



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

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## **Combined Assessment Program Review of the VA Medical/Regional Office Center Cheyenne, Wyoming**

## **Office of Inspector General Combined Assessment Program Reviews**

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care and benefits services are provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections, Audit, and Investigations to provide collaborative assessments of VA medical facilities and regional offices on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical and benefits services.
- Determine if management controls ensure compliance with regulations and VA policies, assist management in achieving program goals, and minimize vulnerability to fraud, waste, and abuse.
- Conduct fraud and integrity awareness training for facility staff.

In addition to this typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

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# Executive Summary

## Introduction

During the week of August 25–29, 2003, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the Cheyenne VA Medical and Regional Office Center (VAMROC). The purpose of the review was to evaluate selected VAMROC operations, focusing on patient care administration, quality management (QM), benefits, and financial and administrative controls. During the review, we also provided fraud and integrity awareness training to 158 employees.

## Results of Review

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Meds by Mail (MBM) program has provided the VAMROC a new revenue stream while meeting patient needs. An advanced clinic access model was implemented that resulted in improved processes and greater patient and provider satisfaction. A review of equipment accountability found no significant deficiencies. Service contracts and nursing home contracts were properly negotiated, reasonably priced, and effectively monitored. To improve operations, the VAMROC needed to:

- Enhance QM by improving the patient complaints management process, medical record documentation reviews, utilization management, and credentialing and privileging programs, and by strengthening the use of benchmarks, outcome criteria, and implementation and evaluation actions.
- Develop and maintain automated information systems (AIS) contingency plans and correct other security deficiencies.
- Ensure that all controlled substances awaiting patient pickup are adequately secured.
- Document an exemption to the separation of duties requirement in the Government Purchase Card Program.

In addition, the Denver VA Regional Office (VARO), which has responsibility for the VAMROC's Regional Office Center (ROC) activities, needed to improve the accuracy of entering Vocational Rehabilitation and Employment (VR&E) application dates into automated systems.

## **VISN 19, VAMROC, and VARO Directors' Comments**

The VISN 19, VAMROC, and VARO Directors agreed with the CAP review findings and suggestions and provided acceptable improvement plans (See pages 10-14 for the full text of the Directors' comments). This report was prepared under the direction of Ms. Julie Watrous, Director, Los Angeles Healthcare Inspections Region, and Ms. Wilma Wong, CAP Review Coordinator, Los Angeles Healthcare Inspections Region.

*(original signed by:)*

RICHARD J. GRIFFIN  
Inspector General

## Introduction

### VAMROC Profile

**Organization.** Based in Cheyenne, Wyoming, the VAMROC is a combined VA medical and regional office center. The medical center is a primary and secondary treatment facility and provides a broad range of inpatient and outpatient health care services. Outpatient care is also provided at three community-based outpatient clinics located in Fort Collins and Greeley, Colorado, and Sidney, Nebraska. The VAMROC is part of Veterans Integrated Service Network (VISN) 19 and serves a veteran population of about 49,500 in a primary service area that includes 17 counties in Wyoming, Colorado, and Nebraska. The ROC is under the jurisdiction of the Denver VARO and provides VR&E and Fiduciary and Field Examination services.

**Programs.** The VAMROC provides medical, surgical, behavioral health, and long-term care services. The VAMROC has 21 hospital beds and 50 nursing home beds. The VAMROC also has a sharing agreement with Warren Air Force Base to provide inpatient, outpatient, and specialty care services.

**Affiliations.** The VAMROC is affiliated with the University of Wyoming Family Practice Residency Program and supports four medical resident positions. The VAMROC is also affiliated with the University of Colorado Medical School and several other colleges and universities and provides clinical training opportunities for medical, nursing, and allied health students.

**Resources.** In fiscal year (FY) 2002, VAMROC medical care expenditures totaled \$38.8 million. The FY 2003 medical care budget was \$46.6 million, 20.1 percent more than FY 2002 expenditures. FY 2002 staffing was 344 full-time equivalent employees (FTEE), including 16 physicians and 61 nursing FTEE.

