



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

DEPARTMENT OF VETERANS AFFAIRS

VA Needs Better Internal
Communication and Data
Sharing to Strengthen the
Administration of Spina
Bifida Benefits

REVIEW

REPORT #20-00295-61

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Executive Summary

The VA Office of Inspector General (OIG) reviewed key aspects of VA’s spina bifida program in response to wide-ranging concerns raised by Senator Michael K. Braun and by Vietnam Veterans of America. The concerns were about whether eligible individuals are receiving the compensation, health care, home services, and other related benefits to which they are entitled.¹ Regular monthly payments under this small but critical program serving more than 1,000 beneficiaries with disabilities exceeded \$20.8 million in 2019, and medical reimbursements topped \$45 million.

Spina bifida is a birth defect that occurs when a fetus’s spine and spinal cord do not form properly. An individual with spina bifida may suffer from nerve damage, paralysis, and bowel or bladder problems.² Children born with spina bifida may receive benefits from VA if one of their biological parents is a veteran presumed to have been exposed to herbicides during the Vietnam War.³ Benefits can include monthly payments, vocational training and rehabilitation, and health care with services such as home care and case management.⁴

The spina bifida program is jointly managed. The Veterans Benefits Administration (VBA) determines eligibility for benefits and issues monthly payments. The Veterans Health Administration (VHA) covers all medically necessary health care, which includes all medical services and supplies, not just those related to spina bifida. The OIG assessed how effectively VBA and VHA carried out their respective responsibilities in managing the spina bifida program.

What the Review Found

The OIG found VBA staff generally made accurate decisions on spina bifida benefits claims. However, spina bifida program offices in VBA and VHA did not adequately communicate or share data, contributing to improper payments being sent to beneficiaries after their deaths and delays in new beneficiaries being enrolled in health care. Further, because VA did not consistently and accurately reach out and communicate with eligible and enrolled beneficiaries,

¹ 38 U.S.C. §18. The law details provisions for spina bifida benefits, which include a monetary allowance administered by the Veterans Benefits Administration (VBA) and health care administered by the Veterans Health Administration (VHA). The term “spina bifida program” is used by the OIG to define both the VBA and VHA role in administering the benefits. Vocational training and rehabilitation, although covered by the statute, are outside the scope of this report.

² “Spina bifida,” Mayo Clinic website, accessed September 23, 2020, <https://www.mayoclinic.org/diseases-conditions/spina-bifida/symptoms-causes/syc-20377860>.

³ VA Manual 21-1, part 6, chap. 2, sec. 3.a, “Vietnam Service Requirement,” December 31, 2019; VA Manual 21-1, part 6, chap. 2, sec. 4.a, “Specific Korean Service Requirements,” March 2, 2020; VA Manual 21-1, part 6, chap. 2, sec. 50.a, “Specific Thailand Service Requirements,” December 31, 2019. VA policy states that children of certain veterans who served in Korea or Thailand may also be entitled to this benefit.

⁴ 38 U.S.C. §1803; 38 U.S.C. §1804; 38 U.S.C. §1805.

individuals with spina bifida and their caretakers did not receive needed information about spina bifida benefits and how to obtain them. Results from the review include the following:

- **Centralized processing of spina bifida claims resulted in accurate decisions.** VBA processes all claims for eligibility under the spina bifida program at its office in Denver, Colorado. When VBA determines that an individual is eligible for benefits, it assigns a disability level of I, II, or III based on the severity of the individual's spina bifida and any related conditions. The disability level determines the monthly payments that beneficiaries receive. The OIG reviewed the claims processed in fiscal year 2019 and found that staff incorrectly denied eligibility for benefits payments for only two of the 234 claims—a 99 percent accuracy rate. Both incorrect denials of benefits were appealed and later granted. The OIG also reviewed the levels of disabilities assigned for eligible beneficiaries and did not identify any errors.
- **Deceased beneficiaries received more than \$675,000 in monthly payments.** Because the Denver VBA regional office and VHA's Office of Community Care do not have written policies and procedures requiring staff to share data on their respective roster of beneficiaries, death information was not always conveyed, resulting in payments being made even after beneficiaries had died. Three such cases were identified by the review team in which payments continued for eight to 13 years.
- **VHA did not enroll all eligible beneficiaries in health care.** After VBA determines eligibility, the VHA Office of Community Care should enroll the new beneficiaries in health care without additional actions from the beneficiaries. VBA's responsible regional office requires claims processors to notify the Office of Community Care about new spina bifida beneficiaries and about increases in beneficiaries' levels of disabilities. Although there are no required timelines, VHA had not enrolled nine eligible beneficiaries in health care 21 to 616 days after VBA eligibility determinations. The review team worked with the Office of Community Care customer service supervisor and the Denver regional office manager for the spina bifida program on ensuring these beneficiaries' enrollment in health care in June 2020.
- **VBA's national call center staff provided inaccurate information about spina bifida benefits.** The review team completed 26 anonymous calls to VBA national call center staff and found 35 percent provided inaccurate information about the spina bifida program and generally lacked knowledge about program specifics or where to find answers to questions. For example, call center staff provided information about unrelated benefit programs as if they were applicable to the spina bifida program beneficiaries and suggested callers search for answers on VA websites.

- **VHA did not effectively identify and reach out to beneficiaries who may need assistance.** The Office of Community Care can assist beneficiaries in obtaining case managers or social workers. These services are particularly important for seriously disabled beneficiaries. However, only seven beneficiaries used case management or social worker services during fiscal year 2019, less than 1 percent of the number entitled to use such services. The OIG analyzed data obtained from VBA and VHA and found 73 beneficiaries with serious disabilities who had never used VA spina bifida healthcare services. The review team contacted 17 of these eligible beneficiaries and learned that 11 (65 percent) did not know or understand how to obtain health care under the VA spina bifida program. Without additional procedures or ongoing analyses, VA has no measurable assurance that eligible beneficiaries can obtain benefits to which they are entitled.

The team also reviewed additional concerns raised by Vietnam Veterans of America, such as VBA's application form for spina bifida benefits not sufficiently describing the healthcare coverage available to beneficiaries. Vietnam Veterans of America also reported having trouble advocating on behalf of beneficiaries because VHA records do not include VBA's power of attorney forms.⁵ Though VA's policy allows claimants to authorize a veterans service officer, attorney, agent, or other individual to perform functions on his or her behalf in business before VA, the OIG confirmed there was no procedure to include the authorization in VHA records. VHA has since addressed these concerns. Details on the review's scope and methodology appear in appendix A.

What the OIG Recommended

The OIG made four recommendations to the under secretary for benefits and the under secretary for health.⁶ The first was to formalize interagency sharing processes between the Denver VBA regional office and VHA's Office of Community Care to prevent payments from continuing to deceased beneficiaries. The second recommendation focused on ensuring all eligible beneficiaries are promptly enrolled in health care. The third called for VBA to ensure agents at national call centers consistently provide accurate and comprehensive information about spina bifida benefits. The final recommendation addresses the need for VHA's Office of Community Care to develop a process to ensure beneficiaries receive the services for which they are eligible.

⁵ VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, February 2019. The power of attorney form allows a service organization to prepare, present, and prosecute claims for all benefits from the VA on behalf of the veteran and authorizes VA to release the veteran's records to that organization.

