

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



Veterans Benefits Administration

*Inspection of
the Veterans Service Center
Cheyenne, Wyoming*

August 1, 2017
17-00962-262

ACRONYMS

DOC	Date of Claim
EP	End Product
FY	Fiscal Year
NWQ	National Work Queue
OIG	Office of Inspector General
RVSR	Rating Veterans Service Representative
SMC	Special Monthly Compensation
TBI	Traumatic Brain Injury
VA	Department of Veterans Affairs
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VSC	Veterans Service Center
VSCM	Veterans Service Center Manager
VSR	Veterans Service Representative

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Highlights: Inspection of the VSC Cheyenne, WY

Why We Did This Review

In February 2017, we evaluated the Cheyenne Veterans Service Center (VSC) to determine how well VSC staff processed disability claims, how timely and accurately they processed proposed rating reductions, how accurately they entered claims-related information, and how well they responded to specially controlled correspondence. The Cheyenne VSC is under the jurisdiction of the Denver VA Regional Office (VARO).

What We Found

Claims Processing—Generally, Cheyenne VSC staff accurately processed the two types of disability claims we reviewed. We reviewed 30 of 121 veterans' traumatic brain injury claims (25 percent) and found that VSC staff accurately processed 29 cases (97 percent). These errors identified do not represent the universe of disability claims or the overall accuracy rate at this VSC. We also reviewed two veterans' claims involving entitlement to special monthly compensation (SMC) and related ancillary benefits completed by VSC staff from January 1 through December 31, 2016. We determined that VSC staff processed both claims accurately. We did not identify any claims processing errors that affected veterans' benefits.

Proposed Rating Reductions—Cheyenne VSC staff generally processed proposed rating reductions accurately and timely. We

reviewed 11 rating reductions cases and found that VSC staff accurately processed all 11 cases and timely processed nine of the 11 cases (82 percent).

Systems Compliance—Cheyenne VSC staff needed to improve the accuracy of claims-related information input into the electronic systems at the time of claims establishment. We reviewed 30 of 199 newly established claims (15 percent) and found that VSC staff did not correctly input claim information into the electronic system in 24 cases (80 percent). This occurred because of a lack of training; specifically, staff did not receive training on claims establishment procedures and proper dates of claims when in receipt of reexamination reminder notifications. Furthermore, supervisors did not perform quality reviews for claims processing staff.

Special Controlled Correspondence—Cheyenne VSC staff generally provided complete and timely responses to special controlled correspondence. We reviewed 19 special controlled correspondence and found that VSC staff accurately processed 16 cases (84 percent) and timely processed 18 cases (95 percent).

What We Recommended

We recommended the VARO Director provide training on the proper procedures for inputting dates of claim for system-generated notifications and ensure monthly quality reviews are performed for all employees who establish veterans' claims.

Agency Comments

The VARO Director concurred with our recommendations. Management's planned actions are responsive and we will follow up as required.

A handwritten signature in black ink that reads "Larry M. Reinkemeyer". The signature is written in a cursive style with a large initial "L".

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

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INTRODUCTION

Objectives

The Benefits Inspection Program is part of the VA Office of Inspector General's efforts to ensure our nation's veterans receive timely and accurate benefits and services. We conduct onsite inspections at randomly selected VAROs to assess their effectiveness. In FY 2017, we looked at four mission-critical operations within VAROs—Disability Claims Processing, Management Controls, Data Integrity, and Public Contact. Our independent oversight inspection helps identify performance risks within each operation or VARO program responsibility. In FY 2017, our objectives are to assess the VARO's effectiveness in:

- Disability claims processing by determining whether Veterans Service Center (VSC) staff accurately processed traumatic brain injury (TBI) claims and claims related to special monthly compensation (SMC) and ancillary benefits
- Management controls by determining whether VSC staff timely and accurately processed proposed rating reductions
- Data integrity by determining whether VSC staff accurately input claim and claimant information into the electronic systems
- Public contact by determining whether VSC staff timely and accurately processed special controlled correspondence

When we identify potential procedural inaccuracies, we provide this information to help the VARO understand the procedural improvements it can make for enhanced stewardship of financial benefits. Errors that affect benefits have a measurable monetary impact on veterans' benefits. Errors that have the potential to affect benefits are those that either had no immediate effect on benefits or had insufficient evidence to determine the effect on benefits.

