



DEPARTMENT OF VETERANS AFFAIRS  
**OFFICE OF INSPECTOR GENERAL**

*Office of Audits and Evaluations*

VETERANS BENEFITS ADMINISTRATION

Public Disability Benefits  
Questionnaires Reinstated  
but Controls Could Be  
Strengthened

REVIEW

REPORT # 21-02750-63

MARCH 9, 2022



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## Executive Summary

The VA Office of Inspector General (OIG) conducted this review as required by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.<sup>1</sup> In this review, the OIG sought to determine whether the Veterans Benefits Administration (VBA) complied with statutory requirements to reinstate disability benefits questionnaire forms completed by non-VA medical providers. The OIG also examined whether VBA claims processors followed VA procedures for using the published questionnaire forms.

In October 2010, VBA implemented the use of disability benefits questionnaire forms to help speed the processing of veterans' claims for disability compensation and pension benefits. The questionnaires cover a full range of medical conditions and relate to a specific type of disability or part of the body. Publicly available questionnaires are completed by non-VA medical providers selected by the veteran, whereas internal questionnaires are used by VA medical providers. On April 2, 2020, VBA removed the questionnaires from its website. Publicly available questionnaires were discontinued because the forms were undergoing a widespread modernization effort, including time-consuming questionnaire form revisions and an increase in VBA's internal capacity to provide examinations to all veterans who needed them. Removing the questionnaires helped VBA safeguard against the inherent risk of fraud. The Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020, enacted on January 5, 2021, instructed VA to make disability benefits questionnaire forms available in a central location on VA's public website.

Previously issued OIG reports found significant problems with internal controls over publicly available questionnaires.<sup>2</sup> In February 2020, the OIG issued a report based on allegations that some veterans' benefits claims using publicly available questionnaires were potentially fraudulent.<sup>3</sup> The report noted that although VBA had taken some steps to mitigate this risk, the OIG identified further internal control and procedural deficiencies regarding public-use disability benefits questionnaires.

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<sup>1</sup> Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315 (2021).

<sup>2</sup> VA OIG, [Audit of VA's Internal Controls Over the Use of Disability Benefits Questionnaires](#), Report No. 11-00733-85, February 23, 2012; VA OIG, [Follow-Up Audit of Internal Controls Over Disability Benefits Questionnaires](#), Report No. 14-02384-45, February 25, 2016.

<sup>3</sup> VA OIG, [Telehealth Public-Use Questionnaires Were Used Improperly to Determine Disability Benefits](#), Report No. 19-07119-80, February 18, 2020.

## What the Review Found

The OIG determined that VBA complied with the requirements of the law. On March 1, 2021, VBA reinstated 69 questionnaires on its public-facing website.<sup>4</sup>

Although VBA complied with the law, disability benefits questionnaires from non-VA medical providers that were incomplete, inaccurate, or of questionable authenticity were not always processed correctly by VBA when determining entitlement to benefits. Conversely, some questionnaires that were sufficient for determining benefits were not used. The team reviewed 71 claims for benefits completed from March 1, 2021, through April 30, 2021, that included a total of 114 disability benefits questionnaires completed by non-VA medical providers. The team determined that claims processing errors occurred in 46 of the 114 disability benefits questionnaires reviewed (40 percent). Most errors consisted of claims processors using questionnaires that were insufficient to determine benefits entitlement. As a result, the OIG determined that 21 of the 46 incorrectly processed questionnaires (46 percent) affected veterans' benefits, with underpayments of approximately \$13,900 and overpayments of \$74,800, totaling approximately \$88,700 in improper payments over nine months.<sup>5</sup> All improper payments were determined to be questioned costs (appendix B).<sup>6</sup>

## VBA Lacked Sufficient Controls to Authenticate and Properly Process Disability Benefits Questionnaires from Non-VA Medical Providers

The procedures manual requires that all questionnaires completed by a non-VA medical provider contain his or her signature, printed name and credentials, phone and/or fax number, and medical license number.<sup>7</sup> The procedures manual also instructs claims processors to review questionnaires to ensure that medical providers meet any specialty requirement for the examination conducted and that the questionnaire is sufficient for benefits entitlement decisions.<sup>8</sup> When reviewing disability benefits questionnaires, claims processors must also analyze the credentials of the medical provider to ensure that they are qualified to complete the questionnaire. These procedures represent an important control on the acceptance of the

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<sup>4</sup> US Department of Veterans Affairs, "Public Disability Benefits Questionnaires (DBQs)-Compensation," accessed April 22, 2021, [https://www.benefits.va.gov/compensation/dbq\\_publicdbqs.asp](https://www.benefits.va.gov/compensation/dbq_publicdbqs.asp). VBA published 69 different disability benefits questionnaires each tailored to specific types of diseases and conditions with the intent that veterans will select and submit the questionnaire(s) appropriate for their claimed condition(s).

<sup>5</sup> The monetary impact for the remaining 25 incorrectly processed questionnaires that resulted in errors could not be determined but increased the risk that veterans' benefits would be affected.

<sup>6</sup> Office of Management and Budget, Circular A-123, app. C, "Requirements for Payment Integrity Improvement," March 5, 2021. An improper payment is a payment that was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirements.

<sup>7</sup> VBA Manual M21-1, part IV, sub. i, chap. 3, sec. A, "General Criteria for Sufficiency of Examination Reports," March 1, 2021.

<sup>8</sup> VBA Manual M21-1, "General Criteria for Sufficiency of Examination Reports."

disability benefits questionnaires by confirming that they were prepared by qualified clinicians with active medical licenses.

The team found that 33 of 114 questionnaires were of questionable authenticity, although these cases were not considered to be in error because the manual does not contain specific procedures that claims processors should follow when authenticating publicly available disability benefits questionnaires. Instead, the team developed objective measures to determine authenticity.<sup>9</sup> For example, not all the providers had verifiable contact information, or the veteran lived an unreasonable distance (including more than 1,000 miles away) from a non-VA medical provider who reported regularly seeing the veteran as a patient and that they completed the examination in-person.

