



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

*Office of Audits and Evaluations*

VETERANS BENEFITS ADMINISTRATION

Accuracy of Disability Benefit  
Evaluations for Veterans'  
Service-Connected Heart  
Diseases

REVIEW

#19-08095-198

AUGUST 5, 2020



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## Executive Summary

The VA Office of Inspector General (OIG) conducted this review to determine whether Veterans Benefits Administration (VBA) decision makers accurately completed disability evaluations for veterans' service-connected heart diseases. Service-connected disability compensation is a tax-free benefit paid to veterans for injuries or illnesses, such as heart diseases, that occurred during or were made worse by military service. Veterans submit claims for this benefit based on their specific injuries or illnesses, and VBA decision makers evaluate the claims and determine whether veterans are eligible to receive the benefit for their medical conditions.

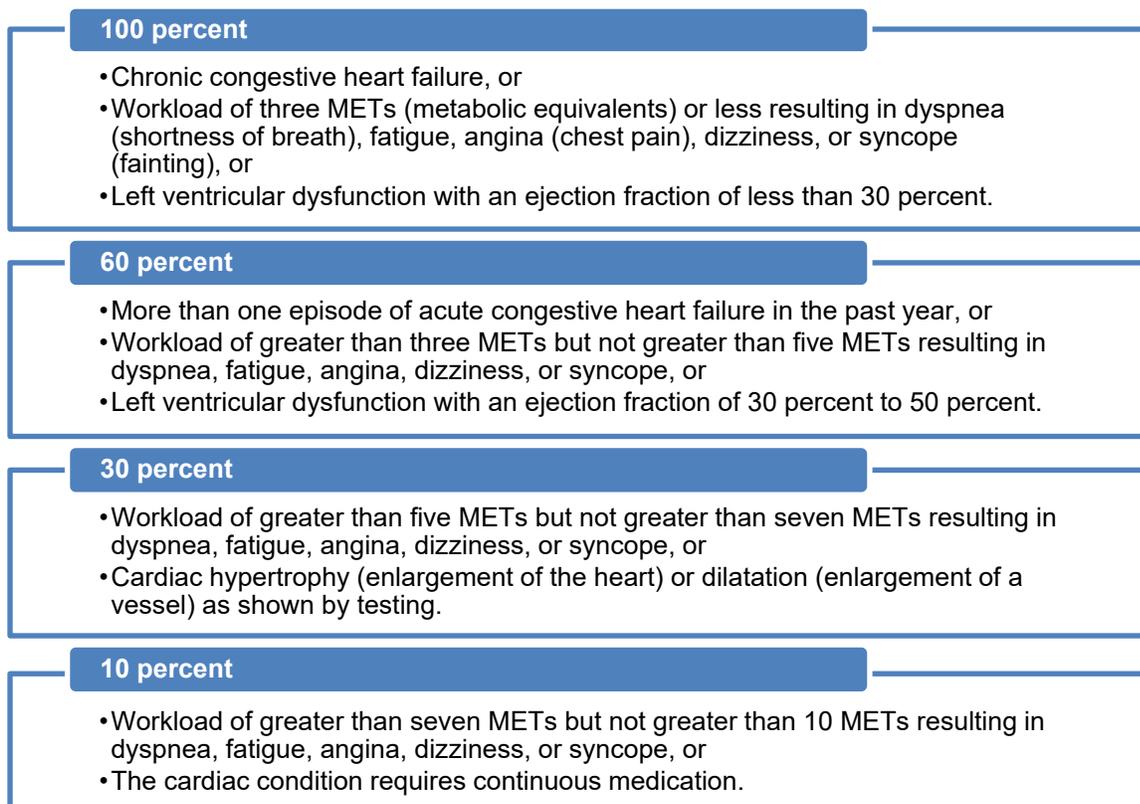
VBA decision makers who have the authority to make formal decisions on veterans' disability compensation claims include rating veterans service representatives and decision review officers. In addition, rating quality review specialists may process claims at the direction of national leaders. Before VBA decision makers can decide a veteran's claim, they must ensure that all required claims processing actions have been completed. They should review the medical provider-completed disability benefits questionnaire to ensure VBA received all required information needed to decide the claim.<sup>1</sup> If VBA decision makers determine that the disability benefits questionnaire is insufficient, they should send the report back to the medical provider for clarification. A disability benefits questionnaire is insufficient if it does not contain enough findings to render a decision on the claim. For example, missed fields on the disability benefits questionnaire or conflicting or unclear statements by the medical provider could make the questionnaire insufficient.

VBA decision makers evaluate heart diseases according to VA's rating schedule, based on the level of disability: 10 percent, 30 percent, 60 percent or 100 percent. Each of these percentages links to a commensurate monetary amount of disability compensation the veteran receives.

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<sup>1</sup> For the sake of brevity in this report, the review team uses the term "medical provider" to refer to medical examiners; however, other individuals, including nurse practitioners and physician assistants may also perform these examinations.

Figure 1 outlines the general criteria for evaluating heart disease.



**Figure 1.** Criteria for evaluating heart disease.

Source: 38 C.F.R. § 4.104 (2017).

VBA decision makers can also assign a 0 percent disability evaluation if the criteria for a 10, 30, 60, or 100 percent evaluation for service-connected heart disease are not met. There is no monetary amount of disability compensation associated with a 0 percent disability evaluation.

According to VBA, about 382,000 veterans had service-connected disabilities involving heart disease as of September 30, 2019. In addition, VA estimated that up to 560,000 additional veterans may be eligible to receive compensation for illnesses related to herbicide exposure, one of which is heart disease, beginning in January 2020.<sup>2</sup>

## What the Review Found

The OIG estimated, based on a statistical sample, that VBA decision makers incorrectly evaluated about 2,000 of 16,300 veterans (12 percent) with service-connected heart disease between November 1, 2018, and April 30, 2019. Of those that were incorrectly processed, about

<sup>2</sup> Blue Water Navy Vietnam Veterans Act of 2019, Pub. L. 116-23, (2019). These illnesses also include such disabilities as type II diabetes mellitus, prostate cancer, and respiratory cancers. 38 C.F.R. § 3.309 (e).

870 resulted in improper payments totaling at least \$5.6 million. The OIG estimated that VBA could make \$56.2 million in improper payments over the next five years unless VBA implements procedures to improve the decision-making process for veterans' claims for heart disease. This number emphasizes the importance of taking timely corrective action, and the potential impact for failure to do so.

The review team identified incorrect evaluations in two major categories:<sup>3</sup>

- VBA decision makers inappropriately evaluated heart disease using insufficient disability benefits questionnaires.
- VBA decision makers inaccurately assigned disability evaluations for service-connected heart disease.

### **VBA Decision Makers Inappropriately Evaluated Heart Disease Using Insufficient Disability Benefits Questionnaires**

Before VBA decision makers decide on a disability compensation claim, they review a disability benefits questionnaire. These questionnaires are completed by a Veterans Health Administration (VHA) or contracted medical provider. The review team determined that the format of the disability benefits questionnaire led to inappropriate evaluations of veterans' heart conditions. For example, medical providers could select from several heart-related diagnoses that could be unrelated to the claim, sometimes conflicting with their response in another section of the questionnaire.

Additionally, the system-generated instructions included on the request for the completion of the disability benefits questionnaire could yield unclear medical statements. VBA staff use the Exam Request Builder tool to ask for medical providers' completion of the heart disability benefits questionnaire. The primary purpose of this tool is to standardize the format for examination requests and improve the quality of the requests by using consistent language designed to minimize insufficient disability benefits questionnaires. When a heart disability benefits questionnaire is selected, the system generates additional instructions for the medical provider that are included on the examination request. These instructions are separate and are not included on the disability benefits questionnaire itself and sometimes yield unwarranted responses for which VBA decision makers should have requested clarification. For example, a medical provider may have indicated one measurement was used to evaluate the heart disease but then provided an additional statement that another measurement was better.

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<sup>3</sup> Evaluations were determined to be either inappropriate or inaccurate. Inappropriate evaluations are those that required further evidence before a decision could be made. Inaccurate evaluations are those that were determined to be incorrect because the evidence clearly shows another evaluation should have been assigned.

The review team found VBA decision makers had not consistently requested clarification necessary for making disability evaluations. Per VBA guidance, decision makers should request clarification from the medical provider if the disability benefits questionnaire is insufficient. When interviewed, however, some VBA decision makers indicated they would instead resolve the situation in favor of the veteran. They cited VBA guidance on “reasonable doubt,” which allows VBA decision makers to resolve conflicting evidence in favor of the veteran if the evidence is equal and not due to insufficiency or lack of clarity.<sup>4</sup> Reasonable doubt does not apply if the evidence is unclear or incomplete, such as in the case of insufficient, missing, or conflicting information on a disability benefits questionnaire. In these instances, VBA guidance directs decision makers to seek medical clarification before completing a disability evaluation.

Additionally, VBA decision makers cited “higher of two evaluations” guidance, which allows a higher percentage to be assigned during the evaluation in the veteran’s favor if warranted by available evidence if there is doubt between which two percentage evaluations to assign.<sup>5</sup> The evidence must equally (or approximately equally) support two levels of evaluation in order for the higher evaluation to be awarded.

## **VBA Decision Makers Inaccurately Assigned Disability Evaluations for Service-Connected Heart Disease**

The review team also identified a separate group of evaluations for service-connected heart diseases that was inaccurate—meaning the available evidence supported a different disability evaluation. For example, a veteran should be compensated temporarily at the 100 percent disability rate for a diagnosed myocardial infarction (heart attack). However, a VBA decision maker did not award the temporary 100 percent evaluation and instead evaluated the disability based on the examination findings alone; therefore, the veteran was underpaid. VBA was notified of identified errors during the OIG review. Because the review team did not identify a common trend or pattern in these errors, a recommendation for additional action was not warranted.

## **What the OIG Recommended**

The OIG recommended that the under secretary for benefits implement a plan to

1. Incorporate the system-generated instructions for medical providers directly into the heart disability benefits questionnaire (instead of separately on the examination

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<sup>4</sup> 38 C.F.R. § 3.102; VA Manual 21-1, part 3, sub. 4, chap. 5, sec. A, topic 1.j, “Reasonable Doubt Rule,” August 29, 2001.

<sup>5</sup> 38 C.F.R. § 4.7 (1998); VA Manual 21-1, part 3, sub. 4, chap. 5, sec B, topic 2.e, “Choosing Between Two Levels of Evaluation,” March 29, 2017.

request) and determine whether additional revisions are necessary to ensure medical providers' findings are sufficient for evaluation purposes;

2. Ensure medical providers who complete heart disability benefits questionnaires are made aware of common problem areas related to the questionnaire format and system-generated instructions and are provided guidance on how to avoid giving conflicting or insufficient information; and
3. Make certain that Veterans Benefits Administration decision makers receive refresher training on identifying and resolving heart disability benefits questionnaires that are insufficient for evaluation purposes and monitor the effectiveness of the training.

