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Office of Healthcare Inspections

Report No. 11-01406-228

Community Based Outpatient Clinic Reviews Branson, MO and Harrison, AR Conroe and Lufkin, TX Hammond and Houma, LA

July 18, 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.

Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
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
LCSW	Licensed Clinical Social Worker
MedMgt	medication management
MH	mental health
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PCMM	Primary Care Management Module
PCP	primary care provider
PET	Positron Emission Tomography
PII	personally identifiable information
PSB	Professional Standards Board
PSTP	psychotherapy
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of six CBOCs during the week of April 11, 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
16	Veterans HCS of the Ozarks	Branson, MO
		Harrison, AR
	Michael E. DeBakey VAMC	Conroe, TX
		Lufkin, TX
	Southeast Louisiana Veterans HCS	Hammond, LA
		Houma, LA

Table 1. Sites Inspected

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

Veterans HCS of the Ozarks

- Ensure that the PCMM Coordinator's duties are performed in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.
- Ensure all ancillary charges are defined, specifically all laboratory test reimbursement rates, by the Contracting Officer.
- Ensure the provisions of the contract are enforced specifically adhering to the invoice format in the contract.

Michael E. DeBakey VAMC

- Ensure providers document a justification for the use of Short-Term Fee Basis care in the medical record at the Conroe CBOC.
- Ensure veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the Conroe and Lufkin CBOCs.
- Require that Short-Term Fee Basis consults are approved by appropriate leadership or a designee in accordance with VHA policy at the Lufkin CBOC.
- Ensure copies of Short-Term Fee Basis reports are filed or scanned in the electronic medical record at the Lufkin CBOC.
- Ensure that managers establish a process to document patient notification results in the medical record at the Lufkin CBOC.

- Establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Conroe and Lufkin CBOCs.

- Grant privileges consistent with the services provided at the Conroe and Lufkin CBOCs.

- Ensure all volunteers with access to PII receive and maintain annual privacy awareness training in accordance with local policy at the Conroe CBOC.

Southeast Louisiana Veterans HCS

- Ensure the facility develops a local policy for Short-Term Fee Basis consults for the Hammond and Houma CBOCs.

- Ensure providers document a justification for the use of Short-Term Fee Basis care in the medical record at the Hammond and Houma CBOCs.

- Ensure veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the Hammond and Houma CBOCs.

- Require the ordering practitioners, or surrogate practitioners, to document in the medical record that they reviewed the report and communicated the results to the patient within 14 days from the date the results of the Short Term Fee Basis consult is made available to the ordering practitioner at the Hammond and Houma CBOCs.

- Grant privileges consistent with the services provided at the Hammond and Houma CBOCs.

- Ensure that the service chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Hammond and Houma CBOCs.

- Evaluate the use of the IT closet and implement appropriate measures according to VA policy at the Houma CBOC.

- Maintain auditory privacy during the check-in process at the Hammond CBOC.

- Install signage to identify the location of fire extinguishers at the Houma CBOC.

- Maintain the security of patients' PII at the Hammond and Houma CBOCs.

- Ensure that all contract terms are clearly defined for requirements of payments, specifically the term vesting encounter, by the Contracting Officer.

- Determine the total amount of overpayments to the contractor during the contract period as a result of ineligible patients and, with the assistance of the Regional Counsel, assess the collectability of the overpayment.
- Ensure the provisions of the contract are enforced, specifically the invoice format in the contract.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–D, pages 18–30 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

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.[1]
- 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.[2]
- 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.[3]
- 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.[4]

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

[1] VHA Handbook 1160.1, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
[2] VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.
[3] VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
[4] 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.