Improper processing occurred because VBA lacked sufficient controls to ensure that disability benefits questionnaires from non-VA medical providers were properly relied on when determining entitlement to benefits:

- The physician’s certification and signature block on the questionnaires did not align with procedures. The publicly available questionnaires were missing the non-VA medical provider’s credentials or medical license number as required.<sup>10</sup>
- The procedures lacked clarity on confirming authenticity. For example, claims processors are required to confirm the authenticity of the questionnaire information and evaluate it under evidentiary principles while also taking the questionnaires from non-VA medical providers at face value.<sup>11</sup>
- The procedures did not define what constitutes a *valid rationale* sufficient to support a medical opinion.<sup>12</sup>

## What the OIG Recommended

The OIG made five recommendations, including that the acting under secretary for benefits correct all processing errors identified by the review team and report the results to the OIG. Additionally, the OIG recommended that VBA’s adjudication procedures manual be

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<sup>9</sup> To confirm authenticity, the team reviewed each public-use disability benefits questionnaire in its entirety, including the general history section and examination findings; researched the certification and signature section of the form via the internet, including a National Provider Identifier website; and analyzed the distance between the veteran and private provider to determine if it was reasonable or likely for the patient to have traveled that far.

<sup>10</sup> VBA Manual M21-1, “General Criteria for Sufficiency of Examination Reports.”

<sup>11</sup> VBA Manual M21-1, “General Criteria for Sufficiency of Examination Reports.”

<sup>12</sup> The US Court of Appeals for Veterans Claims has explained what constitutes an adequate medical opinion for the purposes of establishing entitlement to VA disability compensation benefits. The opinion must have an analysis that can be considered and weighed against contrary opinions, contain clear conclusions with supporting data, and a reasoned medical explanation connecting the two. Finally, the court held that a medical opinion is not entitled to any weight if it contains only data and conclusions.

- revised to clarify and communicate steps that claims processors must take to ensure all certification elements on the publicly available disability benefits questionnaires are provided and authentic;
- updated to clarify the intent of guidance involving authenticity, face value, and validation of publicly available questionnaires; and
- amended to define valid rationale to ensure medical opinions are well supported.

Finally, the OIG also recommended implementing actions to facilitate claims processors' understanding of the need to document the evaluation of evidence within benefit entitlement decisions when using publicly available benefits questionnaires.

### **VA Comments and OIG Response**

The acting under secretary for benefits concurred with all recommendations and provided acceptable action plans on implementation. The comments are provided in full in appendix C. The OIG will monitor VBA's progress and follow up on the implementation of the recommendations until all proposed actions are completed.



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## Introduction

The VA Office of Inspector General (OIG) conducted this review as required by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.<sup>13</sup> On January 5, 2021, the act was signed into law requiring the Veterans Benefits Administration (VBA) to resume publishing disability benefits questionnaires that are completed by non-VA medical providers. The forms are used to submit necessary medical information required for processing veterans' disability claims. The Isakson and Roe Veterans Health Care and Benefits Improvement Act also mandated that the OIG issue an annual report to Congress through 2023 to document OIG findings about the use of these disability benefits questionnaires. In April 2020, VBA discontinued making the questionnaires available to the public because of concerns about the timeliness of form approval by the Office of Management and Budget, as well as potential fraud.<sup>14</sup>

In this review, which is its first annual report to Congress, the OIG sought to determine whether VBA complied with statutory requirements to reinstate disability benefits questionnaires completed by non-VA medical providers. Further, the OIG examined whether VBA claims processors followed VA procedures for using the published questionnaires.

## Oversight and Administrative Responsibilities

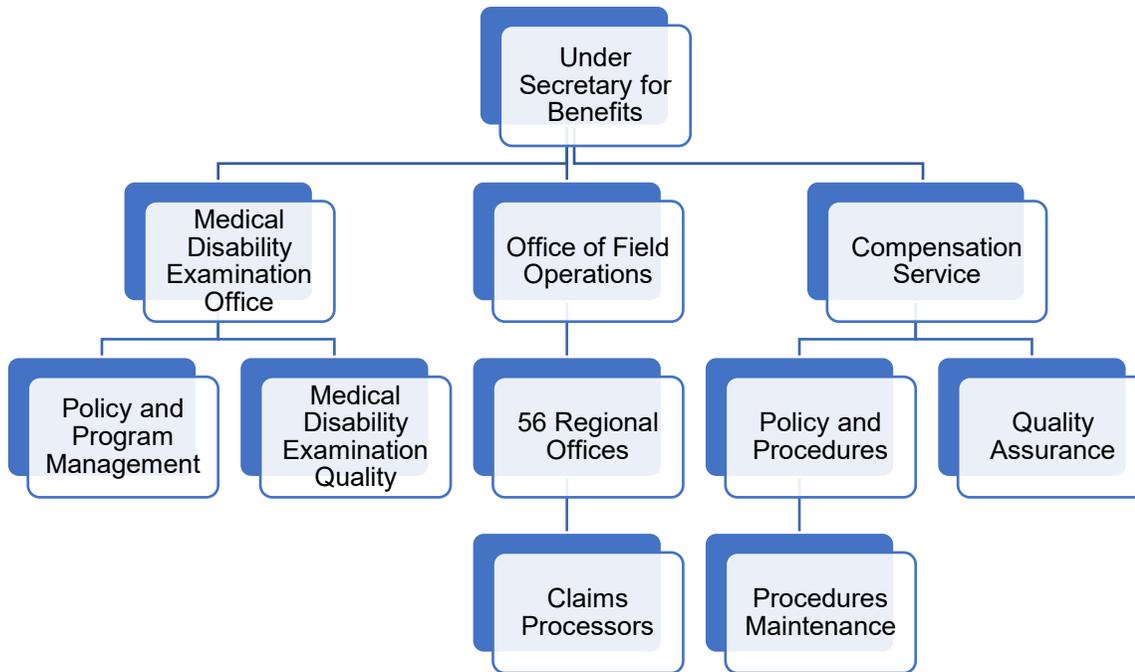
Federal law entitles veterans to compensation for diseases or injuries that were incurred or aggravated during active military service.<sup>15</sup> VBA administers tax-free disability compensation benefits, which are overseen by VBA's Compensation Service. The Compensation Service's Procedures staff is responsible for developing and disseminating procedures for the compensation benefit program. Figure 1 shows the organizational structure of offices involved with publicly available disability benefits questionnaires.

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<sup>13</sup> Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315 (2021).

<sup>14</sup> The Paperwork Reduction Act of 1995, 44 U.S.C. § 3501 et seq. The act gives the Office of Management and Budget authority over federal agencies' collection of certain information, including questionnaires.

<sup>15</sup> 38 U.S.C. 1110; 38 U.S.C. 1131.



**Figure 1.** Overview of VBA’s organizational chart with offices involved with publicly available disability benefit questionnaires.

Source: VA OIG analysis of documents related to VBA’s organizational chart.

