

DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS BENEFITS ADMINISTRATION

Review of Accuracy of Reported Pending Disability Claims Backlog Statistics



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Executive Summary

Why the OIG Did This Review

In 2010, the then Secretary of Veterans Affairs set a goal of eliminating the claims backlog in 2015. Although the Veterans Benefits Administration (VBA) did not eliminate the backlog in 2015, VBA reported it had reduced the pending backlog from a peak of 611,000 in March 2013 to 71,690 at the end of September 2016. At the end of May 2018, the reported pending backlog was 70,537.

VBA also considered its backlog statistics when formulating budget submissions, evaluating performance, and assessing the effectiveness of transformation initiatives. However, in several prior reports, the Office of Inspector General (OIG) identified instances in which VBA created new policies that resulted in unreliable performance measures, or VBA management or staff took incorrect actions that misrepresented workload statistics. Moreover, in September 2015, the OIG received a request from the Chairman of the Committee on Veterans' Affairs, U.S. House of Representatives, to review allegations of workload data manipulations at a Veterans Affairs Regional Office (VARO). The OIG responded to this request in January 2016 by saying it was planning a nationwide review of data integrity throughout VBA. The OIG conducted this review to determine whether VBA's reported statistics related to the pending disability claims backlog accurately included all disability claims over 125 days old requiring rating decisions.²

What the OIG Did

The OIG review focused on end products (EPs) completed during the first and second quarters of fiscal year (FY) 2016 that were not considered part of VBA's backlog³ and determined whether any of those EPs required rating decisions and were over 125 days old. EPs are the work units VBA establishes to properly control pending workloads. EPs have specific codes to identify types of claims or actions required, and VBA uses this system to monitor and manage its

¹ In January 2013, VBA reported it was aggressively pursuing its Transformation Plan, a series of tightly integrated people, process, and technology initiatives designed to eliminate the claims backlog and achieve its goal of processing all claims within 125 days with 98 percent accuracy in 2015.

A rating decision is a document for record purposes detailing the formal determination made regarding one or more issues of benefit entitlement. The rating decision states the decisions made and provides an explanation supporting each decision. M21-1, Part III, Subpart iv, Chapter 6, Section C, Topic 1, *Basic Information on Rating Decisions*.

³ VBA's Monday Morning Workload Report summary document dated September 2015 states it has defined the "backlog" as rating claims pending greater than 125 days. The reported backlog is specific to a group of end products known as the rating bundle group (rating EPs) and excludes any workload not included in the rating bundle group (other EPs).

workload. The OIG also reviewed EP and date of claim (DOC) changes affecting backlog status that were made during the first and second quarters of FY 2016.

The OIG assessed whether VBA staff complied with claims processing policies and procedures, specifically focusing on those potentially affecting the accuracy of VBA's reported backlog data. The OIG interviewed appropriate management and staff at VBA Central Office and seven VAROs. The OIG randomly selected the VAROs in Fargo, North Dakota; Ft. Harrison, Montana; Louisville, Kentucky; Roanoke, Virginia; and Seattle, Washington. The VAROs in Montgomery, Alabama, and Philadelphia, Pennsylvania, were judgmentally selected based on the review results. The OIG reviewed random samples in two areas of completed EPs and two areas of EP or DOC changes.

What the OIG Found

The OIG found that VBA's reported backlog did not include all claims that had been awaiting rating decisions for more than 125 days during the first and second quarters of FY 2016. The OIG estimated VARO staff completed about 63,600 other EPs that required rating decisions that took over 125 days to complete but that VBA did not count as part of the backlog. As a result, the OIG estimated that, in its completed backlog, VBA only reported about 79 percent of the claims that required rating decisions that took over 125 days. More importantly, VBA generally prioritized its workload of rating EPs over other EPs, resulting in significant delays in processing other EPs that were older and required rating decisions.⁴ At the end of May 2018, VBA reported that its rating EPs were pending an average of approximately 90 days. However, the OIG found that VBA's additional EP categories each included cases that required rating decisions, and the category with the lowest average days pending was reported as being about 142 days.

In addition, inaccurate EPs or DOCs misrepresented the status of some claims. For instance, the OIG estimated that 12,600 EP and/or DOC changes altered the backlog status of existing claims on the days they occurred.⁵ Not all changes resulted from inaccurate EPs or DOCs. For example, in some cases VBA received additional evidence that resulted in a change to the EP; in other cases, VBA policy directed staff to change the EP for certain claims. The OIG estimated that 8,000 changes were due to an incorrect EP or DOC, and that staff erroneously changed a prior correct EP or DOC in roughly 1,300 cases. The OIG found that most changes correctly reflected the backlog status of the claims. However, the OIG is concerned that most of these claims were not properly categorized before they were changed.

⁴ Examples of claims processed under other EPs included former rating EPs that were prematurely closed or contained errors, eligibility for special housing benefits, and initial survivors pension claims.

⁵ EP and/or DOC changes moved approximately 6,500 claims into the backlog and approximately 6,100 claims out of the backlog.

Finally, the OIG determined that staff at the Montgomery VARO incorrectly processed several rating EPs related to medical examinations that were over a year old. Generally, a staff member requested medical examinations for these claims under other EPs. Then, once the examinations were completed, they established the appropriate rating EPs for the claims, which VARO staff would complete the same day. The staff member knew that the examinations should have been ordered under the rating EPs; however, they stated they were told to establish and complete these claims the same day because the claims were so old. The OIG obtained an email from a former Supervisory Veterans Service Representative directing Montgomery VARO staff to establish and complete these claims the same business day, especially if the claim was greater than two years old. The former supervisor stated staff may have misinterpreted the guidance, but the intent was to complete these claims in one day, if feasible, although that was not specifically stated in the email. They did acknowledge that these actions would have prevented the claims from showing up in the pending workload. The Veterans Service Center Manager agreed that in order to follow the guidance when an examination was needed, staff would not timely establish the rating EP. She stated that she became aware of the issue when she heard staff talking about it. She noted that the person who had issued the guidance was no longer a supervisor and that the VARO had changed its process for establishing these rating EPs.