	Branson	Harrison	Conroe	Lufkin	Hammond	Houma
VISN	16	16	16	16	16	16
Parent Facility	Veterans HCS of the Ozarks	Veterans HCS of the Ozarks	Michael E. DeBakey VAMC	Michael E. DeBakey VAMC	Southeast Louisiana Veterans HCS	Southeast Louisiana Veterans HCS
Type of CBOC	VA	Contract	VA	VA	VA	Contract
Number of Uniques,[5] FY 2010	5,340	1,849	7,432	6,544	3,207	3,977
Number of Visits, FY 2010	25,549	6,654	39,173	49,423	14,783	18,223
CBOC Size[6]	Large	Mid-size	Large	Large	Mid-size	Mid-size
Locality	Rural	Rural	Rural	Rural	Rural	Urban
FTE PCP	4.0	1.2	5.9	4.5	2.9	3.0
FTE MH	4	1	4	10	2	3
Types of Providers	PCP NP Psychiatrists Psychologist LCSW	Internal Medicine Provider PCP NP	Internal Medicine Provider PCP PA Psychiatrists Psychologist LCSW Clinical Pharmacist	Internal Medicine Provider PCP NP PA Psychiatrists Psychologist LCSW	Internal Medicine Provider NP Psychiatrists Psychologist LCSW Audiologist	PCP NP PA Psychiatrists Psychologist LCSW
Specialty Care Services Onsite	No	Yes	Yes	Yes	No	Yes
Procedures Performed Onsite	None	None	None	None	None	None
Tele-Health Services	Tele-Retinal	None	None	Tele-Retinal	Tele-Medicine Tele-Retinal	Tele-Retinal Tele-Radiology
Ancillary Services Provided Onsite	Laboratory Radiology EKG Tele-Retinal Imaging	Laboratory Radiology EKG	Laboratory EKG Pulmonary tests	Laboratory Pharmacy Radiology EKG	Laboratory Pharmacy EKG	Laboratory Radiology EKG
Satellite Clinic	None	None	None	None	None	None

Table 2. CBOC Characteristics

[5] http://vaww.pssg.med.va.gov

[6] 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.[7] 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 CBOC 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; MH intensive care management; 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.

[7] VHA Handbook 1160.01.

Mental Health CBOC Characteristics						
	Branson	**Harrison**	**Conroe**	**Lufkin**	**Hammond**	**Houma**
Provides MH Services	Yes	Yes	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2010	606	204	1,588	1,625	1,000	1,334
Number of MH Visits	4,211	614	5,075	12,676	4,644	9,333
General MH Services	DX & TX Plan MedMgt PSTP PTSD MST	DX & TX Plan MedMgt PSTP PTSD MST	DX & TX Plan MedMgt PSTP PTSD MST	DX & TX Plan MedMgt PSTP PTSD MST	DX & TX Plan MedMgt PSTP PTSD MST	DX & TX Plan MedMgt PTSD MST
Specialty MH Services	Consult & TX PSTP Specialty Substance Abuse Treatment Services	Consult & TX	Consult & TX PSTP MHCIM	Consult & TX PSTP PRRC Social Skills Peer Support PTSD Teams	Consult & TX Homeless Program	None
Tele-Mental Health	Yes	Yes	Yes	No	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility	Another VA Facility Fee basis	Another VA Facility Fee basis

Table 3. MH Characteristics for CBOCs

Emergency Plan

Facilities must comply with VHA policy, which outlines specific requirements for MH care at CBOCs.[8] 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
	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.

Table 4. MH Continuity of Care

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

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.

[8] VHA Handbook 1160.01.

Noncompliant	Areas Reviewed
Hammond Houma	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describes the request, approval, and authorization process for such services.[9]
Conroe Hammond Houma	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy.[10]
	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
Lufkin	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.[11]
Conroe Lufkin Hammond Houma	Patients were notified of consult approvals in writing, and notifications are documented in the patients' medical record as required by VHA policy.[12]
Lufkin	A copy of the imaging report is in CPRS according to VHA policy.[13]
	There is evidence the ordering provider or surrogate practitioner reviewed the report.
Hammond Houma	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.[14]

Table 5. Short-Term Fee Basis

VISN 16, Michael E. DeBakey VAMC – Conroe and Lufkin

Lufkin and Conroe CBOCs only had eight patients (three at Lufkin and five at Conroe) who received services through a Short-Term Fee Basis consult.

Fee Basis Justification. Conroe CBOC providers did not document a justification for four of five Fee Basis consults in CPRS.

Patient Consult Notifications. The Conroe and Lufkin CBOCs did not notify any of the patients in writing of the consult approvals.

Consult Approval Process. At the Lufkin CBOC, one of three consults was not approved as required by policy.

[9] VHA Handbook 1160.01.
[9] VHA Chief Business Office Policy 1601F.
[9] VHA Handbook 1907.01.
[9] VHA Manual M-1, PART I, Chapter 18.
[10] VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.
[11] VHA Chief Business Office Policy 1601F, Fee Services, http://vaww1.va.gov/cbo/apps/policyguides/index.asp
[12] VHA Manual M-1, PART I, Chapter 18, "*Outpatient Care – Fee*," July 20, 1995.
[13] VHA Handbook 1907.01.
[14] VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Medical Record. At the Lufkin CBOC, a copy of the Short-Term Fee Basis imaging report was not found in one of three electronic medical records.