**Workload.** In FY 2002, the VAMROC treated 12,499 unique patients, a 5.2 percent increase from FY 2001. The inpatient care workload totaled 797 discharges, and the average daily census was 42. The outpatient workload was 101,461 visits.

### Objectives and Scope of the CAP Review

**Objectives.** CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care and benefits services. The objectives of the CAP review program are to:

- Conduct recurring evaluations of selected health care facility and regional office operations, focusing on patient care administration, QM, benefits, and financial and administrative controls.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and of the need to refer suspected fraud to the OIG.

**Scope.** We reviewed selected clinical, financial, and administrative activities to evaluate the effectiveness of QM, patient care administration, and general management controls. QM is the process of monitoring the quality of patient care to identify and correct harmful or potentially harmful practices or conditions. Patient care administration is the process of planning and delivering patient care. Management controls are the policies, procedures, and information systems used to safeguard assets, prevent errors and fraud, and ensure that organizational goals are met. The review covered VAMROC operations for FY 2002 and FY 2003, through July 2003, and was done in accordance with OIG standard operating procedures for CAP reviews.

In performing the review, we inspected work areas; interviewed managers, employees, and patients; and reviewed clinical, financial, and administrative records. The review covered the following activities:

Acute Medical-Surgical Units	Laboratory Security
Behavioral Health Care	Long-Term Care
Controlled Substances Accountability	Nursing Home Contracts
Enrollment and Resource Utilization	Primary Care Clinics
Environment of Care	Quality Management
Equipment Accountability	Service Contracts
Government Purchase Card Program	Vocational Rehabilitation and Employment
Information Technology Security	

Activities that were particularly effective or otherwise noteworthy are recognized in the Organizational Strengths section of this report (page 4). Activities needing improvement are discussed in the Opportunities for Improvement section (pages 5–9). For these activities, we made suggestions. Suggestions pertain to issues that should be monitored by VISN, VAMROC, and VARO managers until corrective actions are completed. For the activities not discussed in the Opportunities for Improvement section, there were no reportable deficiencies.

As part of the review, we used questionnaires and interviews to survey patient and employee satisfaction with the timeliness of services and the quality of care. Questionnaires were sent to all VAMROC employees, 105 of whom responded. We also interviewed 31 patients during the review. The interview and survey results were discussed with VAMROC managers.

During the review, we also presented four fraud and integrity awareness briefings for VAMROC employees. One hundred fifty-eight employees attended these briefings, which covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, false claims, conflicts of interest, and bribery.



## Results of Review

### Organizational Strengths

**Meds by Mail.** The VAMROC is the only VA medical center to offer the CHAMPVA MBM program. This program provides medications to spouses and dependent children of 100-percent service-connected veterans. VAMROC employees process prescriptions for a co-payment fee per prescription, and the medications are mailed from the Consolidated Mail Outpatient Pharmacy. The VAMROC is projecting \$1.9 million in revenue for FY 2004 from this service.

**Advanced Clinic Access.** VAMROC managers implemented the advanced clinic access model to improve quality, satisfaction, and timeliness of care. Previously, many clinics had 60 to 90 day backlogs for routine patient appointments. Now, patients can call to schedule non-urgent appointments and will be seen in 3 working days. VAMROC managers said this improved process has resulted in greater patient and provider satisfaction.

**Equipment Was Properly Accounted For and Annual Inventories Were Performed.** Our review of equipment accountability found no significant deficiencies. As of August 2003, the VAMROC had 35 Equipment Inventory Lists (EILs) showing 392 equipment items with a total value of \$9.3 million. To determine if equipment inventories had been performed within properly scheduled time frames, we reviewed the inventory records for all 35 EILs. The records showed that all required inventories had been performed. To test the accuracy of the inventories, we reviewed a judgmental sample of 25 equipment items from 16 EILs and were able to account for all items.

