US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

VETERANS BENEFITS ADMINISTRATION

Improvements Needed for VBA's Claims Automation Project

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Executive Summary

The Veterans Benefits Administration (VBA) established the Office of Automated Benefits Delivery (ABD) in October 2021. The office's goals were to leverage data and technology to support accurate and equitable claims decisions for veterans, improve processing timeliness, and reduce the manual processes involved in deciding claims.[1]

In December 2021, ABD launched a project initially focused on hypertension (high blood pressure) claims—specifically, claims that seek an increased evaluation for that single disability.[2] Evaluation refers to a rating that VBA assigns to each service-connected disability based on impaired earning capacity.[3] The rating, which varies from 0 to 100 percent in increments of 10 percent, determines the amount of monthly benefits the veteran receives.[4] VBA chose hypertension for the ABD project because it contained objective evaluation criteria.[5] Given the expected increase in claims associated with the passage of the PACT Act— hypertension is included in the PACT Act as a service-connected disability related to toxic exposure—and the burden on VBA to process these claims efficiently and accurately, the VA Office of Inspector General (OIG) decided to examine the initial hypertension ABD project.[6]

The ABD project automates evidence-gathering tasks including extracting blood pressure readings and hypertension-related medication data from VA treatment records. These are compiled into a summary sheet uploaded to the veteran's electronic claims folder. The summary

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[1] The manual processes referred to include identifying and reviewing all evidence and ordering medical examinations. The Claims Processing Automation (CPA) Integrated Project Team Charter with memorandum of understanding identifies ABD's focus and roles and responsibilities.

[2] ABD initiated the Hypertension Rapid Decision project, referred to in briefings and trainings as a pilot project, in December 2021, at the Boise Regional Office. As of January 2023, 56 additional disability diagnostic codes were added for automation, and processing of automated claims had expanded to eight regional offices. Additional disability diagnostic codes were scheduled for automation during calendar year 2023. Diagnostic codes are numbers assigned to medical conditions.

[3] 38 U.S.C. § 1155.

[4] 38 U.S.C. § 1155.

[5] Hypertension is defined as elevated diastolic blood pressure (the pressure in the arteries when the heart beats), 90 millimeters of mercury or greater. Isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm. or greater with a diastolic blood pressure of less than 90mm. 38 C.F.R. §§ 4.104, 7101, "Hypertensive vascular disease"; VA Manual 21-1, "Cardiovascular System Conditions," updated November 15, 2021, sec. V.iii.5, topic 3.a. Disability benefits claims seek compensation for disabilities caused by diseases or injuries incurred or aggravated during active military service, referred to as service-connected disabilities. "VA Disability Compensation" (web page), VA, accessed April 7, 2021, https://www.va.gov/disability.

At VBA's request (technical comment 1), the OIG removed the phrase "and was expected to be a disability covered by the PACT Act" from this sentence. VBA stated that officials were unaware this disability would be included in the PACT Act.

[6] The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, Pub. L. No. 117-168 (2022).

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sheet was designed to serve as a decision support tool to identify and summarize evidence from the veteran's electronic claims folder to assist in deciding the claim. However, the summary sheet does not relieve claims processors of their duty to search and review relevant evidence.[7] The summary sheet also includes a note stating that, because the system does not check all sources of potentially relevant medical information, the rating veterans service representative (RVSR) is responsible for manually reviewing all evidence to accurately decide the claim.

What the Review Found

VBA needs to improve its oversight of the ABD project to achieve the goals of supporting accurate and consistent decisions for veterans and improving claims processing timeliness, while minimizing manual processes. Failure to do so may result in veterans not receiving the benefits to which they are entitled and VBA investing in a process and technology that do not deliver the intended outcomes. The OIG found four main deficiencies with the ABD project's processing of claims for increased evaluation of hypertension, as described in the sections that follow.

Summary Sheet Shortcomings

The team reviewed an initial sample of 30 claims for increased evaluation of hypertension completed by ABD project personnel from December 2021 to May 2022 (of 97 claims completed during that period), and a subsequent sample of 30 claims (of 86 total) completed from June through September 2022. Review results indicated the summary sheets did not provide ABD project RVSRs accurate and reliable evidence needed to evaluate veterans' claims for hypertension.

Deficiencies found with the summary sheet included missing blood pressure readings, inaccurate blood pressure readings, missing medications prescribed for hypertension, and lack of sufficient context such as whether readings were taken during a time of distress like an emergency room visit. Overall, the summary sheets the team reviewed did not contain comprehensive blood pressure reading information that would assist RVSRs in accurately deciding claims for increased evaluation of hypertension and did not lessen the RVSRs' burden of manually reviewing all relevant evidence.

The team determined that deficiencies in summary sheets were primarily caused by technological issues. Automation failed to recognize duplicate evidence, identified false evidence, and missed relevant information. Furthermore, automated programming did not search all VA health record systems, requiring the RVSR to manually search and review all relevant evidence to make an

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[7] These claims processors are also known as rating veterans service representatives.

accurate decision on a veteran's claim.[8] The summary sheet does not relieve the RVSR of this requirement. Finally, automated searches did not provide sufficient context to determine if a blood pressure reading contained on the summary sheet was an isolated event or chronic issue.

Inaccurate Claims Decisions

The OIG team's testing revealed that 27 percent of all claims reviewed (16 of 60 claims) contained inaccurate and inconsistent determinations regarding the predominant (most common or prevailing) blood pressure readings for hypertension or when evidence was sufficient to decide a claim without an exam.[9] This ultimately resulted in inaccurate decisions on veterans' claims.

The team determined the inaccurate and inconsistent claims decisions were primarily caused by guidance ABD issued to RVSRs who worked on the project that varied from VBA claims processing manual guidance regarding predominant blood pressure and what constitutes adequate medical evidence.[10]

Oversight Gaps

The team found that VBA's quality assurance for the summary sheet and oversight of decision accuracy was lacking due to insufficient monitoring. ABD's quality assurance results initially conflicted with the OIG's findings of deficiencies regarding the summary sheet, but similar deficiencies were later also found on all summary sheets reviewed by a VBA contractor.

ABD conducted its own reviews of the summary sheet, examining some of the same claim summary sheets completed in the initial and subsequent samples the OIG team reviewed.[11] Based

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[8] VA Manual 21-1, "Principles of Reviewing and Weighing Evidence," updated August 6, 2020, sec. V.ii.1.A in *Adjudication Procedures Manual,* topic 1.g; "Requesting Evidence from Federal Record Custodians," September 30, 2021, sec. III.ii.1.A, topic 2.h; Summary sheet disclaimer: "This summary does not check all sources of medical information for Veterans that are necessary for you to rate this claim accurately. You will need to check these sources manually to gather all available evidence."

[9] The team reviewed an initial sample of 30 claims for increased evaluation of hypertension completed through the ABD project from December 2021 to May 2022 and found eight errors. A subsequent sample completed from June through September 2022 found an additional eight errors. This resulted in a total of 16 of 60 errors between the two samples.

[10] At VBA's request (technical comment 6), the OIG removed the phrase: "that changed the definition of predominant blood pressure" from this sentence and replaced it with "that varied from VBA claims processing manual guidance." The OIG agrees that the guidance does not prescribe a number of blood pressure readings that must be available to properly adjudicate claims for increased evaluation of service-connected hypertension.

[11] An internal quality review, referred to as the ABD special-focused review, assessed automation components to include the accuracy of the summary sheet and exam requests. VBA's local Quality Review Team assigned to the ABD project focuses on quality reviews for individual regional offices and their employees. Members of this team were the quality reviewers for the ABD special-focused review. The special-focused review included 167 of the total population of 183 single-issue hypertension claims processed with automation during the OIG review periods of December 2021 and September 2022.

on these, VBA reported 100 percent accuracy for summary sheets the OIG team had found deficient. Despite ABD documentation showing problems generally with summary sheet accuracy and reliability as early as January 2022, ABD leaders did not question or validate the subsequent reported internal review results of 100 percent accuracy.

In November 2022, the OIG met with ABD and provided the office leaders with a list of summary sheet deficiencies the team noted during its claim reviews. ABD leaders were unable to explain why the internal review did not identify similar deficiencies as the OIG team. However, leaders indicated an awareness of some deficiencies with the summary sheets, which contributed to the decision to change how evidence was searched and documented. Additionally, an ABD leader stated deficiencies the OIG team identified helped ABD recognize that VBA local quality review staff may not have been the most effective group to review automation or assess the accuracy of the summary sheet as their expertise was not in automation.[12] In January 2023, more than a year after the start of the project, ABD confirmed the contractor review found deficiencies on all summary sheets examined. Deficiencies were similar to those the OIG team identified during the initial sample review.

As for the accuracy of ABD project claims decisions, ABD relied on VBA's existing quality review procedures. VBA's chief of quality sampling and analysis for the Office of Performance Analysis and Integrity indicated that while ABD project claims could be selected for review under existing procedures, due to the low volume of hypertension claims completed through the ABD project, the possibility of being selected was unlikely. In addition, the chief explained that even if selected, the procedures that claims were subject to were not designed to capture quality assurance information by individual disability. The chief further confirmed that only three of 183 of ABD project claims during the review period (2 percent) had been reviewed for the quality of the decision, with no errors found. In February 2023, ABD confirmed there was no further oversight activity planned specifically for the decision accuracy of ABD project claims other than the potential random selection for local or national quality review.

The inaccuracies the OIG identified in both summary sheets and claims decisions indicate the deficiencies resulted from insufficient monitoring.

Unclear Data Metrics

In February 2022, executive leaders from ABD, VBA's Office of Policy and Oversight, and the VBA Compensation Service created a charter for automated claims oversight and a memorandum of understanding to outline each office's roles, responsibilities, and procedures related to automated claims processing. The charter identified goals for establishing baseline

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[12] An ABD leader told the OIG team that the internal quality review done by local quality review staff assigned to the ABD project was discontinued and had been replaced with one done by a contractor whose findings were sent directly to ABD.

metrics for claims processing timeliness; however, it did not name an office responsible for analyzing data to compare with the baseline. In August 2022, the deputy chief technology officer from the Office of Information and Technology, working with ABD, stated staff were not able to determine the effect automation is having on claims processing as this will take additional time, claim volume, and comparison studies.[13] The chief acknowledged any improvement in processing timeliness could be due to claims prioritization, which can then be problematic when automation is expanded. Without a valid process for measuring the effect of ABD project implementation, VBA leaders cannot know conclusively whether the project has improved claims processing timeliness.

What the OIG Recommended

The OIG made four recommendations to the under secretary for benefits: (1) implement technology improvements and demonstrate progress to ensure the accuracy and completeness of information on the hypertension summary sheet; (2) implement a process to communicate any change in policy, procedure, or the claims processing manual associated with all automated diagnostic codes between the Office of ABD, the Office of Policy and Oversight, the Office of Field Operations, and Compensation Service to ensure guidance is clear and consistent for all claims processors; (3) implement an improved quality assurance process and monitor the results to ensure the accuracy of hypertension summary sheets and final decisions; and (4) create or amend metrics to compare the timeliness of claims processing using automation tools versus the traditional process.

VA Comments and OIG Response

The under secretary for benefits concurred with recommendations 1 and 2, concurred in part with recommendation 3, and concurred in principle with recommendation 4. VBA detailed actions taken and requested that all recommendations be closed. VBA also provided general comments and 16 technical comments on this report. The full text of the management comments, except for attachments, appears in appendix B.

The actions taken by VBA were generally responsive; however, all recommendations will remain open at this time. The OIG will continue to evaluate VBA's actions and processes associated with claims automation, as well as the accuracy of veterans' claims processed using automation technology. The OIG will close the recommendations when satisfied that sufficient progress has been made.

Regarding the general comments from VBA, the OIG provided responses on pages 22 through 25. The OIG acknowledges that that this report represents a snapshot of efforts underway at the

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[13] The Office of Information and Technology collaborates with other VA business lines by providing information technology tools and services to create the best experience for all veterans.

time of fieldwork and that VBA has been working steadily to create an infrastructure to support its mission and adequately staff the newly formed ABD office. In response to the 16 technical comments, the OIG made language changes as appropriate when additional support was provided. In some instances, the OIG made some, but not all, of the suggested changes, or deemed no change to the report language was necessary. The OIG's responses to the technical comments are on pages 25 through 33.

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluation

Contents

Abbreviations

ABD	Office of Automated Benefits Delivery
OGC	Office of General Counsel
OIG	Office of Inspector General
RVSR	rating veterans service representative
STAR	Systematic Technical Accuracy Review
VBA	Veterans Benefits Administration
VSR	veterans service representative

Introduction

The Veterans Benefits Administration (VBA) oversees the delivery of benefits and services to veterans and other beneficiaries. VBA's mission is "to provide benefits and services to Veterans, their families, and survivors in a responsive, timely, and compassionate manner in recognition of their service to the Nation."[14] One of the benefits VBA provides is tax-free monthly compensation for veterans with disabilities caused by diseases or injuries incurred or aggravated during active military service, referred to as service-connected disabilities.[15]

VBA established the Office of Automated Benefits Delivery (ABD) in October 2021. The office's goals were to leverage data and technology to support accurate and equitable (consistent) decisions for veterans, improve processing timeliness, and reduce the manual processes involved in deciding claims.[16] In December 2021, ABD launched a project focused on automation of hypertension (high blood pressure) claims—specifically, claims that request an increased evaluation or rating for this condition.[17] The VA Office of Inspector General (OIG) team learned hypertension was chosen as the first disability for the project to focus on because it had objective evaluation criteria.[18] Hypertension is included in the PACT Act as a service-connected disability related to toxic exposure.[19]

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[14] "VA, Functional Organizational Manual Version 7.0, 2021" (web page), VA, accessed May 23, 2023 https://department.va.gov/wp-content/uploads/2022/09/2021-va-functional-organization-manual-volume-one-administrations.pdf.

[15] "VA Disability Compensation" (web page), VA, accessed April 8, 2023, https://www.va.gov/disability/; 38 U.S.C. § 1155. The amount of the benefit varies according to VBA's evaluation of the disability. The disability evaluation refers to a rating that VBA assigns to each service-connected disability based on impaired earning capacity. Compensable evaluations range from 10 percent to 100 percent in increments of 10.

[16] The manual processes referred to include identifying and reviewing all evidence and ordering medical examinations.

[17] ABD initiated the Hypertension Rapid Decision Project, referred to in briefings and trainings as a pilot project, in December 2021 at the Boise Regional Office. In February 2023, the ABD director explained that this project is referred to as a prototype.

[18] The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, Pub. L. No. 117-168 (2022). Hypertension is defined as elevated diastolic blood pressure (the pressure in the arteries when the heart beats), 90 millimeters of mercury or greater. Isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm or greater with a diastolic blood pressure of less than 90mm. 38 C.F.R. §§ 4.104, 7101 hypertensive vascular disease; VA Manual 21-1, "Cardiovascular System Conditions," updated November 15, 2021, in *Adjudications Procedures Manual*, sec. V.iii.5, topic 3.a.

At VBA's request (technical comment 2), the OIG removed the phrase "and was expected to be a disability covered by the PACT Act" from this sentence. VBA stated that officials were unaware this disability would be included in the PACT Act.

[19] ABD initiated the Hypertension Rapid Decision Project, referred to in briefings and trainings as a pilot project, in December 2021, at the Boise Regional Office. As of January 2023, 56 additional disability diagnostic codes were added for automation, and processing of automated claims had expanded to eight regional offices. Additional disability diagnostic codes were scheduled for automation during calendar year 2023. Diagnostic codes are numbers assigned to medical conditions.

Given the expected increase in claims associated with the passage of the PACT Act and the burden on VBA to process these claims efficiently and accurately, the OIG decided to examine the initial hypertension ABD project, and conducted this proactive review to determine whether the ABD project on hypertension claims supported accurate decisions on veterans' claims while also achieving the goals of improving claims processing timeliness and reducing manual processes.

