VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS

Veterans Benefits Administration

Review of Alleged Appeals Data Manipulation at the VA Regional Office Roanoke, Virginia

December 5, 2017
17-00397-364

ACRONYMS

FY	Fiscal Year
OIG	Office of Inspector General
PTSD	Post-traumatic stress disorder
SOC	Statement of the Case
VA	Department of Veterans Affairs
VACOLS	Veterans Appeals Control and Locator System
VARO	Veterans Affairs Regional Office
VBA	Veterans Benefits Administration
VSC	Veterans Service Center

EXECUTIVE SUMMARY

Why We Did This Audit

The Office of Inspector General (OIG) received an anonymous allegation on August 10, 2016 that Veterans Service Center (VSC) staff at the Roanoke VA Regional Office (VARO) combined appeals to lower the pending inventory and achieve production goals by entering incorrect data into VA's electronic system.[1]

What We Found

The OIG substantiated the allegation that Roanoke VARO appeals management and staff entered incorrect appeals data and prematurely closed appeal records. In certain cases with more than one pending appeal, a senior, non-supervisory member of the appeals team provided instructions reiterating to appeals management and staff to close newer appeals. The closed appeals were marked as withdrawn by the appellant although there was no evidence of a withdrawal, any pending appeal issues were merged into the oldest appeal record, and both records were annotated that the issues were merged. An appeal issue is any specific decision with which an appellant disagrees. For example, if a veteran disagreed with the evaluations assigned for two disabilities, Veterans Benefits Administration staff would input two issues in the appeal record.

The OIG reviewed 331 closed appeal records that indicated they were withdrawn by appellants from December 21, 2015 through September 30, 2016. The OIG determined 278 (84 percent) were improperly closed because the electronic record did not contain any evidence of a withdrawal request by the appellant. In 276 of the 278 closed appeal records, the pending issues were merged with other open appeal records. However, in two cases, appeals management and staff failed to add all pending issues to other open appeal records. These two appellants may never have received decisions on the appealed issues; however, both of these appeal records were reactivated as a result of the OIG's review.

Generally, this occurred because merging issues from multiple appeal records into one record was a longstanding practice at the Roanoke VARO to consolidate appeal records and reduce the pending workload. VARO and VSC management were unaware of this practice. While the appeals managers knew of the practice, they were unaware of its full impact. Furthermore, the quality review team manager had been told this was a best practice by a former appeals manager.

Merging appeal records gave a false impression that the appeals inventory decreased. The VSC Manager told the OIG that merging appeals benefited the appeals team and the VARO, but he acknowledged it did not benefit veterans. He said no monetary bonuses would be awarded for meeting performance goals in FY 2016, and audit findings would be reflected in the appeals

[1] VA Regional Office staff are responsible for determining eligibility for compensation benefits.

managers' performance evaluations. The OIG confirmed the appeals managers did not receive any monetary bonuses for FY 2016 performance.

As a result of merging appeal records, the reported statistics for the number of pending and completed appeals at the Roanoke VARO were inaccurate, and the associated timeliness measurements were unreliable. The OIG could not determine what the VARO's actual statistics should have been since staff appeared to have been following this guidance from at least September 2008, many years before the November 2016 review. Most appellants were not directly harmed by this practice; however, it impaired VA's ability to monitor and manage these appeal records, could affect processing timeliness, and resulted in loss of ability to identify and track the status of appealed issues or other inappropriate actions in some cases.

What We Recommended

The OIG recommended the Roanoke VARO Director conduct a review to identify prematurely closed appeal records and confer with appropriate VBA officials to determine the proper corrective actions to take, if any. The OIG also recommended the Director confer with Regional Counsel to determine what steps to take, if any, with regard to management or staff involved in the conduct discussed in this report.