VBA staff in regional offices process disability compensation claims. VBA’s M21-1 Adjudication Procedures Manual (the procedures manual) serves as a general guide for processing claims for compensation benefits for veterans.<sup>16</sup>

## Publicly Available Disability Benefits Questionnaires

In October 2010, VBA implemented disability benefits questionnaires to help speed the processing of veterans’ claims for disability compensation and pension benefits. The Medical Disability Examination Office is responsible for developing and updating disability benefits questionnaires and the examination policy to ensure the program meets standards for clinical, legal, data structure, and regulatory sufficiency. The questionnaires cover a full range of medical conditions. Generally, each questionnaire relates to a specific type of disability or part of the body. The questionnaires are either publicly available or internal forms. Publicly available questionnaires are prepared by non-VA medical providers selected by the veteran, whereas internal questionnaires are used by VA medical providers.

Before VA medical providers complete an internal questionnaire, the providers are vetted to ensure that they meet the qualification requirements to complete the examination. These VA medical providers are required to take training courses about general and specific aspects of

<sup>16</sup> VBA Manual M21-1, “Adjudication Procedures Manual, Prologue,” September 14, 2020.

complex medical or legal disability examinations, which provide direction and guidance to field-based examiners. Internal questionnaires are also subject to review to ensure they are accurate and complete and meet the questionnaire requirements set forth by VA. In contrast, non-VA medical providers who complete publicly available questionnaires are neither vetted nor required to take any training. Additionally, publicly available questionnaires are not subject to the same accuracy review to determine if they meet VA's requirements. VBA included specific requirements in the procedures manual for claims processors to authenticate the information from non-VA medical providers and to assess the sufficiency of the information.

The procedures manual requires that all questionnaires completed by a non-VA medical provider contain his or her signature, printed name and credentials, phone or fax number, and medical license number.<sup>17</sup> The procedures manual also instructs claims processors to review questionnaires to ensure that medical providers meet any specialty requirement for the examination conducted and that the questionnaire is sufficient for benefits entitlement decisions.<sup>18</sup>

When reviewing disability benefits questionnaires, claims processors must also analyze whether the person completing the questionnaire is qualified through education, training, or experience to offer medical diagnoses, statements, or opinions. Some questionnaires can only be completed by medical providers meeting certain qualifications. These procedures represent an important control on the acceptance of disability benefits questionnaires by confirming that they are prepared by qualified clinicians with active medical licenses.

Concerns about using these questionnaires are not new. In February 2012 and February 2016, the OIG issued reports that found significant problems with internal controls over publicly available questionnaires.<sup>19</sup> In February 2020, the OIG issued a report based on allegations that veterans' benefits claims using publicly available questionnaires were potentially fraudulent. VBA staff identified numerous private organizations that provided questionnaires in return for a fee or a portion of veterans' disability compensation benefits and raised related concerns that these organizations were coaching veterans on what to say to maximize their benefits. The report noted that although VBA had taken some steps to mitigate this risk, the review identified further internal control and procedural deficiencies regarding public-use disability benefits questionnaires. Interviews with staff from VBA's Medical Disability Examination Office confirmed that potentially fraudulent disability benefits questionnaires continued to be an issue with publicly available questionnaires. The February 2020 report also revealed that from

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<sup>17</sup> VBA Manual M21-1, part IV, sub. i, chap. 3, sec. A, "General Criteria for Sufficiency of Examination Reports," March 1, 2021.

<sup>18</sup> VBA Manual M21-1, "General Criteria for Sufficiency of Examination Reports."

<sup>19</sup> VA OIG, [Audit of VA's Internal Controls Over the Use of Disability Benefits Questionnaires](#), Report No. 11-00733-85, February 23, 2012; VA OIG, [Follow-Up Audit of Internal Controls Over Disability Benefits Questionnaires](#), Report No. 14-02384-45, February 25, 2016.

February 2017 through December 2018, VBA identified 225 claims with questionnaires that were referred to the OIG to investigate potential fraud.<sup>20</sup> The OIG substantiated that VBA claims processors improperly processed questionnaires completed by non-VA medical providers to determine benefits entitlement without evidence that the examination was done in person. VBA's internal controls were inadequate to prevent the use of such questionnaires that contained an inherent risk of fraud, despite VBA's risk-mitigation efforts.

On April 2, 2020, VBA removed the questionnaires from its website. According to VBA, the questionnaires were removed because the VA Schedule for Rating Disabilities was undergoing modernization, necessitating questionnaire revisions, and VBA increased its internal capacity to provide examinations to all veterans who needed them. Removing the questionnaires helped VBA safeguard against the inherent risk of fraud.<sup>21</sup> On January 5, 2021, the President signed the Isakson and Roe Veterans Health Care and Benefits Improvement Act, which included a section instructing VA to make disability benefits questionnaires available in a central location on VA's website.<sup>22</sup>

On January 14, 2021, VBA's Medical Disability Examination Office staff provided VA's former under secretary for benefits with two approaches for implementing the law. The first option was to return VBA to the pre-April 2020 status quo for questionnaires from non-VA medical providers, which, according to the Medical Disability Examination Office staff, would involve no additional cost. The second option was to establish a public questionnaires program with binding and enforceable requirements for protecting veterans and for thorough oversight of providers. This option was estimated to cost over \$43 million for initial operating and information technology costs. The former under secretary opted for the first approach.

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<sup>20</sup> VA OIG, [Telehealth Public-Use Questionnaires Were Used Improperly to Determine Disability Benefits](#), Report No. 19-07119-80, February 18, 2020.

<sup>21</sup> Veterans Benefits Administration, "Discontinuance of Publicly Available Disability Benefits Questionnaires," email, April 2, 2020.

<sup>22</sup> Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020, § 2006.

## Results and Recommendations

### **Finding 1: VBA Complied with Requirements to Publish Disability Benefits Questionnaires**

Section 2006 of the Isakson and Roe Veterans Health Care and Benefits Improvement Act instructed VA to make public-use disability benefits questionnaires available in a central location on the VA website. The OIG determined that VBA complied with the requirements of the law. On March 1, 2021, VBA reinstated 69 disability benefits questionnaires on its public-facing website.<sup>23</sup>

At the same time that VA discontinued making disability benefits questionnaires publicly available, the COVID-19 pandemic forced VA to suspend in-person VA examinations. Although in-person VA examinations had largely resumed by the end of 2020, VA provided veterans with an alternative method to submit medical evidence from a non-VA medical provider when it reinstated the publicly available questionnaires in March 2021. Because VBA complied with the requirement of the law and reinstated disability benefits questionnaires on its public-facing website, the OIG made no recommendations for improvement in this area.