VISN 16, Southeast Louisiana Veterans HCS – Hammond and Houma

Policy. The Southeast Louisiana Veterans HCS did not have a local policy for Short-Term Fee Basis consults.

Fee Basis Justification. We reviewed the medical records of 65 patients at the Hammond and Houma CBOCs (35 at Hammond and 30 at Houma) and found that providers at both CBOCs did not document a justification for any of the consults in CPRS.

Patient Consult Notifications. We reviewed the medical records of 65 patients at the Hammond and Houma CBOCs and found that 60 (92 percent) patients were not notified in writing of consult approvals, and notifications were not documented in CPRS.

Communication of Results. We reviewed the medical records of 65 patients at the Hammond and Houma CBOCs and found that 12 (18 percent) did not have evidence that the patient was 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.[15] 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[16]

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.[17] Timely screening, 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

[15] VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.
[16] 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. It corrects for the unequal number of available cases within each organizational level (i.e., CBOC, facility) and protects against the calculation of biased or inaccurate scores. Weighting can alter the raw measure score (numerator/denominator). Raw scores can go up or down depending on which cases pass or fail a measure. Sometimes the adjustment can be quite significant.
[17] American Cancer Society, Cancer Facts & Figures 2009.

performance measure. Table 6 shows a comparative of the parent facilities' and the respective CBOC's scores.

Measure	*Meets Target*	*Facility*	*Qtr 1 Numerator*	*Qtr 1 Denominator*	*Qtr 1 (%)*
Mammography, 50-69 years old	**77%**	564 Veterans HCS of the Ozarks	24	28	**89**
		564GC Branson CBOC	27	29	**93**
		564GA Harrison CBOC	15	15	**100**
		580 Michael E. DeBakey VAMC	18	24	**76**
		580GD Conroe CBOC	22	30	**73**
		580BZ Lufkin CBOC	22	29	**76**
		629 Southeast Louisiana Veterans HCS	27	27	**100**
		629GB Hammond CBOC	19	20	**95**
		629GA Houma CBOC	16	18	**89**

Table 6. Mammography Screening FY 2011

Conroe and Lufkin. To address mammography PM scores below the target 77 percent, the Lufkin and Conroe CBOCs are re-educating all primary care, women's health, and fee basis staff on the mammogram requirements for women age 50-69. The CBOCs are also developing a process to distribute monthly reports of mammograms due to the Patient Aligned Care Team model to ensure timely performance of mammograms. Monthly status reports will also be forwarded to the Women Veterans Program Manager and Primary Care Director. Performance Improvement activities will be initiated as appropriate.

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.[18] 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.

[18] VHA Handbook 1330.01.

Noncompliant	Areas Reviewed
	Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	There is evidence that mammography is monitored as part of the facility's quality management program.
	Mammogram results are documented using the American College of Radiology's BI-RADS [Breast Imaging Reporting and Data System] code categories.[19]
	The ordering VHA provider or surrogate was notified of abnormal or critical results within a defined timeframe.
	Patients with abnormal or critical results are notified within a defined timeframe.
Lufkin	Patients receive written notice of normal mammogram results, and the notifications are documented in the patients' medical record as required by VHA policy.[20]
	The facility has an established process for tracking results from mammograms performed off-site.
	Fee Basis mammography reports are scanned into CPRS.
Conroe Lufkin	All screening and diagnostic mammograms were initiated via an order placed into the VistA Radiology package.[21]
	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.

Table 7. Mammography

VISN 16, Michael E. DeBakey VAMC – Conroe and Lufkin

Notice of Results. At the Lufkin CBOC, five of seven patients did not have documented notice of mammogram results.

Mammography Orders and Access. Conroe and Lufkin CBOC providers did not consistently (7 of 10) enter mammogram radiology orders for fee basis mammograms in CPRS. We also found that not all breast imaging results were linked to the appropriate radiology mammogram or breast study order.

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.[22] We reviewed nurse personnel files to ensure licensure and education was

[19] 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.
[20] VHA Handbook 1330.01.
[21] VHA Handbook 1330.01.
[22] VHA Handbook 1100.19.

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.
	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.
Hammond Houma	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.
Conroe Lufkin Hammond Houma	Privileges granted to providers are facility, service, and provider specific.[23]
	The determination to continue current privileges are based in part on results of OPPE activities.
	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 service and provider specific.
	There is documentation that the nurses' licenses were verified.
	There is evidence that the nurses' education was verified.

