



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 11-01406-13**

**Community Based Outpatient  
Clinic Reviews  
Gillette and Powell, WY  
Pueblo, CO  
Anaheim and Laguna Hills, CA  
Escondido and Oceanside, CA  
Lancaster and Sepulveda, CA**

**November 2, 2011**

**Washington, DC 20420**

## Why We Did This Review

The VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs) to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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## Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DX & TX Plan	Diagnosis & Treatment Plan
ED	emergency department
EKG	electrocardiogram
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
IT	information technology
JC	Joint Commission
LCSW	Licensed Clinical Social Worker
MedMgt	medication management
MH	mental health
MHICM	mental health intensive case management
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PCMM	Primary Care Management Module
PCP	primary care provider
PET	Positron Emission Tomography
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

## Table of Contents

	Page
<b>Executive Summary</b> .....	i
<b>Objectives and Scope</b> .....	1
Objectives .....	1
Scope .....	1
<b>CBOC Characteristics</b> .....	3
<b>Results and Recommendations</b> .....	4
MH Continuity of Care .....	4
Short-Term Fee Basis Care .....	6
Women's Health .....	8
C&P .....	11
Skills Competency .....	12
Environment and Emergency Management .....	13
PCMM .....	16
CBOC Contract .....	17
<b>Appendixes</b>	
A. VISN 19 Director Comments .....	21
B. Sheridan VAMC Director Comments .....	22
C. VA Eastern Colorado HCS Director Comments .....	25
D. VISN 22 Director Comments .....	26
E. VA Long Beach HCS Director Comments .....	27
F. VA San Diego HCS Director Comments .....	33
G. VA Greater Los Angeles HCS Director Comments .....	37
H. OIG Contact and Staff Acknowledgments .....	42
I. Report Distribution .....	43

## Executive Summary

**Purpose:** We conducted an inspection of nine CBOCs during the week of July 25, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
19	Sheridan VAMC	Gillette, WY
		Powell, WY
	VA Eastern Colorado HCS	Pueblo, CO
22	VA Long Beach HCS	Anaheim, CA
		Laguna Hills, CA
	VA San Diego HCS	Escondido, CA
		Oceanside, CA
	VA Greater Los Angeles HCS	Lancaster, CA
		Sepulveda, CA

**Table 1. Sites Inspected**

**Recommendations:** The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

### Sheridan VAMC

- Establish a process to document justification in the medical record for the use of Short-Term Fee Basis care at the Gillette and Powell CBOCs.
- Ensure scopes of practice are facility-specific at the Powell CBOC.
- Maintain adequate competency data in all providers' profiles and reflect sufficient discussion of the competency data in the Executive Committee of the Medical Staff meeting minutes.
- Monitor and collect measurable data for hand hygiene at the Gillette and Powell CBOCs.
- Ensure the PCMM Coordinator performs in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.
- Ensure the facility investigates revamping the monthly billing validation process by providing the list of VA patients seen at the clinic to the contractor that can be used as support for the monthly invoice.

### VA Eastern Colorado HCS

- We made no recommendations.

### VA Long Beach HCS

- Identify at least one accessible VA or community-based ED where veterans from the Laguna Hills CBOC can receive emergent MH care when necessary.
- Develop a local policy for Short-Term Fee Basis consults at the VA Long Beach HCS.
- Ensure that Short-Term Fee Basis reports for Laguna Hills CBOC patients are filed or scanned into the medical record.
- Establish a process to ensure that patients at the Anaheim and Laguna Hills CBOCs with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.
- Ensure that patients with abnormal mammography results at the Laguna Hills CBOC are notified by their provider within 14 calendar days and notification is documented in the medical record.
- Initiate FPPEs for all physicians who have been newly hired at the Laguna Hills CBOC.
- Maintain adequate competency data in all providers' profiles at the Laguna Hills CBOC.
- Define who is responsible for competency validation and what the process is for selection of qualified personnel to assess and validate competencies at the Anaheim CBOC.
- Develop a competency policy for staff at the Laguna Hills CBOC that defines required core competencies, includes who is responsible for competency validation, describes the process for selecting qualified personnel to validate competencies, and denotes the actions taken when staff cannot demonstrate competency.
- Ensure competencies are assessed annually for staff members at the Anaheim CBOC in accordance with local policy.
- Ensure that the PCMM Coordinator performs in accordance with VHA policy to perform panel assignment after completion of the patient's first appointment.
- Ensure that the PCMM Coordinator performs in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.
- Require that the Contracting Officer ensures the contract clearly states the requirements for payment.

- Ensure the Contracting Officer adds provisions to the contract that require reimbursement to the VA when a prepaid annual capitated rate for disenrolled patients and the remaining contract period is less than a year.

#### VA San Diego HCS

- Develop a local policy for Short-Term Fee Basis consults at the VA San Diego HCS.
- Ensure that the copies of Short-Term Fee Basis reports for Escondido CBOC patients are filed or scanned into the medical record.
- Ensure that the ordering providers, or surrogate practitioners, at the Escondido CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering provider.
- Maintain auditory privacy during the check-in process at the Escondido CBOC.
- Ensure that the MH front-desk staff at the Oceanside CBOC receive portable silent alarm call buttons.
- Install signage to clearly identify the location of fire extinguishers at the Oceanside CBOC.
- Ensure that the VHA Sharing Office takes appropriate steps to award a competitive long-term contract and requests that interim contracts comply with the provisions of VA Directive 1663.

#### VA Greater Los Angeles HCS

- Grant privileges consistent with the services provided at the Lancaster and Sepulveda CBOCs.
- Improve access for disabled veterans at the Lancaster CBOC.
- Conduct fire drills annually at the Sepulveda CBOC.
- Conduct annual fire and life safety inspections at the Sepulveda CBOC.
- Ensure that two patient identifiers are used by staff when collecting blood samples at the Lancaster CBOC.
- Ensure that the PCMM Coordinator performs in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.
- Require that the Contracting Officer ensures there are performance incentive/penalty provisions in the contract, particularly those related to VHA quality of medical care standards.

- Require that the VHA Sharing Office takes appropriate steps to ensure that medical contracting is performed in accordance with applicable laws, regulations, and policies, and that interim contracts are approved in advance by VHA's Medical Sharing Office as required by VA Directive 1663.
- Ensure that the VISN Director, Contracting Officer, and Facility Director take the steps necessary to award a long-term contract to obtain required services for the Lancaster CBOC.
- Require that the facility has a complete copy of all applicable contracts and ensures that all invoices are appropriately validated so VA resources are accurately expended.
- Ensure that the Contracting Officer confers with Regional Counsel to determine the amount and collectability of the overpayments.

### **Comments**

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–G, pages 21–41 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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## Objectives and Scope

**Objectives.** The purposes of this review are to:

- Determine whether CBOCs comply with the standards according to VHA policy in the management of MH emergencies.<sup>1</sup>
- Assess Short-Term Fee Basis authorization and follow up processes for outpatient radiology consults (CT, MRI, PET scan, and mammography) in an effort to ensure quality and timeliness of patient care in CBOCs.
- Determine whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA policy.<sup>2</sup>
- Determine whether CBOCs have well-developed competency assessment and validation programs in place for skill specific competencies.
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>3</sup>
- Determine whether the CBOC primary care and MH contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA policy.<sup>4</sup>

**Scope.** The topics discussed in this report include:

- MH Continuity of Care
- Short-Term Fee Basis Care
- Women's Health
- C&P
- Skills Competency
- Environment and Emergency Management

<sup>1</sup> VHA Handbook 1160.1, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

<sup>2</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>3</sup> VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

<sup>4</sup> VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, April 21, 2009.