Agency Comments

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

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

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INTRODUCTION

Allegation

On August 10, 2016, the Office of Inspector General (OIG) received an anonymous allegation that Roanoke VA Regional Office (VARO) management and staff falsely inflated completion rates of appeals to achieve production goals by entering incorrect data into VA's electronic system.[2] Specifically, the allegation stated staff were directed to identify appellants with more than one pending appeal in VA's electronic system and close the records as withdrawn by the appellant for all but the oldest pending appeal. All pending issues from the closed records were to be added to the remaining open appeal, and staff were to note in the records that the issues were combined. Attached to the allegation was an email dated December 21, 2015 from a senior, non-supervisory member of the appeals team containing the written guidance provided to appeals management and staff for this procedure. The OIG's objective was to evaluate the merits of this allegation.

Background

Claimants may appeal a Veterans Benefits Administration (VBA) decision for any reason. An appellant initiates his or her appeal of a VBA decision by submitting a Notice of Disagreement expressing a desire to contest one or more issues in the decision. Each specific issue identified by the appellant is entered separately in VA's electronic system. For example, if a veteran disagreed with the evaluations assigned for two disabilities in a rating decision, VBA staff would input two issues in the appeal record. VBA considers an appeal to be resolved if at any time during the appeal process staff fully grant all issues, the appellant withdraws the appeal, or the appellant dies. If VARO staff cannot resolve all issues in the appeal record, they complete a Statement of the Case (SOC) addressing only those issues that remain unresolved.[3]

If the appellant disagrees with the SOC, they must file a substantive appeal, which formally continues the appeal process.[4] In the event the VARO does not resolve the appeal to the appellant's satisfaction, the appeal is certified and transferred to the Board of Veterans Appeals (Board)[5] for review and final decision.

Each appeal is tracked by a unique record in the Veterans Appeals Control and Locator System (VACOLS), an automated database programmed to

[2] VARO staff are responsible for determining eligibility for compensation benefits.
[3] An SOC is an explanation of the decision made on the case. M21-1 Adjudication Procedures Manual, Part I, Chapter 5, Section General *Information on Appeals.*
[4] Unless otherwise noted, the term appeal used throughout the remainder of this report refers to a substantive appeal. A substantive appeal consists of a properly completed VA Form 9, "Appeal to Board of Veterans' Appeals," or other written correspondence containing the necessary information. 38 CFR 20.202.
[5] *Board of Veterans' Appeals Annual Report (FY 2015),* pg. 1.

track appeals and monitor pending workloads.[6] Appellants with multiple appeals will have multiple VACOLS records.[7] Every step of the appeal process requires accurate and timely VACOLS updates so that the appeal is moved expeditiously. Furthermore, VBA staff are required to update VACOLS when action is taken on an appeal.[8] When an appeal is received, VBA staff enter the date of receipt into VACOLS. When an appellant withdraws their appeal, VBA staff must update VACOLS with the date the withdrawal was received and select "Withdrawn by Appellant."

Appendix B shows the management hierarchy responsible for the appeals staff in the Veterans Service Center (VSC) at the Roanoke VARO.

Prior Allegation at the Roanoke VARO

In its previous report, *Review of Alleged Inappropriate Prioritization of Appeals at VA Regional Office Roanoke, Virginia* (Report No. 15-02384-212, April 19, 2016), the OIG reported that it substantiated an anonymous allegation that Roanoke VARO appeals staff were prioritizing the processing of newer appeals before older appeals, resulting in thousands of incomplete appeals dating back from 2010 to 2013. The OIG found this occurred because Roanoke VARO leadership did not follow workload management plans, which required that appeals staff prioritize their work based on the appeals with the longest days pending.

[6] M21-1 Adjudication Procedures Manual, Part I, Chapter 5, Section K, *Veterans Appeals Control and Locator System*.
[7] VACOLS User Guide 8.3.0. Part 3, *Appeals and Hearing Menus*, pg. 2.
[8] M21-1 Adjudication Procedures Manual, Part I, Chapter 5, Section K, *Veterans Appeals Control and Locator System*.