Table 8. C&P

VISN 16, Michael E. DeBakey VAMC – Conroe and Lufkin

Clinical Privileges. The PSB granted clinical privileges for procedures such as emergency cardioversion, emergency endotracheal intubation, and thoracentesis, which were not performed at either CBOC.

[23] VHA Handbook 1100.19.

VISN 16, Southeast Louisiana Veterans HCS – Hammond and Houma

Clinical Privileges. The PSB granted clinical privileges for procedures such as lumbar punctures, paracentesis, and thoracentesis, which were not performed at either CBOC.

Documentation of Privileging Decisions. We reviewed six licensed independent practitioners at the Hammond and Houma CBOCs and did not find documentation in the service chief's comments in VetPro that reflected the documents used to arrive at the decision to grant clinical privileges to the providers. According to VHA policy, the list of documents reviewed and the rationale for conclusions reached by the service chief must be documented in VetPro.[24]

Skills Competency

The Joint Commission 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
	There is a policy that defines the competencies of the staff that provide patient care, treatment, or services at the CBOC.
	The policy defines who is responsible for competency validation and what the process is for selection of qualified personnel to assess and validate competence.
	The CBOC has a policy or process describing actions taken when staff cannot demonstrate competency.
	The facility has identified skill competencies for the CBOC.
	Staff competency was initially assessed and documented as a part of the CBOC orientation.
	Patient care staff identified skill competencies were validated and documented.

Table 9. Skills Competency

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

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.

[24] VHA Handbook 1100.19.

Noncompliant	Areas Reviewed
	There is handicap parking which meets the ADA requirements.
	The CBOC entrance ramps meet ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC is well maintained (i.e., 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).
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Hammond	Privacy is maintained.
Houma	IT security rules are adhered to.
Conroe Hammond Houma	Patients' PII is secured and protected.
	There are alcohol hand wash or soap dispensers and sinks available in examination rooms.
	The sharps containers are less than ¾ full.
	There is evidence of fire drills occurring at least annually.
Houma	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC has signage for veterans (OIG Hotline, OEF/OIF returning veterans, women veterans, patient rights, and suicide hotline number).
	The CBOC is included in facility-wide EOC activities.

Table 10. EOC

VISN 16, Michael E. DeBakey VAMC – Conroe

PII. The Conroe CBOC utilized a community volunteer to telephone patients and remind them of upcoming appointments. The community volunteer had access to patients' PII. The CBOC did not have documentation to show that the volunteer had received required annual privacy awareness training. Local policy requires that volunteers receive annual privacy awareness training.

VISN 16, Southeast Louisiana Veterans HCS – Hammond and Houma

IT Security. At the Houma CBOC, we inspected the IT closet and found other supplies (such as clerical and manuals). Additionally, an access log to this area was not maintained. Lack of oversight for IT space access and sharing of allocated IT space could lead to potential loss of secure information. According to VHA policy, an access log must be maintained that includes name and organization of the person visiting,

signature of the visitor, form of identification, date of access, time of entry and departure, and purpose of visit.[25]

Auditory Privacy. The auditory privacy was inadequate for patients during the check-in process at the Hammond CBOC. VHA policy requires auditory privacy when staff discuss sensitive patient issues.[26] At the Hammond CBOC, patients communicate with staff through two slide-open glass windows located in the waiting area. Patients are asked to provide, at a minimum, their name and full social security number. There were no instructions to incoming patients to allow patients at the window a zone of audible privacy during the check-in process.

Life Safety. The Houma CBOC did not have signage to identify fire extinguishers located in recessed walls or stored in cabinetry. The National Fire Protection Association Life Safety Code requires identification of fire extinguisher locations when they are obscured from view.

PII. We found that the transportation of laboratory specimens at the Hammond and Houma CBOCs were not secured. CBOC staff placed the specimens in unsecured containers. A VA driver transported the specimens to the parent facility for processing. The specimens disclosed the patient's name and social security number, and the containers were unsecured; therefore, staff could not ensure the security of the patients' PII from theft or misuse.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.[27] 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.
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.

Table 11. Emergency Management

[25] VA Handbook 6500, *Information Security Program*, September 18, 2007.
[26] VHA Handbook, *Privacy and Release of Information*, May 17, 2006.
[27] VHA Handbook 1006.1.