Cheyenne Veterans Service Center

The Cheyenne VSC is under the jurisdiction of the Denver VARO Director. As of February 2017, the Cheyenne Veterans Service Center Manager (VSCM) reported a staffing level of 33 full-time employees, one more than authorized. In FY 2016, VBA reported the Cheyenne VSC completed 3,693 compensation claims—averaging 4.1 issues¹ per claim. From March 2016 through February 2017, VBA's Systemic Technical Accuracy Review reported 12-month issue-based accuracy rate for compensation related issues was 94.83 percent, higher than the national accuracy of 94.67percent.

¹ Under M21-1 Adjudication Procedures Manual, Part III, Subpart iv, Chapter 6, Section B, *Determining the Issues*, "issues" are disabilities and benefits.

RESULTS AND RECOMMENDATIONS

I. Disability Claims Processing

Finding 1 The VSC Generally Processes Claims Correctly

The Cheyenne VSC staff generally processed claims involving TBI and SMC correctly. Overall, staff accurately processed 31 of 32 veterans’ disability claims we reviewed (97 percent). We sampled claims related only to specific conditions that we considered at higher risk of processing errors. As a result, the errors identified do not represent the universe of disability claims or the overall accuracy rate at this VSC.

Table 1 reflects the error with the potential to affect a veteran’s benefits processed at the Cheyenne VSC.

Table 1. Cheyenne VSC Disability Claims Processing Accuracy

		Veterans’ Claims Inaccurately Processed		
Type of Claim	Reviewed	Affecting Veterans’ Benefits	Potential To Affect Veterans’ Benefits	Total
TBI	30	0	1	1
SMC and Ancillary Benefits	2	0	0	0
Total	32	0	1	1

Source: VA OIG analysis of VBA’s TBI disability claims completed from July 1 through December 31, 2016; and SMC and ancillary benefits claims completed from January 1, 2016 through December 31, 2016 obtained from VBA’s corporate database.

VBA Policy Related to TBI Claims

VBA defines a TBI as a traumatically induced structural injury or a physiological disruption of brain function caused by an external force. The major residual disabilities of TBI fall into three main categories—physical, cognitive, and behavioral. VBA policy requires staff to evaluate these residual disabilities. Rating Veterans Service Representatives (RVSR) or Decision Review Officers who have completed the required TBI training must process all decisions that address TBI as an issue. Rating decisions for TBI require two signatures until the decision-maker demonstrates an

accuracy rate of 90 percent or greater, based on the VSC's review of at least 10 TBI decisions.²

VBA policy requires that one of the following specialists makes the initial diagnosis of TBI: psychiatrist, neurosurgeon, or neurologist. A generalist clinician who has successfully completed the required TBI training may conduct a TBI examination if the diagnosis is of record and was established by one of the aforementioned specialty providers.³

**Review of
TBI Claims**

We randomly selected and reviewed 30 of 121 veterans' TBI claims (25 percent) completed from July 1 through December 31, 2016 to determine whether VSC staff processed them according to VBA policy. We also reviewed the qualifications of the medical examiners to ensure compliance.

VSC staff correctly processed 29 of the 30 TBI claims reviewed (97 percent). The single error identified did not affect the veteran's benefit. In that claim, an RVSR prematurely granted service connection for TBI with a non-compensable evaluation based on an initial diagnosis provided by a generalist clinician, which is contrary to VBA policy.⁴ The VSCM concurred with our finding. This error was unique, and we did not identify a systemic trend. As a result, we determined VSC staff generally followed VBA policy.