RESULTS AND RECOMMENDATIONS

Finding Roanoke VARO Appeals Management and Staff Manipulated Appeals Data

The OIG substantiated the allegation that Roanoke VARO appeals management and staff entered incorrect appeals data in VACOLS and prematurely closed appeal records when the system showed an appellant had more than one appeal. A senior, non-supervisory member of the appeals team provided instructions to the managers and staff on the appeals team to close the newer appeal records as withdrawn by the appellant, merge any pending issues into the oldest appeal record, and annotate in both records the issues were merged. The OIG identified 278 of 331 appeal records (84 percent) were improperly closed as withdrawn by appellant from December 21, 2015 through September 30, 2016 when there was no evidence the appellants had withdrawn their appeals.

Generally, entering inaccurate data into VACOLS occurred because the Roanoke VARO's process of merging multiple appeal records to decrease inventory was a longstanding practice. VARO and VSC management were unaware this practice was occurring, and although the appeals managers knew, they were unaware of the full impact of these actions. Furthermore, the quality review team manager had been told by a former appeals manager that this was a best practice. As a result, VA's reported statistics for the number of pending and completed appeals at the Roanoke VARO were inaccurate and associated timeliness measurements were also unreliable. Improperly closing appeal records could potentially cause processing delays, as well as an inability to identify and track the status of appealed issues. The VSC Manager told the OIG that merging appeals benefited the appeals team and the VARO as a whole, but he acknowledged it did not benefit veterans. He said no monetary bonuses would be awarded for meeting performance goals in FY 2016, and audit findings would be reflected in the appeals managers' performance evaluations. The OIG confirmed the appeals managers did not receive any monetary bonuses for FY 2016 performance.

VSC Staff Prematurely Closed

The OIG reviewed 331 appeal records (representing 288 unique appellants) closed as withdrawn by appellant from December 21, 2015 through September 30, 2016. The OIG determined 278 were improperly closed because the electronic record did not contain any evidence of a withdrawal request by the appellant. In 276 of the 278 improperly closed appeal records, Roanoke appeals management and staff prematurely closed the VACOLS records prior to resolving all issues and merged all pending issues from these appeal records into other open appeal records. For example, one appellant had a total of five open appeal records, the oldest received on June 30, 2009. Although the electronic record did not contain any evidence of the appellant

requesting to withdraw the appeals, appeals management and staff closed the four newer appeal records as withdrawn by the appellant, and combined the pending issues into the oldest appeal record. As a result, the Roanoke VARO received credit for completing four appeals that were still pending.

In two of the 278 improperly closed appeal records, appeals management and staff failed to add all pending issues to other open appeal records despite annotations that all issues had been merged into other appeal records. In the first case, an appellant had two open appeal records. One of the records was an appeal with 10 pending issues. Although no withdrawal request from the appellant was found in the electronic file, appeals management and staff incorrectly closed this appeal record as withdrawn by the appellant; however, only nine of the 10 pending issues were added to the remaining open appeal record. In the second case, appeals management and staff prematurely closed an appeal record as withdrawn by the appellant although there was no withdrawal request found in the electronic file. The closed record indicated the post-traumatic stress disorder (PTSD) issue was added to another appeal record, but it was not. Although these two appeal records were reactivated, these appellants could have never received decisions on the missed issues if not for the OIG's review.

On November 8, 2016, the OIG spoke with VSC management regarding the senior, non-supervisory appeals team member's December 2015 email directing appeals managers and staff to merge multiple appeal records. Furthermore, the OIG notified VSC management that appeals managers and staff incorrectly closed appeal records as "Withdrawn by the Appellant," despite the electronic file lacking such evidence from the appellant. The VSC managers stated they were unaware this practice was occurring and they rescinded the December 2015 email guidance the same day.

The OIG provided the details on the 278 prematurely closed appeals records to the VARO Director. The Director concurred with audit findings. Furthermore, the Director stated they had completed a review of merged appeals and requested that the Board reopen some as needed.

