



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

*Office of Audits and Evaluations*

VETERANS BENEFITS ADMINISTRATION

VBA Could Improve the  
Accuracy and Completeness  
of Medical Opinion Requests  
for Veterans' Disability  
Benefits Claims

REVIEW

REPORT #22-00404-207

SEPTEMBER 7, 2022



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## Executive Summary

As part of its mission, the Veterans Benefits Administration's (VBA) compensation program processes disability benefits claims and provides tax-free monthly benefits to veterans with service-connected disabilities caused by disease, injury, or events incurred or aggravated during active military service.<sup>1</sup>

To establish service connection and evaluate a veteran's service-related disease or injury for disability compensation benefits, VBA may require a disability exam or a medical opinion. A disability exam is used for evaluation purposes to determine the severity of a disability. A medical opinion is used to determine whether a current disability can be connected to military service. As part of its mandated duty to help veterans obtain critical evidence to support their benefits claims, VBA invests significant financial resources in disability exams and medical opinions. Beginning in 2016, VBA committed an estimated total of \$6.8 billion in contracts to complete disability examinations and medical opinions over the following five years.

To request a medical opinion, claims processors should identify relevant medical evidence for the examiner's review, write adequate medical opinion requests, request all warranted medical opinions, and only request medical opinions when necessary.<sup>2</sup> These procedures help ensure examiners can provide a medical opinion with sufficient rationale based on a review of the evidence.

Because medical opinion requests can be vital to ensuring veterans receive the disability compensation benefits for which they are eligible, the VA Office of Inspector General (OIG) conducted this review to determine whether VBA staff correctly followed procedures when requesting medical opinions.<sup>3</sup>

### What the Review Found

The review team found that by improving internal controls, training, and monitoring of medical opinion requests, VBA could reduce inadequate medical opinions, incorrect or delayed claims decisions, and wasted resources. Based on a statistical sample review of 100 medical opinion

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<sup>1</sup> 38 C.F.R. § 3.159(a)(4). An event is defined as one or more incidents associated with places, types, and circumstances of service giving rise to disability.

<sup>2</sup> VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.d, "Procedure for Identifying the Evidence in a Medical Opinion Request," June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.j, "Avoiding Asking for Legal Conclusions in Medical Opinion Requests," June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.c, "Completing Medical Opinion Requests Using the ERB Tool," June 30, 2020.

<sup>3</sup> VA OIG, *Accuracy of Claims Decisions Involving Conditions of the Spine*, Report No. 18-05663-189, September 5, 2019; VA OIG, *Unwarranted Medical Reexaminations for Disability Benefits*, Report No. 17-04966-201, July 17, 2018. In these previous reports, the OIG also discussed disability medical exams.

requests, the review team estimated that 27,900 of 41,100 requests (68 percent) did not follow required procedures during the review period (October 1, 2020–September 30, 2021).<sup>4</sup> Claims processors did not consistently identify relevant medical evidence for the examiner's review, did not always use adequate language, did not regularly request all warranted medical opinions, and sometimes requested unnecessary medical opinions. These failings can lead to inaccurate medical opinions, incorrect decisions on veterans' claims, delayed decisions for veterans, and wasted resources (for example, if the medical opinion is returned for staff to rework).

### **Claims Processors Did Not Consistently Submit Complete and Accurate Medical Opinion Requests**

Based on the team's review of the statistical sample, an estimated 15,600 of 41,100 medical opinion requests (38 percent) submitted during the review period did not include any relevant evidence within the request.<sup>5</sup> When claims processors did identify evidence, key documentation was often not included. The team estimated that about 7,800 of 41,100 medical opinion requests (19 percent) identified some but not all pertinent evidence for the examiner's review. Medical examiners need to consider all relevant evidence to provide an accurate opinion about whether the current disability is related to military service.

Claims processors should also use adequate language to help ensure that medical opinion requests are clearly understood by the examiner. The review team estimated that 7,400 of 41,100 medical opinion requests (18 percent) did not contain adequate language. Examiners indicated that medical opinion request language is often confusing and unclear. All examiners interviewed stated that the quality of the medical opinion requests affects the quality of the completed medical opinions.

In addition, claims processors sometimes did not request all necessary medical opinions associated with veterans' claims. During the review period, an estimated 4,900 of 41,100 medical opinion requests (12 percent) did not include all required medical opinions necessary to decide the claim, which can delay providing benefits to eligible veterans and their families. Conversely, the team also found that claims processors sometimes requested *unnecessary* medical opinions. An estimated 4,500 of 41,100 medical opinion requests (11 percent) were unnecessary to decide the claim, which can also delay decisions and waste resources.

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<sup>4</sup> See appendixes A and B for information about the review's scope, methodology, and statistical sampling.

<sup>5</sup> Some medical opinion requests reviewed by the OIG contained multiple deficiencies, resulting in percentages that do not sum to 100 percent.

## Opportunities Exist to Improve the Oversight and Quality of Medical Opinion Requests

The review team determined that VBA could improve the accuracy and completeness of medical opinion requests by improving electronic system controls, training, and monitoring.

The electronic systems that claims processors use to submit medical opinion requests do not have adequate controls to help ensure the request's validity, completeness, and accuracy before submission. During interviews, claims processors confirmed that the electronic systems allow medical opinion request submissions to move forward without identifying any evidence.

The mandatory training for claims processors on making medical opinion requests did not explain how to correctly complete the requests using VBA's electronic systems, including what information to input in particular fields.<sup>6</sup> The training also did not describe what constitutes relevant evidence for a medical examiner's review or provide examples of what language should be used to ensure requests are adequate and well-written.

Improving monitoring could also help ensure medical opinion requests are accurate and complete. Checklists are used for national and local quality assurance reviews for processing claims, but the results for disability exam and medical opinion requests are combined, despite these being separate activities. Because the medical opinion request data are not separated, VBA's quality assurance process cannot fully assess and monitor their accuracy.

In conclusion, VBA needs to improve internal controls, training, and monitoring to raise the quality of medical opinion requests. Strengthening these areas can help VBA advance its objectives to enhance the overall quality and consistency of disability claims processing, reduce delays in veterans receiving decisions on their claims, and make more efficient use of staff resources.

### What the OIG Recommended

The OIG recommended first that VBA implement electronic system enhancements to require claims processors to identify relevant evidence for the claim before a medical opinion request can be submitted.<sup>7</sup> Second, enhanced mandated training is recommended for all claims processors, and VBA should demonstrate progress that the training is achieving its intended impact. The OIG also recommended strengthening monitoring by improving national and local

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<sup>6</sup> VA Talent Management System, "Exams: Who, When, and How," course number VA 4245283, November 2021; VA Talent Management System, "Deferral Prevention," course number VA 4527543, October 2021; and VA Talent Management System, "VA Examination Need and Sufficiency," course number VA 4528525, August 2021. The team reviewed these mandated courses.

