Department of Veterans Affairs
Office of Inspector General

Combined Assessment Program Review of the Sioux Falls VA Medical Center Sioux Falls, South Dakota

Report No. 04-03069-135 **May 5, 2005**

VA Office of Inspector General
Washington, DC 20420

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.
- Provide fraud and integrity awareness training to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

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 October 25–29, 2004, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the Sioux Falls VA Medical Center (medical center). The purpose of the review was to evaluate selected operations, focusing on patient care administration, quality management (QM), and financial and administrative controls. During the review, we also provided fraud and integrity awareness training to 173 employees. The medical center is under the jurisdiction of Veterans Integrated Service Network (VISN) 23.

Results of Review

The CAP review covered nine operational activities. As identified below, the medical center complied with selected standards in four areas. The remaining five areas resulted in recommendations for improvement.

The system complied with selected standards in the following areas:

- Environment of Care
- Quality Management
- Bulk Oxygen Utility System
- Emergency Preparedness

The following organizational strengths were identified:

- Patient Safety Program
- Proton Pump Inhibitor Project

To improve operations, the following recommendations were made:

- Increase Medical Care Collections Fund (MCCF) collections by improving documentation and billing procedures.
- Improve supply inventory management by reducing stock levels.
- Strengthen controls over Information Technology (IT) security by completing a suitability determination on an employee working in a moderate risk IT position.
- Limit Government purchase cardholders with expired warrant authorities to the micro-purchase level until the medical center reviews the cardholders' warrant authorities and either terminates or reestablishes them at appropriate levels.

- Strengthen service contract controls by ensuring that Contracting Officers' Technical Representatives (COTRs) receive required training and include all required documentation in contract files.

This report was prepared under the direction of Ms. Linda G. DeLong, Director, and Ms. Virginia Solana, CAP Review Coordinator, Dallas Regional Office of Healthcare Inspections.

VISN and Medical Center Director Comments

The VISN and Medical Center Directors agreed with the findings and recommendations and provided acceptable implementation plans. (See Appendixes A and B, pages 10–15 for the full text of the Directors' comments). We will follow up on planned actions until they are completed.

(original signed by:)
RICHARD J. GRIFFIN
Inspector General

Introduction

Medical Center Profile

Organization. The medical center provides inpatient and outpatient healthcare services in Sioux Falls, SD, and provides outpatient care at community-based outpatient clinics located in Sioux City, IA and Aberdeen, SD. The medical center is part of the VA Midwest Healthcare Network, VISN 23, and is located in the southeast corner of the state. The patient service area covers the eastern half of South Dakota, southwest Minnesota counties, and northwest Iowa counties.

Programs. The medical center is a secondary referral hospital, sending tertiary care patients to VA medical centers in Minneapolis, MN and Omaha, NE. The medical center provides acute inpatient medical, surgical, and mental health care services, totaling 45 beds. Long-term care services are provided with a 2-unit, 58-bed Transitional Care Unit (TCU) Program.

Affiliations and Research. The medical center is affiliated with the University of South Dakota School of Medicine and trains residents in Internal Medicine, Mental Health and Pathology. Thirty-three medical resident positions are VA funded.

Resources. In Fiscal Year (FY) 2003, the medical center's medical care expenditures totaled $70.6 million. The FY 2004 medical care budget was $73.8 million, a 4.3 percent increase over FY 2003 expenditures. The FY 2004 staffing was 631.3 full-time equivalent employees (FTE), including 28.6 physician and 208.2 nursing FTE.

Workload. In FY 2004, the medical center treated 23,292 unique patients, a 7.1 percent increase over FY 2003. The FY 2004 inpatient care workload totaled 2,806 discharges, and the combined average daily census (acute and TCU) was 84. The outpatient workload was 135,646 visits in FY 2004.

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 are to:

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

Scope. We reviewed selected clinical, financial, and administrative activities to evaluate the effectiveness of patient care administration, QM, and management controls. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of care to identify and correct harmful and potentially harmful practices and conditions. Management controls are the policies, procedures, and information systems used to safeguard assets, prevent errors and fraud, and ensure that organizational goals are met.