**Previous
VA OIG
Inspection
Results**

In our previous report, *Inspection of the Veterans Service Center, Cheyenne, Wyoming* (Report No. 12-03477-118, February 21, 2013), we determined VSC staff incorrectly processed one of six TBI claims. In the one claim with an error, VSC staff prematurely evaluated TBI residuals using insufficient medical examination reports. We determined the VSC generally followed VBA policy for processing TBI claims because the five remaining TBI claims were sufficient for rating purposes, showing a clear delineation between TBI residuals and comorbid mental conditions. As such, we made no recommendations for improvement in this area.

**VBA Policy
Related to
Special
Monthly
Compensation
and Ancillary
Benefits**

VBA assigns SMC to recognize the severity of certain disabilities or combinations of disabilities by adding an additional compensation to the basic rate of payment when the basic rate is not sufficient for the level of disability present. SMC represents payments for "quality of life" issues such as the loss of an eye or limb, or the need to rely on others for daily life activities like bathing, or eating. Ancillary benefits are secondary benefits considered when evaluating claims for compensation, which include eligibility for educational, automobile, and housing benefits.⁵

² M21-1 Adjudication Procedures Manual, Part III, Subpart iv, Chapter 4, Section G, Topic 2, *TBI*.

³ Chapter 3, Section D, Topic 2, *Examination Report Requirements*.

⁴ *Ibid.*

⁵ 38 CFR, Part 3-Adjudication, (§3.807, §3.808, §3.809).

In our report, *Review of Special Monthly Compensation Housebound Benefits* (Report No. 15-02707-277, September 29, 2016), we reviewed SMC housebound benefits. Our benefits inspection report reviewed a higher level of SMC that included those payment rates related to disabilities such as loss of limb, loss of eyesight, and paralysis. These reviews did not overlap because this review involved different types of SMC that cannot be granted simultaneously with SMC housebound benefits.⁶

***Review of
SMC and
Ancillary
Benefit Claims***

We reviewed two veterans' claims involving entitlement to SMC and related ancillary benefits completed by VSC staff from January 1 through December 31, 2016. We determined that VSC staff processed the two claims accurately. Given the small sample size of two claims available for our review, we were unable to draw a conclusion that the VSC staff consistently processed these cases accurately. We did not assess the VSC's processing of higher-level SMC claims and we did not make recommendations for improvement in this area.

⁶ 38 CFR, Part 3—Adjudication, (§3.350(a)).

II. Management Controls

Finding 2 **The VSC Processes Proposed Rating Reductions Accurately and Timely**

We reviewed all 11 proposed benefit reductions cases available to determine whether VSC staff completed them accurately and timely. Cheyenne VSC staff generally processed proposed rating reductions accurately and timely.

VBA Policy Related to Proposed Rating Reductions

VBA provides compensation payments to veterans for conditions they incurred or aggravated during military service.⁷ The amount of monthly compensation to which a veteran is entitled may change because his or her service-connected disability may improve or worsen. Improper payments associated with benefit reductions generally occur when beneficiaries receive payments to which they are not entitled. Such instances are attributable to VSC staff not taking actions to ensure veterans receive correct payments for their current levels of disability.

When the VARO obtains evidence that demonstrates a disability has improved, and the new evaluation would result in a reduction or discontinuance of current compensation payments, VSC staff must inform the beneficiary of the proposed reduction in benefits.⁸ In order to provide beneficiaries due process, VBA allows 60 days for the veteran to submit additional evidence to show that compensation payments should continue at their present level.⁹ If the veteran does not provide additional evidence within that period, an RVSR may make a final determination to reduce or discontinue the benefit beginning on the 65th day following notice of the proposed action.¹⁰ However, due to policy modifications on April 3, 2014¹¹ and again on July 5, 2015,¹² VBA policy no longer requires VARO staff to take “immediate action” to process these reductions.