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

PCMM

We conducted reviews of the PCMM administration to assess VHA's management and accuracy of the primary care panels. VHA directive states that each patient must have only one assigned PCP within the VA system unless approval has been obtained for more than one provider.[28]

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

Noncompliant	Areas Reviewed
	A system is in place so patients are not assigned to a panel prior to being seen for their first appointment.
Branson	The facility has an enrollment process to ensure patients are assigned to one PCP (excluding VHA exceptions).
	Patients are identified for removal from the PCMM panel on a monthly basis (at a minimum) and panels are current.
	Panel sizes are reasonable compared to the PCMM guidelines.
	The number of patients invoiced is comparable to the total number of patients assigned to the PCP panels.

Table 12. PCMM

VISN 16, Veterans HCS of the Ozarks − Branson CBOC

PCP Panel. The Veterans HCS of the Ozarks had approximately 47,200 active patients, with approximately 4,000 assigned to the Branson CBOC. There were approximately 230 patients assigned to a Branson PCP in PCMM that were also assigned to an additional PCP at other facilities. The additional assignments were not approved.

CBOC Contract

We conducted reviews of primary care and contracted MH services performed at the contract CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. 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 the 1st Qtr, FY 2011.

[28] VHA Handbook 1101.02, *Primary Care Management Module*, April 21, 2009.

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:
Houma	a. Requirements for payment.
Harrison	b. Rate and frequency of payment.
Harrison Houma	c. Invoice format.
	d. Performance measures (including incentives/penalties).
Houma	e. Billing the patient or any other third party.
	(2) Technical review of contract modifications and extensions.
Harrison Houma	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care.

Table 13. Review of PC and MH Contract Compliance

VISN 16, Veterans HCS of the Ozarks − Harrison CBOC

Rate and Frequency of Payment. Section B.3 of the contract, Special Contract Requirements, Paragraph 12, Optional Item-Laboratory/Radiology Services for Non-Enrollees, specifies that some patients who receive their primary care at the Veterans HCS of the Ozarks may get laboratory work and radiology procedures done at the CBOC. The Schedule of Costs section of the contract includes pricing for a limited number of identified laboratory tests and radiology procedures. However, the contract provision does not limit the laboratory tests and radiology procedures to those listed in the Schedule of Costs, and the contract does not include the reimbursement rate for all laboratory tests performed for non-enrolled veterans. In addition, the contract does not specify a process for referring or approving non-enrolled patients to the CBOC for these tests or procedures.

Invoice Format. The invoices are not in the format described in the contract, which requires that monthly invoices contain supporting data for the following three categories: (1) total number of enrolled patients from previous month's invoice, (2) new patients enrolled since previous month's invoice, and (3) disenrolled patients since previous month's invoice. This format enables a more efficient invoice validation process and can serve as a monthly reconciliation. In addition, there is no provision in the contract regarding invoicing requirements for laboratory tests and radiology procedures performed for non-enrollees.

Invoice Validation Process. The current invoice validation process involves a manual verification of each billed patient, which is time intensive and subject to error. The invoice validation process could be performed more efficiently by presenting the contractor with an electronic list of patients eligible for billing prepared from VA data.

VISN 16, Southeast Louisiana Veterans HCS − Houma CBOC

Requirements for Payment. We found that not all contract terms were clearly defined for requirements of payments for patients receiving contracted primary care and MH services at the Houma CBOC.

Primary Care

The contract definition of enrollment includes the statement "paid enrollment will occur when a patient has an assignment to a primary care provider panel at the CBOC location and at least one completed vesting encounter annually;" however, it does not define a vesting encounter. The contractor and Southeast Louisiana Veterans HCS agreed that a vesting encounter (or visit) was required for primary care; however, Southeast Louisiana Veterans HCS was not validating the invoice based on a vesting visit, and it was not clear which encounter codes qualified for vesting.

Mental Health

The contract does not state how long after the patient's last visit the contractor is to receive the monthly capitated rate. The contractor and Southeast Louisiana Veterans HCS stated that as long as the patient is seen by the provider, the contractor was to be paid. Disenrollment from MH services was interpreted the same as primary care services but was not clearly stated in the contract.

Invoice Validation Process. The invoice validation process did not include verifying that a patient had a vesting visit. Therefore, the contractor was compensated for patients that did not qualify for payment. The resulting overpayments for these patients were approximately $8,600 for the months of October, November, and December 2010.

Invoice Format. The invoices are not in the format described in the contract, which requires that monthly invoices contain supporting data for the following three categories: (1) total number of enrolled patients from previous month's invoice, (2) new patients enrolled since previous month's invoice, and (3) disenrolled patients since previous month's invoice. This format enables a more efficient invoice validation process and can serve as a monthly reconciliation.

