

VA Disability Claims Process: Research for Veteran-Facing Guidance App

Veterans navigate an 85-day average claims process where **36% of initial claims are denied**, yet most denials stem from preventable mistakes—missing evidence, poor C&P exam performance, or simple confusion about requirements. This research provides the intelligence needed to build an app that guides veterans through each decision point with appropriate detail, clear language, and timely reassurance.

The findings reveal a central paradox: the VA process is well-documented officially, but veterans consistently report feeling lost, confused, and defeated. The gap isn't information availability—it's **information architecture, timing, and translation**. Veterans need the right information at the right moment in language that doesn't require a law degree to understand.

The six-stage claims journey maps to specific intervention points

The VA disability claims process breaks into six distinct stages, each with characteristic pain points and information needs:

Stage 1: Intent to File (ITF) sets a potential effective date for benefits, giving veterans 365 days to complete their claim while protecting back-pay eligibility. Most veterans don't know this exists until it's too late. The app intervention: surface ITF prominently at first touch, explaining in plain language that "filing Intent to File TODAY locks in your earliest possible payment date, even if you're not ready to submit everything."

Stage 2: Claim Submission requires VA Form 21-526EZ plus condition-specific supplemental forms (21-0781 for PTSD, 21-8940 for unemployability). Veterans frequently use wrong forms or submit incomplete applications. **Disability Denials** The app intervention: a form-selection wizard asking "What are you trying to do?" and pre-submission checklists by condition type.

Stage 3: Evidence Gathering is where most claims fail. Veterans assume the VA will "connect the dots"—they won't. Every successful claim requires three elements: current diagnosis, documented in-service event, and medical nexus linking them. The app intervention: condition-specific evidence checklists with clear explanations of what constitutes strong versus weak evidence.

Stage 4: Development/Waiting produces the most anxiety. Claims bounce between "Gathering Evidence" and "Review of Evidence" with no explanation. Average processing runs **84-125 days**, but complex claims can take years. Status can move backward without warning. The app intervention: proactive status explanations and reassurance that movement between phases is normal.

Stage 5: C&P Examination is the make-or-break moment—where **preparation determines outcomes** more than actual disability severity. Veterans report feeling the examiner "holds all the power." The app intervention: detailed exam-day preparation guides by condition type, with clear dos and don'ts.

Stage 6: Decision and Appeals determines whether veterans persist or give up. With ~36% denial rates but high appeal success rates (~50% for supplemental claims), the critical message is: "A denial is NOT the end." The app intervention: plain-language denial translation and appeal path decision trees.

Veteran pain points cluster around five failure modes

Research across veteran forums, OIG reports, and advocacy organizations reveals consistent patterns of failure:

The terminology barrier runs deeper than jargon

Veterans don't just struggle with acronyms—they misunderstand foundational concepts. "Service connection" doesn't mean what it sounds like (connecting to VA services). "Nexus letter" is opaque (it's a doctor's opinion linking condition to service). "Effective date" confuses (it's when benefits payments begin, not when disability started). "Presumptive condition" sounds negative (it actually means automatic service connection for certain conditions).

The app must maintain a **persistent glossary** with plain-language definitions and contextual tooltips. Key translations needed:

VA Term	Plain Language
Service connection	Proving your disability is linked to military service
Nexus letter	Doctor's written opinion that your condition was "at least as likely as not" caused by your military service
Effective date	The date your benefit payments start (can be backdated with ITF)
Presumptive condition	Conditions automatically assumed service-connected if you served in specific locations/eras
DBQ	Standardized medical form the examiner fills out
Development	VA gathering more information about your claim

The evidence gap destroys claims

Veterans make two catastrophic evidence mistakes: assuming the VA will build their case (the "duty to assist" has strict limits), and submitting emotional appeals instead of factual documentation.

Strong evidence follows a hierarchy: service medical records documenting in-service injury (gold standard), current medical diagnosis with treatment records, nexus letter using VA's "at least as likely as not" language,

buddy statements with specific examples and dates. **Weak evidence** includes vague statements, self-diagnosis, inconsistent claims, and generic templates.

The critical intervention: evidence checklists by condition type, buddy statement templates with example language, and clear explanation that VA raters cannot "connect the dots"—veterans must provide the complete chain.