Review of Claims To Assess Accuracy and Timeliness

We reviewed all 11 available proposed rating reduction cases processed from October 1 through December 31, 2016. We determined VSC staff accurately processed proposed rating reductions in all 11 cases and timely processed nine of the 11 cases. The two cases with delayed had the potential to affect benefits. We considered cases to have delays whenever VSC staff did not process them by the 65th day following notice of the proposed action and affected the effective date of reduction by at least one month. VBA uses a

⁷ 38 CFR §3.303, *Principles relating to service connection.*

⁸ §3.103, *Procedural due process and appellate rights.*

⁹ §3.105, *Revision of decisions.*

¹⁰ M21-1 Adjudications Procedures Manual, Part 1, Chapter 2, Section C, Topic 1, *General Information on the Adverse Action Proposal Period.*

¹¹ *Rescinded:* M21-1MR Adjudications Procedures Manual, Part I, Chapter 2, Section B, Topic 7, *Establishing and Monitoring Controls.*

¹² M21-1 Adjudications Procedures Manual, Part I, Chapter 2, Section C, Topic 2, *Responding to the Beneficiary.*

system of suspense dates to monitor requests for information. A claim's suspense date indicates the date the next action should occur on the claim.¹³ VSC staff can establish a suspense date 65 days following the date of the letter notifying the veteran of the proposed reduction in benefits.

As of January 1, 2017, the two cases with delays averaged of less than one month of improper payments. In the first case, the delay affected a veteran's benefits and occurred when the RVSR proposed to reduce the evaluation for post-traumatic stress disorder based on the veteran's failure to report for a review examination. The due process period expired on October 17, 2016 without the veteran providing additional evidence. However, VSC staff did not complete a rating decision to reduce the veteran's benefits until November 1, 2016.

As a result, VA overpaid the veteran approximately \$1,570 during a one-month period, as of January 2017. In the remaining case, the RVSR proposed to evaluate the veteran's bilateral lower extremity peripheral artery occlusive disease as separate extremities, instead of one combined evaluation for both lower extremities as required by VA regulation.¹⁴ Due process expired on November 21, 2016 but VSC staff did not complete a rating decision to reduce benefits until December 5, 2016. The reduction in the veteran's benefits would have been effective March 1, 2017. Because VSC staff delayed the final rating to reduce benefits, the veteran is likely to receive future improper payments.

The two cases with delayed processing averaged less than one month of improper payments. Although the sample of available claims was small, nothing came to our attention to indicate a systemic trend. Therefore, we did not make recommendations for improvement in this area.

¹³ Veterans Benefits Management Systems User Guide, Release 12.1.

¹⁴ 38 CFR 4.104, Schedule of Ratings-Cardiovascular Systems.

III. Data Integrity

Finding 3 The VSC Needs to Improve Information Input

Cheyenne VSC staff needs to improve information input into the electronic systems at the time of claims establishment. We randomly selected and reviewed 30 pending rating claims with multiple disabilities from VBA's Corporate Database to determine whether VSC staff accurately input claim and claimant information into the electronic systems at the time of claims establishment. In 24 of the 30 claims (80 percent), VSC staff did not enter accurate and complete information. Generally, the errors occurred due to a lack of training on claims establishment procedures and the absence of a quality review process for work performed by Claims Assistants. As a result, claims established using erroneous or incomplete data are at increased risk of misrouting in the National Work Queue (NWQ) and could result in delayed claims processing and incorrect effective dates for benefits.¹⁵

**VBA Policy
Related to Data
Integrity**

VBA relies on data input into electronic systems to accurately manage and report their workload to stakeholders and to properly route claims within their electronic workload management tool, the NWQ. The NWQ centrally manages the national claims workload by prioritizing and distributing claims across VBA's network of VARO. It assigns workload based on certain claimant and claim information within the electronic system including corporate flashes, claim labels, and special issues.¹⁶ The Veterans Benefits Management System (VBMS) is an electronic processing system the NWQ uses to distribute work.¹⁷ Because the NWQ relies on the accuracy of data, claims misidentified or mislabeled at the time of claims establishment can result in improper routing and lead to untimely processing of claims.

Initial claims routing begins at the time of claims establishment. VSC staff must input claim and claimant information into the electronic system to ensure system compliance.

¹⁵ Department of Veterans Affairs, Veterans Benefits Administration, National Work Queue, Phase 1 Playbook.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

Table 2 reflects nine claims establishment terms.

