



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

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## **Combined Assessment Program Review of the VA Medical Center Marion, Illinois**

## **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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## Contents

	Page
<b>Executive Summary</b> .....	i
<b>Introduction</b> .....	1
Medical Center Profile .....	1
Objectives and Scope of the CAP Review .....	1
<b>Results of Review</b> .....	3
Organizational Strength .....	3
Opportunities for Improvement .....	4
Medical Care Collections Fund .....	4
Supply Inventories Management .....	5
Controls Over Prescription Drugs .....	6
Information Technology Security .....	7
Unliquidated Obligations .....	8
<b>Appendixes</b>	
A. VISN 15 Director Comments .....	9
B. Medical Center Director Comments .....	10
C. Monetary Benefits in Accordance with IG Act Amendments .....	15
D. OIG Contact and Staff Acknowledgments .....	16
E. Report Distribution .....	17

## **Executive Summary**

### **Introduction**

During the week of October 31–November 4, 2005, the Office of Inspector General (OIG) conducted a Combined Assessment Program (CAP) review of the VA Medical Center Marion, IL. The purpose of the review was to evaluate selected medical center operations, focusing on patient care administration, quality management (QM), and financial and administrative controls. During the review, we also provided 3 fraud and integrity awareness briefings to 129 medical center employees. The medical center is part of Veterans Integrated Service Network (VISN) 15.

### **Results of Review**

This CAP review covered 11 areas. The medical center complied with selected standards in six areas:

- Accrued Services Payable
- Colorectal Cancer Management
- Contract Management
- Environment of Care
- Purchase Card Program
- Quality Management Program

Based on our review, we noted the medical center's new streamlined enrollment process as an organizational strength.

We identified five areas that needed management attention. To improve operations, the following recommendations were made:

- Improve Medical Care Collections Fund (MCCF) program results by billing fee basis care and improving medical record documentation.
- Reduce supply inventories to meet the 30-day supply goal.
- Improve security controls over prescription drugs.
- Ensure all computer users receive security awareness training and improve communication closet security.
- Review all outstanding undelivered orders and cancel those no longer needed.

This report was prepared under the direction of Mr. William H. Withrow, Director, and Ms. Lynn A. Scheffner, CAP Review Coordinator, Kansas City Audit Operations Division.

## **VISN 15 and Medical Center Director Comments**

The VISN 15 and Medical Center Directors agreed with the CAP review findings and provided acceptable improvement plans. (See Appendixes A and B, pages 9– 14, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

*(original signed by:)*  
JON A. WOODITCH  
Deputy Inspector General

## Introduction

### Medical Center Profile

**Organization.** Located in Marion, IL, the medical center is a general medicine and surgery facility that provides inpatient and outpatient health care services. Outpatient care is also provided at five community-based outpatient clinics located in Evansville, IN; Effingham and Mt. Vernon, IL; and Hanson and Paducah, KY. The medical center is part of VISN 15 and serves a veteran population of about 131,000 in a primary service area that includes 27 counties in Illinois, 17 counties in Kentucky, and 8 counties in Indiana.

**Programs.** The medical center operates 115 beds—55 inpatient and 60 nursing home care. Programs include primary, specialty, and long term care services; psychiatry; rehabilitation; neurology; oncology; dentistry; and geriatrics. The medical center has sharing agreements with Scott Air Force Base to provide orthopedic and urology services.

**Affiliations.** The medical center is affiliated with Southern Illinois University and supports student nurses, clinical technicians, and social workers.

**Resources.** In fiscal year (FY) 2005, the medical center's medical care budget was \$115 million, 9 percent more than FY 2004 expenditures. FY 2005 staffing was 877 full-time equivalent employees (FTE), including 51.7 physician FTE and 292.9 nursing FTE.

**Workload.** In FY 2005, the medical center treated 40,935 unique patients, with an inpatient care workload totaling 2,441 discharges. The average daily census was 35 inpatients and 59 nursing home care patients, and the outpatient workload was 307,233 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 are to:

- Conduct recurring evaluations of selected health care 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 patient care administration, QM, and general management controls. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of patient care to identify and correct harmful or potentially harmful practices or 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. We also followed up on recommendations in our previous CAP report on the medical center (*Combined Assessment Program Review of the VA Medical Center Marion, Illinois*, Report No. 03-00760-102, May 27, 2003). There were eight findings in the prior report. We found improvements in all these areas, but new issues were found in three areas—MCCF, controlled substances, and information technology security.