## Management Comments

The under secretary for benefits concurred in principle with recommendation 1, concurred with recommendations 2 and 3, and provided acceptable action plans for all recommendations.

Although the under secretary for benefits agreed with all the recommendations, he did not concur with the OIG's projection of estimated monetary impact. The under secretary said the estimate is incorrect and misleading to the reader because the OIG's report assumes VBA would not make any improvements over the next five years. Appendix F contains the text of the under secretary's comments. The OIG's response and justification follow.

## OIG Response

The undersecretary for benefits provided acceptable corrective action plans for each recommendation and requested the closure of recommendation 1. Based on the information provided, the OIG considers this recommendation closed. The OIG will monitor VBA's progress and follow up on implementation of the remaining recommendations until proposed actions are completed.

The OIG uses the five-year estimate of potential monetary impact to emphasize the importance of taking corrective actions and to highlight the potential magnitude of identified issues if such actions are delayed or never implemented. The OIG discloses that this is an estimate and the actual future monetary impact will vary if events and circumstances change. However, that variance is largely dependent on if, when, and how VBA implements its corrective actions.



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## Abbreviations

LVEF	left ventricular ejection fraction
METs	metabolic equivalents
OIG	Office of Inspector General
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration



## Introduction

Service-connected disability compensation is a tax-free benefit paid to veterans for injuries or illnesses that occurred during or were made worse by military service. Veterans submit claims for this benefit based on their specific injuries or illnesses, and Veterans Benefits Administration (VBA) claims processors evaluate the claims and determine whether veterans are eligible to receive disability benefits for their medical conditions. According to VBA, there were about 382,000 veterans with service-connected heart diseases as of September 30, 2019.

In August 2010, VA added heart diseases to the list of illnesses that it presumes could have been caused after veterans were exposed to herbicides while serving in the Republic of Vietnam.<sup>6</sup> New legislation that went into effect on January 1, 2020, could open the door for up to 560,000 additional veterans to be eligible to receive service-connected disability compensation for illnesses related to herbicide exposure, one of which is ischemic heart disease.<sup>7</sup>

The OIG examined whether VBA decision makers assigned accurate disability benefit evaluations for veterans' service-connected heart diseases.

## Overview of the Disability Claims Process

When a veteran submits a claim for a specific condition, VBA staff review the claim and assess the available medical evidence to determine if it is sufficient to decide the claim.<sup>8</sup> If there is not sufficient medical evidence to decide the claim, VBA staff will request an examination. Generally, once the examination is completed and determined sufficient, a decision can be made on the claim.

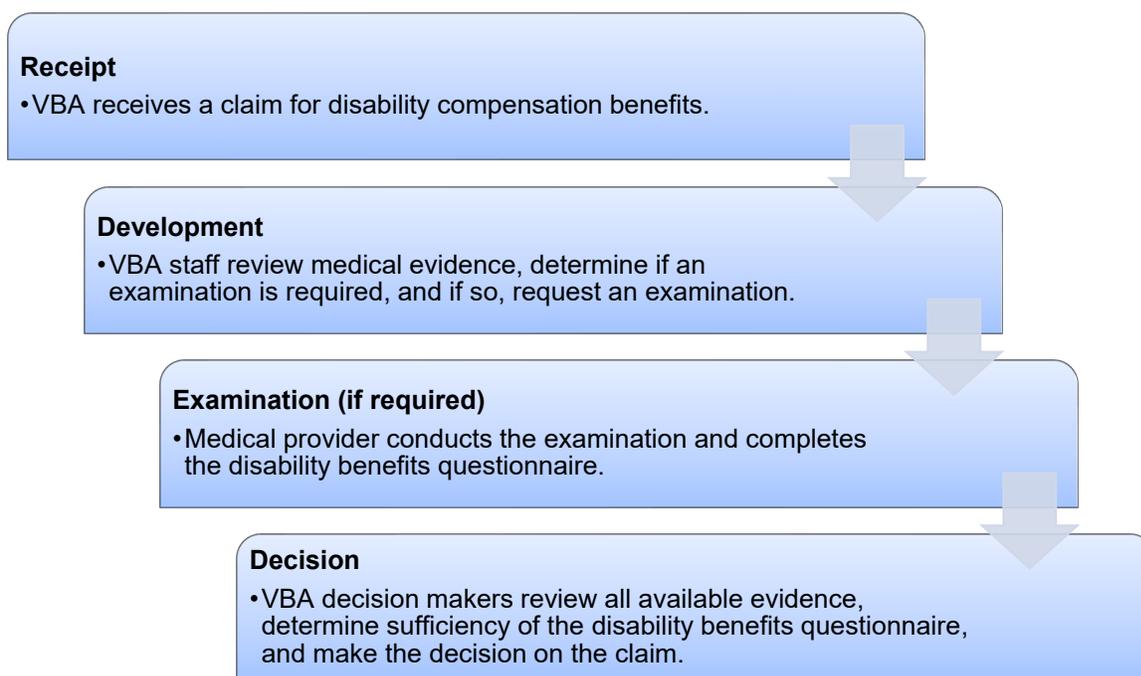
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<sup>6</sup> VA Manual 21-1, part 4, sub. 2, chap. 2, sec. C, topic 3.i, "Date Disabilities Became Subject to Presumptive SC Under 38 CFR 3.309 (e)," March 14, 2017.

<sup>7</sup> Blue Water Navy Vietnam Veterans Act of 2019, Pub. L. 116-23, (2019). These illnesses also include such disabilities as type II diabetes mellitus, prostate cancer, and respiratory cancers. 38 C.F.R. 3.309 (e).

<sup>8</sup> VBA staff includes veterans service representatives or rating veterans service representatives. However, veterans service representatives would generally be responsible for any initial examination requests.

Figure 2 describes the VBA disability compensation claims process.<sup>9</sup>



*Figure 2. VBA disability compensation claims process.*

*Source: Developed by OIG.*

## Examination Request Process

When processing a veteran's claim for disability compensation, VBA staff are required to request a medical examination if the information and evidence of record does not contain sufficient medical evidence to decide the claim.<sup>10</sup> VBA staff request the completion of a disability benefits questionnaire using the Exam Request Builder tool. The primary purpose of this tool is to standardize the format for examination requests. The Exam Request Builder improves the quality of the examination requests by using consistent language designed to minimize insufficient disability benefits questionnaires.

Within this tool, the VBA staff member identifies the specific examination needed by selecting the appropriate disability benefits questionnaire the medical provider must complete. In the case of this review, the heart disability benefits questionnaire would be selected. The VBA staff member includes any pertinent instructions to the medical provider regarding the specific claim

<sup>9</sup> For the sake of brevity in this report, the review team uses the term "medical provider" to refer to medical examiners; however, other individuals, including nurse practitioners and physician assistants can also perform these examinations.

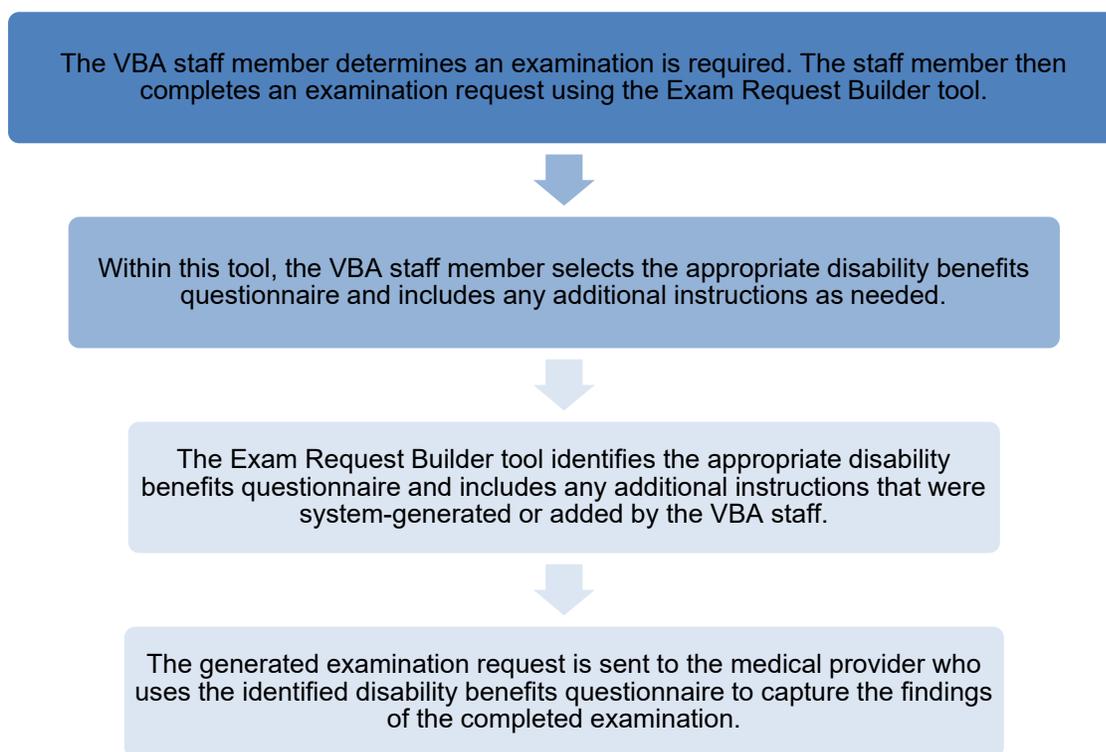
<sup>10</sup> 38 C.F.R. § 3.159.

and identifies additional evidence for the medical provider to review, such as service treatment records or private medical evidence. The Exam Request Builder tool then generates an examination request.

On some examination requests, additional instructions are automatically system-generated and included on the examination request based on the disability benefits questionnaire selected. The heart disability benefits questionnaire is one of those that includes additional system-generated instructions to the medical provider.

Once the medical provider receives an examination request, they will conduct an examination to evaluate the veteran's current condition. The medical provider uses the disability benefits questionnaire to capture the results of the examination.

Figure 3 describes the VBA examination request process.



**Figure 3.** VBA examination request process.

Source: Developed by OIG.

## Disability Benefits Questionnaire

A disability benefits questionnaire provides a standardized format for medical providers to provide information needed to make decisions on claims. A medical provider, who could be from the Veterans Health Administration (VHA) or contracted by VA, is responsible for reviewing the evidence, examining the veteran, and completing the disability benefits questionnaire. As

mentioned earlier, while the review team uses the term medical provider to refer to these examiners, nurse practitioners and physician assistants are among those who can also perform these examinations.

According to VBA, there are more than 80 internal disability benefits questionnaires that cover a full range of medical conditions. Although some disability benefits questionnaires are specific to a single condition, such as hypertension, arthritis, and prostate cancer, most forms can be used for several related conditions, such as heart, kidney, or endocrine diseases. Appendix A contains the heart disability benefits questionnaire. On April 2, 2020, VBA announced the discontinuance of publicly available disability benefits questionnaires, which originally were designed to assist veterans living overseas to obtain medical evidence in support of their benefit claims where limited options were available.

