



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

Office of Healthcare Inspections

Report No. 11-03655-213

**Community Based Outpatient
Clinic Reviews
Mission, Pierre, and
Rapid City, SD**

July 3, 2012

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

ADA	Americans with Disabilities Act
BI-RADS	Breast Imaging Reporting and Data System
C&P	credentialing and privileging
CBOC	community based outpatient clinic
CPRS	Computerized Patient Record System
DM	Diabetes Mellitus
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
HCS	Health Care System
HF	heart failure
MEC	Medical Executive Committee
MH	mental health
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PII	personally identifiable information
PNM	price negotiation memoranda
Qtr	quarter
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

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Executive Summary

Purpose: We conducted an inspection of three CBOCs during the week of February 20, 2012. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
23	VA Black Hills HCS	Mission
		Pierre
		Rapid City
Table 1. Sites Inspected		

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

VA Black Hills HCS

- Ensure screening guidelines regarding universal foot checks are established in accordance with VHA policy.
- Ensure Mission, Pierre, and Rapid City CBOC clinicians document education of foot care to diabetic patients in CPRS.
- Ensure clinicians at the Mission and Pierre CBOCs document a complete foot screening for diabetic patients in CPRS.
- Ensure Mission, Pierre, and Rapid City CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.
- Ensure that all mammogram results are documented using the BI-RADS code categories at the Pierre CBOC.
- Establish a process to ensure that patients with normal mammogram results are notified of results within the allotted timeframe and that notification is documented in the medical record at the Pierre and Rapid City CBOCs.
- Ensure criteria for the FPPE process is defined in advance, accepted by the practitioner, and that FPPE results are reported to the MEC as part of the privileging process at the Rapid City CBOC.
- Ensure that OPPE results are reported to the MEC for review and that minutes reflect the documents reviewed and the rationale for re-privileging practitioners at the Pierre and Rapid City CBOCs.
- Ensure that provider privileges at the Mission, Pierre, and Rapid City CBOCs are based in part on the results of OPPE data.

- Ensure that aggregated data is utilized during the providers' re-privileging processes at the Mission and Rapid City CBOCs.
- Ensure cleaning supplies at the Mission CBOC are stored in a locked room.
- Ensure the Mission CBOC maintains patient privacy in the examination rooms.
- Ensure the Pierre CBOC secures patients' PII.
- Ensure that managers adhere to the facility EOC policy at the Mission, Pierre, and Rapid City CBOCs.
- Ensure that all identified EOC deficiencies are tracked, trended, and corrected at the Mission, Pierre, and Rapid City CBOCs.
- Ensure managers develop a local policy for medical and MH emergencies that reflects current practices and capabilities at the Mission and Pierre CBOCs.
- Ensure all invoiced rates comply with contract rates.
- Ensure the contract includes a price schedule for all services to be performed by the contractor including ancillary services and special immunizations.
- Ensure all payments are supported by an invoice, which lists the unit price, description, and quantity of services provided.
- Ensure all negotiated contracts are supported by PNM as required by VA Directive 1663.
- Ensure all invoice charges are validated before payment is issued.
- Ensure that a process is developed that includes reliance on VA data to identify the types of service provided by the contractor and the correlating payment.
- Determine if overpayments were made and pursue collection of any overpaid amounts.
- Ensure the contract specifies all negotiated price agreements between VA and the contractor.
- Ensure invoices and supporting documentation prepared by the contractor are fully validated by VA using VA data for the billable roster.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes B-C,

pages 18-28, for full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

A handwritten signature in black ink that reads "John D. Daigh, Jr., M.D." The signature is written in a cursive style.

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

Objectives and Scope

Objectives. The purpose of this review is to:

- Evaluate the extent CBOCs have implemented the management of DM–Lower Limb Peripheral Vascular Disease in order to prevent lower limb amputation.
- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²
- Determine whether primary care and MH services provided at contracted CBOCs are in compliance with the contract provisions and evaluate the effectiveness of contract oversight provided by VA.

Scope. The review topics discussed in this report include:

- Management of DM–Lower Limb Peripheral Vascular Disease
- Women's Health
- HF Follow-Up
- C&P
- Environment and Emergency Management
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-03653-283 *Informational Report Community Based Outpatient Clinic Cyclical Report FY 2012*, September 20, 2011. This report is available at:

<http://www.va.gov/oig/publications/reports-list.asp>.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	Mission	Pierre	Rapid City
VISN	23	23	23
Parent Facility	VA Black Hills HCS	VA Black Hills HCS	VA Black Hills HCS
Type of CBOC	Contract	Contract	VA
Number of Uniques, ³ FY 2011	159	1,646	5,649
Number of Visits, FY 2011	440	7,350	30,671
CBOC Size ⁴	Small	Mid-size	Large
Locality	Rural	Rural	Urban
FTE PCP	0.2	1.76	3.47
FTE MH Providers	0	0.8	5.15
Types of Providers	Physician Assistant	Licensed Clinical Social Worker Primary Care Provider	Licensed Clinical Social Worker Physician Assistant Primary Care Provider Psychiatrist Psychologist
Specialty Care Services Onsite	No	No	Yes
Tele-Health Services	None	Tele-Cardiology Tele-Mental Health Tele-MOVE Tele-Pharmacy	Tele-Cardiology Tele-Mental Health Tele-MOVE
Ancillary Services Provided Onsite	Electrocardiogram Laboratory	Laboratory	Electrocardiogram Laboratory Pharmacy

Table 2. CBOC Characteristics

³ <http://vaww.pssg.med.va.gov/>

⁴ Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

Mental Health CBOC Characteristics

Table 3 displays the MH Characteristics for each CBOC reviewed.

