DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Goals Not Met for Implementation of the Beneficiary Travel Self-Service System

REVIEW | REPORT #21-03598-92 | MAY 31, 2023

MISSION

The mission of the Office of Inspector General is to serve veterans and the public by conducting meaningful independent oversight of the Department of Veterans Affairs.

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, the OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

FOR MORE
VA OIG REPORTS
CLICK HERE

Report suspected wrongdoing in VA programs and operations to the VA OIG Hotline:

www.va.gov/oig/hotline

1-800-488-8244

Executive Summary

The Veterans Health Administration (VHA) established the beneficiary travel program to reimburse veterans and caregivers for travel expenses to and from approved healthcare appointments. VHA spent over $1.3 billion on this program in fiscal year (FY) 2021.[1] Both VA and the VA Office of Inspector General (OIG) have identified the beneficiary travel program as being susceptible to significant improper payments.[2] VA reported that improper payments for the program considerably increased from almost $70 million in FY 2013 to about $123 million in FY 2021.[3]

Recognizing the need to reduce improper payments and improve oversight of the program, VHA took steps to improve travel reimbursement claims processing. VHA processed travel reimbursement claims through a legacy system—the Veterans Health Information Systems and Technology Architecture (VistA). The beneficiary travel function of VistA is not fully automated and requires travel staff to perform significant manual work to process a reimbursement.

In September 2016, VA awarded a contract to create a web-based system, known as the Beneficiary Travel Self-Service System (BTSSS). The new system was intended to automate the travel reimbursement claims process, reduce long-term costs, provide better oversight, and decrease the risk of improper payments. In November 2020, VA started using the new system nationwide to submit and process travel claims, and from February 2021 through July 2022, over six million beneficiary travel claims were submitted using the new system. However, complaints made to the OIG stated that BTSSS actually slowed claims processing and decreased facility production, essentially suggesting the new system was not meeting its intended goals.

In consideration of these concerns and the potential negative consequences to veterans, the OIG initiated this review to determine whether the program office effectively implemented the new system.

---

[1] VA FY 2023 Budget Submission, "Medical Programs and Information Technology Programs," vol. 2 of 4, March 2022.

[2] Office of Management and Budget (OMB), Circular A-123, *Management's Responsibility for Enterprise Risk Management and Internal Control*, July 15, 2016, Appendix C, "Requirements for Payment Integrity Improvement," March 5, 2021. A payment is improper if it "was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirements." This includes payments to an ineligible recipient, payments for an ineligible good or service, and any duplicate payments. *VA FY 2019 Agency Financial Report*, November 19, 2019; VA OIG, *VA's Compliance with the Improper Payments Elimination and Recovery Act for Fiscal Year 2019*, Report No. 19-09563-142, May 2020.

[3] PaymentAccuracy.gov (web page), OMB, accessed July 6, 2022, https://paymentaccuracy.gov. VA reports improper payment data based on the previous fiscal year's activity, meaning FY 2021 reported amounts are based on FY 2020 data.

What the Review Found

Although VHA has made certain improvements since system rollout, the OIG found it needs to do more to ensure successful implementation of BTSSS and complete the transition away from the legacy VistA system. The Veterans Transportation Program (VTP) office, which oversees the beneficiary travel program and implementation of BTSSS, established four goals to measure implementation success.

- **Auto-adjudication: 90 percent.** This goal assesses the percentage of claims that the system processes automatically (when the system approves a claim for payment without staff intervention).
- **Manual override: 5 percent.** When the system cannot auto-adjudicate a claim, it routes the claim to VHA staff for manual review. During the manual review, if travel staff find no errors, they can override the system to continue with the claims process.
- **System usage: 80 percent.** This goal measures the percentage of claims processed using the new system, as compared to the legacy system.
- **Self-service portal usage: 80 percent.** This goal measures the percentage of claims entered by veterans directly through the portal. The portal allows veterans to directly access BTSSS through an internet-ready device to initiate and submit claims for travel expenses.

VTP identified two of the four goals as critical: auto-adjudication and self-service portal usage. These two goals were considered critical because these metrics indicate that travel staff will spend less time on each claim (either to review or to manually input), which will result in faster claim processing and ultimately help decrease staffing levels.

VTP Did Not Meet Implementation Goals

From February 2021 through July 2022, BTSSS fell short of all four system performance goals. For example, with respect to the two identified critical goals, the OIG found that BTSSS automatically adjudicated only about 17 percent of the travel claims entered, well short of VTP's goal of 90 percent. Also, veterans used the portal to enter travel claims for only about 49 percent of the total claims, significantly short of the 80 percent goal. A few factors hindered the implementation of BTSSS, including (1) lacking access to data needed to analyze which system rules most frequently prevented claims from being automatically processed, (2) not effectively communicating with veterans and veterans service organizations prior to transitioning to the new system, and (3) VHA leaders implementing work-arounds that included a temporary change to system user roles. In addition, the OIG found VHA needs to carefully balance the need for continued use of the VistA system to process claims, as running VistA in parallel potentially slows adoption of the new system.

System rules. System rules are internal control features that help the system determine whether a claim can be auto-adjudicated. These rules, when applied, direct the system to interface with other VA systems to validate data entered, such as appointment information, travel program eligibility, multiple same-day appointments, trip distance, and other factors. The system applies these rules to the claim to ensure it is eligible for payment. Per the VTP director, in November 2021, VTP initiated the process to develop a report that would capture the number of errors by category that prevent claims from being automatically processed.[4] Following change-control processes, in June 2022, the report became available for use. Until this information became available, VTP officials could not make decisions on what system changes were needed to achieve goals for auto-adjudication and related manual override. In June 2022, VTP officials stated they were considering opportunities for system changes, such as an interface that could read documentation submitted as attachments to the claim, which could improve automatic processing of claims. The OIG recommends VTP determine what system changes are needed to improve the number of automatically processed claims and implement those changes.

Lack of communication. High veteran portal usage is critical to the new system's success because it eliminates the need for travel staff to manually input claims, ultimately contributing to faster claims processing. However, during system development, VTP only solicited feedback from a narrow group of veterans who worked with the program office—excluding both veterans not employed by VA and veterans service organizations. Further, the program office did not provide training to veterans on how to enter claims in BTSSS until almost five months after system launch. Consequently, during system rollout, the review team found that some veterans experienced difficulties creating user accounts and lacked needed training on how to use the new system to enter travel claims. Better communication and earlier veteran involvement would have helped ensure that veterans received the training they needed to start using the self-service portal and ultimately adopt the new system. The OIG recommends that VHA conduct outreach to users, solicit feedback, and consider whether system changes are needed based on the feedback received to increase self-service portal usage.

Temporary work-arounds. In response to the unmet system performance goals and concerns that payments to veterans would not be made within 10 days, VHA leaders implemented work-arounds that included a temporary change to system user roles and continued use of the VistA system to process claims.[5] First, VHA allowed medical facilities to broadly expand the users who are granted the "super user" role. With this role, users can override the manual review

[4] The program office does not have direct access to the system's data and must request data needed to monitor the program from VA's Office of Information and Technology.

[5] The former assistant under secretary for health for operations established a goal to pay veteran claims within 10 days.

for claims they created and bypass system internal control features.[6] Second, VHA leaders allowed facilities to continue using the legacy VistA system. This led to travel offices processing claims in two systems. Keeping the two systems in place requires careful balancing. On one hand, by keeping the VistA system in place, VHA protects against any risk of failure in BTSSS or risks of delayed payments to veterans. On the other hand, by continuing to use VistA, VHA slowed the adoption of the new system and risks not achieving the improvements BTSSS was intended to accomplish. Furthermore, so long as VHA is operating the two systems together, there is increased risk of duplicate payments. The OIG recommends VHA create an action plan to phase out continued used of the legacy system and coordinate with the VHA Office of Finance to assess whether duplicate payments were made to veterans requesting travel reimbursement since the new system went live.

Additional Staff Were Hired

Another observation by the OIG was that system implementation difficulties led VHA to hire additional staff to support the implementation. While it is reasonable that short-term staffing increases may be necessary, one of the desired benefits of the full implementation of BTSSS was to reduce staffing needs through system features that would decrease or eliminate the burden on travel staff to process claims. Therefore, it is important that VHA fully implement that new system by transitioning when appropriate from VistA and address the recommendations made in this report to help reduce staffing impacts.

What the OIG Recommended

The OIG made two recommendations to the director of VTP: (1) determine what system changes are needed to meet auto-adjudication goals and implement these changes; and (2) conduct outreach to users, solicit feedback, and consider whether system changes are needed based on feedback to increase self-service portal usage. The OIG made two recommendations to the assistant under secretary for health for operations: (3) create an action plan to phase out continued use of the VistA beneficiary travel function; and (4) coordinate with the VHA Office of Finance and assess whether duplicate payments were made to veterans requesting travel reimbursement since the new system went live.

VA Management Comments and OIG Response

The under secretary for health concurred with the recommendations and provided action plans for each. The under secretary provided target completion dates to implement recommendations from December 2023 through March 2024. The OIG will continue to monitor implementation of

[6] BTSSS has various user profiles including the super user. With this role, users have expanded authority to edit content and override certain system features.

the planned actions. The recommendations will remain open until VHA has provided sufficient evidence to demonstrate the cited corrective actions have been implemented.

The under secretary for health also provided a few general comments, including that the program has decreased improper payments made and that "as of February 28, 2023, BTSSS has been fully implemented at 71% of VAMCs." VHA continues to support the advancement and improvement of the program through veteran surveys and other measures, to include streamlining the administrative processes. The OIG acknowledges the under secretary for health's commitment and highlights the importance of implementing the recommendations in this report to help the program further advance its goals. Appendix C provides the full text of the under secretary's comments.

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

Contents

Executive Summary i

Abbreviations vii

Introduction 1

Results and Recommendations 8

Finding: VHA Needs to Take Steps to Successfully Implement BTSSS and Transition from VistA 8

Recommendations 1–4 21

Appendix A: Background 24

Appendix B: Scope and Methodology 28

Appendix C: VA Management Comments 31

OIG Contact and Staff Acknowledgments 35

Report Distribution 36

Abbreviations

BTSSS	Beneficiary Travel Self-Service System
FY	fiscal year
OIG	Office of Inspector General
OIT	Office of Information and Technology
OMB	Office of Management and Budget
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VTP	Veterans Transportation Program

Introduction

As part of VA's commitment to deliver quality health care to veterans, the Veterans Health Administration (VHA) established the beneficiary travel program. Under this program, VHA reimburses veterans and caregivers for travel expenses to and from approved healthcare appointments. If, for example, a veteran needed to drive to an appointment, VHA could reimburse the veteran for mileage, tolls, and parking. If a veteran needed to travel a longer distance to consult a specialist, airfare costs could be reimbursable. Reimbursing these costs is essential to ensuring veterans are receiving needed medical care without experiencing financial hardship.