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 nine activities:

- Bulk Oxygen Utility System
- Emergency Preparedness
- Environment of Care
- Government Purchase Card Program
- Information Technology Security
- Medical Care Collections Fund
- Quality Management
- Service Contracts
- Supply Inventory Management

As a part of the review, we used questionnaires and interviews to survey employee and patient satisfaction with the timeliness of services and the quality of care. We made electronic survey questionnaires available to all medical center employees, and 73 responded. We also interviewed 30 patients during the review. The survey results were shared with medical center managers.

The review covered facility operations for FY 2003, FY 2004, and FY 2005 through October 27, 2004, and was done in accordance with OIG standard operating procedures for CAP reviews.

Activities that were particularly effective or otherwise noteworthy are recognized in the Organizational Strengths section of this report (page 3). Activities needing improvement are discussed in the Opportunities for Improvement section (pages 4-9). For these activities, we made recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

During this review, we also presented three fraud and integrity awareness briefings for medical center employees. These briefings, attended by 173 employees, 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

Patient Safety Program. The medical center has developed a strong, collaborative, and integrated patient safety program. The facility has been recognized nationally by the National Center for Patient Safety for work on wheelchair safety and patient controlled analgesia pumps. In addition, they have been recognized by the VISN through the Annual Workplace Evaluation. Staff involvement and education has been accomplished through a new program entitled "Together Improving Patient Services," which posts information sheets on the medical center homepage for all staff to access. Administrative and clinical managers are involved in root cause analysis and health care failure mode effect analysis reviews resulting in improved patient care outcomes and reduction of patient incidents.

Proton Pump Inhibitor Project. The medical center developed a proton pump inhibitor (PPI) initiative to improve patient care and reduce costs. The gastroenterologist (GI) was concerned that PPIs were being over utilized. At the same time, the Pharmacy was facing a contract conversion of PPI drugs. As a collaborative project, criteria for evaluating patients for a step-down from PPI to an H-2 antagonist or for conversion to another more cost effective medication were developed. The Pharmacy and Therapeutics Committee and the Medical Executive Committee approved the criteria. Through this cooperative effort of Pharmacy and GI, nearly 2000 patients receiving PPI were evaluated for step-down or conversion. Step-down patients who subsequently developed increased symptoms were seen by GI. Approximately 700 patients received esophagogastroduodenoscopy as part of this initiative. Eleven new esophageal cancers, one gastric cancer, three carcinoid, seven cases of candida esophagitis, and 75 new cases of Barrett's esophagus were diagnosed during this project. About $390,000 in drug costs was saved during FY 2004 due to contract conversion and step-down from PPIs.

Opportunities for Improvement

Medical Care Collections Fund – Collections From Insurance Carriers Could Be Increased

Condition Needing Improvement. The medical center could increase MCCF collections by identifying veterans' insurance information at the time of treatment, improving documentation of medical care, ensuring MCCF personnel identify all billable VA care, submitting the documentation of fee-basis care promptly to MCCF personnel, and issuing bills to insurance carriers promptly.

Under the MCCF program, VA is authorized to recover from insurance carriers the cost of treating insured veterans. In FY 2003, the medical center collected $10 million, which exceeded its FY 2003 collection goal of $9.8 million. In FY 2004, the medical center collected $11 million, which was 96 percent of its FY 2004 collection goal of $11.4 million.

Insurance Information Not Obtained Promptly. Medical center managers needed to ensure that eligibility and clinic clerks obtain insurance information from veterans at the time of treatment so that MCCF personnel could bill insurance carriers promptly. We reviewed the records of 10 veterans from the "Detailed Patients with Unidentified Insurance Report" for July 2004 to determine whether the medical center missed any billing opportunities because it had not obtained insurance information promptly. At our request, MCCF personnel contacted the 10 veterans we had selected and determined that 1 veteran had insurance. As a result of our review, MCCF personnel were able to issue 13 bills totaling $4,417.

