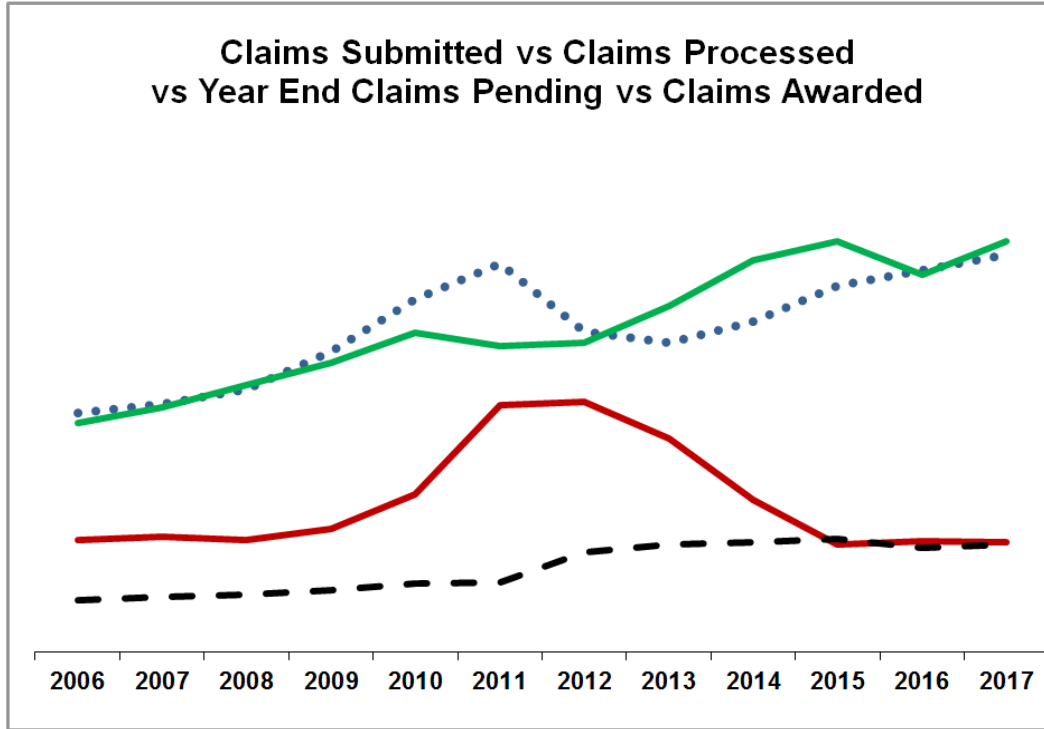
# Module 3 – Understanding Eligibility for Benefits and the New Claims Process for Disability Benefits

## Topics Covered in This Module

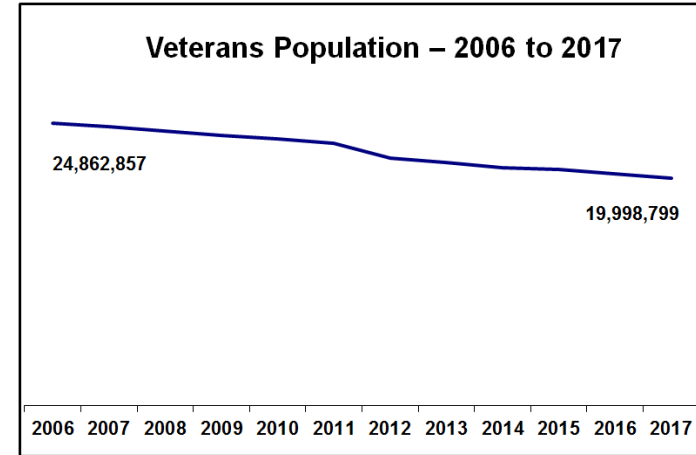
- Definition of a Veteran
- Service Requirements
- The New Paperless Claims System
- Regional Office Claims Processing Model
- The SVSA Claims Submission Method



# VA's Dilemma of Ever-Increasing Claims Submissions



**DOTTED BLUE LINE** is claims submissions, **GREEN LINE** is claims processed during the year, **RED LINE** is claims backlog (claims pending at year end) and **DASHED BLACK LINE** is claims awarded. Totals are of Compensation, Pension and DIC claims combined