VHA spent over $1.3 billion on the beneficiary travel program in fiscal year (FY) 2021. This was an increase from about $1 billion in FY 2019 and $890 million in FY 2020.[7] VHA estimates that if all eligible veterans sought reimbursement, VHA would incur program expenses of over $1.5 billion per year.[8]

Both VA and the VA Office of Inspector General (OIG) have identified the beneficiary travel program as being susceptible to improper payments.[9] VA reported that improper payments for the program considerably increased from almost $70 million in FY 2013 to about $123 million in FY 2021.[10] In FY 2019, a VA OIG report stated that improper payments were caused primarily by administrative or process errors and insufficient documentation.[11]

To process travel reimbursement claims, VHA used the legacy system Veterans Health Information Systems and Technology Architecture (VistA). However, VistA is not fully automated and requires travel clerks to perform significant manual work to process reimbursements. In September 2016, VA awarded a contract to Liberty IT Solutions LLC to

---

[7] VA FY 2021 Budget Submission, "Medical Programs and Information Technology Programs," vol. 2 of 4, February 2020; FY 2022 VA Budget Submission, "Medical Programs and Information Technology Programs," vol. 2, June 2021; FY 2023 VA Budget Submission, "Medical Programs and Information Technology Programs," vol. 2 of 4, March 2022.

[8] The Health Integration and Modernization, Veteran Transportation Service, BTSSS, System Design Document, August 2021.

[9] Office of Management and Budget (OMB), Circular A-123, *Management's Responsibility for Enterprise Risk Management and Internal Control*, July 15, 2016, Appendix C, "Requirements for Payment Integrity Improvement," March 5, 2021. A payment is improper if it "was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirements." This includes payments to an ineligible recipient, payments for an ineligible good or service, and any duplicate payments. *VA FY 2019 Agency Financial Report*, November 19, 2019; VA OIG, *VA's Compliance with the Improper Payments Elimination and Recovery Act for Fiscal Year 2019*, Report No. 19-09563-142, May 2020.

[10] Payment Accuracy.gov (web page), OMB, accessed July 6, 2022, https://paymentaccuracy.gov. The information on this website has been reported to the OMB. VA reports improper payment data based on the previous fiscal year's activity, meaning FY 2021 reported amounts are based on FY 2020 data. In that year, the total disbursements reported were $883.3 million.

[11] VA OIG, *VA's Compliance with the Improper Payments Elimination and Recovery Act for Fiscal Year 2019*.

create a web-based system known as the Beneficiary Travel Self-Service System (BTSSS). The new system was intended to fully automate the travel claims process, reduce long-term costs, provide better oversight, and decrease the risk of improper payments.

In July 2020, BTSSS was implemented at five test sites before rolling out in phases nationally in September, October, and November 2020. Beginning in November 2020, VHA started using the new system nationwide to submit and process travel claims. Soon after the system went live, however, the OIG began receiving complaints alleging that the new system slowed claims processing and decreased facility production. These complaints suggested the new system was not meeting its intended goals.

From February 2021 through July 2022, veterans submitted over six million beneficiary travel claims using the new system. As of July 2022, the cost to develop, implement, and enhance BTSSS was approximately $13.5 million, and per the Veterans Transportation Program (VTP) director, the new system had yet to be used exclusively nationwide, as the VistA system remained available and in use.

In consideration of these concerns and the program's overall direct impact on veterans, the OIG initiated this review to determine whether the program office effectively implemented the new system.

Beneficiary Travel Program

Public law authorizes VA to pay travel expenses to help qualified veterans and other individuals obtain care and services from VHA; the beneficiary travel program is VHA's mechanism to distribute those travel payments to eligible veterans.[12] Under the beneficiary travel program, VHA offers two types of reimbursement:

- **Mileage.** This reimbursement covers regular transportation such as car, plane, train, bus, or taxi, for general healthcare travel.
- **Special mode transportation.** This reimbursement covers special types of transportation when medically needed, such as ambulance or wheelchair van.

VA requires veterans and caregivers to meet certain eligibility requirements to receive the reimbursement. The requirements are generally related to service connection, income level, and medical appointment type. Those eligible for benefits through the program typically receive a payment for mileage driving to and from medical appointments in a privately owned car or the actual cost for use of the most economical common carrier (bus, train, taxi, airplane). As of

[12] Beneficiary Travel Under 38 U.S.C. 111 Within the United States, 38 Fed. Reg. 36796-36802 (June 30, 2008).

July 2022, VA was reimbursing mileage at a rate of $0.415 per mile.[13] Other costs are also eligible for reimbursement, such as road tolls and parking.

VistA Claims Process

To request travel reimbursement using the VistA claims process, veterans or their caregivers must either submit a completed paper form to the travel office or use a kiosk terminal at a VA medical facility to generate a completed form.[14] The paper form can be submitted in person or by mail, fax, or email. During the OIG's fieldwork, the team learned that the kiosk also generates a paper claim that is used by the travel claims staff for submission. Per a VTP official, regardless of the submission method, veterans also need to provide any required documentation, such as receipts for toll expenses, to the travel office. Travel staff must manually enter all claims into VistA to determine eligibility.

BTSSS Claims Process

BTSSS was intended to automate the travel claims process, reducing the possibility of human error, speeding up the claims process, and providing better oversight. Using the new system's self-service portal, veterans can electronically create, submit, and manage their claims, including viewing claim status and filing appeals. Veterans can access the portal at any time using an internet-ready device, such as a computer or smartphone. This self-service function was identified as a critical marker of the new system's success.

Table 1 provides a high-level overview of system functionality provided by BTSSS as it compares to VistA. For additional information on the claims process, see appendix A.

Table 1. Electronic Functionality Offered by System

Function	Available in BTSSS?	Available in VistA beneficiary travel module?
Allows veterans to electronically submit claims	Yes	No
Checks for veteran eligibility	Yes	Yes
Allows for secure web-based submission of travel claims	Yes	No
Detects improper payments with robust internal controls	Yes	No
Processes claims from entry through approval automatically	Yes	No

[13] This mileage rate has been in effect since November 2008.

[14] Kiosk terminals are self-service devices with touch screens.

Function	Available in BTSSS?	Available in VistA beneficiary travel module?
Allows claims to be sent for payment processing automatically	Yes	No

Source: BTSSS Business Requirements Document, version 2.0, August 2016; VistA Beneficiary Travel User Manual, November 2015.

Oversight

The VTP office oversees the beneficiary travel program, and the implementation of BTSSS. This office is responsible for

- developing policies and strategies and providing needed tools to the field to support goals;
- providing subject matter and technical expertise for the program;
- communicating with internal and external stakeholders, including veterans, veterans service organizations, and other VHA and VA entities; and
- setting quality and performance measures and indicators to measure system effectiveness.[15]

While the VTP has primary oversight responsibility for implementing the new system, the office reports to VHA Operations, which made some of the system's implementation decisions. For instance, although VTP leaders initially planned to turn off the legacy system on January 31, 2021, VHA Operations leaders chose to keep the legacy system in operation beyond this date. The under secretary for health commented that as of February 28, 2023, BTSSS has been fully implemented at 71 percent of VAMCs, and VHA plans to phase out the use of the legacy system by December 2023.[16]

System Implementation Performance Goals

One of VTP's responsibilities was to establish key system performance indicators or goals to measure success of the implementation. Such goals are important because they allow leaders to determine whether the program is moving in a positive direction and whether any significant issues remain. Per the VTP director, the BTSSS goals established have remained constant from system implementation through July 2022. Table 2 describes these four goals, and they are explained in more detail after the table.

[15] VHA Directive 1217, *VHA Central Office Operating Units*, September 10, 2021.

[16] In this report, the legacy system refers only to the beneficiary travel portion of VistA. VA plans to fully replace VistA by 2028.

Table 2. The Four Performance Goals of BTSSS

Goal name	Description	Goal percentage
Auto-adjudication*	Assesses the percentage of claims that the system processes automatically	at or over 90%
Manual override†	Measures the percentage of claims that required manual override	at or under 5%
System usage	Measures the percentage of claims processed using the new system	at or over 80%
Self-service portal usage	Measures the percentage of claims entered by veterans directly through the portal	at or over 80%

Source: VA OIG analysis of VTP's key performance indicators as of July 2022.

** Auto-adjudication is a function that enables the system to automatically approve a claim for payment without staff intervention.*

†When the system cannot auto-adjudicate a claim, it routes the claim to VHA staff for manual review. If during the manual review, travel staff find no errors, they can override the system to continue with the claims process.

VTP identified two of the four goals as critical: auto-adjudication and self-service portal usage. These two goals were considered critical because these metrics indicate that travel staff will need to spend less time on each individual claim (either to manually input or to review), which will result in faster claim processing and ultimately help to decrease staffing levels. The following sections provide an overview of each system goal.

Auto-Adjudication (Critical)

BTSSS was designed with internal control features referred to as "system rules" that help the system determine whether a claim can be auto-adjudicated, which means that the claim can be automatically processed from entry through approval for payment.[17] Applying these rules, the system interfaces with other VA systems to validate appointment information, travel program eligibility, multiple same-day appointments, trip distance, and other factors. If the system finds no issues, it automatically approves the claim for payment processing.[18] Ultimately, the auto-adjudication function was designed to decrease the time that the travel staff spend researching and reviewing claim information. Furthermore, the new system has controls in place to help prevent improper payments by assessing if a submitted claim is a potential duplicate.[19]

[17] The rules are discussed in the section of this report entitled "System Changes Are Needed to Improve Claims Processing Automation and Meet Performance Goals" on page 15.

[18] The system routes the claim to VA's Financial Management System to release payment.

[19] The system performs a check to determine if a claim has already been submitted for an appointment on the same day.

Manual Override

When the system cannot auto-adjudicate a claim because it fails to meet a specific system rule, the system will stop processing it and flag errors for travel staff to perform a manual review. An error does not necessarily mean something is wrong with the claim—for example, errors are created when a receipt attached to the claim needs to be reviewed for appropriateness or if a related appointment was not at a VA medical center and needs to be verified. During manual review, travel staff will evaluate each error the system flagged. If travel staff cannot correct the error, they will issue a denial letter to the veteran. If staff find no issues and determine the claim meets all requirements for payment, the reviewer can manually override the error and send it back through BTSSS to continue with the claims process. For example, a claim error might occur because the veteran did not receive care at the closest VA facility; however, if travel staff verified that the veteran was referred to see a doctor at the farther location, they would override the distance rule. The manual override goal thus measures the number of claims that could not be initially auto-adjudicated but that travel staff reviewed and forwarded for payment.