<sup>7</sup> The recommendations addressed to the under secretary for benefits are directed to anyone in an acting status or performing the delegable duties of the position.

quality review processes to help identify medical opinion request areas for improvement and to demonstrate progress in complying with required procedures.

## **VA Comments and OIG Response**

The senior advisor for policy, performing the delegable duties of the under secretary for benefits, concurred with all the recommendations and provided responsive action plans. This includes three planned enhancements to electronic systems, the development of a microlearning course for medical opinion requests, and quality assurance checklist modifications to address identified areas for improvement. The full text of the senior advisor's comments appears in appendix C. The OIG will monitor VBA's implementation of planned actions and will close the recommendations when satisfied that sufficient progress has been made to address the recommendations and issues identified.



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## Abbreviations

MDEO	Medical Disability Examination Office
OFO	Office of Field Operations
OIG	Office of Inspector General
PTSD	posttraumatic stress disorder
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration





## Introduction

The mission of the Veterans Benefits Administration (VBA) 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.”<sup>8</sup> VBA’s compensation program provides tax-free monthly benefits to veterans in recognition of the effects of service-connected disabilities caused by diseases, injuries, or events incurred or aggravated during active military service. The amount of disability compensation payments varies according to the degree of disability and the veteran’s number of dependents.<sup>9</sup>

When a veteran submits a claim for disability compensation benefits, several elements are required to establish that the claim is related to their time in service, known as “service connection.” Those elements can include VBA requiring a disability exam or a medical opinion to evaluate a disability and then present an opinion about whether the disability is connected to military service. Because information from medical opinions helps establish the connection between a claimed disability and military service, medical opinion requests are vital to ensuring veterans receive the disability compensation benefits for which they are eligible. Disability exams and medical opinions represent a significant investment by VBA and can be critical in supporting veterans’ claims for benefits. Beginning in 2016, VBA committed an estimated total of \$6.8 billion in contracts to complete disability examinations and medical opinions over the following five years.

VBA claims processors should follow established procedures for medical opinion requests, such as identifying relevant medical evidence for the examiner providing the opinion to review, including all opinions needed, and writing requests with adequate language.<sup>10</sup> For example, claims processors should not ask the examiner to determine if a particular disability is “service-connected” but rather ask the examiner to provide an opinion as to whether or not the current disability was caused by or the result of the identified in-service disease, injury, or event. Following these procedures is essential to ensure the examiner receives a complete medical history to provide an adequate medical opinion in support of the veteran’s disability claim.

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<sup>8</sup> VA, 2020 Functional Organizational Manual, ver. 6.0.

<sup>9</sup> VBA, *Annual Benefits Report, Fiscal Year 2019*, accessed August 11, 2022, <https://www.benefits.va.gov/REPORTS/abr/docs/2019-abr-v2.pdf>.

<sup>10</sup> VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.d, “Procedure for Identifying the Evidence in a Medical Opinion Request,” June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.j, “Avoiding Asking for Legal Conclusions in Medical Opinion Requests,” June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.c, “Completing Medical Opinion Requests Using the ERB Tool,” June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 10.a, “Entering an Examination Scheduling Request,” June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 2.e, “ERB Tool,” June 30, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 9.a, “Steps to Requesting an Examination in CAPRI,” June 30, 2020.

However, not all claims will require an opinion or exam. When a veteran files a claim, VBA claims processors should thoroughly review all evidence and only request a medical opinion when necessary, as the medical opinion process can require a significant investment in time and financial resources.

Medical opinion requests can be vital to ensuring veterans receive the disability compensation benefits for which they are eligible. The VA Office of Inspector General (OIG) conducted this review to determine whether VBA staff correctly followed procedures when requesting medical opinions in support of disability compensation claims decisions.<sup>11</sup>

## Medical Opinion Request Process

When a veteran submits a substantially complete claim, it triggers VBA's duty-to-assist requirement.<sup>12</sup> To comply with this requirement, VA must make reasonable efforts to help veterans obtain evidence that may substantiate their benefits claims. Claims processors determine what evidence is needed to decide a claim, take steps to obtain evidence to include a medical opinion as needed, determine when a claim is ready for decision, and make a formal decision on the claim.<sup>13</sup> A claim needs a medical opinion if the following elements are met:

- Competent evidence of a current diagnosed disability or recurrent symptoms of a disability
- A disease, injury, or event during military service<sup>14</sup>
- A *possible* link between the current disability and the disease, injury, or event during military service
- Insufficient evidence to decide the claim

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<sup>11</sup> VA OIG, *Accuracy of Claims Decisions Involving Conditions of the Spine*, Report No. 18-05663-189, September 5, 2019; VA OIG, *Unwarranted Medical Reexaminations for Disability Benefits*, Report No.17-04966-201, July 17, 2018. In these previous reports, the VA OIG discussed disability medical exams.

<sup>12</sup> VA Manual 21-1, Adjudication Procedures Manual, part 1, sub. 1, chap. 1, sec. A, topic 4.f, "Definition: Substantially Complete Application," February 19, 2019. Per the manual, "A substantially complete application means an application contains the claimant's name; his/her relationship to the veteran, if applicable; sufficient service information for VA to verify the claimed service; the benefit sought and any medical condition(s) on which it is based; and the claimant's signature."

<sup>13</sup> 38 C.F.R. § 3.159; VA Manual 21-1, Adjudication Procedures Manual, part 1, sub. 1, chap. 1, sec. C, topic 3.b, "Regulatory Standard for Finding an Examination or Medical Opinion Necessary," July 23, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 7.b, "Referring Claims for Complex Medical Opinion Review," June 30, 2020.

<sup>14</sup> 38 C.F.R. § 3.159(a)(4). An event is defined as one or more incidents associated with places, types, and circumstances of service giving rise to disability.

In addition, claims processors must confirm certain information before requesting a medical opinion:

- All relevant claim development actions are complete.
- The appropriate exam facility is identified.
- All appropriate disability benefits questionnaires or medical opinions for all claimed disabilities are requested.<sup>15</sup>
- All necessary records are uploaded to the veteran's electronic claims folder.
- All potentially relevant evidence is identified, annotated, or highlighted for the examiner's review.

When these requirements are met, claims processors must use an electronic system to select and request all appropriate types of medical opinions for the claimed disabilities, such as whether the disability is connected to service or caused by an already service-connected condition.<sup>16</sup> Before submitting the medical opinion request, claims processors should edit the request to ensure all system-generated language is case specific, as well as legally and procedurally adequate.<sup>17</sup>

Within the medical opinion request, claims processors should identify the current disability or persistent or recurring symptoms of a disability and identify a specific disease, injury, or event during active military service. Claims processors should also highlight pertinent evidence, locations, and dates in the veteran's electronic claims folder, including service treatment records, medical assessments, and the claimant's statements.<sup>18</sup> This information is needed for the examiner to provide an adequate basis for the findings and conclusions of the medical opinion.<sup>19</sup> The request should also ask the examiner to provide a medical opinion regarding the probability

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<sup>15</sup> VA Manual 21-1, Adjudication Procedures Manual, part 4, sub. 1, chap. 2, sec. A, topic 3.a, "Definition: Disability Benefits Questionnaires," March 1, 2021.