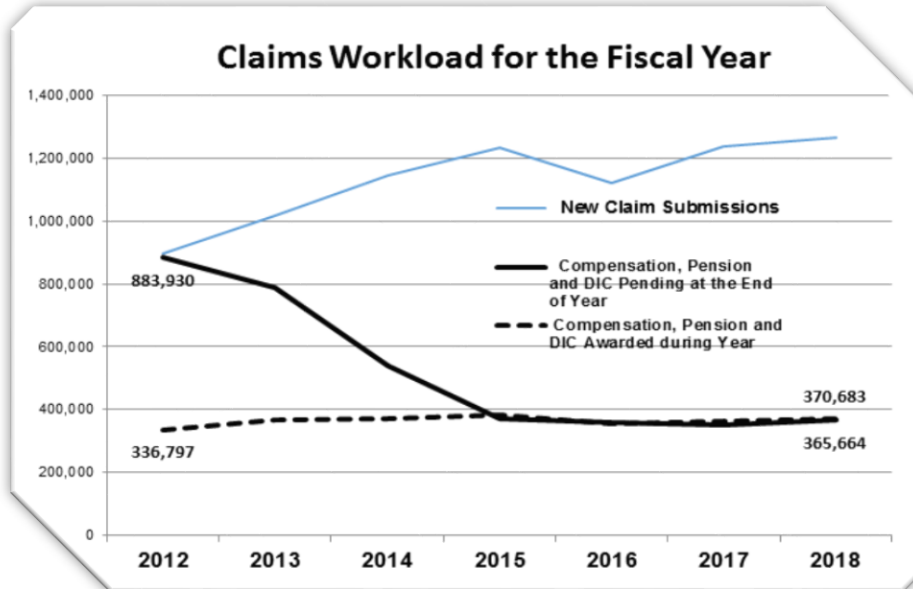


Year	Received	Processed	Pending	Awards
2006	806,382	774,378	378,296	178,366
2007	838,141	824,844	391,593	186,872
2008	888,112	899,863	379,842	193,743
2009	1,013,712	977,219	416,335	211,765
2010	1,192,346	1,076,983	531,698	233,394
2011	1,311,091	1,032,334	835,455	235,146
2012	1,080,342	1,044,207	846,590	336,797
2013	1,044,508	1,169,085	722,013	365,415
2014	1,114,478	1,320,870	515,621	370,078
2015	1,235,185	1,387,772	363,034	381,456
2016	1,286,880	1,272,807	377,107	354,037
2017	1,340,107	1,386,394	370,372	364,358