## **Completing a Decision on a Claim**

VBA decision makers who have the authority to make formal decisions on veterans' disability compensation claims include rating veteran service representatives and decision review officers. In addition, rating quality review specialists may process claims at the direction of national leaders. Before deciding a claim, VBA decision makers must ensure that all required claims processing actions have been completed. They should review the disability benefits questionnaire to ensure VBA received all required medical information. If the disability benefits questionnaire lacks the required information to reach a decision, VBA decision makers should send the disability benefits questionnaire back to the medical provider who conducted the examination for clarification. If the disability benefits questionnaire contains the required information, or if any questions have been clarified, VBA decision makers then use the information from the questionnaire to complete an evaluation of the claim. The pertinent examination findings are entered in the Evaluation Builder tool. This tool is designed to provide consistency in disability evaluations and recommended language to explain to the veteran how the decision was made.

## **Heart Disease Evaluations**

VBA decision makers evaluate heart disease according to VA's rating schedule, based on the level of disability: 10 percent, 30 percent, 60 percent, or 100 percent. Each of these percentages is linked to a commensurate monetary amount of disability compensation the veteran receives. VBA decision makers can also assign a 0 percent disability evaluation if the criteria for a 10, 30, 60, or 100 percent evaluation for service-connected heart disease are not met. There is no monetary amount of disability compensation associated with a 0 percent disability evaluation.

VBA decision makers use metabolic equivalents (METs), left ventricular ejection fraction (LVEF), and other findings provided by medical providers on the completed disability benefits questionnaires to evaluate heart disease. METs are used to describe the energy expenditure of a specific physical activity. One MET represents the energy expenditure of a person at rest.

According to Healthline.com, a METs activity rated four is defined as expending four times the energy compared to a person at rest. Determining the level of METs at which symptoms of heart disease develop, such as dizziness or fatigue, is needed for evaluating heart disease.<sup>11</sup> As of October 28, 2019, the American Heart Association website defines the ejection fraction as a measurement, expressed as a percentage, of how much blood the left ventricle of the heart pumps with each contraction and is an indication of how well the heart is functioning.<sup>12</sup> There has been a proposed rating schedule change for heart disease as it relates to the LVEF measurement. See appendix B for a discussion of the proposed change. As of the date of this publication, there has been no further action on this proposed change. Since this was only a proposed change, it did not affect the OIG's findings in this report.

When evaluating heart conditions, METs testing is required, with some exceptions. When METs testing cannot be conducted for health reasons, the medical provider may provide an estimate of the METs by interviewing the veteran to determine the lowest activity level at which the veteran reports symptoms of heart disease. In some situations, however, veterans may have both service-connected disabilities and disabilities not related to service. Disabilities that are not related to service may also have an impact on METs results. The medical provider must state in the examination that the estimated METs are due solely to the veteran's claimed service-connected heart disability.

If the medical provider cannot determine the METs attributable to service-connected heart disease because of the effects of the disabilities that are not service-related and states the LVEF renders a more accurate finding, the heart disease evaluation should be based on the LVEF shown on examination. If the medical provider does not state that the LVEF renders a more accurate finding, reasonable doubt should be resolved in the veteran's favor and the heart disease evaluation should be based on the evidence that is most advantageous to the veteran.<sup>13</sup>

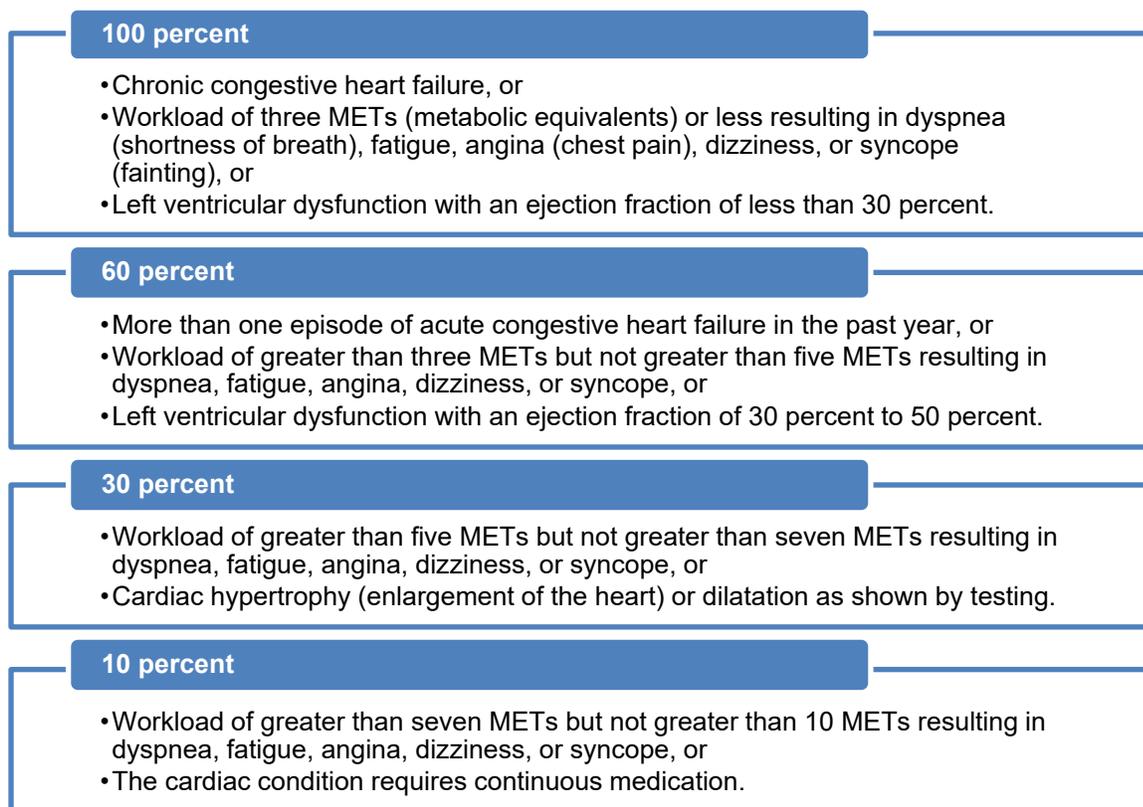
Figure 4 explains the general criteria for evaluating heart disease.

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<sup>11</sup> "What are METs and How Are They Calculated?" Healthline website accessed November 14, 2019, <https://www.healthline.com/health/what-are-mets>.

<sup>12</sup> "Ejection Fraction Heart Failure Measurement" American Heart Association website accessed October 28, 2019, <https://www.heart.org/en/health-topics/heart-failure/diagnosing-heart-failure/ejection-fraction-heart-failure-measurement>.

<sup>13</sup> VA Manual 21-1, part 3, sub. 4, chap.4, sec. G, topic 2.d, "Impact of NSC Conditions on the Evaluation of METs," January 25, 2018.



**Figure 4.** Criteria for evaluating heart disease.

Source: 38 C.F.R. § 4.104.

## VBA Oversight Structure

VBA's Compensation Service and Office of Field Operations are primarily responsible for the oversight, management, and delivery of disability compensation benefits.

### Compensation Service

The Compensation Service oversees the delivery of disability compensation and is responsible for

- Issuing and administering procedural guidance implementing initiatives and laws governing VBA compensation benefits;
- Developing, facilitating, and overseeing training for VBA employees involved in processing veterans' compensation claims; and
- Controlling and overseeing VBA's national quality assurance reviews of compensation claims processing.

### *Medical Disability Examination Quality and Program Management*

Medical Disability Examination Quality and Program Management is part of the Compensation Service and is responsible for

- Data analysis and process improvements throughout the examination process;
- Disability benefits questionnaire development, maintenance, and improvement;
- Exam request improvement;
- Examination routing support; and
- Collaboration with VHA for matters related to the compensation and pension examination process.

### **Office of Field Operations**

The Office of Field Operations oversees operations at VBA's district offices, VA regional offices, and other field offices to ensure VBA delivers benefits and services in an effective and efficient manner. Furthermore, the Office of Field Operations is responsible for

- Developing achievable performance measures that ensure timeliness, quality, and consistency of benefits; and
- Evaluating the performance of VA regional offices and other field offices.

## Results and Recommendations

### **Finding: VBA's Processing of Benefit Claims Involving Veterans' Service-Connected Heart Disease Needs Improvement**

The OIG determined that VBA decision makers incorrectly evaluated veterans with service-connected heart disease in 18 of 150 cases reviewed. Based on these statistical sample results, the review team estimated VBA decision makers incorrectly evaluated service-connected heart disease for 2,000 of 16,300 veterans (12 percent) during the review period from November 1, 2018, through April 30, 2019. The team identified errors in two different categories:

- VBA decision makers inappropriately evaluated heart disease using insufficient disability benefits questionnaires.<sup>14</sup>
- VBA decision makers inaccurately assigned disability evaluations for service-connected heart disease.<sup>15</sup>

The review team estimated from this six-month sample, that about 870 of the 2,000 incorrectly processed claims resulted in improper payments of at least \$5.6 million.<sup>16</sup> If VBA decision makers continue to make errors at the rate identified and at payment rates in effect at the time of this review, the team estimated VBA could make \$56.2 million in improper payments over a five-year period. This calculation involved multiplying the six-month sample estimate by two to make it equivalent to 12 months.<sup>17</sup> This calculation was then multiplied by five to make it equivalent to five years. This five-year projection emphasizes the importance of taking corrective actions timely and the impact if actions are not taken timely. The team determined that errors occurred because of heart disability benefits questionnaire formatting that permitted the entry of conflicting or unclear information, separate system-generated instructions included on examination requests yielding unclear medical statements, and VBA decision makers incorrectly applying VBA guidance.

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<sup>14</sup> Inappropriate evaluations are those that required further clarification before a decision was made.

<sup>15</sup> Inaccurate evaluations are those that were determined to be incorrect because the evidence clearly showed another evaluation should have been assigned.

<sup>16</sup> The estimated improper payments were either incorrect or unsupported. However, due to the small number of cases, results for these subcategories were not precise enough to be included in this report.

<sup>17</sup> Refer to appendix D, table D.2. Summary of Projections and Confidence Intervals for Total Improper Payments. These figures were rounded.

## What the OIG Did

This review sampled a population of about 16,300 veterans who received a VBA decision evaluating service-connected heart disease completed during the November 1, 2018, through April 30, 2019, review period. The team reviewed a statistical sample of 150 veterans to determine whether VBA decision makers correctly evaluated service-connected heart disease. The sample size was chosen after reviewing the expected precision of the projections given the sample size and potential error rates, as well as balancing the logistical concerns of a sample review.<sup>18</sup> The team used VBA's electronic systems, including the Veterans Benefits Management System, to examine the sampled veterans' claims folders and relevant required documentation. The team discussed the claims review with VBA officials and included their comments in the report as appropriate. The team also conducted site visits at the Portland, Oregon; Manchester, New Hampshire; Huntington, West Virginia; and Winston-Salem, North Carolina VA regional offices. Appendix C provides more specific details on what the OIG did. Appendix D provides more specific details on the OIG's sampling methodology.