Care Not Properly Documented. Medical care providers needed to improve the documentation of care. We reviewed 36 episodes of care totaling $2,704 listed on the "Reasons Not Billable Report" for the 6-month period ending August 31, 2004. We identified 23 missed billing opportunities totaling $2,287 that MCCF personnel could have billed if medical documentation had been complete. For example, for 13 of the 23 missed billing opportunities, MCCF personnel did not issue bills because attending physicians did not adequately document supervision of residents in the veterans' medical records.

Billable VA Care Not Identified. To determine whether MCCF personnel identified all billable VA care, we reviewed a total of 40 episodes of care: 15 inpatient discharges that occurred during June 2004; 15 outpatient visits that occurred on June 24, 2004; and 10 potentially billable episodes of care listed on the "Unbilled Amounts Detailed Report" for the 6-month period ending August 31, 2004. We identified seven missed billing opportunities for VA care totaling $1,327.

Documentation of Fee-Basis Care Not Forwarded Promptly. The medical center's Fee-Basis Unit authorizes payments to non-VA medical care providers furnishing fee-basis care to veterans residing in the medical center's service area. After authorizing payments for fee-basis care furnished to veterans with insurance, the Fee-Basis Unit is required to forward to MCCF personnel the documentation needed to bill the insurance carriers.

To determine whether MCCF personnel properly billed veterans' insurance carriers for fee-basis care, we reviewed the records of 15 episodes of fee-basis care furnished during the period March 4, 2003, through May 1, 2004. We identified two missed billing opportunities totaling $1,227 for one episode of care. MCCF personnel missed the insurance carrier's deadline for billing for this care because the Fee-Basis Unit did not forward the required documentation promptly.

Bills Not Issued Promptly. MCCF personnel did not issue bills promptly to insurance carriers. We reviewed the records of 10 potentially billable episodes of care listed on the "Unbilled Amounts Detailed Report" for the 6-month period ending August 31, 2004. Although the VA goal was to issue bills within 45 days after treatment, we found 31 billing delays ranging from 98 to 232 days. According to the MCCF Coordinator, the billing delays occurred because the medical center has a substantial coding backlog for outpatient care. The medical center hired an additional coding specialist and implemented an action plan in August 2004 to eliminate the coding backlog. However, because insurance carriers impose time limits on claims, the medical center needs to ensure that it eliminates the coding backlog as quickly as possible so that billing delays do not result in denied claims.

Potential Collections. We estimated that additional bills totaling $9,258 ($4,417 + $2,287 + $1,327 + $1,227) could have been issued for the missed billing opportunities we identified. Based on the medical center's historical collection rate of 36 percent, MCCF personnel could increase collections by $3,333 ($9,258 x 36 percent). As a result of our review, MCCF personnel issued 30 bills during our visit, and they were working to issue additional bills for the missed billing opportunities we identified.

Recommended Improvement Action 1. We recommended the VISN Director ensure that the Medical Center Director requires that: (a) eligibility and clinic clerks identify insurance information at the time of treatment, (b) medical care providers adequately document the care provided in veterans' medical records, (c) MCCF personnel identify and bill all billable VA care, (d) the Fee-Basis Unit forwards the documentation required for billing insurance carriers promptly to MCCF personnel, and (e) MCCF personnel issue bills to insurance carriers promptly.

The Medical Center Director concurred with our findings and provided acceptable follow up plans including a process for identifying insurance information and improved medical care documentation. The medical center is using Quadramed to generate coding reports

and bills. MCCF personnel will review cost recovery reports and follow up with the fee-basis unit. An action plan is in place to issue bills within 45 days of treatment.

Supply Inventory Management – Stock Levels Should Be Reduced

Condition Needing Improvement. The medical center needed to reduce stock levels of supplies. Veterans Health Administration (VHA) policy requires that medical facilities use the automated Generic Inventory Package (GIP) and the Prosthetics Inventory Package (PIP) to manage inventories and establishes a 30-day supply goal. At the time of our review, the medical center's supply inventory included 1,310 line items valued at $218,963.

We analyzed GIP and PIP data for all line items in the Processed Stores, Prosthetics, and Supply Processing and Distribution primary inventory points. In addition, we inventoried quantities on hand and reviewed usage rates for 40 line items to assess the accuracy of the recorded inventory balances. The 40 line items had a combined value of $37,887.