Table 2. Claims Establishment Terms

Term	Definition
Date of Claim	Earliest date the claim or information is received in any VA facility
End Product	The end product system is the primary workload monitoring and management tool for the VSC
Claim Label	A more specific description of the claim type that a corresponding end product represents
Claimant Address	Mailing address provided by the claimant
Claimant Direct Deposit	Payment routing information provided by the claimant
Power of Attorney	An accredited representative of a service organization, agent, non-licensed individual, or attorney representative chosen by the claimant to represent him or her
Corporate Flash Indicator	Claimant-specific indicators which can represent an attribute, fact, or status that is unlikely to change
Special Issue Indicator	Claim-specific indicators and can represent a certain claim type, disability or disease, or other special notation that is only relevant to a particular claim
Claimed Issue with Classification	Specifies the claimed issue and its medical classification

Source: VA OIG presentation of definitions from VBA's M21-1 and M21-4.

Systems Compliance

We randomly selected and reviewed 30 of 199 pending rating claims (2 percent) from VBA's corporate database established in December 2016. We determined VSC staff established 24 of these 30 claims (80 percent) using inaccurate or incomplete data. The 24 claims included 47 errors because some claims contained multiple inaccuracies. We provided the details to the VSCM and supervisor for appropriate action, and both agreed with our assessments. Summaries of the most frequent errors follow:

- In 18 claims, Claims Assistants and a VSR did not select the correct special issue indicators as required.¹⁸ Through interviews, we learned that a Claims Assistant was unaware of the requirement to enter special issue indicators besides the "homeless veteran" flash and that a Veterans Service Representative did not normally use flashes for specialized work assignments. Incorrect special issue indicators could result in misrouted claims, delayed claims, or both.

¹⁸ M21-1, Adjudications Procedures Manual, Part III, Subpart iii, Chapter 1, Section D, Topic 2, *Utilizing Contentions and Special Issue Indicators Associated with Claimed Issues*.

- In 11 claims, a VSR did not enter the correct date of claim as required for reexamination reminder notifications.¹⁹ The NWQ electronically generates reminder notifications to alert VSC staff to schedule the medical examinations. Employees are required to establish the date of claim based on the date of the reexamination reminder notifications. However, the VSR entered the date of claim based on the date of establishment, instead of the reminder notification generation date. Failure to enter dates of claim correctly could result in inaccurate effective dates for increased evaluations and could misrepresent VSC performance for pending workloads.
- In nine claims, Claims Assistants and a VSR did not enter the correct claim contention classification as required by VBA policy.²⁰ Failure to enter correct claim type and classification could lead to additional work for employees later in the claim development process and could lead to an incorrect VA examination request.
- In six claims, Claims Assistants did not enter accurate or complete address or direct deposit information as required.²¹ Failure to enter accurate address and direct deposit information could result in undeliverable mail and may cause unnecessary delays in veterans receiving their benefits.

Generally, these errors occurred because of the lack of training and quality reviews for claims establishment. Staff who establish claims received training on *Claim Attributes: Flash, Claim Label, and Special Issue; National Work Queue Playbook; Systems Compliance (VSR); and Contention Classification Name Update*. However, our review of FY 2015 and FY 2016 training records confirmed staff did not receive specific training on claims establishment and reexamination reminder notifications. The VSCM stated staff did not complete the reexamination reminder training because it was not part of VBA's national curriculum. Completion of the reexamination reminder notification training may have prevented 11 of the 47 errors.

The VSCM, the supervisor, and the staff we interviewed stated that monthly quality reviews on actions associated with claims establishment did not occur. The VSCM and supervisor stated that they stopped conducting quality reviews on this work when the VSC moved to paperless claims processing in approximately late 2013. They told us this occurred because these employees also work in the VSC's public contact area and tracking claims establishment actions makes monthly quality reviews difficult.

¹⁹ M21-1, Adjudications Procedures Manual, Part III, Subpart iv, Chapter 3, Section C, Topic 2, Control of Future Examinations.

²⁰ Subpart iii, Chapter 1, Section D, Topic 2, *Utilizing Contentions and Special Issue Indicators Associated with Claimed Issues*.

²¹ Subpart ii, Chapter 3, Section C, *Systems Updates*.