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 11 activities:

Accrued Services Payable	Medical Care Collections Fund
Colorectal Cancer Management	Purchase Card Program
Contract Management	Quality Management Program
Controls Over Prescription Drugs	Supply Inventory Management
Environment of Care	Unliquidated Obligations
Information Technology Security	

The review covered medical center operations for FYs 2004 and 2005 and was done in accordance with OIG standard operating procedures for CAP reviews. As part of the review, we interviewed 30 patients to determine their satisfaction with the timeliness of service and the quality of care. The interview results were provided to medical center management.

During the review, we presented three fraud and integrity awareness briefings to medical center employees. These briefings, attended by 129 employees, covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, false claims, conflict of interest, and bribery.

An activity that was noteworthy is recognized in the Organizational Strength section of this report (page 3). Activities needing improvement are discussed in the Opportunities for Improvement section (page 4–8). 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. For the activities not discussed in the Opportunities for Improvement section, there were no reportable conditions.

## Results of Review

### Organizational Strength

Medical center managers identified an opportunity to improve care for veterans by changing key processes for enrolling veterans into the VA system. The Putting Veterans First Team used Baldrige criteria<sup>1</sup> and performance improvement tools such as patient satisfaction survey results, wait time data, advanced clinic access strategies, and flow-fishbone diagrams to identify ways to streamline the process. The team found that veterans had to complete up to 27 steps and visit 3 providers in remote physical locations of the medical center in order to enroll. There was no continuity in the process, and there were no patient education materials to guide veterans through the steps.

In July 2005, the process was centralized to a dedicated clinic in proximity to the business intake/eligibility area, which has an attached waiting room. Patient information packets were developed and staff education was completed on the new streamlined process. Veterans can quickly enroll with three steps and the average wait time for an intake appointment was reduced from 46 days to 21 days.

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<sup>1</sup> Baldrige criteria, developed for the Malcolm Baldrige National Quality Award, can be used by medical facilities to perform self-assessments to identify and share best practices in performance, quality, and health care management.



## Opportunities for Improvement

### Medical Care Collections Fund – Improved Procedures Could Increase Cost Recoveries

**Condition Needing Improvement.** MCCF managers needed to improve procedures for billing fee-basis care. Also, clinical providers needed to improve medical record documentation. The medical center met 95 percent of its FY 2004 MCCF collection goal of \$14.4 million and 95 percent of its FY 2005 goal of \$14.8 million. We estimate additional annual collections of \$82,708 could have been achieved in FY 2005 as discussed below.

Fee-Basis Care. For the 3-month period ending June 30, 2005, the medical center paid 1,521 fee-basis claims totaling \$357,972 to non-VA providers who furnished medical care to patients with health insurance. Payments included claims for both inpatient and outpatient care. We reviewed a sample of 49 fee-basis claims and found that MCCF staff had billed for 13 of these claims. Twenty-six of the remaining 36 claims were not billable because the fee-basis care was for service-connected conditions or the services provided were not covered by the veterans' insurance policies. Ten claims were billable, but Fee Basis staff had not provided MCCF staff with the necessary documentation to bill veterans' insurance carriers for this care. MCCF staff initiated bills for \$66,668 during our review. Beginning in October 2005, MCCF staff implemented new procedures to identify billable fee-basis care.

Medical Records Documentation. The "Reasons Not Billable Report" for the 3-month period ending June 30, 2005, listed 25 cases totaling \$9,633 that were unbilled for 1 of 2 reasons—insufficient or no documentation. We reviewed all 25 cases and found 11 cases were not billable because the care was for service-connected conditions or the services provided were not covered by the veterans' insurance policies. The remaining 14 cases were billable if medical records documentation was adequate and timely as discussed below.

- For three cases, there was no documentation of the clinical care provided in the medical records at the time of our review. MCCF staff needed this documentation to determine the proper codes for billing.
- For 11 cases, providers did not promptly document the episodes of care in the medical records. MCCF staff agreed that there was now sufficient documentation in the medical records to bill these cases, but the records contained insufficient or no documentation when coders completed the initial reviews of these records. Further review showed that the providers entered the documentation late.

The medical center had already started to follow-up on MCCF cases with insufficient or no documentation, and initiated one-on-one training for providers with habitual documentation difficulties. However, improvement was needed to ensure that clinical providers document and sign progress notes for medical treatment provided to patients with third party insurance.

The 14 missed billing opportunities totaled \$3,903. MCCF staff initiated bills for five of these cases during our review, totaling \$1,843. The remaining nine cases were not billable because sufficient documentation could not be obtained or insurance filing deadlines had expired.

