



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

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**Audit of  
VA Incomplete  
Compensation and Pension  
Medical Examinations**

**To Report Suspected Wrongdoing in VA Programs and Operations**  
**Telephone: 1-800-488-8244 between 8:30 AM and 4 PM Eastern Time,**  
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**[E-Mail: vaoighotline@va.gov](mailto:vaoighotline@va.gov)**

# Contents

	Page
<b>Executive Summary</b> .....	i-vi
<b>Introduction</b>	
Purpose.....	1
Background.....	1
<b>Results and Conclusions</b>	
Request and Scheduling Processes Need Improvement .....	3
<b>Appendixes</b>	
A. Scope and Methodology .....	12
B. Sampling Methodology and Estimates .....	14
C. Acting Under Secretary for Health Comments .....	17
D. Under Secretary for Benefits Comments .....	23
E. OIG Contact and Staff Acknowledgments.....	25
F. Report Distribution .....	26

## Executive Summary

### Results in Brief

The Office of Inspector General (OIG) conducted an audit to identify opportunities for the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) to increase the number of completed compensation and pension (C&P) medical examinations (C&P exams). The audit also focused on identifying some of the causes of canceled C&P exams through a review of randomly sampled incomplete exam requests. When VHA or VBA personnel cancel a C&P exam request or a veteran does not attend their scheduled C&P exam appointment(s), it becomes an incomplete exam request.

The percentage of incomplete C&P exam requests has remained steady over the past few years at around 17 percent. However, reducing the number of incomplete C&P exam requests will help ensure that claims decisions are handled more efficiently and veterans' disability benefits payments are timelier. Incomplete C&P exam requests often result in additional and unnecessary work for VA personnel and can be indicative of poor customer service to veterans. To improve service provided to veterans filing disability claims, it is important for VA to take steps to reduce the number of incomplete exam requests.

VHA had inconsistent practices related to the extent VA healthcare facilities (VA HCFs) contacted veterans by telephone to schedule their C&P exam appointments. The number of incomplete C&P exam requests could be reduced if VHA improved C&P exam scheduling procedures. For example, VHA guidance states that VA HCF personnel are to contact veterans to schedule their C&P exam appointments and mail an appointment notification letter to the veteran. However, personnel at various VA HCFs did not call veterans to schedule their appointments and only notified veterans of their C&P exam appointments by letter. This practice is not in compliance with VHA scheduling guidance and does not include veterans in the process of scheduling their C&P exam appointments. Personnel from 6 (29 percent) of the 21 VA HCFs included in our sample stated they did not always make telephone calls to schedule C&P exam appointments, and personnel from 4 (19 percent) of the VA HCFs stated they only sent notification letters and did not make telephone calls. Personnel from 11 (52 percent) of the VA HCFs stated they scheduled C&P exam appointments by telephone contact with the veteran. We could not verify these statements because the method used to schedule appointments was not documented. Without direct communications with veterans, VHA cannot ensure they are working effectively with veterans who need C&P exams before complete decisions can be made on their disability claims.

VHA's practices related to rescheduling veterans' C&P exam appointments also differed across VA HCFs. VHA guidance states that C&P exams can be rescheduled on a one-time basis when a veteran requests that the exams be postponed for a valid reason. However, several C&P exams were inappropriately canceled because VA HCF personnel

did not reschedule the exam appointments based on the veteran's reasonable request for a different appointment time. Instead, the exam requests were canceled and returned incomplete to the requesting VA Regional Office (VARO).

VARO personnel request more than one C&P exam, if necessary, when a veteran's application contains multiple claimed conditions. VHA's practices related to handling C&P exam requests with multiple exam appointments were not consistent across VA HCFs. VHA guidance does not address how to handle a situation when a veteran fails to report for an initial C&P exam and has subsequent appointments scheduled under the same request. Personnel at various VA HCFs canceled subsequent exam appointments and the C&P exam request after veterans did not attend their initial appointments without first contacting the veteran.