System Usage

Per the VTP director, this goal provides leaders with the ability to track BTSSS user adoption of the new system at individual facilities as well as for VA overall.[20] Importantly, for implementation success, BTSSS should meet the needs of the user by being both useful and usable. This means the system needs to deliver a working product that meets a business need (useful) and that VA staff and veterans are able to use (usable).[21]

Self-Service Portal Usage (Critical)

The self-service portal feature marks a significant difference between the two systems because it enables veterans to initiate a claim whenever and wherever they have internet access and eliminates the need for travel staff involvement to submit the claim. A VTP official stated that widespread veteran use of the self-service portal would reduce the need for travel staff to manually input claims.

Improper Payment History

The Payment Integrity Information Act of 2019 defines an improper payment as "any payment that should not have been made or that was made in an incorrect amount, including an overpayment or underpayment."[22] Improper payments include payments to an ineligible

[20] The review team defines "user adoption" as a process whereby users embrace and become successful in using the system to meet their needs.

[21] Veteran Focused Integration Process Guide 1.0, December 2015.

[22] The Payment Integrity Information Act of 2019, Pub. L. No. 116-117, 134 Stat. 114 (2020) § 3351(4).

recipient, payments for ineligible goods or services, duplicate payments, payments for goods or services not received, and payments that do not account for credit for applicable discounts.

Historically, both VA and the OIG have identified the beneficiary travel program as being susceptible to improper payments. According to VA's 2019 agency financial report, the beneficiary travel program was one of 14 programs identified as high risk for improper payments.[23] The report also stated that errors found in the beneficiary travel program were caused by lack of documentation to substantiate payments, administrative or process errors, and failure to verify eligibility data. The corrective action plan identified that BTSSS would be implemented to streamline claims, automate payment processing, and help detect and prevent improper payments.

VA has repeatedly reported that the beneficiary travel program has made significant improper payments. Specifically, from FYs 2013 through 2021, VA reported improper payments for the program increased from almost $70 million in FY 2013 to about $123 million in FY 2021.[24] In FY 2019, a VA OIG report stated that beneficiary travel activities were susceptible to significant improper payments and were caused primarily by administrative or process errors and insufficient documentation.[25] In FY 2021, another VA OIG report stated that the beneficiary travel program was one of four VA programs where the improper payment rate remained above 10 percent.[26] See appendix A for additional information on VA's reported improper payments.

[23] *VA FY 2019 Agency Financial Report*, November 19, 2019.

[24] "Payment Accuracy" (web page), US Department of the Treasury, accessed July 6, 2022, https://paymentaccuracy.gov. VA reports improper payment data based on the previous fiscal year's activity, meaning FY 2021 reported amounts are based on FY 2020 data.

[25] VA OIG, *VA's Compliance with the Improper Payments Elimination and Recovery Act for Fiscal Year 2019*.

[26] VA OIG, *Review of VA's Compliance with the Payment Integrity Information Act for Fiscal Year 2021*.

Results and Recommendations

Finding: VHA Needs to Take Steps to Successfully Implement BTSSS and Transition from VistA

The OIG found that, while certain improvements have been made since system rollout, there is still more work needed to ensure successful implementation of BTSSS and complete the transition away from VistA. From February 2021 through July 2022 (the review period), BTSSS fell short of all four system performance goals VTP established for the new system.[27] For example, with respect to the two identified critical goals, the OIG found that BTSSS automatically adjudicated only about 17 percent of the travel claims entered, well short of VTP's goal of 90 percent. Also, veterans used the portal to enter travel claims for only about 49 percent of the total claims, significantly short of the 80 percent goal.

The implementation of BTSSS has been hindered by a few factors. First, until June 2022, VTP did not have the data needed to identify which system rules most frequently prevented claims from being automatically processed. Consequently, the office could not make decisions on what system changes may be needed to boost the number of automatically processed claims and, in turn, reduce the number of claims that need manual intervention.

Second, VTP did not effectively communicate with veterans prior to transitioning between systems. During system development, VTP only solicited feedback from a narrow group of veterans who worked with the program office—excluding veterans not employed by VA and veterans service organizations. Further, the program office did not provide training to veterans on how to enter claims in BTSSS until almost five months after system launch. Consequently, during system rollout, the review team found that some veterans experienced difficulties creating user accounts and lacked needed training on how to use the new system to enter travel claims. Better communication, and earlier veteran involvement, would have helped ensure that veterans received the training they needed to start using the self-service portal and ultimately adopt the new system. The OIG team also found that some facilities did not have staff buy-in for the new system.

In response to the unmet system performance goals and concerns that payments to veterans would not be made within 10 days, VHA implemented work-arounds that included a temporary change to system user roles and continued use of VistA to process claims.[28] First, VHA allowed medical facilities to broadly expand the users who were granted the "super user" role. With this

[27] The OIG team results were calculated by averaging the monthly percentages of the system's goal achievement during the review period.

[28] As later discussed, the former assistant under secretary for health for operations established a goal to pay veteran claims within 10 days.

role, users can override the manual review process for claims they created, bypassing system internal control features. Second, VHA leaders allowed facilities to continue using the legacy system. This led to travel offices processing claims in two systems. Keeping the two systems in place requires careful balancing. On one hand, by keeping the legacy VistA system in place, VHA protects against any risk of failure in BTSSS or risks of delayed payments to veterans. On the other hand, by continuing to use VistA, VHA slowed the adoption of the new system and has risked not achieving the improvements BTSSS was intended to accomplish. In addition, so long as VHA is operating the two systems together, there is increased risk that duplicate payments could be made. Finally, as a result of the system implementation difficulties, VHA increased staffing to help expedite claims processing. This contradicts one of the desired benefits of full implementation of the new system—to reduce staffing.

The finding is based on the following observations:

- VTP did not meet its four implementation goals for the new system.
- System changes are needed to improve claims processing automation and meet performance goals.
- VTP did not effectively communicate with veterans or veterans service organizations prior to system transition.
- System implementation difficulties led VHA to use temporary work-arounds, bypassing internal controls and risking improper payments.
- VHA saw travel staff increases.

What the OIG Did

The team reviewed VA's efforts to implement BTSSS from September 28, 2016, the date of contract award, through July 31, 2022. As part of this review, the team evaluated data from VistA and BTSSS from February 1, 2021, through July 31, 2022.[29] The team gathered evidence from VA's internal dashboard on claims processing data and reviewed records from VA officials. Additionally, the team interviewed staff from VTP, VHA Operations, the Office of Information and Technology (OIT), the Financial Services Center, and Veterans Integrated Service Networks, and contractor staff from Liberty.[30] For more on the scope and methodology, see appendix B.

[29] The OIG set the beginning of the review scope as February 1, 2021, because VTP initially set the date for medical facilities to fully transition to the new system as January 31, 2021.

[30] As of December 2022, VHA was divided into 18 regional systems of care, known as Veterans Integrated Service Networks.

VTP Did Not Meet Its Four Implementation Goals for the New System

The OIG found that from February 2021 through July 2022, VTP did not meet its four system performance goals. Table 3 identifies VTP's four implementation goals compared to average monthly performance during this period.

Table 3. Implementation Goals versus Average Actual Monthly Performance from February 2021 through July 2022

Goal	Goal (percent)	Average actual monthly performance (percent)
Auto-adjudication	at or over 90%	17%
Manual override*	at or under 5%	17%
System usage†	at or over 80%	42%
Self-service portal usage	at or over 80%	49%

Source: VA OIG analysis of the VTP office's four implementation goals for BTSSS. The review team conducted an analysis to compare the goals to the average actual monthly performance.

** The data for the manual override goal are only maintained in real-time. To assess this goal, the review team relied on a snapshot provided by the program office that captured the manual override percentages on the last day of each month from February 2021 through July 2022. The program office experienced issues with populating data for April 2022; therefore, this month was excluded. For more on the data's reliability, see appendix B.*

†To assess the system usage goal, the OIG used claims entered into VistA and BTSSS as reported to the program office by medical facilities. The team recognizes there are risks that a claim could be submitted in both systems but was unable to quantify how frequently this occurred. The review team does not believe this materially affects the reported results because any duplicate claims would affect both the numerator and denominator of the percentage calculation. Furthermore, VTP concurred with the team's methodology for calculating the reported results.

In the following subsections, BTSSS's actual performance during the implementation period is analyzed and compared to the stated performance goal. Each section contains a description of the goal and the importance of meeting the goal for evaluating the effectiveness of the new system's implementation.

Auto-Adjudication

One of BTSSS's most critical features is that it should be able to auto-adjudicate claims, which means the system can automatically process a travel claim from entry through approval for payment without the manual intervention of travel staff. A high rate of auto-adjudicated claims is critical to system success because it results in less travel staff involvement, faster claims processing, and reduced risk of improper payments.

However, from February 2021 through July 2022, the review team found that the performance goal for auto-adjudicated claims was not met. In fact, BTSSS missed the auto-adjudication goal

by the largest margin of the four goals. As shown in table 3, the OIG found that, on average, BTSSS automatically adjudicated only about 17 percent of the travel claims entered, well short of the 90 percent goal.

Figure 1 illustrates the percentage of claims auto-adjudicated in BTSSS, by month, from February 2021 through July 2022.[31]

Figure 1. *Average percentage of claims auto-adjudicated in BTSSS by month.*

Source: BTSSS data retrieved from VA's internal Power BI dashboard from February 2021 through July 2022.

Manual Override

When a claim cannot be auto-adjudicated, the system will then flag the claim for a manual review by travel staff. Travel staff review the claim and, if appropriate, override the error and send the claim back to BTSSS to continue the claims process. For example, if a veteran was

[31] To complete this analysis, the review team compared the total number of BTSSS-entered claims during the review period to the number of claims the system auto-adjudicated.

approved to receive non-VA care and the system flagged the claim because the travel was not to the closest VA facility, the travel staff could override the error and move the claim forward.