⁶ Recommendations directed to the under secretary for health were submitted to the executive in charge, who has the authority to perform the functions and duties of the under secretary (see response in appendix C). Effective January 20, 2021, he was appointed to acting under secretary for health with the continued authority to perform the functions and duties of the under secretary.

Management Comments

The under secretary for benefits and the under secretary for health both concurred with recommendations 1 and 2, provided information on actions taken, and requested closure of the recommendations. The OIG will close recommendations 1 and 2 after additional monitoring to ensure communication and information-sharing processes prevent payments to deceased spina bifida beneficiaries and allow all entitled spina bifida beneficiaries to be enrolled in health care.

The under secretary for benefits concurred with recommendation 3 and provided an acceptable action plan. The OIG will monitor VBA's progress and follow up on implementation of the recommendation until all proposed actions are completed.

The under secretary for health concurred in principle with recommendation 4 and provided an acceptable action plan. The OIG acknowledges VHA's comment that ultimately it is a beneficiary's decision whether to use VHA's spina bifida services, which is all the more reason for eligible and current beneficiaries to be provided comprehensive and accurate program information. The OIG will monitor VHA's progress and follow up on implementation of the recommendation until all proposed actions are completed.



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Contents

Executive Summary	i
Abbreviations	vi
Introduction.....	1
Results and Recommendations	6
Finding: Opportunities Exist for Improving Oversight of the Spina Bifida Program That Would Help Safeguard Taxpayer Dollars and Improve Services for Eligible Beneficiaries.....	6
Recommendations 1–4	17
Appendix A: Scope and Methodology.....	20
Appendix B: VBA Management Comments	22
Appendix C: VHA Management Comments	25
OIG Contact and Staff Acknowledgments	28
Report Distribution	29

Abbreviations

FY	fiscal year
IQ	intelligence quotient
OIG	Office of Inspector General
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration



Introduction

The VA Office of Inspector General (OIG) initiated this review to address concerns about the administration of spina bifida benefits raised by Senator Michael K. Braun and by the veterans service organization Vietnam Veterans of America. Specifically, the OIG sought to determine whether the Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA) were fulfilling their responsibilities in meeting the veterans' benefit claims and healthcare needs under the spina bifida program, which VBA and VHA jointly manage.⁷ Among the reported concerns about the program were inadequate information sharing between VBA and VHA, lack of comprehensive outreach with accurate information to beneficiaries, and lack of access to case or social workers to help beneficiaries (some of whom were seriously ill or dying) get the home care to which they were entitled.⁸

Spina bifida is a birth defect caused by the spine and spinal cord not forming properly during pregnancy. It can range from mild to severe, depending on the type of defect, size, location, and complications. People with spina bifida may have nerve damage, be unable to walk, and have problems with their bowel or bladder control. VA provides monthly payments, vocational training and rehabilitation, and medical care to children born with spina bifida if one of the children's biological parents was a veteran presumed to have been exposed to herbicides such as Agent Orange during the Vietnam War.⁹ VA provides benefits for most forms or manifestations of spina bifida, except spina bifida occulta, a form that does not generally result in disabilities.¹⁰

VBA Responsibilities

VBA determines program eligibility and provides monthly payments ranging from \$336 to \$1,953 based on beneficiaries' disability levels. Approximately \$20.8 million in monthly benefits were paid in fiscal year (FY) 2019. Claims processors in the VBA regional office in Denver, Colorado, determine the eligibility of all applicants seeking spina bifida benefits.

⁷ As stated in the summary, 38 U.S.C. §18, Benefits for Children of Vietnam Veterans and Certain Other Veterans, details provisions for spina bifida benefits, which include a monetary allowance administered by the Veterans Benefits Administration and health care administered by the Veterans Health Administration. The term "spina bifida program" is used by the OIG to define both the VBA and VHA role in administering the benefits. Vocational training and rehabilitation, although covered by the statute, are outside the scope of this review.

⁸ The review team excluded from the scope of this review allegations that did not appear to warrant additional investigation or those determined to be out of scope. For example, the adjudication of claims under the Blue Water Navy Vietnam Veterans Act of 2019 was excluded because the law was not effective until January 1, 2020, after the review period for this report. Preservation of claims regarding grandchildren of veterans was excluded because there is no entitlement in law to grant such benefits.

⁹ 38 U.S.C. §18.

¹⁰ "Spina bifida," Mayo Clinic website, accessed September 23, 2020, <https://www.mayoclinic.org/diseases-conditions/spina-bifida/symptoms-causes/syc-20377860>. Spina bifida occulta is the mildest type of spina bifida. With it, there is a small gap in the spine, but no opening or sac on the back. Often, people who have spina bifida occulta do not even know it unless the condition is discovered during an imaging test done for unrelated reasons.

Eligible beneficiaries are assigned a disability level of I, II, or III based on the severity of the spina bifida (from least to most disabling), which determines the amount of monthly payments. Table 1 shows the disability criteria and the amount paid for each level.

Table 1. Monthly Payments by Disability Level

Disability level	Criteria	Monthly payment
Level I (least disabling)	<p>The individual meets all the following requirements:</p> <ul style="list-style-type: none"> • Walks without support • Has no impairment of upper extremities • Has an intelligence quotient (IQ) of 90 or higher • Has control of bowel and bladder 	\$336
Level II	<p>The individual meets any of the following requirements:</p> <ul style="list-style-type: none"> • Walks with support • Has impairment of upper extremities but can grasp a pen, feed self, and perform self-care • Has an IQ of at least 70 but less than 90 • Requires assistance for bladder control: Is unable to remain dry for at least three hours at a time during waking hours no more than two times per week • Requires assistance for bowel control but can go without wearing absorbent materials to control fecal leakage for up to four days a week • Has colostomy that does not require wearing a bag 	\$1,147

Disability level	Criteria	Monthly payment
Level III (most disabling)	<p>The individual meets any of the following requirements:</p> <ul style="list-style-type: none"> • Uses a wheelchair as the primary means of mobility • Has impairment of the upper extremities severe enough to prevent grasping a pen, feeding self, and performing self-care • Has an IQ of 69 or less • At least three times a week is unable to remain dry for three hours at a time during waking hours • Has bowel leakage that requires wearing absorbent materials at least four days a week, despite treatment for bowel control • Regularly requires manual evacuation or digital stimulation to empty the bowel • Has a colostomy that requires wearing a bag 	\$1,953

Sources: VA rate tables effective December 2019; VA Manual 21-1, part VI, chap. 2, sec. C.2.a., “Spina Bifida Disability Levels,” December 12, 2018.

As of May 2020, VBA reported 1,112 beneficiaries were receiving monthly benefit payments. Figure 1 shows the number of beneficiaries receiving monthly payments by disability level, with the vast majority in the most disabling category.