**Service Contracts Were Properly Negotiated, Reasonably Priced, and Effectively Monitored.** As of August 2003, the VAMROC had 49 clinical and nonclinical service contracts (excluding community nursing home care contracts). The total value of these contracts was \$6.7 million. We reviewed the files pertaining to 10 contracts (combined costs = \$3.4 million) and found that contract administration was effective. The contract files contained good documentation of the contracting process and included price negotiation memorandums and other required information. Contract prices were reasonable, and contracting officer technical representatives were effectively monitoring contractor performance.

## Opportunities for Improvement

### Quality Management – Four Program Areas and Three Process Steps Needed Improvement

**Conditions Needing Improvement.** To evaluate the QM program, we reviewed 16 specific program areas, such as performance improvement teams, root-cause analyses (RCA), and patient complaints. We also assessed a range of three to eight process steps, such as data analysis, use of benchmarks, and identification of outcome criteria in all program areas, as applicable. We interviewed relevant employees and reviewed policies, plans, committee minutes, investigation reports, and tort claim files. We found that expected QM review processes were in place for 12 of the 16 program areas reviewed. However, managers and program coordinators needed to improve most of the process steps in 4 of the 16 program areas. The four programs were Patient Complaints, Medical Record Reviews, Utilization Management (UM), and Credentialing and Privileging. We found that all 16 programs needed process improvements in benchmarking, outcome criteria, and implementation and evaluation.

Patient Complaints. While we found that patient complaints had been categorized into broad topic areas, such as coordination of care, more detailed analyses had not been conducted to identify meaningful trends. In addition, the program coordinator did not consistently present patient complaints data in a forum for discussion and action by clinicians. No conclusions or recommendations were made to address problem areas. VHA policies require that patient complaints be gathered, critically analyzed, and improvements acted upon as appropriate.

Medical Record Reviews. Medical record review data were not analyzed to reflect opportunities for improvement or discussed and acted upon in an appropriate committee meeting. No conclusions or recommendations were made to address problem areas, such as insufficient record reviews, untimely surgical dictations, and delinquent discharge summary signatures.

Utilization Management. While we found that managers and program coordinators reviewed all acute care admissions, surgical service was the only department that defined goals to generate recommendations, actions, and follow-up in needed areas. VHA regulations and accreditation standards require that admissions be reviewed for appropriateness and that action plans for all areas be developed and implemented to optimize hospital bed utilization.

Credentialing and Privileging. We found that managers and program coordinators did not consistently consider all available provider-specific QM results at the time of reprivileging. For example, we found evidence that peer reviews, complication rates, and patient safety data had been reviewed. However, we did not find that managers had reviewed provider-specific data related to patient complaints, utilization management or medication management.

Benchmarking. We did not find evidence that service chiefs and program coordinators consistently used available benchmarks in data analyses. For example, they had not used any benchmarks in medical records reviews, medication management, and operative procedure reviews. Accreditation standards require facilities to compare results with available benchmarks, goals, or thresholds for all monitoring functions.

Outcome Criteria. Facility managers and program coordinators had identified criteria to use in determining whether corrective actions were effective in RCAs. However, they needed to identify outcome criteria for actions in all QM monitoring functions, as required by accreditation standards. For example, they had not consistently defined evaluation criteria in review areas such as medication usage evaluations and blood products usage reviews.

Implementation and Evaluation. We found that facility managers and program coordinators had not consistently documented appropriate interventions or follow-up on concerns identified in various quality review processes. For example, Performance Improvement Executive Group meeting minutes reflected problems with medical record reviews, basic life support training, and performance measures. However, there were no assigned action items, responsibilities, or target dates to demonstrate that corrective actions had been planned or implemented. Managers and program coordinators assured us that they had appropriately addressed all identified problems; however, they agreed that documentation of these processes needed improvement.

**Suggested Improvement Actions.** We suggested that the VISN Director ensure that the VAMROC Director implements procedures to: (a) critically analyze, discuss, and act on data from the Patient Complaints, Medical Record Reviews, and UM programs; (b) consider all QM data, including patient complaints, UM, and medication management when reprivileging practitioners; (c) consistently use available benchmarks or goals for analyzing data; (d) define outcome criteria for all identified corrective actions; and (e) implement, evaluate, and document all corrective actions until problems are resolved or the desired improvements are accomplished.