	Mission	Pierre	Rapid City
Provides MH Services	No	Yes	Yes
Number of MH Uniques, FY 2011	0	188	1,665
Number of MH Visits	0	901	14,311
General MH Services	NA	Diagnosis & Treatment Plan	Diagnosis & Treatment Plan Medication Management Psychotherapy Post Traumatic Stress Disorder Military Sexual Trauma
Specialty MH Services	NA	Consult & Treatment	Consult & Treatment Psychotherapy Mental Health Intensive Case Management Psychosocial Rehabilitation Peer Support Social Skills Post Traumatic Stress Disorder Teams Military Sexual Trauma Clinics Homeless Programs Substance Use Disorder
Tele-Mental Health	No	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility Contract
Table 3. MH Characteristics for CBOCs			

Results and Recommendations

Management of DM–Lower Limb Peripheral Vascular Disease

VHA established its Preservation-Amputation Care and Treatment Program in 1993 to prevent and treat lower extremity complications that can lead to amputation. An important component of this program is the screening of at-risk populations, which includes veterans with diabetes. Table 4 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	The parent facility has established a Preservation-Amputation Care and Treatment Program. ⁵
Mission Pierre Rapid City	The CBOC has developed screening guidelines regarding universal foot checks.
	The CBOC has developed a tracking system to identify and follow patients at risk for lower limb amputations.
	The CBOC has referral guidelines for at-risk patients.
Mission Pierre Rapid City	The CBOC documents education of foot care for patients with a diagnosis of DM. ⁶
Mission Pierre	There is documentation of foot screening in the patient's medical record.
Mission Pierre Rapid City	There is documentation of a foot risk score in the patient's medical record.
	There is documentation that patients with a risk assessment Level 2 or 3 received therapeutic footwear and/or orthotics.
Table 4. DM	

VISN 23, VA Black Hills HCS – Mission, Pierre, and Rapid City

Screening Guidelines. The Mission, Pierre, and Rapid City CBOCs did not establish screening guidelines regarding universal foot checks. VHA policy⁷ requires screening guidelines regarding universal foot checks be developed and utilized by all clinicians providing principal care to patients at risk for amputation.

Foot Care Education. The Mission CBOC clinicians did not document foot care education for 13 of 18 diabetic patients in CPRS. The Pierre CBOC clinicians did not document foot care education for 22 of 29 diabetic patients in CPRS. The Rapid City

⁵ VHA Directive 2006-050, *Preservation Amputation Care and Treatment (PACT) Program*, September 14, 2006.

⁶ VA/DoD Clinical Practice Guideline, *Management of Diabetes Mellitus (DM)*, August 2010.

⁷ VHA Directive 2006-050.

CBOC clinicians did not document foot care education for 21 of 30 diabetic patients in CPRS.

Foot Screenings. We did not find a complete foot screening (foot inspection, circulation check, and sensory testing) for 7 of 18 diabetic patients at the Mission CBOC and 3 of 29 diabetic patients at the Pierre CBOC.

Risk Level Assessment. The Mission CBOC clinicians did not document a risk level for all 18 diabetic patients in CPRS. The Pierre CBOC clinicians did not document a risk level for all 29 diabetic patients in CPRS. The Rapid City CBOC clinicians did not document a risk level for all 30 diabetic patients in CPRS. VHA policy⁸ requires identification of high-risk patients with a risk level, based upon foot risk factors that would determine appropriate care and/or referral.

Recommendation 1. We recommended that screening guidelines regarding universal foot checks are established in accordance with VHA policy.

Recommendation 2. We recommended that the Mission, Pierre, and Rapid City CBOC clinicians document education of foot care to diabetic patients in CPRS.

Recommendation 3. We recommended that the Mission and Pierre CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

Recommendation 4. We recommended that the Mission, Pierre, and Rapid City CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Women's Health Review

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.⁹ Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions.¹⁰ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

⁸ VHA Directive 2006-050.

⁹ American Cancer Society, *Cancer Facts & Figures* 2009.

¹⁰ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

Noncompliant	Areas Reviewed
	Patients were referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
Pierre	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ¹¹
	The ordering VHA provider or surrogate was notified of results within a defined timeframe.
Pierre Rapid City	Patients were notified of results within a defined timeframe.
	The facility has an established process for tracking results of mammograms performed off-site.
	Fee Basis mammography reports are scanned into VistA.
	All screening and diagnostic mammograms were initiated via an order placed into the VistA radiology package. ¹²
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 5. Mammography	

VISN 23, VA Black Hills HCS – Mission, Pierre, and Rapid City

There were a total of 26 patients who had mammograms done on or after June 1, 2010. There were 4 patients who received mammograms at the Pierre CBOC and 22 patients at the Rapid City CBOC. No patients at the Mission CBOC met the criteria for this review.

Documentation of Results. Mammogram results were not documented using the American College of Radiology's BI-RADS code categories in two of four records reviewed at the Pierre CBOC.