- PCMM
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-01406-177 *Informational Report Community Based Outpatient Clinics Cyclical Report FY 2011*, May 31, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

## CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Pueblo	Gillette	Powell	Anaheim	Laguna Hills	Escondido	Oceanside	Lancaster	Sepulveda
<b>VISN</b>	19	19	19	22	22	22	22	22	22
<b>Parent Facility</b>	VA Eastern Colorado HCS	Sheridan VAMC	Sheridan VAMC	VA Long Beach HCS	VA Long Beach HCS	VA San Diego HCS	VA San Diego HCS	Greater LA HCS	Greater LA HCS
<b>Type of CBOC</b>	VA	VA	Contract	VA	Contract	Contract	VA	Contract	VA
<b>Number of Uniques,<sup>5</sup> FY 2010</b>	18,611	1,015	1,296	3,373	4,146	5,142	10,645	3,613	30,390
<b>Number of Visits, FY 2010</b>	98,136	3,713	4,186	11,478	11,500	17,567	42,685	11,501	263,018
<b>CBOC Size<sup>6</sup></b>	Very Large	Small	Small	Mid-Size	Mid-Size	Large	Very Large	Mid-Size	Very Large
<b>Locality</b>	Urban	Rural	Highly Rural	Urban	Urban	Urban	Urban	Urban	Urban
<b>FTE PCP</b>	5.95	0.91	1	2.90	3	5.20	7.60	2	14.34
<b>FTE MH</b>	11.5	0.6	0.5	1.6	2.8	2.0	2.0	0	29.4
<b>Types of Providers</b>	PCP NP Psychiatrist LCSW	PCP NP Psychiatrist	PCP PA LCSW	PCP NP Psychiatrist Psychologist LCSW	PCP NP Psychiatrist Psychologist	PCP NP Psychiatrist Psychologist LCSW	PCP Psychiatrist Psychologist LCSW	PCP NP PA	PCP NP PA Psychiatrist Psychologist LCSW
<b>Specialty Care Services Onsite</b>	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes
<b>Tele-Health Services</b>	Tele-Medicine Tele-Retinal	Tele-Medicine Tele-Retinal	Tele-Medicine Tele-Retinal	Tele-Medicine Tele-Retinal	Tele-Retinal	None	None	Patient Education	Tele-Medicine Tele-Retinal
<b>Ancillary Services Provided Onsite</b>	Laboratory Pharmacy PT/OT Radiology EKG	Laboratory EKG Spirometry	Laboratory EKG Spirometry	Laboratory EKG	Laboratory EKG	Laboratory EKG	Laboratory PT/OT Radiology EKG Prosthetics CPAP	Laboratory Radiology EKG	Laboratory Pharmacy PT/OT Radiology EKG EMG, ECHO

**Table 2. CBOC Characteristics**

<sup>5</sup> <http://vaww.pssg.med.va.gov>

<sup>6</sup> Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

## Results and Recommendations

### MH Continuity of Care

According to VHA policy, healthcare facilities need to have professional oversight of the delivery of MH care in associated CBOCs.<sup>7</sup> Also, there must be methods and procedures for ensuring communication between the leadership of MH services and the associated CBOCs. This requirement for oversight and communication is intended to ensure the ability of the CBOCs to respond to patients' MH needs.

Required MH services vary according CBOC size, which is determined by the number of unique veterans the CBOC serves annually. Very large and large CBOCs are required to provide general and specialty MH services when these are needed. Large CBOCs must provide a substantial component of the MH services required by their patients either onsite or by tele-mental health, but they may supplement these services by referrals to geographically accessible VA facilities, through sharing agreements, contracts, or fee basis mechanisms. Mid-sized CBOCs must provide general MH services, if needed by their patients, utilizing tele-mental health as necessary. Specialty services must be available to those who require them by using on-site services, sharing agreements, contracts, or referrals, as well as tele-mental health or fee basis. Smaller CBOCs are to provide access to the full range of general and specialty MH services to those who require them through on-site services, referrals, contracts, or fee basis, as well as tele-mental health.

General MH services include diagnostic and treatment planning evaluations for the full range of MH problems, treatment services using evidence-based pharmacotherapy or evidence-based psychotherapy, patient education, family education, referrals as needed to inpatient and residential care programs, and consultations about special emphasis problems. Specialty MH services include consultation and treatment services for the full range of MH conditions, which include evidence-based psychotherapy; MHICM; psychosocial rehabilitation services including family education, skills training, and peer support; compensated work therapy and supported employment; PTSD teams or specialists; MST special clinics; homeless programs; and specialty substance abuse treatment services. Table 3 displays the MH Characteristics for each CBOC reviewed.

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<sup>7</sup> VHA Handbook 1160.01.

<b>Mental Health CBOC Characteristics</b>									
	<b>Pueblo</b>	<b>Gillette</b>	<b>Powell</b>	<b>Anaheim</b>	<b>Laguna Hills</b>	<b>Escondido</b>	<b>Oceanside</b>	<b>Lancaster</b>	<b>Sepulveda</b>
<b>Provides MH Services</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>Number of MH Uniques, FY 2010</b>	2,702	80	119	646	1,051	829	2,108	121 <sup>8</sup>	6,052
<b>Number of MH Visits</b>	23,457	329	611	1,641	2,258	4,155	10,559	431 <sup>9</sup>	83,168
<b>General MH Services</b>	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD	NA	Dx & TX Plan MedMgt Psychotherapy PTSD MST
<b>Specialty MH Services</b>	Consult & TX Psychotherapy MHICM Compensated Work Therapy PTSD MST Homeless Prgm Specialty Substance Abuse TX	Consult & TX	None	Consult & TX Social Skills Specialty Substance Abuse TX	Consult & TX Psychotherapy	Consult & TX Psychotherapy Social Skills Peer Support PTSD Homeless Prgm Specialty Substance Abuse TX	Consult & TX Psychotherapy MHICM Peer Support PTSD Homeless Prgm Specialty Substance Abuse TX	NA	Consult & TX Psychotherapy MHICM Psychosocial Rehab Social Skills Peer Support Compensated Work Therapy PTSD MST Homeless Prgm Specialty Substance Abuse TX
<b>Tele-Mental Health</b>	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
<b>MH Referrals</b>	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility

**Table 3. MH Characteristics for CBOCs**

<sup>8</sup> Mental Health Services provided through Tele-Mental Health Services.

<sup>9</sup> Same as above.

*Emergency Plan*

Facilities must comply with VHA policy, which outlines specific requirements for MH care at CBOCs.<sup>10</sup> All CBOCs and facilities without an ED or 24/7 urgent care must have predetermined plans for responding to MH emergencies during times of operation. Table 4 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
Laguna Hills	The facility has identified in a pre-determined plan at least one accessible VA or community-based ED where veterans are directed to seek emergent care when necessary.
	The facility has developed contracts, sharing agreements, or other appropriate arrangements with the external organization for sharing information.
	The facility has developed financial arrangements for payment for authorized emergency services and necessary subsequent care.
	There is documentation in CPRS of the ED visit.
	There are recommendations documented for follow-up care in accordance with local policy.
	The recommendations were implemented and documented in the medical records in accordance with local policy.
<b>Table 4. MH Continuity of Care</b>	

**VISN 22, VA Long Beach HCS – Laguna Hills**

Emergency Plan. Although the Laguna Hills CBOC had a plan identified in their local policy addressing how MH emergencies would be addressed during the hours of operations if the provider determined that the patient requires a higher level of care, the plan did not identify a VA or community-based ED where veterans are directed to seek care.

**Short-Term Fee Basis Care**

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility. Fee Basis care may include dental services; outpatient, inpatient, and emergency care; and medical transportation.

We evaluated if VA providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, PET scan, and mammography). Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

<sup>10</sup> VHA Handbook 1160.01.

Noncompliant	Areas Reviewed
Anaheim Laguna Hills Escondido Oceanside	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. <sup>11</sup>
Gillette Powell	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. <sup>12</sup>
	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. <sup>13</sup>
	Patients were notified of consult approvals in writing as required by VHA policy. <sup>14</sup>
Laguna Hills Escondido	A copy of the imaging report is in CPRS according to VHA policy. <sup>15</sup>
	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results are available to the ordering practitioner.
Escondido	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results are available to the ordering practitioner. <sup>16</sup>
<b>Table 5. Short-Term Fee Basis</b>	

### VISN 19, Sheridan VAMC – Gillette and Powell

There were 25 patients who received services through a Short-Term Fee Basis consult at the Gillette CBOC and 46 patients at the Powell CBOC.