### **Finding 2: VBA Did Not Strengthen Controls for Processing Publicly Available Questionnaires**

Although VBA complied with the law, disability benefits questionnaires from non-VA medical providers that were incomplete, inaccurate, or of questionable authenticity were not always processed correctly by VBA when determining entitlement to benefits. The OIG review team examined 71 claims for benefits completed from March 1, 2021, through April 30, 2021, that included a total of 114 disability benefits questionnaires completed by non-VA medical providers.<sup>24</sup> The team determined that claims processing errors occurred in 46 of the 114 questionnaires. Most errors consisted of claims processors using questionnaires that were insufficient to determine benefits entitlement.

Improper processing occurred because VBA lacked sufficient controls to ensure that disability benefits questionnaires from non-VA medical providers were properly relied on when determining entitlement to benefits:

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<sup>23</sup> US Department of Veterans Affairs, “Public Disability Benefits Questionnaires (DBQs)-Compensation,” accessed April 22, 2021, [https://www.benefits.va.gov/compensation/dbq\\_publicdbqs.asp](https://www.benefits.va.gov/compensation/dbq_publicdbqs.asp). VBA published 69 different disability benefits questionnaires each tailored to specific types of diseases and conditions with the intent that veterans will select and submit the questionnaire(s) appropriate for their claimed condition(s).

<sup>24</sup> The team reviewed 114 questionnaires for 71 claims because many claims included more than one disability resulting in multiple questionnaires.

- The physician’s certification and signature block on the questionnaires did not align with procedures. The publicly available questionnaires were missing the non-VA medical provider’s credentials or medical license number as required to authenticate.<sup>25</sup>
- The procedures lacked clarity on confirming authenticity. For example, claims processors are required to confirm the authenticity of the questionnaire information and evaluate it under evidentiary principles while also taking the questionnaires from non-VA medical providers at face value.<sup>26</sup>
- The procedures did not define what constitutes a valid rationale sufficient to support a medical opinion.<sup>27</sup>

As a result, the team determined that 21 of the 46 incorrectly processed questionnaires (46 percent) affected veterans’ benefits, with underpayments of approximately \$13,900 and overpayments of \$74,800, totaling approximately \$88,700 in improper payments during a nine-month period.<sup>28</sup> All improper payments were determined to be questioned costs. The monetary impact for the remaining 25 incorrectly processed questionnaires could not be determined but increased the risk that veterans’ benefits would be affected.

## What the OIG Did

The team reviewed 71 claims for benefits completed from March 1, 2021, through April 30, 2021 (the review period), that included a total of 114 disability benefits questionnaires completed by non-VA medical providers. Each claim included at least one publicly available disability benefits questionnaire released in March 2021. Using VBA’s electronic systems, including the Veterans Benefits Management System, the team reviewed relevant documentation required to determine whether VBA claims processors followed VA procedures for using publicly available questionnaires. To gain an understanding of VA regulations and procedures, the team interviewed key staff at the regional offices, the Medical Disability Examination Office, and VBA central office. See appendix A for more information about the review’s scope and methodology.

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<sup>25</sup> VBA Manual M21-1, “General Criteria for Sufficiency of Examination Reports.”

<sup>26</sup> VBA Manual M21-1, “General Criteria for Sufficiency of Examination Reports.”

<sup>27</sup> The United States Court of Appeals for Veterans Claims has explained what constitutes an adequate medical opinion for the purposes of establishing entitlement to VA disability compensation benefits. The opinion must have an analysis that can be considered and weighed against contrary opinions, contain clear conclusions with supporting data, and a reasoned medical explanation connecting the two. Finally, the court held that a medical opinion is not entitled to any weight if it contains only data and conclusions.

<sup>28</sup> Office of Management and Budget, Circular A-123, app. C, “Requirements for Payment Integrity Improvement,” March 5, 2021. An improper payment is a payment that was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirements.

This report discusses the following issues that support the OIG’s finding:

- Public disability benefits questionnaires were not properly considered by claims processors when making benefits entitlement decisions.
- VBA lacked sufficient controls to authenticate and properly process disability benefits questionnaires from non-VA medical providers.

## **Public Disability Benefits Questionnaires Were Not Properly Considered by Claims Processors When Making Benefits Entitlement Decisions**

The OIG team found that 114 disability benefits questionnaires completed by non-VA medical providers during the review period were considered in the evidentiary records. The team determined that claims processing errors occurred in 46 of the 114 disability benefits questionnaires examined:

- Twenty-nine questionnaires involved insufficient information, requiring the claims processors to take additional steps such as requesting an additional examination, medical opinion with valid rationale, or clarification. Most of these errors were related to the use of public-use disability benefits questionnaires with medical opinions that were not supported by a valid rationale. An examination report is insufficient if a medical opinion is not properly supported by a valid rationale.<sup>29</sup>
- Nine questionnaires were not used, or a lower evaluation was assigned without documenting the reasoning in the benefits entitlement decisions. In five cases this resulted in a lower evaluation being assigned than what was potentially supported by the evidence of record. The decision narrative must include a discussion of the evidence in favor of the claim and evidence against the claim and must explain how one set of evidence outweighs the other set or that the evidence is equal on both sides.<sup>30</sup>
- Eight questionnaires lacked the non-VA medical provider’s credentials or medical license number. The credentials and medical license number are required to authenticate the medical provider’s signature and qualifications.<sup>31</sup>

Table 1 shows the identified errors organized into three categories.

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<sup>29</sup> VBA Manual M21-1, part IV, sub. i, chap. 3, sec. C, “Insufficient Examinations,” September 15, 2021.

<sup>30</sup> VBA Manual M21-1, part V, sub. ii, chap. 1, sec. A, “Principles of Reviewing and Weighing Evidence,” July 15, 2015.

<sup>31</sup> VBA Manual M21-1, “General Criteria for Sufficiency of Examination Reports.”

**Table 1. Errors Related to the Use of Questionnaires**

| <b>Error category</b>   | <b>Number of errors</b> |
|---|-------------------------|
| Content of the questionnaire was insufficient for benefits entitlement*   | 29                      |
| Disability benefits questionnaire was not used, or a lower evaluation was assigned without documenting the reasoning          | 9                       |
| Form was missing the non-VA medical provider's credentials or medical license number needed to authenticate the questionnaire | 8                       |
| <b>Total</b>  | <b>46</b>               |

Source: VA OIG analysis of public questionnaires submitted as evidence in support of claims completed from March 1 through April 30, 2021.

\*The insufficient content error category contains questionnaires that were used to award benefits but required an additional VA examination, a medical opinion, or clarification of missing or contradictory information to be sufficient. Public-use questionnaires with medical opinions not supported by a valid rationale were the largest single error within this category.

