



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

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## **Combined Assessment Program Review of the Central Arkansas Veterans Healthcare System Little Rock, AR**

## **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 May 23–27, 2005, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the Central Arkansas Veterans Healthcare System. 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 465 employees. The healthcare system is part of Veterans Integrated Service Network (VISN) 16.

### **Results of Review**

The CAP review covered 10 operational activities. The healthcare system complied with selected standards in the following seven activities:

- Colorectal Cancer Management
- Controlled Substances
- Environment of Care
- Information Technology (IT) Security
- Pressure Ulcer Clinical Practices
- Service Contracts
- Timekeeping for Part-Time Physicians

Based on our review, the following organizational strengths were identified:

- Colorectal Cancer Management
- Disaster Preparedness Program

We identified three activities that needed additional management attention. To improve operations, we made the following recommendations:

- Improve supply inventory management by maintaining accurate supply records and reducing stock levels.
- Increase Medical Care Collections Fund (MCCF) collections by improving fee-basis billing procedures and clinical documentation.
- Strengthen the QM program by identifying and monitoring corrective action plans.

The report was prepared under the direction of Mr. Michael E. Guier, Director, and Mr. Jehri Lawson, CAP Review Coordinator, Dallas Audit Operations Division.

## **VISN 16 and Healthcare System Director Comments**

The VISN 16 and Healthcare System Directors agreed with the CAP review findings and recommendations and provided acceptable improvement plans. (See Appendixes A and B, pages 10–16, for the full text of the Directors’ comments.) We will follow up on the implementation of planned improvement actions.

(original signed by:)

**JON A. WOODITCH**  
Acting Inspector General

## Introduction

### Healthcare System Profile

**Organization.** The healthcare system consists of the John L. McClellan Memorial Veterans Hospital located in Little Rock, AR, and the Eugene J. Towbin Healthcare Center located in North Little Rock, AR. Outpatient care is provided at four community-based outpatient clinics located in El Dorado, Hot Springs, Mena, and Mountain Home, AR. The healthcare system is part of VISN 16 and serves a veteran population of about 170,000 residing in 46 counties in Arkansas.

**Programs.** The healthcare system provides primary, tertiary, and long-term care in the areas of dentistry, geriatrics and extended care, medicine, mental health, neurology, ophthalmology, physical medicine and rehabilitation, surgery, and women's health. The healthcare system has 576 operating beds, including 152 beds in the nursing home care unit and 119 beds in the domiciliary.

**Affiliations and Research.** The healthcare system is affiliated with the University of Arkansas for Medical Sciences and supports 155 resident positions. In fiscal year (FY) 2004, the healthcare system had 371 research projects and a research budget of about \$5.3 million. Important areas of research included cardiovascular disease, diabetes, geriatrics, and oncology.

**Resources.** The healthcare system's medical care expenditures totaled \$374 million in FY 2004. The FY 2005 medical care budget is \$368 million. In FY 2004, the healthcare system had 2,700.5 full-time equivalent employees (FTE), which included 183 physician FTE and 529.75 nursing FTE.

**Workload.** The healthcare system treated 56,393 unique patients in FY 2004. The inpatient workload in FY 2004 totaled 13,003 discharges, and the average daily census, including domiciliary and nursing home patients, was 608. The outpatient workload totaled 584,922 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 healthcare facility and regional office operations focusing on patient care, QM, 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 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 healthcare system operations for FY 2004 and FY 2005 through May 27, 2005, 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 10 activities:

Colorectal Cancer Management	Pressure Ulcer Clinical Practices
Controlled Substances	QM Program
Environment of Care	Service Contracts
IT Security	Supply Inventory Management
Medical Care Collections Fund	Timekeeping for Part-Time Physicians

As part of the review, we used questionnaires and interviews to survey employee and patient satisfaction with the timeliness of service and the quality of care. We made electronic survey questionnaires available to all healthcare system employees and 903 employees responded. We also interviewed 30 patients during the review. The survey results were shared with healthcare system managers.

