

Table 4.
Comparing Usual Claims Procedures and Fast-Track Processing of Disability Programs in the U.S. and Selected Countries (2010)

	Decision Process	Fast-Track Processing	Fast-Track Technology	Time Frames	Motivation/Objectives
United States	Individual files an application with Social Security; claim is forwarded to a State Disability Determination Service office, which collects existing medical evidence and/or sends the applicant to a physician for a consultative exam. Disability examiner reviews medical evidence and makes a determination based upon a 5 step sequential evaluation process considering medical conditions under a listing of impairments or based on residual functional capacity and vocational considerations.	The Social Security Administration (SSA) has 6 fast-track (FT) procedures to accelerate the claims process in the disability programs it administers. Of these, only one (PB/PD) operate solely under SSI, while the rest fall under DI, with a possibility of DI and SSI. Newer initiatives, Compassionate Allowances (CAL) and Quick Disability Determination (QDD), rely on sophisticated software. QDD predicts the probability of approved claims on a flow basis. Other processes use this software to identify cases based on medical terms.	SSA replacing paper claims folder with electronic folder (EF) to store case-related data. Automated system collects information about claimant's disabling condition and transfers data to EF. EF can be accessed by all case-processing agency components throughout determination process. Sophisticated software analyzes specific data within EF to identify cases where there is high potential that claimant is disabled and where Social Security can quickly obtain evidence of the person's allegations.	There is a 3-month waiting period. SSA does not have established time frames for rendering a decision. In 2006, average processing times at each level of the appeals process were: 88 days at the initial level, 483 days at the hearing level and 203 days at the appeals council. For FT processes, however, those with the most severe disabilities will be generally approved for benefits in less than the 3 to 4 months it typically takes for an initial decision. For QDD, the guidelines call for 20-30 days; for CAL, a time frame is not mandated since these cases can be expedited at all administrative levels.	Processes enable SSA to fast-track those applicants with the most severe disabilities FT systems increase the efficiency and productivity of the disability process and also help free up resources so the agency can better cope with an increase of about 250,000 cases resulting from the current economic downturn. For SSI recipients, expedited approvals also ensure they immediately get the medical coverage they need.
Australia	All Disability Support Pension (DSP) applicants, except for those considered "manifestly disabled," must undergo Job Capacity Assessment (JCA) to evaluate work capacity and barriers to find work. Assessor collects medical files, employment history, etc. about person. JCA provides Centrelink with information on applicant's recommended impairment rating and work capacity. Decision to grant or reject DSP is then made by Centrelink based on all available evidence.	Claimants for the Disability Support Pension (DSP) are generally required to undergo an independent assessment (Job Capacity Assessment) of their level of impairment and work capacity. Those in a select few categories can be granted DSP without the need for a Job Capacity Assessment, including people who are permanently (legally) blind, have a terminal illness, have an intellectual disability, require nursing home level care or category 4 HIV/AIDS. New FT list introduced in July 2010 using SSA's CAL as a starting point; second list scheduled for 2012.	Currently paper medical reports from treating medical practitioners are stored on DSP claimant's paper-based file. Since July 2010, these reports and other paper-based medical information can be electronically scanned and stored on the DSP claimant's computer record. At first this will only be done for new claimants. Centrelink decision makers and Job Capacity Assessors can access this electronically stored medical information.	The timeliness standard for processing DSP new claims is for 70% to be completed within 49 calendar days. Centrelink (the agency that determines the claims and makes the payments on behalf of FaHCSIA) consistently meet this target. No separate statistics are kept on FT manifest grants, but the vast majority of these would be completed well within 49 days.	'Manifest grants' of DSP are only made in very clear-cut cases and in a limited number of clearly defined circumstances. Current rules relating to them were introduced around 2002 and have not been reviewed since then. Prior to 2002 the rules relating to 'manifest' grants were significantly looser with much more discretion but were found to be being applied inconsistently by decision makers.
Canada	CPP looks at all information on application form, medical report and other supporting documents before forwarding for medical adjudication. Adjudicators, health care professionals knowledgeable in disability legislation, are responsible for making decisions for CPP disability benefit. CPP assesses the severity of disability first, and if claimant does not meet the "severe" criterion (unable to regularly pursue any "substantial gainful occupation"), then CPP does not consider question of whether disability is prolonged. Once it is confirmed that claimant has made required contributions and granted a CPP disability benefit, then prior contributions are used to calculate monthly benefit	In the case of an individual with a terminal illness, the Key Performance Indicator is 48 hours from the receipt of all three information pieces: the application; the applicant's questionnaire and the medical report.	Claims process consists of paper-based folder, and documents are manually screened into the system initially on a flow basis. The claims process does use software programs that automate what are judgment calls about claimants' functional capacity to work made by trained medical adjudicators. In addition, the claimant and physician questionnaires use a specialized software to assist the evaluation of claimant responses in order to produce a recommendation with a supporting rationale specific to each case.	