This section discusses the following considerations that support the OIG's finding:

- VBA decision makers inappropriately evaluated heart disease using insufficient disability benefits questionnaires.
- VBA decision makers inaccurately assigned disability evaluations for service-connected heart disease.

## VBA Decision Makers Inappropriately Evaluated Heart Disease Using Insufficient Disability Benefits Questionnaires

The review team determined that VBA decision makers inappropriately evaluated veterans with service-connected heart disease using insufficient disability benefits questionnaires for 13 of 150 cases reviewed. A disability benefits questionnaire is determined to be insufficient if it does not contain enough findings to render a decision on the claim. For example, this could include missed fields on the disability benefits questionnaire or conflicting or unclear statements by the medical provider. Based on these statistical sample results, the review team estimated VBA decision makers inappropriately evaluated service-connected heart disease for 1,400 of 16,300 veterans (9 percent) using insufficient disability benefits questionnaires. The team also estimated about 760 of these errors resulted in overpayments. These estimated 760 improper payments are

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<sup>18</sup> Based on a population of 16,696, a sample size of 150 achieved an 8.5 percent precision which is appropriate to perform a statistically valid estimate. See appendix D for more information on the sampling design.

the result of premature evaluations completed by VBA decision makers based on insufficient disability benefits questionnaires. About 650 other errors did not result in improper payments.<sup>19</sup>

Examples 1 and 2 illustrate how an insufficient disability benefits questionnaire can require clarification before VBA decision makers evaluate heart disease.

### **Example 1**

*A medical provider documented medical examination findings on a heart disability benefits questionnaire and provided a METs level of one to three due solely to the heart condition claimed by the veteran. However, the medical provider then provided conflicting evidence by stating the following on the disability benefits questionnaire, "It is difficult to precisely indicate what METs level is exactly due to his heart. Cardiac function is calculated best with determining LVEF." In this case the LVEF was reported as 50 percent. This LVEF finding would warrant a 60 percent disability evaluation. The VBA decision maker, however, awarded a 100 percent disability evaluation based on the level of METs provided.*

*Because of the conflicting information, the VBA decision maker should have returned the disability benefits questionnaire to the medical provider for clarification on which measurement to use before evaluating the heart disease. As a result of the increased disability evaluation, the veteran was overpaid about \$4,500 at the time of the review, despite lack of clarification of the information on the disability benefits questionnaire to support the payment. The payment was ongoing at the time of the team's review. VBA quality review staff agreed with the review team's assessment that the VBA decision maker should have returned the disability benefits questionnaire for clarification before evaluating the heart disease.*

### **Example 2**

*A medical provider documented medical examination findings on a heart disability benefits questionnaire with a METs level of one to three based solely on the heart condition claimed by the veteran. The medical provider noted the veteran had two lung diseases: chronic obstructive pulmonary disease and emphysema. Also noted was that the veteran's symptoms were most likely related to his lung conditions and not his heart.*

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<sup>19</sup> The projected numbers of errors (760 and 650, respectively) do not precisely equal the projected total number of errors (1,400) due to rounding. See appendix D, table D.3.

*Recognizing the conflict, a VBA decision maker requested clarification from the medical provider to determine the METs level due solely to the heart condition, if possible. The medical provider did not provide a METs level due to the heart condition or an LVEF finding that would be useful in evaluating the disability. The VBA decision maker should have returned the examination a second time for clarification, but instead inappropriately assigned a 100 percent evaluation based on the above METs level of one to three. As a result of the 100 percent evaluation, the veteran was overpaid about \$15,900 at the time of the review. The overpayment was ongoing. VBA quality review staff were informed and agreed this evaluation was made in error.*

VBA decision makers inappropriately evaluated heart disease using insufficient disability benefits questionnaire findings based on the following three reasons discussed below:

1. The format of the heart disability benefits questionnaire ultimately resulted in inappropriate evaluations of veterans' heart disease.
2. Examination requests contained system-generated instructions that yielded medical statements that required clarification.
3. Some VBA decision makers incorrectly believed they could apply VBA guidance instead of requesting clarification of disability benefits questionnaires.

### **Heart Disability Benefits Questionnaire Format Ultimately Resulted in Inappropriate Evaluations of Veterans' Heart Disease**

The review team found that the heart disability benefits questionnaire format yielded unclear findings requiring clarifications by VBA decision makers. For example, the "Diagnosis" section, shown in figure 5, contains a list of several heart-related diagnoses that a medical provider can select that may not be relevant to the decision.

SECTION I - DIAGNOSIS		
1. DOES THE VETERAN NOW HAVE OR HAS HE / SHE EVER BEEN DIAGNOSED WITH A HEART CONDITION?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, SELECT THE VETERAN'S HEART CONDITION(S) <i>(Check all that apply)</i> :		
<input type="checkbox"/> Acute, subacute, or old myocardial infarction	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Atherosclerotic cardiovascular disease	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Coronary artery disease	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Stable angina	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Unstable angina	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Coronary spasm, including Prinzmetal's angina	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Congestive heart failure	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Supraventricular arrhythmia	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Ventricular arrhythmia	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Heart block	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Valvular heart disease	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Heart valve replacement	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Cardiomyopathy	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Hypertensive heart disease	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Heart transplant	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Implanted cardiac pacemaker	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Implanted automatic implantable cardioverter defibrillator (AICD)	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Active valvular infection	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Rheumatic Heart disease	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Endocarditis	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Pericarditis	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Syphilitic heart disease	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Other Infectious heart conditions	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Pericardial adhesions	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Hyperthyroid heart disease. (If checked, also complete the Thyroid/Parathyroid DBQ.)	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Coronary artery bypass graft	ICD Code: _____	Date of diagnosis: _____
<input type="checkbox"/> Other heart condition, specify below	ICD Code: _____	Date of diagnosis: _____
Diagnosis #1: _____	ICD Code: _____	Date of diagnosis: _____
Diagnosis #2: _____	ICD Code: _____	Date of diagnosis: _____

Figure 5. Heart Disability Benefits Questionnaire, section I – Diagnosis Section, question 1.

Source: OIG representation of Heart Disability Benefits Questionnaire.

Medical providers have the opportunity to select several diagnoses listed on the disability benefits questionnaire. However, providing a new diagnosis of a heart condition not claimed by the veteran or that is not service-connected could be problematic. New diagnoses require VBA decision makers to obtain clarification to determine whether these conditions affect the MET level or whether any of the conditions should be considered for service-connection. The disability benefits questionnaire does not require the medical provider to identify which heart condition the veteran claimed and does not have a section specifically listing the veteran's service-connected conditions. The medical provider can complete this section without regard to the heart conditions claimed by the veteran and provide a diagnosis on the disability benefits questionnaire that is unrelated to the veteran's service.

Moreover, the unrelated diagnoses sometimes conflicted with responses to a later question on the disability benefits questionnaire regarding METs due solely to the heart condition, shown in figure 6.

SECTION XIV - METs TESTING (Continued)	
14E. IS THE METs LEVEL PROVIDED ABOVE DUE SOLELY TO THE HEART CONDITION(S) THAT THE VETERAN IS CLAIMING IN THE DIAGNOSIS SECTION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If "No," complete Section 14F. (If "Yes," skip Section 14F.	
14F. WHAT IS THE ESTIMATED METs LEVEL DUE SOLELY TO THE CARDIAC CONDITION(S) LISTED ABOVE? (IF THIS IS DIFFERENT THAN METs REPORTED ABOVE BECAUSE OF CO-MORBID CONDITIONS, PROVIDE METs LEVEL AND RATIONAL BELOW)	
METs level METs level on most recent interview-based METs test:	
<input type="checkbox"/> (1-3 METs)	This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
<input type="checkbox"/> (>3-5 METs)	This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
<input type="checkbox"/> (>5-7 METs)	This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
<input type="checkbox"/> (>7-10 METs)	This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)
RATIONALE:	

**Figure 6.** Heart Disability Benefits Questionnaire, section XIV- METs testing, questions 14E-F.

Source: OIG representation of Heart Disability Benefits Questionnaire.

A conflict arises when the medical provider is asked to provide the METs level due to the veteran’s claimed heart condition in the diagnosis section, even though there is no option for the medical provider to specifically identify the claimed condition. For example, a veteran could claim coronary artery disease and upon examination, the medical provider could select coronary artery disease and supraventricular arrhythmia in the diagnosis section. Supraventricular arrhythmia is a separate condition that requires separate consideration for service-connection and would also warrant a separate disability evaluation if related to service. The medical provider then completes question 14E (figure 6), which only allows them to indicate if the MET level is due to the condition(s) the veteran is claiming in the diagnosis section. The veteran has not claimed supraventricular arrhythmia and this condition has not been related to service nor the claimed condition. Therefore, if the medical provider selects “yes” to this question, they are stating that the MET level reported is due to both the coronary artery disease and the supraventricular arrhythmia; which would require further clarification by VBA decision makers. There is no option for the medical provider to address this discrepancy.

Further, the “METs testing” section (question 14E) solicits whether the MET level is solely due to the heart disease the veteran claimed in the diagnosis section. If the answer is no, the medical provider must answer the next question (question 14F) to provide estimated METs testing results due solely to the cardiac condition “listed above.” If the METs testing results provided in question 14F differ because of other medical conditions, the medical provider is instructed to provide a rationale for this finding. Based on the format of the disability benefits questionnaire, the potential exists for medical providers to erroneously provide METs testing results for heart disease that had not been claimed nor service-connected.

Examples 3 and 4 illustrate how the heart disability questionnaire format contributed to errors being made.

### Example 3

*A veteran filed a claim for service connection for ischemic heart disease. A medical provider completed a disability benefits questionnaire to assess this condition. The medical provider listed four heart conditions in the diagnosis section, including atrial fibrillation, which was not linked to the veteran's service nor claimed by the veteran. The medical provider then reported the METs level due to the heart conditions listed in the diagnosis section, including atrial fibrillation. Thus, there was a conflict on the disability benefits questionnaire findings because the METs included a condition not claimed nor related to the veteran's military service. The VBA decision makers should have returned the disability benefits questionnaire to the medical provider to determine whether the atrial fibrillation affected the MET level instead of evaluating the ischemic heart disease. VBA quality review staff agreed with the assessment that there was an error.*

### Example 4

*A medical provider documented a MET level of greater than three to five on the disability benefits questionnaire and indicated it was not due to the heart condition in the diagnosis section. The medical provider then gave the same MET level of greater than three to five that was due to the heart condition in the second METs testing section of the disability benefits questionnaire. The medical provider listed in the rationale two other medical conditions but did not indicate whether or to what extent these other conditions affected the METs. The medical provider also stated that the LVEF was a more accurate finding of cardiovascular manifestations. Due to these multiple instances of unclear information, the VBA decision maker should have returned the disability benefits questionnaire to the medical provider for clarification on what measurement to use instead of evaluating the heart condition based on the MET level provided. VBA quality review staff agreed with the assessment that there was an error.*

VBA decision makers who have the authority to make formal decisions on veteran's disability compensation claims indicated during interviews that evaluations for service-connected heart disease were easy to complete when the findings from heart disability benefits questionnaires were clear. Consistent with the interviews, the review team found that in most cases if the disability benefits questionnaire did not require clarification of which conditions affected the MET level or what measurement to use for the evaluation, VBA decision makers evaluated the claims without error.