<sup>16</sup> VA Manual 21-1, Adjudication Procedures Manual, part 5, sub. 2, chap. 2, sec. D, topic 1.b, "Establishing Causation for Secondary Service Connection," August 6, 2019. The Exam Request Builder and the Exam Management System are electronic request systems used to provide a standardized format or automated language for submitting exam and medical opinion requests.

<sup>17</sup> VA Manual 21-1, "Completing Medical Opinion Requests Using the ERB Tool" and "Entering an Examination Scheduling Request."

<sup>18</sup> VA Manual 21-1, "Procedure for Identifying the Evidence in a Medical Opinion Request."

<sup>19</sup> VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 8.a, "Importance of Claims Folder Review," June 30, 2020.

of a connection between a current disability and an identified disease, injury, or event related to the veteran's military service.<sup>20</sup>

The medical opinion request directs the examiner to provide a rationale for any opinion rendered. For the opinion to be considered sufficient, it must also be supported by the evidence.<sup>21</sup>

Once the medical opinion request is processed and completed, an examiner provides the medical opinion to VBA. The claims processors then make the decision on the veteran's claim. However, a medical opinion that is not properly supported by or that conflicts with the evidence must be returned to the examiner for clarification or rework before the processor decides the claim.<sup>22</sup>

## **VBA Oversight and Management of Medical Opinion Requests**

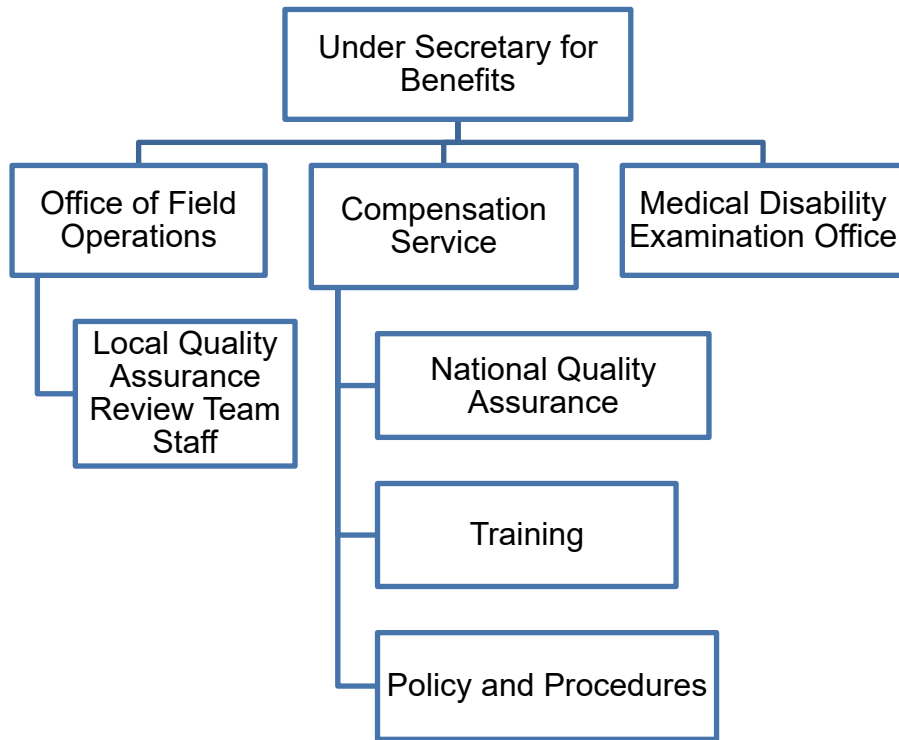
The VBA Office of Field Operations (OFO) and Compensation Service have responsibilities related to processing veterans' disability benefits claims. The Medical Disability Examination Office (MDEO) is responsible for ensuring contract compliance by medical disability examiners. Figure 1 presents an organizational chart of the offices involved in processing veteran benefits claims.

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<sup>20</sup> VA Manual 21-1, "Avoiding Asking for Legal Conclusions in Medical Opinion Requests." Per the manual, "Claims processors should not ask the examiner to determine if a particular disability is 'service-connected' but rather ask the examiner to provide an opinion as to whether or not the current disability was caused by or the result of the identified in-service disease, injury, or event."

<sup>21</sup> VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap 3, sec. D, topic 3.a, "Insufficient Examination Reports," May 27, 2020.

<sup>22</sup> VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. D, topic 3.e, "Returning Examination Reports Requested Through CAPRI," May 27, 2020; VA Manual 21-1, "Insufficient Examination Reports."



**Figure 1.** Overview of VBA's organizational chart of the offices involved in processing veteran benefits claims.

Source: VA OIG analysis of documents related to VBA's organizational chart, accessed April 18, 2022.

## Office of Field Operations

OFO staff oversee operations at VBA's district, regional, and field offices to ensure that VBA delivers benefits and services effectively and efficiently. Although the Compensation Service is responsible for identifying quality assurance deficiencies, only OFO has the authority to hold regional office staff accountable for not following quality assurance procedures.<sup>23</sup>

The office oversees the claims processors located at VBA regional offices. These processors input requests for medical opinions, determine sufficiency of medical opinions, prepare decisions on claims, and take corrective action on deficiencies identified in local quality reviews. OFO also develops and evaluates performance measures that help ensure timeliness, quality, and consistency of claims processing while confirming regional office adherence to established policies and procedures.<sup>24</sup>

The office also monitors the quality review team staff (referred to as local quality assurance), who focus on every VBA facility that processes compensation claims. The purpose of local

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<sup>23</sup> VA, 2020 Functional Organizational Manual.

<sup>24</sup> VA, 2020 Functional Organizational Manual.

quality assurance is not only to improve the quality and timeliness of claims processing but also to decrease the amount of work that needs to be performed on individual cases.<sup>25</sup>

## Compensation Service

Compensation Service staff oversee disability compensation to veterans and assess nationwide claims-processing quality to increase accuracy and consistency, develop and oversee training for VBA claims processors, and issue policy and procedures related to disability compensation.<sup>26</sup>

The national quality assurance team conducts ongoing assessments on compensation claims with completed benefits decisions.<sup>27</sup> This process involves quality reviews and analysis of all elements of processing associated with a specific claim that directly affect benefits entitlement.<sup>28</sup> These rating and nonrating quality reviews are performed on a random sample of individual cases selected from each regional office.<sup>29</sup> These reviews affect regional office quality metrics but do not affect employees' individual performance assessments.