The VISN and VAMROC Directors agreed with the findings and suggestions and provided plans to improve the QM program. The planned improvement actions are acceptable.

## **Information Technology Security – Contingency Plans Needed to Be Updated and Security Deficiencies Corrected**

**Conditions Needing Improvement.** We reviewed the VAMROC's Information Technology Service to determine if controls were adequate to protect AIS resources from unauthorized access, disclosure, modification, destruction, or misuse. We concluded that the physical security for computer rooms and equipment was adequate, that on-site generators provided adequate emergency power for Local Area Network (LAN) computers, and that critical data were backed up on a regular basis. However, we identified several compliance issues that needed corrective actions.

Contingency Plans. The VAMROC needed to develop a contingency plan for the LAN and update plans for two computer systems (VISTA and PBX). VHA facilities are required to develop and maintain current AIS contingency plans. These plans should be designed to reduce the impact of disruptions in services, to provide critical interim processing support, and to resume normal operations as soon as possible. The Chief Information Officer (CIO) and the Information Security Officer (ISO) agreed to develop and update the required contingency plans by January 2004.

Off-Site Backup Storage. Although the VAMROC maintained on-site backups, an off-site storage location for critical backup files had not been established. Backup files needed to be stored at a sufficient distance from the facility to reduce the risk that the files would be affected by the same disasters or catastrophic events as the facility.

System Access. Access to the VAMROC computer system needed to be terminated for some inactive users. VHA policy requires that facilities review the continued need for user access and privileges at least every 90 days. We reviewed the need for access for 35 users who had never signed on or had not logged on in the last 90 days. The ISO terminated 23 of the 35 accounts after determining that there was no continued need. The remaining 12 accounts were determined to have continued need.

**Suggested Improvement Actions.** We suggested that the VISN Director ensure that the VAMROC Director takes action to: (a) develop a contingency plan for the LAN and update existing contingency plans, (b) establish an off-site storage location for critical backup files, and (c) periodically review the continued need of inactive system user accounts.

The VISN and VAMROC Directors agreed with the findings and suggestions and provided plans to improve information technology security. The planned improvement actions are acceptable.

## **Controlled Substances Accountability – Security Deficiency Should Be Corrected**

**Condition Needing Improvement.** We reviewed controlled substances accountability and pharmacy security to ensure that controlled substances were properly accounted for and to determine if controls were adequate to prevent the loss or diversion of drugs. Overall, controlled substances accountability and pharmacy security were adequate. However, we identified an access deficiency that needed to be addressed.

VAMROC managers needed to ensure that all controlled substances were properly secured. VHA and local VAMROC policies required that controlled substances be stored in locked vaults or cabinets at all times. Our inspection of the pharmacy found that controlled substances awaiting patient pickup were stored in an unlocked cabinet in an area where all pharmacy employees routinely had access.

**Suggested Improvement Action.** We suggested that the VISN Director ensure that the VAMROC Director secures all controlled substances awaiting patient pickup.

The VISN and VAMROC Directors agreed with the finding and suggestion and provided a plan to improve controlled substances accountability. The planned improvement action is acceptable.

## **Government Purchase Card Program – Exemption to Separation of Duties Requirement Needed to Be Documented**

**Condition Needing Improvement.** VAMROC managers needed to document that they were unable to achieve a true separation of duties. VA and VHA policies state that the Purchase Card Coordinator (PCC), Billing Office Official, and Dispute Officer should be three different individuals and that none can be a cardholder or an approving official (AO). At the VAMROC, the PCC is an alternate AO. Also, the Billing Officer and Dispute Officer were the same individual. The PCC acknowledged they were not compliant with policy but attributed the lack of separation of duties to staffing shortages and to the small size of the facility.

We discussed the issue with a VHA purchase card program official who recognized that separation of duties is often difficult to achieve at smaller facilities. He stated that VHA officials would expect to see documentation, signed by the facility director, indicating that facility managers were aware of the separation of duties requirement and had considered specific options but had been unable to resolve this problem.