The number of incomplete exam requests could also be further reduced if VARO personnel submitted complete and accurate C&P exam requests to VA HCFs. We identified cases where VARO personnel sent C&P exam requests to the incorrect VA HCF. In these instances, VARO personnel sent C&P exam requests to incorrect VA HCFs based on the veterans' residence, sent the requests to VA HCFs based on incorrect veterans' addresses, or sent the requests to VA HCFs where the veterans were employed, which is contrary to VA guidance. We also identified C&P exam requests where VARO personnel did not include sufficient information for the exams to be scheduled and conducted, or the exams requested did not correctly address the veterans' claimed conditions. About 11 percent of the incomplete C&P exam requests we reviewed were canceled because the requests were incomplete or inaccurate.

In a joint effort, VHA and VBA established the Compensation and Pension Examination Program (CPEP) Office in 2001 to improve and monitor the C&P exam process. CPEP personnel conduct quality assurance reviews of completed C&P exam requests; however, CPEP personnel have not extended their reviews to determine why some exam requests are canceled. Expanding quality assurance reviews to include incomplete C&P exam requests would allow CPEP to identify issues and causes that contribute to incomplete C&P exam requests and provide opportunities for continuous improvement.

We estimated 24,000 incomplete C&P exam requests could have been prevented during FY 2008. Minimizing the number of canceled exams would enable VA to provide veterans C&P benefits more quickly, reduce unnecessary work for VA personnel, and provide veterans with better service.

## **Background**

Veterans initiate claims for disability compensation or pension by filing an application online or at a VARO. Upon receipt of an application, VBA's Veterans Service Representatives (VSRs) request a C&P exam to determine the current level of disability or to provide a medical opinion as to whether the current disability is related to the veteran's military service.

## Processing of C&P Exam Requests

VSRs at VAROs determine the type of C&P exam(s) a veteran needs based on the available medical records and use the Compensation and Pension Record Interchange (CAPRI) system to order C&P exams from the VA HCF of jurisdiction. VA HCF personnel determine where and how to conduct the C&P exam and contact the veteran to schedule the exam. VHA guidance states that VA HCF personnel are to contact the veteran to schedule their C&P exam appointments and mail notification letters to the veteran.

## **Finding**

### **Request and Scheduling Processes Need Improvement**

To reduce the number of incomplete C&P exams, VHA needs to improve exam scheduling procedures, VBA needs to improve the quality of C&P exam requests, and CPEP needs to improve quality assurance review procedures. Our review of 424 incomplete C&P exam requests showed that at least 97 (23 percent) could have been prevented. C&P exams were not completed because VHA personnel did not always contact veterans by telephone to schedule their C&P exam appointments in accordance with VHA guidance. In addition, VHA personnel did not consistently reschedule C&P exam appointments when veterans requested that the appointments be postponed for a valid reason. Further, VHA guidance does not state how to handle a situation when a veteran fails to report for an initial C&P exam and has subsequent appointments scheduled on the same exam request.

We identified cases where C&P exam requests were canceled after veterans did not attend their initial appointments. VA HCF personnel canceled subsequent appointments, scheduled on the same exam request, without contacting the veteran to determine why he or she missed their initial appointment or whether he or she planned to attend the subsequent appointments. C&P exams were also not completed because VBA personnel did not always provide complete and accurate information on the C&P exam requests they sent to VA HCFs. We identified cases where VARO personnel sent the requests to the incorrect VA HCFs, did not include sufficient information for the exams to be scheduled, and requested incorrect exams.

Of the other 327 (77 percent) cases that we reviewed, 162 (50 percent) C&P exam requests were incomplete because the veterans did not attend their scheduled appointments. The available records did not document why the veterans missed these appointments; therefore, we could not determine the causes of these incomplete C&P exam requests. We believe, however, that many of the 162 missed appointments could have been prevented had VHA personnel followed scheduling guidance and made direct communication with the veterans to schedule their C&P exam appointments.

Based on our site visits and case reviews, we concluded proactive VA HCFs that telephoned veterans to schedule their C&P exam appointments were more likely to have

fewer incomplete exam requests. Three of the four VA HCFs we visited during our audit did not contact veterans directly to negotiate an appointment date and time before scheduling appointments.

These three facilities had average incomplete exam rates ranging from 18.5 to 23.7 percent during the period reviewed. The other facility did attempt to contact veterans directly to negotiate an appointment time, and the incomplete exam rate for this facility was 4.3 percent. This comparison is a strong indicator that following VHA guidance and involving veterans in scheduling their appointments may be a valuable way to reduce the number of veterans who do not attend their C&P exams. In the remaining 165 (50 percent) cases, we determined that incomplete exam requests were canceled for reasons beyond VA's control, such as cases where veterans canceled their appointments or withdrew their disability claims.