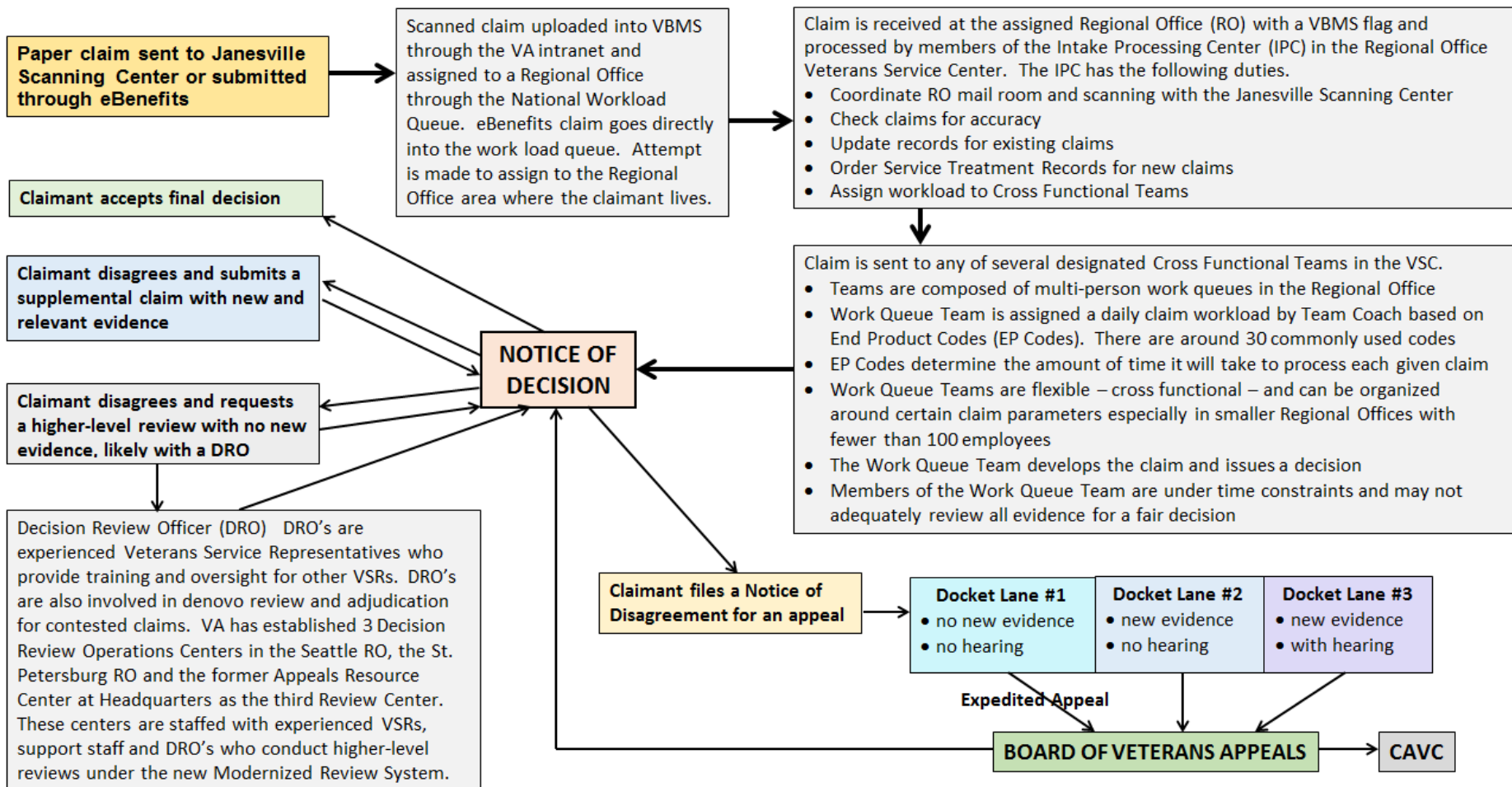
Source: VA Annual Budget Proposals and VA Annual Benefits Reports

# VA's Solution to the Backlog Problem

- Paperless claims
- Fully Developed and Decision Ready Claims
- VBMS – Veterans Benefits Management System
- The National Call Center – 800-827-1000