The training staff provide VA employees with the resources needed to be successful in the field and fulfill the VA mission of serving veterans and their dependents.<sup>30</sup> Staff are also responsible for analyzing and implementing policies and procedures related to the disability claims process, consistent with statutes, regulations, prescribed forms, and agency guidance.<sup>31</sup>

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<sup>25</sup> VA Manual 21-4, chap. 6, topic 1.a, "Purpose of the QRT," January 16, 2018. Per the manual, "The purpose of the QRT [Quality Review Team] is to improve the quality and timeliness of claims processing and decrease the amount of work performed on individual cases by evaluating quality, reviewing error trends, providing training and mentoring on identified error trends, and ensuring individual employee reviews are performed."

<sup>26</sup> VA, 2020 Functional Organization Manual.

<sup>27</sup> "Quality Assurance Mission Statement," VBA Quality Assurance Home website, accessed February 17, 2022, [https://vbaw.vba.va.gov/bl/21/data/quality/qa\\_home.htm](https://vbaw.vba.va.gov/bl/21/data/quality/qa_home.htm). Quality Assurance's mission is to "drive improvement in accuracy and consistency in the claims process of benefits delivered to Veterans and their families."

<sup>28</sup> VA Manual 21-4, appendix B, topic 1.a, "Correct EP [end product] Use and Work Measurement," November 9, 2020. "The end product (EP) system is the primary workload monitoring and management tool." VA Manual 21-4, chap. 3, topic 3.b, "General Guidelines for BE [benefit entitlement] Quality Reviews," November 19, 2019. "The general guideline is to record a benefit entitlement (BE) error when an action taken violates current regulations or other directives and affects outcome, or has the potential to affect outcome."

<sup>29</sup> VA Manual 21-4, chap. 3, topic 2.c, "Rating EP Review," November 19, 2019. "Rating EPs are those associated with original and reopened claims, or claims for increased evaluation." VA Manual 21-4, chap. 3, topic 2.d, "Non-Rating EP Review," November 19, 2019. "Non-rating EPs are those that require development, review, and administrative decision or award action, but generally not a rating decision."

<sup>30</sup> "Training Home," Compensation Training Home website, accessed March 31, 2022, [http://cptraining.vba.va.gov/C&P\\_Training/](http://cptraining.vba.va.gov/C&P_Training/).

<sup>31</sup> "Policy," Compensation Policy Home website, accessed March 31, 2022, [https://vbaw.vba.va.gov/bl/21/Products/proced\\_home.htm](https://vbaw.vba.va.gov/bl/21/Products/proced_home.htm).

## **MDEO**

MDEO administers VBA's contract medical disability exam program.<sup>32</sup> MDEO's mission is to ensure that veterans receive prompt, high-quality disability exams. To accomplish this mission, MDEO oversees vendor performance and disability exam contract compliance.

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<sup>32</sup> "Mission," Medical Disability Examination Office website, accessed February 17, 2022, <https://vbaw.vba.va.gov/bl/21/MDEO/mission.htm>.

## Results and Recommendations

### Finding: Claims Processors Did Not Always Follow Established Procedures When Requesting Medical Opinions

The review team identified deficiencies with VBA's medical opinion requests. Based on a statistical sample review of 100 medical opinion requests, the team estimated that 27,900 of 41,100 medical opinion requests (68 percent) processed during the review period did not follow established procedures.<sup>33</sup> For example, claims processors did not identify relevant medical evidence for the examiner's review, submitted medical opinion requests using inadequate language, did not request all necessary medical opinions, or requested unnecessary medical opinions.<sup>34</sup>

The review team determined these issues occurred because of VBA system limitations, incomplete mandatory training, and weak monitoring controls. As a result, claims decisions to veterans were delayed, were potentially incorrect, and required additional resources to correct. VBA needs to improve the quality of medical opinion requests to limit delays in veteran claims decisions, reduce unnecessary work, and ensure veterans receive the benefits to which they are entitled.

Two determinations formed the basis for this finding and led to the OIG's recommendations:

- Claims processors did not consistently submit accurate and complete medical opinion requests.
- Opportunities exist to improve the oversight and quality of medical opinion requests.

### What the OIG Did

The scope of this review included about 41,100 medical opinion requests completed during the review period (October 1, 2020–September 30, 2021). To assess compliance with VBA procedures, the team analyzed a statistical sample of 100 completed medical opinion requests.<sup>35</sup> The team reviewed VBA's electronic claims folder systems and relevant documentation; considered laws, policies, and guidelines applicable to processing medical opinion requests; and interviewed OFO and Compensation Service staff, quality assurance staff, claims processors, and

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<sup>33</sup> Some of the medical opinion requests reviewed by the OIG contained multiple deficiencies, resulting in percentages that do not sum to 100 percent.

<sup>34</sup> VA Manual 21-1, "Procedure for Identifying the Evidence in a Medical Opinion Request," "Avoiding Asking for Legal Conclusions in Medical Opinion Requests," "Completing Medical Opinion Requests Using the ERB Tool," "Entering an Examination Scheduling Request," "ERB Tool," and "Regulatory Standard for Finding an Examination or Medical Opinion Necessary."

<sup>35</sup> See appendix A for more details about the review's scope and methodology.



medical examiners.<sup>36</sup> The team provided the Compensation Service with detailed summaries of a sample of the deficiencies identified in the team's claims review. Compensation Service staff agreed with the team's assessments of these deficiencies.

## **Claims Processors Did Not Consistently Submit Complete and Accurate Medical Opinion Requests**

As stated previously, the team identified four main deficiencies in medical opinion requests submitted during the review period: (1) claims processors did not consistently identify relevant evidence, (2) did not always use adequate language, (3) did not regularly request all warranted medical opinions, and (4) sometimes requested unnecessary medical opinions.

### **Claims Processors Did Not Always Identify Relevant Evidence for the Examiner's Review**

During the review period, claims processors routinely submitted medical opinion requests without identifying any evidence for the examiner to review.<sup>37</sup> Based on the statistical sample review, the team estimated that 15,600 of 41,100 medical opinion requests (38 percent) did not identify any relevant evidence for the examiner to review.

Even when claims processors identified documents for examiner review, they sometimes missed key relevant evidence. Based on an analysis of the statistical sample, the team estimated that 7,800 of 41,100 medical opinion requests (19 percent) identified some evidence but failed to present other key relevant evidence for the examiner's review. For instance, a claims processor could identify service treatment records that demonstrate an injury occurred during military service but could fail to identify other key medical records showing a current disability potentially linked to that in-service injury. This information would help the examiner provide an opinion about whether the current disability is related to military service.