Fee Basis Justification. The Sheridan VAMC did not require providers at the Gillette and Powell CBOCs to document justifications for Fee Basis procedures in CPRS. CBOC providers order procedures in the radiology scheduling package. The Radiology Department preauthorizes the procedure in the Fee package, and the Fee Basis manager approves all Fee Basis procedures.

<sup>11</sup> VHA Handbook 1160.01.

<sup>11</sup> VHA Chief Business Office Policy 1601F, Fee Services, <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>

<sup>11</sup> VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

<sup>11</sup> VHA Manual M-1, PART I, Chapter 18, “*Outpatient Care – Fee*,” July 20, 1995.

<sup>12</sup> VHA Handbook 1907.01.

<sup>13</sup> VHA Chief Business Office Policy 1601F.

<sup>14</sup> VHA Manual M-1, PART I, Chapter 18.

<sup>15</sup> VHA Handbook 1907.01.

<sup>16</sup> VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

## **VISN 22, VA Long Beach HCS – Anaheim and Laguna Hills**

There were two patients who received services through a Short-Term Fee Basis consult at the Laguna Hills CBOC and one patient at the Anaheim CBOC.

Policy. The VA Long Beach HCS did not have a local policy for Short-Term Fee Basis consults.

Medical Record. At the Laguna Hills CBOC, we did not find a copy of the Short-Term Fee Basis imaging report in one of the two patient medical records reviewed. VHA policy requires copies of reports be filed or scanned in the medical record.<sup>17</sup>

## **VISN 22, VA San Diego HCS – Escondido and Oceanside**

There were three patients who received services through a Short-Term Fee Basis consult at the Escondido CBOC. No patients at the Oceanside CBOC met the criteria for this review.

Policy. The VA San Diego HCS did not have a local policy for Short-Term Fee Basis consults.

Medical Record. At the Escondido CBOC, we did not find a copy of the Short-Term Fee Basis imaging report in one of three patient medical records reviewed.

Communication of Results. There was no evidence in the medical record that two patients at the Escondido CBOC were informed about the results within 14 calendar days.

## **Women's Health Review**

Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions and MH conditions, that is comparable to care provided for male veterans.<sup>18</sup> All eligible and enrolled women veterans, irrespective of where they obtain care in VHA, must have access to all necessary services as clinically indicated.

### *Quality of Care Measures*<sup>19</sup>

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.<sup>20</sup> Timely screening,

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<sup>17</sup> VHA Handbook 1907.01

<sup>18</sup> VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

<sup>19</sup> Parent facility scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp> Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. Weighting can alter the raw measure score (numerator/denominator). Sometimes the adjustment can be quite significant.

<sup>20</sup> American Cancer Society, *Cancer Facts & Figures 2009*.

diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women age 40 and older.

VHA has established gender-specific performance measures in the facility and CBOCs. Breast cancer screening for women ages 50–69 is an ongoing CBOC preventive care performance measure. Table 6 shows a comparative of the parent facilities' and the respective CBOCs' scores.

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 (%)</i>
<b><i>Mammography, 50-69 years old</i></b>	<b>77%</b>	666 Sheridan VAMC	20	24	<b>90</b>
		666GE Gillette	14	16	<b>88</b>
		666GD Powell	19	24	<b>79</b>
		554 VA Eastern CO HCS	30	35	<b>88</b>
		554GD Pueblo	29	30	<b>97</b>
		600 VA Long Beach HCS	18	21	<b>94</b>
		600GA Anaheim	19	19	<b>100</b>
		600GE Laguna Hills	6	7	<b>86</b>
		664 VA San Diego HCS	17	21	<b>79</b>
		664GD Escondido	23	28	<b>83</b>
		664GB Oceanside	28	30	<b>93</b>
		VA Greater Los Angeles HCS	27	30	<b>90</b>
		691GG Lancaster	23	24	<b>96</b>
		691A4 Sepulveda	27	28	<b>96</b>

*Table 6. Mammography Screening FY 2011*

### *Mammography Management*

All enrolled women veterans need to receive comprehensive primary care from a designated women’s health PCP who is interested and proficient in the delivery of comprehensive primary care to women, irrespective of where they are seen.

VHA policy maintains that the full scope of primary care is provided to all eligible veterans seeking ongoing health care.<sup>21</sup> Therefore, regardless of the number of women veterans utilizing a particular facility, all sites that offer primary care services must offer comprehensive primary care to women veterans and all necessary gender specific services must be available at every facility and CBOC. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

<sup>21</sup> VHA Handbook 1330.01.

Noncompliant	Areas Reviewed
	Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. <sup>22</sup>
	The ordering VHA provider or surrogate was notified of abnormal or critical results within a defined timeframe.
Laguna Hills	Patients with abnormal or critical results are notified within a defined timeframe.
Anaheim Laguna Hills	Patients receive written notice of normal mammogram results, and the notifications are documented in the patients' medical record as required by VHA policy. <sup>23</sup>
	The facility has an established process for tracking results from mammograms performed off-site.
	Fee Basis mammography reports are scanned into CPRS.
	All screening and diagnostic mammograms were initiated via an order placed into the Veterans Health Information Systems and Technology Architecture Radiology package. <sup>24</sup>
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
<b>Table 7. Mammography</b>	

### VISN 22, VA Long Beach HCS – Anaheim and Laguna Hills

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Anaheim CBOC who had normal mammography results and determined that 6 of 11 patients did not have documentation in their medical records of notification within the required timeframe. At the Laguna Hills CBOC, three of four patient medical records did not have the required documentation.

Communication of Abnormal Results. We found that the patient with an abnormal mammogram at the Laguna Hills CBOC did not have documented evidence in their medical record that they were informed about the results within 14 calendar days. VHA policy requires the provider communicates the results to patients no later than 14 calendar days from the date on which the results are made available to the ordering practitioner. Documentation of the notification must be entered into the medical record.<sup>25</sup>

<sup>22</sup> The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

<sup>23</sup> VHA Handbook 1330.01.

<sup>24</sup> VHA Handbook 1330.01.

<sup>25</sup> VHA Directive 2009-019.

## C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.<sup>26</sup> We reviewed nurse personnel files to ensure licensure and education were verified. Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There was evidence of primary source verification for each provider's license.
	Each provider's license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
	FPPEs for new providers outlined the criteria to be monitored.
Laguna Hills	New providers' FPPEs were implemented on first clinical start day.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	Service Chief, Credentialing Board, and/or Medical Staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Powell Lancaster Sepulveda	Privileges granted to providers are facility, service, and provider specific. <sup>27</sup>
Powell Laguna Hills	The determination to continue current privileges are based in part on results of OPPE activities.
Laguna Hills	The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
	Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	Scopes of practice are facility specific.
	There is documentation that the nurses' licenses were verified.
	There is evidence that the nurses' education was verified.
<b>Table 8. C&amp;P</b>	

<sup>26</sup> VHA Handbook 1100.19.

<sup>27</sup> VHA Handbook 1100.19.

### VISN 19, Sheridan VAMC – Powell

Clinical Privileges. The Professional Standards Board granted clinical privileges for procedures that were not performed at the Powell CBOC. A provider was granted privileges that included lumbar puncture and admitting privileges.

OPPE. One of four licensed independent practitioner profiles reviewed at the Powell CBOC did not have sufficient evidence of data for the previous two 6-month OPPE periods. Also, the Executive Committee of the Medical Staff meeting minutes did not reflect adequate discussion of the provider’s data prior to reprivileging.

### VISN 22, VA Long Beach HCS – Laguna Hills

FPPE. A newly hired psychiatrist at the Laguna Hills CBOC did not have an FPPE implemented.

OPPE. Two of the three providers at the Laguna Hills CBOC did not have documentation of clinical pertinence reviews and/or performance measure compliance.

### VISN 22, VA Greater Los Angeles HCS – Lancaster and Sepulveda

Clinical Privileges. We found that the Professional Standards Board granted clinical privileges for procedures that were not performed at the Lancaster and Sepulveda CBOCs. The providers were granted Internal Medicine core privileges, which included lumbar punctures, thoracentesis, paracentesis, intubation, and venous cutdowns. As of September 2010, the facility modified the privileges form and excluded procedures not performed in the outpatient setting; however, the new form is implemented when providers are re-privileged. Therefore, some providers continue to practice under the Internal Medicine core privileges.