Patient Notification of Normal Mammography Results. We reviewed medical records of patients at the Pierre and Rapid City CBOCs who had normal mammography results and determined that 1 of 2 patients at Pierre and 18 of 22 patients at Rapid City were not notified within the required timeframe of 14 days.

Recommendation 5. We recommended that the managers at the Pierre CBOC ensure that all mammogram results are documented using the BI-RADS code categories.

Recommendation 6. We recommended that the Pierre and Rapid City CBOCs establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

¹¹ The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

¹² VHA Handbook 1330.01.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹³ Table 6 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) There was evidence of primary source verification for each provider's license.
	(2) Each provider's license was unrestricted.
	(3) New Provider:
	a. Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	b. FPPE was initiated.
	c. Timeframe for the FPPE was clearly documented.
	d. The FPPE outlined the criteria monitored.
	e. The FPPE was implemented on first clinical start day.
Rapid City	f. The FPPE results were reported to the medical staff's Executive Committee.
	(4) Additional New Privilege:
Rapid City	a. Prior to the start of a new privilege, criteria for the FPPE were developed.
Rapid City	b. There was evidence that the provider was educated about FPPE prior to its initiation.
Rapid City	c. FPPE results were reported to the medical staff's Executive Committee.
	(5) FPPE for Performance:
	a. The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	b. A timeframe for the FPPE was clearly documented.
	c. There was evidence that the provider was educated about FPPE prior to its initiation.
	d. FPPE results were reported to the medical staff's Executive Committee.
Pierre Rapid City	(6) The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	(7) Privileges granted to providers were facility, service, and provider specific. ¹⁴

¹³ VHA Handbook 1100.19.

¹⁴ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
Mission Pierre	(8) The determination to continue current privileges were based in part on results of OPPE activities.
Mission Rapid City	(9) The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measures.
Mission Rapid City	(10) Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	(11) Scopes of practice were facility specific.
Table 6. C&P	

VISN 23, VA Black Hills HCS – Mission, Pierre, and Rapid City

FPPE. We found that the FPPE results for one newly hired physician at the Rapid City CBOC were not documented in the provider’s profile or reported to the MEC.

Additionally, we reviewed the FPPEs of two physicians who requested a new privilege at the Rapid City CBOC. We did not find evidence of specific criteria, documentation of provider acceptance, and documentation of results reported to the MEC for one physician. VHA policy¹⁵ requires that criteria for the FPPE process be defined in advance using objective criteria and accepted by the practitioner. Results of FPPEs must be documented in the practitioner’s provider profile and reported to the MEC for consideration in making the recommendation on privileges.¹⁶

Documentation of Privileging. We found that the Credentialing Committee and MEC minutes did not include documentation to support committee decisions for privileging one of two practitioners at the Pierre CBOC and two of three practitioners at the Rapid City CBOC. VHA policy¹⁷ requires that the request for privileges, along with the credentialing committee’s recommendation, be submitted to the MEC for review and that committee minutes reflect the documents reviewed and the rationale for the stated conclusion.

OPPE. We found that the facility’s established factors used to evaluate providers’ OPPE results, such as clinical pertinence reviews and performance measure compliance, were not utilized for one provider re-privileged at the Mission CBOC and two of three providers re-privileged at the Rapid City CBOC. Additionally, we found that the current privileges for the provider at the Mission CBOC and one of two providers at the Pierre CBOC were not based in part on the results of OPPE data. VHA policy¹⁸ requires that provider privileges are based in part on the results of the OPPE.

¹⁵ VHA Handbook 1100.19.

¹⁶ VHA Handbook 1100.19.

¹⁷ VHA Handbook 1100.19.

¹⁸ VHA Handbook 1100.19.

Aggregated Data. We found that provider-specific data for the one provider at the Mission CBOC and two of three providers at the Rapid City CBOC were not compared to aggregated data of providers with the same or comparable privileges. VHA policy¹⁹ requires that relevant practitioner-specific data is compared to aggregated data of privileged practitioners who hold the same or comparable privileges.

Recommendation 7. We recommended that the criteria for the FPPE process is defined in advance, accepted by the practitioner, and that FPPE results are reported to the MEC as part of the privileging process at the Rapid City CBOC.

Recommendation 8. We recommended that OPPE results are reported to the MEC for review and that minutes reflect the documents reviewed and the rationale for re-privileging practitioners at the Pierre and Rapid City CBOCs.

Recommendation 9. We recommended that provider privileges at the Mission, Pierre, and Rapid City CBOCs are based in part on the results of OPPE data.

Recommendation 10. We recommended that aggregated data is utilized during providers' re-privileging processes at the Mission and Rapid City CBOCs.

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramp meets ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC restrooms meet ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
Mission	The patient care area is safe.
	The CBOC has a process to identify expired medications.
	Medications are secured from unauthorized access.
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Mission	Privacy is maintained.
	Information technology security rules are adhered to.

¹⁹ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
Pierre	Patients' PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
	There is evidence of an annual fire and safety inspection.
	Fire extinguishers are easily identifiable.
	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
Mission Pierre Rapid City	The CBOC is included in facility-wide EOC activities.
Table 7. EOC	

VISN 23, VA Black Hills HCS – Mission, Pierre, and Rapid City

Environmental Safety. We found an unlocked utility room in the patient care area at the Mission CBOC. The room contained cleaning supplies that should be restricted from public access. The Joint Commission requires that safety and security risks in the environment are minimized or eliminated.²⁰

Patient Privacy. At the Mission CBOC, three examination rooms required privacy curtains because the foot of the examining tables faced the door. VHA policy²¹ requires that patient dignity and privacy must be maintained at all times during the course of a physical examination.