Monthly quality reviews could have prevented the remaining 36 errors we identified. The VSCM agreed with our assessments and will take measures to correct the errors, ensure staff receive individual training, and perform quality reviews on this work in the future.

Recommendations

1. We recommended that the Denver VA Regional Office Director ensure that the Cheyenne Veterans Service Center implement a plan to ensure that all claims processing staff receive training regarding the proper procedures for inputting dates of claim for system generated reminder notifications.
2. We recommended that the Denver VA Regional Office Director ensure that the Cheyenne Veterans Service Center implement a plan to perform monthly quality reviews of all employees who establish claims.

Management Comments

The VARO Director concurred with our findings and recommendations. The Director stated claims processing staff received training for inputting dates of claims and proper establishment for future system-generated reminder notifications. The Director also indicated the Quality Review Team would begin performing monthly reviews of staff who establish claims.

OIG Response

The VARO Director's comments and actions are responsive to the recommendations. We will follow up as required.

IV. Public Contact

Finding 4 The VSC Generally Responds to Special Controlled Correspondence Timely and Accurately

We reviewed all 19 special controlled correspondences available that involved compensation and pension benefits to determine whether VSC staff timely and accurately processed them. The Cheyenne VSC staff generally responded to special controlled correspondence timely and accurately.

VBA Policy Related to Special Controlled Correspondence

Special controlled correspondence is mail that requires expedited processing, control, and response. Examples include mail received from the White House, members of Congress, national headquarters of service organizations, and private attorneys. VBA policy designates responsibility for managing this correspondence to VARO directors or VSC managers.

If VSC staff cannot provide a complete response within five business days of receiving the correspondence, an interim response acknowledging receipt is required.²² Responses to correspondence must provide complete, accurate, and understandable information.²³ In addition, VSC staff are required to maintain the correspondence in claims folders.²⁴

Review of VARO Processing of Special Correspondence

We reviewed all 19 special controlled correspondences available that VSC staff processed from October 1 through December 31, 2016 to determine if staff expedited processing of, and controlled and accurately responded to, the inquiries. VSC staff correctly processed 16 of the 19 correspondence we reviewed (84 percent). The VSC's processing time for 18 of the 19 correspondence ranged from one to five days—averaging two days to provide final responses. In the remaining case, we could not assess the processing time because staff had not provided a final response. Details on the processing errors identified follow:

- A VSR did not use the correct date of receipt for a Congressional email inquiry. As a result, it incorrectly appeared that the VSC took 324 days to process the inquiry; however, the VSC supervisor actually responded in three days. This incorrect date of receipt did not have the potential to affect the veteran's benefits.
- A VSC supervisor did not upload documentation of a congressional phone inquiry into VBMS; however, staff had uploaded their reply email to the congressional staff. The VSC supervisor uploaded documentation of the phone inquiry after notification of the error. We determined that

²² M27-1 Benefits Assistance Service Procedures, Part I, Chapter 5, Topic 3, *Acknowledging Correspondence*.

²³ Topic 1, *General Guidance for Processing Correspondence*.

²⁴ Topic 5, *Handling Various Types of Correspondence*.

they provided the requested assistance within one day of receiving the inquiry.

- A VSC supervisor did not answer a special controlled correspondence from a senator's office. As a result, the senator's office was not provided the requested update on the status of a widow's pending appeal. As of January 2017, the inquiry had been pending 27 days.

Although we identified three errors, given the small number of cases available for review, we were unable to determine if a systemic trend existed. Furthermore, the majority of the errors did not have a significant effect on the veterans' benefits. Therefore, we did not make recommendations for improvement in this area.

Appendix A Scope and Methodology

Scope and Methodology

In February 2017, we evaluated the Cheyenne VSC to see how well it provides services to veterans and processes disability claims.

We reviewed selected management, claims processing, and administrative activities to evaluate compliance with VBA policies regarding benefits delivery and nonmedical services provided to veterans and other beneficiaries. We interviewed managers and employees and reviewed veterans' claims folders.