VA's quality assurance reviews of C&P exam requests are not adequate. While CPEP personnel conduct quality assurance reviews of completed C&P exam requests, they do not conduct reviews of incomplete exam requests. Therefore, CPEP is missing an opportunity to identify and address recurring or systemic causes for incomplete C&P exam requests.

## **Conclusion**

C&P exams are necessary for VBA personnel to make decisions on veterans' disability claims. VA's ability to effectively complete C&P exams impacts whether or not veterans receive timely disability benefits and good customer service. In order to increase the number of completed C&P exams, VHA needs to improve their procedures for scheduling C&P exam appointments, and VBA needs to improve the quality of C&P exam requests submitted to VA HCFs. Additionally, CPEP needs to expand their quality assurance review coverage to include incomplete C&P exam requests in order to identify issues and causes that contribute to incomplete C&P exam requests. If VA does not accomplish this, veterans will likely continue to experience delays in receiving their entitled disability benefits, and VA will miss opportunities to improve the service provided to veterans.

## **Recommendations**

1. We recommended the Under Secretary for Health establish requirements for VA healthcare facility personnel to contact veterans by telephone to schedule their compensation and pension examination appointments and reschedule appointments when a veteran requests postponement for a valid reason.
2. We recommended the Under Secretary for Health provide guidance to ensure that VA healthcare facility personnel do not cancel subsequent appointments on the same request when a veteran does not attend their initial compensation and pension

examination appointment without contacting the veteran to determine why he or she did not attend their initial appointment.

3. We recommended the Under Secretary for Benefits establish a process at VA Regional Offices to ensure complete and accurate information is provided on compensation and pension examination requests.
4. We recommended the Under Secretary for Health and the Under Secretary for Benefits jointly require the Compensation and Pension Examination Program Office's quality assurance reviews include a routine review of incomplete compensation and pension examination requests, report identified deficiencies, and recommend improvement actions as needed.

## **Management Comments and OIG Response**

The Acting Under Secretary for Health and the Under Secretary for Benefits agreed with the findings and recommendations in the report and provided acceptable implementation plans. (See Appendix C for the full text of the Acting Under Secretary for Health's comments, and Appendix D for the full text of the Under Secretary for Benefits' comments.)

VHA is addressing the issue of personal patient contact by facility personnel for all outpatient appointments, including those for C&P exams. A revised scheduling directive is in the final concurrence process and is expected to be published before the end of July 2009. The new directive provides guidance on the efforts that must be taken to establish contact with veterans throughout the scheduling process. In cases where telephone contact cannot be established, written correspondence must be sent requesting the veteran call within a specified time period to schedule an appointment. The directive will also require appropriate follow-up if a veteran fails to appear for a scheduled appointment. VHA has developed a training program for all personnel involved with scheduling, and the training will be initiated when the revised directive is released. One emphasis of the training will be to ensure schedulers do not cancel subsequent appointments without adequate justification when an initial appointment is missed. In addition, VHA is revising their C&P handbook and procedure guide to incorporate these changes.

CPEP has revised their quality assurance review process to include a routine review of incomplete C&P exam requests. CPEP will assess the extent to which unclear, incorrect jurisdiction, or otherwise flawed exam requests submitted by VBA contribute to the number of incomplete C&P exam requests. VBA will develop an action plan to improve training of personnel who are responsible for ordering C&P exams, and establish workgroups involving both VBA and VHA personnel to help improve communication.



We consider these planned actions acceptable, and we will follow up on their implementation. We will close the recommendations when all proposed actions have been completed by VHA, VBA, and CPEP.

*(original signed by:)*

**BELINDA J. FINN**  
Assistant Inspector General  
for Auditing

## Introduction

### Purpose

The Office of Inspector General (OIG) conducted an audit to identify opportunities for the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) to increase the number of completed compensation and pension (C&P) medical examinations (C&P exams). The audit also focused on identifying some of the causes of canceled C&P exams through a review of 424 randomly sampled incomplete exam requests.