Reasons for Improperly Closing

Generally, errors occurred because improperly closing appeal records as withdrawn by appellants and combining the issues with other appeal records was a longstanding practice at the Roanoke VARO to decrease the inventory of appeals. The OIG was advised that the December 2015 email was issued to ensure new employees who were added to the team during the first quarter of FY 2016 understood the process of combining appeals.

During its review, the OIG learned that this procedure had been in place for many years. The OIG obtained a copy of an email dated December 21, 2011, four years prior to the hotline allegation, which contained the same instructions to close appeal records as withdrawn by the appellant and combine the issues with another appeal record. In addition, during its review

the OIG identified prematurely closed appeal records prior to the scope of the review—as early as September 2008. These records were also improperly closed as withdrawn by the appellant without a withdrawal request in the electronic file, and the pending issues were combined with older appeal records.

The appeals coach and both assistant coaches stated during interviews that they were aware of the December 2015 guidance, and the assistant coaches said that they followed it. Furthermore, they agreed that following the guidance to close appeal records as withdrawn by the appellant reduced the number of pending appeals, and the appeals team coach indicated this was the purpose of the guidance. They also acknowledged the guidance involved entering incorrect data in VACOLS since no withdrawal was found in the electronic file. However, they were unaware of the full impact of these actions, such as misrepresenting appeals statistics and potential to lose the ability to identify and track the status of appealed issues or delay appeals, because they had minimal experience processing appeals and entering data into VACOLS. A VSC Manager told the OIG that they did not have a lot of managers with hands-on appeals experience or a lot of options when assigning the current appeals managers. After the OIG discussed specific scenarios, the three appeals managers agreed that prematurely closing these appeal records was inappropriate.

The OIG interviewed the VARO Director, the VSC Manager, and two Assistant VSC Managers during its onsite review in November 2016. They had all been in their current positions for at least six years except for the Assistant VSC Manager over appeals, who had held the position approximately 18 months. They told the OIG they did not issue any guidance to improperly close appeal records and were unaware this practice was occurring at the Roanoke VARO. The Assistant VSC Manager with direct oversight of the appeals team stated he met with appeals managers regularly and they never discussed the guidance with him. He also told the OIG he monitored the performance of the appeals team by ensuring compliance with the station's workload management plan[9] and the Systematic Analysis of Operations for appeals,[10] which did not contain any guidance on combining appeals.

The OIG also interviewed 11 appeals staff, and seven stated that they had concerns about the procedure for prematurely closing appeals records. Some staff indicated they had raised their concerns to the senior, non-supervisory appeals team member that disseminated the guidance, but the practice

[9] A workload management plan is written plan for a coordinated system, or operational procedure, used to control how claims and other work move through the adjudicative process. M21-4 Manual, Chapter 2. *Workload Management Plans, Subchapter I. Overview*.
[10] A Systematic Analyses of Operations is a formal analysis of an organizational element or operational function. M21-4 Manual, Chapter 5. *Systemic Analyses of Operations (SAO)*.

continued. The OIG interviewed this appeals team member, who did not recall any concerns from team members regarding the guidance. Other appeals staff stated they did not express their concerns because management had not been responsive to other issues in the past. Some appeals staff said that the procedure made it harder for them to certify appeals to the Board. They said that they had to sort through the issues to determine which ones were associated with a particular appeal record. In addition, the quality review manager stated she recalled seeing merged appeals but was told by a former appeals manager that this was a best practice to remove duplicate appeal records.

The VARO Director and VSC Manager stated that after further research they now believe this process began in 2011 in order to prepare multiple appeals in the paper processing environment for simultaneous certification to the Board. In addition, the VSC Manager told the OIG combining appeal records made it easier to review multiple appeals in VACOLS. The VSC Manager admitted staff were not required to combine appeal records in order to certify and transfer appeals to the Board together. He also agreed there was no reason for this procedure to continue in the paperless environment. Although the VARO Director and VSC Manager believed the process to combine appeal records began in 2011, the OIG identified a prematurely closed appeal record as early as September 2008. The appeal was also improperly closed as withdrawn by the appellant without a withdrawal request in the electronic file, and the pending issues were combined with an older appeal record.