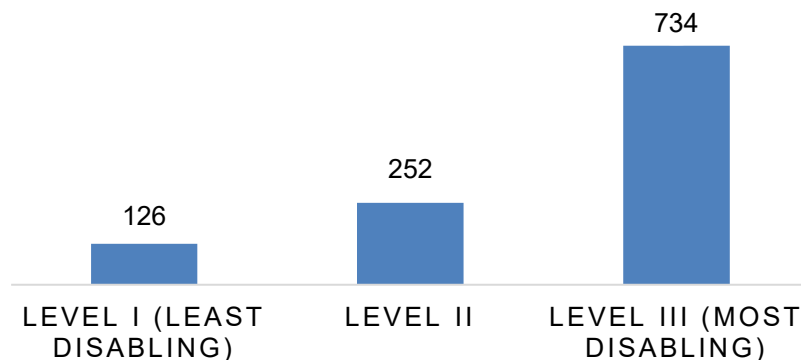


Figure 1. Beneficiaries receiving monthly benefit payments by disability levels.

Source: VBA Performance, Analytics, and Integrity, May 2020.

VHA Responsibilities

The VHA Office of Community Care in Denver, Colorado, manages the healthcare program for spina bifida beneficiaries, including authorizing benefits and then processing and paying medical reimbursement claims. Community care staff send new beneficiaries an identification card and detailed information addressing covered and noncovered services and supplies, preauthorization requirements, and claim-filing instructions. Community care staff also initiate a beneficiary's enrollment in healthcare benefits once the office is notified by VBA regional office staff that the individual is eligible.¹¹ Enrollment in the spina bifida healthcare program does not require beneficiary action.

The program covers all health care deemed medically necessary, not just for spina bifida.¹² Pharmacy benefits are available to all beneficiaries, and the program also covers reimbursement for out-of-pocket expenses including over-the-counter medicine, supplies, and transportation expenses.¹³

Beneficiaries may select a properly licensed private care provider of their choice. In addition to approved private providers, beneficiaries may also obtain some healthcare services from VA facilities, depending on available treatment space.¹⁴

¹¹ VA Office of Community Care Guidebook, Spina Bifida Program Standard Operating Procedure and Internal Controls, December 31, 2018.

¹² Spina Bifida Healthcare Benefits Program Policy Manual, chap. 2, sec. 2.02, "General Medical Benefits," June 11, 2020.

¹³ Spina Bifida Healthcare Benefits Program Policy Manual, chap. 2, sec 2.03, "Pharmacy Services, Supplies, and OTC Items," June 11, 2020; Spina Bifida Healthcare Benefits Program Policy Manual, chap. 2, sec. 2.13, "Travel," June 11, 2020.

¹⁴ VHA Office of Community Care Guide, *Spina Bifida Health Care Benefits Program*, August 2017.

In FY 2019, VHA reported there were 1,122 beneficiaries enrolled in the program—a decrease of about 70 since 2015.¹⁵ Figure 2 shows that the number of newly eligible beneficiaries enrolled in the VHA spina bifida healthcare program from FY 2015 to FY 2019 remains low, with none in FY 2019.¹⁶

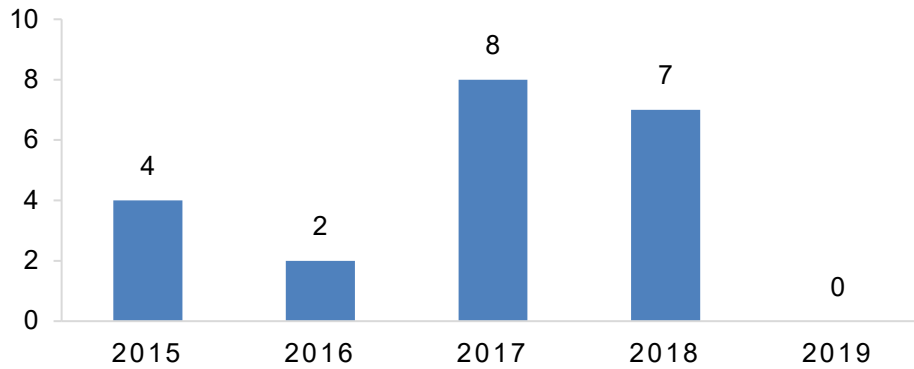


Figure 2. New enrollees in health care under the spina bifida program from FY 2015 to FY 2019.

Source: VHA Community Care Office of Informatics/Data Analytics.

¹⁵ VHA Community Care Office of Informatics/Data Analytics.

¹⁶ New enrollment in the program is low because the eligible population is aging. With the passage of the Blue Water Navy Vietnam Veterans Act of 2019, more beneficiaries may be added.

Results and Recommendations

Finding: Opportunities Exist for Improving Oversight of the Spina Bifida Program That Would Help Safeguard Taxpayer Dollars and Improve Services for Eligible Beneficiaries

VBA's centralized processing of spina bifida claims at the Denver VBA regional office has generally resulted in accurate decisions. The review team also found that VHA's Office of Community Care customer service agents provided generally accurate information about the program to the review team. However, the OIG found increased oversight of the program from both VHA and VBA could result in needed improvements, such as helping to ensure monthly payments do not continue after the death of beneficiaries, all new beneficiaries are promptly enrolled in health care, and VBA's national call center personnel consistently provide accurate information to callers. Perhaps of greatest concern for those with severe disabilities, the OIG also found VHA had not completed the analyses or outreach to determine if enrolled beneficiaries needed help obtaining health care. The review revealed that only 1 percent of entitled beneficiaries during FY 2019 had a social worker or case manager to make sure beneficiaries were receiving needed services. By increasing oversight to ensure funds are spent appropriately and beneficiaries receive the care they are entitled to, VA will increase the effectiveness of this small but critical program.

What the OIG Did

The review team examined all 234 spina bifida claims completed by Denver VBA regional office staff in FY 2019 (October 1, 2018, through September 30, 2019—the most recent full year of data available). The team used VBA's Veterans Benefits Management System to review the documentation and accuracy of decisions for each completed claim.¹⁷ The review team then discussed the results of the claims reviews with the regional office manager, who agreed with the deficiencies identified, as detailed later in this report.

The OIG also reviewed data related to beneficiaries from both VBA and VHA. The team compared the roster of beneficiaries receiving VBA payments with the list of those enrolled in health care under the spina bifida program. The Veterans Benefits Management System was used to confirm the eligibility of each beneficiary. The team coordinated with both VBA and VHA to discuss the results of the review and addressed staff's comments in the report. See appendix A for more on the review's scope and methodology.

This finding discusses the following results of the team's review:

- Centralized processing of spina bifida claims resulted in accurate decisions.

¹⁷ Veterans Benefits Management System is a web-based, electronic claims-processing system.

- Deceased beneficiaries received more than \$675,000 in monthly payments.
- VHA did not enroll all eligible beneficiaries in health care.
- VBA’s national call center provided inaccurate information about spina bifida benefits.
- VHA does not effectively identify and contact beneficiaries who may need assistance.

During the OIG’s review, VA took positive steps to correct procedural issues within the spina bifida program as detailed beginning on page 15 of this report.

Centralized Processing of Spina Bifida Claims Resulted in Accurate Decisions

According to policy, all claims for spina bifida benefits payments are centrally processed by a dedicated team at the Denver VBA regional office. The team is composed of claims processors and a manager responsible for making decisions based on the evidence for each claim. Regional office staff decide both initial eligibility and claims seeking increases to benefits.

As shown in table 2, the review team found that VBA staff incorrectly denied eligibility for benefit payments for only two of the 234 completed claims—a 99 percent accuracy rate. Both incorrect denials of benefits were later granted on appeal. The review team did not identify errors related to the level of disability VBA staff assigned to the eligible beneficiaries.