According to the program office, the information needed to assess this goal only exists in real-time. In other words, the data are available at the time they are pulled and cannot be obtained retroactively. This is because once travel staff perform a manual override, the travel claim moves into the next phase of the review process, which changes the status of the claim; once changed, the claim is no longer recognized as a claim requiring manual override. As noted by the VTP director, historical data on manual overrides were unavailable, but some pertinent information does exist. In particular, as part of its monitoring, the program office maintains monthly snapshots of claims requiring manual override. The snapshot that VTP provided captured the percentage of claims requiring manual override on the last day of each month, and showed that from February 2021 through July 2022, on average, about 17 percent of claims required manual override on each of these days, much higher than the 5 percent goal.

Figure 2 illustrates the percentage of claims in BTSSS that required manual override, as of the last day of each month from February 2021 through July 2022.

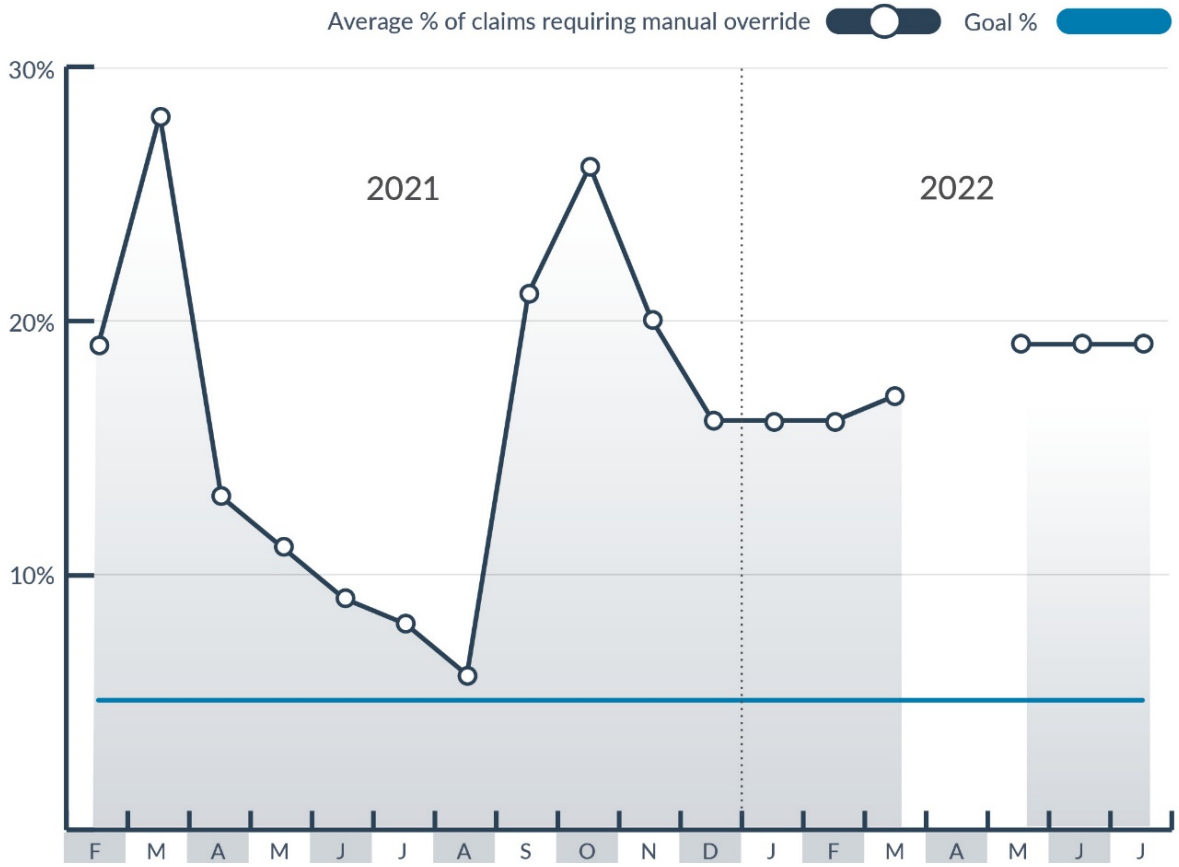

Figure 2. *Average percentage of claims requiring manual override in BTSSS by month.*
Source: VTP reported BTSSS percentages from February 2021 through July 2022. The program office provided its presentation of this data to the review team in August 2022.

Note: The program office experienced issues with populating data for April 2022; therefore, this month was excluded.

BTSSS Usage

From February 2021 through July 2022, on average, only about 42 percent of the total claims were submitted through the new system. Even after nationwide system implementation, about 58 percent of claims were still being submitted manually through VistA. Figure 3 illustrates the percentage of claims entered in BTSSS, by month, from February 2021 through July 2022.[32]

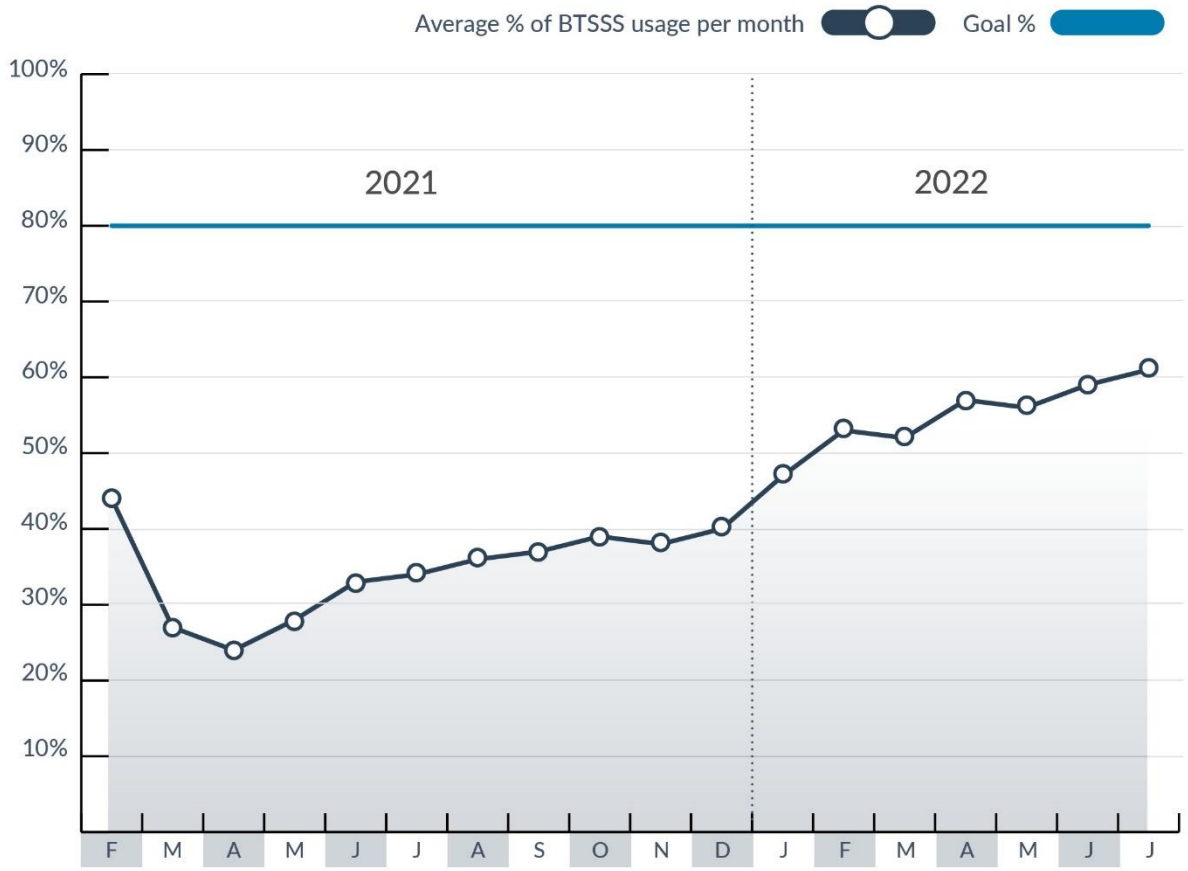

Figure 3. *Average percentage of claims entered in BTSSS by month.*

Source: BTSSS data retrieved from VA's internal Power BI dashboard, February 2021 through July 2022.

Self-Service Portal Usage

The fourth performance goal for BTSSS was to achieve a high level (80 percent) of veterans using the self-service portal. As previously discussed, the portal allows veterans to access

[32] To calculate the actual results, the review team compared the total number of travel claims entered using both systems to only those claims entered using the new system during the review period.

BTSSS through an internet-ready device and submit claims for their travel expenses. High portal usage is critical to system success because it eliminates the need for travel staff to manually input claims, ultimately contributing to faster claims processing and reduced staffing.

However, from February 2021 through July 2022, only an average of 49 percent of the claims entered in the new system were submitted through the self-service portal. VHA staff entered the other 51 percent of claims. Figure 4 illustrates the average percentage of claims entered in the veteran self-service portal by month from February 2021 through July 2022.[33]