**Suggested Improvement Action.** We suggested that the VISN Director ensure that the VAMROC Director creates and signs a document that recognizes the separation of duties requirement, that states facility managers had been unable to meet it, and that explains what options were considered and why they were not acceptable.

The VISN and VAMROC Directors agreed with the finding and suggestion and provided an acceptable plan to improve the government purchase card program. The VAMROC completed the action on October 10, 2003.

## **Vocational Rehabilitation and Employment – Accuracy of Data Input Needed to Be Improved**

**Condition Needing Improvement.** The VR&E Service needed to ensure that correct application dates are established in the Benefits Delivery Network (BDN) and the WINRS

systems.<sup>1</sup> To evaluate VR&E claims processing and case management activities, we reviewed the counseling, evaluation/planning, and rehabilitation folders for a judgmental sample of 15 cases (5 cases each in the application, evaluation, and training phases as of June 2003). Overall, we found that VR&E personnel provided effective case management, review, and follow-up. However, one deficiency was identified.

For 9 of the 15 cases (60 percent), incorrect application dates had been entered into the BDN and/or the WINRS systems. The dates entered were from 2 to 55 days later than the actual dates of claim. The use of these incorrect, later dates understated the time VR&E employees actually took to process the veterans' applications and complete entitlement determinations. More accurate data input of application dates would have made system data more useful in monitoring VR&E program operations.

**Suggested Improvement Action.** We suggested that the VARO Director ensure that the VR&E Service enters accurate application dates into the automated systems.

The VARO Director agreed with the finding and suggestion and provided a plan to improve the VR&E Program's data system. The planned improvement action is acceptable.

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<sup>1</sup> WINRS is VR&E's electronic case management system. The acronym was derived from the first letter of the names of the five pilot test stations that tested the original program: Winston-Salem, Indianapolis, Newark, Roanoke, and Seattle.

## VISN 19 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** October 21, 2003

**From:** Network Director, VISN 19 (10N19)

**Subject:** **Draft Report – CAP Review of the Cheyenne VAMC**  
**Inspection Number: 2003-02029-HI-0249**

**To:** Assistant Inspector General for Healthcare Inspections (54)

**Thru:** Ms. Peggy Seleski, Director, Management Review Service (10B5)

Attached is the VISN 19 response on the recommendations for improvement contained in the draft Combined Assessment Program review report at Cheyenne, WY, VAMC. If there are any questions or concerns, please contact Craig Calvert, VISN 19, at 303-756-9279.

/s/ Ken Maffet, M.D.  
for  
Lawrence A. Biro, Ed.D.  
Director, VA Rocky Mountain Network

Attachment

## VAMROC Director Comments

### **Cheyenne VA Medical Center Comments and Implementation Plan**

#### QUALITY MANAGEMENT

Concur with Suggested Improvement Actions:

- a. Patient Complaints: Patient complaints, which are currently categorized into broad topic areas, will be analyzed by service line, trended and benchmarked against previous data. This detailed analysis will be presented quarterly to the Performance Improvement Executive Group with recommendations. Target Date: 1<sup>st</sup> Quarter FY '04.
- b. The Medical Record Review Coordinator will collect data and present it to the Medical Record Review Committee on a monthly basis. The Committee will analyze the data. Conclusions and recommendations will be addressed in committee minutes for problem areas such as insufficient record reviews, untimely surgical dictations and delinquent discharge summary signatures. The Committee will report to the Performance Improvement Executive Group on a biannual basis to assure compliance with this suggestion. Target Date: December 1, 2003.
- c. The Utilization Manager will provide accurate and analyzed data to the Performance Improvement Executive Group on a biannual basis. Benchmarking and evaluation of analyzed data will be included, as the Utilization Manager will now perform a 100% review of continued stays in addition to the already monitored daily admissions. In addition, admission and length-of-stay goals for the Medical Service Line will be established and monitored. The Surgical Service Line is presently in compliance. Recommendations and conclusions will be documented in the meeting minutes. Target Date: December 2003.
- d. Increased data will be provided to the Professional Standards Board for the re-privileging of providers. Included will be patient complaints, medication management, utilization review, etc. A checklist has been developed and will be utilized by the Quality Manager to present to the Board. Target Date: November 1, 2003.
- e. Minutes of meetings will demonstrate the inclusion of benchmarking, evaluation criteria, and implementation and evaluation. Managers and Program Coordinators will be given classes on the systematic collection, analysis and evaluation of data. In addition the group will be taught the correct manner in which meeting minutes are to be written. The Quality Manager will present the classes and will review all minutes to assure compliance. Target Date: December 2003.