### **Claims Processors Did Not Always Use Adequate Language**

In addition to identifying relevant evidence, it is important for claims processors to provide medical opinion requests using adequate language. The review team estimated that 7,400 of 41,100 medical opinion requests (18 percent) contained inadequate or confusing language. The team found that the submitted requests often did not make sense and included unedited system-generated language, which can be unclear to the examiner.

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<sup>36</sup> The VA Manual references noted in this report were in effect during the review period (October 1, 2020, through September 30, 2021). Some VA Manual references may have been revised after the review period. For more information about the review's statistical methodology, see appendix B.

<sup>37</sup> VA Manual 21-1, "Procedure for Identifying the Evidence in a Medical Opinion Request."

During an interview, a VBA contract examiner stated that the questions in medical opinion requests can be confusing and vague. A VHA examiner also said medical opinion requests are often unclear and seem to be copied and pasted without being reviewed. All examiners interviewed, as well as VBA's quality assurance officer, noted that the quality of the request directly affects the medical opinion provided. Specifically, the quality assurance officer stated, "If the medical opinion request is not phrased correctly, is misleading, or includes incorrect questions, the claim could be delayed." The officer added, in some instances, the claims processor will use an inadequate medical opinion to make a decision.

VBA procedures indicate a claims processor should identify all potentially relevant evidence for examiner review and ensure medical opinion language is case specific and appropriate. This should result in an adequate opinion request for the examiner.<sup>38</sup>

Example 1 shows a medical opinion request that did not identify all relevant medical evidence for the examiner to consider and that also contained inadequate language.

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<sup>38</sup> VA Manual 21-1, "Procedure for Identifying the Evidence in a Medical Opinion Request," "Completing Medical Opinion Requests Using the ERB Tool," "Entering an Examination Scheduling Request," and "ERB Tool."

### Example 1

#### Claim facts

A veteran filed a claim for end-stage liver disease secondary to posttraumatic stress disorder (PTSD) and alcohol use disorder. Both conditions were previously established as being related to military service. Available medical records contained relevant evidence of the veteran's increased use of alcohol as a coping mechanism starting during service. The veteran provided a statement from a primary care provider linking the veteran's alcohol use disorder to the veteran's PTSD and progression to liver failure.

#### Deficient action taken by claims processor

The claims processor did not identify all available relevant evidence in the medical opinion request showing the veteran's progressive use of alcohol as a coping mechanism that started during military service. The claims processor also did not use adequate, case-specific language to clearly ask the examiner to provide an opinion on the relationship between the veteran's liver failure and progressive alcohol use previously established as being associated with PTSD.

#### Effect of incorrect action

The examiner stated there was no support in the medical literature to link liver disease to PTSD and stated the veteran's alcohol use predated the PTSD diagnosis. The opinion was insufficient to decide the claim because it was inconsistent with the available evidence showing a relationship between the veteran's liver failure and the progressive alcohol use starting during service as a coping mechanism. However, the claims processor did not request clarification as required and instead prematurely denied the claim for this terminally ill veteran.

## Claims Processors Did Not Regularly Request All Necessary Medical Opinions

VBA procedures require a claims processor to request all necessary medical opinions when a claim is received with evidence showing a current disability, an event during military service, a possible association between the current disability and military service, and insufficient evidence to decide the claim.<sup>39</sup> The review team assessed whether claims processors requested all necessary medical opinions associated with veteran claims. Based on the statistical sample review, the team estimated that 4,900 of 41,100 medical opinion requests (12 percent) did not include all medical opinions required to decide the claim. During an interview, VHA examiners confirmed that VBA claims processors sometimes fail to ask for all medical opinions needed to decide a claim, which can delay processing the claim and providing benefits to eligible veterans and their families.

Example 2 illustrates the impact of not requesting all necessary medical opinions.

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<sup>39</sup> VA Manual 21-1, "Regulatory Standard for Finding an Examination or Medical Opinion Necessary."

## Example 2

### Claim facts

In December 2020, a veteran filed a claim for multiple disabilities including hearing loss; headaches; and back, hip, and joint pain.

### Deficient action taken by claims processor

The claims processor requested medical opinions for some of the claimed disabilities and asked the examiner if these disabilities were related to environmental hazard exposure during the Gulf War. However, the medical opinion request did not ask if the disabilities were directly related to an event during the veteran's military service.

### Effect of incorrect action

Because the initial request failed to ask for all necessary medical opinions, the exams were later returned for clarification and to obtain the medical opinions that were not included in the initial request. The claim was denied about nine months later in September 2021, delaying the veteran's claim decision and wasting VBA resources, including the cost of rework and medical opinion costs.

## Claims Processors Sometimes Requested Unnecessary Medical Opinions

At times claims processors requested medical opinions that were not necessary. Based on the statistical sample review, the team estimated that 4,500 of 41,100 medical opinion requests (11 percent) were unnecessary to decide the claim. Unwarranted medical opinion requests delay the claim and waste resources. A medical opinion is necessary when there is not sufficient medical evidence to decide the claim and there is evidence showing a current diagnosis; the veteran had a disease, injury, or event during military service; and the claimed disability may be associated with the established event during service. An opinion is not warranted until all three elements are met.<sup>40</sup>

Example 3 details a case in which a claims processor requested unnecessary medical opinions.

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<sup>40</sup> VA Manual 21-1, "Regulatory Standard for Finding an Examination or Medical Opinion Necessary."

### *Example 3*

#### Claim facts

A veteran filed a claim for a nerve condition involving the legs. The veteran had already received a diagnosis of sciatica, a nerve condition affecting the legs, that was established as being related to military service.

#### Deficient action taken by claims processor

The claims processor requested a medical opinion to determine whether the claimed nerve condition was caused by sciatica, despite the two conditions being considered the same disability, instead of determining if the disability had increased in severity.

#### Effect of incorrect action

The claims processor's request for an unnecessary medical opinion wasted the examiner's time and VBA resources.

## **Opportunities Exist to Improve the Oversight and Quality of Medical Opinion Requests**

The review team determined that deficiencies in medical opinion requests were primarily caused by insufficient system controls, inadequate training, and weak monitoring.

### **VBA Needs to Enhance Electronic System Controls to Improve Medical Opinion Requests**

Although VBA procedures indicate claims processors should identify relevant evidence in the medical opinion request, the electronic systems used to submit medical opinion requests do not ensure the request's validity, completeness, and accuracy before submission. During interviews, claims processors confirmed that they can submit a medical opinion request in these electronic systems without identifying any evidence. VHA examiners confirmed that this can result in an insufficient medical opinion if the examiner does not consider all relevant evidence.