Why This Occurred

In 2010, the then Secretary of Veterans Affairs defined the backlog as any disability claim over 125 days old, and VBA designed a Transformation Plan to achieve the Secretary's goal of eliminating the claims backlog in 2015. However, VBA leaders limited the claims included in the backlog to rating EPs. The OIG attempted to determine the reasoning for this decision, but representatives the OIG interviewed from VBA Central Office, including Assistant and Deputy Directors and Chiefs, were unable to provide this information. They stated that they did not have direct knowledge of who determined which EPs would be included in VBA's backlog. Generally, they told the OIG the decision had been made before their current appointments, and they thought those with direct knowledge were no longer with VA. Some believed that the then Secretary or then Under Secretary for Benefits established the backlog to specifically apply to rating EPs because VBA had already been grouping these claims for many years, they generally had the greatest impact on veterans, and they represented the majority of claims pending.

Ineffective oversight and training due to lack of national performance and training plans for Claims Assistants resulted in inaccuracies that also affected the backlog. Claims Assistants' responsibilities include processing mail, establishing claims with the correct EPs, and updating electronic systems. Since VBA did not have a national performance plan for Claims Assistants in FY 2016, it did not perform consistent oversight of their productivity and quality. In contrast, VBA had national performance plans for other staff who process claims that outlined performance standards for productivity and quality. VBA also required far less training for Claims Assistants than it did for other claims processing staff. For example, Claims Assistants

were required to complete 16 hours minimum of training during FY 2017 compared to the 80 hours minimum for Veterans Service Representatives, Rating Veterans Service Representatives, and Decision Review Officers.

What Resulted

The backlog statistics that VBA reported could be unclear to some stakeholders regarding its progress toward eliminating the claims backlog. The OIG estimated VBA only reported in its completed backlog about 79 percent of claims that required rating decisions and took over 125 days during the first and second quarters of FY 2016. Because the pending workload changes daily as staff establish, change, or complete claims, the OIG could not determine the number of disability claims over 125 days old that required rating decisions on a specific date. However, the OIG concluded that VBA's reported pending backlog of approximately 79,000 claims, as of March 31, 2016, significantly understated the number of claims awaiting decisions for over 125 days. Furthermore, VBA's prioritization of its backlog resulted in delays in processing other claims, even if they were older and required rating decisions. In addition, inaccurate EPs and DOCs impaired VBA's ability to manage its workload within the National Work Queue. If staff do not accurately establish claims in VBA's electronic system, the National Work Queue may not appropriately prioritize and distribute claims to the VAROs to process—causing even further processing delays.

What the OIG Recommended

The OIG recommended the Under Secretary for Benefits consider revising which claims are included in VBA's reported disability claims backlog and provide a clear definition to all stakeholders. In addition, the OIG recommended the Under Secretary for Benefits implement a plan to provide consistent oversight and training of Claims Assistants through national performance and training plans.

Management Comments

The Under Secretary for Benefits concurred in principle with Recommendation 1 and concurred with Recommendation 2. The Under Secretary for Benefits provided acceptable action plans for both recommendations. The OIG will monitor VBA's progress and follow up on implementation of the recommendations until all proposed actions are completed.

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Abbreviations

DOC Date of Claim
EP End Product
FY Fiscal Year

MMWR Monday Morning Workload Report

OIG Office of Inspector General

VA Department of Veterans Affairs
VARO Veterans Affairs Regional Office
VBA Veterans Benefits Administration



Introduction

Objective

The Office of Inspector General (OIG) conducted this review to determine whether the Veterans Benefits Administration's (VBA) reported pending disability claims backlog accurately included all disability claims over 125 days old requiring rating decisions.⁶

VBA's Reported Backlog

In 2010, the then Secretary of Veterans Affairs defined the backlog as any disability claim over 125 days old, and VBA designed a Transformation Plan to achieve the Secretary's goal of eliminating the claims backlog in 2015. VBA reported it had reduced the pending backlog 88 percent from its 611,000 peak in March 2013 to 71,690 at the end of September 2016. At the end of May 2018, the reported pending backlog was 70,537.

However, VA has reported inconsistent definitions for the backlog. For example, VA has defined the backlog as:

- Claims pending more than 125 days⁷
- Any disability claim over 125 days old⁸
- Claims that had been awaiting a rating decision for more than 125 days since receipt⁹
- Rating-related claims pending more than 125 days¹⁰

Each of these definitions is worded differently; therefore, the OIG considered whether VBA's reported backlog included all disability claims over 125 days old requiring rating decisions in order to incorporate the various definitions.

⁶ A rating decision is a document kept for record purposes to detail the formal determination made regarding one or more issues of benefit entitlement. The rating decision states the decisions made and provides an explanation supporting each decision. M21-1, Part III, Subpart iv, Chapter 6, Section C, Topic 1, *Basic Information on Rating Decisions*.

⁷ U.S. Department of Veterans Affairs FY 2017/ FY 2015 Annual Performance Plan and Report (APP&R), VA Priority Goals, February 9, 2016.

⁸ Department of Veterans Affairs Strategic Plan to Eliminate the Compensation Claims Backlog, Section 1: The Backlog, January 25, 2013.

⁹VA website: http://benefits.va.gov/REPORTS/detailed_claims_data.asp, accessed on June 15, 2017.

¹⁰ U.S. Department of Veterans Affairs FY 2016 Agency Financial Report (AFR), Section I: Management's Discussion and Analysis, November 15, 2016.

VBA's Calculation of the Reported Backlog

On VA's website, VBA's Monday Morning Workload Report (MMWR) states that it has defined the "backlog" as rating claims pending greater than 125 days. The MMWR is a weekly report that displays a snapshot of VBA's workload as of a specified date. The reported backlog is specific to a group of end products (EPs) known as the rating bundle group (rating EPs) and excludes any workload not included in the rating bundle group (other EPs). EPs are the work units VBA establishes to properly control pending workloads. EPs have specific codes to identify types of claims or actions required, and VBA uses this system to monitor and manage its workload. The EP system also determines appropriate work credit to substantiate proper staffing requirements, determine productive capacity, and formulate the annual budget submission. As such, VBA staff are required to promptly establish an EP for each claim, which should generally remain pending until all required actions on that claim have been completed. Rating EPs generally require a disability rating decision and include claims for disability compensation, dependency and indemnity compensation, and veterans' pension benefits, including both original and supplemental claims. Table 1 describes the EP series, EP group, and specific EPs that VBA considers rating EPs and counts in the backlog.