Billing the Patient or Any Other Third Party. We noted that the CBOC contract does not contain a provision that states the contractor is prohibited from billing the patient or any other third party while the patient is enrolled at the CBOC. This provision should be included in the contract to clearly communicate the expectation that payment from the VA for services provided to enrolled patients is to be considered payment in full.

VISN 16 Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 21, 2011

From: Director, VISN 16 (10N16)

Subject: **CBOC Reviews: Branson, MO and Harrison, AR; Conroe and Lufkin, TX; and Hammond and Houma, LA**

To: Director, 54F Healthcare Inspections Division (54F)

Director, Management Review Services (VHA 10A4A4)

Attached is the response to the above subject report. I have reviewed the responses and concur. If you have any questions, please contact Mary Jones at 601-206-6974.

(original signed by:)

George H. Gray, Jr.

Veterans HCS of the Ozarks Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 17, 2011

From: Director, Veterans HCS of the Ozarks (564/00)

Subject: **CBOC Review: Branson, MO and Harrison, AR**

To: Director, VISN 16 (10N16)

Attached is the Veterans Health Care Systems of the Ozarks response to the April CBOC Draft Report.

(original signed by Johnny R. Henley, M.D.:)

KATHLEEN R. FOGARTY

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 PCMM Coordinator's duties are performed in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Specific Corrective Action: Data reports were run to identify the patients that are enrolled at both the Branson, MO CBOC and other facilities within our system. Many of the patients have been discharged from the duplicate PCP. Continued correction is ongoing; however, the required PCMM reports to correct the duplicate enrollments were temporarily disabled the week of June 6, 2011. Nationally, the reports are under revision. VHSO will continue the correction as soon as the PCMM reports are released.

Target date for completion: 8/30/11 pending the timely re-opening of the PCMM Reports capability.

Recommendation 2. We recommended that the Contracting Officer ensures that all ancillary charges are defined, specifically all laboratory test reimbursement rates.

Concur

Specific Corrective Action: A contract modification will be negotiated and executed that will specify the process for referring/approving non-enrollees to obtain tests at the Harrison CBOC. The process will require the referring provider or designee to schedule the non-enrollee's appointment for the specific Laboratory/Radiology procedure to be performed at the Harrison CBOC. The contract modification will also clarify that the current listing in the contract of tests available to non-enrollees is not all-inclusive and additional tests that the Harrison CBOC is capable of performing may be performed upon approval (per the process specified above). Lastly, the contract modification will specify that additional tests approved and performed for non-enrollees shall be reimbursed at the current Medicare rate.

Target date for completion: July 31, 2011

Recommendation 3. We recommended that the Facility Director ensure that the provisions of the contract are enforced specifically adhering to the invoice format in the contract.

Concur

Specific Corrective Action: Per the OIG recommendation, the South Texas Veterans Health Care System (STVHCS), San Antonio, TX has been consulted regarding their invoice validation process. Luanna Oxford, Harrison, AR CBOC COTR met with Roger Roehl, STVHCS on June 7, 2011. Consultation regarding adoption of a similar invoice validation process to the STVHS one is ongoing, with the next scheduled telephone conference on June 20, 2011.

Target date for completion: 7/31/11

Michael E. DeBakey VAMC Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 21, 2011

From: Director, Michael E. DeBakey VAMC (580/00)

Subject: **CBOC Review: Conroe and Lufkin, TX**

To: Director, VISN 16 (10N16)

I have reviewed the report and concur with the recommendations. Action plans have been implemented to comply with the recommendations.

Adam C. Walmus

ADAM C. WALMUS

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 4. We recommended that providers document a justification for the use of Short-Term Fee Basis care in the medical record at the Conroe CBOC.

Concur

Target date for completion: Completed

Facility Response: Justification for the use of Short Term Fee Basis care has been added to the Fee Basis Consult template to facilitate provider documentation of the reason for the consult.

Recommendation 5. We recommended that the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the Conroe and Lufkin CBOCs.

Concur

Target date for completion: Completed

Facility Response: A process has been established that when the Fee Basis consult is approved a notification letter is sent to the Veteran and documentation of the notification is entered into the medical record in the Fee Consult.

Recommendation 6. We recommended that the Short-Term Fee Basis consults are approved by appropriate leadership or a designee in accordance with VHA policy at the Lufkin CBOC.

Concur

Target date for completion: Completed

Facility Response: The delegation of authority has been updated by the Chief of Staff's office to include the appropriate leadership or designee.