PII. At the Pierre CBOC, paper medical records were found in an unrestricted, unmonitored staff work area. We observed two patients walking through the staff work area where the paper medical records were kept. Patient health information is required to be protected from unauthorized disclosure.²²

EOC Rounds. EOC rounds have not been conducted according to facility policy at the Mission, Pierre, and Rapid City CBOCs. Required disciplines were not represented during the EOC rounds and documentation of rounds was inconsistent with facility policy at the Mission, Pierre, and Rapid City CBOCs.

EOC rounds did not occur semi-annually at the Mission and Pierre CBOCs. Additionally, the deficiencies identified at the Mission, Pierre, and Rapid City CBOCs have not been tracked and trended as required by facility policy; therefore, we were unable to assure that the identified deficiencies were corrected.

²⁰ Joint Commission Standard, EC.02.01.01, EP3.

²¹ VHA Handbook 1330.01.

²² Health Insurance Portability and Accountability Act of 1996.

Recommendation 11. We recommended that cleaning supplies at the Mission CBOC are stored in a locked room.

Recommendation 12. We recommended that the Mission CBOC ensures patient privacy in the examination rooms.

Recommendation 13. We recommended that the Pierre CBOC secures patients' PII.

Recommendation 14. We recommended that managers adhere to the facility EOC policy at the Mission, Pierre, and Rapid City CBOCs.

Recommendation 15. We recommended that all identified EOC deficiencies are tracked, trended, and corrected at the Mission, Pierre, and Rapid City CBOCs.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.²³ Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
Mission Pierre	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
Mission	There is a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.

Table 8. Emergency Management

VISN 23, VA Black Hills HCS – Mission and Pierre

Local Emergency Management Plan. The Mission CBOC staff reported use of overhead paging and a code word when responding to medical and MH emergencies; however, the local Mission CBOC policy does not include this process.

At the Mission and Pierre CBOCs, staff reported they are trained in cardiopulmonary resuscitation and automated external defibrillator use; however, the medical emergency policy does not include these interventions. Although staff has cardiopulmonary resuscitation with AED competency, it is not reflected in the local policy. VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are managed.

²³ VHA Handbook 1006.1.

Recommendation 16. We recommended that managers develop a local policy for medical and MH emergencies that reflects current practice and capabilities at the Mission and Pierre CBOCs.

HF Follow-Up

The VA provides care for over 212,000 patients with HF. Nearly 24,500 of these patients were hospitalized during a 12-month period during FYs 2010 and 2011. The purpose of this review is to evaluate the continuity of care for enrolled CBOC patients discharged from the parent facility in FY 2011 with a primary discharge diagnosis of HF. The results of this topic review are reported for informational purposes only. After the completion of the FY 2012 inspection cycle, a national report will be issued detailing cumulative and comparative results for all CBOCs inspected during FY 2012. The results of our review of the selected CBOCs discussed in this report are found in Appendix A.

CBOC Contract

We conducted reviews of primary care performed at the Mission and Pierre CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. MH services are provided by VA at the Pierre CBOC. Patients needing MH services at the Mission CBOC are referred to the Rosebud Tribal Veterans Clinic, which is approximately 30 miles away; and veterans with urgent MH needs are referred to a local hospital.

Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for 3rd Qtr, FY 2011.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
Mission Pierre	b. Rate and frequency of payment.
Mission	c. Invoice format.
	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Mission	(2) Technical review of contract, modifications, and extensions.
Mission Pierre	(3) Invoice validation process.
	(4) The Contracting Officer's Technical Representative designation and training.
	(5) Contractor oversight provided by the Contracting Officer's Technical Representative.

Noncompliant	Areas Reviewed (continued)
	(6) Timely access to care (including provisions for traveling veterans).
	a. Visiting patients are not assigned to a provider panel in Primary Care Management Module.
	b. The facility uses VistA's "Register Once" to register patients who are enrolled at other facilities.
	c. Referral Case Manager assists with coordination of care for traveling veterans.
Table 9. Review of Primary Care and MH Contract Compliance	

VISN 23, VA Black Hills HCS – Mission

Rate and Frequency of Payment. VA paid the contractor at a rate that was \$8 less than the rate specified in the contract. This resulted in \$900 of underpayments during the 3-month review period and an estimated \$3,600 of annualized underpayments.

The contract allows additional payment for ancillary services and special immunizations but does not include a fee schedule to document the reimbursement rates. VA was unable to provide a copy of any documentation to support that rate being paid for these services. A documented fee schedule would clearly communicate agreed upon rates and could prevent potential billing disputes or confusion related to these services.

Invoice Format. The invoice does not include the rate and description of the services provided as required by the contract. VA does not receive a hard copy of the invoice. A spreadsheet is received that has a list of patients, dates of service, and charges that are not at the contracted rate. VA receives a list of ancillary charges with no description of what services were provided. The contract requires that the ancillary charges be invoiced separately, which was not done.