C&P exam failures are predictable and preventable

The Compensation & Pension exam—often a 15-minute encounter with a stranger—carries more weight than years of treatment records. Veterans fail these exams in predictable ways:

Downplaying symptoms is the most common mistake. (Veteranslegalcenter) (Disability Law Group) Military culture conditions veterans to minimize pain and "push through." In C&P exams, this destroys claims. Veterans must describe their worst days, not how they feel in the moment. (Woodslawyers)

Range of motion manipulation affects physical exams. Veterans report examiners encouraging them to push beyond pain: "I'm sure you can go a little further." (vetsbenefits) When veterans comply, examiners document "full range of motion." (Veterans Benefits Network) The correct response: **stop when pain begins**—(Veterans Benefits Network) that's the legally relevant measurement.

Pain medication timing is a trap nobody warns about. Taking pain medication before the exam masks symptoms the examiner needs to document. Veterans should arrive presenting their actual condition, not their medicated condition.

Assuming the examiner knows the case causes omissions. Contractors (who perform 93% of exams) (U.S. GAO) often receive incomplete records. (VA Claims Insider) Veterans must be prepared to explain their entire history.

The app must provide **condition-specific C&P prep guides** that cover: what the DBQ form measures, what questions to expect, what physical tests will be performed, what to bring, and how to describe symptoms accurately without downplaying or exaggerating.

The waiting period creates abandonment

Development phase anxiety drives veterans to give up. Forum posts document claims "stuck" for months with no explanation, status that bounces backward, and zero communication about what's happening. One veteran reported: "Status 'Reviewer reviewing documents.' Been that way since June 2023." (VA News)

The American Legion's 2025 congressional testimony revealed that claims processors average 18 months tenure and handle complex claims with only "passive online training modules." (The American Legion) This explains why claims bounce between phases—undertrained staff request unnecessary evidence, then discover they shouldn't have.

The app intervention: explain what each status actually means, normalize the waiting period (123-day average is normal), and provide clear guidance on when veteran action is required versus when they should simply wait.

Denials trigger abandonment instead of appeals

Many veterans treat initial denial as final rejection. They don't realize that supplemental claims succeed approximately 50% of the time, (Disabilityapprovalguide) or that Higher-Level Review corrects errors without new evidence. The appeal system itself is confusing—three different paths with different rules:

- **Supplemental Claim** (VA Form 20-0995): Use when you have new evidence. 93-day average.
- **Higher-Level Review** (VA Form 20-0996): Use when VA made an error. No new evidence allowed. 141-day average.
- **Board of Veterans Appeals** (VA Form 10182): For complex issues. 400-850 days depending on track.

The app must translate denials into actionable next steps and provide a decision tree: "If you have new evidence → Supplemental Claim. If VA made an error → Higher-Level Review."

Federal oversight reveals systemic quality problems veterans should know

OIG and GAO reports document quality issues that explain why claims go wrong:

75% of 100% disability ratings were improperly processed in a 2024 OIG sample, resulting in \$84.7 million in underpayments to veterans. (Hillandponton) Root cause: inadequate training for new employees analyzing evidence.

45% of denied PACT Act claims contained processing errors (vaoig) including unnecessary exams ordered for presumptive conditions (which don't legally require exams). (vaoig) This means veterans can legitimately challenge denials based on VA error.

C&P exam quality varies significantly across the \$5+ billion contractor system. One contractor's error rate reached 38%. Only ~50% of exams meet VA's 20-day submission standard. (CCK Law) Back condition DBQs have the highest error rates.

One senior claims processor "blindly" approved 85,300 claims at 4.2 minutes each (versus 20.8-minute national average), with an 84% error rate. (Clermontsun) Multiple supervisors knew but failed to intervene.

These findings inform app guidance in two ways: first, veterans should understand that denials may reflect VA errors rather than weak claims; second, veterans should proactively strengthen their own evidence rather than relying on the system to work correctly.

Information architecture should follow the veteran mental model

Research reveals how veterans actually think about the claims process versus how VA documents it:

Veterans think in questions, not phases

The VA organizes information by process phase (Claim Receipt → Under Review → Gathering Evidence → etc.). Veterans organize around urgent questions: "What do I do next?" "How long will this take?" "What does this status mean?" "Did I mess something up?"

The app should surface **question-based navigation** alongside phase-based tracking: "Your claim is in Evidence Gathering. Here's what that means and what you should do."