### Background

Veterans initiate claims for disability compensation or pension by filing an application online or at a VA Regional Office (VARO). Upon receipt of an application, VBA's Veterans Service Representatives (VSRs) request a C&P exam to determine the current level of disability or to provide a medical opinion as to whether the current disability is related to the veteran's military service. VSRs request more than one C&P exam, if necessary, when a veteran's application contains multiple claimed conditions. When VA healthcare facility (VA HCF) or VARO personnel cancel a C&P exam request or a veteran does not attend their scheduled C&P exam appointment(s), it becomes an incomplete exam request.

Public Law 108-183 authorized VBA to contract for C&P exams. However, the majority of C&P exam requests are submitted to VA HCFs rather than contractors. During the period reviewed, approximately 85 percent of C&P exam requests were submitted to VA HCFs. This audit focused only on those incomplete C&P exam requests that had been submitted to VA HCFs.

#### Processing of C&P Exam Requests

VSRs at VAROs determine the type of C&P exam(s) a veteran needs based on the available medical records and use one or more of 58 exam worksheets to describe the specific requirements for the medical examiner. VSRs use the Compensation and Pension Record Interchange (CAPRI) system to order C&P exams from the VA HCF of jurisdiction.

VARO personnel need to submit complete and accurate exam requests to facilitate the scheduling and conducting of C&P exams by VA HCF personnel. Requests must include the following elements.

- Veteran's full name
- Veteran's verified social security number
- Veteran's last known address

- Veteran’s last known telephone number
- Specific exam(s) required and specific condition(s) for each exam
- Name and telephone number of VARO requestor

VA HCF personnel determine where and how to conduct the C&P exam and contact the veteran to schedule it. C&P exam notification letters are generated through the Veterans Health Information Systems and Technology Architecture (VistA) and mailed to the veteran. VHA has established a timeliness standard of 35 calendar days to complete C&P exams. The 35-day standard is measured from the day an exam request is received by the VA HCF through the day when all exam components, including laboratory and ancillary test results, are provided to the VARO.

Statistical Data on Incomplete C&P Exam Requests

The VHA Chief Business Office’s (CBO) Performance and Operational Web-Enabled Reports include data on incomplete C&P exam requests. The data shows that the percentage of incomplete C&P exam requests has remained steady at about 17 percent since FY 2006 (see Table 1).

**Table 1. Incomplete C&P Exam Request Data**

<b>Period</b>	<b>Total No. of C&amp;P Exam Requests Made to VA HCFs</b>	<b>Total No. of Incomplete C&amp;P Exam Requests</b>	<b>Incomplete Percentage</b>
FY 2006	513,771	89,587	17.4%
FY 2007	581,736	98,800	17.0%
FY 2008	640,778	110,700	17.3%

Compensation and Pension Examination Program Office

In a joint effort, VHA and VBA established the Compensation and Pension Examination Program (CPEP) Office in 2001. The CPEP Office, which is located in Nashville, TN, was established to improve and monitor the C&P exam process to ensure improvements in the quality of C&P exams and veterans’ satisfaction. The major goals of CPEP are as follows.

- Improve the quality of exam requests,
- Improve the quality of exam reports, and
- Contribute to improvements in the quality and timeliness of claims processing.

## Results and Conclusions

### Request and Scheduling Processes Need Improvement

To reduce the number of incomplete C&P exams, VHA needs to improve exam scheduling procedures, VBA needs to improve the quality of C&P exam requests, and CPEP needs to improve quality assurance review procedures. Some C&P exams were not completed because VHA personnel did not contact veterans by telephone to schedule their C&P exam appointments. Making direct communication with veterans to schedule their C&P exam appointments involves veterans in the process and increases the likelihood they will attend their appointments. In addition, VHA personnel did not consistently reschedule C&P exam appointments when veterans requested that the appointments be postponed for a valid reason. By not ensuring that veterans' requests to reschedule C&P exam appointments are accommodated, VA is missing an opportunity to provide veterans with better customer service. C&P exams were also not completed because VBA personnel did not always provide complete and accurate information on the C&P exam requests they sent to VA HCFs. Without this information, VA HCF personnel cannot schedule and conduct C&P exams.

Ultimately, reducing the number of incomplete C&P exam requests will help ensure that claims decisions are handled more efficiently and veterans' disability benefits payments are timelier. Incomplete C&P exam requests cause additional and often unnecessary work for VA personnel and can be indicative of poor customer service to veterans. To improve service provided to veterans filing disability claims, it is important for VA to take steps to reduce the number of incomplete exam requests.