Table 1. VBA's Rating EPs and Definitions

| EP Number | Definition |
|------------|--|
| 010 Series | Initial entitlement for service-connected disability, eight issues or more |
| 110 Series | Initial entitlement for service-connected disability, seven issues or less |
| 020 Series | Increased evaluation and/or additional claimed conditions |
| 140 Series | Initial claims from surviving spouses, children or parents |
| 180 Series | Initial entitlement for Pension - Veteran |
| 120 Series | Increased entitlement and/or reconsideration for Pension |
| 310 Group | Future examination for disabilities (excludes EP 314) |
| 320 Series | Increased entitlement due to hospitalization or surgery |
| EP 405 | Reopened or new Agent Orange claims After 9/01/10 |
| EP 409 | Agent Orange claims where an interim decision was provided |
| EP 681 | Reopened or new Agent Orange claims prior to 8/30/10 |
| EP 687 | New Agent Orange presumptive claims (Nehmer) |

¹¹ The MMWR provides statistics on the number of some other EPs pending over 125 days; however, it does not specify that some require rating decisions.

¹² M21-4 Manual, Appendix B, Section I, End Products-General Principles.

Source: VA OIG's presentation of rating EPs from VBA's MMWR summary document dated September 2015

Prior Reports and Congressional Request

Several prior OIG reports identified issues that compromised data integrity related to performance measures. For example, VBA created new policies related to provisional ratings¹³ and dates of claims for unadjudicated discovered claims¹⁴ that misrepresented VBA's inventory and timeliness. Furthermore, in some instances VBA management or staff took incorrect actions that misrepresented workload statistics.¹⁵ In addition, in September 2015, the OIG received a request from the Chairman of the U.S. House of Representatives Committee on Veterans' Affairs to review allegations of workload data manipulations at a Veterans Affairs Regional Office (VARO). The OIG responded to this request in January 2016 by saying it was planning a nationwide review of data integrity throughout VBA.

¹³ See VA OIG's *Veterans Benefits Administration: Review of the Special Initiative to Process Rating Claims Pending Over 2 Years*, Report Number 13-03699-209, dated July 14, 2014. VBA discontinued authorization for use of provisional ratings in November 2013. In November 2016, VBA reported 15 provisionally rated claims remained pending, and in September 2017, VBA reported appropriate final action had been taken on all provisionally rated claims it had identified.

¹⁴ See VA OIG's *Veterans Benefits Administration: Review of Alleged Data Manipulation at the VA Regional Office Little Rock, Arkansas,* Report Number 14-03963-139, dated February 26, 2015. In this report, the OIG concluded that VBA issued a temporary moratorium on guidance to use the date claims were discovered as the date of claim, in June 2014, and VBA terminated this guidance in January 2015.

¹⁵ For example, see VA OIG's Department of Veterans Affairs: *Review of Alleged Data Manipulation at the VA Regional Office Houston, TX*, Report Number 14-04003-298, dated September 30, 2014.

Results and Recommendations

Finding 1: VBA's Reported Backlog Statistics Omitted Some Claims over 125 Days Old

VBA's reported backlog did not represent all claims that had been awaiting rating decisions for more than 125 days during the first and second quarters of FY 2016. The OIG estimated VARO staff completed about 63,600 other EPs that required rating decisions that took over 125 days to complete and which VBA did not count as part of the backlog. This occurred because VBA leaders chose to limit which EPs were included in the backlog. VBA's reported backlog statistics could be unclear to some stakeholders regarding its progress toward eliminating the disability claims backlog. The OIG estimated that in its completed backlog, VBA only reported about 239,000 of 302,000 claims (79 percent) that required rating decisions that took over 125 days during the first and second quarters of FY 2016. More importantly, VBA generally prioritized its workload of rating EPs over other EPs, resulting in significant delays in processing other EPs that were older and required rating decisions. At the end of May 2018, VBA reported that its rating EPs were pending an average of approximately 90 days. However, the OIG found that VBA's additional EP categories each included cases that required rating decisions, and the category with the lowest average days pending was reported as being about 142 days.

Moreover, inaccurate EPs or dates of claims (DOC) misrepresented the status of some claims. For example, the OIG estimated that 12,600 EP and/or DOC changes altered the backlog status of existing claims on the day they occurred. Not all changes resulted from inaccurate EPs or DOCs. The OIG estimated that 8,000 changes were due to an incorrect EP or DOC, and that staff erroneously changed a prior correct EP or DOC in approximately 1,300 cases. These issues stemmed from ineffective oversight and training of Claims Assistants, and these errors impaired VBA's ability to manage its workload. Finally, the OIG determined that a staff member at the Montgomery VARO incorrectly processed several rating EPs that were over a year old in a manner that prevented them from appearing in VBA's pending backlog. The staff member delayed establishing the rating EPs until the date they could be completed, even though they knew these actions were incorrect. The OIG obtained an email from a former Supervisory Veterans Service Representative directing Montgomery VARO staff to establish and complete these claims the same business day. The former supervisor stated that staff may have misinterpreted the guidance, but the intent was to complete these claims in one day, if feasible. The Veterans Service Center Manager agreed that in order to follow the guidance, staff would not timely establish the rating EP in some cases. She noted that the person who had issued the

¹⁶ Examples of claims processed under other EPs included former rating EPs that were prematurely closed or contained errors, eligibility for special housing benefits, and initial survivors pension claims.

guidance was no longer a supervisor and that the VARO had changed its process for establishing these rating EPs.