# Regional Office Claims Processing Model as of 2019

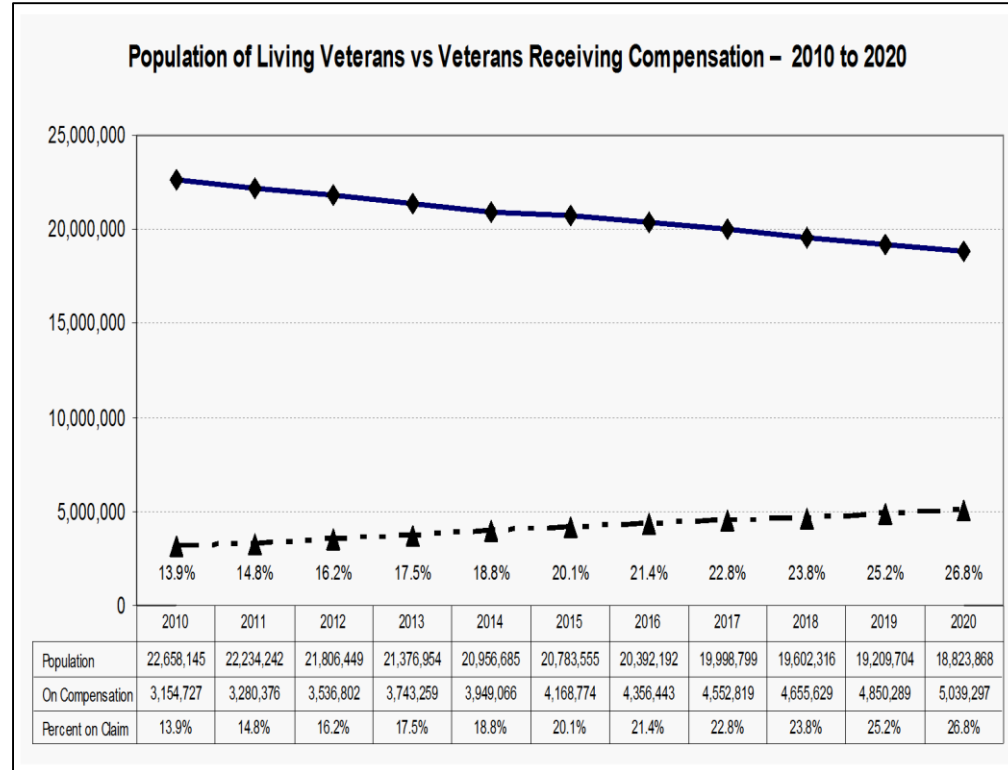


# Keeping up with Disability Compensation Is a Major Challenge for VA

- Average disabilities per veteran on claim 3.2 in 2000 and 5.11 in 2017
- 2010, 14% versus 2020, 27% on claim
- Payouts will go up 250% during these years
- The average yearly amount of benefit will increase much faster than inflation

## Veterans on Claim for Compensation

	Total Number of Veterans on Claim	Average Yearly Amount of Benefit	Total Amount Paid out in Billions of Dollars
2010	3,154,727	\$12,075	\$38.09
2011	3,280,376	\$13,355	\$43.87
2012	3,536,802	\$12,542	\$44.36
2013	3,743,259	\$13,131	\$49.15
2014	3,949,066	\$13,732	\$54.23
2015	4,168,774	\$14,444	\$60.21
2016	4,356,443	\$14,855	\$64.71
2017	4,552,819	\$15,373	\$69.99
2018	4,655,629	\$16,808	\$78.25
2019	4,850,289	\$17,553	\$85.14
2020	5,039,297	\$18,320	\$92.32



Source: VA Annual Budget Proposals and VA Website



# The Claims Processing Model Does Not Work Well for Compensation

- Pension and DIC claims have only a few possible outcomes
- Compensation claims can have 30 or more different outcomes
- Processing is inefficiently fragmented throughout 56 different locations
- Emphasis is on the database process and employees are treated as input robots in that process
- Employee database activities are rigidly timed and monitored based on end product codes
- Emphasis is on timely decisions instead of quality decisions

EP	EP Name	Non-Rating	Rating	Comb.
10	Initial Disability Comp-8 Or More Issues	4.07	7.17	11.24
20	Reopened Compensation	3.13	3.26	6.39
50	Eligibility Verifications	0.33	0.02	0.35
70	Appeal Certifications/SSOCs	1.2	1.97	3.17
95	Ch31 Elig W/Rating	0.63	1.14	1.77
110	Initial Disability Comp-1 To 7 Issues	3.08	2.56	5.64
120	Reopened Pension	1.86	0.56	2.42
130	Disability & Death Dependency	0.68	0.01	0.69
133	REPS Cases (St Louis Only)	1.79	0	1.79
135	Hospital Adjustments	0.96	0.04	1
140	Initial Death Comp & DIC	2.35	0.96	3.31
150	Income, Estate, Elections	0.77	0	0.77
154	Pen & Parent DIC Income Match	1.6	0	1.6
155	Entitlement Verifications	0.62	0	0.62
160	Burial/Plot/Headstone/Etc	0.73	0.06	0.79
165	Accrued Claims	1.67	0.87	2.54
172	Statements of the Case	2.26	5.37	7.63
173	C&P Hearings - Other	3.64	2.81	6.45
174	C&P Hearings - Decision Review Officer	1.18	2.66	3.84
180	Initial Disability Pension	2.09	0.58	2.67
190	Initial Death Pension	1.86	0.13	1.99
290	Eligibility Determinations - Other	0.66	0.08	0.74
293	Waiver & Compromise Decisions	0.9	0	0.9
295	Chapter 31 Elig W/O Rating	0.06	0	0.06
310	Reviews - Future Examinations	0.98	1.61	2.59
314	SC Unemployability Wage Match	2.38	1.49	3.87
320	Reviews - Due Hosp/Outpatient	0.76	1.31	2.07