Traditional Claims Processing Versus ABD Claims Processing

Traditional processing of hypertension and other claims involves two categories of claims processors: veterans service representatives (VSRs) and rating veterans service representatives (RVSRs).[20] VSRs gather the evidence that RVSRs use to make decisions on the claims.
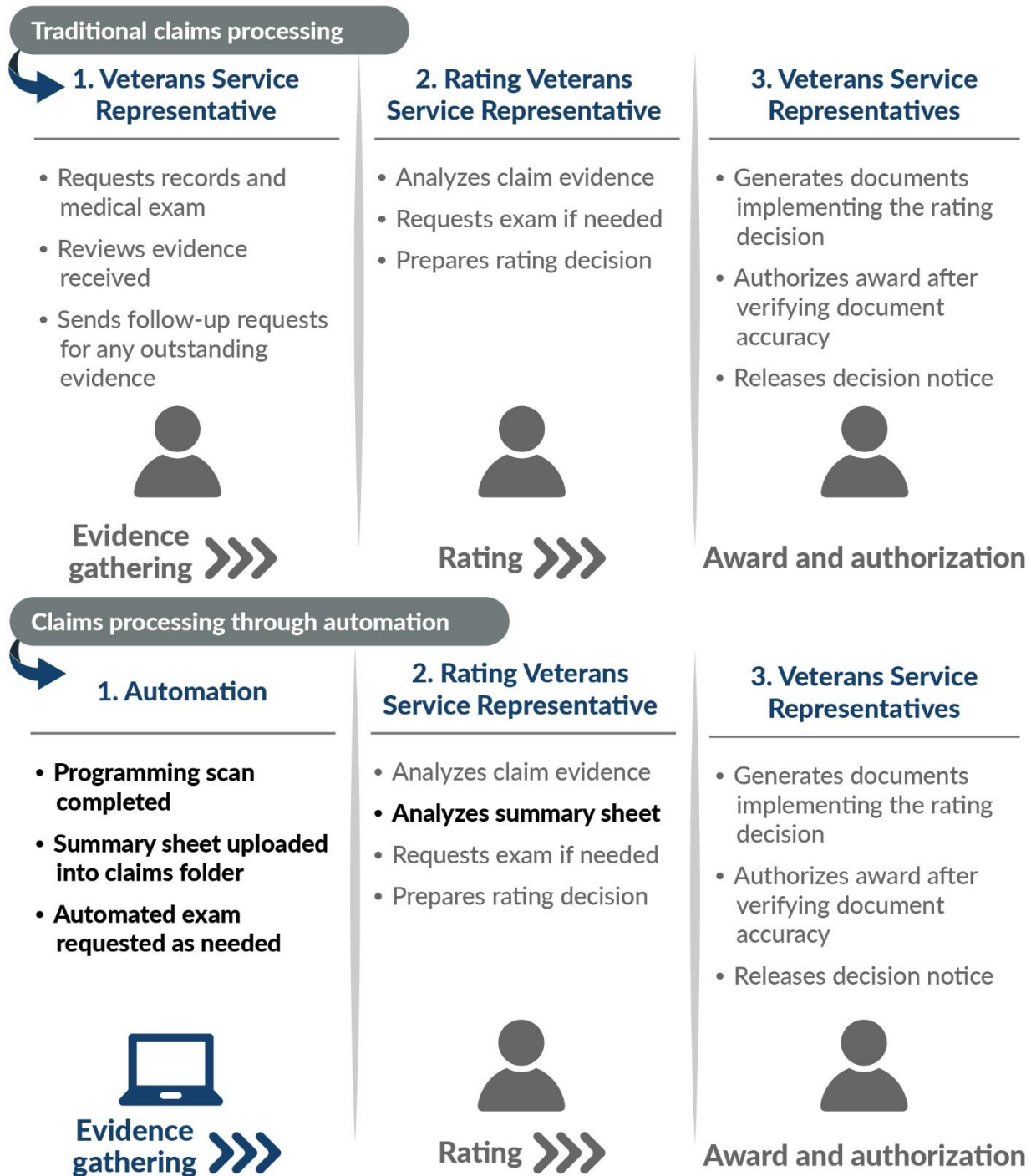
The ABD project automates evidence-gathering, such as extracting blood pressure readings and potential hypertension-related medication data from VA treatment records and replaces the first VSR step shown in figure 1. It compiles these into a summary sheet uploaded to the veteran's electronic claims folder. The sources for automated evidence-gathering expanded in January 2022 to include potentially relevant hypertension data located in the veteran's electronic claims folder as well as in VA treatment records. The summary sheet was designed to be a tool to assist the RVSR in deciding the claim. In the case of hypertension, it was meant to help the RVSR identify medications prescribed for hypertension and available blood pressure readings. The RVSR would then use the summary sheet and other relevant information that the RVSR is required to review to assign the proper evaluation by applying the rating schedule. The rating schedule is a guide in the evaluation of a disability resulting from all types of diseases and injuries encountered due to military service.[21]

Responsibilities related to the traditional versus the automated claims process are shown in figure 1.

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[20] "Veterans Service Representatives (VSR), and Rating Veterans Service Representatives (RVSR)" (web page). VA, https://benefits.va.gov/BENEFITS/jobs/index.asp, accessed April 7, 2022.

[21] 38 C.F.R. § 4.1 contains VA's Schedule for Rating Disabilities.

Traditional claims processing

1. Veterans Service Representative

- Requests records and medical exam
- Reviews evidence received
- Sends follow-up requests for any outstanding evidence

Evidence gathering 〉〉〉

2. Rating Veterans Service Representative

- Analyzes claim evidence
- Requests exam if needed
- Prepares rating decision

Rating 〉〉〉

3. Veterans Service Representatives

- Generates documents implementing the rating decision
- Authorizes award after verifying document accuracy
- Releases decision notice

Award and authorization

Claims processing through automation

1. Automation

- **Programming scan completed**
- **Summary sheet uploaded into claims folder**
- **Automated exam requested as needed**

Evidence gathering 〉〉〉

2. Rating Veterans Service Representative

- Analyzes claim evidence
- **Analyzes summary sheet**
- Requests exam if needed
- Prepares rating decision

Rating 〉〉〉

3. Veterans Service Representatives

- Generates documents implementing the rating decision
- Authorizes award after verifying document accuracy
- Releases decision notice

Award and authorization

Figure 1. *Overview of traditional versus automated claims processing of single-issue increase hypertension claims.*

Source: Initial Production Implementation of the Hypertension Rapid Decision Project Training for RVSRs and Coaches, dated November 2021.
Note: Process differences are bolded.

Oversight and Management of ABD Project

In February 2022, executive leaders from ABD, the Office of Policy and Oversight, and the Compensation Service created a charter for automated claims oversight and a memorandum of understanding to outline their responsibilities and procedures related to automated claims processing, resulting in various VBA offices sharing roles and responsibilities for implementing the ABD project (figure 2).
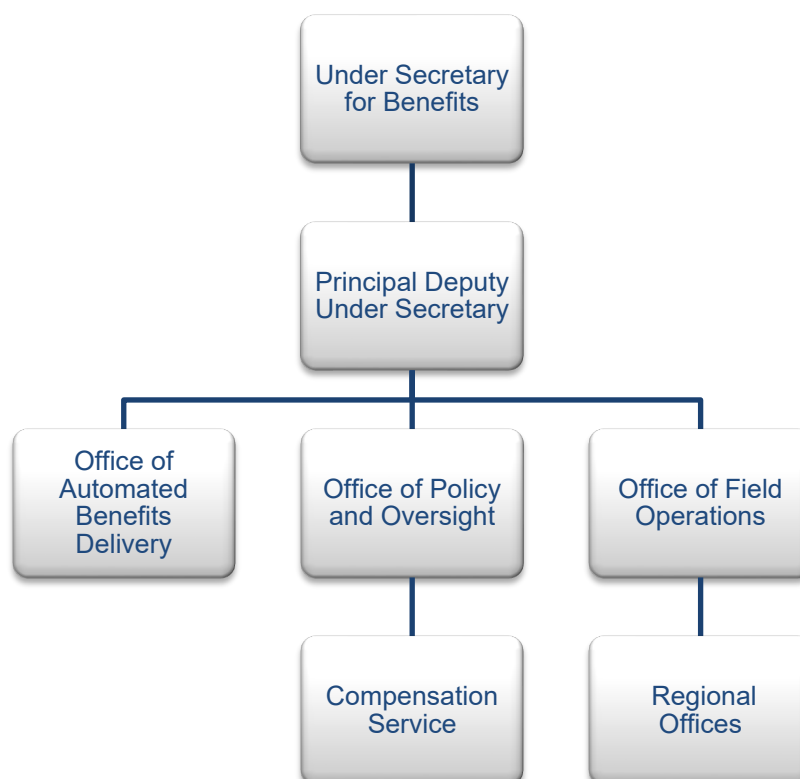
Figure 2. *Overview of VBA's organizational chart of the offices involved in automated benefits delivery.*

Source: VA OIG analysis of documents related to VBA's organizational chart.[22]

Descriptions of the VBA offices sharing roles and responsibilities for implementing the ABD project follow:

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[22] The Claims Processing Automation (CPA) Integrated Project Team Charter, signed February 14, 2022, and received as an email attachment July 20, 2022; "Office of Policy & Oversight Mission Statement" (web page), VA, accessed July 14, 2022, https://vbaw.vba.va.gov/OPO/index.asp; "Compensation Service Mission Statement" (web page), VA, accessed July 14, 2022, https://vbaw.vba.va.gov/bl/21/index.htm; "Office of Field Operations Mission Statement" (web page), VA, accessed July 14, 2022, https://vbaw.vba.va.gov/ofo/; "VA, Functional Organizational Manual Version 7.0, 2021" (web page), VA, accessed May 23, 2023 https://department.va.gov/wp-content/uploads/2022/09/2021-va-functional-organization-manual-volume-one-administrations.pdf; "Veterans Benefits Administration Executive Leadership" (web page), VA, accessed June 23, 2022, https://vbaw.vba.va.gov/USB/docs/VBAOrgChart.pdf. Only the web page for the Functional Organizational Manual is publicly accessible.

- **Office of Automated Benefits Delivery** focuses on leveraging data and using technology to automate administrative tasks and workflows with the goal of assisting claims processors in making fast, accurate, and consistent claims decisions for veterans.

- **Office of Policy and Oversight** oversees the administration of benefits and services to veterans, service members, their family members, and survivors. The office aligns policies and strategic priorities and develops partnerships and interagency agreements to promote economic opportunities for veterans by providing access to disability compensation as well as other benefits.

- **Compensation Service** guides and supports VBA's claims processing offices in delivering monthly payments to veterans in recognition of the effects of disabilities incurred or aggravated from diseases, injuries, or events during active military service. Compensation Service develops rulemaking and policy requirements and conducts advisory reviews in support of the compensation benefit program.

- **Office of Field Operations** oversees 56 regional offices responsible for assisting service members, veterans, and their families with VA benefits and services.

Results and Recommendations

Finding: The ABD Project Had Not Yet Fully Achieved Its Goals

As stated earlier, VBA established the ABD office to leverage data and technology to support accurate and consistent decisions for veterans, improve processing timeliness, while reducing the manual processes involved in deciding VBA disability claims. In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified inaccurate and unreliable summary sheets associated with claims processed through the ABD project. The summary sheet is intended as a decision support tool to identify and summarize evidence from the veteran's electronic claims folder to assist RVSRs in deciding the benefit claim.

Based on its sample of claims processed through the ABD project from December 2021 through September 2022, the team determined 37 percent of the initial sample (11 of 30 claims) and 57 percent (17 of 30 claims) of the subsequent sample of summary sheets were deficient. Summary sheet deficiencies included failure to identify all relevant hypertension readings and current medications prescribed for hypertension, inaccurate blood pressure readings and dates, and a lack of context for system-identified hypertension readings, such as those taken during a time of distress or post operation.[23] Since the summary sheets did not contain comprehensive blood pressure reading information, RVSRs remain responsible for manually searching and reviewing all relevant evidence to make an accurate decision on a veteran's claim.[24] ABD's quality assurance results initially conflicted with the OIG's findings of deficiencies regarding the summary sheet, but similar deficiencies were later found on all summary sheets reviewed by a VBA contractor.

The OIG also identified claims decision errors. Inaccurate rating decisions made by RVSRs were found on 27 percent of the 60 automated claims reviewed by the OIG team.[25] Claims decision errors included RVSRs failing to resolve inconsistent or inaccurate blood pressure readings from the sheets, following unclear guidance to assign disability evaluations (ratings), and making

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[23] VA Manual 21-1, "Rating Principles for Hypertension," November 15, 2021, sec. V.iii.5.3; VA Manual 21-1, "Review of Evidence," historical November 30, 2021, sec. V.ii.1.A, and September 15, 2021, sec. V.ii.1.B.; VA Manual 21-1, "Cardiovascular System Conditions," topic 3.

[24] At VBA's request (technical comment 10), the OIG replaced "Overall, the summary sheets the team reviewed did not contain comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim" with the sentence shown above. The change does not affect the OIG's conclusion that VBA needs to make improvements to the hypertension ABD project to ensure veterans receive accurate claims decisions.

[25] The team reviewed an initial sample of 30 claims for increased evaluation of hypertension completed through the ABD project from December 2021 to May 2022 and found eight errors. A subsequent sample of claims completed from June through September 2022 found an additional eight errors. This resulted in a total of 16 of 60 errors between the two samples. In February 2023, the OIG team discussed with ABD leaders the overall sample results.

incorrect determinations about whether a claim had sufficient evidence to be decided without a medical exam.

Moreover, the OIG determined ABD did not have sufficient and reliable metrics that demonstrated the extent to which automation has achieved the ABD project's objectives of supporting accurate and consistent decisions for veterans and improving claims processing timeliness while reducing manual processes. Improvements in VBA oversight of the ABD project would help to better achieve these objectives. Failure to improve oversight increases the risk that eligible veterans will not receive the benefits to which they are entitled, and VBA will invest additional funds in a process and technology that do not deliver the intended outcomes.

This finding is supported by the following determinations:

- Summary sheets lacked accuracy and reliability.

- Unclear guidance contributed to ABD project RVSRs making inaccurate claims decisions.

- Oversight could be improved to better achieve program goals.

- VBA performance metrics on automation improvements were insufficient.

What the OIG Did

The overall scope of review included a total of 183 claims from December 2021 to September 2022 (review period). Specifically, the scope included 97 hypertension claims for increased evaluation completed as part of the ABD project from December 2021 (start of the ABD project) to May 2022, and an additional 86 hypertension claims for increased evaluation from June through September 2022. The team reviewed 30 claims from the initial random sample and an additional 30 claims from the subsequent random sample. The subsequent sample was added to determine whether the errors found in the initial sample persisted and if VBA had taken any corrective actions or made improvements as the ABD project progressed. To assess each claim for accuracy, the OIG team reviewed VBA's electronic claims processing systems and relevant documentation and considered applicable laws, policies, and guidelines. Further, the team conducted interviews with managers and staff at the Boise regional office ABD project site and VBA central office, including staff from ABD. Lastly, the team coordinated with VBA and provided the sample claims review decision error results. VBA concurred with the OIG's findings. For more on the scope and methodology, see appendix A.

Summary Sheets Lacked Accuracy and Reliability

As stated earlier, ABD intended the summary sheet to be a decision support tool to identify and summarize evidence from the veteran's electronic claims folder to assist RVSRs in deciding the claim. The summary sheet includes a disclaimer noting that the system does not check all sources

of potentially relevant medical information. The RVSR must manually check any excluded sources to make an accurate decision.[26]

ABD project RVSRs interviewed by the OIG team noted the summary sheet was not as helpful as expected because information must be verified, and the sheet does not include all the necessary sources of evidence to decide a claim, such as sufficient context to determine if the summary sheet evidence is relevant to decide the claim.[27] RVSRs also stated that despite the disclaimer, there was a risk of them using only the summary sheet to decide a claim. While ABD intended the summary sheet to assist RVSRs in deciding the claim, the OIG determined the sheet did not lessen the RVSR's burden of manually reviewing all relevant evidence.