## Skills Competency

The JC requires that organizations define and verify staff qualifications and ensure that staff are competent to perform their responsibilities. Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
Laguna Hills	There is a policy that defines the competencies of the staff that provide patient care, treatment, or services at the CBOC.
Anaheim Laguna Hills	The policy defines who is responsible for competency validation and what the process is for selection of qualified personnel to assess and validate competence.
Laguna Hills	The CBOC has a policy or process describing actions taken when staff cannot demonstrate competency.
	The facility has identified skill competencies for the CBOC.

Noncompliant	Areas Reviewed (continued)
	Staff competency was initially assessed and documented as a part of the CBOC orientation.
Anaheim	Patient care staff identified skill competencies were validated and documented.
<b>Table 9. Skills Competency</b>	

### VISN 22, VA Long Beach HCS – Anaheim and Laguna Hills

Policy. The Anaheim CBOC competency policy did not define who is responsible for competency validation or describe the process for selection of qualified personnel to access and validate competencies. The Laguna Hills CBOC did not have a competency policy.

Core Competencies. We reviewed the competency folders of six staff members at the Anaheim CBOC and found that at least one core competency for each staff member was not assessed annually. Local policy requires annual assessment of competencies.

### Environment and Emergency Management

#### EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 10 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramps meet ADA requirements.
Lancaster	The entrance door to the CBOC meets ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
	The patient care area is safe.
	Medical equipment is checked routinely (biomedicine tags when applicable).
Oceanside	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Escondido	Privacy is maintained.
	IT security rules are adhered to.
	Patients' personally identifiable information is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than ¾ full.

Noncompliant	Areas Reviewed (continued)
Sepulveda	There is evidence of an annual fire and safety inspection.
Sepulveda	There is evidence of fire drills occurring at least annually.
Oceanside	Fire extinguishers are easily identifiable.
Gillette Powell	The CBOC collects, monitors, and analyzes hand hygiene data.
Lancaster	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
<b>Table 10. EOC</b>	

### VISN 19, Sheridan VAMC – Gillette and Powell

Hand Hygiene. The Powell CBOC had not initiated hand hygiene monitors or collected data prior to February 2011. The Gillette CBOC stopped monitoring hand hygiene in November 2010. The Centers for Disease Control and Prevention recommend that healthcare facilities develop a comprehensive Infection Control program with a hand hygiene component, which includes monitors, data analysis, and provider feedback.

### VISN 22, VA San Diego HCS – Escondido and Oceanside

Auditory Privacy. The auditory privacy was inadequate for patients during the check-in process at the Escondido CBOC. Patients communicate with staff through a window located in the waiting area. Patients are asked to provide, at a minimum, their name and the last four digits of their social security number. We found a sign instructing patients and visitors to protect patient privacy at the check-in counter; however, staff did not ensure the zone of privacy was maintained. Additionally, staff verbalized a process of providing paper and a pen to patients to provide their personally identifiable information; however, this process was intermittently utilized.

Fire Extinguishers. The Oceanside CBOC had no signage identifying the location of fire extinguishers. All fire extinguishers were recessed in the wall and obscured from view. According to National Fire Protection Association standards, fire extinguishers shall not be obstructed or obscured from view.<sup>28</sup>

Panic Alarms. A risk assessment completed on March 16, 2011, at the Oceanside CBOC indicated that MH clinic operations make staff susceptible to violence in the workplace and identified that portable silent alarm call buttons had been distributed to staff. During our on-site visit, we identified front-desk staff in the MH clinic did not have panic alarms. The staff indicated that if they felt threatened and needed assistance, they would call for help and try to leave the room.

<sup>28</sup> National Fire Protection Association, Standard for Portable Fire Extinguishers, 10 6.1.3.3.1.

## VISN 22, VA Greater Los Angeles HCS – Sepulveda and Lancaster

Physical Access. The door handle at the Lancaster CBOC required a tight grasp to open. The ADA requires that facility doors be equipped with handles that are easy to grasp with one hand and do not require tight grasping, pinching, or twisting of the wrist to operate.<sup>29</sup>

Fire Drills. We did not find evidence of an annual fire drill for 2010 at Building 10, which houses the MH and Dental Clinic, at the Sepulveda CBOC. The JC requires that fire response planning identify the specific roles of those who work within the organization, including when and how to sound fire alarms, contain smoke and fire, use a fire extinguisher, and evacuate to areas of refuge.<sup>30</sup>

Life Safety. We did not find evidence of an annual fire and life safety inspection at the Sepulveda CBOC for 2010 or 2011. Although the VISN conducts Annual Workplace Evaluations of the Sepulveda CBOC, the Annual Workplace Evaluation does not contain all elements of the fire and life safety inspection. VHA policy requires annual inspection of facilities for fire and life safety.<sup>31</sup>

Patient identification. The Lancaster CBOC did not use two patient identifiers for blood drawing procedures. Two patient identifiers help to ensure that the procedure is performed for the correct patient.<sup>32</sup>

### Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.<sup>33</sup> Table 11 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC clinical staff are trained in cardiopulmonary resuscitation with the use of an automated external defibrillator.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.

<sup>29</sup> Americans with Disabilities Act.

<sup>30</sup> Joint Commission Standard EC 02.03.01.

<sup>31</sup> VHA Center for Engineering & Occupational Safety and Health, *Fire Safety Guide Book*, Updated July 2009.

<sup>32</sup> Joint Commission Standard NPSG 01.01.01.

<sup>33</sup> VHA Handbook 1006.1.

Noncompliant	Areas Reviewed
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.
<b>Table 11. Emergency Management</b>	

All CBOCs were compliant with the topic areas; therefore, we made no recommendations.

## PCMM

We conducted reviews of the PCMM administration to assess VHA’s management of the primary care panels. VHA policy states that the PCMM Coordinator is responsible for ensuring that the information in the PCMM database is accurate and current.<sup>34</sup>

Table 12 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
Anaheim Laguna Hills	A system is in place to ensure patients are not assigned to a panel prior to being seen for their first appointment.
Gillette Powell Laguna Hills Lancaster Sepulveda	The facility assigns a new patient to a panel after it has been confirmed that the patient is not assigned to a provider at another facility.
	Patients are identified for removal from the PCMM panel on a monthly basis (at a minimum).
	Panel sizes are reasonable compared to the PCMM guide of 1,200 patients for a full-time PCP.
	PCPs have been kept current in PCMM
	The number of patients invoiced is comparable to the total number of patients assigned to the PCP panels.
<b>Table 12. PCMM</b>	

### VISN 19, Sheridan VAMC – Gillette and Powell

Confirmation of Panel Assignment. The Sheridan VAMC had approximately 10,900 active patients, with 1,457 and 1,064 being assigned to the Powell and Gillette CBOCs, respectively. There were 99 patients (7 percent of the panel) assigned to a Powell PCP and 121 (11 percent of the panel) assigned to a Gillette PCP in PCMM that were also assigned to an additional PCP at other facilities without dual assignment approval. Patients with two or more PCPs assigned inflate

<sup>34</sup> VHA Handbook 1101.02, *Primary Care Management Module*, April 21, 2009.

primary care panel sizes and could lead to increased medical care costs for contracted care.

### **VISN 22, VA Long Beach HCS – Anaheim and Laguna Hills**

Panel Assignment Prior to First Appointment. Primary care panel assignments at the Anaheim and Laguna Hills CBOCs are not performed in accordance with VHA policy. Enrollment should be performed when the patient completes the first appointment, not when the patient schedules an appointment.

Confirmation of Panel Assignment. The VA Long Beach HCS had approximately 41,300 active patients, with 3,315 being assigned to the Laguna Hills CBOC. There were 242 patients (7 percent of the panel) assigned to a Laguna Hills PCP in PCMM that were also assigned to an additional PCP at other facilities without dual assignment approval. Patients with two or more PCPs assigned inflate primary care panel sizes and could lead to increased medical care costs for contracted care.