Errors Compromised Appeals

The Roanoke VARO's procedure to combine appeal records and enter incorrect data into VACOLS misrepresented its appeals statistics for pending and completed appeals. Because appeals management and staff generally were able to identify and track the status of the merged issues, most appellants were not directly harmed by this practice. However, this procedure impaired VA's ability to monitor and manage these appeals, could affect processing timeliness, and resulted in a loss of ability to identify and track appealed issues or other inappropriate actions in some cases.

Misrepresented Appeals Statistics

Prematurely closing and combining appeal records led to inaccurate reporting of the number of pending appeals and how long they remained pending, as well as the number of completed appeals and how long it took to complete them. Each appeal record that was incorrectly closed as withdrawn by appellant was counted as completed and no longer included in the pending inventory. Therefore, the VARO's pending appeal workload appeared lower and its completed appeals workload appeared better than it actually was by counting appeals as completed before the work was actually finished. Furthermore, since VARO management indicated some of the appeal records have been reopened, the OIG is concerned that the Roanoke VARO will receive additional credit as they complete these reopened appeal records. The VSC Manager acknowledged that this practice did not benefit

veterans, but told the OIG that merging appeals benefited the appeals team and the VARO as a whole. He said no monetary bonuses would be awarded for meeting performance goals in FY 2016 and audit findings would be reflected in the appeals managers' performance evaluations. The OIG confirmed the appeals managers did not receive any monetary bonuses for FY 2016 performance.

The VARO's timeliness measurements for how long appeals remained pending, as well as how long it took to complete them, were also unreliable because the appeals data entered into VACOLS was inaccurate. For example, the appeal record for an appeal received on January 14, 2016 was improperly closed on February 2, 2016 and the issues were added to another pending appeal record. In this case, the VARO received credit for completing an appeal on February 2, 2016. However, the issue from the improperly closed appeal record was certified to the Board on October 7, 2016 and was still pending as of July 2017. As a result, the Roanoke VARO's reported resolved appeals statistics were inaccurate because this appeal was counted as complete from February 2, 2016 when it was still pending more than one year later.

The OIG could not determine what the VARO's actual statistics should have been, as it appears staff have been following this guidance since at least September 2008—more than seven years before the time frame of the review. In addition, some cases combined multiple appeal records and the status of some appeal issues changed over time.

Impaired Ability to Manage

This procedure impaired VA's ability to monitor and manage appeals and could affect processing timeliness. It could also result in an inability to identify and track appealed issues or other inappropriate actions. Prior to transferring an appeal record to the Board, appeals staff are responsible for certifying that all necessary development actions have been completed, all evidence has been reviewed, and decisions have been completed for every issue.[11] Staff end up with additional issues to certify as a result of adding issues to an appeal record. Therefore, improperly combining issues from multiple appeal records could delay certifying appeals to the Board because now all of the pending issues are in one appeal record and the appeal cannot be transferred to the Board until all issues are certified as ready.

The Board considers certified appeals in docket number order based on the date VA receives the appeal.[12] If this date is not accurately reflected when the appeal is certified, the Board may not consider all pending appeals in the

[11] M21-1 Adjudication Procedures Manual, Part I, Chapter 5, Section F, *Docketing, Certification, and Claims Folder Transfer to the Board of Veterans Appeals (BVA).*
[12] M21-1 Adjudication Procedures Manual, Part I, Chapter 5, Section F, *Docketing, Certification, and Claims Folder Transfer to the Board of Veterans Appeals (BVA).*

proper order. For example, Roanoke appeals management and staff combined the issues from an appellant's March 1, 2015 appeal record with one received July 12, 2010. The Board would consider the issues from both appeals as if they were received on July 12, 2010. As a result, the March 1, 2015 appeal could be considered ahead of appellants waiting for decisions on older appeals.