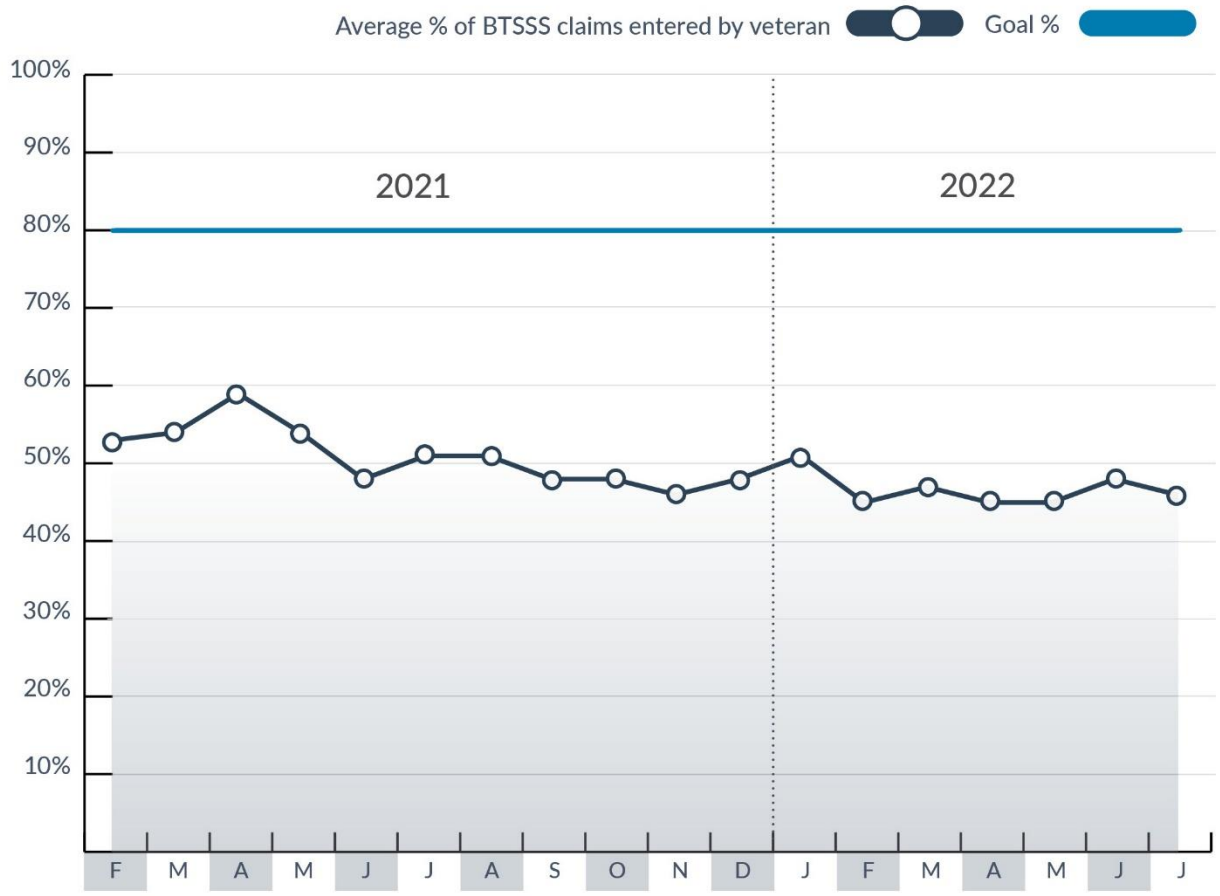

Figure 4. *Average percentage of BTSSS claims entered through the self-service portal by month.*
Source: BTSSS data retrieved from VA's internal Power BI dashboard, February 2021 through July 2022.

[33] To calculate the actual results, the review team compared the total number of travel claims entered using the self-service portal to the total number of claims entered in BTSSS (both veteran- and VA staff-entered claims) during the review period.

System Changes Are Needed to Improve Claims Processing Automation and Meet Performance Goals

System changes are needed to improve the number of automatically processed claims, and in turn, reduce the number of claims that need manual intervention. Without changes, the system may not be able to meet its 90 percent auto-adjudication goal or its 5 percent manual override goal. As previously mentioned, BTSSS was designed to either automatically approve a claim and submit it for payment processing or flag a claim for a manual review if a system rule is not met. BTSSS process claims according to general rules such as the following:

- **Claim completeness**. Checks whether all required data are present.
- **Claimant eligibility**. Determines whether the claimant meets VA eligibility requirements for the beneficiary travel program.
- **Trip eligibility**. Verifies that the claim meets VA requirements to be eligible for reimbursement.
- **Distance check**. Checks whether the distance between the claimant's address and the facility is greater than the maximum distance allowed.[34]

These system rules were designed to ensure claims are eligible and to reduce the risk of improper payments by preventing some claims from being auto-adjudicated. However, several other rules prevent the system from auto-adjudicating enough claims to meet performance goals. For example, the system will not auto-adjudicate a claim if the claim has a different starting point than the veteran's home address or if the distance traveled is greater than travel to the nearest VA medical facility. BTSSS also requires travel staff to review any claim that includes attachments, including receipts.[35] These situations lead to staff needing to complete the manual override process and reduce the likelihood that goals will be met.

Most significantly, per a VTP official, BTSSS rules also prevent the system from auto-adjudicating travel claims submitted by a veteran for VA-approved care at a non-VA facility. This is significant because the number of these types of appointments has increased over each of the last four years.[36] In FY 2018, VA referred 3.7 million veterans for community care, and by FY 2021, that number had increased to 5.9 million veterans. As non-VA care appointments continue to increase, related travel claims are likely to do so as well. Since BTSSS

[34] The Health Integration and Modernization, Veteran Transportation Service, BTSSS, System Design Document, August 2021. The review team generally categorized the system rules. Each category may contain more than one rule. There are also other rules not captured.

[35] Travel claims for reimbursement of mileage only do not require a receipt.

[36] According to data from VHA's Support Service Center for FY 2018 through FY 2021.

will flag these claims for manual review, without system changes, performance will move further away from VTP's goals as more of these claims enter the system.

VTP leaders stated there is a possibility of making system changes to improve automatic processing of claims, but until June 2022 they did not have the data needed to identify which rules most frequently prevented claims from being automatically processed. Per the VTP director, VTP initiated a request in November 2021 to have OIT develop a report that would capture the number of errors by category that prevent claims from being automatically processed.[37] The request went through OIT's change control process and the report became available for use in June 2022. The report shows up to two months of data at a time, which according to OIT staff is a limitation that stems from the large volume of information. Upon request by the program office, OIT can update the report for any two months of data needed. Until this information became available, VTP officials could not make decisions on what system changes were needed to achieve the goals for auto-adjudication and related manual override.

In June 2022, VTP officials stated they were considering opportunities for system changes, such as an interface that could read documentation submitted as attachments to the claim. This could improve automatic processing of claims; VTP's reported data showed that during a two-month window over 72,300 claims with attachments had to be manually reviewed by VHA travel staff.

VTP Did Not Effectively Communicate with Veterans or Veterans Service Organizations Prior to System Transition

Change management is essential to the success of system implementation because it leads to a critical element of success—buy-in from relevant stakeholders to adopt the new system.[38] VA guidance for the development and management of information technology projects emphasizes that to achieve project success, the project management process should be designed to ensure that the needs of veterans and the system users drive decision-making.[39] This includes close coordination with all stakeholders during system development. Additionally, VHA policy directs that the program office is responsible for communicating with internal and external stakeholders, including veterans and veterans service organizations.[40] However, the review team found that the program office did not engage the broader veteran population during system development. During that time, VTP only solicited feedback from and tested BTSSS with a group of veterans who worked in the program office. The VTP director stated that the program office did not include veterans not employed by VHA in the new system's development or implementation.

[37] The program office does not have direct access to the system's data and so must request it from OIT to monitor the program.

[38] VA OIT, Office of Technology Strategies, "Change Management," *Tech Insight*, iss. 7, vol. 4, 2017.

[39] VA Veteran Focused Integration Process Guide 1.0, dated December 2015, effective January 1, 2016.

[40] VHA Directive 1217.

VTP officials stated that working with veterans on their own staff was sufficient because those employees were able to provide the perspective needed for the new system. However, excluding veterans outside VTP staff may have contributed to the low rate of veterans using the self-service portal. For example, in November 2020, when the program office rolled out BTSSS nationwide, there was only one method to access the self-service portal and VTP officials acknowledged it was not user-friendly. As a result, some veterans experienced difficulties creating user accounts and could not log into the system. According to VTP leaders, these login issues ultimately discouraged some veterans from using the new self-service portal. If VTP had engaged with a broader group of veterans, it might have been able to identify and resolve system access obstacles before system rollout.

Moreover, despite the system development life cycle process emphasizing high customer engagement, VTP officials acknowledged that veterans service organizations were also not involved during any stage of the new system's development.[41] These VA-recognized organizations advocate for and help veterans navigate the benefits process. In that role, these organizations could help inform system users of changes and gather feedback about process modifications, which could have helped inform some system design decisions.

Earlier involvement from a broader user group that included veterans not employed by VA and veterans service organizations would have made the system more likely to be adopted by veterans, and thus meet its performance goals. For example, VTP could have learned that some veterans do not have internet-ready devices or know how to scan receipts needed to support travel claims. With this information, the program office could have acted to mitigate those user challenges before system rollout.

In March, April, and June 2021, the program office updated the new system to improve performance and include easier login methods for veterans. As a result, several VHA staff stated they could see the new system's potential, but they now needed to convince many veterans "to try using it again," and figure 4 above shows that veteran portal usage did not increase after these updates. To ensure that veterans adopt the system at a high rate, end users must be involved and included during system development.

VTP Did Not Provide Training to Veterans until Months after the Transition

As part of preparing veterans for the transition from VistA to BTSSS, VHA should have provided veterans with training on the new system. However, the review team found that veterans lacked needed training to ensure high adoption of the system, particularly training on

[41] VA Handbook 6500.5, *Incorporating Security and Privacy into the System Development Life Cycle,* March 22, 2010; VA Directive 6500, *VA Cybersecurity Program*, February 24, 2021. The system development life cycle has five phases that cover the scope of activities associated with a system from initiation to disposal.

how to use the self-service portal to enter their claims. The program office produced six training videos for veterans on how to use the new system; however, VTP did not provide the videos to travel offices until April 2021, nearly five months after the new system rolled out nationally. VTP's director stated the initial intent was for the system to be intuitive enough that training would not be needed. After receiving feedback from facilities indicating this was not the case, VTP developed and released these videos to assist veterans with using the new system.

Despite the initial lack of training for users, the review team found that some facilities took proactive steps to conduct their own hands-on training with veterans. Those facilities had staff readily available and walked veterans through the claim creation process to good effect. For example, at the VA medical center in Loma Linda, California, veterans used the self-service portal to enter an average of about 86 percent of all travel claims during the review period compared to the nationwide average of 49 percent. A facility staff member stated the center was able to achieve high veteran usage by offering training to encourage veterans to switch from the legacy system to the portal. Notably, the center also had internet-ready devices available for veterans to use while in the medical facility and assigned staff who were available to actively assist veterans with learning to use the self-service portal.

System Implementation Difficulties Led VHA to Use Temporary Work-Arounds, Bypassing Internal Controls and Risking Improper Payments

VHA Operations officials acknowledged that they did not properly plan or communicate the needed system change to facilities and veterans. Specifically, VHA Operations officials stated they should have better explained upfront why the new system was needed. As a result, the review team determined that some facilities did not have staff buy-in for it. Once the new system was deployed and initially used, some facilities quickly returned to exclusively using the legacy system to process travel claims. This reluctance to use the new system contributed to BTSSS not meeting its system usage goal of 80 percent.

VHA responded to its low adoption rate and concerns that payments to veterans could be delayed by creating temporary work-arounds. These work-arounds included a temporary change to system user roles and the continued use of the legacy system to process claims.[42] Importantly, with the continued use of the beneficiary travel function of VistA, there is increased risk that duplicate payments could be made—essentially, claims can be submitted in both systems. As of August 2022, both work-arounds were still in use.

[42] As later discussed, the former assistant under secretary for health for operations established a goal to pay veteran claims within 10 days. BTSSS has various user roles, and the travel clerk and super user roles are outlined in appendix table A.2.