The OIG believes that if the disability benefits questionnaire diagnosis section was formatted to limit the diagnoses to only service-connected heart diseases or diagnoses claimed by the veteran, and the responses required for METs testing were limited solely to the service-connected or claimed heart disease, veterans could receive more accurate disability evaluations.

At the time of the OIG's review, a management analyst from the Medical Disability Exam Quality and Program Management Office's disability benefits questionnaire change control group (whose function was to update the disability benefits questionnaires), stated in an interview that the group wanted to revise the METs testing section of the questionnaire as it relates to the diagnosis section. However, the analyst was not aware of any specific revision underway.

### **Examination Requests Contained System-Generated Instructions that Yielded Medical Statements that Required Clarification**

When VBA staff request an exam and select a heart disability benefits questionnaire, the Exam Request Builder tool creates separate system-generated instructions that are included on the examination request and not part of the disability benefits questionnaire itself. The instructions state:

If the Veteran's METs score is not solely due to cardiac function please provide a revised METs score based solely on cardiac functioning. If revised METs cannot be provided without resorting to mere speculation, please indicate whether the LVEF testing renders a more accurate finding regarding cardiovascular manifestations alone.

The review team observed that medical providers were providing responses to this system-generated instruction when it was not warranted—that is, the medical provider had already identified METs scores solely due to cardiac function. This resulted in conflicting or unclear statements that needed clarification before VBA decision makers completed the disability evaluation. As previously shown in example 1, the medical provider reported a METs level due solely to the heart but then contradicted this finding by stating that it was difficult to indicate the METs level due to the heart condition. The medical provider went on to state cardiac function is calculated best with LVEF. The medical provider did not need to provide a statement regarding the LVEF findings as they had already provided the METs level due solely to the heart condition. The system-generated instruction directed the medical provider to only provide a statement regarding whether LVEF provides a more accurate finding regarding cardiovascular manifestations if the METs could not be provided without resorting to mere speculation.

At the time of the OIG's review, a management analyst from the Medical Disability Exam Quality and Program Management Office indicated the system-generated instructions had been included in the Exam Request Builder since 2014 and had been a placeholder in the builder because the disability benefits questionnaire was not revised at that time. The expectation was

that these instructions would be incorporated into the heart disability benefits questionnaire when it was revised. The management analyst also informed the review team a revision made to a heart disability benefits questionnaire occurred in July 2015. However, the instructions were not integrated into the disability benefits questionnaire. If the instructions were incorporated into the disability benefits questionnaire, the medical providers may not have provided a response when one was not warranted.

Recommendation 1 calls on VBA to incorporate the system-generated instructions for medical providers directly into the heart disability benefits questionnaire (instead of separately on the examination request) and determine whether additional revisions are necessary to ensure medical providers' findings are sufficient for evaluation purposes.

Recommendation 2 involves VBA ensuring medical providers who complete heart disability benefits questionnaires are made aware of common problem areas related to questionnaire format and system-generated instructions and are provided guidance on how to avoid giving conflicting or insufficient information.

### **VBA Decision Makers Incorrectly Believed They Could Apply VBA Guidance Instead of Requesting Clarification of Disability Benefits Questionnaire Findings**

VBA's principles for reviewing evidence allow VBA decision makers to apply reasonable doubt when deciding claims. VBA decision makers evaluate the credibility and probative value of all data and determine the approximate balance of positive and negative evidence for or against a finding. In those cases for which there is an approximate balance of positive and negative evidence, the reasonable doubt rule would apply and such doubt should be resolved in the veteran's favor.<sup>20</sup> Reasonable doubt, however, does not apply if the evidence is ambiguous or incomplete, such as in the case of insufficient or conflicting information on a disability benefits questionnaire. In these instances, VBA guidance directs decision makers to seek medical clarification before completing a disability evaluation.<sup>21</sup>

Additionally, VBA decision makers cited "higher of two evaluations" guidance, which allows the higher evaluation to be assigned in the veteran's favor if the available evidence equally (or approximately equally) supports two levels of evaluation.<sup>22</sup>

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<sup>20</sup> 38 C.F.R. § 3.102; VA Manual 21-1, part 3, sub. 4, chap. 5, sec. A, topic 1.j, "Reasonable Doubt Rule," February 19, 2019.

<sup>21</sup> VA Manual 21-1, part 3, sub. 4, chap. 3, sec. D, topic 3.c, "Clarification of Examination Reports," February 19, 2019.

<sup>22</sup> Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned. 38 C.F.R. § 4.7 (1964); VA Manual 21-1, part 3, sub. 4, chap. 5, sec B, topic 2.e, "Choosing Between Two Levels of Evaluation," November 21, 2018.

When the review team provided actual cases found with insufficient disability benefits questionnaires, at least 10 VBA decision makers at the four visited VA regional offices indicated the reasonable doubt or higher of two evaluations rules could have been applied instead of returning the questionnaires for clarification. When provided the details of one of the insufficient disability benefits questionnaires, one decision maker said he would have decided the claim using reasonable doubt and assigned the higher of two evaluations, even though the disability benefits questionnaires were unclear. In the same scenario, another VBA decision maker stated he would have assigned the higher of two evaluations as well. Although these disability benefits questionnaires required clarification, the VBA decision makers felt they had sufficient evidence to evaluate the heart conditions and inappropriately applied VBA guidance. Neither decision maker indicated they would have returned the disability benefits questionnaires for clarification.

Recommendation 3 is for VBA to make certain that VBA decision makers receive refresher training on identifying and resolving heart disability benefits questionnaires that are insufficient for evaluation purposes and monitor the effectiveness of the training.

## **VBA Decision Makers Inaccurately Assigned Disability Evaluations for Service-Connected Heart Disease**

Of the remaining five of the 18 errors, the team identified decisions for which VBA decision makers inaccurately evaluated service-connected heart disease. Examples 5 and 6 illustrate the inaccurate evaluations.

### **Example 5**

*A veteran claimed a service-connected heart disability and submitted private medical records showing a diagnosis of myocardial infarction (heart attack). VA regulations state that a veteran with this diagnosis should be temporarily evaluated at the 100-percent rate.<sup>23</sup> However, the VBA decision maker did not award the temporary 100-percent evaluation and evaluated the condition based on the disability benefits questionnaire findings alone, assigning a 30-percent evaluation based on cardiac hypertrophy. As a result of this omission, VBA underpaid the veteran about \$3,600. There is no ongoing underpayment to the veteran. VBA quality review staff agreed with the assessment that there was an error.*

### **Example 6**

*A medical provider reported a veteran's cardiac dilatation on a disability benefits questionnaire and associated the dilatation with a condition not related to the*

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<sup>23</sup> 38 C.F.R. § 4.104.

*veteran's military service. A VBA decision maker inaccurately assigned a 30-percent evaluation for the dilatation when only a 10-percent evaluation was warranted based on the need for continuous medication for the veteran's service-connected heart disease. This error did not affect the veteran's benefits payments because the veteran's other disabilities were severe enough for the veteran to receive benefits at the current payment rate without the higher dilatation evaluation. However, if the veteran's disability status changes, this error could affect future benefits payments. VBA quality review staff agreed with the assessment that there was an error.*

The five errors related to inaccurate evaluations varied and the review team did not identify a common trend or pattern associated with the errors. Therefore, a recommendation for additional action was not warranted.

## **Conclusion**

VBA decision makers inappropriately evaluated service-connected heart disease based on insufficient disability benefits questionnaires. The formatting of the disability benefits questionnaire used to evaluate the veteran's heart disease and the system-generated instructions on examination requests contributed to the identified errors. In addition, the OIG found VBA decision makers inappropriately applied VBA guidance rather than returning conflicting or unclear disability benefits questionnaire findings for clarification. Errors resulted in both overpayments and underpayments to veterans. It is recommended that VBA's Compensation Service implement a plan to revise the heart disability benefits questionnaire and integrate the system-generated instructions to medical providers into the questionnaire. It is also recommended that VBA's Compensation Service implement a plan to advise VHA and contract medical providers who complete heart disability benefits questionnaires about the types of responses that can require clarification and provide guidance on how to avoid them. Further, it is recommended that VBA's Compensation Service implement a plan to make certain that VBA decision makers receive refresher training on identifying and resolving heart disability benefits questionnaires that are insufficient for evaluation purposes and monitor the effectiveness of the training. By following these recommendations, VBA can improve the accuracy of heart disease disability evaluations.

## **Recommendations 1–3**

The OIG recommended the under secretary for benefits implement a plan to

1. Incorporate the system-generated instructions for medical providers directly into the heart disability questionnaire (instead of separately on the examination request) and determine whether additional revisions are necessary to ensure medical providers' findings are sufficient for evaluation purposes;

2. Ensure medical providers who complete heart disability benefits questionnaires are made aware of common problem areas related to the questionnaire format and system-generated instructions and are provided guidance on how to avoid giving conflicting or insufficient information; and
3. Make certain that Veterans Benefits Administration decision makers receive refresher training on identifying and resolving heart disability benefits questionnaires that are insufficient for evaluation purposes and monitor the effectiveness of the training.

## Management Comments

The under secretary for benefits concurred in principle with recommendation 1, concurred with recommendations 2 and 3, and provided acceptable action plans for all recommendations.

To address recommendation 1, the undersecretary for benefits stated VBA has begun revising the cardiovascular system disability benefit questionnaires in preparation for the cardiovascular VA Schedule for Rating Disabilities update scheduled for release in July 2021. The current system-generated instruction pertaining to the left ventricle ejection fraction would be eliminated by the proposed update and VBA will ensure any required regulatory language is incorporated into the heart conditions disability benefit questionnaire. VBA requested closure of this recommendation.

To address recommendation 2, the undersecretary for benefits stated VBA will prepare a plan to share common problem areas and guidance on how to avoid giving conflicting or insufficient information with examiners. The target completion date is December 31, 2020.

To address recommendation 3, the undersecretary stated VBA will include refresher training in the National Training Curriculum for annual mandated training hours for decision makers in fiscal year 2021. Further, VBA will monitor the effectiveness of the training by monitoring error trend analyses. The target completion date is March 31, 2021.

Although the under secretary for benefits agreed with all the recommendations, he did not concur with the OIG's projection of estimated monetary impact based on review findings. The under secretary stated the five-year estimate is incorrect and misleading to the reader because the OIG's report assumes that VBA would not make any improvements over the next five years. Generally, agencies are required to complete final action on OIG recommendations within 12 months of publication. Appendix F contains the full text of the under secretary's comments. The OIG's response and justification follow.