We randomly selected and reviewed 30 of 121 veterans' disability claims related to TBI (25 percent) that VSC staff completed from July 1 through December 31, 2016.²⁵ We randomly selected and reviewed for systems compliance in 30 of 199 claims (15 percent) that VSC staff established as electronic records in December 2016. In addition, we reviewed all available cases in the following areas:

- Two veterans' claims involving entitlement to SMC and related ancillary benefits, completed by VSC staff from January 1 through December 31, 2016
- Eleven proposed rating reduction cases VSC staff completed from October 1 through December 31, 2016
- Nineteen cases with controlled correspondences completed from October 1 through December 31, 2016

Data Reliability

We used computer-processed data from VBA's corporate database, obtained by the Austin Data Analysis Division. We reviewed the data to test for reliability and determine whether any data were missing from key fields, included any calculation errors, or were outside the period requested. We also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, we compared veterans' names, file numbers, Social Security numbers (SSN), VARO numbers, dates of claim, and decision dates as provided. We reviewed data from 92 claims folders related to TBI claims and SMC and ancillary benefits, as well as to proposed rating reductions, systems compliance, and special controlled correspondence.

Our testing of the data disclosed that they were sufficiently reliable for our inspection objectives. Our comparison of the data with information contained in the veterans' claims folders, reviewed in conjunction with our inspection of the VSC, did not disclose any problems with data reliability.

²⁵ During the inspection, while determining our sample size of 30 claims, we determined some claims were outside of the scope of our review; therefore, we removed these claims from the universe.

***Inspection
Standards***

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

Appendix B VARO Director's Comments

Department of Veterans Affairs Memorandum

Date: May 30, 2017

From: Director, VA Regional Office, Denver, Colorado

Subj: OIG Draft Report, *Inspection of the Veterans Service Center, Cheyenne, Wyoming*

To: Assistant Inspector General for Audits and Evaluations (52)

1. The Denver VARO's comments are attached on the OIG Draft Report: Inspection of the Veterans Service Center, Cheyenne, Wyoming.
2. Please refer questions to Charles Cates, Cheyenne VSCM, 307-433-2742.

(original signed by:)

M. Renaye Murphy
Director, Denver VARO

Attachment

**Comments on Draft Report
OIG Office of Audits and Evaluations
Benefits Inspection of the Cheyenne VSC**

Recommendations

1. We recommended that the Denver VA Regional Office Director ensure that the Cheyenne Veterans Service Center implement a plan to ensure that all claims processing staff receive training regarding the proper procedures for inputting dates of claim for system generated reminder notifications.

The Director concurs with the recommendation. Although no benefit entitlement errors to veterans resulted in the system compliance errors, training was provided to ensure claims processing staff received proper training for inputting of dates of claims and proper establishment for future system generated reminder notifications. The RO Director requests closure of this recommendation.

2. We recommended that the Denver VA Regional Office Director ensure that the Cheyenne Veterans Service Center implement a plan to perform monthly quality reviews of all employees who establish claims.

The Director concurs with this recommendation. The Cheyenne Quality Review Team will begin performing monthly reviews of employees who establish claims. The RO Director requests closure of this recommendation.

Findings

Finding 1: Cheyenne VSC Staff Generally Processed TBI Claims and Claims Related to Special Monthly Compensation and Ancillary Benefits Correctly

The Director Concurs with this finding.

Finding 2: Cheyenne VSC Staff Generally Processed Proposed Rating Reductions Accurately and Timely

The Director Concurs with this finding.

Finding 3: Cheyenne VSC Staff Needed to Improve the Accuracy of Information Input into the Electronic Systems

The Director Concurs with this finding - "Refer to responses to Recommendations above"

Finding 4: Cheyenne VSC Staff Generally Responded To Special Controlled Correspondence Timely and Accurately

The Director Concurs with this finding.

For accessibility, the format of the original memo has been modified to fit in this document.

Appendix C **OIG Contact and Staff Acknowledgments**

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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Acknowledgments	Nora Stokes, Director Kelly Crawford Yolanda Dunmore Kyle Flannery Suzanne Love Lisa Van Haeren Todd Wagnild
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Appendix D Report Distribution

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