The VARO's procedure for combining appeal records increased the potential for appeals management and staff to lose the ability to identify and track appealed issues. In order to maintain control of all pending issues from the prematurely closed records, appeals management and staff had to ensure they added all of the issues to the open appeal record. The OIG identified two cases where they failed to add all pending issues to another open appeal record. Although these two appeal records were reactivated, these appellants may never have received decisions on the missed issues if not for the OIG's review.

If VA staff relied on the incorrect data that was entered in VACOLS, they could take other inappropriate actions, fail to take action, or provide incorrect information to the appellant or their representative. For example, in one case the Roanoke appeals management and staff combined issues from the appellant's June 30, 2014 appeal record with an appeal received on October 1, 2013. The appellant later withdrew his October 1, 2013 appeal, and appeals management and staff closed the record as withdrawn by the appellant. Subsequently, because issues from both appeals were combined into the October 1, 2013 appeal record, the issues from the June 30, 2014 appeal were also closed as withdrawn by the appellant when no withdrawal request for these issues was of record.

Conclusion

Roanoke appeals management and staff prematurely closed 278 of 331 appeal records (84 percent) as withdrawn by appellant, and entered inaccurate data into VACOLS. Generally, this occurred because the process of combining multiple appeal records to decrease inventory was a longstanding practice at the Roanoke VARO. As a result, the Roanoke VARO's reported appeals statistics were inaccurate and associated timeliness measurements were unreliable. Improperly closing appeal records had the potential to cause delays in processing appellants' appeals. Furthermore, some appellants might never have received decisions if not for the OIG's review.

The OIG could not determine what the VARO's actual statistics should have been, as it appears staff have been merging appeals since at least September 2008. In addition, some cases involved combining multiple appeal records and the status of some appeal issues changed over time.

Recommendations

1. The OIG recommended the Roanoke VA Regional Office Director conduct a review to identify prematurely closed appeals records, confer with appropriate VBA officials to determine the proper corrective actions to take, if any, and provide certification of completion of the review to the Office of Inspector General.
2. The OIG recommended the Roanoke VA Regional Office Director confer with Regional Counsel to determine what steps to take, if any, with regard to management or staff involved in the conduct discussed in this report.

Management Comments

The VARO Director concurred with the OIG's findings and recommendations. The Director stated the Roanoke VARO conducted a review of appeals records identified in the OIG report, notified the Board of all records that needed to be unmerged and/or reactivated, and verified that all identified claims had been successfully unmerged on August 31, 2017. Furthermore, the Director reported the appropriate personnel actions to address the issue had been implemented. The Director requested that the OIG close both recommendations.

OIG Response

The VARO Director's comments and actions are responsive to the recommendations. The OIG will consider closing the recommendations after receiving and reviewing additional supporting documentation.

Appendix A Scope and Methodology

Scope and Methodology

The OIG conducted its review from November 2016 through July 2017 to assess the merits of the allegation that Roanoke VARO appeals management and staff prematurely closed appeal records as withdrawn in VACOLS. The OIG reviewed 331 appeal records closed as withdrawn by appellant from December 21, 2015 through September 30, 2016 to determine whether these appeals had been processed appropriately. The OIG also reviewed applicable laws, regulations, policies, procedures, and guidelines. The OIG conducted an unannounced site visit on November 7, 2016 at the Roanoke VARO and interviewed management and staff.