## OIG Response

The under secretary for benefits provided corrective action plans for each recommendation. The under secretary's response satisfies the intent of recommendation 1 and the OIG considers the recommendation closed. The OIG will consider closing recommendations 2 and 3 when VBA

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

The OIG uses the five-year estimate of potential monetary impact to emphasize the importance of taking corrective actions and to highlight the potential magnitude of identified issues if such actions are delayed or never implemented. The OIG acknowledges and discloses that this is an estimate and the actual future monetary impact will vary because events and circumstances change. However, that variance is largely dependent on if, when, and how VBA implements its corrective actions.





<b>SECTION II - MEDICAL HISTORY (Continued)</b>
<p>2D. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF THE VETERAN'S HEART CONDITION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "Yes," list medications required for the veteran's heart condition (include name of medication and heart condition it is used for, such as atenolol for myocardial infarction or atrial fibrillation):</p> 
<b>SECTION III - MYOCARDIAL INFARCTION (MI)</b>
<p>3. HAS THE VETERAN HAD A MYOCARDIAL INFARCTION (MI)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete the following):</p> <p>MI #1: Date and treatment facility: _____</p> <p>MI #2: Date and treatment facility: _____</p> <p>IF THE VETERAN HAS HAD ADDITIONAL MIs, LIST USING ABOVE FORMAT:</p> 
<b>SECTION IV - CONGESTIVE HEART FAILURE (CHF)</b>
<p>4. HAS THE VETERAN HAD CONGESTIVE HEART FAILURE (CHF)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," complete the following:</p>
<p>4A. DOES THE VETERAN HAVE CHRONIC CHF?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4B. HAS THE VETERAN HAD ANY EPISODES OF ACUTE CHF IN THE PAST YEAR?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, COMPLETE THE FOLLOWING:</p> <p>SPECIFY NUMBER OF EPISODES OF ACUTE CHF THE VETERAN HAS HAD IN THE PAST YEAR.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> More than 1</p> <p>Provide date of most recent episode of acute CHF: _____</p> <p>WAS THE VETERAN ADMITTED FOR TREATMENT OF ACUTE CHF?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, indicate name of treatment facility: _____</p>
<b>SECTION V - ARRHYTHMIA</b>
<p>5. HAS THE VETERAN HAD A CARDIAC ARRHYTHMIA?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, COMPLETE THE FOLLOWING:</p> <p>TYPE OF ARRHYTHMIA (Check all that apply):</p> <p><input type="checkbox"/> Atrial fibrillation</p> <p>(If checked, indicate frequency): <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (paroxysmal)</p> <p>(If "Intermittent," indicate number of episodes in the past 12 months): <input type="checkbox"/> 0 <input type="checkbox"/> 1 - 4 <input type="checkbox"/> More than 4</p> <p>(Indicate how these episodes were documented.) (Check all that apply):</p> <p><input type="checkbox"/> EKG <input type="checkbox"/> Holter <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Atrial flutter</p> <p>(If checked, indicate frequency): <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (paroxysmal)</p> <p>(If "Intermittent," indicate number of episodes in the past 12 months): <input type="checkbox"/> 0 <input type="checkbox"/> 1 - 4 <input type="checkbox"/> More than 4</p> <p>(Indicate how these episodes were documented.) (Check all that apply):</p> <p><input type="checkbox"/> EKG <input type="checkbox"/> Holter <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Supraventricular tachycardia</p> <p>(If checked, indicate frequency): <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (paroxysmal)</p> <p>(If "Intermittent," indicate number of episodes in the past 12 months): <input type="checkbox"/> 0 <input type="checkbox"/> 1 - 4 <input type="checkbox"/> More than 4</p> <p>(Indicate how these episodes were documented.) (Check all that apply):</p> <p><input type="checkbox"/> EKG <input type="checkbox"/> Holter <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Atrioventricular block</p> <p><input type="checkbox"/> I degree <input type="checkbox"/> II degree <input type="checkbox"/> III degree</p> <p><input type="checkbox"/> Ventricular arrhythmia (sustained) (Indicate date of hospital admission for initial evaluation and medical treatment in Section IX, Procedures)</p>

For Internal VA Use  
Heart Conditions Disability Benefits Questionnaire

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<b>SECTION V - ARRHYTHMIA (Continued)</b>
<input type="checkbox"/> Other cardiac arrhythmia, specify: _____ (If checked, indicate frequency): <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent (paroxysmal) (If "Intermittent," indicate number of episodes in the past 12 months): <input type="checkbox"/> 0 <input type="checkbox"/> 1 - 4 <input type="checkbox"/> More than 4 (Indicate how these episodes were documented.) (Check all that apply): <input type="checkbox"/> EKG <input type="checkbox"/> Holter <input type="checkbox"/> Other, specify: _____
<b>SECTION VI - HEART VALVE CONDITIONS</b>
6. HAS THE VETERAN HAD A HEART VALVE CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING: 6A. HEART VALVES AFFECTED (Check all that apply): <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Aortic <input type="checkbox"/> Pulmonary 6B. DESCRIBE TYPE OF VALVE CONDITION FOR EACH CHECKED VALVE: _____
<b>SECTION VII - INFECTIOUS HEART CONDITIONS</b>
7. HAS THE VETERAN HAD ANY INFECTIOUS CARDIAC CONDITIONS, INCLUDING ACTIVE VALVULAR INFECTION (INCLUDING RHEUMATIC HEART DISEASE), ENDOCARDITIS, PERICARDITIS OR SYPHILITIC HEART DISEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING: 7A. HAS THE VETERAN UNDERGONE OR IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR ANY ACTIVE INFECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," describe treatment and site of infection being treated): _____  HAS TREATMENT FOR AN ACTIVE INFECTION BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO Date completed: _____ 7B. HAS THE VETERAN HAD A SYPHILITIC AORTIC ANEURYSM? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," ALSO complete VA Form 21-0960A-2, Artery and Vein Conditions Disability Benefits Questionnaire)
<b>SECTION VIII - PERICARDIAL ADHESIONS</b>
8. HAS THE VETERAN HAD PERICARDIAL ADHESIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING: ETIOLOGY OF PERICARDIAL ADHESIONS: <input type="checkbox"/> Pericarditis <input type="checkbox"/> Cardiac surgery/bypass <input type="checkbox"/> Other, describe: _____
<b>SECTION IX - PROCEDURES</b>
9. HAS THE VETERAN HAD ANY NON-SURGICAL OR SURGICAL PROCEDURES FOR THE TREATMENT OF A HEART CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE NON-SURGICAL OR SURGICAL PROCEDURES THE VETERAN HAS HAD FOR THE TREATMENT OF HEART CONDITIONS (check all that apply): <input type="checkbox"/> Percutaneous coronary intervention (PCI) (angioplasty) Indicate date of treatment or date of admission if admitted for treatment and treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____ <input type="checkbox"/> Coronary artery bypass surgery Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____ <input type="checkbox"/> Heart transplants Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____ <input type="checkbox"/> Implanted cardiac pacemaker Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____

SECTION IX - PROCEDURES <i>(Continued)</i>
<input type="checkbox"/> Implanted automatic implantable cardioverter defibrillator (AICD) Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____
<input type="checkbox"/> Valve replacement If checked indicate valve(s) that have been replaced ( <i>check all that apply</i> ): <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Aortic <input type="checkbox"/> Pulmonary Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____
<input type="checkbox"/> Ventricular aneurysmectomy Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____
<input type="checkbox"/> Other surgical and/or non-surgical procedures for the treatment of a heart condition, describe: _____ Indicate date of admission for treatment and name of treatment facility: _____ Indicate the condition that resulted in the need for this procedure/treatment: _____
SECTION X - HOSPITALIZATIONS
10. HAS THE VETERAN HAD ANY OTHER HOSPITALIZATIONS FOR THE TREATMENT OF HEART CONDITIONS (OTHER THAN FOR NON-SURGICAL AND SURGICAL PROCEDURES DESCRIBED ABOVE)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING: 10A. Date of admission for treatment and name of treatment facility: _____ 10B. Condition that resulted in the need for hospitalization: _____
SECTION XI - PHYSICAL EXAM
Heart rate: _____ Rhythm: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Point of maximal impact: <input type="checkbox"/> Not palpable <input type="checkbox"/> 4th intercostal space <input type="checkbox"/> 5th intercostal space <input type="checkbox"/> Other, specify: _____ Heart sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, specify: _____ Jugular-venous distension: <input type="checkbox"/> Yes <input type="checkbox"/> No Auscultation of the lungs: <input type="checkbox"/> Clear <input type="checkbox"/> Bibasilar rales <input type="checkbox"/> Other, describe: _____ Peripheral pulses: Dorsalis pedis: <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Absent Posterior tibial: <input type="checkbox"/> Normal <input type="checkbox"/> Diminished <input type="checkbox"/> Absent Peripheral edema: Right lower extremity: <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Left lower extremity: <input type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Blood pressure: _____
SECTION XII - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS
12A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO THE CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE ( <i>brief summary</i> ): _____
12B. DOES THE VETERAN HAVE ANY SCARS ( <i>surgical or otherwise</i> ) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM ( <i>6 square inches</i> ); OR ARE LOCATED ON THE HEAD, FACE OR NECK? (An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT. IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS. LOCATION: _____ MEASUREMENTS: length _____ cm X width _____ cm. <b>NOTE:</b> If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.
12C. COMMENTS, IF ANY: _____

SECTION XIII - DIAGNOSTIC TESTING	
<p><b>NOTE:</b> For VA purposes, exams for all heart conditions require a determination of whether or not cardiac hypertrophy or dilatation is present. The suggested order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. An echocardiogram to determine heart size is only necessary if the other two tests are negative. Also for VA purposes, if LVEF testing is not of record, but available medical information sufficiently reflects the severity of the veteran's cardiovascular condition, LVEF testing is not required.</p>	
<p><b>13A. IS THERE EVIDENCE OF CARDIAC HYPERTROPHY?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "Yes," indicate how this condition was documented):</i></p> <p><input type="checkbox"/> EKG <input type="checkbox"/> Chest x-ray <input type="checkbox"/> Echocardiogram      Date of test: _____</p>	
<p><b>13B. IS THERE EVIDENCE OF CARDIAC DILATATION?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "Yes," indicate how this condition was documented):</i></p> <p><input type="checkbox"/> Chest x-ray <input type="checkbox"/> Echocardiogram      Date of test: _____</p>	
<p><b>13C. SELECT ALL TESTING COMPLETED AND PROVIDE MOST RECENT RESULTS WHICH REFLECT THE VETERAN'S CURRENT FUNCTIONAL STATUS</b> <i>(Check all that apply):</i></p>	
<p><input type="checkbox"/> EKG</p>	<p>Date of EKG: _____</p> <p>Result of EKG:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Arrhythmia, describe: _____</p> <p><input type="checkbox"/> Hypertrophy, describe: _____</p> <p><input type="checkbox"/> Ischemic, describe: _____</p> <p><input type="checkbox"/> Other, describe: _____</p>
<p><input type="checkbox"/> Chest x-ray</p>	<p>Date of CXR: _____</p> <p>Result of CXR:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal, describe: _____</p>
<p><input type="checkbox"/> Echocardiogram</p>	<p>Date of echocardiogram: _____</p> <p>Left ventricular ejection fraction (LVEF): _____ %</p> <p>Wall motion: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, describe: _____</p> <p>Wall thickness: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, describe: _____</p>
<p><input type="checkbox"/> Holter monitor</p>	<p>Date of holter monitor test: _____</p> <p>Result:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal, describe: _____</p>
<p><input type="checkbox"/> MUGA</p>	<p>Date of MUGA: _____</p> <p>Left ventricular ejection fraction (LVEF): _____ %</p> <p>Result:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal, describe: _____</p>
<p><input type="checkbox"/> Coronary artery angiogram</p>	<p>Date of angiogram: _____</p> <p>Result:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal, describe: _____</p>
<p><input type="checkbox"/> CT angiography</p>	<p>Date of CT angiography: _____</p> <p>Result:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Abnormal, describe: _____</p>
<p><input type="checkbox"/> Other test, specify: _____</p>	<p>Date of test: _____</p> <p>Result: _____</p>