Initial Sample Results

The team reviewed a sample of 30 claims for increased evaluation of hypertension completed by the ABD project from December 2021 to May 2022. The team found that 11 of the 30 summary sheets (37 percent) had inaccurate or unreliable information. Identified deficiencies included missing blood pressure readings or hypertension medications and insufficient context for readings on the summary sheet taken during an emergency room visit or other time of distress.[28]

In June 2022, during the OIG review, VBA initiated an internal review of the accuracy of summary sheets on claims completed through the ABD project. Most of the summary sheets the OIG team reviewed were included in VBA's internal review. Although the OIG team found summary sheet deficiencies in the initial sample review, VBA reported 100 percent accuracy for these summary sheets. In early November 2022, the OIG met with ABD and provided the office leaders with summary sheet deficiencies noted by the team during its claim reviews. ABD leaders were unable to explain why the internal review did not identify similar deficiencies as the OIG team. However, an ABD leader suggested deficiencies the OIG team identified helped ABD recognize that the VBA local quality review staff may not have been the most effective group to

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[26] VA Manual 21-1, "Principles of Reviewing and Weighing Evidence," updated August 6, 2020, sec. V.ii.1.A in *Adjudication Procedures Manual,* topic 1.g; VA Manual 21-1, "Requesting Evidence from Federal Record Custodians," September 30, 2021, sec. III.ii.1.A, topic 2.h; Summary sheet disclaimer: "This summary does not check all sources of medical information for Veterans that are necessary for you to rate this claim accurately. You will need to check these sources manually to gather all available evidence."

[27] The ABD project began with ABD RVSRs in Boise in December 2021 and expanded to RVSRs at four regional offices by August 2022 and to eight offices by December 2022. VA Manual 21-1, "Cardiovascular System Conditions," topic 3.e; VA Manual 21-1, "Review of Evidence."

[28] 38 C.F.R. §§ 4.104, 7101, "Hypertensive vascular disease"; VA Manual 21-1, "Cardiovascular System Conditions," topic 3.a.

review automation or assess the accuracy of the summary sheet as their expertise was not in automation.[29]

Subsequent Sample Results

Following the November 2022 meeting, ABD leaders told the OIG team changes had been made to the rules-based search engine that extracts potentially relevant evidence and generates the summary sheet and encouraged the team to consider conducting additional reviews of hypertension claims processed with this revised summary sheet. The team reviewed a subsequent sample of 30 claims for increased evaluation of hypertension completed through the ABD project from June through September 2022 to determine whether there had been improvement. The team found that 17 of 30 (57 percent) of the summary sheets had inaccurate or unreliable information.[30] Deficiencies were similar to the results the OIG team identified during the initial sample review.

Figure 3 is an example from the OIG team's sample review of a summary sheet made available to an RVSR to decide a claim that did not contain accurate or reliable information.

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[29] An internal quality review, referred to as the ABD special-focused review, assessed automation components including the accuracy of the summary sheet and exam requests. VBA's local Quality Review Team focuses on quality reviews for individual regional offices and their employees. Members of this team were the special-focused review quality reviewers. The special-focused review included 167 of the total population of 183 single-issue hypertension claims processed with automation during the OIG review period of December 2021 through September 2022. In February 2023, an ABD and Office of Performance Analysis and Integrity leader told the OIG team that this review was discontinued and had been replaced with a review by a contractor whose findings were sent directly to ABD.

[30] The OIG team provided ABD leaders with the results of the subsequent sample summary sheet deficiencies in February 2023.

Claim facts

A veteran filed a claim for increased evaluation for hypertension. A summary sheet was created and uploaded into the veteran's electronic claims folder. This sheet contained several pages of blood pressure reading information.

Deficiencies in the summary sheet

The summary sheet contained several deficiencies, including a blood pressure reading with a listed observation date of January 1, 1902, which was prior to the veteran's birth date of December 15, 1959. This document also incorrectly identified several oxygen saturation levels as blood pressure readings; oxygen saturation levels are not related to the evaluation of hypertension.

Effect of deficient summary sheet

The summary sheet that was made available to the RVSR contained inaccurate and misleading information including oxygen saturation levels misrepresented as blood pressure readings, potentially resulting in an incorrect evaluation of the veteran's hypertension. Therefore, it was not a reliable source of hypertension evaluation evidence to assist the RVSR in accurately deciding the veteran's claim.

Figure 3. *Processing with a deficient summary sheet.*
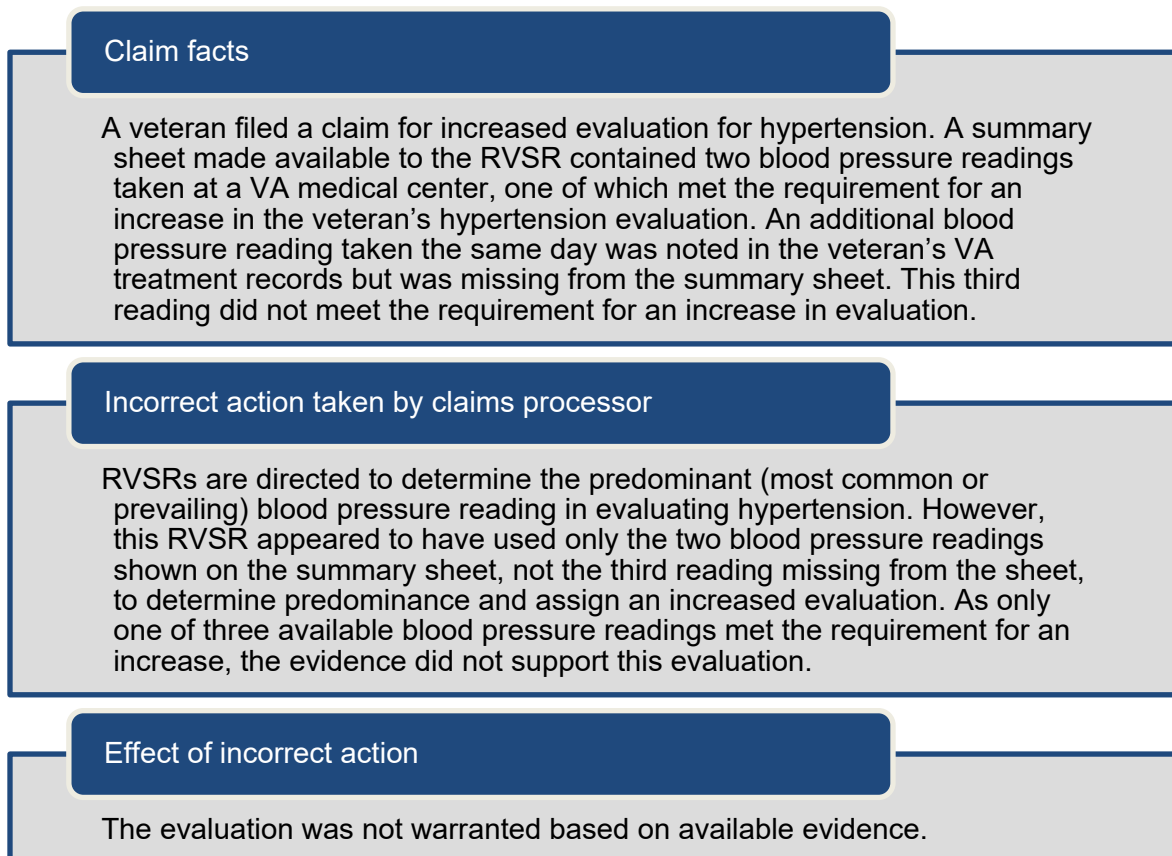*Source: VA OIG claim review analysis.*

Deficiencies Caused by Technological Issues

Automation failed to recognize duplicate evidence, identified false evidence, and missed relevant evidence in claims the team reviewed. Considering both samples, the team found that 28 of the 60 distinct claims contained duplicate, incorrect, or missing evidence on the summary sheets provided to ABD project RVSRs.

The team also found the automated technology did not search all VA systems that needed to be reviewed and considered when deciding a veteran's claim, due to data incompatibility issues between systems. For example, the automated technology cannot use the Joint Longitudinal Viewer to search the electronic health records from VA, the Department of Defense, and

community care providers.[31] As identified in the summary sheet disclaimer, RVSRs must review those systems manually to identify all relevant evidence necessary to decide the claim.[32]

Figure 4 is an example from the OIG's sample review where an RVSR could make an inaccurate decision by relying too heavily on a summary sheet. The summary sheet was missing relevant evidence.

Claim facts

A veteran filed a claim for increased evaluation for hypertension. A summary sheet made available to the RVSR contained two blood pressure readings taken at a VA medical center, one of which met the requirement for an increase in the veteran's hypertension evaluation. An additional blood pressure reading taken the same day was noted in the veteran's VA treatment records but was missing from the summary sheet. This third reading did not meet the requirement for an increase in evaluation.

Incorrect action taken by claims processor

RVSRs are directed to determine the predominant (most common or prevailing) blood pressure reading in evaluating hypertension. However, this RVSR appeared to have used only the two blood pressure readings shown on the summary sheet, not the third reading missing from the sheet, to determine predominance and assign an increased evaluation. As only one of three available blood pressure readings met the requirement for an increase, the evidence did not support this evaluation.

Effect of incorrect action

The evaluation was not warranted based on available evidence.

Figure 4. *Risk of an inaccurate decision due to sole reliance on a deficient summary sheet.[33]*
Source: VA OIG claim review analysis.

Lastly, the OIG team determined that automation did not provide context to determine if a blood pressure reading was an acute isolated event or a chronic issue. For evaluating hypertension, context is important because disability evaluations must be based on evidence representative of a

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[31] The Joint Longitudinal Viewer is a web-based application with an interface that allows users to read VA, Department of Defense, and community providers' healthcare records, which are required to be reviewed by an RVSR to decide a claim but are not included as a source of evidence for summary sheets. The application is designed to support interoperability and information exchange.

[32] Summary sheet disclaimer: "This summary does not check all sources of medical information for Veterans that are necessary for you to rate this claim accurately. You will need to check these sources manually to gather all available evidence."

[33] VA Manual 21-1, "Cardiovascular System Conditions," topic 3.e.

veteran's overall disability picture, not an isolated incident or a time of distress.[34] RVSRs are required to review and accurately evaluate all evidence.[35] RVSRs interviewed stated the lack of context on the summary sheet does not help them determine if the generated evidence is relevant to deciding the claim.[36]

Recommendation 1 addresses the need for technology improvements to help ensure the accuracy and completeness of information on the hypertension summary sheet.

Unclear Guidance Contributed to ABD Project RVSRs Making Inaccurate Claims Decisions

ABD, the Compensation Service, and the Office of Policy Oversight are responsible for disability claims automation, including ensuring implementation is compliant with policies and procedures.[37] As noted previously, one of the goals of automation was to support accurate and consistent decisions. However, the team found 16 of 60 distinct claims reviewed had inaccurate decisions that resulted in veterans receiving improper evaluations or denials for increased evaluations. The team determined that claims decision errors were primarily caused by inconsistent and unclear guidance issued to ABD project RVSRs regarding the definition of "predominant" blood pressure and what constitutes adequate medical evidence. While ABD has stated that the decision itself is not automated and ultimately it is the RVSR's responsibility to ensure the final decision is correct, the OIG team found a need for clear and consistent guidance to ensure veterans receive accurate claims decisions.

Predominant Blood Pressure

In December 2021, an ABD leader provided guidance by email to the Boise regional office quality manager. The email told local quality review staff and RVSRs assigned to the ABD project that one blood pressure reading was sufficient to establish predominance and decide the claim if it was consistent with other evidence and there was no indication that the blood pressure reading was taken during a period of distress. The ABD leader further acknowledged the need for objective, clearly stated rules to prevent misinterpretation. While the rating schedule itself does not specify the number of readings required to determine the predominant blood pressure for increased evaluation claims, the VBA claims processing manual states that three blood

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[34] VA Manual 21-1, "Cardiovascular System Conditions," topic 3.e.

[35] VA Manual 21-1, "Principles of Reviewing and Weighing Evidence," topic 1.d; 1.f., and topic 1.g.

[36] In February 2023, ABD leaders provided the team with examples of enhanced context functionality deployed in November 2022. However, the examples did not contain information on the circumstances under which blood pressure readings were taken so an RVSR could determine if a reading shown on the sheet was taken during a period of distress.

[37] Automation claims processing roles and responsibilities outlined in the Claims Processing Automation (CPA) Integrated Project Team charter with memorandum of understanding.

pressure readings are required on a VA disability examination for hypertension claims related to increased evaluations.[38]

The VBA claims processing manual also states that blood pressure may fluctuate depending on a number of variables, and disability evaluations must be based on valid evidence representative of a veteran's overall disability picture and not an isolated incident.[39] Therefore, the email provided to the Boise regional office quality manager varied from the VBA claims processing manual requirements for a disability examination without an explanation or justification as to why one reading was sufficient.

An ABD leader told the OIG team that the ABD project should follow the established VBA claims processing manual policy, and RVSRs' decisions should be consistent with those made outside the ABD project. However, when interviewed, ABD project RVSRs said they would make a different decision for traditional claims verses automated claims.[40] Further, as previously discussed, the leader's email related to using one blood pressure reading if consistent with other evidence to establish predominance in deciding a claim was a different approach from VBA claims processing manual guidance for a disability exam.

Adequate Medical Evidence

In January 2022, an ABD leader initiated a request for a change to the VBA claims processing manual, which stated, "There is no prescribed standard for evidence that must be present prior to requesting an examination in a typical claim for increase."[41]

In February 2022, the VBA claims processing manual was updated in response to ABD's request to indicate that a VA exam is not required when a claim for increase is accompanied by "evidence that is otherwise adequate for rating purposes."[42] No further description or explanation was provided regarding what is considered adequate evidence to make a decision without requesting an exam.

The lack of clarity in what constitutes adequate evidence to decide a claim without an exam may have contributed to the inaccuracies and inconsistencies the team found in claims decisions made by ABD project RVSRs and in quality assurance reviews of project claims. In an interview, a local quality reviewer who assesses ABD project RVSR claims decisions indicated that ABD project claims are processed differently and that based on ABD-provided guidance, project

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[38] VA Manual 21-1, "Cardiovascular System Conditions," updated November 15, 2021, sec. V.iii.5, topic 3.c.

[39] VA Manual 21-1, "Cardiovascular System Conditions," topic 3.e.

[40] The guidance was issued in December 2021, however, Compensation Service policy staff confirmed there was no documentation of approval of the ABD leader's proposal that one blood pressure reading within the last year was sufficient to determine predominance until February 2022.
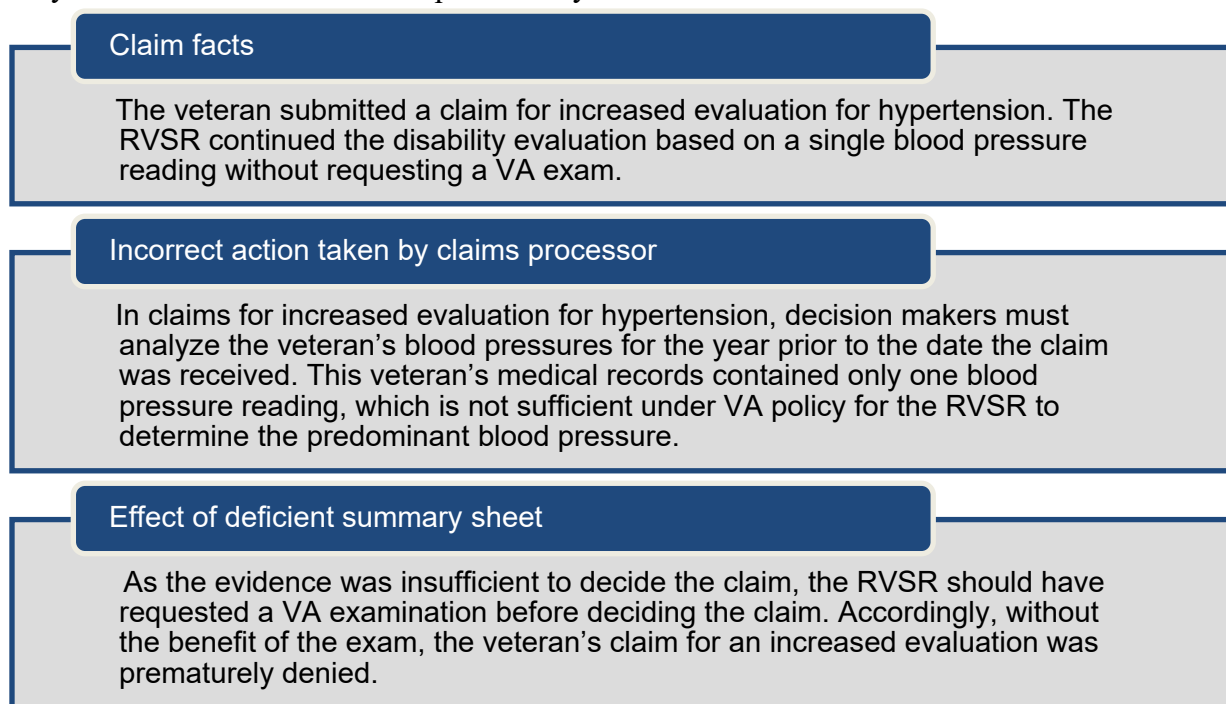
[41] VA Manual 21-1, "Increased Evaluation Claims," historical September 15, 2021, sec. IV.i.1.B, topic 1.g.