Data Reliability

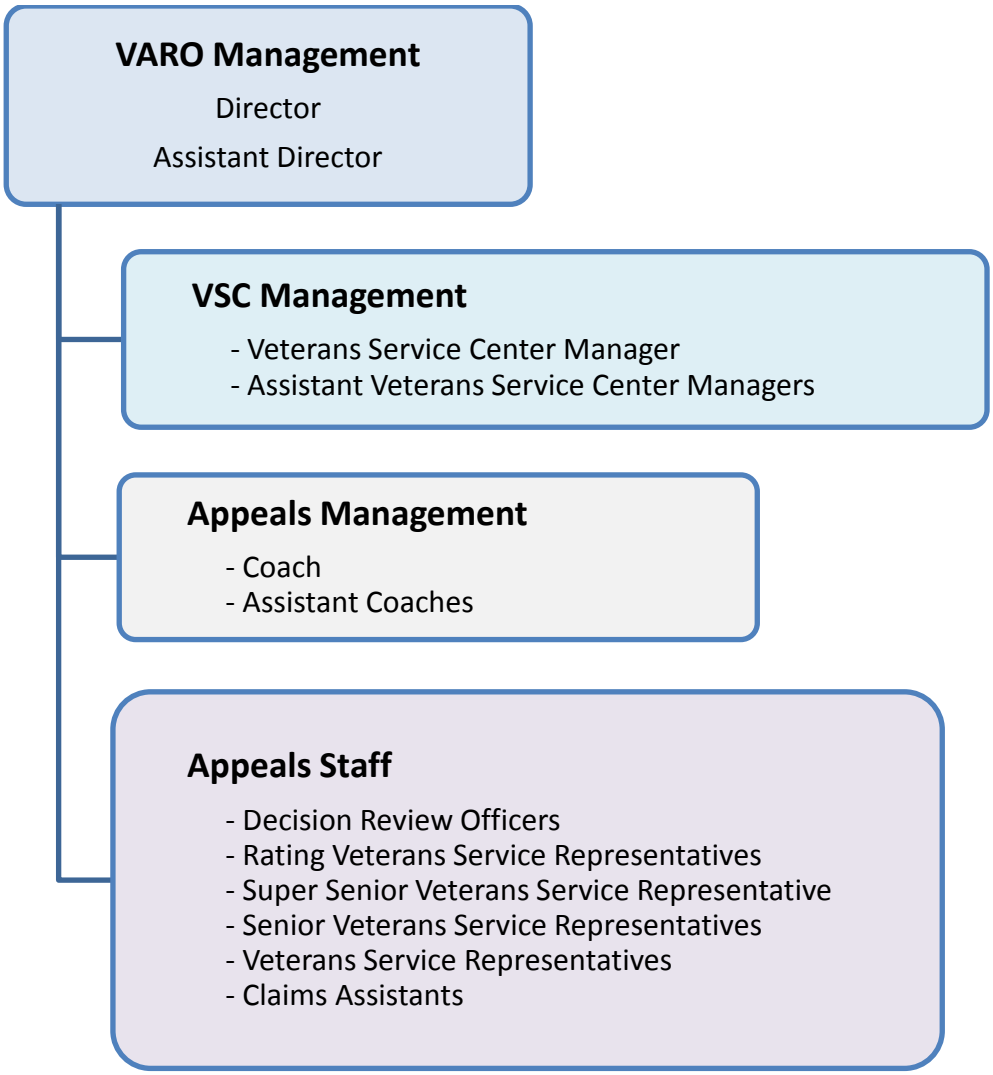
The OIG used computer-processed data obtained from the Corporate Data Warehouse. To test for reliability, the OIG compared the data with information found in the Veterans Benefits Management System (VBMS), Modern Award Processing – Development (MAP-D), and SHARE to determine whether any data were missing from key fields, included any calculation errors, or was outside the time frame requested. The OIG also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, the OIG compared veterans' names, file numbers, Social Security numbers, VARO numbers, and various dates as provided in the data received with information contained in the electronic claims folders for the 331 appeal records it reviewed.

The OIG's testing of the data disclosed that they were sufficiently reliable for the review objectives. The OIG's comparison of the data with information contained in the veterans' electronic claims folders reviewed in conjunction with the review did not disclose any problems with data reliability.