Of the 46 errors the team identified, 21 affected veterans' benefits (46 percent), totaling approximately \$74,800 in overpayments and approximately \$13,900 in underpayments. For more information about the improper payments identified during the review, see appendix B.

## **VBA Lacked Sufficient Controls to Authenticate and Properly Process Disability Benefits Questionnaires from Non-VA Medical Providers**

Publicly available questionnaires were discontinued by VBA in 2020 due, in part, to the inherent risk of fraud. Previous OIG reports found inadequate controls over publicly available questionnaires increased the risk that fraudulent questionnaires would be used to award benefits. VBA reinstated disability benefits questionnaires per the congressional mandate, but the OIG team found that VBA lacked sufficient controls to prevent improper processing of disability benefits questionnaires from non-VA medical providers:

- Disability benefits questionnaires did not align with procedures.
- Procedures lacked clarity on confirming authenticity.
- Procedures did not define *valid rationale* for medical opinions.

For the most part, VBA merely restored previously existing procedures and forms when it reinstated publicly available questionnaires. A lead program analyst with Compensation Service Procedures Maintenance stated that VBA only changed the procedure regarding questionnaires completed via telehealth and added a bullet about confirming the authenticity of the disability benefits questionnaires. A lead analyst with Medical Disability Examination Office Policy and Program Management stated that the procedure for telehealth was changed because of a legal challenge.

## Disability Benefits Questionnaires Did Not Align with Procedures

Ensuring claims processors only accept disability benefits questionnaires prepared by qualified providers whose medical licenses were active when making disability benefits decisions is an important step to determine the questionnaires' evidentiary value and reduce the risk of fraud. The procedures manual requires that all questionnaires completed by a non-VA healthcare provider contain his or her signature, printed name and credentials, phone or fax number, and medical license number.<sup>32</sup> The procedures manual also instructs claims processors to review questionnaires to ensure that the medical provider meets any specialty requirement for the examination conducted and that the questionnaire is sufficient for benefits entitlement decisions.<sup>33</sup> When reviewing disability benefits questionnaires, claims processors must also analyze whether the person completing the questionnaire is qualified through education, training, or experience to offer medical diagnoses, statements, or opinions. Some questionnaires can only be completed by medical providers who meet certain qualifications.<sup>34</sup> The chief of Compensation Service Procedures Maintenance stated that if the questionnaires had met the guidance requiring non-VA providers to include their signature, printed name and credentials, phone or fax number, and medical license number, the information could be used to authenticate publicly available questionnaires. Without the provider's credentials and information that allows verification, there can be no assurance that qualified providers are completing the publicly available questionnaires. Example 1 shows how a questionnaire that did not include the examiner's credentials and medical license number resulted in an overpayment to the veteran.

### Example 1

*A veteran submitted a questionnaire in support of a claim for an increased evaluation of rhinitis. Although private treatment records showed the medical provider was the veteran's treating physician, the questionnaire did not include the examiner's credentials and medical license number as required. Without attempting to obtain the missing information, the claims processor instead used the questionnaire to assign an increased evaluation, resulting in an overpayment to the veteran of approximately \$1,100.*

However, not all publicly available questionnaires reviewed by the team included a field for the provider's medical license number, and none included a field for the provider's credentials.

According to the assistant director of Medical Disability Examination Office Policy and Program Management, the questionnaires could easily be updated to align with procedures. Because a

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<sup>32</sup> VBA Manual M21-1, "General Criteria for Sufficiency of Examination Reports."

<sup>33</sup> VBA Manual M21-1, "General Criteria for Sufficiency of Examination Reports."

<sup>34</sup> VBA Manual M21-1, "General Criteria for Sufficiency of Examination Reports."

public law removed the requirement for publicly available questionnaires forms to be approved by the Office of Management and Budget, the Medical Disability Examination Office could update the form instantly.<sup>35</sup>

Without the information necessary to authenticate the qualifications of non-VA providers using publicly available questionnaires, claims processors will have difficulty identifying whether a questionnaire is problematic, whether the provider has the proper credentials to complete a questionnaire, or how to appropriately evaluate the medical evidence contained in the questionnaire.

Originally, the OIG intended to recommend including fields for credentials and the medical license number on all publicly available disability benefits questionnaires to align with qualification requirements in VBA's adjudication procedures manual. However, on January 10, 2022, after receiving the OIG's review findings and based on the intended recommendation, the assistant director of VBA's Medical Disability Examination Office Policy and Program Management reported, and the OIG team confirmed, that all publicly available questionnaires were updated to include fields for credentials and the medical license number. As a result, the OIG did not make a recommendation for improvement in this area.

### **Procedures Lacked Clarity on Confirming Authenticity**

Disability benefits questionnaires completed by VA medical providers are vetted to ensure accuracy and completeness. No such vetting occurs for non-VA providers who complete publicly available questionnaires. Without a vetting process for questionnaires from non-VA medical providers, there is a risk that the submitted information is not accurate and sufficient to determine benefits entitlement.

On March 1, 2021, when VBA reinstated publicly available disability benefits questionnaires, VBA also added guidance to the procedures manual that is unique to these forms and places the burden on the claims processors to ensure that the information is accurate and sufficient. The manual states that claims processors must not only confirm the authenticity of the information provided but also take the questionnaires at face value. These conflicting requirements were widely interpreted by those interviewed, resulting in confusion and a lack of consistency among claims processors.

VBA's procedures manual does not provide specific procedures on how to authenticate disability benefits questionnaires that non-VA medical providers complete. In the absence of specific authentication procedures, claims processors are left to determine whether they should accept the form at face value or request additional information, such as validation of results by the non-VA medical provider, medical records, or a VA examination.

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<sup>35</sup> Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020.

Because VBA lacks specific procedures to confirm authenticity of non-VA providers who complete publicly available questionnaires, the OIG team reviewed each questionnaire in its entirety. The OIG team found that 33 of 114 questionnaires were of questionable authenticity, although these cases were not considered to be in error because the manual does not contain specific procedures that claims processors should take when authenticating publicly available disability benefits questionnaires. Instead, the team developed objective measures to determine authenticity.<sup>36</sup> For example, not all the provider's contact information was verifiable, or the veteran lived an unreasonable distance (including more than 1,000 miles away, as shown in example 2) from a non-VA medical provider who reported regularly seeing the veteran as a patient and completed the examination in-person.<sup>37</sup> For 26 of the 33 questionnaires, claims processors relied solely on the questionnaires to decide entitlement to benefits.