Technical Review. There is no PNM to explain how rates were determined and why the contract is based on a per visit price instead of a capitated rate. The contract cites Centers for Medicare and Medicaid Services' fee schedules as the basis for payment rates. However, the contract rate for primary care services is approximately 28 percent higher than published rates for the CBOC's locality.

The PNM is required by VA Directive 1663 and typically describes rate negotiations and the rationale for procurement decisions. The completion of a price negotiation memorandum is an important step that helps ensure that VA considers local market factors and determines the best value when awarding a contract.

Invoice Validation Process. The duties of invoice preparation and validation are not properly segregated. The contractor prepares a list of patients to be billed, but VA prepares the invoice by manually adding the contracted rate which varies based on the type of service provided. The same person validates the invoice by manually comparing the contractor's patient list to a list generated in VistA (a VA software application that stores patient medical record data) but does not verify the type of

service provided. These actions by VA make the contractor unaccountable for invoiced charges and could lead to overpayment if VA adds the incorrect rate to the invoice. The risk for error, fraud, waste, and abuse increases because the preparation and approval functions are not separated.

Recommendation 17. We recommended that the Facility Director ensures that all invoiced rates comply with contract rates.

Recommendation 18. We recommended that the Facility Director ensures that the contract includes a price schedule for all services to be performed by the contractor including ancillary services and special immunizations.

Recommendation 19. We recommended that the Facility Director ensures that all payments are supported by an invoice which lists the unit price, description, and quantity of services provided.

Recommendation 20. We recommended that the Facility Director ensures that all negotiated contracts are supported by PNM as required by VA Directive 1663.

Recommendation 21. We recommended that the Facility Director ensures that all invoice charges are validated before payment is issued.

Recommendation 22. We recommended that the Facility Director ensures that a process is developed that includes reliance on VA data to identify the types of service provided by the contractor and the correlating payment.

VISN 23, VA Black Hills HCS – Pierre

Rate and Frequency of Payment. VA paid the contractor an additional fee for routine lab services that were included in the monthly capitated rate. These services appear on the invoice as “out of contract work” and include blood work, glucose assays, and specimen handling. This resulted in \$3,000 of overpayments during the 3-month review period and an estimated \$12,000 of annualized overpayments. The facility stated that VA and the contractor reached an agreement to pay separately for routine lab fees but did not provide written evidence to support this deviation from the contract.

Invoice Validation Process. VA’s invoice validation process does not use VA data to confirm the accuracy of the monthly billable roster. The billable roster is updated by the contractor based on the contractor’s records of patient visits. VA did not verify that each patient on the roster has received a comprehensive office visit. The contractor’s billable roster included eight incomplete and five duplicate social security numbers, as well as several patients that were missing from the roster. We did not find any evidence of overpayments; however, an inefficient validation process increases the risk of billing errors and overpayments.

Recommendation 23. We recommended that the Facility Director determines if overpayments were made and pursue collection of any overpaid amounts.

Recommendation 24. We recommended that the Facility Director ensures that the contract specifies all negotiated price agreements between VA and the contractor.

Recommendation 25. We recommended that the Facility Director ensures that the invoices and supporting documentation prepared by the contractor are fully validated by VA using VA data for the billable roster.

HF Follow-Up Results

Areas Reviewed			
CBOC Processes			
<i>Guidance</i>	<i>Facility</i>	<i>Yes</i>	<i>No</i>
The CBOC monitors HF readmission rates.	VA Black Hills HCS		
	Mission CBOC		X
	Pierre CBOC		X
	Rapid City CBOC		X
The CBOC has a process to identify enrolled patients that have been admitted to the parent facility with a HF diagnosis.	VA Black Hills HCS		
	Mission CBOC		X
	Pierre CBOC		X
	Rapid City CBOC		X
Medical Record Review Results			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
There is documentation in the patients' medical records that communication occurred between the inpatient and CBOC providers regarding the HF admission.	VA Black Hills HCS		
	Mission CBOC	NA*	NA
	Pierre CBOC	NA*	NA
	Rapid City CBOC	4	6
A clinician documented a review of the patients' medications during the first follow-up primary care or cardiology visit.	VA Black Hills HCS		
	Mission CBOC	NA	NA
	Pierre CBOC	NA	NA
	Rapid City CBOC	3	3
A clinician documented a review of the patients' weights during the first follow-up primary care or cardiology visit.	VA Black Hills HCS		
	Mission CBOC	NA	NA
	Pierre CBOC	NA	NA
	Rapid City CBOC	3	3

HF Follow-Up Results

Medical Record Review Results (continued)			
<i>Guidance</i>	<i>Facility</i>	<i>Numerator</i>	<i>Denominator</i>
A clinician documented a review of the patients' restricted sodium diet during the first follow-up primary care or cardiology visit.	VA Black Hills HCS		
	Mission CBOC	NA	NA
	Pierre CBOC	NA	NA
	Rapid City CBOC	2	3
A clinician documented a review of the patients' fluid intakes during the first follow-up primary care or cardiology visit.	VA Black Hills HCS		
	Mission CBOC	NA	NA
	Pierre CBOC	NA	NA
	Rapid City CBOC	0	3
A clinician educated the patient, during the first follow-up primary care or cardiology visit, on key components that would trigger the patients to notify their providers.	VA Black Hills HCS		
	Mission CBOC	NA	NA
	Pierre CBOC	NA	NA
	Rapid City CBOC	2	3

*There were no patients at the Mission and Pierre CBOCs that met the criteria for this informational topic review.