SECTION XIV - METs TESTING	
<p><b>NOTE:</b> For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as dyspnea, fatigue, angina, dizziness, or syncope develop (except exams for supraventricular arrhythmias.)</p> <p>If a laboratory determination of METs by exercise testing cannot be done for medical reasons (e.g. chronic CHF or multiple episodes of acute CHF within the past 12 months), or if exercise-based METs test was not completed because it is not required as part of the veteran's treatment plan, or if exercise stress test results do not reflect veteran's current cardiac function, perform an interview-based METs test based on the veteran's responses to a cardiac activity questionnaire and provide the results below.</p>	
<p><b>14A. INDICATE ALL TESTING COMPLETED PROVIDING ONLY MOST RECENT RESULTS WHICH REFLECT THE VETERAN'S CURRENT FUNCTIONAL STATUS.</b> (Check all that apply):</p> <p><input type="checkbox"/> Exercise stress test      Date of most recent exercise stress test: _____                      Results: _____                      METs level the veteran performed, if provided: _____</p> <p>Did the test show ischemia?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If no, was the test terminated due to symptoms related to the cardiac condition?  <input type="checkbox"/> Yes, the test terminated due to symptoms related to the cardiac condition.  <input type="checkbox"/> No, the test was terminated due to symptoms not related to the cardiac condition.                      (Examiner needs to complete sections 14c thru 14f.)</p> <p style="text-align: center;">If the test terminated due to symptoms not related to the cardiac condition, please provide the reason for termination.</p>	
<p><b>14B. If an exercise stress test was not performed, provide reason.</b></p> <p><input type="checkbox"/> Veteran has a medical contraindication, describe:                      _____</p> <p><input type="checkbox"/> Left ventricular ejection fraction is 50% or less  <input type="checkbox"/> Veteran has chronic CHF  <input type="checkbox"/> Veteran has had multiple episodes of acute CHF within the past 12 months  <input type="checkbox"/> Veteran's previous exercise stress test reflects current cardiac function  <input type="checkbox"/> Exercise stress testing is not required as part of the Veteran's current treatment plan and this test is not without significant risk  <input type="checkbox"/> Other, describe:                      _____</p>	
<p><b>14C.</b> <input type="checkbox"/> Interview-based METs test</p> <p>Date of interview-based METs test: _____                      Symptoms during activity:                      The METs level checked below reflects the lowest activity level at which the veteran reports any of the following symptoms (check all symptoms that the veteran reports at the indicated METs level of activity):</p> <p><input type="checkbox"/> Dyspnea <input type="checkbox"/> Fatigue <input type="checkbox"/> Angina <input type="checkbox"/> Dizziness <input type="checkbox"/> Syncope</p> <p><input type="checkbox"/> Other, describe: _____</p> <p><b>Results of interview-based METs test</b>                      METs level on most recent interview-based METs test:</p> <p><input type="checkbox"/> (1-3 METs)      This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks</p> <p><input type="checkbox"/> (&gt;3-5 METs)      This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)</p> <p><input type="checkbox"/> (&gt;5-7 METs)      This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)</p> <p><input type="checkbox"/> (&gt;7-10 METs)      This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)</p> <p><input type="checkbox"/> The veteran denies experiencing symptoms attributable to a cardiac condition with any level of physical activity</p>	
<p><b>14D. HAS THE VETERAN HAD BOTH AN EXERCISE STRESS TEST AND INTERVIEW-BASED METs TEST?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, INDICATE WHICH RESULTS MOST ACCURATELY REFLECT THE VETERAN'S CURRENT CARDIAC FUNCTIONAL LEVEL:</p> <p><input type="checkbox"/> Exercise stress test    <input type="checkbox"/> Interview-based METs test    <input type="checkbox"/> N/A</p>	

SECTION XIV - METs TESTING (Continued)		
<p><b>14E. IS THE METs LEVEL PROVIDED ABOVE DUE SOLELY TO THE HEART CONDITION(S) THAT THE VETERAN IS CLAIMING IN THE DIAGNOSIS SECTION?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," complete Section 14F. (If "Yes," skip Section 14F.)</p>		
<p><b>14F. WHAT IS THE ESTIMATED METs LEVEL DUE SOLELY TO THE CARDIAC CONDITION(S) LISTED ABOVE? (IF THIS IS DIFFERENT THAN METs REPORTED ABOVE BECAUSE OF CO-MORBID CONDITIONS, PROVIDE METs LEVEL AND RATIONAL BELOW)</b></p> <p><b>METs level</b>  <b>METs level on most recent interview-based METs test:</b></p> <p><input type="checkbox"/> (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks</p> <p><input type="checkbox"/> (&gt;3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)</p> <p><input type="checkbox"/> (&gt;5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)</p> <p><input type="checkbox"/> (&gt;7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)</p> <p><b>RATIONALE:</b></p>		
<p><b>14G. COMMENTS, IF ANY:</b></p>		
SECTION XV - FUNCTIONAL IMPACT		
<p><b>15. DOES THE VETERAN'S HEART CONDITION(S) IMPACT HIS OR HER ABILITY TO WORK?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," describe impact of each of the veteran's heart conditions, providing one or more examples)</p>		
SECTION XVI - REMARKS		
<p><b>16. REMARKS (If any)</b></p>		
SECTION XVII - PHYSICIAN'S CERTIFICATION AND SIGNATURE		
<p><b>CERTIFICATION</b> - To the best of my knowledge, the information contained herein is accurate, complete and current.</p>		
<b>17A. PHYSICIAN'S SIGNATURE</b>	<b>17B. PHYSICIAN'S PRINTED NAME</b>	<b>17C. DATE SIGNED</b>
<b>17D. PHYSICIAN'S PHONE AND FAX NUMBER</b>	<b>17E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER</b>	<b>17F. PHYSICIAN'S ADDRESS</b>
<p><b>NOTE:</b> VA may obtain additional medical information, including an examination, if necessary to complete VA's review of the veteran's application.</p> <p><b>PRIVACY ACT NOTICE:</b> VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</p> <p><b>RESPONDENT BURDEN:</b> We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>		

## Appendix B: Proposed Rating Schedule Change

In August 2019, VA proposed changing the schedule for evaluating heart disease by modifying the criteria for determining the disability percentage level related to service-connected heart diseases. VA proposed eliminating the use of ejection fraction or congestive heart failure when evaluating service-connected heart disease.<sup>24</sup> VA considered ejection fraction and any episodes of congestive heart failure less reliable for assessing cardiac function.

The Federal Register discussion on the proposed rating schedule change notes that the use of congestive heart failure is less reliable because “Congestive heart failure may be due to poor conditioning, salt consumption, poor medication compliance, body weight, additional disease burden, or a variety of other factors not associated with the underlying cardiovascular disease itself.” The discussion continues to explain that, “[s]imilarly, ejection fractions are unreliable because factors unrelated to cardiovascular disability, such as fluid intake, salt ingestion, and exercise, may influence them.” VA stated the changes will provide more timely, efficient, and accurate methods for evaluating heart disease.

The proposed change was published in the Federal Register in August 2019 for comments.<sup>25</sup> The comment period ended on September 30, 2019. As of the date of this publication, there had been no further action on this proposed change. Since this was only a proposed change, it did not affect the review team’s findings in this report.

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<sup>24</sup> As of October 28, 2019, the American Heart Association website defines ejection fraction as a measurement, expressed as a percentage, of how much blood the left ventricle of the heart pumps with each contraction and is an indication of how well the heart is functioning.

<sup>25</sup> 84 Fed. Reg. 37594 (August 1, 2019).

## **Appendix C: Scope and Methodology**

### **Scope**

The review team performed its work from May 2019 through May 27, 2020. This review sampled a population of about 16,300 veterans that were evaluated for service-connected heart disease from November 1, 2018, through April 30, 2019.

### **Methodology**

To accomplish the review objective, the team identified and reviewed applicable laws, VBA policies, and procedures related to evaluating diseases of the heart. Additionally, site visits were conducted at the Portland, Oregon; Manchester, New Hampshire; Huntington, West Virginia; and Winston-Salem, North Carolina, VA regional offices in September 2019. Further, the team interviewed and obtained testimonial information pertinent to work processes associated with claims for diseases of the heart from VA regional office managers and staff. The team also interviewed and obtained testimonial information from managers and staff from VBA's Central Office, including Compensation Service, as well as medical providers from the Veterans Health Administration.

The review team used VBA's electronic systems, including the Veterans Benefits Management System, to review a sample of veteran electronic claims folders and relevant documentation as required to assess whether VBA decision makers accurately completed disability evaluations for veterans' service-connected heart diseases. The team discussed the findings with VBA officials and included their comments where appropriate in this report.

### **Fraud Assessment**

The review team assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this audit. The review team exercised due diligence in staying alert to any fraud indicators by taking actions such as

- Soliciting the OIG's Office of Investigations and reviewing OIG hotline complaints and concerns, and
- Completing the Fraud Indicators and Assessment Checklist.

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

### **Data Reliability**

The review team used computer-processed data from VBA's Corporate Database. To test for reliability, the team determined whether any data were missing from key fields, included any calculation errors, or were outside the time frame requested. The team also assessed whether the

data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, the team compared veterans' names, file numbers, social security numbers, VA regional office numbers, dates of claims, and decision dates as provided in the data received in the 150 claims reviewed.

Testing of the data disclosed that they were sufficiently reliable for the review objectives. Comparison of the data with information contained in the veterans' electronic claims folders reviewed did not disclose any problems with data reliability.

## **Government Standards**

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

## **Appendix D: Statistical Sampling Methodology**

### **Approach**

To accomplish the objective, the review team reviewed a statistical sample of veterans' records that had one or more decisions associated with service-connected heart disease decided from November 1, 2018, through April 30, 2019. The review team used statistical sampling to quantify the extent of records where VA employees evaluated service-connected heart disease.