The electronic request systems do have required fields that claims processors must complete, such as the specific related injury or event during military service. This indicates that it would be feasible for VBA to implement similar system controls requiring claims processors to identify relevant evidence. The chief of data and analytics for MDEO confirmed that system enhancements could be implemented to require the inclusion of relevant evidence in medical opinion requests. Implementing system controls would help ensure claims processors do not submit medical opinion requests without identifying any relevant evidence. These system controls would also align VBA with federal government standards for incorporating business

controls into computer applications that achieve data validity, completeness, and accuracy during application processing.<sup>41</sup>

Recommendation 1 calls on VBA to implement electronic request system controls that require claims processors to identify relevant evidence before a medical opinion request can be submitted.

## **VBA Should Improve Training for Claims Processors on Making Medical Opinion Requests**

During fiscal years 2020 and 2021, VBA's Compensation Service mandated training courses related to requesting medical opinions for claims processors.<sup>42</sup> Of the deficiencies the team found during the statistical sample review, most (88 percent) were made by claims processors who had taken all required training. The review team evaluated these mandated courses and found several areas for improvement. Specifically, the team determined the required training for claims processors did not

- explain what constitutes relevant evidence for a medical examiner's review in completing a medical opinion,
- list what questions should be asked in a medical opinion request or provide an example of a well-written medical opinion request,
- provide step-by-step instructions on how to correctly enter a medical opinion request using the required electronic tools,
- describe or provide examples of relevant evidence pertaining to service connection, or
- provide the specific VA manual reference that instructs claims processors to identify relevant evidence in a medical opinion request.

Claims processors are also instructed to ensure the language produced by the electronic exam request systems meets legal and procedural criteria before submitting the request and avoids asking the medical examiner to provide a legal determination.<sup>43</sup> However, the mandated training

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<sup>41</sup> GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014. Principle 11 states, "Application Controls, sometimes referred to as business process controls, are those controls that are incorporated directly into computer applications to achieve validity, completeness, accuracy, and confidentiality of transactions and data during application processing."

<sup>42</sup> VA Talent Management System, "Exams: Who, When, and How," course number VA 4245283, November 2021; VA Talent Management System, "Deferral Prevention," course number VA 4527543, October 2021; and VA Talent Management System, "VA Examination Need and Sufficiency," course number VA 4528525, August 2021. The team reviewed these mandated courses.

<sup>43</sup> VA Manual 21-1, "Avoiding Asking for Legal Conclusions in Medical Opinion Requests."

does not address these procedures, nor does it provide claims processors with any examples of what the language should be in a well-written medical opinion request. During an interview, a claims processor stated, "No one has ever trained us what the medical opinion should actually say." A quality review specialist further indicated that even the experienced claims processors do not really understand what questions need to be asked. Based on the significant number of deficiencies found during the sample review regarding adequate language and the evaluation of the required training, the team determined the courses did not sufficiently train employees on the use of adequate language in a medical opinion request.

Claims processors are required to use an electronic request system to generate a medical opinion request. However, the mandated training courses did not provide claims processors with instruction on how to properly complete a medical opinion request using these systems. Specifically, training did not address what information should be entered in each field to produce a medical opinion request using adequate language and identifying relevant evidence.

Because of the issues identified, the review team determined the required training was not adequate to ensure claims processors request accurate and complete medical opinions in accordance with VBA procedures.

Recommendation 2 addresses the need to enhance mandated medical opinion request training for all claims processors and demonstrate progress showing that the training is achieving its intended impact.

## **VBA Monitoring Could Be Strengthened**

Weaknesses in VBA's monitoring controls contributed to the deficiencies identified in this report. A contributing factor is that VBA's quality review process examines combined data from medical opinion and disability exam requests. A disability exam is used to evaluate the severity of a disability, whereas a medical opinion is used to determine whether a current disability is linked to military service.<sup>44</sup>

VBA's national and local quality assurance staff are responsible for assessing whether claims processors' actions are appropriate. Both use quality review checklists to evaluate claims-processing accuracy, including disability exam and medical opinion requests. However, the checklists used do not differentiate between the accuracy of the two different activities. Quality assurance staff confirmed the data do not allow disability exam requests and medical opinion requests to be evaluated separately. Therefore, the review team determined that VBA's

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<sup>44</sup> VA Manual 21-1, Adjudication Procedures Manual, part 3, sub. 4, chap. 3, sec. A, topic 1.f, "Scope of Practice Relative to Examination," November 6, 2020; VA Manual 21-1, Adjudication Procedures Manual, part 4, sub. 2, chap. 2, sec. B, topic 1.a, "Overview of Direct Service Connection," August 8, 2019.

quality assurance process did not fully assess and monitor the accuracy of medical opinion requests alone as that information was not readily available.

Federal government standards require managers to design an entity's information system to respond to objectives and risks and to use quality information to achieve the entity's objectives.<sup>45</sup> Enhancing monitoring procedures would help VBA evaluate the accuracy of medical opinion requests to determine if corrective actions are needed to improve the consistency and quality of claims processing. Oversight responsibility for medical opinion requests is shared among multiple offices including the Compensation Service, OFO, and MDEO. When medical opinion request data are differentiated for quality assurance purposes, it is the responsibility of these offices to communicate this information and any corrective actions to claims processors.

Recommendation 3 addresses advances that can be made to VBA's monitoring to help ensure compliance with medical opinion request procedures and to support continuous improvements.

## Conclusion

Improvements to VBA internal controls, training, and monitoring would help staff enhance the quality of medical opinion requests. These improvements can minimize inadequate medical opinions, incorrect claims decisions, delays in processing veterans' benefits, and wasted resources.

## Recommendations 1–3

The OIG recommended that the under secretary for benefits take the following actions:<sup>46</sup>

1. Implement electronic system enhancements to require claims processors to identify relevant evidence before a medical opinion request can be submitted.
2. Enhance mandated training for all claims processors on making medical opinion requests and demonstrate progress showing that the training is achieving its intended impact.
3. Strengthen monitoring controls by improving the national and local quality review processes to identify medical opinion request areas in need of improvement and demonstrate progress toward ensuring compliance with established procedures.

## VA Management Comments

The senior advisor for policy, who was performing the delegable duties of the under secretary for benefits, concurred with recommendations 1 through 3 and provided action plans to address each

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<sup>45</sup> GAO, *Standards for Internal Control in the Federal Government*.

<sup>46</sup> The recommendations addressed to the under secretary for benefits are directed to anyone in an acting status or performing the delegable duties of the position.



recommendation. Appendix C includes the full text of the senior advisor's comments. A summary of VBA's responses follows:

- **Recommendation 1.** VBA has three planned enhancements to electronic systems to support medical opinion requests and expects to deploy all of them by October 31, 2022.
- **Recommendation 2.** VBA plans to develop a microlearning course specifically designed for medical opinion requests to enhance mandated training. The course will be assigned to all claims processors responsible for requesting or reviewing examinations and medical opinions, and VBA will demonstrate the success of the training through assessments. VBA expects to complete these planned actions by December 31, 2022.
- **Recommendation 3.** VBA will strengthen monitoring controls by modifying the existing quality review checklist to identify medical opinion request areas in need of improvement and use that information to demonstrate progress toward ensuring compliance with established procedures. VBA expects to complete these planned actions by December 31, 2022.