VISN 23 Director Comments

Department of
Veterans Affairs

Memorandum

Date: June 15, 2012

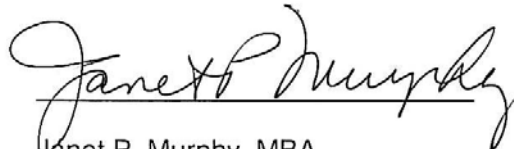
From: Director, VISN 23 (10N23)

Subject: **CBOC Reviews: Mission, Pierre, and Rapid City, SD**

To: Director, 54SE Healthcare Inspections Division (54SE)
Director, Management Review Service (VHA 10A4A4)

I concur with VA Black Hills HCS response to the CBOC Reviews: Mission, Pierre, and Rapid City, SD conducted February 22-24, 2012.

If you have any questions, you may contact the Director at VA Black Hills Health Care System at (605)-347-2511 Extension 7170.



Janet P. Murphy, MBA

VA Black Hills HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: June 15, 2012
From: Director, VA Black Hills HCS (568/00)
Subject: **CBOC Reviews: Mission, Pierre, and Rapid City, SD**
To: Director, VISN 23 (10N23)

Attached please find our response to the CBOC Reviews: Mission, Pierre, and Rapid City, SD conducted February 22-24, 2012.

If you have any questions, you may contact the Director at VA Black Hills Health Care System at (605) 347-2511 Extension 7170.



Stephen R. DiStasio, FACHE
Director

Comments to Office of Inspector General's Report

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

OIG Recommendations

Recommendation 1. We recommended that screening guidelines regarding universal foot checks are established in accordance with VHA policy.

Concur:

Action Plan: Screening Guidelines for universal foot checks were established at the BHHCS by implementing a "VISN 23 Diabetic Foot Exam" electronic clinical reminder on March 16, 2012. This information was communicated to all clinical staff, including all CBOC's. This clinical reminder includes foot exam findings, provides a "Foot Risk Score" and documents education provided to the patient.

Target date for completion: Completed

Recommendation 2. We recommended that the Mission, Pierre, and Rapid City CBOC clinicians document education of foot care to diabetic patients in CPRS.

Concur:

Action Plan: The electronic clinical reminder "VISN 23 Diabetic Foot Exam" has been developed for use by clinicians caring for diabetic patients. All clinical staff have been educated on the use of this clinical reminder. A monthly audit of the electronic medical records (CPRS) of diabetic patients at the Mission, Pierre, and Rapid City CBOCs was initiated on April 1, 2012 to assess provider compliance with completing the foot care clinical reminder. Documented completion of the clinical reminder will be monitored at each CBOC until three consecutive months reflect that at least 90% of the eligible diabetic patients at that CBOC have received the foot care education as per VHA Directive 2006-050.

Performance will be reported to the Organizational Improvement Department to the ACOS/Primary Care and Nursing Management with oversight by the Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 3. We recommended that the Mission and Pierre CBOC clinicians document a complete foot screening for diabetic patients in CPRS.

Concur:

Action Plan: Documentation of complete foot screening for diabetic patients through the use of the "VISN 23 Diabetic Foot Exam" electronic clinical reminder will be monitored on a monthly basis for Mission, Pierre, and Rapid City beginning April 1, 2012 until three consecutive months meet and reflect performance equal to or greater than 90%. Performance Goal will be 90% completion at each CBOC under review.

Performance will be reported through the Organizational Improvement Department to the ACOS/Primary Care and Nursing Management with oversight by the Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 4. We recommended that the Mission, Pierre, and Rapid City CBOC clinicians document a risk level for diabetic patients in CPRS in accordance with VHA policy.

Concur:

Action Plan: Completion of documentation of a risk level for diabetic patients by clinicians through the use of the "VISN 23 Diabetic Foot Exam" electronic clinical reminder will be monitored on a monthly basis for Mission, Pierre, and Rapid City beginning April 1, 2012 until three consecutive months demonstrates performance equal to or greater than 90%. Performance Goal will be 90% completion at each CBOC under review.

Performance will be reported through the Organizational Improvement Department to the ACOS/Primary Care and Nursing Management with oversight by the Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 5. We recommended that the managers at the Pierre CBOC ensure that all mammogram results are documented using the BI-RADS code categories.

Concur:

Action Plan: The VA BHHCS will develop an SOP to be employed by the Diagnostics manager that also oversees CBOC radiologic procedures to ensure that 100% of mammogram results are documented using the BI-RADS code categories. Once the process is defined, the 3-month audit can begin. VA BHHCS will monitor 100% of all mammography studies from Pierre CBOC until three consecutive months demonstrate performance equal to 100%. The Pierre CBOC mammography provider will be notified by VA BHHCS of any non-compliance.

The Diagnostics Committee is responsible for action based on performance with oversight by Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 6. We recommended that the Pierre and Rapid City CBOCs establish a process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record.

Concur:

Action Plan: An SOP is being developed that defines the process to ensure that patients with normal mammograms are notified of results within the allotted timeframe and that notification is documented in the medical record. The mammography tracking system process was strengthened to include monitoring of timeliness of results. The process for mammography tracking is the responsibility of the Women Veterans Program Manager. Education regarding mammogram notification timeliness and documentation requirement was completed for CBOC providers.