CPP-D has been able to adjudicate 75% of initial files in 120 days. The "clock" starts ticking once the necessary information has been received: the application; the applicant's questionnaire and the medical report. For terminal illness, the standard is 48 hours from the receipt of all three pieces: the application; the applicant's questionnaire and the medical report. By law, disability payments start 4 months after the date Service Canada determined an individual is found to be disabled under CPP rules. Therefore, there is a waiting period of 3 months.	Standardized procedures for adjudicating disability applications for clients with a terminal illness was adopted in June 2002. It was written to ensure "compassionate, sensitive, and timely" service for applicants by requiring that their application be adjudicated within 48 hours of receipt in the disability unit. This application process was streamlined in March 2010. Automatic reinstatement of benefits was implemented on January 31, 2005 to provide a financial safety net and encouraging beneficiaries to try to return to regular employment. Fast Track Re-Application, introduced in 1995, allows an additional measure of support for applicants.
Israel	There are 2 stages in the process of determining entitlement to a disability pension. First, an NII physician determines the medical disability percentage. Second, a claims officer determines the degree of incapacity to earn/function after consultation with an authorized physician and a rehabilitation clerk. Under certain conditions, the opinion of the rehabilitation clerk regarding the incapacity degree may be influenced by other variables such as the labor market situation in the disabled person's area of residence.	According to a 1990's government decree, disability determinations must be reached on claims of persons with severe disabilities within 3 weeks of the day the claim is submitted. When the authorized physician makes the decision and transfers the claim to the second stage, she/he must indicate if claimant has a "severe" disability. If the claimant has 100% disability from a single impairment, there is no need at the first stage to diagnose other impairments. Persons with severe (at least 80%) disability are given priority in summons before medical committees.	Public disability programs use electronic databases during applications process, assessment, and payment, including data on disability criteria and results of medical and functional assessments. NII has a central computer located in headquarters with on-line accessibility from local branches. Patients have electronic medical records (EMRs) via sick funds (similar to HMOs in US). NII is working to gain access to records for when a person files a claim and is building a computerized system with a focus on diagnosis (International Classification of Diseases-9th edition based) and document management (including EMR data obtained from sick funds).	By law, entitlement to (and payment of) the benefit can begin only after 90 days have elapsed since incapacity began (known as the "determining date"). Every claim for disability pension is transferred to a doctor. If the person is severely (generally 70% or more) disabled, the claim must be processed within 21 days. The average length of time for processing claims is 70 days. In 80% of cases, claims are processed within 103 days. One of the goals is to reduce the amount of time it takes to process claims to 90 days, in 80% of the cases.	Disability pension is provided on humanitarian grounds for resident applicants. The government's decree in the 1990s that mandated a decision within 3 weeks following submission of a claim for those assessed as "severely disabled" was motivated for the same (compassion) reasons.
United Kingdom	When making a claim for ESA, individuals enter a 13-week assessment phase. During this phase, claimants take part in a Work Capability Assessment (WCA) to assess eligibility for ESA and capability for work. Special Rules permit exceptions to the WCA (terminal illness, etc.). While awaiting assessment, claimants receive a basic assessment rate. Once assessed, individuals are placed in one of two categories: a Support Group or a Work-Related Activity Group. The amount of ESA received depends on the category assignment.	ESA provisions allow claimants with terminal illness & sufficient "deeming conditions" to be fast-tracked before reaching a medical questionnaire or face-to-face assessment that determines eligibility. If the applicant wishes to claim under Special Rules, the case will pass immediately to an HCP for assessment. Similar provisions apply for claiming DLA under Special Rules, where HCP has 48-hour target to provide medical advice upon receiving a Special Rules case. If condition(s) is discovered at later stage of claims process, the claimant can then be fast tracked from that point on.	Computerization of certain features exists in the general claims process. A diagnostic system has been developed to permit claims administrators to check the range of symptoms and progression of a disease based on the average prognosis, from evaluating reports provided by claimants and their physicians. No automatic processing guides the FT process. Under the Special Rules for those terminally ill, applicants ticks off a box on the claim form to indicate they are claiming under this provision.	While eligibility for ESA is determined, claimants receive basic rate of benefit for 13 weeks. Claimants who state they are terminally ill or suffer from "deeming conditions" have their case reviewed by a Health Care Professional (HCP) within 24 hours of referral. If satisfied, the HCP will recommend claimant be paid highest level of ESA, without having to provide further information or undergo a face-to-face assessment. For DLA, there is a target for clearing applications within an average of 35 working days; Special Rules (FT) cases are processed in 6.1 (target of 8) working days.	Main focus is to improve mainstream employment programs for the sick and disabled. Increasingly, an important goal is to help them move from benefits into the work force. Where impossible for terminally and others, FT programs help accelerate claimants through the determination process in order to provide benefits more quickly.

Source: Compiled by the author from online country websites; Westat (1998); Honeycutt and Mitra (2005).

Notes: SSA=Social Security Administration.