### **VISN 22, VA Greater Los Angeles HCS – Lancaster and Sepulveda**

Confirmation of Panel Assignment. The VA Greater Los Angeles HCS had approximately 76,600 active patients, with 14,871 and 3,820 being assigned to the Sepulveda and Lancaster CBOCs, respectively. There were 799 patients (5 percent of the panel) assigned to a Sepulveda PCP and 189 (5 percent of the panel) assigned to a Lancaster PCP in PCMM that were also assigned to an additional PCP at other facilities without dual assignment approval. Patients with two or more PCPs assigned inflate primary care panel sizes and could lead to increased medical care costs for contracted care.

## **CBOC Contract**

We conducted reviews of contracted primary care at the Powell, Laguna Hills, Escondido, and Lancaster CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. Contracted MH services are provided at the Laguna Hills CBOC, and VA staff provides tele-mental health services at the Lancaster and Powell CBOCs. Each CBOC engagement included: 1) a review of the contract, 2) analysis of patient care encounter data, 3) corroboration of information with VHA data sources, 4) site visits, and 5) interviews with VHA and contractor staff. Our review focused on documents and records for 1st Qtr, FY 2011.

Table 13 summarizes the areas we reviewed and identifies the CBOCs that were not compliant in those areas. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
Laguna Hills	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
Lancaster	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Powell Escondido Lancaster	(2) Technical review of contract modifications and extensions.
Lancaster	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
Lancaster	(5) Contractor oversight provided by the Contracting Officer's Technical Representative.
	(6) Timely access to care.
<b>Table 13. Review of PC and MH Contract Compliance</b>	

**VISN 19, Sheridan VAMC – Powell**

Technical Review. The contract does not clearly define the requirements for payment. The contract required that each patient have an annual vesting office visit. The facility allowed for a more extensive vesting codes list than what was defined as a vesting visit in the contract. This caused confusion in how many patients met the criteria for payment.

The current invoice validation process requires the facility to reconcile Sheridan VAMC's master patient list against the Contractor's master patient list. The Contractor's list is provided in the form of a paper printout, which can contain over 40 pages and 1,200 patient names. The process of performing a manual review of the contractor's list is very timely and is susceptible to error. This process places the risk on the VA to ensure the accuracy of the invoice.

**VISN 22, VA Long Beach HCS – Laguna Hills**

Requirements for Payment. The contract was not clear regarding the requirements for payment. The contract required the prepayment of an annual capitated rate per patient; however, the contract included phrases such as "an annual visit during the term of the contract may be required" and "if the local facility determines that the patient must be seen annually." These phrases caused confusion in determining whether an annual visit was required for payment. The contractor prepared the invoicing based on the annual requirement; therefore, we found no discrepancies in the payment amounts.

The contract does not have a provision for the VA to be reimbursed for months paid in advance when a patient is disenrolled from the clinic for any reason, such as transfer or

death. The contract should also have a provision that pays a prorated amount as the end of the contract period approaches. Inclusion of these provisions should be mandatory if a prepaid annual capitated rate is used, which would save the VA a significant amount of resources.

### **VISN 22, VA San Diego HCS – Escondido**

Technical Review. The contract was awarded on April 21, 2010, for a period of 6 months beginning on May 5, 2010, with an option to extend another 6 months. It was extended for the additional 6 months to cover a 1-year period. Our review found that this was the second interim contract issued by the facility since the long-term contract that was awarded competitively in October 2006, and expired in 2009. When the interim contract expired on or about April 30, 2011, another interim contract was issued. Although the facility issued a solicitation for a new contract on April 18, 2011, a new contract was not awarded and we have been advised that another interim contract would be issued. With the exception of the most recent interim contract, records show that approvals for the interim contracts were not by the VHA Sharing Office, as required by VA Directive 1663.<sup>35</sup> Approval for the interim contract effective May 1, 2011, was made by the Director of the VA San Diego HCS and approval for the interim contract awarded in 2009 was by the Network Director. The documentation shows that the interims were necessary due to lack of acquisition planning.

### **VISN 22, VA Greater Los Angeles HCS – Lancaster**

Performance Measures. The contract does not contain any penalties if the contracted medical care does not meet VHA standards. The facility was monitoring quality of care performance measures but had no means to enforce VHA standards, short of terminating the contract.

Invoice Validation Process. The facility did not have an invoice validation process during the 1<sup>st</sup> Qtr, FY 2011 but has subsequently initiated a manual validation process to manage more than 3,500 patients invoiced each month. The facility paid the invoice without the required supporting documentation and did not validate the number of qualifying enrollees. We found that the VA overpaid by over \$12,000 each month over at least a 6-month period.

Technical Review. The VA is paying for services under a contract that expired June 30, 2010. The contract does not state that it was an interim contract, but that appears to be the case. The contract was awarded on April 1, 2010, for a period of 3 months with no option to extend. However, the contract was inappropriately extended through July 31, 2011, citing FAR clause 52.217-9, *Option to Extend the Term of the Contract*, as the authority that was not included in the contract. During the time of our site visit, the new contract still had not been awarded.

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<sup>35</sup> VA Directive 1663, *Health Care Resources Contracting – Buying*, August 10, 2006.

The Contracting Officer did not obtain VHA Sharing Office approval, which is required for interim contracts under VA Directive 1663. Records in the Electronic Contract Management System show that the last competitive contract expired in 2007. Although not in the Electronic Contract Management System, records for a sole source interim contract awarded on or about October 1, 2008, show that the justification for the interim contract was an “urgent and compelling” need because the existing contract was going to expire on September 30, 2008. It is not clear whether the contract that was going to expire was another interim contract or an improper extension of the prior contract. The interim contract was in effect from October 1, 2008, through March 30, 2009. Records show that the interim contract was extended through September 30, 2009, when another interim contract was awarded. The series of interim contracts with no effort to issue a solicitation for a long-term contract demonstrates poor acquisition planning.

## VISN 19 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** September 29, 2011  
**From:** Director, VISN 19 (10N19)  
**Subject:** **CBOC Reviews: Gillette and Powell, WY; and Pueblo, CO**  
**To:** Director, 54F Healthcare Inspections Division (54F)  
Director, Management Review Services (VHA 10A4A4)

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) Review of Gillette and Powell, WY and Pueblo, CO facilities.
2. I concur with the recommendations and have ensured that action plans with target dates for completion were developed.
3. If you have further questions regarding this CBOC review, please contact Aggie Worth, Quality Management Officer at 303-639-6984 or Susan Curtis, VISN 19 HSS at 303-639-6995.

*(original signed by:)*

Glen W. Grippen, FACHE

Network Director

## Sheridan VAMC Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** September 29, 2011

**From:** Director, Sheridan VAMC (666/00)

**Subject:** **CBOC Review:** Gillette and Powell, WY

**To:** Director, VA Rocky Mountain Network (10N19)

1. Attached please find the OIG Community Based Outpatient Clinic Review draft response from the Sheridan VA Medical Center.
2. The Sheridan VA Medical Center and associated CBOCs has developed and is implementing the following action plans with the designated anticipated completion dates.
3. Please contact Lisa McClintock at 307.675.3165 or myself at 307.675.3675 with any questions or concerns regarding the following action plans.

*(original signed by:)*

Debra L. Hirschman

Medical Center Director

## Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

### **OIG Recommendations**

**Recommendation 1.** We recommended that the Sheridan VAMC establish a process to document justification in the medical record for the use of Short-Term Fee Basis care at the Gillette and Powell CBOCs.

Concur

Target date for completion: 9/28/2011

The Radiology Department within the Sheridan VAMC has modified the radiology ordering process for Short Term Fee care to include the approved justification. The justification is a component of the order that is completed prior to the scheduling of the procedure.

**Recommendation 2.** We recommended that scopes of practice are facility-specific at the Powell CBOC.

Concur

Target date for completion: 10/31/2011

Facility specific privileges for practice have been evaluated and discussed by the Medical Executive Board with modifications forthcoming. In addition, applications for privileges are being updated to clarify the range of privileges for the providers in the CBOCs.

**Recommendation 3.** We recommended that adequate competency data be maintained in all providers' profiles and that the Executive Committee of the Medical Staff meeting minutes reflect sufficient discussion of the competency data.