We also presented four fraud and integrity awareness training sessions. A total of 465 employees attended the training, 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.

In this report we made recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented. For those activities not discussed in the Opportunities for Improvement section, there were no reportable deficiencies.

## **Follow-Up on Prior CAP Review Recommendations**

As part of this review, we also followed up on selected recommendations from our prior CAP review of the healthcare system (*Combined Assessment Program Review of the Central Arkansas Veterans Healthcare System*, Report No. 01-02122-133, July 10, 2002). In our prior report, we made recommendations to improve controls over IT security, controlled substances accountability, and service contracts. During this CAP review, we concluded that healthcare system managers had adequately addressed the conditions and recommendations we followed up on from our prior CAP report.

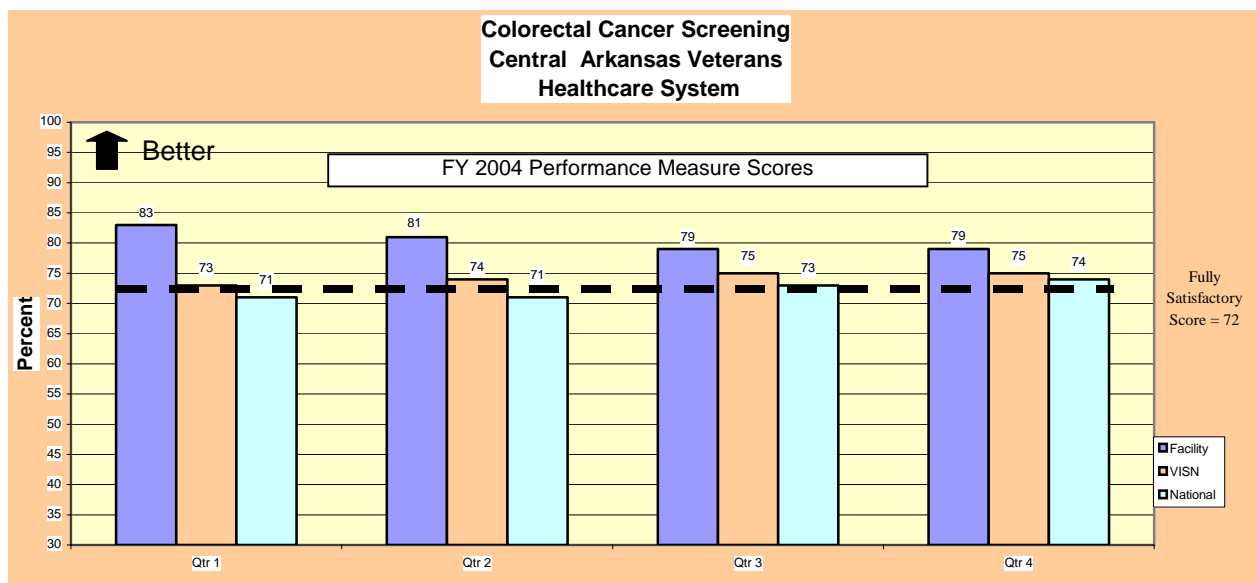


## Results of Review

### Organizational Strengths

**Colorectal Cancer Management Processes Were Timely and Appropriate.** The healthcare system was at the exceptional level for the Veterans Health Administration (VHA) performance measure for colorectal cancer screening; provided timely Gastrointestinal (GI), Surgery, and Hematology/Oncology consultative and treatment services; promptly informed patients of diagnoses and treatment options; and developed coordinated interdisciplinary treatment plans.

The VHA colorectal cancer screening performance measure assesses the percent of patients screened according to prescribed timeframes. Timely diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes.



We assessed these items in a judgment sample of 10 patients who were diagnosed with colorectal cancer during FY 2004. Clinicians had appropriately screened all of the patients sampled. Nine of 10 patients were diagnosed timely. The remaining patient's diagnosis was delayed because he first presented to the mental health clinic with abdominal pain that was considered a side effect from medications. The healthcare system did not see him for his primary care and did not evaluate his symptoms until they became more obvious.