Methodology and Scope of Review

VBA reported completing about 239,000 backlog claims in the first and second quarters of FY 2016 and reported a pending backlog inventory of approximately 79,000 claims as of March 31, 2016. These statistics only included the rating EPs identified in Table 1 and omitted any claims under other EPs that were over 125 days old and may have required a rating decision. To test the extent that the reported backlog included all disability claims over 125 days requiring a rating decision, the OIG reviewed statistical samples from areas considered to be at risk of not being included in the backlog because they were not rating EPs, may have incorrect EPs or DOCs, or were completed the same day the EPs were established. The OIG sought to determine whether any claims required rating decisions and were over 125 days old. Appendix A contains more information on the scope and methodology of this review.

Other EPs Required Rating Decisions

The OIG estimated that VBA completed approximately 63,600 other EPs for claims that required rating decisions and took over 125 days to complete during the first and second quarters of FY 2016. This significant number of completed claims was not included in VBA's reported backlog since they were associated with other EPs. Examples of claims processed under other EPs that required rating decisions include:

- Former rating EPs that were provisionally rated while VA was waiting for certain evidence—these claims still required final ratings to include appeal rights and could result in additional monetary benefits.
- Former rating EPs that were prematurely closed—VBA staff still needed ratings to address claims or evidence that had not yet been considered, which could result in additional monetary benefits.
- Former rating EPs that contained errors—VBA staff still needed ratings to correct errors identified by quality teams to ensure claimants received accurate benefits.
- Eligibility for special housing benefits—these ratings can result in entitlement to adapted housing grants worth up to about \$81,000 for veterans with specific disabilities.
- Initial survivors pension claims—these ratings can result in monetary benefits to veterans' survivors who are housebound or in need of aid and attendance, and meet certain income requirements.

Because the pending workload changes daily as staff establish, change, or complete claims, the review team could not determine the number of disability claims over 125 days old that required rating decisions on a specific date. Although the OIG cannot establish a reliability factor for VBA's reported pending backlog of approximately 79,000 claims as of March 31, 2016, the OIG

opined that the exclusion of other EPs that require rating decisions resulted in a significant understatement.

Leaders Limited Which Claims Were Included in the Backlog

In 2010, the then Secretary of Veterans Affairs defined the backlog as any disability claim over 125 days old, and VBA designed a Transformation Plan to achieve the Secretary's goal of eliminating the claims backlog in 2015. Thowever, VBA leaders limited which claims were included in the backlog to rating EPs. The OIG attempted to determine the reasoning for this decision, but representatives from VBA Central Office the OIG interviewed, including Assistant and Deputy Directors and Chiefs, were unable to provide this information. They stated that they did not have direct knowledge of who determined which EPs would be included in VBA's backlog. Generally, they told the OIG that the decision had been made before their current appointments and that they thought those with direct knowledge had left VA. Some believed the then Secretary or then Under Secretary for Benefits established the backlog specifically for rating EPs because VBA had grouped these claims together for many years, they generally had the greatest impact on veterans, and they included the majority of claims pending. VARO managers and staff as well as the VBA Central Office representatives we interviewed had different opinions regarding what should be included in VBA's backlog. However, most of them agreed that VBA should revise its definition, and that limiting VBA's reported backlog to rating EPs could be unclear since other EPs also require rating decisions.

Recommendation 1 addresses the need to consider revising what VBA includes in its backlog and provide a clear definition to stakeholders.

Backlog Statistics Could Be Unclear to Some Stakeholders

Eliminating the disability claims backlog in 2015 was one of VBA's Agency Priority Goals. VBA also considered its backlog statistics when formulating budget submissions, evaluating performance, and assessing the effectiveness of transformation initiatives. As such, it was critical that VBA have a consistent, transparent definition of what was included in the backlog. However, VA reported inconsistent definitions of the backlog that did not clearly describe how the agency measured this backlog. The Director of VBA's Office of Performance Analysis & Integrity informed the OIG that Congress, Veterans Service Organizations, and VA have been treating rating EPs as the same high-priority group for many years, and that the backlog has applied to rating EPs since at least 2009. He further stated that terminology regarding the

¹⁷ VBA's Transformation Plan was a series of tightly integrated people, process, and technology initiatives designed to eliminate the claims backlog and achieve its goal of processing all claims within 125 days with 98 percent accuracy in 2015.

backlog and rating EPs is frequently summarized or simplified because the underlying meaning is well understood.

The OIG determined VBA's use of rating EPs could be unclear to some stakeholders because other claims that require rating decisions are not included in the rating EPs. In addition, although VBA has consistently measured the backlog as described in the MMWR, it has used various definitions with subtle differences in other documents that could confuse stakeholders. For example, VA has defined the backlog as including claims, disability claims, elaims awaiting rating decisions, and rating-related claims more than 125 days old. However, the OIG identified claims for disabilities that had rating decisions and were older than 125 days but were not included in VBA's backlog because they were not rating EPs. As a result, stakeholders unfamiliar with VA's EP system may be uncertain of what specific claims VA does or does not include. Figure 1 shows the number of backlog claims VBA reported completing and the number of other EPs that required rating decisions and took over 125 days to complete during the first and second quarters of FY 2016.

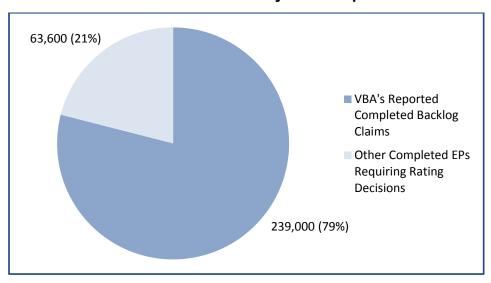


Figure 1. Rating EPs and Other EPs Requiring Rating Decisions
That Took over 125 Days to Complete

Source: VA OIG presentation of VA OIG statisticians' projections and rounded data from VBA's Daily Snapshot Report dated March 31, 2016

¹⁸ U.S. Department of Veterans Affairs FY 2017/FY 2015 Annual Performance Plan and Report (APP&R), VA Priority Goals, February 9, 2016.