Table 2. Claims Reviewed by Type and Decision

Claim type	Claims	Claims granted	Incorrect decisions
Initial eligibility	157	0	2
Reopen previously denied	44	2	0
Appeal	24	1	0
Reconsideration	5	0	0
Increase in disability level	4	2	0
Total	234	5	2

Source: OIG analysis of Denver’s completed claims for FY 2019.

Deceased Beneficiaries Received More Than \$675,000 in Monthly Payments

The OIG determined that communication between VBA’s Denver regional office and VHA’s Office of Community Care regarding the death of beneficiaries was inadequate. The Denver VBA regional office’s standard operating procedure does not contain instructions for staff to notify the VHA Office of Community Care when a beneficiary dies. Office of Community Care

eligibility and enrollment guidance instructs staff to contact the Denver regional office only if they need assistance *confirming* the death of a beneficiary.¹⁸

Before July 2019, the two offices were periodically sharing eligibility information. The manager who oversees the spina bifida program at the Denver regional office said although she used to receive a roster from the Office of Community Care about two to three times a year, she had not received one since September 2018. She compared beneficiaries on the roster enrolled in health care with VBA’s own roster of beneficiaries receiving benefits payments to ensure both offices had the same beneficiary eligibility data. The Office of Community Care customer experience supervisor, however, said she was unaware of the process and had not provided a roster of beneficiaries enrolled in health care to the Denver regional office since taking the post in July 2019. She confirmed that no formal data-sharing policies or procedures were in place, saying informal sharing ceased when the previous supervisor resigned without notice.

In May 2020, the VBA regional office and the VHA Office of Community Care provided rosters in response to the review team’s request for all beneficiaries who were receiving benefits payments and for all who were enrolled in health care. A comparison of the lists revealed three beneficiaries VHA listed as deceased who were still receiving monthly payments from VBA.¹⁹ The lack of communication between the Denver VBA regional office and the VHA Office of Community Care resulted in \$675,158 in overpayments sent to the three deceased beneficiaries, as shown in table 3.

Table 3. Overpayments to Beneficiaries After Their Deaths

Beneficiary	Date of death	Date VHA notified VBA of death	Overpayment
1	March 14, 2007	May 18, 2020	\$280,080
2	May 6, 2010	May 18, 2020	\$218,822
3	June 6, 2012	May 18, 2020	\$176,256
Total			\$675,158

Source: May/June 2020 benefit audits completed by VA’s Debt Management Center.

The manager who oversees the spina bifida program at the Denver regional office said regional office employees would email the Office of Community Care concerning all death notifications starting in June 2020. The Office of Community Care customer service supervisor said in June 2020 that she would provide a roster of all beneficiaries enrolled in health care to the Denver

¹⁸ VHA Knowledge Article 55440000058865, “Eligibility and Enrollment – Spina Bifida Health Care,” April 9, 2020.

¹⁹ The review team referred the matter of VA payments made to three beneficiaries following their deaths to the OIG’s Office of Investigations for appropriate action.

regional office each month to document the status of all spina bifida beneficiaries. While the OIG recognizes the prompt corrective actions, these processes should be laid out in clear guidance.

Recommendation 1 addresses the need for VBA and VHA to formalize information sharing between the Denver regional office and Office of Community Care to prevent payments from continuing to deceased spina bifida beneficiaries.

VHA Did Not Enroll All Eligible Beneficiaries in Health Care

The OIG determined the process for communicating beneficiary eligibility data between the Denver regional office and the Office of Community Care is inadequate to ensure all entitled individuals receiving monthly payments for spina bifida are enrolled in health care. The Denver regional office's standard operating procedure states that claims processors are responsible for notifying the Office of Community Care via email whenever a spina bifida entitlement is granted or the spina bifida level of disability is increased.²⁰

The Office of Community Care's standard operating procedure does not specify a deadline for enrolling a new beneficiary once notification is received from the Denver regional office. However, the customer experience supervisor said the office can enroll the new beneficiary in health care within 24 hours.

The team reviewed the list of beneficiaries received from the Denver regional office and the Office of Community Care in May 2020 to determine if all individuals receiving benefits payments were also enrolled in VHA health care.²¹ The review team coordinated with the Denver regional office and Office of Community Care to analyze the data, and discovered nine eligible beneficiaries receiving monthly payments who were not enrolled in health care under the spina bifida program, as shown in table 4. Staff in the Denver regional office could not confirm they ever notified the Office of Community Care of three of the nine beneficiaries' eligibility. After the OIG's discussions with staff in the Denver regional office and Office of Community Care, the nine beneficiaries were enrolled in health care in June 2020.

²⁰ VBA Chapter 18 Standard Operating Procedure, April 29, 2020.

²¹ VA Office of Community Care Guidebook, *Spina Bifida Program Standard Operating Procedure and Internal Controls*, December 31, 2018. Beneficiaries determined to be eligible by VBA are required to be automatically enrolled in the VA Spina Bifida Health Care Benefits Program by the Office of Community Care. It is a beneficiary's choice to participate in the healthcare program.

Table 4. Eligible Beneficiaries Not Enrolled in Health Care

Beneficiary	Date VBA granted entitlement to benefits	Date VBA notified VHA of eligibility*	Date VHA enrolled beneficiary in health care	Delay in healthcare enrollment (days)
1	September 25, 2018	September 26, 2018	June 2, 2020	616
2	March 26, 2019	Cannot confirm notification	June 2, 2020	435 [†]
3	August 29, 2019	September 17, 2019	June 2, 2020	260
4	November 26, 2019	Cannot confirm notification	June 2, 2020	190 [†]
5	March 4, 2020	Cannot confirm notification	June 2, 2020	91 [†]
6	April 28, 2020	May 11, 2020	June 2, 2020	23
7	May 1, 2020	May 13, 2020	June 2, 2020	21
8	May 1, 2020	May 13, 2020	June 2, 2020	21
9	May 7, 2020	May 12, 2020	June 2, 2020	22

Source: *OIG analysis of data and documentation obtained from the Denver regional office and the Office of Community Care.*

* *Some necessary delay occurs between the date VBA grants entitlement to benefits and the date VBA notifies VHA of eligibility. This delay is due to the processing and authorization of the monetary award.*

† *The number of calendar days healthcare enrollment was delayed when VBA could not confirm notification was calculated based on the date of the decision granting entitlement to benefits.*

Neither the Denver VBA regional office nor the Office of Community Care has written policies and procedures to compare a roster of beneficiaries receiving benefits payments with beneficiaries enrolled in health care. The Denver regional office manager also confirmed the two offices do not have regularly scheduled meetings.

Recommendation 2 calls for VBA and VHA to formalize procedures for coordinating and sharing beneficiary data to ensure all eligible beneficiaries are enrolled in health care.