### CONTROLLED SUBSTANCES ACCOUNTABILITY

Concur with Suggested Improvement Action:

A work order has been sent to Biomedical Engineering. They are to install a keypad lock on the cabinet containing controlled substances awaiting pick up. This electrical device locks automatically to avoid any mishaps. Target date: November 1, 2003.

### GOVERNMENT PURCHASE CARD PROGRAM

Concur with Suggested Improvement Actions;

Since the OIG CAP review, the following action has occurred: A document has been created and signed by the Medical Center Director that recognizes the separation of duties requirement. It also states that the facility manager has been unable to meet the requirement and options considered were not acceptable. Target date: This was signed on October 10, 2003, and is kept in Acquisition & Materials Management Service.

### INFORMATION TECHNOLOGY SECURITY

Concur with Suggested Improvement Actions:

- a. The ISO is developing a contingency plan for the LAN. He will also update the existing contingency plans. Target Date January 1, 2004.
- b. An off-site move of the Meds by Mail program is expected soon. When this program moves, the critical back-up files will be moved to the new Meds by Mail building. It is anticipated that the program will move to a building currently owned by the Department of the Navy and located approximately four miles away. Target Date: February 1, 2004.
- c. Periodic review of the continued need of inactive system user accounts has been accomplished through the use of the Disuser (Disabled User) program. Access is disabled for those employees who have not used the computer system for 90 days. In addition, the VistA Site Manager has a template that is run quarterly and the names that appear on the list have their access removed (exceptions are the ISC system users). Target Date: Accomplished on September 15, 2003.

## VARO Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** October 10, 2003

In Reply Refer To: 339/00

**From:** VARO Director

**Subject:** VA Medical/Regional Office Center Cheyenne, WY

**To:** Ms. Myra Taylor, Office of Inspector General

Dear Ms. Taylor:

As requested, Denver VARO submits the enclosed report for the CAP review performed at our Cheyenne Office on August 25-29, 2003.

If you need additional information, please contact BJ Scott of my staff at 303-914-5800. Thank you.

Sincerely,

Signed by Vlinda Childs for  
C.L. Smith  
Director

Enclosure

**VA Regional Office Denver (Cheyenne location)**  
**August 25-25, 2003**

**Comments and Implementation Plan**

**Condition Needing Improvement:** The VR&E Service needed to ensure that correct application dates are established in the Benefits Delivery Network (BDN) and WINRS systems.

**Suggested Improvement Action:** The VARO Director to ensure that the VR&E Service enters accurate application dates into the automated system.

Denver concurs with recommended improvement action.

**Actions Taken or Planned:**

1. On September 16, 2003, VR&E management conducted training with administrative staff to better ensure timeliness and accuracy of 1900 processing.
2. On September 19, 2003, training was conducted with counseling staff to ensure that they do not change the "Open Applicant" date on BDN/M-35 screens.
3. VR&E management has initiated quarterly Statistical Analysis of Operation (SAO) reviews on this issue to ensure compliance. Cases will be randomly selected, at least 20, to ensure that correct data is in the system. The first SAO will be completed in November 2003.

## OIG Contact and Staff Acknowledgments

OIG Contact	Wilma K. Wong (310) 268-3005
Acknowledgements	Randall Alley, Gary Humble, Thomas Phillips, Vishala R. Sridhar, John M. Tryboski, James W. Werner

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