The healthcare system chartered a performance improvement project in FY 2004 and implemented recommendations that resulted in improved screening, timely documentation of laboratory results, and patient notification. GI, Surgery, and

Hematology/Oncology promptly answered consultations in all cases. Physicians were actively involved in cancer research, and managers had devoted resources to ensure timely care.

**The Disaster Preparedness Program Is Nationally Recognized.** The healthcare system's Disaster Preparedness Program is one of the strongest multidisciplinary volunteer teams in the country. Currently, the team is made up of more than 120 members. The program revolves around employee preparation, education, and response, with monthly meetings and multiple drills each year. The volunteers have not only maintained the healthcare system's disaster preparedness, they have also conducted hospital decontamination training at all VA medical facilities west of the Mississippi, 52 rural Arkansas hospitals, the Texas Medical Center, and at selected hospitals within the State of Florida. The team developed a hospital decontamination train-the-trainer program with VA Central Office, which was cited in the *Occupational Safety and Health Administration (OSHA) Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances* published in January 2005. In 2005, they were a training team for the National Disaster Management System Pre-Conference Hospital Decontamination Program as well as the Emergency Management Conference for the Chesapeake Health Education Program. They have been invited to participate in the joint OSHA/Joint Commission on Accreditation of Healthcare Organizations (JCAHO) meeting for review of emergency management guidelines scheduled for the fall of 2005. This team has evolved to meet a growing need at the healthcare system and across the nation.

## Opportunities for Improvement

### Supply Inventory Management – Inventory Controls Needed To Be Strengthened and Stock Levels Needed To Be Reduced

**Condition Needing Improvement.** The healthcare system needed to maintain accurate inventory records and reduce stock levels of supplies. VHA policy establishes a 30-day supply goal and requires that medical facilities use the automated Generic Inventory Package (GIP) and the Prosthetics Inventory Package (PIP) to manage inventories. At the time of our review, the healthcare system's supply inventory included 5,922 line items valued at about \$1.2 million.

Inaccurate Inventory Records. The healthcare system was not maintaining accurate inventory records. To assess the accuracy of GIP and PIP data, we inventoried 20 medical, 10 engineering, and 10 prosthetics line items with a combined recorded value of \$65,058. The stock levels recorded in GIP and PIP were inaccurate for 5 (12.5 percent) of the 40 line items, with 1 shortage valued at \$960 and 4 overages valued at \$1,581. The inaccurate inventory records occurred primarily because healthcare system personnel did not promptly record receipts and distributions of supplies. Inaccurate inventory records hinder efforts to maintain appropriate stock levels.

Excess Stock. The healthcare system needed to reduce stock levels of supplies. We compared the quantities on hand to usage data for the 40 line items that we inventoried to determine if stock levels exceeded the 30-day supply goal. Our review showed that the healthcare system needed to reduce stock levels for 8 (20 percent) of the 40 line items. The value of the excess stock was \$9,531, which was 14.5 percent of the total actual value (\$65,678) of the 40 items we inventoried. Based on the results of our inventory, we estimated that the value of the excess stock was \$177,559.

**Recommendation 1.** We recommended that the VISN Director ensure the Healthcare System Director requires that: (a) differences are reconciled and inventory records are corrected as appropriate, (b) receipts and distributions are recorded promptly, and (c) stock levels are reduced to meet the 30-day supply goal.

The VISN and Healthcare System Directors agreed with the finding and recommendations and reported that Acquisition and Materiel Management Service (A&MMS) personnel are monitoring inventories on a weekly basis and ensuring that discrepancies are reconciled and corrected. All inventory managers and supply clerks have been reminded that receipts and distributions must be recorded promptly. In addition, the healthcare system is working towards achieving the 30-day supply goal. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## **Medical Care Collections Fund – Fee-Basis Billing Procedures and Clinical Documentation Needed Improvement**

**Condition Needing Improvement.** The healthcare system could increase MCCF collections by strengthening billing procedures for fee-basis care and improving documentation of medical care and resident supervision. Under the MCCF program, VA is authorized to bill health insurance carriers for certain costs related to the treatment of insured veterans. During FY 2004, the healthcare system met its collection goal by collecting \$17.7 million. The healthcare system collected \$13.9 million during the first 8 months of FY 2005, which was 72 percent of its FY 2005 collection goal of \$19.4 million. However, opportunities remain for the healthcare system to increase its MCCF collections.