We found that the quantities recorded in GIP and PIP were accurate. However, GIP and PIP data indicated that stock levels on hand were higher than needed. The stock levels for 869 of the 1,310 (66 percent) line items in the 3 primary inventory points exceeded the 30-day level. The total recorded value of supplies in excess of the 30-day level was $105,516.

Recommended Improvement Action 2. We recommended the VISN Director ensure the Medical Center Director takes action to reduce stock levels to adhere to the 30-day goal.

The Medical Center Director concurred with our findings and noted that appropriate changes in stock levels were completed during the CAP.

Information Technology Security – A Suitability Determination Was Needed

Condition Needing Improvement. The medical center had established effective controls to protect IT resources from unauthorized access, disclosure, modification, destruction, and misuse. Physical security for the computer rooms was adequate, security plans were current and complete, IT system access controls were effective, appropriate background investigations were completed, and all system users received security awareness training. However, we identified one issue that required management attention.

Human Resources Management Service (HRMS) officials did not take appropriate action when they received derogatory information about an employee working in a moderate risk position. When derogatory information about an employee working in a moderate

risk position becomes known, VA policy requires HRMS officials to make a preliminary suitability determination and forward the results to the VA Security and Investigations Center. The Security and Investigations Center is responsible for making the final suitability determinations for all moderate risk positions within VA.

We reviewed the personnel records of employees working in IT positions to determine whether the medical center had initiated required background investigations. During our review, we found an arrest report in the personnel file of an employee working in a moderate risk position that required a high level of access to the medical center's IT systems. However, after receiving the arrest report, HRMS officials had not taken any action to reevaluate the employee's suitability. HRMS officials should make a preliminary suitability determination and forward the results to the Security and Investigations Center for a final suitability determination to ensure that the employee is suitable to continue working in this moderate risk position.

Recommended Improvement Action 3. We recommended the VISN Director ensure that the Medical Center Director requires HRMS officials to make a preliminary suitability determination concerning the employee and forward the results to the VA Security and Investigations Center for a final suitability determination.

The Medical Center Director concurred with the findings and the VA Security Office was notified on November 30, 2004.

Government Purchase Card Program – Warrant Authorities Needed To Be Terminated or Reestablished at Appropriate Levels

Condition Needing Improvement. The medical center had established effective controls to ensure that purchases were appropriate and were meeting the financial and administrative requirements of the Government Purchase Card Program. Cardholder, approving official, and coordinator responsibilities were properly separated, and the medical center provided appropriate training to cardholders and approving officials. In addition, we found no evidence of employees making improper purchases. However, the medical center needed to maintain current warrant authorities for cardholders who were authorized to make purchases above the micro-purchase level.

As part of our review of the controls and management of the medical center's Government Purchase Card Program, we reviewed the warrant authorities for five cardholders whose purchase limits were set above the micro-purchase level of $2,500. Cardholders who are not warranted through the Contracting Officer Certification Program at a higher amount are limited to the micro-purchase level. Our review showed that the warrants for all five cardholders had expired. Three of the warrants had been expired since March 2004. The other two warrants expired in July 2004. After their warrant authorities had expired, 4 of the cardholders made 49 purchases totaling approximately $352,000 that were above the micro-purchase level. The remaining

cardholder did not make any purchases. The medical center reestablished the warrant authorities for two of the cardholders in October 2004. The medical center should limit the remaining three cardholders to the micro-purchase level until it reviews the cardholders' warrant authorities and either terminates or reestablishes them at appropriate levels.

Recommended Improvement Action 4. We recommended the VISN Director ensure that the Medical Center Director takes action to: (a) limit cardholders with expired warrant authorities to the micro-purchase level and (b) review cardholders' warrant authorities and either terminate or reestablish them at appropriate levels.

The Medical Center Director concurred with the findings and card holder purchase levels have been adjusted.

Service Contracts – Contracting Officers' Technical Representatives Should Be Adequately Trained and Contract Files Should Include Required Documents

Condition Needing Improvement. To evaluate contracting activities, we reviewed seven noncompetitive and eight competitive service contracts valued at about $3.4 million. We identified two issues requiring management attention.