Critical information must arrive just-in-time

Information about C&P exams is useless during claim submission. Detailed appeal guidance is overwhelming before a decision. The app should surface **contextual guidance tied to claim status**: C&P prep when exam is scheduled, appeal options when decision arrives, evidence checklists during gathering phase.

Reassurance needs are stage-specific

Each stage has characteristic anxieties requiring targeted reassurance:

Stage	Primary Anxiety	Reassurance Needed
Intent to File	"Will this commit me to something?"	"ITF doesn't obligate you—it just protects your earliest payment date"
Submission	"Did I do this right?"	"Your claim was received. Here's what happens next."
Evidence	"Is this enough?"	"You've submitted [X]. Here's what else strengthens claims."
Development	"Why is this taking so long?"	"123 days is average. Status changes are normal."
C&P Exam	"This person will decide everything"	"The exam is ONE input. Your evidence also matters."
Denial	"It's over"	"36% of initial claims are denied. ~50% succeed on appeal with new evidence."

"More info" should follow a consistent pattern

Every primary instruction should have expandable detail for veterans who want to understand more. Structure: **Action statement → Why this matters → How to do it → Common mistakes → Example**. This accommodates both "just tell me what to do" users and "I need to understand everything" users.

C&P exam preparation deserves dedicated depth

The C&P exam is where app guidance can most directly improve outcomes. Research supports detailed, condition-specific preparation guides:

Pre-exam preparation checklist

Veterans should review their claim file, Service Treatment Records, and the DBQ form for their condition before the exam. (Deuterman Law Group) They should prepare a written list of symptoms with frequency, severity, and specific examples. They should identify how their condition affects work, daily activities, and relationships. They should arrive 15 minutes early (VA Claims Insider) wearing comfortable clothing.

Day-of guidance

Veterans should not take extra pain medication that masks symptoms. They should bring their ID, appointment letter, medication list, symptom notes, and copies of key evidence not yet submitted. (Benefits.com) If a physical exam involves range of motion testing, they should stop at the point of pain—not push through. They may request a support person attend (examiner discretion). (VA Claims Insider)

Communication framework

Veterans should describe their worst days, not their current moment: (Deuterman Law Group) "I experience sharp back pain 3-4 times weekly that prevents me from sitting more than 20 minutes" beats "I have back pain sometimes." They should explain functional limitations: "My PTSD caused an outburst at work that got me written up." They should not assume the examiner reviewed their file—explain the full history. They should not exaggerate (undermines credibility) or downplay (hurts rating).

Post-exam actions

Veterans should document what happened immediately. They can request exam results through their VSO (fastest), FOIA request, or Blue Button (VA exams only). (VA Claims Insider) If the exam was inadequate—too short, missing required tests, examiner didn't review records—they can call 1-800-827-1000 to challenge before a rating decision is made.

VSO consensus provides validated best practices

Major Veterans Service Organizations (DAV, American Legion, VFW, Wounded Warrior Project) converge on key guidance:

Always file Intent to File first to protect effective date while gathering evidence. **Use a Fully Developed Claim** with all evidence submitted upfront for faster processing. **Don't rely on VA's duty to assist**—actively build your own case. **Get help**—VSO assistance is free and significantly improves outcomes. **Don't give up after denial**—most claims succeed on appeal.

The app should integrate VSO resources and clearly direct veterans to free professional help, especially for first claims, denied claims, and complex multi-condition claims.

Conclusion: Building guidance that meets veterans where they are

The opportunity for a veteran-facing guidance app lies in bridging the gap between VA's institutional documentation and veterans' actual information needs. The process is well-documented but poorly translated. Veterans don't fail because information doesn't exist—they fail because it doesn't reach them in the right form, at the right time, in language they understand.

Three design principles emerge from this research: **surface critical information proactively** tied to claim status rather than requiring veterans to hunt for it; **translate institutional language** into plain English with persistent glossary access; and **provide stage-appropriate reassurance** that normalizes the experience and prevents abandonment.

The highest-impact intervention points are: Intent to File education at first contact, evidence requirement checklists during submission, condition-specific C&P exam preparation guides before exams, and plain-language appeal guidance after denials. Each represents a moment where the right information dramatically improves outcomes—and where current systems fail veterans most consistently.

Veterans who understand what's happening, what they need to do, and what to expect at each stage complete claims successfully. The app's job is to provide that understanding when veterans need it, in language that doesn't require translation.