VBA’s National Call Center Provided Inaccurate Information about Spina Bifida Benefits

The OIG determined that VBA’s national call center procedures, including the use of the Knowledge Management System, were insufficient to ensure all callers receive accurate and consistent information on VA’s spina bifida program.²² VBA’s eight national call centers are

²² The Knowledge Management System is VBA’s internal online resource for call center staff. It gives them easy access to procedures and benefits services information.

managed by the Benefits Assistance Service. The call centers are in Columbia, South Carolina; Cleveland, Ohio; Nashville, Tennessee; Philadelphia, Pennsylvania; Phoenix, Arizona; Salt Lake City, Utah; San Juan, Puerto Rico; and St. Louis, Missouri. The Benefits Assistance Service develops procedures, scripts, and job aids to provide call center agents with the information and guidance to appropriately respond to telephone inquiries.

In January and February 2020, the review team anonymously called 26 national call center employees to determine if the employees provided accurate information about VA's spina bifida program. Nine of the 26 employees (35 percent) provided callers with incorrect information for using VBA's spina bifida program. Additionally, the team discovered call center employees did not have a primary reference source for questions about the spina bifida program. Instead, the employees searched for information on different VA websites using the Knowledge Management System or an external website using a commercial search engine, which led to inaccurate information. The examples that follow detail the national call center agents' lack of knowledge and the incorrect information they provided about the spina bifida program.

Example 1

When asked by a review team member about the spina bifida program, the national call center agent did not know what the program was. After the team member explained what spina bifida was and asked how one could establish eligibility for benefits, the call agent incorrectly said an application must be submitted on VA Form 21-526EZ to the regional office in the applicant's state of residence. The correct VA form used to apply for spina bifida benefits is VA Form 21-0304 and the application directs that the form be submitted to the Denver regional office.²³

Example 2

When asked by a review team member about the spina bifida program, the VA national call center agent provided information related to VBA's helpless child benefits, which is a different and unrelated benefit.²⁴ When asked how one could obtain information related to spina bifida benefits, the call agent recommended searching the VA website.

Example 3

When asked about the spina bifida program, a call agent incorrectly stated a beneficiary would be entitled to certain survivor benefits. The agent further

²³ VA Form 21-0304 was revised in February 2020, indicating all applications must be mailed to VA's evidence intake center in Janesville, Wisconsin.

²⁴ The helpless child benefit is an additional monetary allowance paid to a veteran for a dependent child who will become permanently incapable of self-support because of a mental or physical defect before age 18.

incorrectly stated that the caller would have to contact a veterans service organization to learn about spina bifida benefits because the agent could not provide further information by law.

A Benefits Assistance Service program analyst explained to the review team that a script for national call center agents had not been developed for callers inquiring about spina bifida benefits. Instead, she said call center employees use the Knowledge Management System to locate information callers are requesting. In addition, the analyst was unaware of any communication between the Benefits Assistance Service and spina bifida program managers to identify key information about the program and where individuals asking questions about the program could be directed.

Given the small size and distinctiveness of the spina bifida program, if call center procedures for the program are not developed, callers will continue to receive inaccurate information. Recommendation 3 urges the Benefits Assistance Service to consult with spina bifida program managers at the Denver VBA regional office and the VHA Office of Community Care to determine what information should be provided to callers asking about spina bifida benefits.

VHA Did Not Effectively Identify and Contact Beneficiaries Who May Need Assistance

The OIG determined that VHA's Office of Community Care could better analyze data to identify individuals who may need assistance in obtaining health care, including those seriously disabled or other individuals in need of case manager or social worker assistance. For example, level III beneficiaries, who represent 66 percent of all beneficiaries enrolled in health care under the spina bifida program, are seriously disabled and may have an IQ of 69 or less. The guardians or caretakers of seriously disabled beneficiaries may not be aware that case managers and social workers are available through the program to assist them in addressing the beneficiary's often complex healthcare and service needs.

In July 2019, a request from the office of Senator Braun asked VHA how many of the 1,122 beneficiaries used VA-paid private social worker benefits. VHA responded that 371 beneficiaries used the benefits through June 2019. That response, however, was overstated. The review team obtained data from VHA showing the information provided was based on a flawed data query that included all family member and dependent care programs, not just the spina bifida program.²⁵ Moreover, the team discovered beneficiaries misunderstood their healthcare benefits, not just social worker benefits, as described in table 5 below.

²⁵ The VHA Office of Community Care manages the Camp Lejeune Family Member Program, Children of Women Vietnam Veterans Health Care Benefits Program, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and Spina Bifida Health Care Benefits Program.

The data the team obtained revealed that during FY 2019, only seven spina bifida program beneficiaries used case management or social worker services—less than 1 percent of the 1,122 entitled beneficiaries. The low percentage indicates beneficiaries may be unaware of the services available to them or cannot take advantage of them.

Staff in VHA's Office of Community Care said the office does not have dedicated VA-employed case managers or social workers. Instead, the office provides a list of case management resources, communicates program benefits, and informs beneficiaries of the status of their medical reimbursement claims. Interviews with Office of Community Care personnel confirmed that no analyses or outreach has been done to determine who is and is not using the healthcare services, or why case management and social worker services are not being used. The deputy director who oversees health care under the spina bifida program said she did not know why her office has not done such analyses.

The review team obtained a roster from the Office of Community Care showing all beneficiaries who have never used the VA spina bifida healthcare program. Team members compared the roster with VBA's roster of beneficiaries to determine the level of disability for each beneficiary who had never used the benefits. Of the 159 eligible beneficiaries who had never accessed health care under the spina bifida program, 73 (46 percent) had a level III disability, the most severe.

The review team attempted to call all 73 level III beneficiaries to determine why they were not using the VA spina bifida healthcare program. The team was able to contact 17 of the 73 beneficiaries or their caretakers.²⁶ Of those, 11 beneficiaries (65 percent) were unaware of or did not fully understand how to obtain their healthcare benefits under the spina bifida program, as shown in table 5.

²⁶ The review team was unsuccessful in contacting 56 level III beneficiaries due to a lack of available contact information, obsolete contact information, or no responses to requests for return calls.

Table 5. Contacted Level III Beneficiaries Who Did Not Use the VA Spina Bifida Healthcare Benefits Program

Beneficiary	Contact with	Result of call
1	Mother (Caretaker)	Unsuccessful getting health care at local VA medical center and unaware of private medical reimbursement.
2	Beneficiary	Unaware medically necessary or appropriate health care was available for issues other than spina bifida.
3	Beneficiary	Unaware medically necessary or appropriate health care was available for issues other than spina bifida.
4	Father (Fiduciary)	Unaware medically necessary or appropriate health care was available for issues other than spina bifida, and unaware of private medical reimbursement.
5	Father (Caretaker)	Unaware medically necessary or appropriate health care was available for issues other than spina bifida, and unaware of private medical reimbursement. Received information from VA that his child could not receive health care because the child was over age 21.
6	Beneficiary	Unaware benefits included VA-paid health care.
7	Beneficiary	Vaguely aware that VA provided health care but was afraid of losing state healthcare coverage. Would rather have VA care if someone could explain the program.
8	Beneficiary	Aware that VA provided reimbursement but believed that coverage ended at age 21; afraid of losing Medicare/Medicaid; and paying for prescriptions out of pocket, not knowing VA would reimburse.
9	Mother (Caretaker)	Unaware of private medical reimbursement. Did not want health care at VA facility.
10	Beneficiary	Unaware of VA spina bifida healthcare program and unsuccessful in receiving state health care.
11	Beneficiary	Unaware of spina bifida healthcare program.