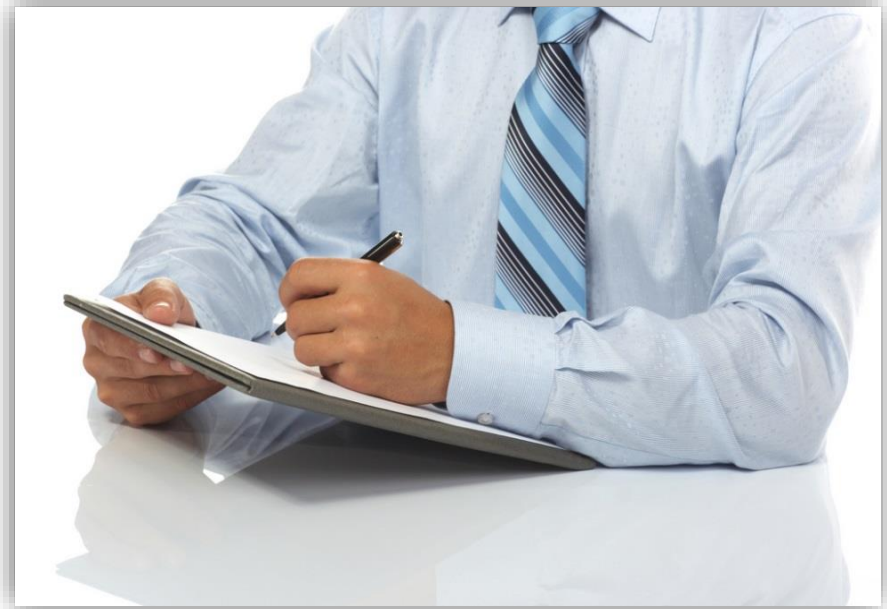
Claims Questions?

Call us at 801-292-1872 [www.seniorvets.org](http://www.seniorvets.org)



# What We Learn from Claims Processing Deficiencies

- Don't allow VSRs to use up their time allotment by triggering Duty to Assist
- Make sure the rating team knows the claim is fully developed
- Identify the theory of the claim up front
- Summarize the entire claim
- Organize and index medical records
- Organize, index and correlate all other evidence
- Write an organized, persuasive and thorough lay statement



# The Senior Veterans Service Alliance Application Method

OMB Control No. 2600-0073  
Approved Public Use Version  
Expiration Date: 02/1/2020

VA Department of Veterans Affairs  
**STATEMENT IN SUPPORT OF CLAIM**  
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Read the Privacy Act and Requester Statement on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional notes, use the second page.

**SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION**

NOTE: You will either complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME (Print Middle Initial, Last) George A Smith

2. VETERAN'S SOCIAL SECURITY NUMBER 2 0 0 - 1 0 - 1 2 3 4

3. VA FILE NUMBER (if applicable) none

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY) 0 1 - 0 1 - 1 9 5 5

5. VETERAN'S SERVICE NUMBER (if applicable) none

6. TELEPHONE NUMBER (include Area Code) 555-321-1234

7. E-MAIL ADDRESS (if optional) george@gmail.com

8. MAILING ADDRESS (Apostrophe and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street 5 2 4 D e e r i n g S t r e e t

Apt./Unit Number 9 9 9 City D a r n v i l l e

State/Province V A Country U S ZIP Code/Postal Code 0 1 0 2 0 - 0 0 0 0

**SECTION II: REMARKS**  
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

**Explanation of My Claim**

This is a Fully Developed Claim for Disability Compensation – Ready for a Decision

I HAVE FURNISHED ALL OF THE EVIDENCE YOU NEED FOR A DECISION. You do not need to develop any further as this claim is ready to give to the Rating Veteran Service Representative (RVSR). Any further documentation or evidence which I have not submitted is not required for a rating decision for this particular claim.