¹⁹ Department of Veterans Affairs Strategic Plan to Eliminate the Compensation Claims Backlog, Section I The Backlog, January 25, 2013.

²⁰ VA website: http://benefits.va.gov/REPORTS/detailed_claims_data.asp, accessed on June 15, 2017.

²¹ U.S. Department of Veterans Affairs FY 2016 Agency Financial Report (AFR), Section I Management's Discussion and Analysis, November 15, 2016.

The OIG estimated that VBA in its completed backlog only reported about 79 percent of the claims that required rating decisions that took over 125 days during the first and second quarters of FY 2016.²² Therefore, the OIG opined that VBA's reported pending backlog of approximately 79,000 claims, as of March 31, 2016, also significantly understated the number of claims awaiting decisions for over 125 days.

Lower Priority on Other EPs

VBA's prioritization of its backlog resulted in delays in processing other claims, even if they were older and required rating decisions. Although the OIG considered all EPs that were not rating EPs to be other EPs, VBA does report statistics for certain subsets of these other EPs. Table 2 illustrates VBA's reported performance metrics for various EP categories within its workload. The OIG obtained a list of EPs included in each category; however, VBA representatives were unable to describe what each category meant, or how the EPs were chosen to be in each category. Furthermore, the OIG found cases requiring rating decisions within each of the EP categories; they are listed below.

Table 2. VBA's Reported Performance Metrics by EP Category

| EP Category | Number of Pending EPs | Percentage Pending over 125 Days | Average Days Pending |
|------------------------------------|--------------------------|--|-------------------------|
| Rating EPs | 337,063 | 20.9% | 89.6 |
| Non-Rating Bundle | 161,526 | 27.2% | 142.3 |
| Other Compensation and Pension EPs | 248,141 | 51.8% | 227.3 |
| Control EPs | 43,061 | 62.1% | 265.1 |

Source: VA OIG presentation of data from VBA's Daily Snapshot Report dated May 31, 2018

As shown in the table, the percentage of rating EPs pending over 125 days, and average days pending, for rating EPs were far lower than the other EP categories. Most VARO managers and staff the OIG interviewed stated that they generally prioritized rating EPs over other EPs. Two Deputy Directors with VBA's Office of Field Operations confirmed that rating EPs have typically received greater priority than other EPs. One stated that although VBA was currently starting to see a transition toward balancing the workload, rating EPs were still at the forefront of everyone's mind. Since rating EPs generally received higher priority, even though other EPs also

²² VBA reported approximately 239,000 rating EPs that took over 125 days in its completed backlog during the first and second quarters of FY 2016. However, not all rating EPs require rating decisions, and the Director of VBA's Office of Performance Analysis & Integrity stated that only about 231,000 of these 239,000 rating EPs (97 percent) actually required rating decisions. Accounting for rating EPs without rating decisions would slightly reduce the percentage of claims requiring rating decisions that VBA reported in its completed backlog.

required rating decisions, some rating EPs could have been prioritized over other claims that had been waiting longer for rating decisions.

EP or DOC Changes

VBA staff can affect VBA's backlog statistics when they change the EP or DOC. The OIG estimated that during the first and second quarters of FY 2016, VBA staff made approximately 12,600 EP and/or DOC changes that moved claims either into or out of the backlog on the day the change occurred. Not all changes resulted from inaccurate EPs or DOCs. For example, in some cases, VBA received additional evidence that resulted in a change to the EP. Moreover, some changes resulted from VBA policy directing staff to change certain claims from rating EPs to other EPs, or vice versa. Table 3 includes estimates of whether changes were due to an incorrect EP or DOC, staff erroneously changed a prior correct EP or DOC, or the EP or DOC was correct before and after the change. Table 3 also shows estimates of changes that accurately reflected the backlog status of the claims.

Table 3. EP and/or DOC Changes Affecting Backlog Status

| EP and/or DOC Changes | Estimated Population | Changes Due to Incorrect Prior EP or DOC | Correct Prior EP or DOC Inaccurately Changed | EP or DOC Correct Before and After Change | Backlog Status Accurately Reflected |
|--|----------------------|---|---|--|--|
| Changes That Moved Claims into the Backlog | 6,500 | 4,600 | 1,100 | 870 | 5,200 |
| Changes That Moved Claims out of the Backlog | 6,100 | 3,500 | 200 | 2,400 | 5,900 |
| Total | 12,600 | 8,000 | 1,300 | 3,300 | 11,100 |

Source: VA OIG statisticians' projection of estimated populations. The data sample was obtained from VBA's Corporate Data Warehouse on November 1, 2016. Due to rounding, some numbers may not sum.

The OIG found that most changes correctly reflected the backlog status of the claims. However, the OIG is concerned that most of these claims had been improperly categorized before they were changed. For example, in one case, VBA staff correctly changed a claim to a rating EP when it was 1,329 days old; however, VBA's backlog statistics would have been inaccurate prior to correcting the EP.

Ineffective Oversight and Training

Inaccurate DOCs and EPs were generally due to rushing to meet production requirements and insufficient training. VARO management and staff the OIG interviewed stated that most claims were established by Claims Assistants whose responsibilities include processing mail, establishing claims with the correct EPs, and updating electronic systems.

VBA did not have a national performance plan for Claims Assistants in FY 2016, leading to inconsistent oversight when compared to other claims processing staff. For other staff who process claims, VBA had national performance plans that outlined performance standards for productivity and quality. A Deputy Director with VBA's Office of Field Operations acknowledged that VBA did not have a national performance plan for Claims Assistants, but that VBA was in the process of creating one. She stated that Claims Assistants needed attainable standards and said she believed that consistent tracking of their production and quality would improve accuracy.