Estimated Collections. Medical center staff could enhance revenue collections by billing all fee-basis care and ensuring clinical providers adequately document medical care provided. Based on the medical center's historical collection rate of 29.3 percent, MCCF staff could have increased collections for the 3-month period by \$20,677 [29.3 percent x (\$66,668 + 3,903)]. Annually, MCCF can enhance revenues by \$82,708 (\$20,677 x 4 quarters).

**Recommendation 1.** We recommended that the VISN Director ensure the Medical Center Director takes action to (a) identify and bill all billable episodes of fee-basis care and (b) train clinical providers regarding proper medical record documentation.

The VISN and Medical Center Director agreed with the finding and recommendations. They developed a template to capture all billable episodes of fee-basis care and planned to review it monthly, as well as reviewing information received when closing a fee consult. Utilization Management Staff planned to inform providers about the appropriate clinical documentation expected and will emphasize this requirement when authorizing services. The improvement actions are acceptable, and we will follow up on the planned actions until they are completed.

## **Supply Inventories Management – Inventory Controls Needed Improvement**

**Condition Needing Improvement.** Inventory management staff needed to reduce supply inventories to meet the 30-day supply goal. The Veterans Health Administration (VHA) established a 30-day supply goal, and VHA mandated that facilities use the Generic Inventory Package (GIP) to manage inventories. GIP assists inventory managers in monitoring inventory levels, analyzing usage patterns, and ordering supply quantities necessary to meet current demand.

As of October 2005, inventories in 5 sampled supply primary control points consisted of 1,161 line items valued at \$115,675. To test the accuracy of GIP data and the reasonableness of inventory levels, we reviewed a sample of 50 items valued at \$16,121. We found that GIP data was accurate. For 27 of the 50 items, the stock on hand exceeded

30 days of supply, with inventory levels ranging from 49 days to 4,630 days of supply. For these 27 items, the value of stock exceeding 30 days was \$5,156, or 32 percent of the total value of the 50 sampled items. Applying the 32 percent sample result to the total sampled inventories of \$115,675, we estimated that the value of excess stock was \$37,016.

**Recommendation 2.** We recommended that the VISN Director ensure the Medical Center Director requires that inventory management staff reduce supply inventory levels to meet the 30-day supply goal.

The VISN and Medical Center Director agreed with the finding and recommendation. The Logistics Manager planned to ensure compliance with inventory levels and will ensure necessary supplies are available to meet patient demand. The improvement action is acceptable, and we will follow up on the planned action until it is completed.

## **Controls Over Prescription Drugs – Controls Needed Strengthening**

**Condition Needing Improvement.** VHA policy requires that Pharmacy Service staff have effective controls to safeguard and account for prescription drugs, maintain accountability over all pharmaceuticals, and comply with Drug Enforcement Administration (DEA) regulations for controlled substances. Our review identified four deficiencies.

Annual Wall-to-Wall Inventories. VHA policy requires annual wall-to-wall inventories of pharmaceuticals in order to maintain accountability. These inventories were not conducted prior to April 2005. The Chief, Pharmacy Service, conducted a wall-to-wall inventory in April 2005, but was unaware of the annual requirement before that date.

Segregation of Duties. One Pharmacy Service employee could both order and receive non-controlled pharmaceuticals from the prime vendor. As a result, the employee had the ability to divert pharmaceuticals without detection. Proper segregation of duties for the ordering and receiving of all pharmaceuticals should be implemented when practical. When duties are not segregated, random monitoring should be in place to minimize the opportunity for diversion.

Drug Accountability Software Package. VHA policy requires that medical facilities install and use the Drug Accountability Software Package to maintain a perpetual inventory of all non-controlled substances by no later than May 15, 1998. The medical center had not implemented this software package.

Accountable Officer. VHA policy requires that both an accountable officer and a responsible Pharmacy Service employee witness the receipt of controlled substances orders delivered directly to the pharmacy. The accountable officer must be an individual from Acquisition and Materiel Management Service (A&MMS). At the time of our

review, the accountable officer was a Pharmacy Service employee. Medical center management appointed an A&MMS employee as the accountable officer while we were onsite.

**Recommendation 3.** We recommended that the VISN Director ensure that the Medical Center Director requires: (a) annual wall-to-wall inventories of all pharmaceuticals; (b) proper segregation of duties for ordering and receiving pharmaceuticals when practical, or a process for monitoring of ordering/receiving be in place; (c) implementation of the Drug Accountability Software Package; and (d) appointment of an A&MMS employee as the accountable officer when receiving controlled substances orders.