Our review of 424 incomplete C&P exam requests showed that at least 97 (23 percent) could have been prevented. We projected that about 12,000 (23 percent) C&P exam requests canceled during the first half of FY 2008 could have been prevented. Based on this projection, we estimated 24,000 incomplete C&P exam requests could have been prevented during FY 2008. Minimizing the number of canceled exams would enable VA to provide veterans C&P benefits more quickly, reduce unnecessary work for VA personnel, and provide veterans with better service.

Of the other 327 (77 percent) cases that we reviewed, 162 (50 percent) C&P exam requests were incomplete because the veterans did not attend their scheduled appointments. The available records did not document why the veterans missed these appointments; therefore, we could not determine the causes of these incomplete C&P exam requests. We believe, however, that many of the 162 missed appointments could have been prevented had VHA personnel followed scheduling guidance and made direct communication with the veterans to schedule their C&P exam appointments. Based on our site visits and case reviews, we concluded proactive VA HCFs that telephoned veterans to schedule their C&P exam appointments were more likely to have fewer incomplete exam requests. Three of the four VA HCFs we visited during our audit did

not contact veterans directly to negotiate an appointment date and time before scheduling appointments. These three facilities had average incomplete exam rates ranging from 18.5 to 23.7 percent during the period reviewed. The other facility did attempt to contact veterans directly to negotiate an appointment time, and the incomplete exam rate for this facility was 4.3 percent. This comparison is a strong indicator that following VHA guidance and involving veterans in scheduling their appointments may be a valuable way to reduce the number of veterans who do not attend their C&P exams. In the remaining 165 (50 percent) cases, we determined that incomplete exam requests were canceled for reasons beyond VA's control, such as cases where veterans canceled their appointments or withdrew their disability claims.

VA's quality assurance reviews of C&P exam requests are not adequate. While CPEP personnel conduct quality assurance reviews of completed C&P exam requests, they do not conduct reviews of incomplete exam requests. Therefore, CPEP is missing an opportunity to identify and address recurring or systemic causes for incomplete C&P exam requests.

Of the 97 preventable incomplete exam requests, 44 (45 percent) were within the control of VA HCFs and 53 (55 percent) were within the control of VBA's regional offices.

### **VHA Needs to Improve Controls for Scheduling C&P Exam Appointments.**

#### Scheduling Practices Inconsistent with VHA Guidance

VHA's procedures for scheduling C&P exam appointments need to be improved in order to better accommodate veterans. *VHA Procedure Guide 1601E.01* states that VA HCF personnel are to contact the veteran to schedule their C&P exam and that exam notification letters are to be generated in VistA and mailed to the veteran. The procedure guide states that C&P exams can be rescheduled on a one-time basis when a veteran requests that the exams be postponed for a valid reason. The new appointments must be rescheduled within 30 days from the original appointment dates, unless the veteran specifies differently. The additional processing days to reschedule an appointment must be manually tracked and can be backed out of the total exam day count. In other words, the delay caused by rescheduling a veteran's appointment(s) does not negatively impact the 35-day timeliness measure for completing C&P exam requests because VA HCF personnel can "stop the clock" if the veteran requests a new appointment date.

VHA had inconsistent practices related to the extent VA HCFs contacted veterans by telephone to schedule their C&P exam appointments. For example, VA HCF personnel did not consistently contact veterans before scheduling their appointments. This practice is not in compliance with VHA scheduling guidance and does not include veterans in the process of scheduling their C&P exam appointments. Personnel from 6 (29 percent) of the 21 VA HCFs in our sample stated they did not always make telephone calls to schedule C&P exam appointments, and personnel from 4 (19 percent) of the VA HCFs stated they only sent notification letters. Personnel from 11 (52 percent) VA HCFs stated they scheduled C&P exam appointments by telephone contact with the veteran.

We could not verify these statements because the method used to schedule appointments was not documented. Without direct communication with veterans, VHA cannot ensure they are working effectively with veterans who need C&P exams before complete decisions can be made on their disability claims. More veterans attending their C&P exam appointments would ensure that claims are processed more efficiently and benefit entitlement decisions are made timelier.

Following are scheduling practice deficiencies we identified during our case reviews.