VBA also required far less training for Claims Assistants than it did for other claims processing staff. For example, Claims Assistants were required to take a minimum of 16 hours of training during FY 2017 compared to a minimum of 80 hours for Veterans Service Representatives, Rating Veterans Service Representatives, and Decision Review Officers. A Lead Training Program Manager with VBA's Compensation Service reported feeling that errors occurred because of a lack of training for Claims Assistants. She noted that VBA has a required curriculum for new Claims Assistants but no subsequent national training plan. She stated that the training staff make certain lessons mandatory throughout the year and that VAROs manage the rest of the training for Claims Assistants. She suggested that more training would improve the accuracy of EPs and DOCs. An Assistant Director with VBA's Compensation Service told the OIG that VBA was in the process of creating a national training plan for Claims Assistants.

Recommendation 2 addresses the need for VBA to provide consistent oversight and training of Claims Assistants through national performance and training plans.

Inaccuracies Impaired Workload Management

Failure to accurately establish EPs in VBA's electronic system impaired VBA's ability to manage its workload. VBA's National Work Queue centrally manages the national claims workload by prioritizing and distributing claims across VBA's network of VAROs to maximize resources, improve processing timeliness, and better serve veterans and their families.²³ The tool uses routing rules, which rely on attributes such as EP and DOC to distribute claims daily to each VARO based on several factors, including VARO capacity, national claims processing priorities, and special missions. If staff do not accurately establish claims in VBA's electronic system, the National Work Queue may not appropriately prioritize and distribute claims to VAROs for processing—causing even further processing delays.

²³ VBA's National Work Queue is a workload distribution tool to enhance VBA's productive capacity and assist with maintaining the goal of having no disability rating claims pending over 125 days. Department of Veterans Affairs, Veterans Benefits Administration, National Work Queue, Phase 1 Playbook.

Claims Established and Completed on the Same Day

An Assistant Director from VBA's Office of Performance Analysis and Integrity confirmed that some backlog claims might not be counted in VBA's pending backlog. For example, some claims completed on the same day they were established were not captured in these statistics since they were reported based on a point in time, and VBA's most current pending backlog data were always from the prior day. The OIG identified approximately 940 rating EPs in VBA's Corporate Data Warehouse recorded as being over 125 days old and completed the same day they were established, during the first and second quarters of FY 2016.

It would not be wrong for staff to discover an old claim and complete it the same day. Therefore, the OIG reviewed a statistical sample of 30 rating EPs that were established and completed the same day to determine whether staff delayed establishing these claims to prevent them from appearing in the pending backlog data. The OIG review focused on rating EPs that were over a year old because the OIG considered them to be at a higher risk.

The OIG determined that staff at the Montgomery VARO processed 14 of the 30 rating EPs (47 percent) that were established and completed on the same day. Generally, a staff member requested medical examinations for these claims under other EPs, then, once the examinations had been completed, the staff member would establish the appropriate rating EPs and other VARO staff completed the claims on the same day. VBA guidance requires staff to establish the rating EP before ordering the medical examination.²⁴ The staff member was aware the examination should have been ordered under the rating EP; however, they stated that they had been told to establish and complete these claims on the same day because the claims were so old.

The OIG obtained an email from a former Supervisory Veterans Service Representative directing Montgomery VARO staff to establish and complete these claims on the same business day, especially if the claim was greater than two years old. The email noted that the VARO could not have these cases on its rating inventory report the next business day. The former supervisor stated that staff may have misinterpreted the guidance, but the intent was to complete these claims in one day if possible, although that was not specified in the email. They did acknowledge that there was increased scrutiny on claims pending over two years and that these actions would have prevented the claims from showing up in the pending workload.

The Veterans Service Center Manager agreed that to comply with the guidance when an examination was needed, staff would not timely establish the rating EP. She stated that she became aware of the issue when she heard staff discussing it. She pointed out that the person who had issued the guidance was no longer a supervisor and that the VARO had changed its

²⁴ M21-1, Adjudication Procedures Manual, Part III, Subpart iv, Chapter 3, Section C, Topic 2, *Control of Future Examinations*.

process for establishing these rating EPs. Therefore, the OIG made no recommendations related to this issue.

Conclusion

Although VBA has reported significant reductions in its backlog, the OIG found that what the backlog represented was not always clearly defined. Furthermore, the pending backlog could be significantly understated when compared to some definitions VA has used because it does not include all the claims that had been awaiting rating decisions for over 125 days. For example, VBA only counted rating EPs in its reported backlog; however, other EPs also required rating decisions, and some claims moved from one category to the other. VBA could also improve the accuracy of these statistics by ensuring consistent oversight and training of staff who establish EPs and DOCs.

Recommendations 1-2

- 1. The OIG recommended the Under Secretary for Benefits consider revising which claims are included in VBA's reported disability claims backlog and provide a clear definition to all stakeholders
- 2. The OIG recommended the Under Secretary for Benefits implement a plan to provide consistent oversight and training of Claims Assistants through national performance and training plans.

Management Comments and OIG Response

The Under Secretary for Benefits concurred in principle with Recommendation 1 and concurred with Recommendation 2. The Under Secretary provided acceptable action plans for both recommendations.

To address Recommendation 1, the Under Secretary for Benefits stated VBA is conducting a review on how to supplement or adjust reporting on the rating-related backlog and will consult with stakeholders to make certain any proposed changes are well understood. The target date for completion is December 31, 2018. To address Recommendation 2, VBA implemented national performance standards for Claims Assistants on November 1, 2017. In addition, VBA developed a national training plan for Claims Assistants, incorporated it into the nationally mandated training curriculum for fiscal year 2019, and will require all appropriate courses be completed by September 30, 2019.

The OIG will monitor VBA's progress and follow up on implementation of the recommendations until all proposed actions are completed.

Appendix A: Scope and Methodology

Scope

The OIG conducted this review from April 2016 through June 2018. The review focused on EPs completed during the first and second quarters of FY 2016 that were not considered part of VBA's backlog. In addition, the review consisted of EP and DOC changes affecting backlog status that were made during the first and second quarters of FY 2016. Since VBA measures appeals separately, the team did not include the appeals workload in its review.