[42] VA Manual 21-1, "Increased Evaluation Claims," historical February 9, 2022, sec. IV.i.1.B, topic 1.g.

RVSRs may decide a claim without requesting an exam on evidence showing only one blood pressure reading, while outside of the project this would not happen.

VBA quality assurance staff sometimes reached conflicting conclusions regarding adequate evidence to decide a claim in their reviews of ABD project claims.[43] For example, a VBA national quality reviewer cited an error on a decision for which the RVSR decided a claim with one blood pressure reading without requesting an exam.[44] The reviewer stated that one blood pressure reading was inadequate evidence to decide the claim and an exam should have been requested. However, on another claim with only one blood pressure reading available, a VBA local quality reviewer conducting an internal assessment of ABD claims did not cite an error and determined that relying on one blood pressure reading was adequate evidence to decide the claim without an exam.

Figure 5 is an example from the OIG's sample review where unclear claims processing guidance may have contributed to misinterpretation by the RVSR and to an inaccurate claim decision.

Claim facts

The veteran submitted a claim for increased evaluation for hypertension. The RVSR continued the disability evaluation based on a single blood pressure reading without requesting a VA exam.

Incorrect action taken by claims processor

In claims for increased evaluation for hypertension, decision makers must analyze the veteran's blood pressures for the year prior to the date the claim was received. This veteran's medical records contained only one blood pressure reading, which is not sufficient under VA policy for the RVSR to determine the predominant blood pressure.

Effect of deficient summary sheet

As the evidence was insufficient to decide the claim, the RVSR should have requested a VA examination before deciding the claim. Accordingly, without the benefit of the exam, the veteran's claim for an increased evaluation was prematurely denied.

Figure 5. Unclear claims processing manual guidance contributed to an inaccurate claim decision.[45]

Source: VA OIG claim review analysis.

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[43] Beginning in June 2022, VBA local quality reviewers assigned to the ABD project conducted an internal special-focused review of the project's automated components, including the accuracy of the summary sheet and whether an exam request was warranted.

[44] VA Manual 21-4, "National Quality Reviews," updated November 28, 2016, chap. 3, topic 1.b. STAR (the Systematic Technical Accuracy Review Program) focuses on national quality reviews for regional offices.

[45] At VBA's request (technical comment 12), the OIG changed the language in the second band of the figure from "not sufficient" to "not sufficient under VA policy."

The team found that guidance communicated to ABD project RVSRs and the absence of clear definitions for the two terms— "predominant" and "medical evidence that is otherwise adequate for rating purposes"—contributed to inaccuracies and inconsistencies in project RVSRs' decisions on veterans' claims. In early November 2022, the OIG team met with ABD leaders to discuss errors and deficiencies identified during the claim reviews. At that time, the team found eight of the 30 reviewed claims processed through the ABD project (27 percent) had inaccurate decisions that resulted in veterans receiving improper evaluations or denials for increased evaluations.[46] These critical errors could affect veterans' benefits, and VBA national quality review staff concurred with these errors. ABD leaders told the OIG team they were not aware of the claims decision errors, and they would have to determine whether the errors stemmed from automation or RVSRs not doing what they should.

In mid-November 2022, ABD, in conjunction with the Office of Policy and Oversight, asked VA's Office of General Counsel's (OGC) Benefits Law Group for legal guidance on the risk of using just one blood pressure reading to determine predominance.[47] In a written response dated December 2022, the OGC lawyers stated they saw minimal risk as the RVSR must meticulously review all evidence in the file regardless of what information is on the summary sheet, and the law does not prohibit reliance on one blood pressure reading in evaluating claims for increase. OGC also noted that to the extent VA documents imply that three readings were required to decide a claim for increased evaluation, VA should adjust these documents to maintain consistency.

Compensation Service leaders told the OIG team that their office was not consulted, and the OGC lawyers did not consult a medical professional in formulating their response based on the question presented to them by ABD and the Office of Policy and Oversight.[48] Compensation Service leaders further said it was out of the ordinary not to be included in such a request. Upon being informed of the OGC assessment, the Compensation Service obtained a Veterans Health Administration medical opinion, which stated that one blood pressure reading would not suffice to determine predominance as various factors can influence blood pressure readings.

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[46] The team reviewed a subsequent sample of 30 claims for increased evaluation of hypertension completed through the ABD project from June through September 2022 and found an additional eight errors. This resulted in a total of 16 of 60 errors between the two samples. In February 2023, the OIG team discussed with ABD leaders the overall sample results.

[47] At VBA's request (technical comment 13), the OIG replaced the word "opinion" with "legal guidance" and the phrase "written opinion" with "written response." The OIG acknowledges that the response from OGC was legal guidance, not a precedential opinion.

[48] A memorandum of understanding between the Office of Policy and Oversight, the Compensation Service, and ABD signed February 2022 assigns the Compensation Service the responsibility for obtaining necessary OGC legal guidance pertaining to any policy issue related to the diagnostic code under review. At VBA's request (technical comment 14), the OIG added the words "based on the question presented to them by ABD and the Office of Policy and Oversight" to the end of the sentence.

The Office of Policy and Oversight provided the OIG team with meeting notes showing that in joint strategic planning sessions in early January 2023, ABD, the Compensation Service, and the Office of Policy and Oversight agreed that the programming used to automate searching and compiling evidence for the summary sheet to evaluate hypertension needed to be revised to accurately reflect Compensation Service policy requiring three blood pressure readings to assess a claim for increase.[49] This decision requiring three blood pressure readings was noted to be applicable to all claims processors and must be reflected in all pertinent tools used to ensure that claims for increase are properly considered and addressed. Following the January 2023 meetings and based on policy that three blood pressure readings are required to evaluate hypertension, VBA's national quality review staff completed a review of 35 automated hypertension cases rated using only one blood pressure reading. Based on this review, 27 of the 35 cases (77 percent) required corrective action, indicating guidance provided to ABD project RVSRs affected claims decision accuracy.

The OIG team determined VBA must ensure that any guidance provided to ABD project staff is clear and consistent with existing regulations and that the same guidance is provided to all claims processors. Failure to improve guidance also increases the risk of incorrect claims decisions that affect veterans' compensation benefits. Additionally, the OIG determined that given the requirement identified by OGC for the RVSR to meticulously review all evidence regardless of what information is on the summary sheet, the sheet does not relieve the RVSR's burden of manually reviewing all relevant evidence.

Recommendation 2 addresses the need to communicate clear and consistent guidance to all claims processors to ensure accurate claims decisions.

Oversight Could Be Improved to Better Achieve Program Goals

The team found VBA's automation project struggled to meet the stated goals of supporting accurate decisions while improving claims processing timeliness and reducing manual processes. Insufficient monitoring of summary sheet and claims decision accuracy contributed to persistent deficiencies with ABD project quality assurance.

Quality Assurance Processes Were Insufficient to Identify the Extent of the Issues with the Summary Sheets or Claims Decisions

As previously discussed, the OIG team found significant accuracy, reliability, and consistency issues in both the summary sheets and claims decisions ABD's quality assurance processes

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[49] VBA is programming the automation to reflect policy determinations made in these joint sessions—namely, that Compensation Service policy requires three blood pressure readings. If three blood pressure readings are not on record, an examination is required to assess the claim for increase.

included in an internal review of summary sheet accuracy using existing VBA quality review procedures to assess claims decision accuracy.

In June 2022, ABD implemented internal quality reviews of the summary sheet to determine if it was accurate. The internal reviews included 167 of 183 single-issue hypertension claims processed with automation.[50] Although the OIG team had found summary sheet deficiencies in the sample review of 60 claims, internal reviewers reported 100 percent accuracy. The internal review did not assess claims decision accuracy.

The main reason for the disparity between the OIG and VBA findings was that VBA's two quality assurance programs did not tailor their sampling-based reviews of claims decision accuracy to ABD hypertension claims. The Systematic Technical Accuracy Review program is VBA's national method for measuring the accuracy of compensation claims processing.[51] In addition, VBA's local Quality Review Team focuses on quality reviews for individual regional offices and their employees.[52] Both programs select random samples of claims each month to undergo a quality review.[53] Although it would be possible for ABD project claims to be selected in these samples, the chief of quality sampling and analysis for the Office of Performance Analysis and Integrity indicated that this possibility would be slim based on the low volume of hypertension claims completed through the ABD project. In addition, the chief explained that even if selected, these samples were not designed to capture statistically valid quality assurance information by individual disability. The chief further confirmed that only three of 183 ABD project claims during the review period (2 percent) had received a local or national quality review of the decision, with no errors found. In February 2023, ABD confirmed no further oversight activity had been planned to monitor decision accuracy for ABD project claims other than the potential random selection for local or national quality review.

Based on the error rates identified by the OIG, the team determined there were insufficient monitoring processes in place for ABD project claims to ensure accuracy and reliability of both the summary sheet and the overall accuracy of decisions.

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[50] An internal quality review of the automation component, referred to as the ABD special-focused review (SFR), assessed automation components to include the accuracy of the summary sheet and exam requests. Members of VBA's local Quality Review Team assigned to the ABD project were provided training and were the SFR quality reviewers that documented the results in the Quality Management System (VBA's electronic system for quality reviews.) The SFR included 167 of the total population of 183 single-issue hypertension claims processed with automation during the OIG review period of December 2021 and September 2022.

[51] VA Manual 21-4, "STAR," topic 1.b.

[52] VA Manual 21-4, "Quality Review Team," updated January 26, 2022, chap. 6, topic1.a; VA Manual 21-4, "Primary Duties of the QRT," historical October 9, 2020, chap. 6, topic 2.a; VA Manual 21-4, "Purpose of IQRs," historical October 9, 2020, chap. 6, topic 5.a.

[53] VA Manual 21-4, "Selection Procedures," updated February 10, 2021, chap. 3, topic 2.a and 2.c; VA Manual 21-4, "Purpose of IQRs," topic 5.a.

Monitoring of ABD Project Quality Assurance Was Deficient

Managers should establish and carry out monitoring activities and evaluate the results to make sure safeguards such as rules, procedures, and policies are operating effectively.[54] Adequate monitoring assists in the capture of quality data or information necessary to achieve the organization's objectives.[55] The team found VBA's quality assurance for the summary sheet and decision accuracy was lacking due to insufficient monitoring.

ABD managers indicated they were aware of some of the problems with the summary sheet, such as the inability to search all data sources and missing records. In addition, ABD documentation noted accuracy and reliability issues with the summary sheet as early as January 2022. Although aware of continued summary sheet deficiencies, ABD leaders did not question or validate the reported internal review results of 100 percent accuracy. ABD leaders were unable to explain why the internal reviews did not identify the deficiencies found by the OIG team but speculated that VBA's local quality review staff who were responsible for completing the reviews may not have been best suited to review the accuracy of the summary sheet.

In November 2022, ABD provided an update to the OIG team indicating that the internal review was discontinued, and a contractor would be conducting the reviews going forward.[56] By January 2023, more than a year after the start of the project, the contractor completed reviews of 37 summary sheets and found errors on 100 percent of them. The errors identified were similar to those found by the OIG team. In February 2023 an ABD leader acknowledged that the prior internal review was not as effective as it could have been in identifying summary sheet deficiencies. Because ABD did not question or validate the results of the prior internal review, leaders were unaware of the extent of the summary sheet accuracy issues. Therefore, available quality assurance data were insufficient to evaluate summary sheet accuracy, which is necessary to assess the ABD project's effectiveness in achieving its objective of supporting accurate claims decisions. The OIG team determined VBA needs to evaluate and strengthen monitoring processes.

VBA should ensure that information provided to RVSRs via the summary sheet is accurate and reliable. If RVSRs use incorrect or incomplete automated summaries to decide claims, there is increased risk that veterans may receive an inaccurate decision. If manual searches are still needed because of the summary sheets' unreliability, VBA may continue investing substantial resources in automation without achieving the stated goals of improving the speed, accuracy, and consistency of claims decisions for veterans.

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[54] GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

[55] GAO, *Standards for Internal Control in the Federal Government*.

[56] VBA's electronic quality assurance system confirmed no further internal reviews were completed after November 2022.

Because the ABD project introduced both new policy and procedures to project RVSRs, adequate monitoring was vital to achieving the project goal of providing accurate decisions to veterans. Quality assurance monitoring did not identify decision accuracy errors or resolve issues such as the unclear or inconsistent guidance previously discussed, and no additional quality assurance plans had been implemented as of February 2023. The team found that the insufficient monitoring of decision accuracy resulted in a lack of quality data or metrics available to measure the ABD project's success.

Recommendation 3 is to improve quality assurance processes to ensure the reliability of the summary sheet and accuracy of final decisions.

VBA Performance Metrics on Automation Improvements Were Insufficient

Recognizing the need to establish a repeatable process for implementing automated diagnostic codes, leaders from ABD, the Office of Policy and Oversight, and the Compensation Service created a Claims Processing Automation Integrated Project Team Charter and a memorandum of understanding in February 2022. The charter outlined each office's roles and responsibilities and identified goals for establishing baseline metrics for claims processing timeliness.[57] Despite these efforts, there was a lack of reliability in the assessment and reporting of the project's effectiveness and efficiency, specifically the extent to which automation has reduced the time it takes to process claims.

One of the automation goals in the charter was to improve claims processing timeliness, measured by comparing the baseline for processing a traditional claim with the time for processing an automated claim. The charter did not, however, name an office responsible for analyzing data to provide the comparison. The Office of Performance Analysis and Integrity, responsible for VBA's data analytics, confirmed it had not conducted a specific study regarding the automated process. ABD was able to provide the team with metrics developed in-house. It reported to the team in January 2023 that it had established a baseline of 61.3 days to process a hypertension claim for increased evaluation using the traditional process and 25.1 days to complete using automation.

In August 2022, the deputy chief technology officer from the Office of Information and Technology, working with ABD, stated staff were not yet able to determine the effect automation is having on claims processing as this will take additional time, claim volume, and comparison studies.[58] In September 2022, the chief of quality sampling and analysis involved with the ABD

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[57] Stated charter goals were to improve timeliness for automation-eligible claims and reduce unnecessary examinations, user tasks, and activities needed to decide claims.

[58] The Office of Information and Technology collaborates with other VA business lines by providing information technology tools and services to create the best experience for all veterans.

project could not provide specific numbers regarding claims processing timeliness under the project, but generally observed a reduction in claim completion times compared to traditional processing. The chief acknowledged the observed reduction could be due to these claims being prioritized, which can then be problematic when automation is expanded as once everything becomes a priority, nothing is a priority.

ABD began tracking manual processes related to automated claims processing and reported a 20 percent reduction.[59] The deputy under secretary for ABD indicated results have proven that automation has reduced manual processes by bypassing the VSR. The team acknowledged that bypassing the VSR would generally result in a reduction in manual processes. As a result, the OIG made no recommendation regarding the reduction in manual processes.

