



## Understanding the “Premature and Insufficient” Claims Report

**Terminology:** The terminology explained below includes references to the steps in the VCF claims process and associated claim statuses. The overview of the [VCF Claim Review Process](#) and the [Claim Status Definitions](#) should be used as reference materials when reading this document.

- **Premature Claim:** Claims submitted without the basic supporting documentation to allow Preliminary Review to begin, or to move out of Preliminary Review on the “first pass” and onto Substantive Review. The VCF waits a minimum of 14 days before a claim goes through the Automated Document Check process, and up to 60 days before a claim is picked up for Preliminary Review, to allow time for the upload or receipt of mail with the minimally required documents. Premature claims are automatically **moved to “Denied” status** during the Automated Document Check process and/or Preliminary Review.

Claims are considered “premature” because they should not have been submitted if:

- (1) The minimally required documents needed for the VCF to begin preliminary review of the claim have not been completed and submitted to the VCF; and/or
  - (2) The victim is not yet certified for treatment by the WTC Health Program for a physical condition and does not qualify for the Private Physician Process; and/or
  - (3) The Personal Representative or court-appointed Guardian does not have the required documentation to validate his or her authority to file the claim.
- **Deactivated Claim:** Premature claims, by default, become Denied claims. The claim cannot move forward for substantive review and is moved to “Denied” status during Preliminary Review.
  - **Insufficient Claim:** Claims for which the minimally required documents have been submitted (either at the time the claim was filed or in response to a Missing Information letter), the VCF reviewed the claim, and **the documents to support eligibility were found to be insufficient** to render a decision on the claim. These claims were **placed on hold** while awaiting a response to the Missing Information letter. This category primarily contains claims that were submitted with proof of presence documents that do not meet the VCF’s requirements.

### Reviewing the Report

Premature and Insufficient claims are not identified until they are found by our automated document check process or through manual review by a member of our team. **This means a claim will not show up on this report as premature or insufficient until some type of review has begun**, and claims can be found to be premature or insufficient at any point in the process beginning 14 days after submission, all the way through substantive review until the initial eligibility decision is rendered on the claim.

### Summary Report

The summary statistics will be publicly reported on the VCF website and include a breakdown of premature, deactivated, and insufficient claims based on the year the claims were submitted and who submitted the claims. Claims are not counted on this report until they have moved from “Submitted” status in the online system. The report includes the following information:

- **All Claims:** The total of all represented and unrepresented claims submitted during the applicable calendar year that meet the criteria for this report.
- **Represented Claims<sup>1</sup>:** Claims submitted by claimants who have an attorney representing them for their VCF claim. In these claims, the law firm is completing the claim form and gathering and submitting the supporting documents on the claimant’s behalf.

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<sup>1</sup> The distinction between represented and unrepresented claimants is based on the representation associated with the claim *at the time the report was generated*. It does not reflect the representation status at the time the claim was submitted. Although claimants may have moved from unrepresented to represented (or vice versa) over the course of the claim, when aggregated across all claims, the impact to the report is negligible. Our current system does not allow for easy reporting of these statistics based on the representation at the time of claim submission. In addition, any law firm that takes over a claim mid-process should be reviewing the claim in detail to ensure completeness and sufficiency.



- Type of Missing Information: The categories are based on Missing Information (“MI”) requests sent during processing of the claim. If repeated MI letters are sent on a single claim, or the MI letter includes more than one type of missing information request, the claim is counted in each “category” only one time. Example A: Claim receives an automated document check MI letter for a missing Exhibit A, then receives an MI request for an insufficient Exhibit A during Preliminary Review. The claim will be counted on the report one time in the “Claim Form Signature Page and/or Authorization for Release of Medical Records (Exhibit A)” category. Example B: Claim receives one MI letter for both a missing Exhibit A and missing proof of presence. The claim will be counted once in each category.
  - Claim Form Signature Page and/or Exhibit A: The claim was missing the Signature Page and/or Exhibit A (Authorization for Release of Medical Records) when it was sent through the Automated Document Check process, and/or the Signature Page and/or Exhibit A was determined to be incomplete and unacceptable during Preliminary Review.
  - Certified Physical Condition: The VCF sent the claim to the WTC Health Program and the response indicated the victim either was not enrolled in the WTC Health Program, or is enrolled, but does not have a certified physical condition and does not automatically qualify for a Private Physician exception.
  - Proof of Appointment as victim’s Personal Representative or Guardian: The claim was submitted without the documents the VCF needs to validate the authority of the Authorized Representative, which means the VCF cannot process the claim. This does not include claims for which the required documents were submitted with the claim, but updated court documents are requested at a later date due to a monetary limitation.
  - Proof of Presence: The expected proof of presence for the claimant’s circumstances is missing entirely (no documents submitted), or the documents submitted are incomplete and unacceptable, resulting in an MI letter sent for proof of presence documents.
  - Private Physician Packet: The claimant is a candidate for the Private Physician (“PP”) process and did not submit the information needed to substantively evaluate the claimed condition.
  - Total Submitted Claims: All claims that have the Registration, Eligibility, and Compensation portions of the claim form submitted and are in a status *other than* “Submitted” in the online system – *meaning they have moved to “Submitted: Pending Preliminary Review” status or beyond*. This includes claims awaiting Preliminary Review, claims awaiting assignment for Substantive Review, claims in the middle of the review process, as well as claims that have been decided.
- Yearly Breakdown: The number of premature, deactivated, or Insufficient claims is divided by the total number of claims submitted (as defined above) during the applicable timeframe to provide the percent of claims that were premature, deactivated, or insufficient for that period. Note: The percentages for “Proof of Appointment as Personal Representative or Guardian” are calculated based on the subset of total claims that require these documents, not the total of all submitted claims.
  - 2017–2022 Data: Totals for the 2017–2022 timeframe show the overall number of premature and insufficient claims submitted in those years and the overall percentages. Data for deactivated claims is provided for claims submitted in 2020 through the date of the report. Because claims are not reflected in the categories on this report until some type of review has begun, the data that includes claims submitted in 2022 may change in future reports as the claims filed later in that year come under Substantive Review. **Note**: The VCF compared data across multiple timeframes to confirm the claims submitted in a rushed fashion in late 2018 and early 2019 when the potential funding cuts were announced did not skew the overall data. The data remained relatively constant when claims from 2018 and 2019 were removed.



- 2023 Data: The 2023 data generally reflects *only those claims that have been through the Automated Document Check* process. Future reports will be updated as claims move into Preliminary Review and beyond.

**\* \* Bottom Line: This data will change, especially for the more recent timeframes. \* \***

### **Law Firm-Specific Reports**

Law firm-specific reports will be provided to firms with 500 or more submitted claims. These reports will include the same data for claims represented by the specific firm at the time the report was generated. This allows firms to compare their claims against the totals for all Represented claims.

We recognize that representation at the time of claim submission may have been different than the current law firm associated with the claim, but the impact to the overall data is negligible. This data is provided for awareness and as part of the VCF's ongoing commitment to transparency and should be reviewed at the aggregate level.

***The bottom-line focus of this report is to show the number and percent of claims that are not submitted in good order, require multiple “touches” by the VCF, and significantly slow down the entire review process for all claims.***

Please share any feedback or questions with our law firm liaisons.