The VISN and Medical Center Director agreed with the finding and recommendations. They planned to conduct a wall-to-wall inventory in March 2006 and to do random spot checks to monitor non-controlled medications when ordering and receiving duties are not separated. They installed the Drug Accountability Software and appointed an accountable officer. The improvement actions taken are acceptable, and we will follow up on the planned actions until they are completed.

## **Information Technology Security – Improvements Were Needed To Comply with Guidelines and VA Policy**

**Condition Needing Improvement.** The Information Security Officer and Information Resource Management (IRM) Service management needed to improve information technology security by ensuring all computer users receive required computer security awareness training and improving communication closet security.

Computer Security Awareness Training. VA policy requires that all computer users have initial and annual refresher computer security awareness training. In FY 2005, 966 (91 percent) of the 1,058 computer users had completed computer security awareness training. However, the remaining 92 users did not complete the required training. These users included 79 VA employees and 13 non-VA employees, such as volunteers, medical students, and contractors.

Communication Closet Security. VA policy requires that network infrastructure components be stored in secured areas, such as communication closets or locked inside containers, to prevent unauthorized access. Communication closets house network and telecommunications equipment and wiring that support critical communications functions.

Communication closets in the warehouse, boiler room building, and Behavioral Medicine building were not adequately secured. For example, the warehouse communication closet door was left unlocked so warehouse staff could open the door to prevent moisture

from affecting the equipment. Moisture was entering through cracks in the concrete closet floor from a steam pipe leak below the closet.

Access to network equipment and components was not limited to authorized personnel. Engineering Service staff had access to the communication closet, and used it as a storage area for supplies. These unauthorized personnel could access the network equipment and components in the closet.

IRM management took immediate action to correct the communication closet security issues while we were onsite.

**Recommendation 4.** We recommended that the VISN Director ensure that the Medical Center Director requires that (a) all computer users complete computer security awareness training as required and (b) communication closets be secured to protect network infrastructure components and limit access to authorized personnel.

The VISN and Medical Center Director agreed with the finding and recommendations. They reported that all computer users had completed information security awareness training and issued a bulletin reminding them of the annual requirement. They secured the telecommunications closet in the warehouse and Behavioral Medicine. They planned to construct a new closet for Behavioral Medicine by the end of March 2006 and eliminate two other telecommunications closets. The improvement actions are acceptable, and we will follow up on the planned actions until they are completed.

## **Unliquidated Obligations – Undelivered Orders Should be Deobligated**

**Condition Needing Improvement.** VHA policy requires that Fiscal Service staff analyze undelivered orders monthly to determine whether the obligations should be cancelled and the funds reprogrammed. As of September 30, 2005, the medical center had 29 undelivered orders totaling \$93,497 that were more than 90 days old. We reviewed a sample of 15 orders and identified 3 orders (valued at \$13,052) that should have been canceled. Fiscal Service staff overlooked these orders during their monthly analyses.

**Recommendation 5.** We recommended that the VISN Director ensure that the Medical Center Director emphasizes the need to thoroughly review outstanding obligations and cancel obligations that are no longer needed.

The VISN and Medical Center Director agreed with the finding and recommendation. They developed a spreadsheet to track the status of undelivered orders and entered end dates for all construction projects to identify overdue obligations. The improvement action is acceptable, and we will follow up on the planned actions until they are completed.

## VISN 15 Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 27, 2006

**From:** Network Director, VA Heartland Network, VISN 15  
(10N15)

**Subject:** **CAP Review of the VA Medical Center Marion,  
Illinois**

**To:** Director, Kansas City Office of the Inspector General,  
Audit Operations Division (52KC)

Enclosed are comments regarding the draft report for the  
Combined Assessment Program (CAP) Review of the VA  
Medical Center, Marion IL.



Peter L. Almenoff, M.D., FCCP

## Medical Center Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** January 3, 2006

**From:** Director, VA Medical Center Marion, Illinois (657A5/00)

**Subject:** **CAP Review of the VA Medical Center Marion,  
Illinois**

**To:** Network Director, VA Heartland Network, VISN 15  
(10N15)

I concur with the findings contained in this draft report from the OIG CAP visit conducted October 31 to November 4, 2005. Attached are responses with action plans, as appropriate, for the recommendations.

*(original signed by:)*  
Robert D. Morrel

**Medical Center 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 Recommendation(s)**

**Recommendation 1.** We recommended that the VISN Director ensure the Medical Center Director takes action to (a) identify and bill all billable episodes of fee-basis care and (b) train clinical providers regarding proper medical record documentation.