Measurement of success: A monthly audit of patient medical records is being conducted to assess for provider compliance with the 14-day notification/documentation requirements. The goal is 100% for three consecutive months.

Clinical Executive Council is providing oversight of completion of timely notification of mammography results.

Target date for completion: July 15, 2012

Recommendation 7. We recommended that the criteria for the FPPE process is defined in advance, accepted by the practitioner, and that FPPE results are reported to the MEC as part of the privileging process at the Rapid City CBOC.

Concur:

Action Plan: The FPPE process has been revised and the forms have been updated. The Service Chief communicates the FPPE to the provider in advance and both the Service Chief and provider sign and date the FPPE form. The signed FPPE is reviewed by the Executive Committee of the Medical Staff (ECMS) and documented in the ECMS minutes.

A monthly report is being developed that will include data on a) FPPE due dates and b) completion dates. The auditing process will be ongoing to ensure 100% compliance.

The Clinical Executive Council will oversee the action plan and minutes.

Target date for completion: July 1, 2012

Recommendation 8. We recommended that OPPE results are reported to the MEC for review and that minutes reflect the documents reviewed and the rationale for re-privileging practitioners at the Pierre and Rapid City CBOCs.

Concur:

Action Plan: The Credentialing Coordinator, Service Chiefs, and members of the Executive Committee of the Medical Staff (ECMS) have been educated that the minutes of the ECMS meetings should document: a) a review of the provider's OPPE and other documents that support the privileges being requested, and b) articulation of a rationale for re-privileging the provider.

The ECMS minutes will be reviewed by the Clinical Executive Council monthly to ensure compliance with the expected contents.

Target date for completion: July 1, 2012

Recommendation 9. We recommended that provider privileges at the Mission, Pierre, and Rapid City CBOCs are based in part on the results of OPPE data.

Concur:

Action Plan: OPPE forms and data have been revised to be provider specific. Results of the OPPE are discussed and reviewed by the Executive Committee of the Medical Staff at the time of renewal. The new privilege forms and OPPE data for Pierre, Mission, and Rapid City will be taken to the June 25, 2012 Executive Committee of the Medical Staff.

The Clinical Executive Council will oversee the action plan and minutes.

Target date for completion: July 1, 2012

Recommendation 10. We recommended that aggregated data is utilized during providers' re-privileging processes at the Mission and Rapid City CBOCs.

Concur:

Action Plan: The OPPE forms have been revised to be provider specific and to require comparison of provider performance data to aggregated performance data of comparable peers. The OPPE is reviewed and discussed by the Executive Committee of the Medical Staff at the time of renewal.

The Clinical Executive Council will oversee the action plan and minutes. The ECMS minutes will be reviewed by the Clinical Executive Council monthly to ensure compliance with the expected contents.

Target date for completion: July 1, 2012

Recommendation 11. We recommended that cleaning supplies at the Mission CBOC are stored in a locked room.

Concur:

Action Plan: Corrective action for this recommendation was put in place prior to the completion of the OIG Mission CBOC review. The supply room is now kept locked at all times. An auditing process will be developed and will be validated by the VA BHHCS for compliance at the time of site visits. This will be monitored monthly to ensure cleaning supplies are secured until 3 months of compliance has occurred and then will be monitored on scheduled site visits for ongoing compliance.

Target date for completion: September 1, 2012

Recommendation 12. We recommended that the Mission CBOC ensures patient privacy in the examination rooms.

Concur:

Action Plan: VA Black Hills Health Care System has purchased privacy curtains for the Mission CBOC for installation. Installation will be scheduled and completed by contractor or by parent facility. Validation of installation will be accomplished by parent facility CBOC site visit.

Target date for completion: September 1, 2012

Recommendation 13. We recommended that the Pierre CBOC secures patients' PII.

Concur:

Action Plan: The Pierre CBOC installed a lock on the door of the Medical Records room following the February 2012 survey by OIG. The clinic process of pulling medical records prior to patient visits and placing them in a centralized unsecure area was stopped. Medical records are now pulled when patients present for an appointment and are located in an area restricted to staff only or in the possession of staff. Monthly on-site audits of the new process by Organizational Improvement will commence in June 2012 and continue until the Pierre CBOC demonstrates no incidents of unsecured patient PII for three consecutive months. Thereafter, ongoing compliance will be assessed through scheduled site visits by the parent facility.

Target date for completion: September 1, 2012

Recommendation 14. We recommended that managers adhere to the facility EOC policy at the Mission, Pierre, and Rapid City CBOCs.

Concur

Action Plan: Environmental rounds for the specified CBOCs will be conducted/documented as required by facility policy. The audit results will be reported to EOC/Safety Committee.

Target date for completion: September 1, 2012

Recommendation 15. We recommended that all identified EOC deficiencies are tracked, trended, and corrected at the Mission, Pierre, and Rapid City CBOCs.

Concur:

Action Plan: Environmental rounds for the specified CBOCs will be conducted and documented as required by facility policy. EOC deficiencies will be reported to the EOC/Safety Committee. The Committee, as documented in its meeting minutes, will have oversight that includes the identification of trends, as well as the progress and ultimate resolution of the deficiencies. The meeting minutes will be audited on a monthly basis.