### *Example 2*

*A veteran submitted a claim for benefits that included multiple questionnaires. On the questionnaires, the non-VA medical provider indicated the veteran is regularly seen as a patient in their clinic. However, in determining the authenticity of the questionnaires, the review team found that the non-VA medical provider's address is more than 1,200 miles from the veteran's residence. This unreasonable distance for regular care raised questions about the authenticity of the questionnaires; however, the claims processor did not conduct additional validation and did not request a VA examination. Because the authenticity of the questionnaires was questionable, the grant of benefits may have been premature.*

Generally, claims processors who made benefits entitlement decisions found the requirement to take questionnaires at face value to be confusing or in conflict with the requirement to confirm the authenticity of the information provided. Because of this conflicting guidance in the procedures manual, interviewed claims processors had varying approaches for authenticating information or determining if any actions were even required.

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<sup>36</sup> To confirm authenticity, the team reviewed each public-use disability benefits questionnaire in its entirety, including the general history section and examination findings; researched the certification and signature section of the form via the internet, including a National Provider Identifier website; and analyzed the distance between the veteran and private provider to determine if it was reasonable or likely for the patient to have traveled that far.

<sup>37</sup> VA regulations do not define a reasonable distance to travel. However, 38 C.F.R. § 70.30 does state that “[p]ayment may be made for travel from the beneficiary’s residence to the nearest non-VA facility where the care or services could be provided.” Because VA does not define reasonable distance, the OIG team looked to another agency’s transportation regulations for guidance. The team used 20 C.F.R. § 10.315 from the Department of Labor, which holds that “generally a round trip distance of up to 100 miles is considered a reasonable distance travel.” On the basis of this regulation, a round trip of double that distance, or 100 miles each way, would be unreasonable and therefore provide a basis to question the authenticity of the disability benefits questionnaire.

A lead program analyst with Compensation Service Procedures Maintenance explained that the requirement to confirm the authenticity was merely an attempt to have claims processors put in a good-faith effort to look at the questionnaires based on evidentiary principles and does not impose any requirement to authenticate the questionnaires. This viewpoint was echoed by the assistant director and lead management analyst of Medical Disability Examination Office Policy and Program Management, who explained that the purpose of instructing claims processors to confirm the authenticity of the questionnaires was to ensure that they were properly weighing evidence.<sup>38</sup>

This interpretation is contradicted by the plain language of the procedures manual, which requires that generally claims processors *must* confirm the authenticity of the information contained within a public-use disability benefits questionnaire. In its current state, the procedures manual does not equate confirming the authenticity and evaluating the weight of the evidence. This lack of clarity leaves room for claims processors to interpret what actions are appropriate, resulting in a lack of consistency. In example 3, the claims processor took the information provided at face value despite the red flags raised by the questionnaire.

### **Example 3**

*A non-VA medical provider completed a disability benefits questionnaire that contained handwritten notes and some information that was typed, cut, and pasted onto the form. This raises a red flag as to the authenticity of the information. However, the claims processor used the findings, accepted the form at face value, and assigned a 100 percent permanent and total disability evaluation.*

In this example, accepting the questionnaire at face value did not ensure the submitted information was authentic and accurate or that the benefits awarded were warranted. Instead, if the claims processor had acknowledged the red flags, they could have attempted to confirm the authenticity by validating the results completed by the treatment provider, obtaining medical records, and/or by requesting a VA examination, or they could have weighed the evidence of record. Taking these additional steps would have helped ensure support for the claims processor's evaluation and would further reduce the risk of accepting potentially inaccurate information from non-VA medical providers.

Because the procedures regarding the use of publicly available questionnaires lacked clarity, claims processors were confused about the requirement to confirm the authenticity of the

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<sup>38</sup> Evaluating the questionnaires under the evidentiary principles requires claims processors to perform a series of steps to determine findings of fact for the purpose of drawing conclusions of law. In these procedures, claims processors are required to evaluate the evidence, which consists of determining the value and persuasiveness of evidence; to resolve any questions related to those determinations; and to clearly discuss and explain these findings in the decision.

information. Instead, each claims processor used their own judgment to determine what steps were necessary to authenticate information. The procedures manual did not clarify that claims processors are required to confirm the authenticity of questionnaires by evaluating the evidence and discussing their determination when making decisions on entitlement to benefits.

### **Procedures Did Not Define Valid Rationale for a Medical Opinion**

When completing disability benefits questionnaires, providers may include a medical opinion linking a claimed disability to military service or to a condition that is already service-connected.<sup>39</sup> Claims processors cannot exercise independent medical judgment in deciding a claim, so VBA requires medical opinions to include a valid supporting rationale that will help the claims processors weigh the evidence.<sup>40</sup>

VA has provided a definition of what constitutes a valid rationale to VA medical providers who complete disability benefits questionnaires. However, this guidance is not available to non-VA medical providers, nor is it in the procedures manual, which claims processors use to process disability claims. A lead program analyst with Compensation Service Procedures Maintenance confirmed that he was unaware of any written definition of valid rationale. The review team found that 14 of 46 errors in processing publicly available questionnaires were due to insufficient medical opinions unsupported by a valid rationale. Because the manual lacked a definition for valid rationale, the review team limited errors to situations where the opinion provided was conclusory without any rationale or the rationale lacked any explanation connecting the claimed disability to military service or a previously service-connected disability. Example 4 illustrates a medical opinion without a valid rationale.

#### **Example 4**

*A veteran submitted a questionnaire in support of a claim for major depressive disorder secondary to service-connected disabilities. The questionnaire contained a medical opinion that linked the veteran's major depressive disorder to the veteran's service-connected left ankle and right foot conditions, but a valid rationale was not provided. That is, the non-VA medical provider only provided a cursory statement that his opinion was based on the interview, the mental health evaluation and chronic pain assessment, the review of the claims folder, and cited medical literature. The provider did not explain how these factors made it at least as likely as not that the diagnosed major depressive disorder was due to the veteran's service-connected conditions. Because the provider only gave a conclusory opinion and did not give a reasoned medical explanation connecting*

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<sup>39</sup> A service-connected disability is an injury or illness determined by VA to have been incurred or aggravated during active duty military service.

<sup>40</sup> VBA Manual M21-1, "Insufficient Examinations."