System User Roles

In January 2021, in an effort to expedite processing of claims sent for manual review, VHA provided guidance to medical facilities to allow them the option of temporarily expanding BTSSS user roles for travel staff so that they could function as super users.[43] With this additional role, travel staff had expanded authority to edit content and override certain system features. In particular, super users could override the manual review for claims they created, which enabled users to circumvent system controls if a claim required second-level review. According to VTP, as of September 2022, about 68 percent of staff were granted super user access to the system.

The second-level review requirement is an important control for ensuring the accuracy and appropriateness of travel claims because it does not allow the same people who enter a manual claim to review and override their own entries. To help mitigate the risk of fraud, waste, or abuse that could occur as a result of this temporary work-around, VTP established monitoring reports for excess claim inventory, the auto-adjudication processing rate, and other BTSSS performance indicators. Additionally, VTP was to determine a mutually agreeable date to remove this temporary work-around. However, as of June 2022, the VTP director stated there was no plan yet concerning when facilities will return to ordinary system user set up. For additional information on system user roles, see appendix A.

Continued Use of the Legacy System

In November 2020, shortly after implementation of the system nationwide, VTP issued guidance to medical facilities stating that the legacy system would be turned off after January 31, 2021.[44] The facilities would have about 80 days to continue using the legacy system while transitioning to the new system. VTP expected that after January 31, 2021, facilities would exclusively use BTSSS for all new travel claims.

However, in December 2020, VHA Operations distributed guidance that advised facilities they could continue to use the beneficiary travel function of VistA beyond January 31, 2021, because the facilities needed additional time to successfully implement the new system.[45] When interviewed, VHA Operations officials explained that the decision to continue using VistA originated from concerns that veterans may not be paid timely, and facilities therefore were not ready to discontinue use of VistA. The former assistant under secretary for health for operations had established a timeliness goal of payment no later than 10 days from the date veterans submit

[43] Director, Veterans Transportation Program, "Temporary BTSSS User Provisioning Adjustments," memorandum to Veterans Integrated Service Network Chief Financial Officers and Business Integration Managers, January 2021. The distribution email indicated this change would be reassessed every 90 days; BTSSS User Guide, August 2021.

[44] VTP email, "BTSSS Usage," November 13, 2020.

[45] The under secretary for health commented that, as of February 28, 2023, BTSSS has been fully implemented at 71 percent of VAMCs, and VHA plans to phase out the use of VistA by December 2023.

a travel claim. A VHA Operations leader stated that if payments are late, it could result in veterans not seeking needed follow-up care.

While the OIG acknowledges that processing claims and paying veterans quickly is important, using two systems simultaneously where claims can be filed in both increases the risk that duplicate payments could be made. A supervisor in VA's Financial Services Center stated that some veterans had notified the office they were receiving duplicate reimbursements. Because of the increased risk, VA should analyze whether duplicate payments have been made. Additionally, when VistA is used instead of BTSSS, it negates the new internal controls and system rules that are intended to reduce the risk of improper payments.

To mitigate the risk of improper payments from simultaneously using both systems, VTP issued guidance to facilities to check that duplicate claims for the same travel were not submitted in both systems.[46] Facility staff were instructed to search both systems when entering a claim to see if it already existed in one of the systems, and if so, the claim should be changed to zero dollars in BTSSS and then processed through VistA. However, in March 2021, VHA Operations issued guidance giving VA facilities the flexibility to discontinue this practice.[47]

Importantly, VTP officials stated they disagreed with VHA Operations' decisions to allow facilities the option to continue using the legacy system after January 2021. The program director stated that the continued use of VistA discourages facilities from adopting BTSSS and prolongs full system implementation. However, VHA Operations overruled the program office. The review team determined that the conflicting positions were ultimately attributable to competing priorities of these two entities: VHA Operations was focused on paying veterans within 10 days, while VTP focused on implementing the modernized, newer system. A VHA Operations leader stated officials may reevaluate whether to discontinue the legacy system when BTSSS usage reaches 70 percent.

Both priorities are important—paying veterans on time and implementing a modernized system. Accordingly, VHA needs to develop a plan to phase out use of the legacy system to process claims that will accommodate both priorities, because when successfully implemented, BTSSS will help reduce the risk of future duplicate payments.

VHA Saw Travel Staff Increases

In September 2021, VA reported to Congress that it had hired 148 full-time travel staff specifically to support the BTSSS implementation.[48] The OIG recognizes that VA has reported long-standing challenges with staffing and retention for beneficiary travel staff, and in general,

[46] VTP Guidance, "How to Enter a Zero Dollar Claim in BTSSS," distributed February 2021.

[47] Assistant under secretary for health, "Option to Discontinue Use of the $0.00 Marker Claim Entries in BTSSS and Network Action Plans," memorandum to Veterans Integrated Service Network directors, March 2021.

[48] Letter from the VA Secretary to the US Senate Committee on Veterans' Affairs Chairman, September 2, 2021.

staffing across the department has been a significant VA concern. It is reasonable that short-term staffing increases may be necessary to alleviate the initial burden of system implementation as facilities transition to the new system. However, one of the desired benefits of the full implementation of BTSSS was to reduce staffing needs through system features that would decrease or eliminate the burden on travel staff to process claims.[49] Therefore, it is important that VHA act to fully implement that new system by appropriately transitioning from VistA and address the recommendations made in this report to help reduce staffing impacts.

Conclusion

The beneficiary travel program is vital to veterans because it helps ensure they receive the care they need. Although VHA implemented BTSSS in November 2020 with the intent to modernize and improve the beneficiary travel claim submittal and payment process, the OIG found that improvements are still needed to achieve performance goals and ensure the new system succeeds. Two goals—auto-adjudication and self-service portal usage—are critical to achieving successful implementation of the new system because they should result in faster payment processing and decrease the time that the travel staff spend handling claims manually. These goals are important because they allow leaders to monitor if the program is moving in a positive direction and whether any significant unresolved issues remain.

While VTP has taken steps to move closer toward meeting performance goals, as of January 2023, there are still some VA facilities that VTP reported have yet to fully adopt the new system. To meet system goals and ensure successful system implementation, VTP needs to gain buy-in from staff and users of the system to help achieve high system adoption and realize the system's maximum potential. VHA is also called on to develop a plan to move away from the continued operation of VistA in the travel program.

Recommendations 1–4

The OIG made two recommendations to the director of the Veterans Transportation Program and two recommendations to the assistant under secretary for health for operations. The OIG recommended the director of the Veterans Transportation Program take these actions:

1. Determine what system changes are needed to meet auto-adjudication goals and implement these changes.
2. Conduct outreach to users, solicit feedback, and consider whether system changes are needed based on feedback to increase self-service portal usage.

The OIG recommended the assistant under secretary for health for operations do the following:

[49] Beneficiary Travel Self-Service System Business Requirements Document, version 2.0, August 2016.

3. Create an action plan to phase out continued use of the Veterans Health Information Systems and Technology Architecture beneficiary travel function.
4. Coordinate with the Veterans Health Administration Office of Finance and assess whether duplicate payments were made to veterans requesting travel reimbursement since the new system went live.

VA Management Comments

The under secretary for health concurred with the recommendations and provided action plans for each. The full text of the under secretary's comments appears in appendix C.

For recommendation 1, VTP will collaborate with OIT to conduct an assessment of system performance measures, ensure the measures and associated management reports are readily available to leaders, establish a process to regularly monitor and analyze deviations, and take action to address the performance of medical centers not meeting the standard. VHA and OIT will also perform an analysis of the system's rules, identify opportunities to consolidate or eliminate rules, and implement appropriate changes to mitigate the risk of improper payments. The target completion date is March 2024.

In response to recommendation 2, VTP will collaborate with Veterans Integrated Service Networks and medical centers to enhance communications with veterans service organizations and to raise awareness among community stakeholders of BTSSS and help them understand the application and benefits of using the self-service option. Additionally, VTP will work with OIT and the Veterans Experience Office to expand the veteran survey to obtain feedback regarding veterans' experience using the system. Feedback will be used to perform targeted user testing to develop and prioritize future system changes. The target completion date is March 2024.

Under the plan for addressing recommendation 3, the assistant under secretary for health for operations will collaborate with VTP, the Veterans Integrated Service Networks, and VA medical center leaders to establish a plan to phase out the use of and formally decommission the VistA beneficiary travel function. The target completion date is December 2023.

For recommendation 4, the assistant under secretary for health for operations will seek support from VTP, the Veterans Integrated Service Networks, VA medical centers, the Financial Services Center, and the VHA Office of Finance to "assess the current payment system, internal controls, and whether duplicate payments occurred." The target completion date is March 2024.

The under secretary for health also provided general comments including that the FY 2021 beneficiary travel improper payment data cited in this report is prior to system deployment. The beneficiary travel program reduced improper payments through strategies that resulted in a gross improper payment rate under 10 percent. "BTSSS was a significant corrective action plan implementation that led to improper payment reduction" and assists staff with complex requirements.

The comments also address that as of February 28, 2023, BTSSS had been fully implemented at 71 percent of VA medical centers, which is significant considering the change to the travel claim-processing system and average staffing vacancies of almost 30 percent. VHA "is on track to see an increase in unique Veteran claim submissions," will remain diligent in fully implementing the system at VA medical centers using the legacy system, and is committed to effectively balancing timely benefit delivery and accurate payments to eligible veterans.

The under secretary stated that as VA fully implements BTSSS, the utmost priority will be to streamline administrative processes and continuously improve the system based on veteran feedback. Most veterans surveyed in October 2022 preferred BTSSS and would recommend it. Veterans also provided feedback that they would like to see BTSSS processes improve. To that end, VA is expanding system integration to allow for easier reimbursements, including facilitating veterans' reimbursement requests at appointment check-ins. VA will continue to survey veterans regularly and increase stakeholder outreach to prioritize system enhancements.

OIG Response

The under secretary for health provided responsive action plans with target completion dates for each of the four recommendations. The OIG will monitor implementation of the planned actions and will keep the recommendations open until VHA has provided sufficient evidence to demonstrate the cited corrective actions have been implemented. Regarding the general comment made about the FY 2021 improper payment data included in this report, the OIG included this information as background support indicating the program has been susceptible to improper payments, which is one of the reasons why the BTSSS system is being implemented.

Additionally, regarding the under secretary's comment about the program decreasing improper payments, the OIG has made recommendations in this report that, once implemented, will support the program achieving its goals even further—including the reduction of improper payments. In sum, the OIG acknowledges the under secretary for health's commitment to advancing and improving the program.