Concur

**Target Completion Date:** February 2006

(a) A Fileman template has been developed and its accuracy is being verified to electronically capture all Fee Authorizations that are processed. This report is being reviewed on a monthly basis to ensure all billable episodes of fee-basis care are being billed to the insurance companies. In addition, we have also requested information on the fireman template utilized by the OIG during their audit to determine if this would be a better tool for identifying our billable fee basis cases.

(b) Providers will be informed of the expectation that appropriate clinical documentation must be received for the payment to be processed. Utilization Management Staff will emphasize this requirement at the time of authorization of services. Utilization Management Staff review information that has been received when closing a fee consult.



**Recommendation 2.** We recommended that the VISN Director ensure the Medical Center Director requires that inventory management staff reduce supply inventory levels to meet the 30-day supply goal.

Concur

**Target Completion Date:** March 2006

The local Logistics Manager will work closely with VISN managers to insure compliance with inventory levels while insuring necessary supplies are available to meet patient needs.

**Recommendation 3.** We recommended that the VISN Director ensure that the Medical Center Director requires: (a) annual wall-to-wall inventories of all pharmaceuticals; (b) proper segregation of duties for ordering and receiving pharmaceuticals when practical, or a process for monitoring of ordering/receiving be in place; (c) implementation of the Drug Accountability Software Package; and (d) appointment of an A&MMS employee as the accountable officer when receiving controlled substances orders.

Concur

**Target Completion Date:** (a) March 2006; (b) January 9, 2006; (c) January 2006; (d) Already completed

(a) The next scheduled annual wall-to-wall inventory will be conducted March 2006 and annually thereafter to comply with VHA policy.

(b) We concur with the recommendation contained in the body of the report which states that "proper segregation of duties for ordering and receiving pharmaceuticals when practical, or a process for monitoring/receiving be in place". We implemented random spots checks on non-controlled medications to prevent diversion.

(c) We are implementing the Drug Accountability Software Package January of 2006 for controlled substances in coordination with our St. Louis counterpart and will proceed with non-controlled substances in coordination with St. Louis.

(d) Completed during onsite visit.

**Recommendation 4.** We recommended that the VISN Director ensure that the Medical Center Director requires that (a) all computer users complete computer security awareness training as required and (b) communication closets be secured to protect network infrastructure components and limit access to authorized personnel.

Concur **Target Completion Date:** (a) FY05 training complete as of 10/31/05 (b) March 31, 2006

(a) Although approximately 90 facility users did not complete annual information security awareness training as of September 30, 2005, all users finished their required training by October 31, 2005. To ensure 100 percent compliance by the end of fiscal year 2006, the medical center has adopted a modified target to have all annual information security training done by July 30, 2006. A Medical Center Bulletin has been issued to all employees concerning the requirement. Over 20 percent of the staff has already completed the training. Training will be tracked by the Information Security Officer and reported monthly to the Information Management Committee.

(b) VAMC Marion, Illinois has taken action to secure the identified telecommunications closets within the facility as follows:

1. Bldg #16 (Warehouse) – Room sealed to prevent future steam leaks from affecting equipment. Complete.
2. Bldg #8 (Behavioral Medicine) – All doors have locks. Locks arranged as allowed by fire code. Construction for a new closet planned for completion by March 31, 2006.
3. Bldg #14 (Boiler Plant) – Work order issued to contractor to remove data switch and rewire data connections to eliminate this closet. In progress will be complete by January 31, 2006.
4. Purchase & Hire Trailer (Engineering Service Staff) - Work order issued for contractor to remove the switch and rewire data connections to eliminate this closet. In progress will be complete by January 31, 2006.

The medical center's Information Management Committee will monitor the open telecommunications action items until resolution.

**Recommendation 5.** We recommended that the VISN Director ensure that the Medical Center Director emphasizes the need to thoroughly review outstanding obligations and cancel obligations that are no longer needed.

Concur

**Target Completion Date:** January 2006

A spreadsheet has been developed for communication purposes to assist in tracking the status of our obligations which will be reviewed monthly and closed as appropriate. An end date has also been entered for all construction projects to ensure that they are properly identified if they are overdue.

## Monetary Benefits in Accordance with IG Act Amendments

<u>Recommendation</u>	<u>Explanation of Benefit(s)</u>	<u>Better Use of Funds</u>
1	Improve MCCF collections.	\$ 82,708
2	Reduce supply inventories to 30-day levels.	37,016
5	Cancel unneeded obligations.	<u>13,052</u>
	Total	\$ 132,776

## OIG Contact and Staff Acknowledgments

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