## OIG Response

The action plans provided were responsive to all three recommendations. The OIG will monitor VBA's implementation of planned actions and will close the recommendations when satisfied that sufficient progress has been made to address the recommendations and issues identified.

## Appendix A: Scope and Methodology

### Scope

The review team conducted its work from November 2021 through June 2022. The review included a population of about 41,100 medical opinion requests completed during the review period (October 1, 2020–September 30, 2021). The review period covers VBA's fiscal year 2021 activity.

### Methodology

To accomplish the review objectives, the team considered applicable laws, regulations, policies, procedures, and guidelines for medical opinion requests. The team also interviewed VBA central office managers, staff, and examiners involved in the medical opinion request process.

The VA Manual references cited in this report were in effect during the review period, some of which have since been revised by VA.

### Internal Controls

The review 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.<sup>47</sup> The team also reviewed the principles of internal controls and identified two components and three principles as significant to the objective.<sup>48</sup> The team identified internal control weaknesses during this review and proposed recommendations to address the following control deficiencies:

- Component: Control Environment
  - Principle 4: Management should demonstrate a commitment to recruit, develop, and retain competent individuals.
- Component: Control Activities
  - Principle 11: Management should design the entity's information system and related control activities to achieve objectives and respond to risks.
  - Principle 13: Management should use quality information to achieve the entity's objectives.

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<sup>47</sup> GAO, *Standards for Internal Control in the Federal Government*.

<sup>48</sup> 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.

## **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

- soliciting the OIG's Office of Investigations for indicators and
- reviewing proposals to ensure they met selection requirements.

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

## **Data Reliability**

The review team compared medical opinion request 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 review team did not find any discrepancies in the fields in any of the datasets.

## **Government Standards**

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

## Appendix B: Statistical Sampling Methodology

### Approach

To accomplish the objective, the OIG team reviewed a statistical sample of veterans' completed claims that included a medical opinion request from October 1, 2020, through September 30, 2021.<sup>49</sup> The review team used statistical sampling to quantify and determine the extent to which medical opinion requests were completed and met all required elements based on VBA's policies and procedures.

### Population

The review population included 42,495 claims that had a medical opinion requested during the review period. After excluding records that were determined to be outside the scope of review, the team estimated an eligible review population of 41,078 veteran claims that had a medical opinion request.<sup>50</sup>

### Sampling Design

The team used a simple random sample method to select a statistical sample of 100 records from the population for the review period.

### Weights

Samples were weighted to represent the population from which they were drawn, and the weights were used in the estimate calculations. The team calculated the error rate estimates by first summing the sampling weights for all sample records that contained the given error, then dividing that value by the sum of the weights for all sample records.

### Projections and Margins of Error

The projection is an estimate of the population value based on the sample. The associated margin of error and confidence interval show the precision of the estimate. If the OIG repeated this audit with multiple sets of samples, the confidence intervals would differ for each sample but would include the true population value 90 percent of the time.

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<sup>49</sup> The sample included end-product series 010, 020, and 110. An end product is a workload monitoring and management tool used to control pending work and measure completed work.

<sup>50</sup> During the claims review, the team identified cases that were out of scope, which were therefore excluded from statistical projections because they did not contain a medical opinion request to review or were samples that overlapped the sampling of another OIG review: VA OIG, *Veterans Prematurely Denied Compensation for Conditions That Could Be Associated with Burn Pit Exposure*, Report No. 21-02704-135, July 21, 2022.

The OIG statistician employed statistical analysis software to calculate estimates, margins of error, and confidence intervals that account for the complexity of the sample design.

The sample size was determined after reviewing the expected precision of the projections based on the sample size, potential error rate, and logistical concerns of the sample review. While precision improves with larger samples, the rate of improvement decreases significantly as more records are added to the sample review.

Figure B.1 shows the effect of progressively larger sample sizes on the margin of error.

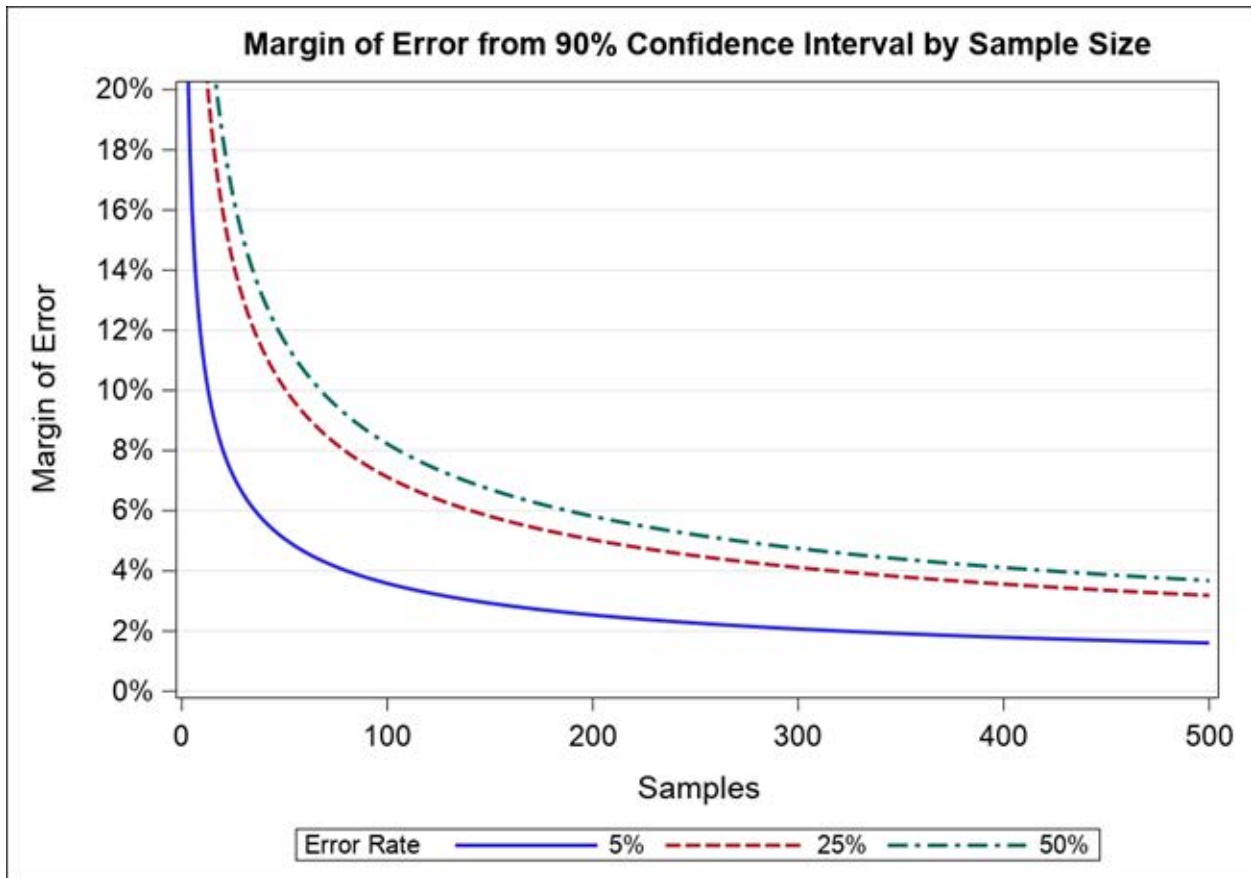


Figure B.1. Effect of sample size on margin of error.