Appendix A: Background

The VHA beneficiary travel program allows eligible claimants compensation for costs incurred traveling to and from VA healthcare and non-VA healthcare service locations. Veterans must apply for payment within 30 calendar days after completing travel. Also, if a veteran becomes eligible for payment after the travel takes place, the veteran must apply for reimbursement within 30 days of the eligibility date. Eligible veterans include those

- who travel for treatment or care for their service-connected disability,
- who travel for a scheduled compensation and pension examination,
- who receive a VA pension and travel for treatment or care,[50] or
- whose annual income does not exceed the maximum annual rate of pension if the veteran was eligible for pension and travels for treatment or care.

Travel expenses eligible for beneficiary travel reimbursement include the following:

- Mileage is incurred using a privately owned vehicle or the actual cost for use of the most economical common carrier (bus, train, taxi, airplane, etc.). Payment may not exceed the amount allowed for a privately owned vehicle unless travel by a privately owned vehicle is not reasonable or travel by common carrier is determined to be medically necessary.
- The actual cost incurred for ferry fares and bridge, road, and tunnel tolls is reimbursable.
- The actual cost of a special mode of transportation when clinically necessary is also reimbursable. Special modes of transportation include ambulances, air ambulances, wheelchair vans, and other modes of transportation that are specifically designed to transport certain types of disabled individuals.
- The actual cost of meals, lodging, or both, are eligible but not to exceed 50 percent of the amount allowed for government employees by law, when overnight stays are required.[51]

Initial Phased Rollout and System Process Overview

VTP implemented a new system for processing payments for the beneficiary travel program in stages beginning July 13, 2020, when it piloted BTSSS at five facilities. Next, it released the system nationwide in three waves on September 8, October 5, and November 2, 2020. The pilot and wave releases provided the program office opportunities to determine if the system implementation met its goals. Using the new system, veterans can electronically submit and

[50] 38 U.S.C. § 1521.

[51] 5 U.S.C. § 5702; Beneficiary Travel Under 38 U.S.C. 111 Within the United States, 38 Fed. Reg. at 36796, 36798-36800.

manage their claims. The system also includes new features to automate the claims process that were previously unavailable in the legacy system. Figure A.1 outlines the process in the new system from claim entry to payment.

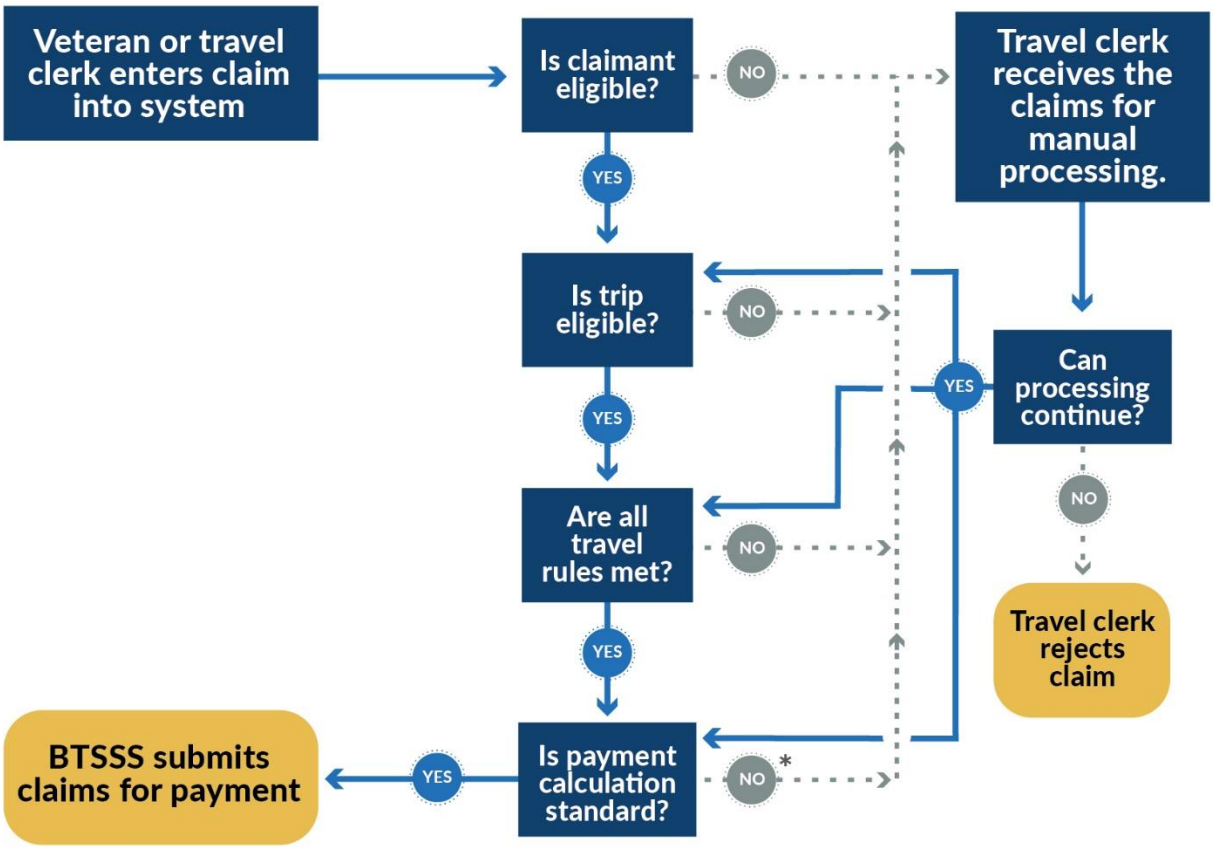

***Figure A.1**. Flowchart of the BTSSS travel claims process from system entry to payment.*

Source: The Health Integration and Modernization, Veteran Transportation Service, BTSSS, System Design Document, August 2021.

** If the clerk determines processing can continue, the claim is then routed for payment.*

Improper Payment History with Beneficiary Travel

The Payment Integrity Information Act of 2019 requires agencies to identify and review all programs and activities they administer that may be susceptible to significant improper payments based on Office of Management and Budget guidance. In addition, the act requires inspectors general to review each agency's improper payment reporting and issue an annual report. According to the act, programs must report their estimated improper payments if

- the estimated improper payments are both 1.5 percent and $10 million of the program's total annual outlays, or
- $100 million regardless of the associated percentage of the programs' total annual disbursements.

Table A.1 shows the beneficiary travel program's improper payment amount and related percentage of improper payments of the total outlays from FY 2013 through FY 2021.

Table A.1. Beneficiary Travel Estimated Improper Payments and Percentage of Total Disbursements Reported in FY 2013 through FY 2021

FY	Estimated improper payments (in millions of dollars)	Improper payment percent of total disbursements
2013	$70M	9%
2014	$42M	5%
2015	$50M	6%
2016	$66M	7%
2017*	$224M	25%
2018	$216M	24%
2019	$180M	19%
2020	$168M	16%
2021	$123M	14%

Source: PaymentAccuracy, https://www.paymentaccuracy.gov, accessed July 6, 2022.
** VA reported in its FY 2017 Agency Financial Report that increases were primarily due to administrative or process errors or insufficient documentation to determine whether payments were proper.*

Contract Information

In September 2016, VA awarded a firm-fixed-price contract to a company to develop and implement BTSSS from a commercial off-the-shelf system. The company made customizations and enhancements for BTSSS to provide the tools to streamline claims, automate eligibility determinations and payment processing, detect improper payments, and enhance its reporting. The initial contract was awarded for nearly $11 million, but as of July 2022, the cost to develop, implement, and enhance BTSSS was about $13.5 million.

Modifications to the initial contract award included an extension of the period of performance from September 29, 2018, to April 29, 2021. This extension occurred due to changes in the system environment and additional time needed for the company to complete testing and deployment. One key change to the contract occurred in September 2018: this change removed the kiosk as an accessible interface and replaced it with smart phone applications. Specifically, the contract states, "BTSSS shall be accessible via the following user interfaces: smart phone applications such as Android and Apple-based mobile applications." While this change removed initial planned efforts to integrate the kiosks with BTSSS, kiosks are still available for use at some medical facilities where veterans can input their information and print the paper form. The

paper form is then submitted to travel staff who manually enter it into the travel system. In June 2022, the VTP director stated VA is holding discussions on future capabilities which could include having kiosks that connect directly to BTSSS.

Beyond the original development contract, VA also awarded two BTSSS sustainment contracts. The first was awarded to the company under contract to complete system maintenance and upgrades for the new system. The second was awarded to a second vendor to provide software development and information technology operation services. This second contract provides the platform that BTSSS and several other VA systems use.

Super Users and Travel Clerks

To access the new system, staff are required to be granted a role.[52] Those roles determine the level of access they have. The two most common roles are travel clerk and super user. Staff members designated as a super user have additional authority to complete tasks, such as being able to edit their own manual entry claims and the ability to modify system rules used to auto-adjudicate travel claims. Per VTP, there are 68 rules in the new system. Table A.2 identifies some of the actions that can be performed by assigned role.

Table A.2. Selected Travel Clerk and Super User Roles in BTSSS

Action	Travel clerk	Super user
Appointments (edit owner)	No	Yes
Facilities (view, create, edit)	Yes	Yes
Facilities (edit denial letter information)	No	Yes
Facilities (edit letter routing information)	No	Yes
Claims (add overrides to claims they create, edit owner)	No	Yes
Claims (deny, edit rejection letter, place on hold)	Yes	Yes
Deductible waivers (view, create, edit)	Yes	Yes
Income eligibility (view, create, edit)	Yes	Yes
Rule settings (can edit facility-level settings)	No	Yes

Source: BTSSS User Guide, August 2021.

[52] BTSSS has various user profiles including the super user. With this role, users have expanded authority to edit content and override certain system features.

Appendix B: Scope and Methodology

Scope

The review team performed work from August 2021 through February 2023. The review scope included VA efforts to implement the system from September 28, 2016, the date the contract was awarded, through July 31, 2022. As part of this review, the team evaluated data from VistA and BTSSS from February 2021 through July 2022.

Methodology

The review team evaluated applicable laws, policies, procedures, and guidelines related to implementation of BTSSS. The team gathered evidence from VA's electronic contract management system, VA's internal dashboard on claims-processing data, as well as internal program office documents and records from VA officials. The review team also interviewed a complainant as well as VA officials from VTP, VHA Operations, OIT, the Financial Services Center, Veterans Integrated Service Networks, and contractor staff. The team evaluated system implementation from February 1, 2021, through July 31, 2022, against program office-established performance goals.