Recommendation 4 addresses the need to create or amend metrics to determine the extent to which automation improves claims processing timeliness.

Conclusion

VBA is committed to leveraging automation to increase claims processing timeliness and efficiency while supporting accurate and equitable decisions. The stated purpose of employing technology instead of relying on manual processes is to assist claims processors in making fast, accurate, and consistent claims decisions for veterans. However, the OIG found VBA needs to improve its processes and oversight to achieve those intended outcomes. To be of use to claims processors, VBA must improve the accuracy of the information on the summary sheet and more closely monitor whether decisions on veterans' claims are correct. Clear and consistent guidance must be provided to all claims processors. Offices involved with automation also need to strengthen their metrics to objectively evaluate the effects of automation on claims processing timeliness and accuracy. Failure to do so could result in veterans not receiving the benefits to which they are entitled and VBA investing resources in a process and technology that do not deliver the intended outcomes.

Recommendations 1–4

The OIG recommended that the under secretary for benefits take the following actions:

1. Implement technology improvements and demonstrate progress to ensure the accuracy and completeness of information on the hypertension summary sheet.

2. Implement a process to communicate any change in policy, procedure, or the claims processing manual associated with all automated diagnostic codes between the Office of Automated Benefits Delivery, the Office of Policy and Oversight, the Office of Field

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[59] In January 2023, ABD reported manual processes (transactional automation performance) were first evaluated in September 2022, and a weekly Transactional Touch Dashboard was deployed in November 2022 to increase oversight.

Operations, and Compensation Service to ensure guidance is clear and consistent for all claims processors.

3. Implement an improved quality assurance process and monitor the results to ensure the accuracy of hypertension summary sheets and final decisions.

4. Create or amend metrics to compare the timeliness of claims processing using automation tools versus the traditional process.

VA Management Comments

The under secretary for benefits concurred with recommendations 1 and 2, concurred in part with recommendation 3, and concurred in principle with recommendation 4. VBA detailed actions taken to address all four recommendations and requested that all recommendations be closed. The full text of the actions taken by VBA, except for the attachments, appears in appendix B. A summary of VBA's responses to the recommendations follows:

- **Recommendation 1. Concur.** In December 2022, ABD created the Verify Validate Graduate Plan to provide effective oversight of the automated decision support process and ensure the accuracy of the summary sheets used by VBA claims processors to make decisions on veterans' claims for disability compensation benefits. ABD also partnered with the Compensation Service and the Office of Performance Analysis and Integrity to create a process to review claims decisions completed using automation technology.

- **Recommendation 2. Concur.** In February 2022, ABD, the Office of Policy and Oversight and Compensation Service created a collaborative process to review, assess, and provide feedback on current and prospective claims processing automation. ABD hosts a weekly call to promote expansion of automation efforts via collaboration across involved business lines and groups.

- **Recommendation 3. Concur in part.** While ABD has established rigorous internal controls and quality assurance to assess the accuracy and effectiveness of the automation product, assessment of claim decision accuracy continues to follow established quality assurance measures. VBA is unable to support the OIG's recommendation to link the quality assurance process associated with developing and deploying the hypertension summary sheet with the accuracy of final decisions as there is no direct link (or causation) between claim decision accuracy and decision support technology. VBA will continue to monitor the impact through existing quality assurance programs and processes.

- **Recommendation 4. Concur in principle.** VBA created an Automation Claims Report, which evaluates the timeliness of claims processed using automation tools versus the traditional process and continues to monitor and improve metrics. VBA

acknowledges the number of hypertension claims for increased evaluation processed as part of the proof-of-concept phase at the Boise regional office was extremely low. Even after expanding the program to additional claim types (service connection and presumptive service connection) and additional sites (eight prototype sites and eight pilot sites), the claims still account for less than 8 percent of the total number of hypertension claims processed nationwide.

The under secretary for benefits also provided general comments and 16 technical comments, which the OIG addressed below and throughout the report. These VBA comments are found in full in appendix B.

OIG Response

The actions taken by VBA were generally responsive; however, all recommendations will remain open at this time. The OIG will continue to evaluate VBA's actions and processes associated with the claims automation, as well as the accuracy of veterans' claims processed using automation technology. Regarding recommendation 3 (concur in part), since VBA plans to rely on existing quality assurance processes to assess the impact of decision support technology on claims accuracy, the OIG will monitor VBA's future actions, conclusions, and decisions in this area. The OIG will close the recommendations when satisfied that sufficient progress has been made.

VBA's general comments focused on the technical components of claims automation and ABD's actions taken after the period of this review. The OIG acknowledges that this report represents a snapshot of efforts underway at the time of fieldwork and that VBA has been working steadily to create an infrastructure to support its mission and adequately staff the newly formed ABD office. The OIG team routinely communicated with ABD leaders and staff throughout the course of this review, yet ABD did not provide the OIG with details and supporting documentation for actions taken. The OIG offers the following responses to the under secretary's general comments:

- **VBA general comment:** "During the interim briefing related to this audit, ABD provided the Office of Inspector General (OIG) with a detailed description of the technologies used to scan, identify, extract, and interpret information contained within documents in a Veteran's electronic claim files. VBA also recommended that OIG include a technologist in their audit to evaluate the technology accurately and effectively and to articulate findings in a way that reflects not only the use of new and emerging technologies, but also the benefits and limitations of these technologies."

  OIG response: The objective for this OIG review was to determine whether VBA's Automated Benefits Decision Hypertension Project supported accurate claims decisions and achieved the goals of improving timeliness and reducing manual processes. The team did not assess or evaluate the specific automation technologies,

or their capabilities and limitations. Therefore, the OIG did not need to include a technologist in the review.

- **VBA general comment:** "VBA has encouraged OIG throughout the audit to take into consideration and communicate these technological capabilities and limitations as part of its review of VBA's initial venture into automation. The OIG report as currently drafted is void of any mention of the technologies utilized by VBA, the controlled environment, or the factors contributing to the deficiencies identified in the findings. Without the acknowledgement and understanding of VBA's use and iterative refinement of these technologies, the report lacks the context necessary to effectively evaluate the automation process and the technological advancements intended to improve benefits delivery for Veterans and improve the efficiency of claims processing. The report also does not take into account VBA's Verify, Validate, Graduate model implemented to ensure checks and balances at each phase of the development. At the time of the review, OIG was reviewing cases in the very early stages of the verify phase. Completion of prototyping and a pilot phase had not yet been complete, and technology was still being developed and enhanced."

OIG response: As previously stated, the objective for this OIG review was not to evaluate the capabilities and known limitations of specific automation technologies deployed by ABD, but to determine if the resulting product was accurate and reliable for use to "support accurate claims decisions." Generated summary sheets were found to be inaccurate and unreliable and did not lessen the burden of the claims processor to manually review all potentially relevant evidence. Therefore, the OIG determined that the automation process could be improved to better support claims processors in making prompt and accurate claims decisions. The scope of this review was claims for increased evaluation for service-connected hypertension completed through the ABD project between December 2021 and September 2022. Although ABD began processing veterans' claims through the ABD project in December 2021, an established process to assess the decision accuracy of these veterans' claims was not in place during the proof-of-concept and prototype stages, as the Verify, Validate, Graduate model was not finalized until December 2022. Because this plan was not in place during the OIG's review period, it was not a focus of the report. The OIG reviewed the quality assurance plans related to decision accuracy that ABD provided as part of the assessment (not specifically referred to as Verify, Validate, Graduate) and found the process did not change ABD's reliance on existing VBA quality assurance procedures which were determined to be inadequate as noted in the report. In addition, the OIG noted in the report that ABD shifted responsibility for quality assurance for the summary sheet to a contractor that identified similar deficiencies.

- **VBA general comment:** "While OIG's findings include mention of ABD's establishment, it does not include context related to the logistics of establishing a new office, to include recruitment of staff, developing processes and procedures, and establishing roles and responsibilities with various VBA stakeholders who have equity in the disability claims process."

  OIG response: As previously stated, the objective for this OIG review was to determine whether VBA's Automated Benefits Decision Hypertension Project supported accurate claims decisions and achieved the goals of improving timeliness and reducing manual processes. The team did not evaluate the logistical aspects of the establishment of the ABD office. The OIG found veterans' claims were processed through the automation project without sufficient internal controls. Therefore, during the scope of its review, the OIG determined the automation process could be improved to better support claims processors in making prompt, accurate, and consistent claims decisions for veterans.

- **VBA general comment:** "As an example, the guidance ABD provided to the Boise [regional office] regarding the appropriate number of blood pressure readings was based on interpretation of the regulation that was later confirmed by VBA's Compensation Service within the [Diagnostic Code Intake Review] and an Office of General Counsel opinion. The [Diagnostic Code Intake Review] is a document ABD prepares that captures policy and procedural requirements that is submitted to the Office of Policy and Oversight and Compensation Service for their confirmation and concurrence. As part of the audit, OIG shared findings regarding the inconsistent interpretation of this regulation. This resulted in multiple meetings with affected stakeholders to resolve the discrepancies. This also led ABD to refine its collaboration with the Office of Policy and Oversight and Compensation Service to avoid similar issues. Contextually, it is important to capture the efforts made across VBA to ensure automation is in alignment with claims processing policies in response to these lessons learned."

  OIG response: The OIG acknowledged in the report the joint strategic planning sessions between the Compensation Service, ABD, and the Office of Policy and Oversight, which resulted in revised policy regarding the required number of blood pressure readings to evaluate an increase claim for hypertension.

- **VBA general comment:** "This report provides a snapshot in time but fails to include the context of a newly formed office taking the required steps to create an infrastructure to support its mission."

  OIG response: The OIG acknowledges that this report represents a snapshot of efforts underway at the time of fieldwork and that VBA has been working steadily to create an infrastructure to support its mission and adequately staff the newly

formed ABD office. As part of its mission to provide meaningful independent oversight, the OIG will continue to assess VBA's actions and processes associated with claims automation, as well as the accuracy of veterans' claims processed using automation technology.

In response to the 16 technical comments, the OIG made language changes as appropriate when additional support was provided. In some instances, the OIG deemed no change to the report language was necessary.

The OIG offers the following responses to the under secretary's technical comments:

- **VBA technical comment 1:** Page i, paragraph 2, 4th sentence: "VBA chose hypertension for the ABD project because it contained objective evaluation criteria and was expected to be a disability covered by the PACT Act."

  VBA Comment: "VBA requests OIG strike the phrase: '… and was expected to be a disability covered by the PACT Act' from this sentence. In the third quarter of FY 2021, VBA identified claims for increased evaluation in service-connected hypertension as the initial claim type based on the objective blood pressure reading criteria contained in the VA Schedule of Rating Disabilities. VBA was unaware this disability would be included in the PACT Act, which was signed into law on August 10, 2022, eight months after the proof-of-concept process was initiated. Additionally, the PACT Act focuses on presumptive claims for service-connection rather than claims for increased evaluation in a previously established service-connected condition."

  OIG response: The OIG was told in interviews that hypertension was chosen because of its objective criteria and the likelihood that it would be included in the PACT Act. However, as requested by VBA, the phrase "and was expected to be a disability covered by the PACT Act" has been removed from this sentence. This change was not substantive and did not affect the OIG's conclusion that VBA needs to make improvements to the hypertension ABD project to ensure veterans receive accurate claims decisions.

- **VBA technical comment 2:** Page 1, paragraph 2, 4th sentence: "The OIG team learned hypertension was chosen as the first disability for the project to focus on because it had objective evaluation criteria and was expected to be a disability covered by the PACT Act."

  VBA Comment: "Similarly to the comment above, VBA requests OIG strike the phrase '… and was expected to be a disability covered by the PACT Act' from this sentence."

OIG response: As in response to VBA technical comment 1, the requested phrase, "and was expected to be a disability covered by the PACT Act" has been removed from this sentence.

- **VBA technical comment 3:** Page ii, paragraph 2, 1st and 2nd sentences: "The team determined that deficiencies in summary sheets were primarily caused by technological issues. Automation failed to recognize duplicate evidence, identified false evidence, and missed relevant information."

  VBA Comment: "VBA requests OIG strike the first sentence and replace it with the following revision: 'The team acknowledged limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents.'"

  OIG response: The OIG used the term "technological issues" to describe the limitations observed with the technology associated with the automation project. The report discussed limitations of the technology and what those limitations mean for veterans whose claims are being processed using automation technology. ABD has the responsibility to identify the specific limitations with the automation technology and should make improvements to ensure veterans receive accurate claims decisions. Therefore, the OIG determined no change in report wording was necessary.

- **VBA technical comment 4:** Page 6, paragraph 1, 2nd and 3rd sentences: "In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified inaccurate and unreliable summary sheets associated with claims processed through the ABD project. The summary sheet is intended as a decision support tool to identify and summarize evidence from the veteran's electronic claims folder to assist RVSRs in deciding the benefit claim."

  VBA Comment: "VBA requests OIG strike the sentence 'In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified inaccurate and unreliable summary sheets associated with claims processed through the ABD project.' and replace it with the following revision: 'In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents for inclusion on the summary sheets associated with claims processed through the ABD project.'"

  OIG response: The report accurately presents the OIG findings in both the number and type of summary sheet deficiencies. Moreover, it emphasizes the overall lack of

comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim. Therefore, the OIG determined no change in report wording was necessary.

- **VBA technical comment 5:** Page 6, paragraph 2, 1st, 2nd, and 3rd sentences: "Based on its sample of claims processed through the ABD project from December 2021 through September 2022, the team determined 37 percent of the initial sample (11 of 30 claims) and 57 percent (17 of 30 claims) of the subsequent sample summary sheets were deficient. Summary sheet deficiencies included failure to identify all relevant hypertension readings and current medications prescribed for hypertension, inaccurate blood pressure readings and dates, and a lack of context for system-identified hypertension readings, such as those taken during a time of distress or post operation. Overall, the summary sheets the team reviewed did not contain comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim."

  VBA Comment: "VBA requests OIG strike the above three sentences and replace them with the following revision: 'Based on its sample of claims processed through the ABD project from December 2021 through September 2022, the team determined 37 percent of the initial sample (11 of 30 claims) and 57 percent (17 of 30 claims) of the subsequent sample summary sheets demonstrated limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents. Limitations included failure to identify all relevant hypertension readings and current medications prescribed for hypertension, inaccurate blood pressure readings and dates, and a lack of context for system-identified hypertension readings, such as those taken during a time of distress or post operation. Overall, the summary sheets the team reviewed provided some of the pertinent information necessary for an RVSR to make an accurate decision on a veteran's claim; however, the RVSR's expertise in reviewing all applicable evidence is still required to ensure decision accuracy.'"

  OIG response: As stated in response to VBA technical comment 4, the report accurately presents the OIG findings in both the number and type of summary sheet deficiencies. Moreover, it emphasizes the overall lack of comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim. Therefore, the OIG determined no change in report wording was necessary.

- **VBA technical comment 6:** Page iii, paragraph 2, 1st sentence: "The team determined the inaccurate and inconsistent claims decisions were primarily caused by guidance ABD issued to RVSRs who worked on the project that changed the

definition of predominant blood pressure and what constitutes adequate medical evidence."

VBA Comment: "VBA requests OIG strike the phrase: '… that changed the definition of predominant blood pressure' from this sentence. The email that OIG is referencing does not instruct prototyping station RVSRs to change the way they are applying regulatory requirements specific to determining predominant blood pressure readings in evaluating the current severity of service-connected hypertension disabilities. Instead, the guidance informed Boise [regional office] management that VA's Schedule for Rating Disabilities (VASRD) does not provide a prescribed number of blood pressure readings that must be available to properly adjudicate claims for increased evaluation of service-connected hypertension. This guidance was supported by a risk assessment provided by the Office of General Counsel (OGC) Benefits Law Group when it confirmed that the law does not prohibit reliance on one blood pressure reading in evaluating claims for increased evaluation in hypertension. See also Gill v. Shinseki, 26 Vet. App. 386, 391 (2013), aff'd sub nom. Gill v. McDonald, 589 F. App'x 535 (Fed. Cir. 2015). Utilization of one pressure reading, if only one blood pressure reading is present in the evidence of record for the potential effective date period of the claim, was also approved by Compensation Service in February 2022, as documented on the Diagnostic Code Impact and Implementation Assessment that was provided to the OIG Audit Team."