- **Reasonable Rescheduling Requests.** Eleven C&P exam requests (from seven different VA HCFs) with scheduled appointments were inappropriately canceled because VA HCF personnel did not reschedule the exam appointments based on the veteran's reasonable request for a different appointment time. Instead, the exam requests were canceled and returned incomplete to the requesting VARO.

For example, on December 13, 2007, VA HCF personnel scheduled a veteran for two C&P exam appointments on December 17 and 21, but did so without contacting the veteran. After the veteran received his appointment notification, he notified the VA HCF that he was not provided sufficient advance notice for the appointments, as he had to consider his needs relative to saving money for gas and allowing sufficient time to make the 3 hour drive. The veteran requested the appointments be rescheduled, but the VA HCF did not reschedule them. The VA HCF canceled the appointments and returned the incomplete C&P exam request to the VARO. VA HCF personnel stated they do not reschedule veterans' C&P exam appointments if they cannot attend an appointment within 30 days. Instead, they cancel the request and return it to the requesting VARO.

Upon receipt of the canceled C&P exam request, the VARO rated the veteran's claim and did not award disability compensation. The veteran appealed the rating decision and the disability compensation claim was reopened. A new C&P exam request was issued and the C&P exams were completed in March 2008. Upon receipt of the completed C&P exams, the VARO rated the veteran's claim and the veteran was evaluated 70 percent service-connected. Although the veteran received retroactive compensation benefits, the veteran did not receive payment until June 2008. The veteran likely would have received disability compensation benefits earlier had the VA HCF rescheduled rather than canceled the veteran's initial C&P exams in December 2007. In addition, VA could have avoided the additional workload of an appealed rating decision and reopened compensation claim.

- **Procedural Issues.** Seven C&P exam requests, from three different VA HCFs, were canceled due to various procedural issues. In these cases, VA HCF personnel took actions when scheduling appointments that were inconsistent with VHA guidance and/or locally established VA HCF procedures.

For example, one VARO submitted a C&P exam request on January 28, 2008. Seventeen days later, on February 14, the VA HCF scheduled a C&P exam appointment for March 10. This action did not comply with VHA guidance that states

exams are to be scheduled within three days of receipt of the exam request. On February 25, the appointment was canceled by the VA HCF clinic because the provider was not available. A new appointment was rescheduled for March 24, 2008; however, VA HCF personnel stated they did not contact the veteran to negotiate a rescheduled appointment time, and we saw no evidence that the veteran was notified. The C&P exam request was later canceled because the veteran failed to report for the rescheduled appointment. VA HCF personnel agreed that the delay in scheduling the initial exam appointment and the failure to negotiate a rescheduled appointment when the clinic was canceled was contrary to local VA HCF practice and caused the exam request to be returned to the VARO as incomplete.

#### Processing Errors by Personnel Caused Incomplete Exams

We identified 21 C&P exam requests (from 8 different VA HCFs) that were inappropriately canceled by VA HCF personnel. These exam requests were canceled after VA HCF personnel sent appointment notices to the wrong address, scheduled the wrong person for an exam, failed to schedule an exam requested by the VARO, or inadvertently canceled the exam request. In seven of these cases, VA HCF personnel sent veterans' C&P exam appointment notices to the address of record listed in Vista; however, VARO personnel had provided updated addresses in the exam request. When mailing the appointment notification letters to veterans, VA HCF personnel failed to notice or did not use the updated addresses provided by the VAROs. This resulted in these seven requests being canceled and returned to the VAROs.

VA HCF officials indicated that these cancellations resulting from processing errors had multiple causes such as increased workload, lack of scheduling personnel, and the pressure to meet the 35-day time parameter to complete exam requests.

#### Policies did not Reasonably Accommodate Veterans

VSRs request more than one C&P exam, if necessary, when a veteran's application contains multiple claimed conditions. However, *VHA Procedure Guide 1601E.01* does not state how to handle a situation when a veteran fails to report for an initial C&P exam and has subsequent appointments scheduled under the same C&P exam request.