Target date for completion: September 1, 2012

Recommendation 16. We recommended that managers develop a local policy for medical and MH emergencies that reflects current practice and capabilities at the Mission and Pierre CBOCs.

Concur:

Action Plan: Mission CBOC developed a local policy for medical and MH emergencies that reflects current practice and capabilities and was signed March 6, 2012. Pierre CBOC developed a local policy/SOP for management of medical and mental health emergencies, dated and signed 9/14/2011. Pierre CBOC additionally developed a policy/SOP dated and signed 2/11/12 that includes cardiopulmonary resuscitation with AED utilization.

Target Date for Completion: Completed

Recommendation 17. We recommended that the Facility Director ensures that all invoiced rates comply with contract rates.

Concur

Action Plan: The VA Black Hills Health Care System is revising its processes related to the business process of generation and validation of invoices prior to submission for payment. Process revisions will become effective the next billing cycle. The contractor will submit the HCFA forms per episode of care. The contract rate will be applied based on the CPT code. Invoice will be prepared by the COTR. Contractor will approve invoice prior to submission for certification. A second COTR will verify accuracy of the invoice and certify for payment.

COTRs are scheduled to attend 40 hours of training V23 COR II Basic on June 11-15, 2012.

Target date for completion: Sept. 1, 2012

Recommendation 18. We recommended that the Facility Director ensures that the contract includes a price schedule for all services to be performed by the contractor including ancillary services and special immunizations.

Concur:

Action Plan: Contractors will submit a fee schedule to BHHCS for approval and use. This schedule will include fees for items (labs, injections, dressing changes, etc.) and will be included as an addendum to contracts, approved and signed by the contractor.

The COTR reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 19. We recommended that the Facility Director ensures that all payments are supported by an invoice which lists the unit price, description, and quantity of services provided.

Concur:

Action Plan: The process of generating and validation of invoices is being revised to ensure an invoice that includes the unit prices, description, quality of services provided and submission of electronic documentation for validation supports all payments. Education to be provided to contractor and process change will be implemented with June billing cycle. Validation of 100% of invoices will be completed for accuracy for June and July billing cycles with targeted performance of 100%.

The CBOC Coordinator reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 20. We recommended that the Facility Director ensures that all negotiated contracts are supported by PNM as required by VA Directive 1663.

Concur:

Action Plan: All future CBOC negotiated procurements will be supported by a price negotiated memorandum (PNM).

The COTR reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 21. We recommended that the Facility Director ensures that all invoice charges are validated before payment is issued.

Concur:

Action Plan: The process of generating and validation of invoices is being revised to ensure an invoice that includes the unit prices, description, quality of services provided and submission of electronic documentation for validation to support all payments. The CBOC Coordinator will validate services prior to payment. Education to be provided to contract clinic and process change will be implemented with June billing cycle. Validation of 100% of invoices will be completed for accuracy for June and July billing cycles with targeted performance of 100%.

The CBOC Coordinator reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 22. We recommended that the Facility Director ensures that a process is developed that includes reliance on VA data to identify the types of service provided by the contractor and the correlating payment.

Concur:

Action Plan: The VA BHHCS will develop a process that includes VA data to identify types of service provided by the contractor and the correlating payment.

The CBOC Coordinator reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 23. We recommended that the Facility Director determines if overpayments were made and pursue collection of any overpaid amounts.

Concur

Action Plan: A 100% review of payments to the contract CBOC was completed for the 12 month period of May 2011 through May 2012. The following is an overview of the results of the review.

The lease rates and out of contract services rates used on the invoice were correct for all 12 months.

Calculations of invoice payments were reviewed, and VA noted three over payments and four underpayments. The net effect is that the contractor was underpaid by \$3490.43. Corrective actions have been taken for \$3482.88 and the remaining balance agreed upon that is owed the contractor is \$7.55. Invoice adjustments will be completed upon payment of the June 2012 invoice.

The facility is also enhancing its ability to validate services prior to payment, and will initiate new steps beginning with the June billing cycle. These efforts include new reporting which helps the facility to automate its process for identifying the monthly billable roster. Also, the facility will reassign enrollment and discharge actions to the PCMM Coordinator to strengthen the process.

Target date for completion: September 1, 2012

Recommendation 24. We recommended that the Facility Director ensures that the contract specifies all negotiated price agreements between VA and the contractor.

Concur:

Action Plan: By July 1, 2012 the Pierre CBOC contract will be modified to include the fee schedule for out of contract work. Validation of completion will be a review of Pierre CBOC contract by the CBOC Coordinator.

The COTR reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council.

Target date for completion: September 1, 2012

Recommendation 25. We recommended that the Facility Director ensures that the invoices and supporting documentation prepared by the contractor are fully validated by VA using VA data for the billable roster.

Concur:

Action Plan: The process of invoice preparation and supporting documentation by the contractor is being developed. The new process will be monitored by a review of all invoices for June and July billing cycles with a targeted performance of 100%.

The CBOC Coordinator reports to the Primary Care Executive Committee with minutes and reports to Clinical Executive Council. The Clinical Executive Council provides oversight for ongoing compliance.

Target date for completion: September 1, 2012

OIG Contact and Staff Acknowledgments

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

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