Source: OIG analysis and communication with identified level III nonusers from VBA/VHA data.

Note: All calls were made on August 20, 2020, except to beneficiaries 10 and 11, who were called on August 24, 2020.

* This information was inaccurate because spina bifida beneficiaries' health care under 38 U.S.C. §1803 is not limited by the age of a beneficiary.

† VA assumes full responsibility for the cost of services for spina bifida beneficiaries. VA covers 100 percent of the VA-allowed amount and is the exclusive payer to Medicare, Medicaid, and any other health insurance.

In January 2020, the review team conducted a site visit to VHA's Office of Community Care to discuss VHA's role in providing case management services to beneficiaries. Following that visit, office staff drafted correspondence to send to all eligible beneficiaries. The correspondence defines case management, home health aides, and homemaker services for beneficiaries of the spina bifida program and explains how VHA can assist beneficiaries in locating these services. The review team confirmed the correspondence was mailed to beneficiaries in September 2020.

The office's deputy director stated that staff would start documenting the beneficiaries' levels of disability to determine if outreach to the most seriously disabled beneficiaries is needed.

Improving processes and procedures within the spina bifida program will provide VHA additional assurance that all eligible beneficiaries understand and have the capability to obtain healthcare benefits and other services to which they are entitled. Recommendation 4 emphasizes the importance of the Office of Community Care developing a process to ensure beneficiaries are made aware of all healthcare services available to them.

VA Took Positive Steps to Correct Misinformation in the Spina Bifida Program Application and Personnel Guidance

VA took corrective steps after the team reviewed and confirmed additional concerns raised by Vietnam Veterans of America, including that VBA's application for spina bifida-related benefits insufficiently described healthcare coverage available for beneficiaries. The review team discovered that VBA's adjudication procedures manual was also insufficient in describing health care coverage. Additionally, Vietnam Veterans of America reported having trouble advocating on behalf of beneficiaries due to VBA's representation form not being included in VHA records. As discussed in the following sections, the OIG confirmed that VA acted to resolve these procedural issues during the review. Therefore, the OIG did not make any additional recommendations to address these concerns.

VBA's Application for Spina Bifida Benefits

The OIG determined VBA missed the opportunity in 2019 and in the previous 10 years to revise its application to reflect an important change in spina bifida benefits. Before a law change in October 2008, VA provided beneficiaries with health care only for the spina bifida condition and any associated disabilities.²⁷ The amended law allows VA to cover all health care that is considered medically necessary and appropriate.²⁸ Thus, medical services and supplies for spina bifida beneficiaries were no longer limited to the spina bifida condition.

In March and June 2019, VBA solicited public comments and recommendations to update VA Form 21-0304, the application for spina bifida benefits. The senior attorney advisor for the Vietnam Veterans of America submitted written responses to VBA's solicitations urging that the description of healthcare benefits be updated to reflect the 2008 change in law. In February 2020, VBA revised and published the form but left in place the old description of healthcare benefits available for spina bifida beneficiaries. When asked why the health benefit information changes suggested by the Vietnam Veterans of America were not made, the VBA director of policy and

²⁷ Veterans' Mental Health and Other Care Improvements Act of 2008, Pub. L. No. 11-387, §408 (2008).

²⁸ Spina Bifida Healthcare Benefits Program Policy Manual, chap. 2, sec. 2.02, "General Medical Benefits," June 11, 2020. Examples of healthcare exclusions include experimental treatments, drugs not approved by the Food and Drug Administration, and treatment rendered by providers suspended or sanctioned by a federal agency.

procedures explained that the form was expedited through the revision process to align with the Blue Water Navy Vietnam Veterans Act of 2019, which became effective on January 1, 2020.²⁹

The review team also found that the update was not a joint effort. The director of VBA's policy and procedures and the deputy chief of policy management at the Office of Community Care stated that VBA did not solicit the expertise of VHA's Office of Community Care when revising the form. As a result, the deputy chief of policy management at the Office of Community Care reviewed the revised application and acknowledged that its description of healthcare coverage is inaccurate and insufficient to explain the healthcare coverage available to spina bifida beneficiaries.

VBA's director of policy and procedures said staff would consult with VHA's Office of Community Care and begin to address the organization's comments and correct the form. In June 2020, VBA followed through and revised VA Form 21-0304 in coordination with VHA to include a complete description of healthcare coverage afforded to spina bifida beneficiaries in accordance with the October 2008 change in law.³⁰

VBA's Adjudication Procedures Manual

The review team discovered that, like the application form, VBA's adjudication procedures manual contained incorrect information regarding the extent of healthcare coverage available to spina bifida beneficiaries. The manual stated that VA would provide health care necessary for an eligible individual's spina bifida and associated disabilities but noted that the coverage did not extend to unrelated conditions. After the review team spoke with the director of VBA's policy and procedures and informed her of the incorrect information, the VBA manual was updated in August 2020 to indicate that coverage does extend to unrelated conditions.³¹

Guidance on Representation

VA's policy is that all claimants have the right to representation before the department in claims affecting the payment of benefits or relief. Representation before VA means broadly that an individual has completed legal formalities to authorize a veterans service officer, attorney, agent, or individual to perform functions on his or her behalf in business before VA. Representatives from the Vietnam Veterans of America reported that VBA's Denver regional office was not transmitting the power of attorney appointment form for beneficiaries, which gives that

²⁹ The Blue Water Navy Vietnam Veterans Act of 2019 (38 U.S.C. §1822) authorized VA to provide benefits for individuals born with spina bifida who are children of certain veterans that served in Thailand.

³⁰ Veterans' Mental Health and Other Care Improvements Act of 2008, Pub. L. No. 11-387, §408 (2008).

³¹ VA Manual 21-1, part 6, chap. 1, sec. 4.a. "Availability of Health Care Coverage and Vocational Training," August 3, 2020. VBA's adjudication manual provides guidance and rules for processing and adjudicating claims for compensation, pension, and related benefits for veterans and their dependents. The manual is available to the public via the US Department of Veterans Affairs website.

authorization, to VHA's Office of Community Care for its records. Therefore, the Vietnam Veterans of America representatives found it difficult to advocate on behalf of the beneficiary before VHA.³² VHA employees would not speak to the organization's representatives without that authorization form.

The OIG confirmed that VBA staff provided the power of attorney appointment to VHA, and the form was also available to VHA via the Veterans Benefits Management System. When the review team asked the Office of Community Care's enrollment, eligibility, and verification supervisor why her staff were not including the power of attorney appointment form in VHA's eligibility files for spina bifida beneficiaries, she said no guidance directed them to do so. Since initiation of the OIG review, the Office of Community Care developed procedures to require the inclusion of the power of attorney form in beneficiary files. The supervisor said her staff have been including that form in beneficiary files since March 2020.³³

Conclusion

VA is generally accurate in processing spina bifida claims, but the program needs improved oversight to ensure funds are spent appropriately and beneficiaries receive the care to which they are entitled. Inadequate interagency data sharing and communication resulted in spina bifida beneficiaries continuing to be sent benefits after death and led to national call center agents disseminating inaccurate information. Communication with potential beneficiaries also needs improvement, especially with beneficiaries who have serious disabilities. Inaccurate information and a lack of effective outreach to beneficiaries with serious disabilities have kept many of them from receiving the help they need to obtain care. By making the recommended improvements, VA can enhance the effectiveness of this critical program.