Concur

Target date for completion: 11/15/11

The Sheridan VA Medical Center policy for collection of ongoing professional practice evaluation is being revised to define specific parameters for measurement and criteria for discussion/submission to Executive Committee of the Medical Staff. Each provider will have ongoing evaluation of data that equals 10 reviews per six months or 100% of Veterans seen if the volume is less than 10 during the review period. Meeting minutes of the Medical Executive Board have been strengthened to provide more detailed discussion of ongoing professional practice evaluation outcomes.

**Recommendation 4.** We recommended that managers monitor and collect measurable data for hand hygiene at the Gillette and Powell CBOCs.

Concur

Target date for completion: 10/1/2011

Each CBOC will have one responsible staff member for submission of hand hygiene data monthly. This data will be submitted to the Administrative Officer for the outpatient clinics to ensure that data is not lost in transition. The data will be copied and forwarded to the Infection Control nurse for trending. If the Infection Control nurse does not receive data, a written report will be sent to the responsible staff member in the CBOC with a copy to the CBOC Director. Data collection will include a combination of Veteran collected and staff observation data at a minimum of five each.

**Recommendation 5.** We recommended that the PCMM Coordinator performs in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: 10/31/11

In accordance with VHA policy the PCMM coordinator will access data related to dual assignments and the national listing of PCMM coordinators. The data will be utilized to identify and correct the patients with dual assignments and communicate with the appropriate PCMM coordinator in the other facility. This process will be ongoing with monthly validation of single assignments in PCMM and correction of dual assignments.

**Recommendation 6.** We recommended that the facility investigate revamping the monthly billing validation process by providing the list of VA patients seen at the clinic to the Contractor that can be used as support for the monthly invoice.

Concur

Target date for completion: 10/31/2011

Sheridan VA Medical Center CBOC/Telehealth service will implement a new billing validation process with the Contractor, Powell Valley Integrated Healthcare. The Sheridan VA Medical Center will provide a billing statement to the Contractor electronically with read only access to the supporting data. The Contractor will have 30 days to submit changes for validation before it is submitted for payment.

## VA Eastern Colorado HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** September 28, 2011

**From:** Director, VA Eastern Colorado HCS (554/00)

**Subject:** **CBOC Review: Pueblo, CO**

**To:** Director, VISN 19 (10N19)

1. I acknowledge receipt of the Office of the Inspector General July CBOC report.
2. As noted in the report, the Pueblo CBOC did not have any findings and as such we have not submitted an action plan.
3. If there are any questions or concerns, please contact Rebecca Keough at (303) 249-9433.

*(original signed by:)*

Lynette A. Roff  
Director  
Eastern Colorado Health Care System

## VISN 22 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** October 4, 2011

**From:** Network Director, VA Desert Pacific Healthcare Network  
(10N22)

**Subject:** **CBOC Reviews: Anaheim and Laguna Hills, CA;  
Escondido and Oceanside, CA; and Lancaster and  
Sepulveda, CA**

**To:** Director, 54F Healthcare Inspections Division (54F)  
  
Director, Management Review Services (VHA 10A4A4)

1. This memo is to confirm Network Director concurrence for the open recommendations, VA Long Beach: 7-20; VA San Diego: 21-27 and VA Greater Los Angeles: 28-38 of the Draft VISN 22 July CBOC Report.
2. If you have any questions regarding the information, please contact me at (562) 826-5963.

*(Original signed by:)*

Stan Johnson, MHA, FACHE

Attachments

## VA Long Beach HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

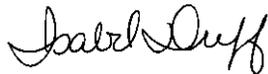
**Date:** September 27, 2011

**From:** Director, VA Long Beach HCS (600/00)

**Subject:** **CBOC Reviews: Anaheim and Laguna Hills, CA**

**To:** Director, VA Desert Pacific Healthcare Network (10N22)

1. Please see attached response to the VA Office of Inspector General's (OIG) Recommendation numbers 7 - 20 for the VA Long Beach Healthcare System CBOC Review conducted July 26-28, 2011.
2. We concur with all recommendations.



Isabel Duff, MS

Attachment

## Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

### **OIG Recommendations**

**Recommendation 7.** We recommended that at least one accessible VA or community-based ED be identified where veterans at the Laguna Hills CBOC are directed to seek emergent care when necessary.

Concur

Target date for completion: 02/28/2012

**Response:** VA Long Beach will work with Network Logistics Office to develop a contractual agreement with one community based Emergency Department where Veterans are transported for Mental Health emergent care when Veterans cannot be safely transported to VA Long Beach Emergency Department. This agreement will address the following:

- sharing medical information
- financial arrangements for payment of authorized emergency care

The Laguna Hills staff will document in the medical record when 911 is called and include the name of the facility the Veteran is transported to and inform the Transfer Coordinator/designee via a transfer consult, of the patient's transfer to a community-based facility. The Transfer Coordinator will notify the Chiefs of the Mental Health Care Group of any transfers from the Laguna Hills CBOC. Incidents will be provided to the Clinical Practice Executive Council (CPEC) on a quarterly basis.

**Recommendation 8.** We recommended that the VA Long Beach HCS develop a local policy for Short-Term Fee Basis consults.

Concur

Target date for completion: 12/15/11

**Response:** A Standard Operating Procedure was developed and implemented during the OIG CBOC site visit outlining Short-Term Fee Basis consults. A Healthcare System Policy (HSP) draft is being developed with review targeted for 10/15/11 and full implementation/approval by 11/15/11.

**Recommendation 9.** We recommended that the copies of Short-Term Fee Basis reports for patients at the Laguna Hills CBOC are filed or scanned into the medical record.

Concur

Target date for completion: 12/15/2011

**Response:** The Fee Basis section of Financial Management will modify via the Contracting Office, the Valor Healthcare, Inc. contract to include language to direct all imaging results submitted to the Veterans Affairs Medical Center, Long Beach CA, by courier for entry into CPRS. An auditing process will be implemented to ensure compliance by Valor Healthcare, Inc. Fee Basis will perform a monthly review of all closed fee consults to ensure that imaging results have been provided and uploaded to CPRS. The results of this review will be reported on a quarterly basis to the Management and Operations Executive Council.

**Recommendation 10.** We recommended that the Anaheim and Laguna Hills CBOC managers establish a process to ensure patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: 09/26/2011

**Response:** The mammography technologists have been retrained on the requirement to document via a progress note in Vista/CPRS that a letter has been sent to the Veteran providing the results of their normal mammogram exam. The Chief Technologist or his/her designee will monitor this process on a weekly basis and will report to the Chief of the Radiology/Nuclear Medicine Imaging Service. The Chief Technologist will perform a monthly audit to ensure that the progress notes are being completed. Results of the monthly audits will be provided to the Clinical Practice Executive Council (CPEC) on a quarterly basis.

**Recommendation 11.** We recommended that patients with abnormal mammography results at the Laguna Hills CBOC are notified by their provider within 14 calendar days and notification is documented in the medical record.

Concur

Target date for completion: Completed

**Response:** Laguna Hills CBOC Providers have been re-educated and are immediately notifying all Veterans of abnormal mammography results. The Laguna Hills CBOC manager will submit a monthly report of all patients having mammograms and evidence that patients are informed immediately of abnormal results and follow up. The Chief, PC&SC HCG will monitor this report monthly and submit quarterly updates to the Medical Executive Council (MEC) or more often as necessary until 100% compliance is maintained, and then intermittently review.

**Recommendation 12.** We recommended that FPPEs be initiated for all physicians who have been newly hired at the Laguna Hills CBOC.

Concur

Target date for completion: 11/01/2011

**Response:** FPPEs will be completed for every newly hired provider at the Laguna Hills CBOC within 90 days. These FPPEs will be submitted to the respective HCG Chief (Mental Health HCG and Primary Care & Specialty Clinics HCG). The HCG Chiefs will review the FPPEs and place this information in the Provider's employee folder that will be maintained by each VA Long Beach Health Care Group (HCG). The Chiefs, PC&SC and Mental Health HCG will review this report and submit quarterly updates to the Medical Executive Council (MEC).

**Recommendation 13.** We recommended that adequate competency data be maintained in all providers' profiles at the Laguna Hills CBOC.