*the conclusion with the supporting information, the opinion lacked a valid rationale. According to VBA procedures, if an opinion is not properly supported by a valid rationale or by the evidence of record, the claims processor is required to attempt to contact the non-VA medical provider or request a VA opinion to resolve the insufficiency.<sup>41</sup> The claims processor made no attempt to obtain a properly supported opinion with a valid rationale; instead, the processor incorrectly granted benefits based on the questionnaire, resulting in an overpayment to the veteran of approximately \$5,900.*

Although the term valid rationale is not defined within the procedures manual, the US Court of Appeals for Veterans Claims has explained what constitutes an adequate medical opinion for the purpose of establishing entitlement to VA disability compensation benefits. The court has held that most of the probative value of a medical opinion comes from its reasoning; that a medical opinion must support its conclusion with an analysis that can be considered and weighed against contrary opinions; and that the opinion must contain not only clear conclusions with supporting data but also a reasoned medical explanation connecting the two.<sup>42</sup> Finally, the court held that a medical opinion is not entitled to any weight if it contains only data and conclusions.<sup>43</sup>

VBA also defines the elements of a medical opinion in the training it gives to VA medical providers. According to the training, a medical opinion should have a rationale that gives a clear, understandable explanation for the decision. The rationale should reference any evidence of record used, provide the case-specific data reviewed in determining the opinion, and cite medical literature, when applicable, to support the opinion.

During OIG team interviews, quality review specialists and claims processors had various interpretations of a valid rationale, though all agreed that a medical opinion had to meet some standards to be acceptable for making benefits entitlement decisions. Quality review specialists explained that to be valid, a rationale has to document whatever evidence the medical provider used to make the opinion and that the opinion has to relate specifically to the veteran's condition. Quality review specialists agreed that merely citing existing medical literature is not sufficient for a valid rationale. When referring to the manual, quality review specialists stated that the term valid rationale was ambiguous and undefined. Claims processors generally understood that, to be sufficient to award benefits, medical opinions need a valid rationale. They generally described valid rationales as being supported by the evidence of record. However, claims processors were not aware of any formal definition of a valid rationale.

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<sup>41</sup> VBA Manual M21-1, "Insufficient Examinations," and "General Criteria for Sufficiency of Examination Reports."

<sup>42</sup> *Nieves-Rodriguez v. Peake*, 22 Vet.App. 295, 301 (2008); *Guerrieri v. Brown*, 4 Vet.App. 467, 470-71 (1993); *Stefl v. Nicholson*, 21 Vet.App. 120, 123-124 (2007).

<sup>43</sup> *Nieves-Rodriguez v. Peake*, 22 Vet.App. 295, 301.

VBA should define the term valid rationale within the procedures manual and publish this definition so that claims processors and non-VA providers who complete an opinion on behalf of veterans understand the requirements of a valid medical opinion. This definition should conform as much as possible with the training provided by the Office of Disability and Medical Assessment to VA and VA medical providers, as well as the requirements for a valid medical opinion as stated by the US Court of Appeals for Veterans Claims.<sup>44</sup> Defining valid rationale not only will give non-VA medical providers the information needed to properly complete questionnaires but also will ensure consistency and provide claims processors and quality reviewers the tools they need to adequately assess medical opinions from non-VA medical providers.

## Conclusion

In planning and implementing the requirements of the Isakson and Roe Veterans Health Care and Benefits Improvement Act, VBA lacked sufficient controls to ensure that disability benefits questionnaires completed by non-VA medical providers were processed correctly. By restoring previously existing procedures and forms, VBA did not ensure that publicly available questionnaires were properly used when determining entitlement to benefits. The language of those procedures, as well as interviews with claims processors and quality review specialists, revealed confusion about authenticating publicly available questionnaires. Additionally, because valid rationale was not defined in the procedures manual, publicly available questionnaires containing a medical opinion without a valid rationale were used to prematurely award benefits. The lack of clear procedures, including steps on authenticating questionnaires and accepting evidence at face value, has resulted in inconsistency and confusion in the proper processing of questionnaires completed by non-VA medical providers.

## Recommendations 1–5

The OIG made five recommendations to the acting under secretary for benefits:

1. Revise the Veterans Benefits Administration’s adjudication procedures manual to clarify and communicate steps that claims processors must take to ensure all certification elements on the publicly available disability benefits questionnaires are provided and are authentic.
2. Update the Veterans Benefits Administration’s adjudication procedures manual to clarify the intent of guidance involving authenticity, face value, and validation of publicly

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<sup>44</sup> The Office of Disability and Medical Assessment is a VA national office that facilitates the disability examination process to support field VA clinics and the Integrated Disability Evaluation System. The Office of Disability and Medical Assessment also provides advisory medical opinions for VBA and expert medical opinions for the Board of Veterans’ Appeals in coordination with subject matter experts throughout the enterprise.

available disability benefits questionnaires to ensure claims processors evaluate the questionnaires in accordance with evidentiary principles.

3. Implement actions to facilitate claims processors' understanding of the need to document the evaluation of evidence within benefits entitlement decisions when using publicly available disability benefits questionnaires.
4. Amend the Veterans Benefits Administration's adjudication procedures manual to define *valid rationale* to ensure medical opinions are well supported when deciding entitlement to benefits.
5. Correct all processing errors on cases identified by the review team and report the results to the Office of Inspector General.

## **VA Management Comments**

The acting under secretary for benefits concurred with all recommendations. To address recommendation 1, VBA will update procedural guidance as it pertains to examiner qualifications and signature requirements. To address recommendation 2, VBA will review and revise procedural guidance as it pertains to the acceptance of evidence at face value and the authenticity of disability benefits questionnaires completed by non-VA providers. To address recommendation 3, VBA will remind claims processors of the processes for handling public disability benefits questionnaires and will explain why the claims processors are required to conduct specific actions. VBA will also communicate any applicable updates resulting from the adjudication manual review to the appropriate claims processors. To address recommendation 4, VBA will review and revise procedural guidance to better define the tenets of a valid rationale for a medical opinion in accordance with previous holdings of the US Court of Appeals for Veterans Claims. To address recommendation 5, VBA will correct all processing errors on cases identified by the review team and will report the results to the OIG. The acting under secretary's comments are presented in full in appendix C.

## **OIG Response**

The acting under secretary for benefits provided acceptable action plans for all recommendations. The OIG will monitor VBA's progress and follow up on the implementation of the recommendations until all proposed actions are completed.

## Appendix A: Scope and Methodology

### Scope

The team conducted its work from August 2021 through January 2022. The team reviewed 114 questionnaires submitted as supporting evidence for 71 claims that were completed from March 1 through April 30, 2021.

### Methodology

To accomplish the objective, the review team assessed applicable laws, regulations, procedures, and guidelines related to disability benefits questionnaires. The team interviewed staff from the Medical Disability Exam Quality and Program Management Office and from the VBA Compensation Service and obtained information associated with disability benefits questionnaires. The team also interviewed staff at the VA regional offices in Winston-Salem, North Carolina, and Hartford, Connecticut, in August and September 2021, respectively.