OIG response: ABD project quality staff and RVSRs were told through email that one blood pressure reading was sufficient to establish the predominant blood pressure and evaluate the severity of service-connected hypertension if it was consistent with other evidence and there was no indication that the blood pressure reading was taken during a period of distress. As discussed in the report, this information varied from the VBA claims processing manual requirements for a disability examination without an explanation or justification as to why one reading was sufficient. However, the OIG agrees the rating schedule itself does not specify the number of readings required to determine the predominant blood pressure for increased evaluation claims. Therefore, the OIG replaced the phrase "changed the definition of" in the report with "that varied from VBA claims processing manual guidance."

- **VBA technical comment 7:** Page ii paragraph 1: "The summary sheet also includes a note stating that, because the system does not check all sources of potentially relevant medical information, the rating veterans service representative (RVSR) is responsible for manually reviewing all evidence to accurately decide the claim."

VBA Comment: "The OIG report unfairly characterizes the summary document note. The note in the summary document states: 'Please consider the potential for

unreviewed evidence contained in the documents listed in the Relevant Documents Unavailable for Automated Review table found at the end of this summary, as well as the totality of the Veteran's record.' VBA requests the entire note be included in the report."

OIG response: Footnote 7 on page ii of the report includes the full summary sheet disclaimer note, "This summary does not check all sources of medical information for Veterans that are necessary for you to rate this claim accurately. You will need to check these sources manually to gather all available evidence." Therefore, the OIG determined no change in report wording was necessary.

- **VBA technical comment 8:** Page iv, paragraph 2, 5th sentence: "In February 2023, ABD confirmed there was no further oversight activity planned specifically for the decision accuracy of ABD project claims other than the potential random selection for local or national quality reviews."

  VBA Comment: "VBA requests OIG replace this sentence with the following: 'In February 2023, ABD provided OIG extensive details about their Verify, Validate, and Graduate Plan that described the rigorous approach ABD was undertaking to provide effective oversight of the automation project and ensure the accuracy of the claim decision.' A copy of this plan has previously been provided to OIG."

  OIG response: While the OIG was provided a copy of the Verify, Validate, and Graduate Plan in February 2023, the document was reviewed and found to still rely on VBA's existing quality review procedures to assess the accuracy of ABD project claims decisions. Additionally, according to VBA's chief of quality sampling and analysis for the Office of Performance Analysis and Integrity, these procedures were not designed to capture quality assurance information by individual disability. Lastly, after receipt of the Verify, Validate, and Graduate Plan, a VBA leader confirmed that no further oversight activity was planned specifically for the decision accuracy of ABD project claims other than existing quality review procedures. Therefore, the OIG determined no change in report wording was necessary.

- **VBA technical comment 9:** Page 17, paragraph 2, 8th sentence: "In February 2023, ABD confirmed no further oversight activity had been planned to monitor decision accuracy for ABD project claims other than the potential random selection for local or national quality review."

  VBA Comment: "VBA requests similar edits to this sentence as in the comment above."

  OIG response: Consistent with the OIG response to VBA technical comment 8, no change in report wording was necessary.

- **VBA technical comment 10:** Page 6, paragraph 2, 3rd sentence: "Overall, the summary sheets the team reviewed did not contain comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim."

  VBA Comment: "VBA requests OIG replace this sentence with the following: 'Since the summary sheets did not contain comprehensive blood pressure reading information, RVSRs remain responsible for manually searching and reviewing all relevant evidence to make an accurate decision on a veteran's claim.'"

  OIG response: The OIG made the requested change to the report language. This change was not substantive and did not affect the OIG's conclusion that VBA needs to make improvements to the hypertension ABD project to ensure veterans receive accurate claims decisions.

- **VBA technical comment 11:** Page 4, figure 2

  VBA Comment: "Under Office of Automated Benefits Delivery there should be a connector for the Office of Business Integration (OBI)."

  OIG response: Figure 2 was designed to serve as a high-level overview of VBA's organizational chart of the offices involved in automated benefits delivery, and OBI was not specifically discussed in the report. Therefore, the OIG determined that no change to the report figure was necessary.

- **VBA technical comment 12:** Page 14, figure 5, second bubble, second sentence: "This veteran's medical records contained only one blood pressure reading, which is not sufficient to determine the predominant blood pressure for the veteran."

  VBA Comment: "Though it is VBA's policy to require three readings, OGC has advised that the law does not prohibit reliance on one reading for increased rating claims. So VBA requests OIG replace the term 'not sufficient' with 'not sufficient under VA policy'".

  OIG response: Though it is VBA's policy to require three readings, OGC has advised that the law does not prohibit reliance on one reading for increased rating claims. Therefore, the OIG changed the wording in the report to replace the term "not sufficient" with "not sufficient under VA policy."

- **VBA technical comment 13:** Page 15, second paragraph, 1st and 2nd sentences:

  OGC Comment: "OGC requests OIG replace the terms 'an opinion' and 'a written opinion' with 'legal guidance', because OGC's guidance was not issued as a precedential opinion."

OIG response: The report notes that the OGC's Benefits Law Group was asked for an opinion on the risk of using just one blood pressure reading to determine predominance. The OIG understands that the response received from OGC was legal guidance versus a precedential opinion. Therefore, the OIG replaced the word "opinion" with "legal guidance" and the phrase "written opinion" with "written response."

- **VBA technical comment 14:** Page 15, third paragraph, 1st and 2nd sentences: "Compensation Service leaders told the OIG team that their office was not consulted, and the OGC did not consult a medical professional in formulating their response. Compensation Service leaders further said it was out of the ordinary not to be included in such a request."

  OGC Comment: "The first sentence implies that OGC should have consulted a medical professional to discern the parameters of governing legal authorities. There would be nothing inappropriate about OGC consulting a medical professional in an appropriate case. This would most typically be necessary in the context of revising a governing text, or resolving a complex case when applicable law provides insufficient clarity or guidance. Neither was the case here; ascertaining current law did not require consulting a medical professional. OGC's duty was to provide legal guidance, not medical guidance, and OGC was merely conveying what a federal court had already held in Gill v. Shinseki, 26 Vet. App. 386, 391 (2013), aff'd sub nom. Gill v. McDonald, 589 F. App'x 535 (Fed. Cir. 2015). That point made, OGC recognizes that OIG's objective in these sentences may be limited to establishing that no medical expert was consulted at this point in the fact pattern. Accordingly, OGC requests OIG replace these two sentences with the following (with the text of the footnote being unchanged): 'Compensation Service leaders told the OIG team that their office was not consulted. Compensation Service leaders further said it was out of the ordinary not to be included in such a request. Because OGC correctly judged that accurately ascertaining and advising on current law did not require the exercise of medical judgment or application of medical knowledge in this case, OGC did not consult a medical professional in formulating their response, instead relying on current law and court precedent.'"

  OIG response: The report notes that the OGC did not consult a medical professional in formulating their response. The OIG understands this was based on the context of the question asked. An OGC official interviewed stated that if the question had been whether one blood pressure reading was sufficient to determine predominance in evaluating the severity level of hypertension, the medical group would have been consulted. Therefore, the OIG added the words "based on question

presented to them by ABD and the Office of Policy and Oversight" to the end of the first sentence.

- **VBA technical comment 15:** Page 18, second paragraph, last sentence: "ABD leaders were unable to explain why the internal reviews did not identify the deficiencies found by the OIG team but speculated that VBA's local quality review staff who were responsible for completing the reviews my not have been best suited to review the accuracy of the summary sheet."

  VBA Comment: "VBA requests OIG strike the phrase: '…but speculated that VBA's local quality review staff who were responsible for completing the reviews my not have been best suited to review the accuracy of the summary sheet' from this sentence. This statement is included out of context and implies that field employees did not do a good job. The interim quality plan was designed as a temporary measure to provide some quality assurance within ABD's resource constraints. Field employees are subject to production and quality expectations, which is not mentioned in the report. Additionally, field employees did identify deficiencies which were referred to ABD for investigation; however, at that time, deficiencies were reviewed only to determine if the automation logic was technically faulty. Because noted deficiencies were not the result of faulty automation logic, ABD reported 100% accuracy. This statement also implies that this speculation led to ABD's decision to no longer rely on local quality review staff, which is incorrect. At the time of the interim brief, ABD had already identified the need for an [Independent Verification & Validation] vendor and Quality Control team that replaced the interim quality plan."

  OIG response: The sentence is accurate as worded in the report based on interviews and briefings with VBA leaders. Therefore, the OIG determined no change in the report wording was necessary.

- **VBA technical comment 16:** Page 19, paragraph 3, 4th sentence: "ABD was able to provide the team with metrics developed in-house."

  VBA Comment: "VBA requests to strike this sentence and replace with the following text: 'ABD in partnership with the Office of Performance Analysis & Integrity, created a Tableau dashboard to monitor and evaluate the automation program. This dashboard enabled trend analysis of hypertension claims processed through the automation program compared to hypertension claims not processed through automation. ABD regularly analyzes timeliness and inventory management metrics to understand program efficiencies over time. Specific performance metrics tracked on this dashboard include total claim inventory, average days pending (ADP) of VBA current inventory, as well as the average days to complete (ADC)

these claims.' This revised text more accurately reflects the information that was provided to OIG on November 22, 2022."

OIG response: While the Office of Performance Analysis and Integrity and ABD may have partnered on the creation of the Tableau report, that does not change the report discussion regarding the establishment of a baseline measurement to compare the timeliness of traditional claim processing versus automation. Therefore, the OIG determined no change in the report wording was necessary.

Appendix A: Scope and Methodology

Scope

The team conducted its work from August 2022 through June 2023. The review included 97 single-issue hypertension claims for increased evaluation completed from December 2021 to May 2022, and an additional 86 single-issue hypertension claims for increased evaluation from June through September 2022. The overall scope of review included a total of 183 claims from December 2021 (start of the Automated Benefits Delivery (ABD) project) to September 2022 (end of fiscal year 2022).

Methodology

To accomplish the review objectives, the team considered applicable laws, regulations, policies, procedures, and guidelines related to the Hypertension Rapid Decision Project. The team also interviewed Veterans Benefits Administration (VBA) central office and Boise regional office managers and staff associated with the ABD project.

The VBA claims processing manual references cited in this report were in effect during the review period, some of which may since have been revised by VA.

Sampling Design

As previously stated, the team selected two simple random samples to review from the list of 183 completed single-issue hypertension claims received from ABD:

- **Initial Sample**: Single-issue hypertension claims for increased evaluation completed by the ABD project from December 1, 2021, through May 1, 2022 (30 claims).

- **Subsequent Sample**: Single-issue hypertension claims for increased evaluation completed by the ABD project from June 1 through September 30, 2022 (30 claims).

Internal Controls

The VA Office of Inspector General (OIG) team assessed VBA's internal controls significant to the objective. This included an assessment of the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.[60] The team reviewed the principles of internal controls as associated with the

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[60] GAO, *Standards for Internal Control in the Federal Government*.

objective. The team identified the following two components and four principles as significant to the objective.[61]

- Component: Information and Communication

  - Principle 13: Management should use quality information to achieve the entity's objectives.

  - Principle 14: Management should internally communicate the necessary quality information to achieve the entity's objectives.

- Component: Monitoring

  - Principle 16: Management should establish and operate monitoring activities to monitor the internal control system and evaluate the results.

  - Principle 17: Management should remediate identified internal control deficiencies on a timely basis.

The team identified internal control weaknesses during this review and proposed recommendations to address control deficiencies found in the components and principles listed above.

Fraud Assessment

The 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 completing the Fraud Indicators and Assessment Checklist.

The OIG did not identify any instances of fraud or potential fraud during this audit.

Data Reliability

The OIG team relied upon computer-processed data from the Veterans Benefits Management System, which the team validated by comparing automation sample data to VBA file numbers, beneficiary names, claim dates, and claim types. These comparisons were used to identify any discrepancies. Testing of the data disclosed that they were sufficiently reliable for the review objectives. Comparison of the data with information contained in the Veterans Benefits Management System electronic claims folders did not disclose any problems with data reliability, and the OIG team did not find any discrepancies in the fields in any of the data sets.

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[61] Since the review was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this review.

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.*[62]

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[62] Council of the Inspectors General on Integrity and Efficiency (CIGIE), *Quality Standards for Inspection and Evaluation*, December 2020.

Appendix B: VA Management Comments

Date: August 18, 2023

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report –Improvements Needed for VBA's Claims Automation Project [Project No. 2022-02936-AE-0117] – [VIEWS 10546043]

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

1. Attached is VBA's response to the OIG Draft Report: Improvements Needed for VBA's Claims Automation Project.

The OIG removed point of contact information prior to publication.

(Original signed by)

Joshua Jacobs

Attachments

Attachment

Veterans Benefits Administration (VBA)

Comments on OIG Draft Report

Improvements Needed for VBA's Claims Automation Project

[Project No. 2022-02936-AE-0117]

The Veterans Benefits Administration (VBA) provides the following general comments:

Automated decision support offers VBA the ability to process claims more quickly, reduce the time claims processors spend on administrative tasks, and provide more consistent claims decisions. To explore and develop automation technology and provide oversight on the effectiveness of its new automation process, VBA established the Office of Automated Benefits Delivery (ABD) in October 2021. As part of VBA's People, Process, Technology framework, ABD focuses on VBA's digital transformation strategy providing innovative solutions to leverage automation and maximize efficiencies.

In early fiscal year (FY) 2021, ABD explored the idea of creating a system generated tool which would scan all the documents contained in Veterans' electronic claims folders (eFolder) as well as their Veteran Health Administration (VHA) medical records; it would summarize all the information related to a specific disability in a clear and concise format. ABD's vision for this process known as Automated Decision Support (ADS) is to reduce the time claims processors spend on administrative tasks including sifting through potentially thousands of pages of records to identify evidence in support of a Veteran's claim for benefits. In December 2021, ABD took the first step of making this concept a reality by initiating proof-of-concept testing at the Boise Regional Office (RO). Proof-of-concept is the initial stage where the feasibility of the technology concept is tested. The goal is to create a working prototype of automation capability that proves the feasibility and advisability of the concept and how it could work in real-world setting.

To ensure the proof-of-concept accurately captured the intended functionality and provided a minimum level of performance in a real-world setting, ABD established a controlled testing environment at the Boise RO limiting the deployment of the Automated Review Summary Document (ARSD) to only a select number of claims processors. Additionally, ABD restricted the claim type eligible for automation to only claims for increased evaluation in service-connected hypertension. ABD selected hypertension because the VA Schedule of Rating Disabilities (VASRD) contains clear and objective criteria to evaluate this condition using the Veteran's diastolic and systolic blood pressure readings as well as the need for continuous medication for control.

While the proof-of-concept testing performed in December 2021 was successful in identifying pertinent evidence and reducing the time needed to complete a claim for increased evaluation of service-connected disability hypertension, ABD quickly realized that the technology had limitations. ABD identified multiple limitations with ADS accessing various data sources as well as inherent limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents. Therefore, ABD concluded that VA's automation technology would not be able to generate a summary review sheet that would capture all required data. For that reason, the purpose of the ARSD evolved from its original intent as an all-encompassing summary of the data needed to decide a claim to a tool that would assist Rating Veterans Service Representatives (RVSRs) in locating as much of the pertinent evidence as current technology was able to provide. While not an all-encompassing summary, ARSD still provides value as a foundation for a decision maker's file review.

During the interim briefing related to this audit, ABD provided the Office of Inspector General (OIG) with a detailed description of the technologies used to scan, identify, extract, and interpret information contained within documents in a Veteran's electronic claim files. VBA also recommended that OIG include a technologist in their audit to evaluate the technology accurately and effectively and to articulate findings in a way that reflects not only the use of new and emerging technologies, but also the benefits and limitations of these technologies.

