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**Chapter 3 - Timeliness**

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**3.01    PURPOSE AND SCOPE**

a.    This section outlines the procedure to be followed for measuring, reporting, and evaluating the timeliness of processing selected insurance items.

b.    Insurance processing time standards are designed to serve as a yardstick for measuring the promptness on inquiries or other required actions relating to Government insurance.  The fulfillment of this objective requires that processing time be reported on an insurance-wide basis, i.e., from the date a letter, notice of death, application, or other request for action is received in the processing office, to the date when all service possible has been rendered.

c.    The standards are expressed in terms to reflect the percentage of items which normally should be processed to completion within a specified number of days after receipt.  It includes the expected processing time for all insurance elements that share in the responsibility for the movement of an item through its complete cycle.

d. Start dates for calculating timeliness must start from the date of receipt of the correspondence, applications or the date of the RPO/diary action. The timeliness clock will not stop until the Veteran/insured is informed that all VA actions able to be taken at the current time have been completed.

**3.02    SAMPLING REQUIREMENTS**

a.    All items which are representative of the total process will be considered as part of the population and subject to sample selection.  Items will not be excluded because of routing, diary or other actions which are part of the overall process.

b.    When applicable, the timeliness review will be made from the same cases selected for review under the related SQC (statistical quality control) survey and by the same person who conducts the accuracy check.  The exceptions to this are covered under the standards and specifications for the individual timeliness surveys (par. 3.04).

**3.03    CALCULATING PROCESSING TIME**

a.    The date imaged will be considered the date of receipt.

b.    Processing time will be computed in workdays for all surveys.  The date of receipt will not be counted.  All workdays following the date of receipt, including the day final action is taken, will be counted as full workdays.

c.    Completed Action Cases: For a case to be considered complete in terms of the timeliness clock stopping, all indicated development must be finished and the Veteran/Insured/Beneficiary informed of the decision, if required. This processing time includes all prescribed clerical actions, including mandatory reviews, if such clerical actions impact delivery of the benefit at point of decision or future actions.  If clerical actions or other case actions do not impact delivery of the benefit and/or would not impact future actions, these actions should not be included in the timeliness processing days. Delays encountered beyond the normal point of completion, such as quality reviews, data processing time and so forth, will be counted in the overall processing time.

d.    Pending Action Cases: Cases which are diaried because information, money, records, etc., must be secured from sources outside insurance are eligible for sample selection and a timeliness review on either the initial handling or any subsequent handling.  If selected on the initial handling, processing time ends when all required actions have been taken to the point of diary.  If selected on a subsequent handling, processing time will begin on the first workday following the date of receipt of the requested data, money, etc.  If the requested item is not received, the processing time will begin on the first workday following the diary call up date.  If a case is selected in which a simultaneous request for more than one item from different sources is involved, the processing time will be computed even though the requested material was not received.  Processing time begins on the first workday following the date of receipt of the requested data to the date the case is sent to file pending receipt of the other information.

e.    Dual Action Cases: On dual action cases when the second action is selected for review and is one which must be taken in another organizational element (for instance, correspondence and beneficiary option changes), processing time for the second action will be computed from the date the first action is completed.  Processing time ends, of course, when the first action is completed, if it is the one selected.  When both actions are within the same unit the longer of the two timeliness standards will apply.

f.   This method of calculating processing time will be used for all timeliness surveys and pending cases.

**3.04    STANDARDS AND SPECIFICATIONS**

a.    Disability Claims - SQC 100

1.    Timeliness Goal, 95 % in 11 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.      Specifications-the sample size will be 50 monthly using the same cases reported under SQC 100 except that claims which are pending processing of an insurance application will be excluded from the sample.  For claims filed prematurely, processing time begins on the first day of eligibility if sampled after such date, and from date of premature receipt to date of response if selected prior to eligibility.

b.    Death Claims -  SQC 200

1.    Timeliness Goal, 90 % in 10 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.     Specifications-the sample size will be 100 monthly using the same cases reported under SQC 200.  Processing time for completed awards and pending cases begins either from the date of the final ("XC") RPO, or from the first workday following the date of receipt of the claim, correspondence or the date of the telephone inquiry that resulted in the award or other action, or from the first workday following the diary due date of a pending claim.

c.    Awards Maintenance Actions - SQC 201

1.    Timeliness Goal, 90 % in 10 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.      Specifications-the sample size will be 100 monthly using the same cases reported under SQC 201.  Processing time for cases begins from one of the following: (a) Incoming mail, the first workday following image date; (b) follow-up RPO's, the first workday following the date of the generated RPO (excluding "RETCK" RPO's); (c) "RETCK" RPO's, the first workday following the date of the Returned Check listing; or (d) date of phone contact with beneficiary for either address or direct deposit change.