Recommendation 7. We recommended that the copies of Short-Term Fee Basis reports are filed or scanned into CPRS at the Lufkin CBOC.

Concur

Target date for completion: July 22, 2011

Facility Response: CBOC Administrative Officers will ensure the scanning into CPRS of reports of Short-Term Fee Basis care for those reports being received at the CBOC. For those reports which are received at the Michael E. DeBakey VAMC main facility, a process is being developed for the reports to be sent to the Health Information Management Section to be scanned into the medical record. The Chief of Staff's office will develop procedures to ensure compliance.

Recommendation 8. We recommended that managers establish a process to ensure patient notification of results is documented in the medical record at the Lufkin CBOC.

Concur

Target date for completion: July 22, 2011

Facility Response: The Chief of Staff's office will develop procedures to ensure that Fee Basis reports, received at the CBOC, are sent to the patient and the patient notification is documented in the medical record. For those reports received at the Michael E. DeBakey VAMC main facility, a process is being developed that when reports are received by Radiology, the consult will be closed which will alert the provider of the availability of the results. A notification letter will be sent to the patient and the notification will be documented in the medical record. Other reports not received by Radiology, will be sent to the Health Information Management Section to be scanned into the medical record. Once the report is scanned into the medical record, the consult will be closed and the provider alerted of the availability of the results. A notification letter will be sent to the patient and the notification documented in the medical record.

Recommendation 9. We recommended that managers establish a process to ensure CPRS mammogram radiology orders are entered for all fee basis and/or contract mammograms and that all breast imaging and mammography results are linked to the appropriate radiology mammogram or breast study order at the Conroe and Lufkin CBOCs.

Concur

Target date for completion: July 22, 2011

Facility Response: A process is being developed to link the mammogram consult to an order for Fee Basis care and to link the results to the mammogram order both at all CBOCs and the main facility. The Chief of Staff's office will develop a procedure to ensure compliance.

Recommendation 10. We recommended that the PSB grants privileges consistent with the services provided at the Conroe and Lufkin CBOCs.

Concur

Target date for completion: August 19, 2011

Facility Response: A generic list of privileges, appropriate for CBOC providers, is being developed.

Recommendation 11. We recommended that all volunteers with access to PII receive and maintain annual privacy awareness training in accordance with local policy at the Conroe CBOC.

Concur

Target date for completion: Completed

Facility Response: Volunteer Services will forward training to volunteers annually for completion. Administrative Officers will ensure completion of the training annually.

Southeast Louisiana Veterans HCS Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 9, 2011

From: Director, Southeast Louisiana Veterans HCS (629/00)

Subject: **CBOC Reviews: Hammond and Houma, LA**

To: Director, VISN 16 (10N16)

In response to the VISN 16 April CBOC Draft Report, the Southeast Louisiana Veterans Health Care System submits the attached comments as per instruction.

(original signed by:)

Jimmy Murphy, Acting 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 12. We recommended that the facility develops a local policy for Short-Term Fee Basis consults.

Concur

Target date for completion: July 30, 2011

Currently there is a draft policy for Short-Term Fee Basis consults. Business Office Operations is readying this policy to send to the policy review group for preliminary review prior to sending to NM Executive Group for approval.

Recommendation 13. We recommended that providers document a justification for the use of Short-Term Fee Basis care in the medical record at the Hammond and Houma CBOCs.

Concur

Target date for completion: June 30, 2011

The requirement for justification for Short-Term Fee Basis has been added into selected templates in CPRS. Short-Term Fee Basis for Radiology procedures that must be sent out remains a challenge because the decision to fee the procedure is made by Radiology on the basis of availability of resources within our Radiology Department. Currently the Clinical Applications Coordinators are adding to the Radiology request for these procedures a statement that will justify the procedure for Short-Term Fee Basis if the resource is not available at the New Orleans Radiology site.

Recommendation 14. We recommended that the veterans receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record at the Hammond and Houma CBOCs.

Concur

Target date for completion: July 30, 2011

Business Office Operations is in the process of retraining Consult Management staff to send out fee letters once the authorization has been approved. Once the authorization is approved a letter is generated for the patient. Staff will mail the letters daily.

Recommendation 15. We recommended that the ordering practitioners, or surrogate practitioners communicate the Short- Term Fee Basis consult results to the patient within 14 days from the date made available to the ordering practitioner at the Hammond and Houma CBOCs.