Concur

Target date for completion: 11/01/2011

**Response:** All Providers at Laguna Hills will have Ongoing Professional Practice Evaluations (OPPE) completed quarterly and this information will be forwarded to the respective HCG Chief. The HCG Chiefs will review the OPPEs and place this information in the Provider's employee folder that will be maintained by each VA Long Beach Health Care Group (HCG). The Chiefs, PC&SC and Mental Health HCG will review this report and submit quarterly updates to the Clinical Practice Executive Council (CPEC).

**Recommendation 14.** We recommended that the competency policy at the Anaheim CBOC define who is responsible for competency validation and the process for the selection of qualified personnel to assess and validate competencies.

Concur

Target date for completion: 12/15/2011

**Response:** The Human Resources Competency Committee will ensure the competency guidelines are updated to address who is responsible for competency validation and the process for the selection of qualified personnel to assess and validate competencies. The Management and Operations Executive Council will be responsible to monitor that this policy has been completed by the target date.

**Recommendation 15.** We recommended that a competency policy be developed for staff at the Laguna Hills CBOC that defines required core competencies, includes who is responsible for validation, identifies the process for selecting qualified personnel to validate competencies, and denotes the actions taken when staff cannot demonstrate competency.

Concur

Target date for completion: 1/15/2012

**Response:** The Human Resources Competency Committee will ensure the competency guidelines for VA Long Beach Healthcare System are updated. Once the policy is completed, the Laguna Hills CBOC will utilize this for a template for their policy. The Management and Operations Executive Council (MOEC) will be responsible to monitor that this policy has been completed by the target date.

**Recommendation 16.** We recommended that staff competencies at the Anaheim CBOC are assessed annually in accordance with local policy.

Concur

Target date for completion: 1/15/2012

**Response:** Primary Care and Specialty Clinics HCG will ensure that staff completes their core competencies annually. PC&S HCG will submit reports to the Human Resources Competency Committee to assure compliance on a quarterly basis.

**Recommendation 17.** We recommended that the PCMM Coordinator performs in accordance with VHA policy to perform panel assignment after completion of the patient's first appointment.

Concur

Target date for completion: 10/03/2011

**Response:** A new Fileman data report has been developed and implemented that will identify patients that have been initially seen by a Primary Care Provider (PCP) and not assigned to a PCP. This report will be run daily to capture patients who have not been assigned to a permanent Primary Care Provider. The PCMM Coordinator/designee will assign these patients a PCP, after the initial primary care visit. The Chief of Data, Collection and Analysis will monitor compliance monthly and report quarterly to the Management and Operations Executive Council (MOEC).

**Recommendation 18.** We recommended that the PCMM Coordinator performs in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: 11/15/2011

**Response:** The PCMM Coordinator has been retrained to utilize the VSSC dual enrolled patient list and to conduct dual assignment reviews on a weekly basis. The PCMM Coordinator will collaborate with other sites to remove patients on the dual enrolled list and ensure that those that do not belong to VA Long Beach are also removed. The Chief, Data Collection and Analysis will conduct monthly audits using the

VSSC dual enrolled patient list and report results quarterly to the Management & Operations Executive Council.

**Recommendation 19.** We recommended that the Contracting Officer ensures the contract clearly states the requirements for payment.

Concur

Target date for completion: 10/15/2011

**Response:** The Contracting Officer will modify the contract to include updated Invoice and Payment language in accordance with FAR 52.212-4(g) and (i). This modification will include how monthly payments will be made using capitated rates for enrolled Veterans and provide proper invoice submission instructions. The Contracting Officer will provide a copy of the modification to the COTR when complete. The COTR will report contract compliance to Management & Operations Executive Council on a quarterly basis.

**Recommendation 20.** We recommended that the Contracting Officer add provisions to the contract that requires reimbursement to the VA when a prepaid annual capitated rate for disenrolled patients and when the remaining contract period is less than a year.

Concur

Target date for completion: 10/01/2011

**Response:** The Contracting Officer will modify the contract to include the reimbursement requirements and repayment plan when the contract period is less than a year and the VA has paid an annual capitated rate for a disenrolled patient. The COTR will monitor potential disenrolled Veteran contract repayment options and report to the Contracting Officer as directed in the modification. The COTR will report contract compliance to Management & Operations Executive Council on a quarterly basis.

## VA San Diego HCS Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** September 28, 2011

**From:** Acting Director, VA San Diego HCS (664/00)

**Subject:** **CBOC Reviews: Escondido and Oceanside, CA**

**To:** Director, VA Desert Pacific Healthcare Network (10N22)

1. Enclosed are the responses to the recommendations in the draft Office of the Inspector General's report of our Community Based Outpatient Clinic (CBOC) review in Escondido and Oceanside.
2. If you have questions or wish to discuss the report, please contact me at (858) 642-3201.

*(original signed by:)*

Robert M. Smith, MD  
Acting Director, VA San Diego Healthcare System

## Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

### **OIG Recommendations**

**Recommendation 21.** We recommended that the facility develop a local policy for Short-Term Fee Basis consults.

Concur

Target date for completion: October 2011

VA Central Office will be implementing a standardized process for handling Fee Basis consults in FY 2012. Implementation of this process is scheduled for VISN 22 in the second quarter of March 2012. The VA San Diego HCS will develop a local policy that reflects national standards as part of this implementation process.

While National and VISN direction are pending, the VA San Diego HCS will develop and publish an interim local policy.

**Recommendation 22.** We recommended that the copies of Short-Term Fee Basis reports for patients at the Escondido CBOC are filed or scanned into the medical record.

Concur

Target date for completion: January 2012

It is the policy of the Escondido CBOC that once it receives an imaging report as a result of Short-Term Fee Basis consult that the report is given to the patient's provider for review immediately. The provider notes their review in CPRS and then calls the patient to communicate the findings and the plan of care. The report is then forwarded to the Health Information Management Section of the Health Administration Service (HAS) for scanning into CPRS. This process is usually completed within 24 hours of the Provider receiving the report, and never beyond the seven days that is required by policy. The scanning of the report into CPRS occurs within 24 hours if received by 12 noon; those received after 12 noon are scanned the following business day. The instance where the Short-Term Fee Basis imaging report was not scanned into the patient's record has since been corrected. The aforementioned policy will be enforced and monitored by HAS. An internal audit will be performed to assure the process is being properly followed.

**Recommendation 23.** We recommended that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner at the Escondido CBOC.

Concur

Target date for completion: January 2012

As noted in response to Recommendation 22, it is the policy of the Escondido CBOC that once it receives an imaging report as a result of Short-Term Fee Basis consult that the report is given to the patient's provider for review immediately. The provider notes their review in CPRS and then calls the patient to communicate the findings and the plan of care. This process is usually complete within 24 hours of the provider receiving the report. The providers who failed to document their communications of the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner will be reminded of the policy by the CBOC COTR and asked to document their communications of results in CPRS. An audit will be performed to assure the process is being properly followed.

**Recommendation 24.** We recommended that the auditory privacy be maintained during check-in process at the Escondido CBOC.

Concur

Target date for completion: January 2012

The check-in process at the Escondido CBOC will be revised so that the zone of auditory privacy is monitored and maintained. Additionally, staff will begin to swipe the Veterans VA ID card as the method for identify patients as opposed to asking them to provide their name and the last four digits of their social security number verbally. The VA San Diego HCS will audit the process for auditory privacy compliance after the implementation of process changes.

**Recommendation 25.** We recommended that the MH front-desk staff at the Oceanside CBOC receive portable silent alarm call buttons.

Concur

Target date for completion: Completed as of September 1, 2011

MH front-desk staff at the Oceanside CBOC received portable silent alarm call buttons shortly after the OIG review.

**Recommendation 26.** We recommended that signage be installed to identify the location of fire extinguishers at the Oceanside CBOC.

Concur

Target date for completion: October 2011

Fire extinguisher signage was ordered and recently arrived at the VA San Diego HCS. Those will be installed prior to the end of October 2011.

**Recommendation 27.** We recommended that the VISN Director and VHA Sharing Office take appropriate steps to ensure to award a competitive long-term contract and that requests for interim contracts comply with the provisions of VA Directive 1663.