d.    Beneficiary and Optional Changes - SQC 202

1.    Timeliness Goal, 95 % in 7 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.      Specifications-sample size is 100 monthly using the cases reported under SQC 202.

e.    Medical Applications - SQC 300

1.    Timeliness Goal, 95 % in 11 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.     Specifications-report the processing time for all applications reviewed under SQC 300.  The sample size will be 50.

f.   Policyholders Services Correspondence - SQC 400

1.    Timeliness Goal, 95 % in 8 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.     Specifications-report the processing time for all mail reviewed under SQC 400.  The sample size will be 100 monthly.

g.    Policyholders Services Applications - SQC 401

1.    Timeliness Goal, 95 % in 8 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.     Specifications-report the processing time for all non-medical applications reviewed under SQC 401. The sample size will be 100 monthly.

h.    Policyholders Services Disbursements (Loans/Cash Surrenders) SQC - 402

1.    Timeliness Goal, 95 % in 5 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.     Specifications-report the processing time for all loans/cash surrenders reviewed under SQC 402. The sample size will be 100 monthly.

i.     Record Maintenance Actions - SQC 403

1.    Timeliness Goal, 90 % in 8 days.  The SQC chart 'Center Line' is set annually by management based on industry best practices.

2.     Specifications-report the processing time for all record maintenance actions reviewed under SQC 403. The sample size will be 100 monthly.

**3.05    CHARTING AND ANALYSIS OF RESULTS**

a.    Charts similar to those used for accuracy reviews should be used as a means for comparing processing time experience with standards, and to depict out-of-line situations.

b.     On processing time charts, each case which is not processed within the specified number of days is regarded as being defective, or in error.

c.    As an example, if the standard is 90 percent in 7 days, the AQL should be charted at 10 percent.  Based on a sample size of 100, the UCL (upper control limit) for an AQL of 10 percent is 19.0 percent.  Thus, if 15 cases in the sample took more than 7 days, the plotting on the chart would be at 15.0 percent, or about midway between the AQL and the UCL.  In this instance, the process would be considered under control.

d.    The criteria used for determining out-of-line conditions on accuracy charts will also apply to processing time charting.  There is an additional factor to be considered, however, in the analysis of processing time reports.  Processing time deficiencies, even though the overall process is under control, are usually attributable to specific causes rather than the human error.  For this reason, supervisory personnel should analyze each item which exceeds the time standards to determine the cause and any corrective measures needed to prevent other similar delays.  Potential out-of-line situations should be reported upward as they come to light, along with recommendations for improvement.

**3.06  CRITICAL END PRODUCTS PENDING**

a.     The items in this category are those with the greatest impact on the Veteran, his/her family, and to a lesser degree, the general public.  They are: loans, surrenders, incoming correspondence, death claims, and formal applications.  An important indicator of the timeliness of operations in these areas is a breakdown of the number of workdays that the end-of-month balances represent.  Another effective supplement to timeliness sampling is a check of the age spreads in the unprocessed work items.  All these constitute continuing supervisory responsibilities.

b.     Balances on hand, workdays pending, and various age spreads of unprocessed work items will be made a matter of record when taking the end-of-month inventories.  The data for disability claims and death claims will be obtained at the end of each month from the Oracle Business Intelligent Enterprise Edition (OBIEE) application.    These items will be reviewed at the division level or by a designated person.  The following narrative describes the method of reporting data for the(OBIEE) application:

1.    Workdays Pending

(a)  In each of the five critical categories, divide the number of end products completed during the previous month by the number of workdays in that month.  This resulting average daily output will be applied to the balance being reported as on hand for the current month, to arrive at the number of full workdays pending.

2.  Age Spreads

(a)  End-of-month balances for formal applications, loans, surrenders, and Policyholders Services mail (all incoming) will be broken down into the following age groups, by calendar days:

                          1-15                     16-31                    Over 31

(b)   Death claims and new disability claims will be segregated by calendar months, as follows:

                          0-6             7-9              10-12            Over 12

c.    Items in the 15-45 calendar day or 7-9 calendar month categories, according to the nature of the end product, will be reviewed by the supervisor or designee to verify that an acknowledgment has been sent, if in order, and that all VA action which can be completed has been accomplished.

d.    End products pending over 31 calendar days, or claims (death or disability) pending over 9 months will be identified and listed, together with the reasons for the pending status, for attention at the division level as to additional remedies needed.  The division chief will be kept informed about all cases in the over 31 and over 12 categories.  Insurance Service will give advice or assistance on any of these cases when requested.

***NOTE:****The age of disability claims filed prematurely will be calculated from the date of eligibility, in determining under which of the four age spreads each claim belongs.  Those not having reached eligibility date will be subtracted from balance on hand, in arriving at workdays pending.*