Training Not Received. VHA policy requires that contracting officers (COs) ensure that COTRs receive initial training and 40 hours of continuing education in acquisition subjects every 2 years to maintain their skills. Our review of the training records for seven COTRs showed that only three had received initial COTR training. In addition, none of the COTRs met the continuing education requirement.

Contract Documentation Not Complete. The Federal Acquisition Regulation requires that COs ensure contract files contain all relevant contract documentation. Although the contract files we reviewed generally included appropriate documentation, 7 of the 15 files did not contain all of the required documents. For example:

- The files for five noncompetitive contracts did not include price negotiation memorandums.
- The files for seven contracts did not include proper COTR designation letters. Two contract files did not contain COTR designation letters, while five contract files contained letters that designated position titles as COTRs rather than naming specific individuals, as required by VHA policy.

Recommended Improvement Action 5. We recommended the VISN Director ensure that the Medical Center Director takes action to: (a) ensure that each COTR receives required training and (b) include all required documentation in contract files.

The Medical Center Director concurred with the findings and COTRs are completing the required continuing education and have been instructed to include required documents in the contract files.

Appendix A

VISN 23 Director Comments

Department of Veterans Affairs **Memorandum**

Date: March 17, 2005

From: VISN 23 Director

Subject: **Sioux Falls VA Medical Center Sioux Falls, South Dakota**

To: Virginia Solana, RN, MA

Department of Veterans Affairs

Office of Inspector General

Associate Director

Healthcare Inspections

Attached is the response to your recommendations from your CAP review conducted at the Sioux Falls VA Medical Center during the week of October 25-29, 2004.

(original signed by:)
ROBERT A. PETZEL, M.D.

Appendix B

Director Comments

Department of Veterans Affairs **Memorandum**

Date: 03/03/05

From: Medical Center Director

Subject: **Sioux Falls VA Medical Center Sioux Falls, South Dakota**

To: Office of Healthcare Inspections

Attached is the medical center response to the Combined Assessment Program Review recommendations conducted at the Sioux Falls VAMC on October 25-29, 2004, Project Number: 2004-03069-HI-0365.

(original signed by:)

JOSEPH M. DALPIAZ

Medical Center Director's Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommended Improvement Action 1. We recommended the VISN Director ensure that the Medical Center Director requires that: (a) eligibility and clinic clerks identify insurance information at the time of treatment, (b) medical care providers adequately document the care provided in veterans' medical records, (c) MCCF personnel identify and bill all billable VA care, (d) the Fee-Basis Unit forwards the documentation required for billing insurance carriers promptly to MCCF personnel, and (e) MCCF personnel issue bills to insurance carriers promptly.

Concur Target Completion Date: June 1, 2005

Insurance Information Not Obtained Promptly - Concur – Upon patient check-in, the clinic clerks will verify the veterans eligibility status to ensure veteran is in the enrolled status and eligible to receive VA services. The appointment management menu lists the veteran's appointment as well as "Priority Group" and "Category" fields. The veteran must have an "Enrolled" entry into the "Category" field before services rendered. If the veteran is not enrolled, they should be sent back to the eligibility office to complete enrollment. During the check-in process, all clinic clerks will ask all veterans if they have insurance. If the veteran has insurance, the clerk will obtain a legible copy of the insurance/Medicare card(s) (both sides). The photocopies will be sent to the insurance verification clerk for eligibility determination and entry into the patient insurance file. The MCCF Revenue Coordinator will run the "Patients with Unidentified Insurance Report" monthly and have an insurance verification clerk follow-up with listing. Completion Date - April 1, 2005

Care Not Properly Documented - Concur – Documentation will be entered electronically on the same day the patient is seen. This may be accomplished by dictation, manual entry, or template as appropriate. All documentation will be completed (signed and co-signed) within 10 days of the patient's visit. Completion Date – June 1, 2005