Government Standards

The OIG 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 Roanoke VARO Appeals Staff Hierarchy of Management



Appendix C Management Comments

Department of Veterans Affairs Memorandum

Date: August 31, 2017

From: Keith Wilson, Director, VA Regional Office Roanoke, VA

Subj: Draft Report, *Review of Alleged Appeals Data Manipulation at the VA Regional Office Roanoke, Virginia* (Project Number 2017-00397-SD-0023)

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

1. The Roanoke VA Regional Office's comments are attached regarding the OIG Draft Report: Inspection of the VA Regional Office, Roanoke, Virginia

2. If you have any questions or concerns regarding this response, please contact me at 540.597.1120, or Lyn Cahoon, Acting Veterans Service Center Manager, at 540.597.1153.

(Original signed by)

KEITH M. WILSON

Attachment

For accessibility, the format of the original memo has been modified to fit in this document, to comply with Section 508 of the Americans with Disabilities Act.

Attachment

Veterans Benefits Administration (VBA)

Comments on Office of Inspector General (OIG) Draft Report Inspection of the VA Regional Office, Roanoke Virginia

The following general comments are submitted in response to the OIG draft report:

The Roanoke VA Regional Office (RRO) concurs with the findings and recommendations set forth in the Draft Report, *Review of Alleged Appeals Data Manipulation at the VA Regional Office Roanoke, Virginia* (Project Number 2017-00397-SD-0023).

We believe that the long-standing local practice of closing and merging appeals records, which OIG identified and substantiated in its draft report, was intended to streamline appeal processing for certain Veterans in our former paper-bound system. We agree that it affected appeal completion and timeliness statistics, and as demonstrated by the examples discussed in OIG's draft report, could impair our ability to identify and track the status of appealed issues. We have taken this matter seriously, to include rescinding the local practice and providing training to all appeals Veteran Service Representatives (VSRs).

The following comments are submitted in response to the recommendation in the OIG draft report:

OIG Recommendation 1: We recommended the Roanoke VA Regional Office Director conduct a review to identify prematurely closed appeals records and confer with appropriate VBA officials to determine the proper corrective actions to take, if any, and provide certification of completion of the review to the Office of Inspector General.

Roanoke RO Response: Concur. The Roanoke Regional Office (RRO) conducted a comprehensive review of prematurely consolidated appeals records identified in the OIG report. Following the RRO review, we notified the Board of Veterans Appeals (BVA) of all appeals records needing to be unmerged and/or reactivated. We reviewed a total of 313 claims including 278 of which were provided by the OIG as part of their review. We identified the following in our review:

- Veterans deceased (4)
- Veterans withdrew (21)
- Failed to respond to SOC (1)
- Number of claims not consolidated (34)
- Remanded back to RRO (12)
- ACT/Cert to BVA (98)
- Claims required to be unmerged (143)

The (143) claims identified to be unmerged were sent to a legal assistant in BVA January 27, 2017. On August 31, 2017, RRO verified all identified claims had been successfully unmerged. We request that OIG close Recommendation 1 based upon the information provided in this response.

OIG Recommendation 2: We recommended the Roanoke VA Regional Office Director confer with Regional Counsel to determine what steps to take, if any, with regard to management or staff involved in the conduct discussed in this report.

Roanoke RO Response: Concur. The RO Director has implemented the appropriate personnel actions to address the issue. We request that OIG close Recommendation 2 based upon the information provided in this response.

Appendix D OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Dana Sullivan, Director Michelle Elliott Elyce Girouard Jeff Myers Michele Stratton

Appendix E Report Distribution

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National Veterans Service Organizations
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Office of Management and Budget
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U.S. House of Representatives: Don Beyer, David A. Brat, Barbara Comstock, Gerry E. Connolly, Thomas Garrett, Robert W. Goodlatte, Morgan Griffith, A. Donald McEachin, Eleanor Holmes Norton, Robert C. Scott, Scott Taylor, Robert J. Wittman

This report is available on our website at www.va.gov/oig.