A detailed explanation of what I am claiming and a complete list of all the documents I am submitting is continued on Page 2 of this VA Form 21-4138

VETERAN: GEORGE A SMITH EXISTING VA FORM 21-4138, JAN 2015, WILL BE USED. Page 1

VETERAN'S SOCIAL SECURITY NO. 0000-0000-0000

**SECTION II: REMARKS (Continued)**  
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

**VA Form 21-4138 – Contents of This Statement (Continued from page 1)**

Summary of My Claim for Compensation; see page 2  
Observational Description of My Disabilities; see page 3  
List of Documents Submitted with This Claim; see page 4  
My Personal Lay Statement Supporting Service Connection; see page 5

**Summary of My Claim for Compensation**

I injured my foot severely when I was in the service in 1975 at Fort Benning, Georgia. This required surgery to repair the foot, but it did not heal properly and over the years I have not been able to walk properly because of the foot injury. I am furnishing the service medical records from that incident. The inability to walk properly has put undue pressure on my left hip and my orthopedic doctor tells me that my hip is deteriorating because of this foot injury. He also tells me that this hip deterioration is a direct result of the foot injury that happened while I was in the service. He has provided a letter stating this fact that the foot injury and the hip deterioration are service-connected and detailing my hip condition and the causes of it. I also include my current medical records relating to the foot injury and the hip condition. I also include the pertinent Disability Benefit Questionnaire for hip condition filled out by my orthopedic doctor.

Continued on Page 3

**SECTION III: DECLARATION OF INTENT**

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE (Sign in ink) \_\_\_\_\_ 10. DATE SIGNED (MM/DD/YYYY) \_\_\_\_\_

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**PRIVACY ACT INFORMATION:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations, 1.775 for routine uses (i.e., civil or criminal law enforcement, congressional correspondence, epidemiological or research studies, the collection of survey data on the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and procedural administration as identified in the VA system of records, 38 U.S.C. 552a, Compensation, Pension, Chapter, and Vocational Rehabilitation and Employment Benefits - VA, and procedures for the Federal Register. Your signature in support of a claim for benefits or a claim for a rating decision is voluntary. Refusal to provide your SSN will not result in the denial of benefits. The VA will not use your identified health information for purposes other than the VA's regular VA Federal System of care as defined in 38 U.S.C. 561 and 562, and 38 CFR 1.561 and 1.562. The requested information is considered neither sensitive nor necessary to determine statements herein under the law. This response you submit are considered confidential (38 U.S.C. 561c) information released to veterans or next-of-kin through computer searching programs with other agencies.

**RESPONDENT BURDEN:** We used this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and 501(b)). Title 38, United States Code, allows us to ask for this information. We believe that you will not be aware of 17 names to use for the information. You are authorized, and encourage you, to use the information to request a collection of information under a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be found on the OMB website Page at [www.reginfo.gov/public/init.do?app=SEARCH](http://www.reginfo.gov/public/init.do?app=SEARCH). If needed, you can call 1-800-827-1000 to get information on where to find instructions or suggestions about this form.

VA FORM 21-4138, DEC 2017 Page 2

- Complete Instructions in the Textbook
- Appendix – "Special 21-4138 Forms for Our Application System"

Compensation – Explanation of My Claim Template Blank  
 Compensation – VA 21- 4138 Pages 2 through 20 Blank  
 Compensation – VA 21- 4138 Pages 2 through 20 Sample  
 Compensation – VA 21-4138 Page 1 Blank  
 Compensation – VA 21-4138 Page 1 Standard  
 Compensation – VA 21-4138 Page 1 Waiver of VAMC Records  
 Compensation – VA 21-4138 Sample Filing  
 Cover Sheet Template  
 DIC – Explanation of My Claim Template Blank  
 DIC – VA 21- 4138 Pages 2 through 4 Sample  
 DIC – VA 21- 4138 Pages 2 through 4 Sample  
 DIC – VA 21- 4138 Pages 2 through 6  
 DIC – VA 21-4138 Page 1 Standard  
 DIC – VA 21-4138 Sample Filing  
 VBMS Document Category Types

Claims Questions?  
Call us at 801-292-1872 [www.seniorvets.org](http://www.seniorvets.org)