Billable VA Care Not Identified - Concur – All MCCF Biller's will use the Quadramed application to generate the daily Code Me Report. The use of Quadramed will significantly provide a cleaner Code Me Report to the coding staff before the billing report is generated. Once the coding staff returns the Bill Me Report to MCCF billing staff, all billers will utilize the Quadramed claims scrubber when generating all bills. The Revenue Coordinator will run the "Unbilled Amounts Detailed Report" on a bi-monthly basis and have billing staff identify and submit any potential billing opportunities. Completion Date – March 1, 2005

Documentation of Fee-Basis Care Not Forwarded Promptly - Concur – A MCCF biller will generate the "Potential Cost Recovery Report" on a bi-monthly basis. The biller will review the report and identify those patients with reimbursable insurance. They will then follow up with Fee Basis to obtain information necessary to complete the billing process. Completion Date – April 1, 2005

Bills Not Issued Promptly - Concur – The Sioux Falls VA Medical Center implemented an action plan to address the backlog in coding during October 2004. Since then, considerable process has been made in reducing the backlog. Once the workload involved in eliminating the backlog is completed, the VA will return to its goal of issuing all bills within 45 days after treatment. Again, the Revenue Coordinator will run the "Unbilled Amounts Detailed Report" on a bi-monthly basis. Billing staff will identify and submit potential billable claims before the next bi-monthly report is generated. Completion Date – May 1, 2005

Recommended Improvement Action 2. We recommended the VISN Director ensure the Medical Center Director takes action to reduce stock levels to adhere to the 30-day goal.

Concur Target Completion Date: 10/30/04

Supply Inventory Management has completed their stock levels review in the SPD Primary Inventory adhering to the 30 day supply goal. Inventory Management Service staff worked with the auditor and made the appropriate changes and corrections at the time of the combined assessment program review.

Recommended Improvement Action 3. We recommended the VISN Director ensure that the Medical Center Director requires HRMS officials to make a preliminary suitability determination concerning the employee and forward the results to the VA Security and Investigations Center for a final suitability determination.

Concur Target Completion Date: 11/30/04

The Sioux Falls VA Human Resources Office contacted the Department of Veterans Affairs Security Office, Washington D.C. regarding the suitability determination. Local HRMS advised to conduct local review of record and notify the Security Office of local suitability determination. Action was taken and the Security Office was notified by letter November 30, 2004.

Recommended Improvement Action 4. We recommended the VISN Director ensure that the Medical Center Director takes action to: (a) limit cardholders with expired warrant authorities to the micro-purchase level and (b) review cardholders' warrant authorities and either terminate or reestablish them at appropriate levels.

Concur Target Completion Date: 3/30/05

(a) Cardholders purchase levels have been adjusted to levels appropriate for current warrant

(b) The employee's completion of Procurement training required for the warrant is to be completed by 3-30-05. Cardholders' warrant authority will be reviewed and (re)established at the appropriate level after completion of the required training.

Recommended Improvement Action 5. We recommended the VISN Director ensure that the Medical Center Director takes action to: (a) ensure that each COTR receives required training and (b) include all required documentation in contract files.

Concur Target Completion Date: 06-01-05

(a) COTR staff is working to complete COTR training using available online training materials. Network Contract Manager is developing network wide training to meet the continuing education requirement.

(b) Contracting Officers have been instructed/trained to include all required documents in the contract file. This includes justifications, determinations and findings, Price Negotiation memorandums, COTR memorandums/ documentation and other documents per the file checklists. Periodic audits (3-4 per year) will be done by the Network (VISN 23) Contract Manager.

Monetary Benefits in Accordance with IG Act Amendments

Recommendation	Explanation of Benefit(s)	Better Use of Funds
1	Strengthening documentation and billing procedures would increase MCCF collections.	$ 3,333
2	Reducing stock levels would make funds available for other uses.	105,516
	Total	$108,849

OIG Contact and Staff Acknowledgments

OIG Contact	Virginia Solana, Associate Director, Dallas Regional Office of Healthcare Inspections (214) 253-3332
Acknowledgments	Bill Bailey Shirley Carlile Linda DeLong Marnette Dhooghe Clenes Duhon Dorothy Duncan Tom Foley Glen Gowans Mike Guier John Houston Jehri Lawson Roxanna Osegueda Joel Snyderman Sally Stevens Marilyn Walls John Weber

Appendix E

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