Methodology

To accomplish its objective, the OIG reviewed applicable laws, regulations, policies, procedures, and guidelines. The OIG assessed whether VBA staff complied with claims processing policies and procedures, specifically focusing on those potentially affecting the accuracy of VBA's reported backlog data. The OIG interviewed VBA Central Office management and staff. The OIG conducted on-site interviews with appropriate VBA management and staff at five randomly selected and two judgmentally selected VAROs from October 2016 through March 2017. OIG statisticians randomly selected the Fargo, North Dakota; Ft. Harrison, Montana; Louisville, Kentucky; Roanoke, Virginia; and Seattle, Washington, VAROs. The OIG judgmentally selected the Montgomery, Alabama, and Philadelphia, Pennsylvania, VAROs based on the review results.

In collaboration with the VA OIG statisticians, the OIG developed a sampling methodology that required the review of a stratified random sample of 210 completed other EPs that had a rating date before April 2016 in VBA's Corporate Data Warehouse. The OIG also developed sampling methodologies that required the review of statistically selected random samples of 30 cases in three additional areas. Details of the sampling methodologies for the three additional areas follow.

- EP and/or DOC changes that moved claims out of the backlog
- EP and/or DOC changes that moved claims into the backlog
- Rating EPs over one year old that were established and completed the same day

For each of the cases in our samples, the OIG reviewed claims folders, as well as electronic records. Appendix B provides details on the statistical sampling methodology and projections.

Fraud Assessment

The OIG exercised due diligence in staying alert to any fraud indicators by taking actions such as these:

- Identified regulations and policies related to the review subject matter
- Assessed previous reviews, audits, and inspections as reported by VA OIG and other auditing organizations regarding VBA
- Completed Fraud Indicators and Assessment Checklist
- Reviewed VA OIG's Hotlines for reports of fraud in this review area

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

Data Reliability

The OIG used computer-processed data from VBA's Corporate Database. To test for reliability, the OIG reviewed the data to determine whether any data were missing from key fields, including any calculation errors, or were outside the time frame requested. The OIG also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, the OIG compared veterans' names, file numbers, Social Security numbers, VARO number, DOCs, and decision dates as provided in the data received to information contained in VBA's electronic systems, including Veterans Benefits Management System and Share, for the 300 files the OIG reviewed. Testing of the data disclosed that they were sufficiently reliable for the review objectives.

Government Standards

We 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

The OIG reviewed representative samples of completed EPs that were not considered part of VBA's backlog, as well as EP and DOC changes affecting backlog status, to determine whether VBA's reported pending disability claims backlog included all disability claims over 125 days old requiring rating decisions. The OIG used statistical sampling to estimate the populations, quantify the number of cases with errors, and project impact on VBA's reported backlog.

Population

The estimated population of other EPs that required a rating decision and were completed in over 125 days was about 63,600. The estimated populations of EP and/or DOC changes that moved claims into and out of the backlog were about 6,500 and 6,100 respectively. Each of the above populations applies to the first and second quarters of FY 2016.

Sampling Design

The OIG selected a sample of 210 other EPs that had a rating date before April 2016 in VBA's Corporate Data Warehouse and stratified based on EP series. A maximum of 10 cases per EP series were randomly selected. Within each EP series, all cases had a chance of being selected to allow making a projection over the whole population or by EP series. The OIG also selected random samples of 30 records from the remaining two populations above. In these areas, all cases had a chance of being selected to allow making a projection over the whole population.

Weights

The OIG calculated estimates in this report using weighted sample data. Sampling weights are computed by taking the product of the inverse of the probabilities of selection at each stage of sampling.

Projections and Margins of Error

The OIG used WesVar software to calculate the weighted universe estimates and associated sampling errors. WesVar employs replication methodology to calculate margins of error and confidence intervals that correctly account for the complexity of the sample design. The margins of error and confidence intervals are indicators of the precision of the estimates. If the OIG repeated this review with multiple samples, the confidence intervals would differ for each sample, but would include the true population value 90 percent of the time. For example, the OIG is 90 percent confident the true universe of completed claims under other EPs that required a rating decision and were completed in over 125 days is between 51,869 and 75,233.

The following tables detail our analysis and projected results:

- Table 4 shows the review projections for the estimated population of rating EPs and other EPs requiring rating decisions that took over 125 days to complete, the percentage that were rating EPs that took over 125 days to complete, and the percentage that were other EPs requiring rating decisions that took over 125 days to complete.
- Table 5 shows the review projection for the estimated population of completed claims under other EPs that required a rating decision and took over 125 days to complete.
- Table 6 shows the review projections for estimated populations of EP and/or DOC changes
 that affected backlog status, changes due to incorrect prior EPs or DOCs, correct prior EPs or
 DOCs that staff inaccurately changed, EPs or DOCs that were correct before and after the
 changes, and whether the backlog status was accurate following the changes.
- Table 7 shows the review projections for estimated populations of EP and/or DOC changes that moved claims into the backlog, changes due to incorrect prior EPs or DOCs, correct prior EPs or DOCs that staff inaccurately changed, EPs or DOCs that were correct before and after the changes, and whether the backlog status was accurate following the changes.
- Table 8 shows the review projections for estimated populations of EP and/or DOC changes that moved claims out of the backlog, changes due to incorrect prior EPs or DOCs, correct prior EPs or DOCs that staff inaccurately changed, EPs or DOCs that were correct before and after the changes, and whether the backlog status was accurate following the changes.

Table 4. Summary of Projections and Confidence Intervals for Rating EPs and Other EPs Requiring Rating Decisions That Took over 125 Days to Complete

(Samples Meeting Condition = 70)

| Results | Projections | Margin of Error | Lower Limit 90% Confidence Interval | Upper Limit 90% Confidence Interval |
|---|-------------|--------------------|--|--|
| Estimated Population of Rating EPs and Other EPs Requiring Rating Decisions That Took over 125 Days to Complete | 302,392 | 11,682 | 290,710 | 314,074 |
| Percentage of Estimated Population That Were Rating EPs and Took over 125 Days to Complete | 79% | 10.9% | 68.1% | 89.9% |
| Percentage of Estimated Population That Were Other EPs Requiring Rating Decisions and Took over 125 Days to Complete | 21% | 10.9% | 10.1% | 31.9% |

Source: VA OIG statisticians' projection of estimated population of 63,551 other EPs with rating decisions completed in over 125 days in addition to VBA's reported 238,841 completed backlog during the first and second quarters of FY 2016. This data sample was obtained from VBA's Corporate Data Warehouse on May 16, 2018, and the VBA reported data was obtained from VBA's Daily Snapshot Report dated March 31, 2016.