Source: VA OIG statistician's analysis

## Projections

**Table B.1. Statistical Projections Summary for VBA Medical Opinion Requests Completed from October 1, 2020, through September 30, 2021<sup>51</sup>**

Estimate name	Estimate number	90 percent confidence interval			Count from sample
		Margin of error	Lower limit	Upper limit	
Review population	41,078	2,792	38,287	43,870	100
Did not follow all policy and procedural requirements	27,933 (68%)	3,712	24,221	31,645	68
No relevant evidence was identified	15,610 (38%)	3,485	12,125	19,094	38
Some evidence was identified, but key relevant evidence was missing	7,805 (19%)	2,735	5,070	10,540	19
Medical opinion request did not contain adequate opinion language	7,394 (18%)	2,675	4,719	10,069	18
Not all warranted medical opinions were requested	4,929 (12%)	2,247	2,682	7,177	12
Requested medical opinion was not necessary	4,519 (11%)	2,162	2,357	6,680	11

*Source: VA OIG analysis of medical opinion requests from fiscal years 2020 and 2021, which included a total universe of 41,078 rounded to 41,100 cases with a statistical sample of 100 cases.*

<sup>51</sup> Results may not precisely sum to total because of rounding.

## Appendix C: VA Management Comments

### Department of Veterans Affairs Memorandum

Date: August 9, 2022

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – VBA Can Improve the Accuracy and Completeness of Medical Opinion Requests for Veterans' Disability Benefit Claims [Project No. 2022-00404-AE-0022] [VIEWS 06672443]

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

Attached is VBA's response to the OIG Draft Report: VBA Can Improve the Accuracy and Completeness of Medical Opinion Requests for Veterans' Disability Benefit Claims.

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

(Original signed by)

Joshua Jacobs

Senior Advisor for Policy

Performing the Delegable Duties of the Under Secretary for Benefits

Attachment

**Veterans Benefits Administration (VBA)  
Comments on OIG Draft Report**

**VBA Can Improve the Accuracy and Completeness of Medical Opinion Requests for Veterans'  
Disability Benefit Claims**

**The Veterans Benefits Administration (VBA) concurs with OIG's findings and provides the following comments in response to the recommendations in the OIG draft report:**

**Recommendation 1: OIG recommends that the Acting Under Secretary for Benefits implement electronic system enhancements to require claims processors to identify relevant evidence before a medical opinion request can be submitted.**

VBA Response: Concur. VBA has three enhancements to electronic systems to support medical opinion requests in varying stages of development and expects to deploy all three by October 31, 2022:

1. Ensuring the contention requiring an examination and medical opinion is identified and the Contention name is grammatically correct.

Currently, names of contentions in the Veterans Benefits Management System (VBMS) are required to represent exactly what the Veteran claimed and/or the way the condition was last decided on the Rating Decision. Therefore, names of contentions do not fit grammatically into Standard Language paragraphs that are triggered by VBMS, while retaining a relationship to the original contention. VA has a functionality that will allow an Alternate Contention name to be utilized when requesting an Examination Scheduling Request (ESR). By capturing an Alternate Contention name, VBMS Core users can ensure that the Contention name included in Standard Language paragraphs is grammatically correct while still representative of what the Veteran is claiming. The Alternate Contention name will also allow the Medical Disability Examination (MDE) vendors to utilize their existing search functionality to find accurate documents for reference.

Policy and procedural guidance and training documents for this functionality are in progress and are expected to be released and delivered to VBA field personnel processing claims.

2. Identifying the specific documents that support the Contention.

On June 12, 2022, VA released an enhancement to the VBMS Exam Management System (EMS) providing claims processors the ability to view Document Annotations related to a Contention when building the ESR. When the claims processor adds necessary document annotations to a document in the VBMS eFolder, the Document Annotations are provided for the user to select and populate in the "Additional Information" section of the ESR Worksheet. Previously, a user had to manually type in annotation information in the ESR to provide clinicians information concerning which documents to review to support medical opinions. Automatically populating the ESR with pre-existing Contention-associated Document Annotations ensures more accurate and complete document identification within the ESR for a contention, without the user having to manually perform the task multiple times.

3. Providing the entire eFolder with bookmarks and annotations to the MDE vendor for review.

VA Medical Disability Examinations Office (MDEO) is also working on additional enhancements to the VBMS EMS to electronically transfer a Claimant's eFolder with annotations and VBA bookmarks on new examination scheduling requests. Currently, the download process does not allow transfer of annotations and bookmarks from the Claimant's eFolder. Annotations and bookmarks are critical for



directing the clinician to key evidence that must be referenced in examination results. Updating access or integration for all current and future MDE vendors to the eFolder, will ensure vendors can download files with all annotations and bookmarks to make the examination process more accurate while meeting the examination requirements.

This functionality is scheduled to be activated following VBMS Release 27.6 on October 16, 2022.

Target Completion Date: October 31, 2022

**Recommendation 2: OIG recommends that the Acting Under Secretary for Benefits enhance mandated training for all claims processors on making medical opinion requests and demonstrate progress showing that the training is achieving its intended impact.**

VBA Response: Concur. VBA will develop a microlearning course specifically designed for medical opinion requests to enhance mandated training. The course will be assigned to all claims processors responsible for requesting examinations and medical opinions or reviewing said requests. VBA will demonstrate achievement of successful training through assessments, which will assess the employee's learned knowledge of the stated objectives of the mandated training.

Target Completion Date: December 31, 2022

**Recommendation 3: OIG recommends that the Acting Under Secretary for Benefits strengthen monitoring controls by improving the national and local quality review processes to identify medical opinion request areas in need of improvement and demonstrate progress towards ensuring compliance with established procedures.**

VBA Response: Concur. VBA will strengthen monitoring controls by modifying the existing checklist to identify medical opinion request areas in need of improvement. Once available, VBA will leverage that information to demonstrate progress towards ensuring compliance with established procedures.

Target Completion Date: December 31, 2022

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

## OIG Contact and Staff Acknowledgments

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