The team reviewed the total population of 71 claims that included at least one publicly available disability benefits questionnaire released in March 2021. These questionnaires were reviewed using VBA's electronic systems, including the Veterans Benefits Management System. The team reviewed relevant documentation to determine whether VBA complied with statutory and procedural requirements for using the published versions of questionnaires completed by non-VA medical providers. The review team discussed the findings with VBA officials and included their comments where appropriate.

### Internal Controls

The review team assessed VBA's internal controls significant to the objective. This included an assessment of the five standard internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.<sup>45</sup> In addition, the team assessed the principles of those internal control components. The review team identified internal control deficiencies with one component and two principles.

#### Component: Control Activities

- Principle 10: Management should design control activities to achieve objectives and respond to risks.
- Principle 12: Management should implement control activities through policies.

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<sup>45</sup> Government Accountability Office, Standards for Internal Control in the Federal Government, GAO-14-704G, September 2014.

## Fraud Assessment

The review team assessed the risk that fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, significant within the context of the review objectives, could occur during this review. The team exercised due diligence in staying alert to any fraud indicators by

- identifying laws, regulations, and procedures related to the review subject matter to help detect noncompliance or misconduct;
- examining previous reviews, audits, and inspections as reported by VA OIG and other auditing organizations regarding VBA;
- completing the Fraud Indicators and Assessment Checklist; and
- requesting relevant OIG Hotline complaints for reports of fraud in the area under review.

The review team referred nine claims with 26 disability benefits questionnaires to the OIG Office of Investigations for potential fraud. These questionnaires were referred because the questionnaires indicated that the veterans were seen in-person and regularly as part of their practice. However, some of these veterans lived an unreasonable distance, as far as 1,200 miles, from the providers.

## Data Reliability

The OIG used computer-processed data from VBA's Corporate Database. To test for reliability, the team determined whether any data were missing from key fields, included any calculation errors, or were outside the time frame requested. The team also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, the team compared veterans' names, file numbers, dates of claims, and end product closed dates as provided in the data to the 71 Veterans Benefits Management System records reviewed.

Testing of the data showed sufficient reliability for the review objective. Comparison of the data with information contained in the reviewed veterans' Veterans Benefits Management System records did not disclose any problems with data reliability.

## Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

## Appendix B: Monetary Benefits in Accordance with Inspector General Act Amendments

| Recommendation | Explanation of Benefits  | Better Use of Funds | Questioned Costs |
|----------------|--|---------------------|------------------|
| 1-5            | The OIG determined errors in processing of publicly available disability benefits questionnaires submitted in support of claims resulted in approximately \$88,700 in improper payments—all in the form of questioned costs. |                     | \$88,700         |
|                | <b>Total</b>   |                     | <b>\$88,700</b>  |

*Note: The questioned costs include payments that were either incorrect or unsupported. However, the results for these categories could not be determined because some payments were both incorrect and unsupported.*

## Appendix C: VA Management Comments

### Department of Veterans Affairs Memorandum

Date: February 7, 2022

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – Public Disability Benefits Questionnaires Reinstated but Controls Could Be Strengthened [Project No. 2021-02750-AE-0129] – [VIEWS 06743119]

To: Assistant Inspector General for Audits and Evaluations (52)

Attached is VBA's response to the OIG Draft Report: Public Disability Benefits Questionnaires Reinstated but Controls Could Be Strengthened.

*The OIG removed point of contact information prior to publication.*

(Original signed by).

Thomas J. Murphy

Director, Northeast District, Veterans Benefits Administration, Performing the Delegable Duties of the Under Secretary for Benefits

Attachment

Veterans Benefits Administration (VBA)

Comments on OIG Draft Report

Public Disability Benefits Questionnaires Reinstated but Controls Could Be Strengthened

VBA concurs with the findings in OIG's draft report and provides the following comments in response to the recommendations:

**Recommendation 1: Revise the Veterans Benefits Administration's adjudication procedures manual to clarify and communicate steps that claims processors must take to ensure all certification elements on the publicly available disability benefits questionnaires are provided and authentic.**

VBA Response: Concur. VBA is currently in the process of updating procedural guidance in M21-1, Part IV, Subpart i, 3.A, as it pertains to examiner qualifications and signature requirements. VBA anticipates publication of the M21-1 changes by March 30, 2022.

Target Completion Date: March 30, 2022

**Recommendation 2: Update the Veterans Benefits Administration's adjudication procedures manual to clarify the intent of guidance involving authenticity, face value, and validation of publicly available disability benefits questionnaires to ensure claims processors evaluate the questionnaires in accordance with evidentiary principles.**

VBA Response: Concur. VBA will review and revise procedural guidance in M21-1, Part IV, Subpart i, 3.A, as it pertains to the acceptance of evidence at face value and the authenticity of disability benefits questionnaires (DBQ) completed by non-VA providers. VBA anticipates publication of the M21-1 changes by March 30, 2022.

Target Completion Date: March 30, 2022

**Recommendation 3: Implement actions to facilitate claims processors' understanding of the need to document the evaluation of evidence within benefit entitlement decisions when using publicly available disability benefits questionnaires.**

VBA Response: Concur. VBA will remind claims processors of the processes for handling public DBQs, to include explaining why the claims processors are required to conduct specific actions. VBA will ensure to communicate any applicable updates resulting from the M21-1 adjudication manual review to the appropriate claims processors.

Target Completion Date: May 30, 2022

**Recommendation 4: Amend the Veterans Benefits Administration's adjudication procedures manual to define valid rationale, to ensure medical opinions are well supported when deciding entitlement to benefits.**

VBA Response: Concur. VBA will review and revise procedural guidance in M21-1, Part V, Subpart ii, 1.A to better define the tenets of a valid rationale for a medical opinion in accordance with previous holdings of the U.S. Court of Appeals for Veterans Claims. VBA anticipates publication of the M21-1 changes by March 30, 2022.

Target Completion Date: March 30, 2022

**Recommendation 5: Correct all processing errors on cases identified by the review team and report the results to the OIG.**

VBA Response: Concur. VBA will correct all processing errors on cases identified by the review team and report the results to the OIG.

Target Completion Date: October 31, 2022

*For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.*

## OIG Contact and Staff Acknowledgments

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|----------------|---|
| <b>Contact</b> | For more information about this report, please contact the Office of Inspector General at (202) 461-4720. |
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