Recommendations 1–4

The OIG recommended that the under secretary for benefits and the under secretary for health take the following actions:³⁴

1. Formalize interagency sharing processes between the Veterans Benefits Administration's Denver regional office and the Veterans Health Administration's Office of Community Care on how data and information will be shared between both offices to prevent payments from continuing to deceased spina bifida beneficiaries.

³² VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, February 2019.

³³ VHA Office of Community Care Eligibility, *Enrollment and Verification Desk Procedures*.

³⁴ Recommendations directed to the under secretary for health were submitted to the executive in charge, who has the authority to perform the functions and duties of the under secretary (see response in appendix C). Effective January 20, 2021, he was appointed to acting under secretary for health with the continued authority to perform the functions and duties of the under secretary.

2. Establish clear written guidance on sharing beneficiary data between the Veterans Benefits Administration's Denver regional office and the Veterans Health Administration's Office of Community Care to ensure all entitled beneficiaries are enrolled in health care.

The OIG recommended that the under secretary for benefits take the following action:

3. Institute standardized procedures to help the Veterans Benefits Administration's national call center agents provide accurate and comprehensive information about spina bifida benefits.

The OIG recommended that the under secretary for health take the following action:

4. Direct the Veterans Health Administration's Office of Community Care to develop a process to ensure those beneficiaries who are not using the services for which they are eligible, or need assistance with locating those services, receive them.

Management Comments

The under secretary for benefits and the under secretary for health both concurred with recommendations 1 and 2. To address these recommendations, VBA and VHA developed a memorandum of understanding detailing how data and information will be shared to prevent payments from continuing to deceased spina bifida beneficiaries and to ensure all entitled spina bifida beneficiaries are enrolled in health care. Both undersecretaries requested closure of those recommendations.

The under secretary for benefits concurred with recommendation 3 and provided an acceptable action plan. To address the recommendation, VBA will develop procedures to help national call center agents provide accurate and complete information about spina bifida benefits.

The under secretary for health concurred in principle with recommendation 4 (noting that "it is... ultimately a beneficiary's decision" whether to use spina bifida services) and provided an acceptable action plan. To address the recommendation, the Office of the Under Secretary for Health has begun to review its communication processes and materials to identify ways to increase awareness and improve understanding of spina bifida eligibility, benefits, service locations, and resources. VHA also plans to establish a workgroup to improve outreach and engagement in program services.

VBA comments appear in full in appendix B. VHA comments appear in full in appendix C.

OIG Response

The OIG will complete additional monitoring and close recommendations 1 and 2 when VBA and VHA provide evidence showing that communication and information-sharing processes prevent payments to deceased spina bifida beneficiaries and allow all entitled spina bifida

beneficiaries to be enrolled in health care. The OIG will also monitor VBA's progress implementing recommendation 3. As for recommendation 4, the OIG acknowledges VBA's comment that it is a beneficiary's decision whether to use VHA's spina bifida services, which is all the more reason for eligible and current beneficiaries to be provided comprehensive and accurate program information. The OIG will follow VHA's progress implementing recommendation 4 until all proposed actions are completed.

Appendix A: Scope and Methodology

Scope

The review team conducted its work from February through December 2020. The population of claims reviewed included all 234 spina bifida claims decided by the Denver regional office in FY 2019 (October 2018 through September 2019) and all 1,117 beneficiaries receiving monetary payments through December 2019. The data were provided by the OIG data analysis division and reviewed in the Veterans Benefits Management System. In addition, the review team obtained a roster of beneficiaries from both VBA and VHA in May 2020. These rosters were compared to determine if all beneficiaries were enrolled in the VHA spina bifida healthcare program and used to determine if payments were being made to beneficiaries following their deaths. The team discussed the findings with VBA and VHA officials and included their comments where appropriate.

Methodology

To accomplish the review objectives, the team identified and reviewed applicable regulatory requirements, documentation, and VBA and VHA actions related to VA's spina bifida program. The team interviewed and obtained information related to the program from management and staff at the VBA regional office in Denver, Colorado, and the VHA Office of Community Care in Denver, Colorado. The team also interviewed and garnered additional information from VBA officials in Washington, DC, and from representatives of Vietnam Veterans of America.

Fraud Assessment

The OIG assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this review. The OIG exercised due diligence in staying alert to any fraud indicators and completed the following actions:

- Identified laws and regulations related to the review subject matter
- Assessed previous reviews, audits, and inspections as reported by the OIG and other auditing organizations regarding VBA
- Completed the Fraud Indicators and Assessment Checklist
- Reviewed the OIG's hotline records for reports of fraud in the review area
- Collaborated with staff from the OIG Office of Investigations

The OIG did not identify any instances of fraud during this review. The potential for fraud involving three beneficiaries whom VHA listed as deceased but who were still receiving monthly payments from VBA led the team to make a referral to OIG's Office of Investigations.

Data Reliability

The review team compared VBA file numbers, beneficiary names, claim dates, claim types, and award types as provided in the data received. These comparisons were used to determine whether there were any discrepancies. Testing of the data disclosed that the data were sufficiently reliable for the review objectives. Comparison of the data with information contained in the beneficiary's Veterans Benefits Management System electronic claims folders did not disclose any problems with data reliability, as the team did not find any discrepancies in the data fields in any of the data sets.

Government Standards

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

Appendix B: VBA Management Comments

Department of Veterans Affairs Memorandum

Date: January 26, 2021

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits [Project No. 2020-00295-DN-0037] – VIEWS 04051458

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

1. Attached is VBA's response to the OIG Draft Report: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits.

The OIG removed point of contact information prior to publication.

(Original signed by)

Thomas J. Murphy

Acting

Attachment

Veterans Benefits Administration (VBA)

Comments on OIG Draft Report

VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits

VBA concurs with the findings in OIG's draft report and provides the following comments in response to the recommendations.

Recommendation 1: The OIG recommended that the under secretary for benefits and the under secretary for health formalize inter-agency sharing processes between the Veterans Benefits Administration's Denver regional office and the Veterans Health Administration's Office of Community Care on how data and information will be shared between both offices to prevent payments from continuing to deceased spina bifida beneficiaries.

VBA Response: Concur. To formalize inter-agency sharing processes between the Veterans Benefits Administration's (VBA) Denver Regional Office (RO) and the Veterans Health Administration's (VHA) Office of Community Care (OCC), VHA and VBA developed a Memorandum of Understanding (MOU). The December 22, 2020 MOU specifies that to prevent payments from continuing to deceased spina bifida beneficiaries, when either office receives information on a claimant's death, they will communicate with each other through the VA's corporate mailboxes and will provide the claimant's name, file number, date of death, and how the office was notified. We request closure of this recommendation.

Recommendation 2: The OIG recommended that the under secretary for benefits and the under secretary for health establish clear written guidance on sharing beneficiary data between the Veterans Benefits Administration's Denver regional office and the Veterans Health Administration's Office of Community Care to ensure all entitled spina bifida beneficiaries are enrolled in health care.