Fee-Basis Billings. From October through December 2004, the healthcare system paid 1,357 fee-basis claims totaling \$522,583 to non-VA clinicians for the care of veterans with health insurance. To determine if the healthcare system had billed the insurance carriers for this care, we reviewed a random sample of 23 fee-basis claims totaling \$216,605. MCCF personnel properly issued bills for 3 of the claims, while 17 of the claims were not billable because the fee-basis care was for service-connected conditions, the veterans did not have insurance coverage on the dates of care, or the care provided was not billable under the terms of the insurance plans. However, the three remaining fee-basis claims totaling \$3,483 should have been billed.

Medical Record Documentation. Medical care providers needed to improve the documentation of care. VHA policy requires medical care providers to enter documentation into medical records at the time of each encounter so that MCCF personnel can bill insurers for the care provided. The policy also requires that medical records clearly demonstrate attending physicians' supervision of residents in each type of resident-patient encounter. The "Reasons Not Billable Report" for the 3-month period ending December 31, 2004, listed 1,526 potentially billable cases totaling \$611,308 that were not billed for 1 of 3 reasons—insufficient documentation, no documentation, or non-billable provider (care provided by a resident). We reviewed a random sample of 50 potentially billable cases and found 32 (64 percent) missed billing opportunities totaling \$3,632 (an average of \$113.50 per missed billing opportunity) that MCCF personnel could have billed if medical documentation had been complete.

- In 28 cases, MCCF personnel did not issue bills totaling \$3,028 for the care provided by residents because the attending physicians' supervision of the residents was not adequately documented in the medical records.
- In four cases, MCCF personnel did not issue bills totaling \$604 because medical care providers did not adequately document the care provided.

Based on our sample results, we estimated that 977 (1,526 potentially billable cases x 64 percent) additional bills totaling \$110,890 (977 estimated billable cases x \$113.50) could have been issued if the medical documentation had been complete. As a result of our review, MCCF personnel issued four bills totaling \$3,739, and they were working to issue additional bills for the remaining missed billing opportunities.

Potential Collections. Improved billing procedures for fee-basis care and better clinical documentation would enhance revenue collections. We estimated that additional billings totaling \$114,373 (\$3,483 + \$110,890) could have been issued. Based on the healthcare system's FY 2004 collection rate of 21 percent, MCCF personnel could have increased collections by \$24,018 (\$114,373 x 21 percent).

**Recommendation 2.** We recommended that the VISN Director ensure the Healthcare System Director requires that (a) all billable fee-basis care is identified and billed and (b) medical care providers adequately document resident supervision and the care provided.

The VISN and Healthcare System Directors agreed with the finding and recommendations and reported that Billing Unit staff are now reviewing the "Potential Billable Report" each week to ensure that all billable fee-basis care is identified and billed. The healthcare system's Central Billing Office is reporting resident supervision trends to the Compliance Steering Committee and clinical service chiefs. In addition, physicians are receiving extensive training regarding resident supervision documentation. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## **Quality Management – Appropriate Corrective Action Plans Needed to Be Identified and Monitored**

**Condition Needing Improvement.** Senior managers needed to standardize review processes and improve QM action plans. The QM program generally provided appropriate oversight of patient care; however, it was difficult to determine the effectiveness of performance improvements because committee minutes did not clearly document all actions and reports were not concise. Program managers needed to improve trend analysis and document discussions and recommendations for corrective actions. JCAHO requires hospitals to analyze data for trends and make recommendations to improve patient care.

To evaluate the QM program, we assessed the program structure, data analysis, benchmarking, recommendations, and evaluation of corrective actions for performance improvement, utilization management, and patient safety. We interviewed relevant employees and reviewed policies, plans, committee minutes, and reports.