Concur

Target date for completion: July 30, 2011

All primary care providers have been notified of and/or re-educated to the requirement for notification of Short-Term Fee Basis consult results to the patient within 14 days. A&PC will audit all Short-Term Fee Basis consults that were resulted during the dates 7/1/2011 – 7/31/2011 ordered by providers in the Houma and Hammond CBOCs to assure that notification of patients is accomplished per VHA Directive.

Recommendation 16. We recommended that the PSB grants privileges consistent with the services provided at the Hammond and Houma CBOCs.

Concur

Target date for completion: June 30, 2011

The Associate Chief of Staff/Clinics is requesting modification of current clinical privileges to remove the following procedures: contrast injection, lumbar puncture, paracentesis and thoracentesis from all CBOCs. This recommendation will be presented at the next Physician Standards Board (PSB) meeting that is to be held June 20, 2011. The above procedures will be removed from clinical privileges once the governing body (Director) approves the recommendation.

Recommendation 17. We recommend that the service chief's documentation in VetPro reflects documents reviewed and the rationale for privileging or re-privileging at the Hammond and Houma CBOCs.

Concur

Target date for completion: Completed

On April 13, 2011 a notice was sent to all service chiefs reminding them to adhere to VHA policy and ensure that documentation in the service chief's comments in VETPro reflects the documents used to arrive at the decision to grant clinical privileges to the provider. To ensure that this requirement is enforced, the Chief of Staff will review all Service Chief Assessments and will not bring applications forward for consideration by PSB unless the Service Chief Assessments include the required documentation.

Recommendation 18. We recommended that the Chief of Office of Information & Technology evaluates the use of the information technology closet and implement appropriate measures according to VA policy at the Houma CBOC.

Concur

Target date for completion: Completed

A binder with access list and sign in/out sheets for authorized staff and visiting individuals is located at each communication closet. The key to the communication closet is given out by Police and Security with approval from the Facility chief Information officer. The action has been remediated and the communication closet has all necessary documentation in place as of June 2, 2011. In addition, as of June 6, 2011, the key to the communications closet in Houma was surrendered to the Chief of Police and access is now per policy in Houma CBOC.

Recommendation 19. We recommended that the auditory privacy is maintained during check-in process at the Hammond CBOC.

Concur

Target date for completion: September 30, 2011

There is a plan to construct a wall in Room 101 in Hammond to separate the receptionist/check-in area into two small offices. The front reception windows would be replaced with glass doors to provide patient access. We estimate this project would cost about $16,500 and would be done under a station project.

Recommendation 20. We recommended installation of signage to identify the location of fire extinguishers at the Houma CBOC.

Concur

Target date for completion: Completed

Fire extinguisher signage has been installed in Houma by VALOR.

Recommendation 21. We recommend that the security of patient PII is maintained at the Hammond and Houma CBOCs.

Concur

Target date for completion: Completed

In order to protect the patient identifiable information (PII) on lab specimens while in transit from the point of specimen collection to the receiving laboratory, lab specimen transport containers will be secured with tamper proof, locking straps. These locking straps will secure the lids of the containers so that the containers will not open in transit. The locking straps will be applied to the containers at the point of specimen collection and will not be removed until the containers are received at the destination laboratory. At the destination laboratory an audit will be conducted to verify that no specimens are missing or were removed from the container during transport. This enhanced procedure

will ensure the protection of PII including a process to detect if any PII might have been compromised in transit.

Recommendation 22. We recommended that the Contracting Officer ensures that all contract terms are clearly defined for requirements of payments, specifically the term vesting encounter.

Concur

Target date for completion: September 2011

The contract will be amended to clearly state the intent of Vesting. Business Office Operations will work with the contracting Office to amend the contract.

Recommendation 23. We recommended that the Facility Director determines the total amount of overpayments to the contractor during the contract period as a result of ineligible patients and, with the assistance of the Regional Counsel, assess the collectability of the overpayment.

Concur

Target date for completion: July 30, 2011

Business office Operations is working with DSS to review all invoices from October 2010 through June 2011 to ensure enrollment has met the requirements of a vesting appointment in order to receive payment. BOO [Business Office Operations] will work with fiscal and contracting to generate a bill of collection on any overpayments.

Recommendation 24. We recommended that the Facility Director ensures that the provisions of the contract are enforced, specifically the invoice format in the contract.

Concur

Target date for completion: Completed

The contractor has been notified of the need to follow the correct format as stated in the contract or the invoice will be rejected.

OIG Contact and Staff Acknowledgments

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