Table 5. Summary of Projection and Confidence Intervals for Other EPs Requiring a Rating Decision That Took over 125 Days to Complete

| Result | Projection | Margin of Error | Lower Limit 90% Confidence Interval | Upper Limit 90% Confidence Interval | Samples Meeting Condition |
|--|------------|--------------------|--|--|---------------------------------|
| Other EPs That Required Rating Decisions and Were Completed in over 125 Days | 63,551 | 11,682 | 51,869 | 75,233 | 70 |

Source: VA OIG statisticians' projection of estimated population of other EPs with rating decisions completed in over 125 days. This data sample was obtained from VBA's Corporate Data Warehouse on May 16, 2018.

Table 6. Summary of Projections and Confidence Intervals for Total EP and/or DOC Changes Affecting Backlog Status

| Results | Projections | Margin of Error | Lower Limit 90% Confidence Interval | Upper Limit 90% Confidence Interval | Samples Meeting Condition |
|---|-------------|--------------------|--|--|---------------------------------|
| Estimated Population - Changes Affecting Backlog Status | 12,636 | 938 | 11,698 | 13,574 | 60 |
| Change Due to Incorrect Prior EP or DOC | 8,031 | 1,426 | 6,605 | 9,458 | 38 |
| Correct Prior EP or DOC Inaccurately Changed | 1,292 | 829 | 463 | 2,120 | 6 |
| EP or DOC Correct Before and After Change | 3,313 | 1,203 | 2,110 | 4,516 | 16 |
| Backlog Status Accurate Following Change | 11,127 | 1,245 | 9,881 | 12,372 | 53 |

Source: VA OIG statisticians' projection of estimated populations. This data sample was obtained from VBA's Corporate Data Warehouse on November 1, 2016.

Table 7. Summary of Projections and Confidence Intervals for EP and/or DOC Changes That Moved Claims into the Backlog

| Results | Projections | Margin of Error | Lower Limit 90% Confidence Interval | Upper Limit 90% Confidence Interval | Samples Meeting Condition |
|---|-------------|--------------------|--|--|---------------------------------|
| Estimated Population – Claims Moved into the Backlog | 6,530 | 369 | 6,161 | 6,747 | 30 |
| Change Due to Incorrect Prior EP or DOC | 4,571 | 977 | 3,594 | 5,549 | 21 |
| Correct Prior EP or DOC Inaccurately Changed | 1,088 | 769 | 319 | 1,857 | 5 |
| EP or DOC Correct Before and After Change | 871 | 701 | 170 | 1,572 | 4 |
| Backlog Status Accurate Following Change | 5,224 | 874 | 4,350 | 6,099 | 24 |

Source: VA OIG statisticians' projection of estimated populations. This data sample was obtained from VBA's Corporate Data Warehouse on November 1, 2016.

Table 8. Summary of Projections and Confidence Intervals for EP and/or DOC Changes That Moved Claims out of the Backlog

| Results | Projections | Margin of Error | Lower Limit 90% Confidence Interval | Upper Limit 90% Confidence Interval | Samples Meeting Condition |
|---|-------------|--------------------|--|--|---------------------------------|
| Estimated Population – Claims Moved out of the Backlog | 6,106 | 875 | 5,231 | 6,980 | 30 |
| Change Due to Incorrect Prior EP or DOC | 3,460 | 1,067 | 2,393 | 4,527 | 17 |
| Correct Prior EP or DOC Inaccurately Changed | 204 | 343 | 1 | 547 | 1 |
| EP or DOC Correct Before and After Change | 2,442 | 997 | 1,445 | 3,439 | 12 |
| Backlog Status Accurate Following Change | 5,902 | 912 | 4,990 | 6,814 | 29 |

Source: VA OIG statisticians' projection of estimated populations. This data sample was obtained from VBA's Corporate Data Warehouse on November 1, 2016.

Appendix C: Management Comments

Department of Veterans Affairs Memorandum

Date: August 16, 2018

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – Review of Accuracy of Reported Pending Disability Claims Backlog Statistics

- [Project No. 2016-02103-SD-0151]

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

1. Attached is VBA's response to the OIG Draft Report: Review of Accuracy of Reported Pending Disability Claims Backlog Statistics.

2. Questions may be referred to Ruma Mitchum, Program Analyst, at 632-8987.

(Original signed by)

Paul R. Lawrence, Ph. D.

Attachments

Attachment

Veterans Benefits Administration

Comments on OIG Draft Report

Review of Accuracy of Reported Pending Disability Claims Backlog Statistics

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

<u>Recommendation 1</u>: The OIG recommended the Under Secretary for Benefits consider revising which claims are included in VBA's reported disability claims backlog and provide a clear definition to all stakeholders.

<u>VBA Response</u>: Concur in principle. VBA is currently reviewing how best to supplement or adjust reporting on the rating-related backlog since such reporting has been essentially unchanged since reporting began in 2009. VBA will consult and collaborate with stakeholders to make certain any proposed changes to reporting on the backlog are well understood.

Target Completion Date: December 31, 2018

<u>Recommendation 2</u>: The OIG recommended the Under Secretary for Benefits implement a plan to provide consistent oversight and training of Claims Assistants through national performance and training plans.

<u>VBA Response</u>: Concur. VBA implemented national performance standards for Claims Assistants (CAs) on November 1, 2017, which included a critical element for quality to ensure accurate front-end claims processing.

VBA also developed a national training plan for CAs and incorporated it into the nationally mandated training curriculum for fiscal year (FY) 2019. VBA will deliver the courses contained in this training plan throughout the FY, and will require all appropriate courses be completed by September 30, 2019.

Target Completion Date: September 30, 2019

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

Contact and Staff Acknowledgments

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