NLP models are widely used to identify and extract information from both typed and handwritten documents. These models employ a combination of techniques, including OCR for handwritten text, pattern recognition, and linguistic analysis to process and understand the textual content of documents.

NLP models are used by VBA's automation process to enable information extraction from typed and handwritten documents to assist claims processors in searching through hundreds, sometimes thousands, of pages of documents while adjudicating claims. This technology has been widely adopted by both industry and government to reduce administrative burden for employees. These models include the following capabilities:

1. OCR: For handwritten documents, OCR technology is employed to convert handwritten text into machine-readable characters. OCR algorithms analyze the shape, structure, and strokes of handwritten characters to recognize and transcribe them into digital text.

2. Text Extraction: Once the document is digitized, NLP models are used to identify and extract relevant information. This involves techniques like named entity recognition, which identifies and categorizes entities such as names, dates, locations, and organizations in the text.

3. Information Classification: NLP models can also be used to classify and categorize the extracted information. For example, a model can determine whether a given text refers to a person's name, a product, a date, or any other predefined category.

4. Relationship Extraction: NLP models can identify relationships between different entities mentioned in the document. By analyzing the context and linguistic patterns, the models can infer connections between people, organizations, events, or any other relevant information.

5. Semantic Analysis: NLP models go beyond surface-level information extraction and attempt to understand the meaning and intent behind the text.

NLP models include sentiment analysis, opinion mining, and other techniques to discern subjective aspects of the document. While NLP models have made significant advancements in information extraction, there are still limitations and challenges in accurately identifying all information. Some potential limitations include:

1. Handwriting Variation: Handwriting can vary significantly across individuals, making it challenging to achieve high accuracy in OCR. Factors such as legibility, unusual writing styles, and poor document quality can affect the model's ability to recognize and transcribe handwritten text accurately.

2. Complex Document Structures: Some documents have complex structures like tables, forms, or diagrams, which pose challenges for NLP models. Extracting information from such structures and maintaining the contextual relationship between elements can be difficult.

3. Ambiguity and Contextual Understanding: Language can be inherently ambiguous, and the meaning of a text can depend heavily on the surrounding context. NLP models may struggle to accurately disambiguate certain words or phrases, especially when there is limited contextual information available.

4. <u>Out-of-Vocabulary Words</u>: NLP models are typically trained on large corpora of text, but they may encounter words or phrases that are not present in their training data. These out-of-vocabulary words can pose difficulties in accurately identifying information.

5. <u>Domain-specific Language and Jargon</u>: Documents from specialized domains often contain industry-specific terminology and jargon that may not be present in general language models. This can result in lower accuracy when extracting information from domain-specific documents.

Despite these limitations, ongoing research and advancements in NLP techniques, coupled with improvements in OCR technology, are continually evolving effective information extraction from both typed and handwritten documents. VBA has encouraged OIG throughout the audit to take into consideration and communicate these technological capabilities and limitations as part of its review of VBA's initial venture into automation. The OIG report as currently drafted is void of any mention of the technologies utilized by VBA, the controlled environment, or the factors contributing to the deficiencies identified in the findings. Without the acknowledgement and understanding of VBA's use and iterative refinement of these technologies, the report lacks the context necessary to effectively evaluate the automation process and the technological advancements intended to improve benefits delivery for Veterans and improve the efficiency of claims processing. The report also does not take into account VBA's Verify, Validate, Graduate model implemented to ensure checks and balances at each phase of the development. At the time of the review, OIG was reviewing cases in the very early stages of the verify phase. Completion of prototyping and a pilot phase had not yet been complete, and technology was still being developed and enhanced.

Additionally, because processing disability claims is a complex process which requires human discretion, it is important to recognize that automation, to include the generation of the ARSD, **is not intended nor is it being used to replace the skill and expertise of VBA's employees**.

<u>ABD Formation</u>

ABD was established as VBA's third Deputy Under Secretary-led office in October 2021. OIG launched this proactive study on ADS for Hypertension claims for increase within months of ABD's establishment and at the initial proof-of-concept phase of ADS development. While OIG's findings include mention of ABD's establishment, it does not include context related to the logistics of establishing a new office, to include recruitment of staff, developing processes and procedures, and establishing roles and responsibilities with various VBA stakeholders who have equity in the disability claims process.

As proof-of-concept exploration started, ABD was actively recruiting qualified candidates to fill its 43 positions to support VBA modernization efforts. As lessons were learned, ABD identified the need for additional staffing devoted to quality assurance, which resulted in a change to ABD's organization chart in June 2022. ABD became fully staffed in October 2022, which has significantly improved its ability to operationalize continuous process improvements.

In addition to recruitment, ABD was developing process and procedures necessary to ensure ADS functionality achieved its goals. Foremost, ABD worked diligently with stakeholders who have equity in the disability claims process, to include VBA's Office of Policy and Oversight (OPO), Compensation Service (CS), the Office of Field Operations (OFO), and VA's Office of Information Technology (OIT). Lessons learned during proof-of-concept and prototyping identified numerous opportunities for improvement in ABD's collaboration with partner staffs, specifically the need to clarify roles and responsibilities, document policy and procedural interpretations to confirm consistent and correct implementation, quality assurance, strategic communications and change management. During this proactive study, ABD partnered with internal and external parties to fill these gaps via charters, integrated

project teams, Diagnostic Code Intake Review (DCIR) concurrence documents, and procurement of contract support for strategic communications, data and process optimization, and independent verification and validation of the ADS product.

As an example, the guidance ABD provided to the Boise RO regarding the appropriate number of blood pressure readings was based on interpretation of the regulation that was later confirmed by VBA's Compensation Service within the DCIR and an Office of General Counsel opinion. The DCIR is a document ABD prepares that captures policy and procedural requirements that is submitted to the Office of Policy and Oversight and Compensation Service for their confirmation and concurrence. As part of the audit, OIG shared findings regarding the inconsistent interpretation of this regulation. This resulted in multiple meetings with affected stakeholders to resolve the discrepancies. This also led ABD to refine its collaboration with the Office of Policy and Oversight and Compensation Service to avoid similar issues. Contextually, it is important to capture the efforts made across VBA to ensure automation is in alignment with claims processing policies in response to these lessons learned.

This report provides a snapshot in time but fails to include the context of a newly formed office taking the required steps to create an infrastructure to support its mission.

Quality Assurance Interim Plan

Despite existing quality assurance protocols to ensure accuracy of ADS technical development, by April 2022, ABD recognized the need for quality assurance support for ADS beyond that provided by product developers and that which traditional VBA quality assurance could provide. That month, ABD began to procure an Independent Verification & Validation (IV&V) contract to support quality assurance efforts. Additionally, in May 2022, an Interim Quality Plan was drafted and reviews (referred to in the report as "internal reviews") began. As the title reflects, the Interim Quality Plan was a temporary risk mitigation to address quality assurance with the limited resources available to ABD at the time the office was being established.

In June 2022, ABD updated its organization chart to add dedicated quality assurance staff and immediately began the process to classify, advertise, and recruit for those positions. The IV&V contract was awarded September 29, 2022, and the Quality Control team reported in October 2022. At that point, the Interim Quality Plan was discontinued and replaced with the Quality Control team.

The Interim Plan relied on regional office Quality Review Team employees to assess automation claims. Deficiencies noted were referred to ABD for investigation; however, at that time, deficiencies were reviewed only to determine if the automation logic was technically faulty. Because noted deficiencies were not the result of faulty automation logic, ABD reported 100% accuracy. It is important to note, ABD's newly established Quality Control team was tasked to take a wider quality assurance approach to ADS. The Quality Control team worked closely with ABD's IV&V vendor to develop an independent assessment of automation logic functionality and user feedback. It also introduced a review to confirm the automation outcome complied with claims processing policy and procedures. In December 2022, the Quality Control Team began a validation assessment on claims for increased disability evaluations for hypertension, at which time both the IV&V vendor and Quality Assurance staff noted similar deficiencies as OIG. VBA began validation assessment reviews for increased evaluations for hypertension in December 2022 with findings reported in January 2023.

The validation plan developed by ABD's Quality Control team was finalized and signed in December 2022. This plan was designed to and did improve internal controls. This led to improved oversight and multiple product defect fixes that resulted from the Quality Control team's initial findings.

Conclusion

To effectively deliver the care and benefits Veterans have earned, VBA must continue modernizing and expanding its business processes and technology, as well as continue improving communications with Veterans, family members, and survivors. While VBA has and will continue to hire more people to process claims, adding more personnel is only one facet of the solution. ABD is working to equip our new and existing employees with tools that enhance productivity, quality, efficiency and expedite the delivery of benefits for Veterans, families, and survivors. We look forward to partnering with OIG to ensure our automation process enables and empowers VA employees to delivery world-class, proactive service to Veterans in ways that have never been possible before.

VBA provides the following technical comments:

[Technical comment 1] Page i, paragraph 2, 4th sentence:

"VBA chose hypertension for the ABD project because it contained objective evaluation criteria and was expected to be a disability covered by the PACT Act."

VBA Comment: VBA requests OIG strike the phrase: "… and was expected to be a disability covered by the PACT Act" from this sentence. In the third quarter of FY 2021, VBA identified claims for increased evaluation in service-connected hypertension as the initial claim type based on the objective blood pressure reading criteria contained in the VA Schedule of Rating Disabilities. VBA was unaware this disability would be included in the PACT Act, which was signed into law on August 10, 2022, eight months after the proof-of-concept process was initiated. Additionally, the PACT Act focuses on presumptive claims for service-connection rather than claims for increased evaluation in a previously established service-connected condition.

[Technical comment 2] Page 1, paragraph 2, 4th sentence:

"*The OIG team learned hypertension was chosen as the first disability for the project to focus on because it had objective evaluation criteria and was expected to be a disability covered by the PACT Act.*"

VBA Comment: Similarly to the comment above, VBA requests OIG strike the phrase "… and was expected to be a disability covered by the PACT Act" from this sentence.

[Technical comment 3] Page ii, paragraph 2, 1st and 2nd sentences:

The team determined that deficiencies in summary sheets were primarily caused by technological issues. Automation failed to recognize duplicate evidence, identified false evidence, and missed relevant information.

VBA Comment: VBA requests OIG strike the first sentence and replace it with the following revision:

"The team acknowledged limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents."

[Technical comment 4] Page 6, paragraph 1, 2nd and 3rd sentences:

"In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified inaccurate and unreliable summary sheets associated with claims processed through the ABD project. The summary sheet is intended as a decision support tool to identify and summarize evidence from the veteran's electronic claims folder to assist RVSRs in deciding the benefit claim."

VBA Comment: VBA requests OIG strike the sentence *"In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified inaccurate and unreliable*

summary sheets associated with claims processed through the ABD project." and replace it with the following revision:

"In its review of a statistical sample of 60 hypertension claims completed through the ABD project, the OIG identified limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents for inclusion on the summary sheets associated with claims processed through the ABD project."

[Technical comment 5] Page 6, paragraph 2, 1st, 2nd, and 3rd sentences:

"Based on its sample of claims processed through the ABD project from December 2021 through September 2022, the team determined 37 percent of the initial sample (11 of 30 claims) and 57 percent (17 of 30 claims) of the subsequent sample summary sheets were deficient. Summary sheet deficiencies included failure to identify all relevant hypertension readings and current medications prescribed for hypertension, inaccurate blood pressure readings and dates, and a lack of context for system-identified hypertension readings, such as those taken during a time of distress or post operation. Overall, the summary sheets the team reviewed did not contain comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim."

VBA Comment: VBA requests OIG strike the above three sentences and replace them with the following revision:

"Based on its sample of claims processed through the ABD project from December 2021 through September 2022, the team determined 37 percent of the initial sample (11 of 30 claims) and 57 percent (17 of 30 claims) of the subsequent sample summary sheets demonstrated limitations with Natural Language Processing (NLP) models and Optical Character Recognition (OCR) technology's ability to identify and extract information from typed and handwritten documents. Limitations included failure to identify all relevant hypertension readings and current medications prescribed for hypertension, inaccurate blood pressure readings and dates, and a lack of context for system-identified hypertension readings, such as those taken during a time of distress or post operation. Overall, the summary sheets the team reviewed provided some of the pertinent information necessary for an RVSR to make an accurate decision on a veteran's claim; however, the RVSR's expertise in reviewing all applicable evidence is still required to ensure decision accuracy."

[Technical comment 6] Page iii, paragraph 2, 1st sentence:

"The team determined the inaccurate and inconsistent claims decisions were primarily caused by guidance ABD issued to RVSRs who worked on the project that changed the definition of predominant blood pressure and what constitutes adequate medical evidence."

VBA Comment: VBA requests OIG strike the phrase: "… that changed the definition of predominant blood pressure" from this sentence. The email that OIG is referencing does not instruct prototyping station RVSRs to change the way they are applying regulatory requirements specific to determining predominant blood pressure readings in evaluating the current severity of service-connected hypertension disabilities. Instead, the guidance informed Boise RO management that VA's Schedule for Rating Disabilities (VASRD) does not provide a prescribed number of blood pressure readings that must be available to properly adjudicate claims for increased evaluation of service-connected hypertension. This guidance was supported by a risk assessment provided by the Office of General Counsel (OGC) Benefits Law Group when it confirmed that the law does not prohibit reliance on one blood pressure reading in evaluating claims for increased evaluation in hypertension. *See also Gill v. Shinseki,* 26 Vet. App. 386, 391 (2013), *aff'd sub nom. Gill v. McDonald,* 589 F. App'x 535 (Fed. Cir. 2015). Utilization of a one

pressure reading, if only one blood pressure reading is present in the evidence of record for the potential effective date period of the claim, was also approved by Compensation Service in February 2022, as documented on the Diagnostic Code Impact and Implementation Assessment that was provided to the OIG Audit Team.

[Technical comment 7] Page ii paragraph 1:

"The summary sheet also includes a note stating that, because the system does not check all sources of potentially relevant medical information, the rating veterans service representative (RVSR) is responsible for manually reviewing all evidence to accurately decide the claim."

<u>VBA Comment</u>: The OIG report unfairly characterizes the summary document note. The note in the summary document states: "Please consider the potential for unreviewed evidence contained in the documents listed in the Relevant Documents Unavailable for Automated Review table found at the end of this summary, as well as the totality of the Veteran's record." VBA requests the entire note be included in the report.

[Technical comment 8] Page iv, paragraph 2, 5th sentence:

"*In February 2023, ABD confirmed there was no further oversight activity planned specifically for the decision accuracy of ABD project claims other than the potential random selection for local or national quality reviews.*"

<u>VBA Comment</u>: VBA requests OIG replace this sentence with the following:

"In February 2023, ABD provided OIG extensive details about their Verify, Validate, and Graduate Plan that described the rigorous approach ABD was undertaking to provide effective oversight of the automation project and ensure the accuracy of the claim decision."

A copy of this plan has previously been provided to OIG.

[Technical comment 9] Page 17, paragraph 2, 8th sentence:

"*In February 2023, ABD confirmed no further oversight activity had been planned to monitor decision accuracy for ABD project claims other than the potential random selection for local or national quality review.*"

<u>VBA Comment</u>: VBA requests similar edits to this sentence as in the comment above.

[Technical comment 10] Page 6, paragraph 2, 3rd sentence:

"*Overall, the summary sheets the team reviewed did not contain comprehensive blood pressure reading information necessary for an RVSR to make an accurate decision on a veteran's claim.*"

<u>VBA Comment</u>: VBA requests OIG replace this sentence with the following:

"Since the summary sheets did not contain comprehensive blood pressure reading information, RVSRs remain responsible for manually searching and reviewing all relevant evidence to make an accurate decision on a veteran's claim."

[Technical comment 11] Page 4, figure 2

<u>VBA Comment</u>: Under Office of Automated Benefits Delivery there should be a connector for the Office of Business Integration (OBI).

[Technical comment 12] Page 14, figure 5, second bubble, second sentence:

"This veteran's medical records contained only one blood pressure reading, which is not sufficient to determine the predominant blood pressure for the veteran."