To accomplish the objective, the review team conducted seven site visits from September through November 2021 at VA medical facilities. Four of the visits were conducted in person:

- Atlanta VA Medical Center in Decatur, Georgia
- Rocky Mountain Regional VA Medical Center in Aurora, Colorado
- Kansas City VA Medical Center in Kansas City, Missouri
- Dallas VA Medical Center in Dallas, Texas

Due to the COVID-19 pandemic and limitations on travel, sites were selected based on proximity to team members. During the in-person site visits, the review team received demonstrations of the beneficiary travel claims system process and conducted interviews with relevant travel staff. While on-site, the team also conducted a veteran survey to measure general awareness of the new system, usability of the self-service portal, and overall system satisfaction.

The remaining three site visits were conducted virtually:

- Jerry L. Pettis Memorial Veterans' Hospital in Loma Linda, California
- Louis A. Johnson VA Medical Center in Clarksburg, West Virginia
- Wm. Jennings Bryan Dorn VA Medical Center in Columbia, South Carolina

These three sites were judgmentally selected because they had high adoption of the new system or high use of the self-service portal for claim entry. During these virtual site visits, the review team interviewed relevant beneficiary travel leaders and staff.

To assess whether three of the system implementation goals were met—auto-adjudication, system usage, and self-service portal usage—the review team analyzed BTSSS claims-processing data available from an internal program office dashboard and analyzed VistA claims data provided by the program office from February 2021 through July 2022. To assess the manual override goal, the review team relied on a snapshot provided by the program office that captured the manual override percentages on the last day of each month from February 2021 through July 2022. The team also analyzed the authorized staffing levels as reported by facilities on a weekly basis from April through October 2021.

Fraud Assessment

The review team assessed the risk that fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, significant within the context of the review objectives, could occur during review. The team exercised due diligence in staying alert to any fraud indicators by

- conducting a team discussion during the review planning on the potential of fraud occurring in the development and implementation of the new system, and
- completing a fraud risk assessment prior to conducting the review.

The OIG did not identify any instances of fraud or potential fraud during this review.

Data Reliability

The review team assessed the reliability of computer-processed data from an internal VA dashboard. The dashboard, maintained in Microsoft's Power BI, contained BTSSS-entered claims directly downloaded to the dashboard.[53] To assess the computer-processed data, the review team interviewed a VA staff member responsible for maintenance of the dashboard and performed some basic reasonable checks of the data, such as looking for obvious errors or omissions. The team obtained the authority to operate for BTSSS which feeds the dashboard. The authority to operate is the official VA management decision to authorize an information system for use considering established security controls.[54] Finally, the review team confirmed with VA OIT that the dashboard data used to develop the report finding were appropriate. The

[53] Power BI is a Microsoft product that allows users to visualize data, create reports, and customize dashboards.
[54] VA Handbook 6500, *Risk Management Framework for VA Information Systems*, February 24, 2021.

team concluded that the data obtained were sufficiently reliable to support the findings and conclusions in this report.

The review team also assessed the reliability of an Excel spreadsheet that contained VistA-entered claims as reported to the program office by the medical centers. To assess the data, the review team interviewed VA staff who developed the spreadsheet and performed basic reasonableness checks of the data. The team also obtained the authority to operate for VistA. The team concluded that the data obtained were sufficiently reliable to support the findings and conclusions in this report.

The internal VA dashboard used to evaluate three of the system performance goals did not capture information needed to assess the manual override goal. According to the program office, historical data needed to evaluate past performance of this goal were not available as the data for this goal are only maintained in real-time. In other words, once VHA travel staff perform a manual override, the travel claim moves into the next phase of the review process and changes the status of the claim. In the new status, the claim is no longer recognized as a claim requiring manual override, and no historical data are maintained to indicate that the claim previously required manual override.

In lieu of historical data, the review team relied on a snapshot provided by the program office which captured the manual override percentages on the last day of each month from February 2021 through July 2022, excluding April 2022 because the program office experienced issues when populating the data on the last day of April. The team also noted that the underlying data to support the percentages could not be provided. Without this information, the review team could not independently validate the reliability of the manual override data at a detailed level and relied on VA's presentation of the data.

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 C: VA Management Comments

Department of Veterans Affairs Memorandum

Date: March 28,2023

From: Under Secretary for Health (10)

Subj: OIG Draft Report, Goals Not Met for Implementation of the Beneficiary Travel Self-Service System (Project #2021-03598-AE-0179) (VIEWS 09692195)

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

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Goals Not Met for Implementation of the Beneficiary Travel Self-Service System. The Veterans Health Administration (VHA) concurs with the recommendations and provides an action plan in the attachment.

2. In order to support the need for system modernization, the report cites beneficiary travel improper payment data through fiscal year (FY) 2021. This timeframe was prior to deployment of the Beneficiary Travel Self-Service System (BTSSS). FY 2022 Payment Integrity Information Act (PIIA) results contain initial BTSSS transaction sampling, which was the Beneficiary Travel (BT) Program's first year of compliance with PIIA. The BT Program prioritized and implemented effective corrective actions and mitigation strategies that reduced improper payments as evidenced by reporting a gross improper payment rate under 10%. Program outlays of over $1.25 billion were determined to be 92% accurate. BTSSS was a significant corrective action plan implementation that led to improper payment reduction and continues to assist VA medical center (VAMC) staff with complex beneficiary travel reimbursement requirements.

3. Despite completing national deployment just before the onset of the COVID Public Health Emergency, as of February 28, 2023, BTSSS has been fully implemented at 71% of VAMCs. This is significant considering the sweeping change to the travel claim processing system and average staffing vacancies in BT offices of almost 30% during that period. VHA is also seeing the impact of having a web-based tool available for Veterans to submit claims from any web-enabled device and is on track to see an increase in unique Veteran claim submissions. VHA will remain diligent as we fully implement BTSSS at VAMCs still using the legacy processing system and remain committed to effectively managing the balance between timely BT benefit delivery and accurate payments to eligible Veterans.

4. As the Department of Veterans Affairs (VA) fully implements BTSSS, our utmost priority will be to streamline the administrative process for Veterans to receive their BT benefits and continuously improve BTSSS based on Veteran feedback. Of the feedback from an October 2022 survey to Veterans who used BTSSS to submit their claim, 78.6% preferred BTSSS (to the application process via VA Form 10-3542), and 71% would recommend BTSSS to a friend. The same survey also identified 63% of Veterans would like to see the claim submission process in BTSSS improve. To that end, VA is expanding integrations between BTSSS and applications that Veterans use to check-in when they arrive at VAMCs for care, allowing Veterans to simultaneously request BT reimbursement as they check-in for their appointment. VA will continue to survey Veterans regularly and increase our outreach to Veteran Service Organizations, community partners, and other channels, and use the feedback collected from Veterans to prioritize VA's enhancements to BTSSS.

The OIG removed point of contact information prior to publication.

(Original signed by)

Shereef Elnahal, M.D., MBA

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

Goals Not Met for Implementation of the Beneficiary Travel Self-Service System

Project Number 2021-03598-AE-0179

Recommendation 1. Director of the Veterans Transportation Program determines what system changes are needed to meet auto-adjudication goals and implement these changes.

VHA Comments: Concur.

The Veterans Transportation Program (VTP), in collaboration with VA Office of Information and Technology (OIT), will perform a complete assessment of defined performance measures for the Beneficiary Travel Self-Service System (BTSSS), ensure the defined performance measures and associated management reports are readily available to VHA leadership, establish a process to regularly monitor, analyze deviations from established performance measures and take action to address performance of VA medical centers not meeting the standard.

Additionally, VHA and OIT will perform a full analysis of BTSSS rules engine, identify opportunities to consolidate redundant rules and/or eliminate excessive rules and implement appropriate changes to the rules engine that impair VHA's ability to balance goals of timely delivery of benefits with the goal of mitigating risk of improper payments.

Status: In progress **Target Completion Date:** March 2024

Recommendation 2. Director of the Veterans Transportation Program conducts outreach to users, solicits feedback, and considers whether system changes are needed based on feedback, to increase self-service portal usage.

VHA Comments: Concur.

The Veterans Transportation Program (VTP) will collaborate with stakeholders from the Veterans Integrated Service Networks and VA medical centers (VAMC) to refresh and expand the communications plan strategy provided to the VAMC public affairs teams prior to the BTSSS national deployment, to ensure community stakeholders (including Veterans, Veterans Service Offices, etc.) have awareness of BTSSS, as well as an understanding of the application and benefits of using the self-service option.

Additionally, VTP, in collaboration with the VA OIT and the Veterans Experience Office, will expand the baseline BTSSS Veteran survey (piloted in October 2022) to obtain feedback regarding their experience using the BTSSS. We will utilize the customer feedback to perform targeted user testing by Veterans to develop and prioritize future changes to BTSSS.

Status: In progress **Target Completion Date:** March 2024

Recommendation 3. Assistant Under Secretary for Health for Operations create an action plan to phase out continued use of the VistA beneficiary travel function

VHA Comments: Concur.

The Assistant Under Secretary for Health for Operations, in collaboration with the Veterans Transportation Program, the Veterans Integrated Service Networks and VA medical center (VAMC) leadership, will establish a plan to phase out the utilization of the VistA beneficiary travel function at the

remaining VAMCs (41, as of February 2023) using VistA as a processing modality and formally decommission the VistA beneficiary travel function.

Status: In progress **Target Completion Date:** December 2023

Recommendation 4. Assistant Under Secretary for Health for Operations coordinates with the veteran's health administration office of finance and assess whether duplicate payments were made to veterans requesting travel reimbursement since the new system went live.

VHA Comments: Concur.

The Assistant Under Secretary for Health for Operations, with support from the Veterans Transportation Program, the Veterans Integrated Service Network, the VA medical centers, the Financial Services Center and the VHA Office of Finance, will assess the current payment system, internal controls, and whether duplicate payments occurred.

Status: In progress **Target Completion Date:** March 2024

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461–4720.
Review Team	Jessica Blake, Director Teresa Byrd Kristi Corthell Brad Lewis Eric Smith
Other Contributors	Michael Martin Charlma Quarles

Report Distribution

VA Distribution

Office of the Secretary
Veterans Benefits Administration
Veterans Health Administration
National Cemetery Administration
Assistant Secretaries
Office of General Counsel
Office of Acquisition, Logistics, and Construction
Board of Veterans' Appeals

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Accountability
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

OIG reports are available at www.va.gov/oig.