There was a lack of consistency and standardization of reporting among the program components. It was difficult to follow committee minutes because there was no standardized, systematic reporting format. Not all reports identified action items and assigned responsibility and time frames for completion and reevaluation. For example, committee minutes noted deficiencies in documentation of resident supervision, but no recommendations or actions were defined. Clinical managers stated they had taken several actions to improve resident supervision but those were not documented.

**Recommendation 3.** We recommended that the VISN Director ensure that the Healthcare System Director takes action to develop an organized QM program that will: (a) trend and analyze all data, (b) identify appropriate corrective actions with assigned timeframes and responsibility, and (c) communicate results in a standardized format through designated oversight committees.

The VISN and Healthcare System Directors agreed with the finding and recommendations and reported that the healthcare system has implemented a new governance structure that fosters analysis and trending of data, identification of corrective actions, and the communication of results via a Joint Leadership Council, seven boards, and multiple committees. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

## VISN 16 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 31, 2005  
**From:** Director, Veterans Integrated Service Network  
**Subject:** **Central Arkansas Veterans Healthcare System**  
**To:** Director, Dallas Audit Operations Division (52DA)

1. Attached is the response to the OIG CAP Site Review of the VA Central Arkansas Veterans Healthcare System (CAVHS) and comments from the Facility Director.
2. I have reviewed and concur with all of the Facility Director's comments.
3. If you have any questions or need additional information, please contact the Staff Assistant to the Network Director at (601)364-7900.

Dr. Robert Lynch

### **VISN 16 Director's Comments to Office of Inspector General's Report**

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

#### **OIG Recommendations**

**Recommendation 1.** We recommend that the VISN Director ensure the Healthcare System Director requires that: (a) differences are reconciled and inventory records are corrected as appropriate, (b) receipts and distributions are recorded promptly, and (c) stock levels are reduced to meet the 30-day supply goal.

Concur                      **Target Completion Date:** Implemented

The network Director concurs with the OIG CAP recommendations. The Network Director will continually monitor progress on the completion of outstanding OIG Recommendations as part of the network quarterly performance report.

**Recommendation 2.** We recommend that the VISN Director ensure the Healthcare System Director requires that (a) all billable fee-basis care is identified and billed and (b) medical care providers adequately document resident supervision and the care provided.

Concur                      **Target Completion Date:** Implemented

The network Director concurs with the OIG CAP recommendations. The Network Director will continually monitor progress on the completion of outstanding OIG Recommendations as part of the network quarterly performance report.



**Recommendation 3.** We recommend that the VISN Director ensure that the Healthcare System Director takes action to develop an organized QM program that will: (a) trend and analyze all data, (b) identify appropriate corrective actions with assigned timeframes and responsibility, and (c) communicate results in a standardized format through designated oversight committees.

Concur **Target Completion Date:** Implemented

The network Director concurs with the OIG CAP recommendations. The Network Director will continually monitor progress on the completion of outstanding OIG Recommendations as part of the network quarterly performance report.

## Healthcare System Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** August 31, 2005  
**From:** Director, Central Arkansas Veterans Healthcare System  
**Subject:** **Central Arkansas Veterans Healthcare System**  
**To:** Director, Dallas Audit Operations Division (52DA)

1. I wish to thank the OIG CAP Survey Team for their professionalism and dedication to ensuring the highest quality healthcare standards for our Nation's veterans. The team worked diligently during the week of May 23-27, 2005 to review selected areas and recommend corrective actions.

2. I concur with the findings and recommendations of the OIG CAP Survey Team.

3. If you have any questions, please contact Casper Nehus, Performance Improvement Manager at (501) 257- 5314.

Timothy P. Shea, FACHE

### **Healthcare System Director's Comments to Office of Inspector General's Report**

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

#### **OIG Recommendations**

**Recommendation 1.** We recommend that the VISN Director ensure the Healthcare System Director requires that: (a) differences are reconciled and inventory records are corrected as appropriate, (b) receipts and distributions are recorded promptly, and (c) stock levels are reduced to meet the 30-day supply goal.