VBA Comment: Though it is VBA's policy to require three readings, OGC has advised that the law does not prohibit reliance on one reading for increased rating claims. So VBA requests OIG replace the term "not sufficient" with "not sufficient under current VA policy".

[Technical comment 13] Page 15, second paragraph, 1st and 2nd sentences

OGC Comment: OGC requests OIG replace the terms "an opinion" and "a written opinion" with "legal guidance", because OGC's guidance was not issued as a precedential opinion.

[Technical comment 14] Page 15, third paragraph, 1st and 2nd sentences:

"Compensation Service leaders told the OIG team that their office was not consulted, and the OGC did not consult a medical professional in formulating their response.[42] Compensation Service leaders further said it was out of the ordinary not to be included in such a request."

OGC Comment: The first sentence implies that OGC should have consulted a medical professional to discern the parameters of governing legal authorities. There would be nothing inappropriate about OGC consulting a medical professional in an appropriate case. This would most typically be necessary in the context of revising a governing text, or resolving a complex case when applicable law provides insufficient clarity or guidance. Neither was the case here; ascertaining current law did not require consulting a medical professional. OGC's duty was to provide legal guidance, not medical guidance, and OGC was merely conveying what a federal court had already held in *Gill v. Shinseki,* 26 Vet. App. 386, 391 (2013), *aff'd sub nom. Gill v. McDonald,* 589 F. App'x 535 (Fed. Cir. 2015). That point made, OGC recognizes that OIG's objective in these sentences may be limited to establishing that no medical expert was consulted at this point in the fact pattern. Accordingly, OGC requests OIG replace these two sentences with the following (with the text of the footnote being unchanged):

"Compensation Service leaders told the OIG team that their office was not consulted. Compensation Service leaders further said it was out of the ordinary not to be included in such a request. Because OGC correctly judged that accurately ascertaining and advising on current law did not require the exercise of medical judgment or application of medical knowledge in this case, OGC did not consult a medical professional in formulating their response, instead relying on current law and court precedent.[42]"

[Technical comment 15] Page 18, second paragraph, last sentence:

"ABD leaders were unable to explain why the internal reviews did not identify the deficiencies found by the OIG team but speculated that VBA's local quality review staff who were responsible for completing the reviews my not have been best suited to review the accuracy of the summary sheet."

VBA Comment: VBA requests OIG strike the phrase: "…but speculated that VBA's local quality review staff who were responsible for completing the reviews my not have been best suited to review the accuracy of the summary sheet" from this sentence. This statement is included out of context and implies that field employees did not do a good job. The interim quality plan was designed as a temporary measure to provide some quality assurance within ABD's resource constraints. Field employees are subject to production and quality expectations, which is not mentioned in the report. Additionally, field employees did identify deficiencies which were referred to ABD for investigation; however, at that time, deficiencies were reviewed only to determine if the automation logic was technically faulty. Because noted deficiencies were not the result of faulty automation logic, ABD reported 100% accuracy. This statement also implies that this speculation led to ABD's decision to no longer rely on local quality review

staff, which is incorrect. At the time of the interim brief, ABD had already identified the need for an IV&V vendor and Quality Control team that replaced the interim quality plan.

[Technical comment 16] Page 19, paragraph 3, 4th sentence:

"ABD was able to provide the team with metrics developed in-house."

VBA Comment: VBA requests to strike this sentence and replace with the following text:

"ABD in partnership with the Office of Performance Analysis & Integrity, created a Tableau dashboard to monitor and evaluate the automation program. This dashboard enabled trend analysis of hypertension claims processed through the automation program compared to hypertension claims not processed through automation. ABD regularly analyzes timeliness and inventory management metrics to understand program efficiencies over time. Specific performance metrics tracked on this dashboard include total claim inventory, average days pending (ADP) of VBA current inventory, as well as the average days to complete (ADC) these claims."

This revised text more accurately reflects the information that was provided to OIG on November 22, 2022.

The following comments are submitted in response to the recommendations in the OIG draft report:

Recommendation 1: Implement technology improvements and demonstrate progress to ensure the accuracy and completeness of information on the hypertension summary sheet.

VBA Response: Concur: In December 2022, ABD created the Verify Validate Graduate (VVG) plan, a rigorous, detailed approach to provide effective oversight of the ADS process and ensure the accuracy of the summary sheets used by VBA claims processors to make decisions on Veterans' claims for disability compensation benefits (Attachment 1). To ensure the hypertension summary sheet, as well as all other medical conditions considered for the ADS process, are evaluated in a consistent, objective, and equitable manner, ABD partnered with Compensation Service and the Office of Performance Analysis and Integrity (PA&I) to create a process to review claims decisions completed using automation technology (Attachment 2). A candidate review of hypertension claims for increase was completed on April 12, 2023 (Attachment 3).

To ensure the ADS technology meets the needs of VBA's claims process, VBA captured feedback from Prototype claims processors on the processing of Hypertension claims – claims for increase and new presumptive claims. On April 6, 2023, feedback was requested from 142 unique users who completed hypertension ratings after the January 30, 2023, automation logic updates. Seventy-eight responses were collected via the Microsoft Forms application. The 13 questions and responses to the form are attached (Attachment 4 and 5).

Throughout the AGILE development cycles, ABD has updated ARSD output to address the recommendations listed from OIG. ABD added context to ARSD discovered terms on November 21, 2022, which immediately helped identify both positive and negative results of ARSD output. Utilizing negated or non-definitive context (displayed to the end-user in the ARSD) such probative examples of exclusion include: "Veteran reports *no* hypertension," "The Veteran *may have* hypertension," "Discussed treatment options and *suggested* lisinopril." To remove the inclusion of duplicate material from health records, ABD deployed the Health Data Repository (HDR) feature/upload on February 26, 2023. This addition now compiles the entire Veterans Health Information System Technology Architecture (VistA) repository of health data for a Veteran into a single file for upload into the eFolder in a matter of seconds. By utilizing a single source, ABD immediately removed duplicate information from the ARSD. Duplicate

information held in multiple Compensation and Pension Record Interchange files within the eFolder contained duplicate information and could now be excluded. Included in the HDR data return is the facility, location, and treating team information for each event which helps identify the context for clinical findings. Automation will access additional data in Q4 of FY23, to expand the medical evidence gathered at intake. Data will include VistA imaging and other data as it is discovered. ABD plans to expand data retrieval to gather health data from VA, DoD, and community sources, including Cerner records in FY 2024-2025.

Additionally, contracts initiated as part of the ADS process requires the vendor to achieve specific accuracy targets for interpreting samples of text contained within the Veterans' electronic claims records. Current contract performance metrics require vendors to interpret the text with 95% accuracy for typed records and 85% accuracy for handwritten records. VBA measures the vendor's quality by reviewing a sample of text within a 5-day period and ensure the process provides a correct interpretation according to VBA business rules (Attachment 6 and 7).

VBA requests closure of this recommendation.

Recommendation 2<u>**Recommendation 2**</u>**: Implement a process to communicate any change in policy, procedure, or the claims processing manual associated with all automated diagnostic codes between the Office of Automated Benefits Delivery, the Office of Policy and Oversight, the Office of Field Operations, and Compensation Service to ensure guidance is clear and consistent for all claims processors.**

<u>VBA Response</u>: Concur: In February 2022, ABD, the Office of Policy and Oversight (OPO), and Compensation Service (CS) created a collaborative process to review, assess, and provide feedback on current and prospective claims processing automation (Attachment 8 and 9). This coordination between VBA technology and policy offices enables the review and validation of automation functionality to ensure complete parity with existing statues, regulations, policies, and procedures. Additionally, ABD hosts a weekly Claims Automation Collaborating Call to promote expansion of automation efforts via collaboration across involved business lines and groups (Attachment 18). It is intended as a gathering for subject matter experts and other representatives from across ABD, OPO, and CS to share information, coordinate projects and programs, and achieve policy concurrence associated with automation initiatives with a common goal of improving benefits delivery for field users and Veterans.

ABD works collaboratively with CS to ensure all policy updates are reflected in the M21-1 Adjudication Manual to ensure guidance is provided in a clear and consistent manner for all claims processors (Attachment 10).

Throughout the development, testing, and implementation of automated products, ABD works closely with regional offices selected as prototyping and piloting stations. Since the algorithmic logic used by automation necessitates clear, specific, and objective criteria, the functionality often illuminates the need for clarification of policy to prevent misinterpretation by automated products. As opportunities for policy clarification are identified, ABD informs CS of the policies requiring clarification, and the two offices determine how to communicate the clarification most effectively to regional office personnel.

ABD holds recurring virtual meetings with Automated Decision Support (ADS) site leadership and processors to reinforce updates to policy and guidance. These meetings provide ADS sites the opportunity to address policy and guidance questions and receive direct and immediate responses from ABD (Attachment 14, 15, 16, and 17)

The reinforcement of policy and guidance, through virtual meetings, is supported by briefing materials – PowerPoint slide decks, and where appropriate, a job aide (Attachment 11 and 12). These materials are

developed by ABD with support by CS and are provided to ADS sites during virtual meetings and through follow up email correspondence.

ABD holds weekly meetings with the Office of Field Operations (OFO) representatives from National Work Queue, Operations Analysis, and Project and Program Management teams (Attachment 13). Representatives from each team discuss workload management, automation updates, and provide related information.

VBA requests closure of this recommendation.

Recommendation 3: Implement an improved quality assurance process and monitor the results to ensure the accuracy of hypertension summary sheets and final decisions.

VBA Response: Concur in part. After ABD completed its proof-of-concept testing verifying the ARSD could be built using current OIT technology, the ARSD was moved to the prototype phase to allow VBA to begin building a working model albeit with limited functionality. Human-centered design and continuous process improvement is at the core of VBA's strategy in developing automated technology. At the prototype station automation technology was released to a limited number of employees as part of ABD's desire to maintain a controlled testing environment. Employee input is instrumental in identifying, implementing, and refining all automation efforts. Employee-driven feedback ensures the system meets the needs of employees and drives the development of training tools, system adjustment and improvements, and decisions for further expansion. User and subject matter expert feedback also ensures rules are functioning as intended and ideal keywords are associated with each condition. Through this feedback, programmers can adjust rules, if needed, and add or delete keywords associated with automation-eligible conditions.

In line with ABD's Verify Validate Graduate (VVG) Plan (Attachment 1), the hypertension ARSD was verified in the prototyping phase and moved to piloting for validation. This allows VBA to further test, iterate, and refine the ARSD but with a high level of fidelity and a greater commitment to testing with a small group of users over an extended time. Once the hypertension ARSD moved from the prototype site to a pilot site, both the Veterans Service Representatives (VSRs) and RVSRs are provided access to feedback trackers. These feedback trackers are monitored by ABD for any deficiencies in logic that may have escaped the prototype phase. These deficiencies are tracked and reported to the vendor (Attachment 21).

Additionally, there are monthly touchpoints with both the pilot and prototype station claims processors to ensure a consistent message is heard by all involved employees. In this forum, processors can raise any concerns or questions related to ADS. If any deficiencies are raised during these touchpoints, processors are instructed to report it on the feedback trackers or to the Office of Production Optimization corporate mailbox. Any issues that can be immediately addressed are resolved during this touchpoint. ABD works closely with the ARSD vendors to ensure all deficiencies are investigated and solutioned accordingly to ensure necessary corrections are made.

To validate ABD's efforts, VBA employed MITRE, an independent third-party contractor, to conduct a quality assurance assessment of the ADS process including the ARSD to determine if it was in line with widely accepted best practices in government and industry, and to determine how automation is impacting the quality of claims decisions. In an Executive Summary dated May 19, 2023, MITRE found VBA is utilizing a best practice agile development method through a DevSecOps construct along with robust risk mitigation strategies. The existing quality assurance quality control processes are in line with current best practices and are achieving important outcomes to deliver capabilities to claims processed at the eight prototype sites (Attachment 19). Based on its evaluation, MITRE recommended VBA adopt the

full DevSecOps construct in support of moving from the prototype sites into full nationwide production development.

In May 2023, VA completed a data call and assessment of Artificial Intelligence (AI) projects and initiatives in accordance with Executive Order 13960 through the National Artificial Intelligence Institute (NAII). NAII's assessment of VBA's Automation Platform (VBAAP) was determined to be exemplary example of an AI product consistent with trustworthy AI principles in E.O. 13960, Section 3 (Attachment 20).

While ABD has established rigorous internal controls and quality assurance to assess the accuracy and effectiveness of the automation product, assessment of claim decision accuracy continues to follow established quality assurance measures both locally through the Quality Review Team program and nationally through VBA's Systematic Technical Accuracy Review program. Since automation serves as a decision support capability, claims processors retain full adjudicative discretion and autonomy associated with claim decisions making it difficult to make a direct correlation between ADS claims and traditional claims. While it was very early in the process, there were positive indications that show hypertension Individual Quality Reviews (IQRs), rating accuracy was 97% compared to a non-automation rating decision accuracy of 94.89%. The impact of ADS tools on improving the accuracy of claims decisions is difficult to isolate and measure due to the complex nature of adjudicative decision making. Human discretion and interpretation are essential to the evaluation of every element affecting the probative value of evidence. These elements must be thoroughly and conscientiously assessed and contemplated in relation to regulatory and statutory requirements to ensure consistent, accurate, and equitable claim decisions for Veterans. VBA is unable to support OIG's recommendation to link the quality assurance process associated with developing and deploying the hypertension ARSD with the accuracy of final decisions as there is no direct link (or causation) between claim decision accuracy and decision support capabilities enabled by VBA's ADS technology. VBA is confident that ADS technology will improve the accuracy and consistency of claim decisions and will continue to monitor the impact through existing quality assurance programs and processes.

VBA requests closure of this recommendation.

Recommendation 4: Create or amend metrics to compare the timeliness of claims processing using automation tools versus the traditional process.

VBA Response: Concur in principle. VBA created an Automation Claims Report which evaluates the timeliness of claims processed using automation tools versus the traditional process (Attachments 26 and 27, which are screenshots of the Report). The initial version was released February 2022 and VBA continues to monitor and improve metrics. As of June 29, 2023, VBA processed a total of 268,242 hypertension claims nationwide; with 19,774 (7.3%) processed utilizing ADS automation. The report further shows ADS claims were completed in an average of 122.7 days versus 168.9 days for traditional claims. This trend is expected to continue based on the average days pending of 99.2 days for ADS versus 128.1 days for traditional claims. Additionally, an independent assessment completed by MITRE dated May 19, 2023 (Attachment 19, found each automation supported claim saved an average of 45 days to complete the claim.

VBA acknowledges the number of hypertension claims for increased evaluation processed as part of the ADS proof-of-concept phase at the Boise Regional Office was extremely low by design. Even when these claims were expanded to the four prototype sites, which included the Boise Regional Office, the total number of claims completed at these offices was a fraction of what was processed at the 56 regional offices nationwide. Today, these claims have been expanded to include additional claim types (service connection and presumptive service connected) as well as processing as additional sites (eight prototype

sites and eight pilot sites). However, as noted above, they still only account for less than 8% of the total number of hypertension claims processed nationwide.

Rather than devote its limited resources to developing new metrics to evaluate the timeliness impact of such a small number of claims on VBA's overall workload, ABD continues to focus its workforce on improving the ARSD and monitoring automation claims at the prototype and pilot sites. Utilizing ADS Workload Management Reports (Attachment 22, 23, 24 and 25), ABD can monitor the daily automation inventory to validate and provide oversight of the ADS workflow and workload management. In conjunction with ABD's commitment to human-centered design and continuous process improvement through feedback from employees using the automation technology, ABD can adjust rules, if needed, and add or delete keywords associated with automation-eligible conditions. Additional ad-hoc analyses evaluate the reduction in time and cost savings in the automation program compared to traditional claims processing.

Based on the comparison data provided in the Automation Comparison Report, VBA requests closure of this recommendation.

> *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

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Review Team	Steve Bracci, Director Spencer Anderson Lauralee Cook Michelle Egbert Jody Hadley Todd Wagnild Megan Wood
Other Contributors	Dan Blodgett Allison Tarmann Rashiya Washington

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