Concur

Target date for completion: October 2011

The VA San Diego HCS and the VISN 22 Office have worked diligently and cooperatively with the Network Contracting Activity (NCA), formerly the Network Logistics Office, to award a competitive long-term contract in the Escondido area. However, for reasons beyond the scope of responsibility and control of the HCS and the VISN, the NCA has been unable to award a long-term CBOC contract in the Escondido area for the past five years. The long-term Escondido CBOC contract originally extended from February 2001 to August 2006 for a total of five years; it was a four year contract with a one-year option. The first interim contract or extension lasted from August 2006 to October 2006. Then there were two one-year extensions from November 2006 through November 2008. Since November 2008 there have been several extensions ranging from three to six months. Currently, the Escondido CBOC is operating under a three month extension that will expire at the end of October 2011. The VA San Diego HCS and the VISN 22 Office will continue to work diligently and cooperatively with the NCA to award a long-term contract for the Escondido CBOC.

Network Contracting Activity (NCA) Response: The Escondido CBOC solicitation is in evaluation with an estimated award expected by October 2011. The interim contract for Escondido is current and was approved by the Medical Sharing Office (Washington DC). The NCA is complying with the provisions of VA Directive 1663.

## VA Greater Los Angeles HCS Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** October 12, 2011  
**From:** Director, VA Greater Los Angeles Healthcare System (691/00)  
**Subject:** **CBOC Reviews: Lancaster and Sepulveda, CA**  
**To:** Director, VA Desert Pacific Healthcare Network (10N22)

1. Please find the following comments in response to the recommendations 28-38 in the OIG's report. Corrective action plans have been established with planned completion dates, as detailed in the attached report.
2. Should you have further questions or comments, please contact Ms. Joan Lopes, Chief, Quality Management, at (310) 268-3585.

Sincerely,

*(original signed by:)*

Donna M. Beiter, R.N., M.S.N

Attachments

## Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

### **OIG Recommendations**

**Recommendation 28.** We recommended that the Professional Standards Board grant privileges consistent with the services provided at the Lancaster and Sepulveda CBOCs.

Concur

Target date for completion: November 14, 2011

A total of 34 providers were identified in Primary/Ambulatory Care setting:

- |    |               |    |
|----|---------------|----|
| 1. | Bakersfield   | 5  |
| 2. | LAACC         | 7  |
| 3. | SLO           | 2  |
| 4. | Santa Barbara | 3  |
| 5. | Santa Maria   | 4  |
| 6. | Sepulveda     | 12 |
| 7. | Lancaster     | 1  |

A memo addressing each providers' specific privileges will be added to their clinical privilege file. In addition, this action will be discussed and documented by the Professional Standards Board.

**Recommendation 29.** We recommended that access is improved for disabled veterans at the Lancaster CBOC.

Concur

Target date for completion: January 2012

GLA is currently working with Network Contracting Officers to include improvement of access to the Lancaster CBOC for disabled veterans which will meet the standards of the American Disability Act. Due to current contract status, this cannot be fully addressed until a new contract is awarded. The solicitation process has been initiated by Network Contracting.

**Recommendation 30.** We recommended that fire drills be conducted annually at the Sepulveda CBOC.

Concur

Target date for completion: December 31, 2011

Fire drills are conducted annually in all business occupancies. The deficiency resulting in counting a false alarm as a fire drill which moved the actual drill date into the previous year was due to the fact that our fire drill are done on a FY versus a CY. In the future false alarms will not be counted as the actual date, but the actual date they are scheduled. New schedule has been established to assure annual testing.

**Recommendation 31.** We recommended that fire and life safety inspections be conducted annually at the Sepulveda CBOC.

Concur

Target date of completion: Start date 09/30/2011

The fire & life safety inspections for Sepulveda CBOC have been scheduled to be conducted annual and all required elements.

**Recommendation 32.** We recommended that two patient identifiers are used by staff when providing care, treatment, and services at the Lancaster CBOC.

Concur

Target date for completion: Start date 9/27/2011

In September 2011, monthly agenda item for staff meetings will include spot checking of staff for use of two patient identifiers to monthly quality management report. Administrator developed tool for observation of all staff that will be reported to the COTR.

**Recommendation 33.** We recommended that the PCMM Coordinator performs in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: On-going

The dual report was removed for “re-construction” from the VSSC, which resulted in a lapse in current dual data. Prior to the OIG Inspection, we relied on older dual reports to reduce the number of dually assigned patients. During the inspection, we learned that data was embedded in the PC Almanac. We have been using this data to remove veterans who are assigned to more than one PCP. As of today (10/7/11) Lancaster is at 222 (5.6%) duals and Sepulveda is at 893 (5.9%). In FY12, we will strive for less than 2% for each site. We will continue to post unassigned and dual data on our local secured SharePoint site for site managers to take appropriate action.

**Recommendation 34.** We recommended that the Facility Director and Contracting Officer ensure that there are performance incentive/penalty provisions in the contract, particularly those related to VHA quality of medical care standards.

Concur

Target date for completion: Upon contract award

Whereas the new solicitation contains a QASP, this QASP does not reflect recently approved performance incentives/penalties. Upon award of the new contract, it will be modified to include the performance incentives/penalties. Because this is a VA wide implementation, all contractors concerned in this solicitation are aware of this modification based on discussion with the contracting officer regarding this CBOC or other CBOC that they may operate.

**Recommendation 35.** We recommended that the VISN Director and VHA Sharing Office take appropriate steps to ensure that medical contracting is performed in accordance with applicable laws, regulations, and policies, and that interim contracts are approved in advance by VHA's Medical Sharing Office as required by VA Directive 1663.

Concur

Target date for completion: Upon contract decision and before approval.

The contract is expected to be awarded on or about October 31, 2011. The solicitation has not been sent to Medical Sharing. Prior to award, a copy of the contract and proposal of the intended awardee will be forwarded to the Medical Sharing Office for review. This process has already been incorporated into a VA standardized contract quality assurance checklist. We will ensure that all future contracts are administered in accordance with applicable laws, regulations and policies. Award cannot be made without completion of the checklist which is reviewed by a 3<sup>rd</sup> party outside of the network contracting office.

**Recommendation 36.** We recommended that the VISN Director, Contracting Office, and Facility Director take the steps necessary to award a long-term contract to obtain required services for the Lancaster CBOC.

Concur

Target date for completion: October 31, 2011

Yes, this contract is for a base plus 4 option years, putting in place a long term solution for this CBOC. As for future CBOC acquisition planning, authority and responsibility for all CBOC acquisitions has been centralized at the Network Contracting Activity under the Medical Sharing Team. Prior to this centralization of authority, and due to a shortage of personnel and a re-organization at the NCA, CBOC responsibilities were

delegated to various contract specialists throughout the organization. In the new structure, one team (perhaps no more than 3 people) will have total contract responsibility for all VISN 22 capitated CBOCs.

**Recommendation 37.** We recommended that the facility has a complete copy of all applicable contracts and ensures that all invoices are appropriately validated so VA resources are accurately expended.

Contracts are available and invoice validation is on-going.

Concur

Target date for completion: On-going and report of status November 30, 2011.

All documentation relative to CBOC awards are routinely forwarded from the contracting officer to the COTR. However to ensure that the COTR has copies of all documents, monthly meetings between the CO, COTR, and Program Managers have been initiated. Additionally, standardized post award procedures have been implemented which require a post award conference and distribution of pertinent documents to the contractor and COTR within a few days after contract award. In addition, we now use the VISTA program to check current number of active qualifying patients. The contractor provides a list of new patients and they are checked for means tests and eligibility. The information is accurate and fast. The Program also provides a list of patients to be removed from the invoice as well. The information is reviewed and sent on to the contractor.

**Recommendation 38.** We recommended that the Facility Director and Contracting Officer confer with Regional Counsel to determine the amount and collectability of the overpayments.

Concur

Target date for completion: November 30, 2011

The Facility Director and Contracting Officer are in communication for a meeting with Regional Counsel to determine amounts and collectability.

## OIG Contact and Staff Acknowledgments

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

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