VBA Response: Concur. To establish clear written guidance on sharing beneficiary data between VBA's Denver RO and VHA's OCC, VHA and VBA developed a MOU. The December 22, 2020 MOU specifies that to ensure that all entitled spina bifida beneficiaries are enrolled in health care, the Denver RO and the OCC will provide each other a list of current Chapter 18 beneficiaries monthly. This will enable the identification of inconsistencies between the two lists. The lists will be sent to each other via the VA corporate mailboxes and the data will be reviewed by each organization within 48 hours of receipt. The Denver RO and the OCC will communicate any inconsistencies for correction in a similar fashion. It is anticipated that after an initial six months of monthly data exchanges, if there are no further discrepancies, the reviews will be transitioned to quarterly. In addition, upon an initial grant for monetary benefits or an increase in current monthly benefits administered by VBA, the Denver RO will email the OCC's corporate mailbox with the claimant's name, date of entitlement, file number, level of disability granted, and if there is a Power of Attorney, a copy will be sent to OCC. We request closure of this recommendation.

Recommendation 3: The OIG recommended that the under secretary for benefits institute standardized procedures to help the Veterans Benefits Administration's national call center agents provide accurate and comprehensive information about spina bifida benefits.

VBA Response: Concur. VBA will institute the necessary procedures to help VBA national call center agents provide accurate and complete information about spina bifida benefits. VBA expects to complete this by March 31, 2021.

Target Completion Date: March 31, 2021

Recommendation 4: The OIG recommended that the under secretary for health direct the Veterans Health Administration's Office of Community Care to develop a process to ensure those spina bifida beneficiaries who are not using the services for which they are eligible, or need assistance with locating those services, receive them.

VBA Response: VBA defers to the Veterans Health Administration.

Appendix C: VHA Management Comments

Department of Veterans Affairs Memorandum

Date: January 11, 2021

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: OIG Draft Report: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida Related Benefits

(Project No. 2020-00295-DN-0037) (VIEWS #4185323)

To: Claims and Medical Exams Inspection Division (52B02)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida Related Benefits. The Veterans Health Administration (VHA) concurs with the recommendations and provides the attached action plan.

2. The VHA Office of Community Care has historically managed VA's Spina Bifida Health Care Benefits Program, with the assistance of the Veterans Benefits Administration's Denver regional office, as a fee-for-service program where VA's role has been to efficiently reimburse providers and beneficiaries for services provided. Part of that management responsibility is transforming and improving the program's services to keep pace with our understanding of beneficiaries' changing needs as they age. We appreciate OIG's input as we continually strive to transform and improve this important program.

The OIG removed point of contact information prior to publication.

Richard A. Stone, M.D.

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report: VA Needs Better Internal Communication and Data Sharing to Strengthen the Administration of Spina Bifida-Related Benefits

(Project No. 2020-00295-DN-0037)

The OIG recommended that the Under Secretary for Benefits and the Under Secretary for Health both take the following actions for recommendations 1 and 2:

Recommendation 1. Formalize inter-agency sharing processes between the Veterans Benefits Administration's Denver regional office and the Veterans Health Administration's Office of Community Care on how data and information will be shared between both offices to prevent payments from continuing to deceased spina bifida beneficiaries.

VHA Comments: Concur. To formalize inter-agency sharing processes between the Veterans Benefits Administration's (VBA) Denver Regional Office and the Veterans Health Administration's (VHA) Office of Community Care, VHA and VBA developed a Memorandum of Understanding (MOU). The December 22, 2020, MOU specifies that to prevent payments from continuing to deceased spina bifida beneficiaries, when either office receives information on a claimant's death, they will communicate with each other through the VA's corporate mailboxes and will provide the claimant's name, file number, date of death, and how the office was notified. We request closure of this recommendation.

Status: Closed

Completion Date: December 22, 2020

Recommendation 2. Establish clear written guidance on sharing beneficiary data between the Veterans Benefits Administration's Denver regional office and the Veterans Health Administration's Office of Community Care to ensure all entitled spina bifida beneficiaries are enrolled in health care.

VHA Comments: Concur. To establish clear written guidance on sharing beneficiary data between VBA's Denver RO and VHA's OCC, VHA and VBA developed a MOU. The December 22, 2020, MOU specifies that to ensure that all entitled spina bifida beneficiaries are enrolled in health care, the Denver RO and the OCC will provide each other a list of current Chapter 18 beneficiaries monthly. This will enable the identification of inconsistencies between the two lists. The lists will be sent to each other via the VA corporate mailboxes and the data will be reviewed by each organization within 48 hours of receipt. Denver RO and the OCC will communicate any inconsistencies for correction in a similar fashion. It is anticipated that after an initial six months of monthly data exchanges, if there are no further discrepancies, the reviews will be transitioned to quarterly. In addition, upon an initial grant for monetary benefits or an increase in current monthly benefits administered by VBA, the Denver RO will email the OCC's corporate mailbox with the claimant's name, date of entitlement, file number, level of disability granted, and if there is a Power of Attorney, a copy will be sent to OCC. We request closure of this recommendation.

Status: Closed

Completion Date: December 22, 2020

The OIG recommended that the Under Secretary for Benefits take the following action for recommendation 3:

Recommendation 3. Institute standardized procedures to help the Veterans Benefits Administration's national call center agents provide accurate and comprehensive information about spina bifida benefits.

VHA Comments: Concur. VBA will institute the necessary procedures to help VBA national call center agents provide accurate and complete information about spina bifida benefits. VBA expects to complete this by February 28, 2021.

Status: On-going

Target Completion Date: February 28, 2021

The OIG recommended that the Under Secretary for Health take the following action for recommendation 4:

Recommendation 4. Direct the Veterans Health Administration's Office of Community Care to develop a process to ensure those spina bifida beneficiaries who are not using the services for which they are eligible, or need assistance with locating those services, receive them.

VHA Comments: Concur in principle.

VHA's Office of Community Care (OCC) believes that it is important for spina bifida beneficiaries to understand and use the health care benefits to which they are entitled and/or to receive assistance with locating these services when they need them. It is, however, ultimately a beneficiary's decision and choice as to whether or not they avail themselves of VHA's spina bifida services and information.

OCC has begun to review its communication processes and materials to identify ways to increase awareness and improve understanding of spina bifida eligibility, benefits, service locations and resources. Currently, the webpage for VHA's OCC Spina Bifida Health Care Benefits Program contains comprehensive information about how to apply and file a claim for spina bifida health care benefits, as well as information on pharmacy benefits, contact information and spina bifida resources. OCC will ensure that the link to this webpage is shared with all County and State Veteran Service Offices for placement on their webpages and as part of an increased outreach effort to raise the Program's visibility and community awareness of these health care services.

In September 2020, OCC sent a letter to spina bifida beneficiaries which included the Spina Bifida Health Care Benefits Program: Case Management, Home Health Aide, and Homemaker Services brochure. The letter and brochure provided descriptions of the various healthcare services available to them along with contact information and additional resources they should be aware of.

To further increase awareness amongst spina bifida beneficiaries who are not using the services for which they are eligible, OCC will establish a workgroup to develop additional outreach strategies and take action to encourage the use of available services. The workgroup will review beneficiary utilization of services following the above communication and outreach actions. This will gauge the effectiveness of these actions and further define additional actions as needed to improve utilization.

Status: In-Progress

Target Completion Date: May 2021

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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