### **Population**

The review population included 16,696 veterans with one or more decisions related to service-connected heart disease from November 1, 2018, through April 30, 2019. For the purposes of the review, the review team estimated the population to be about 16,262 after excluding decisions that were outside the scope of the review. The difference between the review population and the estimated population occurred because the review team excluded 434 records because they did not meet the project scope requirements.

### **Sampling Design**

The review team selected a statistical sample of 150 records from the population of records with at least one decision associated with service-connected heart disease decided from November 1, 2018, through April 30, 2019, to determine whether VBA decision makers evaluated the disability accurately.

### **Weights**

The OIG calculated estimates in this report using weighted sample data. Samples were weighted to represent the population from which they were drawn. The review team used the weights to compute estimates. For example, the review team calculated the error rate point estimates by summing the sampling weights for all sample records that contained the error, then dividing that value by the sum of the weights for all sample records.

### **Projections and Margins of Error**

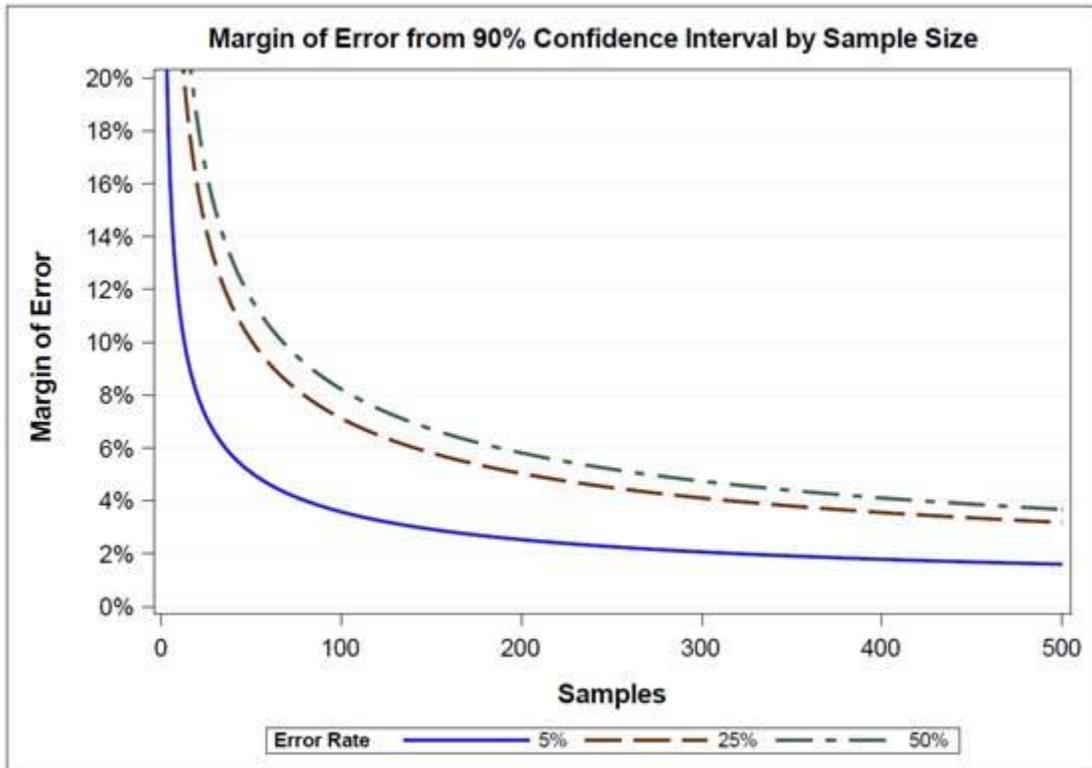
The point estimate (e.g., estimated error) is an estimate of the population parameter obtained by sampling. The margin of error and confidence interval associated with each point estimate is a measure of the precision of the point estimate that accounts for the sampling methodology used. If the team repeated this audit with multiple samples, the confidence intervals would differ for each sample but would include the true population value 90 percent of the time.

The OIG statistician employed statistical analysis software to calculate the weighted population estimates and associated sampling errors. This software uses replication or Taylor-Series

Approximation methodology to calculate margins of error and confidence intervals that correctly 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 sample review. While precision improves with larger samples, the rate of improvement does not significantly change as more records are added to the sample review.

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



**Figure D.1.** Effect of sample size on margin of error.

Source: VA OIG Statistician's analysis.

The following table details the review team's analysis and projected results.

**Table D.1. Summary of Projections and Confidence Intervals for Veterans Who Had Decisions Associated with Service-Connected Heart Disease**

Result	Projection	Margin of error	Lower limit 90 percent confidence interval	Upper limit 90 percent confidence interval	Sample size	Count from sample
Estimated population	16,262	355	15,907	16,618	150	154
Cases with errors	1,951	718	1,234	2,669	18	150
Error rate	12%	4.4%	7.6%	16.4%	18	150
Cases where errors resulted in improper payments	867	496	372	1,363	8	150

Source: VA OIG statistician's projection of estimated population, cases with errors, and error rate. Note: Projections and confidence intervals do not total precisely due to rounding.

**Table D.2. Summary of Projections and Confidence Intervals for Total Improper Payments**

Result	Projection	Margin of error	Lower limit 90 percent confidence interval	Upper limit 90 percent confidence interval	Sample size
Total improper payments	\$5,621,589	\$4,049,499	\$1,572,090	\$9,671,088	8

Source: VA OIG statistician's projection of total improper payments. Note: Projections and confidence intervals do not total precisely due to rounding.

Note: The OIG estimated that if VBA continues to make errors on a six-month basis, as estimated in table D.2 and based on rates at the time of the review, VBA could make an estimated \$56.2 million in improper payments over the next five years. This calculation involved multiplying the sample estimate by two to make it equivalent to 12 months. This calculation was then multiplied by five to make it equivalent to five years.

**Table D.3. Summary of Projections and Confidence Intervals for Errors Where VBA Decision Makers Evaluated Heart Disease Using Insufficient Disability Benefits Questionnaires**

<b>Result</b>	<b>Projection</b>	<b>Margin of error</b>	<b>Lower limit 90 percent confidence interval</b>	<b>Upper limit 90 percent confidence interval</b>	<b>Sample size</b>
Estimated population of errors due to insufficient disability benefits questionnaires	1,409	621	788	2,030	13
Error rate	8.7%	4%	4.9%	12.5%	13
Cases where errors resulted in improper payments	759	465	294	1,224	7
Cases where errors did not result in improper payments	650	432	218	1,083	6

*Source: VA OIG statistician's projection of errors due to insufficient disability questionnaires. Note: Projections and confidence intervals do not total precisely due to rounding.*

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

Recommendation	Explanation of Benefits	Better Use of Funds	Questioned Costs
1-3	The OIG estimated that errors to veterans' compensation claims resulted in about \$5.6 million in improper payments. In addition, the OIG estimated about \$56.2 million in improper payments could occur over the next five years unless VBA establishes adequate internal controls.		\$61.8 million*
	<b>Total</b>		<b>\$61.8 million*</b>

*\*Table D.2 is based on rates at the time of the review. The OIG estimated that if VBA continues to make errors as estimated in table D.2 for a six-month period, this could lead to an estimated \$5.6 million in improper payments. VBA could make at least \$56.2 million in improper payments over the next five years. This calculation involved multiplying six-month sample estimate by two, to make it 12 months. This calculation was then multiplied by five to make it equivalent to five years. The estimate includes payments that were either improper or unsupported. However, the results for these categories were not precise enough to be included in this report due to small sample size.*

## Appendix F: Management Comments

Department of  
Veterans Affairs

MEMORANDUM

Date: June 26, 2020

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – Accuracy of Disability Benefit Evaluations for Veterans' Service-Connected Heart Diseases [Project No. 2019-08095-SD-0004] - VIEWS 02902867

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

1. Attached is VBA's response to the OIG Draft Report: Accuracy of Disability Benefits Evaluations for Veterans' Service-Connected Heart Diseases.
2. OIG's report assumes that VBA would not make any improvements over the next five years, including those from implementing OIG's recommendations, and then proceeds to identify a corresponding estimated monetary impact. VBA takes exception to this practice as this assumption is incorrect and misleading to the reader. Generally, agencies are required to complete final action on OIG recommendations within 12 months of publication. Assuming current practices will go unchanged is false, as VBA values OIG's vital oversight role and works diligently to implement recommendations to improve service to Veterans. OIG has stated that they use a five-year estimate to emphasize the importance of taking corrective actions and to highlight the potential magnitude of identified issues if actions are delayed or never implemented. VBA takes OIG recommendations very seriously and has a rigorous recommendation follow up process. Therefore, VBA continues to believe this practice is incorrect and misleading to the reader.

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

/s/

Paul R. Lawrence, Ph.D.

Attachment

**Veterans Benefits Administration (VBA)**

**Comments on OIG Draft Report**

**Accuracy of Disability Benefit Evaluations for Veterans' Service-Connected Heart Diseases**

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

Recommendation 1: The Under Secretary for Benefits should implement a plan to incorporate the system-generated instructions for medical providers directly into the heart disability benefits questionnaire (instead of separately on the examination request) and determine whether additional revisions are necessary to ensure medical providers' findings are sufficient for evaluation purposes.

VBA Response: Concur in principle. VBA has begun revising the cardiovascular system disability benefit questionnaires (DBQs) in preparation for the cardiovascular VA Schedule for Rating Disabilities (VASRD) update currently scheduled for a July 2021 release. The current system generated instruction pertaining to the left ventricle ejection fraction would be eliminated by the proposed VASRD criteria. With the upcoming changes to the cardiovascular system regulatory criteria, VBA will ensure any required regulatory language is incorporated into the Heart Conditions DBQ.

VBA requests closure of this recommendation.

Recommendation 2: The Under Secretary for Benefits should implement a plan to ensure medical providers who complete heart disability benefits questionnaires are made aware of common problem areas related to the questionnaire format and system-generated instructions and are provided guidance on how to avoid giving conflicting or insufficient information.

VBA Response: Concur. VBA will prepare a plan to share common problem areas and guidance on how to avoid giving conflicting or insufficient information with examiners by December 31, 2020.

Target Completion Date: December 31, 2020

Recommendation 3: The Under Secretary for Benefits should implement a plan to make certain that VBA decision makers receive refresher training on identifying and resolving heart disability benefits questionnaires that are insufficient for evaluation purposes and monitor the effectiveness of the training.

VBA Response: Concur. VBA will include refresher training in the National Training Curriculum (NTC) as a part of annual mandated training hours for decision makers. Effectiveness will be monitored by error trend analysis. Mandated courses are pre-set for the remainder of fiscal year (FY) 2020; therefore, this refresher training will be conducted as part of the FY 2021 NTC with an expected completion date of March 31, 2021.

Target Completion Date: March 31, 2021

*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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<b>Other Contributors</b>	Dawn Rubin, Attorney Advisor
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