Concur **Target Completion Date:** Implemented

We concur that (a) differences are reconciled and inventory records are corrected as appropriate. A&MMS spot checks inventories on a weekly basis. Discrepancies discovered during these reviews are reconciled and corrected as appropriate. (b) All inventory managers and supply clerks have been reminded that receipts and distributions must be recorded promptly. (c) A&MMS has been working toward the goal of a 30-day level in all established areas. The inventory managers have been reminded to work closely with the appropriate Service to achieve 30-day stock levels where feasible.

**Recommendation 2.** We recommend that the VISN Director ensure the Healthcare System Director requires that (a) all billable fee-basis care is identified and billed and (b) medical care providers adequately document resident supervision and the care provided.

Concur **Target Completion Date:** Implemented

CAVHS concurs that (a) the Central Business Office needs to identify and bill for all billable fee-basis care in a timely manner. Fee Unit and Billing Unit staffs in the Central Business Office identify billable fee-basis care. Fee Unit clerks identify most billable fee-basis claims during the claims process and then, on a daily basis, send claims to Billing Unit staff. Now Billing Unit staff review the Potential Billable Report weekly to ensure the capture of remaining billable fee-basis care.

CAVHS concurs with (b) the OIG assessment that medical care providers adequately document resident supervision and the care provided. Our action plan includes the following:

1. The CAVHS Compliance Steering Committee and Medical Records Subcommittee focus on adequate documentation of resident supervision. The Central Business Office generates a monthly "Reason Not Billable" report highlighting resident supervision trends for the Compliance Steering Committee and clinical service chiefs. The Medical Records Subcommittee provides extensive education to physicians regarding resident supervision documentation requirements. These efforts have led to a dramatic reduction (87%) in the non-billable episodes of care due to inadequate resident supervision documentation since January 2005.
2. Central Business Office coders review potentially billable and a sample of non-billable medical documentation. Inquiries regarding incomplete and missing medical record documentation are sent to clinicians and service level administrative representatives for immediate intervention and response. Staff meetings and other training sessions foster the sharing of trend data within clinical services.

**Recommendation 3.** We recommend that the VISN Director ensure that the Healthcare System Director takes action to develop an organized QM program that will: (a) trend and analyze all data, (b) identify appropriate corrective actions with assigned timeframes and responsibility, and (c) communicate results in a standardized format through designated oversight committees.

Concur

**Target Completion Date:** Implemented

CAVHS concurs that the Healthcare System Director take action to develop an organized QM program that will: (a) trend and analyze all data, (b) identify appropriate corrective actions with assigned timeframes and responsibility, and (c) communicate results in a standardized format through designated oversight committees. The new governance structure at the Central Arkansas Veterans Healthcare System provides a tiered structure of a Joint Leadership Council, seven Boards, and multiple committees that foster the (a) analysis and trending of data, (b) the identification of corrective actions, and (c) the communication of these results. The highest level of the governance structure, the Joint Leadership Council, holds monthly meetings where information from the Board level is shared. Organizational dashboard information and Service Line level dashboard information is shared with senior leadership through discussions held via standing agenda items. Outcomes from these discussions include timelines for implementation, review, or study. Board meetings held monthly also allow for the sharing of information at the service line and committee level through out the organization. Council, board, and committee meeting minutes and agendas follow a standard template. Items with due dates are recognized in the meeting minutes and transfer to the following month's agenda for review, ensuring that issues are tracked to completion.

## Monetary Benefits in Accordance with IG Act Amendments

<u>Recommendation</u>	<u>Explanation of Benefit(s)</u>	<u>Better Use of Funds</u>
1	Reducing stock levels would make funds available for other uses.	\$177,559
2	Ensuring all billable VA and fee-basis care is billed would increase MCCF collections.	24,018
	Total	\$201,577

## OIG Contact and Staff Acknowledgments

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OIG Contact	Michael E. Guier (214) 253-3301
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Acknowledgments	William Bailey
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