We identified five C&P exam requests (from four different VA HCFs) that were canceled after the veterans did not attend their initial appointment. VA HCF personnel canceled their subsequent appointments, scheduled on the same exam request, without contacting the veteran to determine why he or she missed their initial appointment or whether he or she planned to attend the subsequent appointments. For example, one veteran failed to report for a C&P exam scheduled for November 26, 2007. The veteran had a different C&P exam appointment scheduled for December 3, 2007. Because the veteran did not show up for the November 26 appointment, the VA HCF canceled the December 3 appointment. The VA HCF has a local policy that when a veteran fails to report for one appointment, all other C&P exam appointments on the request are canceled. The VA HCF stated this policy is communicated to veterans in the

appointment notification letter. Local VA HCF policies such as this appear to place more emphasis on meeting timeliness standards than on meeting the needs of veterans.

It is reasonable to expect that VA HCF personnel should not cancel all pending C&P exams without first contacting the veteran to determine why he or she missed the initial appointment or whether he or she plans to report for other scheduled C&P exams. Contacting the veteran, rather than canceling the appointments without direct communication would improve the service provided to veterans.

### **VBA Needs to Ensure Complete and Accurate Exam Requests Submitted to VA HCFs.**

#### Exam Requests Submitted by VAROs Were Incomplete and Inaccurate

VBA needs to improve the quality of the C&P exam requests they submit to VA HCFs. The *Memorandum of Understanding between Veterans Benefits Administration and Veterans Health Administration for Processing Compensation and Pension Examination Requests* requires that exam requests submitted by VAROs contain the veteran's last known address, last known telephone number, and the specific exam(s) required. *VA Manual M21-1MR* also clearly instructs that VARO personnel need to identify veteran employees and prevent their exam requests from being sent to the wrong VA HCF. We identified 53 canceled C&P exam requests that were preventable and within the control of the VAROs. Most of these (47 of 53) were canceled because the exam requests were incomplete or inaccurate.

Following are exam request deficiencies we identified during our case reviews.

- **Incorrect Jurisdictions.** In 33 cases (from 14 different VAROs), exam requests were canceled because VARO personnel submitted the requests to the incorrect VA HCF.
  - In 23 of these cases, VARO personnel sent the exam requests to VA HCFs that were not the correct facility based on the veterans' residence.
  - In six other cases, the exam requests did not include the correct addresses for the veteran even though the correct addresses were available; therefore, the requests were sent to the wrong VA HCFs based on incorrect addresses.
  - Four cases involved exam requests for VA employees. Contrary to VA policy, VARO personnel incorrectly sent these exam requests to the VA HCF where the veterans were employed. VA HCF personnel realized that these veterans were employed at their facilities, canceled the exam requests, and sent them back to the VAROs for submission to other VA HCFs. Since veterans' claims folders and CAPRI identify veterans who are VA employees, VSRs should ensure they do not send C&P exam requests to the VA HCF where the veterans are employed.
- **Insufficient Information.** In seven cases (from six different VAROs), exam requests were canceled because the requests did not contain sufficient information for the VA HCFs to schedule and complete them. Examples of these cases follow.



- In one case, the exam request did not identify the claimed medical conditions related to the exams requested.
- In another case, the VARO did not send the veteran's claims folder to the VA HCF even though it was needed to complete the exam.
- **Incorrect Exams Requested.** In seven cases (from five different VAROs), exam requests were canceled because VARO personnel requested incorrect exams. Examples of these cases follow.
  - In one case, a genitourinary exam was ordered when a general medical exam was needed to address the veteran's claim. Consequently, VA HCF personnel canceled the exam request.
  - In another case, an audiology exam was ordered when an ear disease exam was needed to address the veteran's claim. Consequently, VA HCF personnel canceled the exam request.
- **Miscellaneous Reasons.** Six exam requests (from five different VAROs) were canceled for miscellaneous reasons. Examples of these cases follow.
  - In one case, a C&P exam request was canceled because VARO personnel requested an exam that had already been completed. VARO personnel did not examine prior claims or C&P exam requests that indicated an exam related to the claimed condition had already been completed.
  - In another case, a C&P exam request was canceled because adequate medical evidence was already on record to grant the veteran claimed pension benefits. Outpatient treatment records contained in the veteran's claims folder were sufficient to grant pension benefits and it was not necessary to request a C&P exam.

VBA does not have a process in place to ensure that VARO personnel include complete and accurate information on the C&P exam requests they send to VA HCFs. Without this information, VA HCF personnel cannot schedule and conduct the C&P exam appointments required for veteran's disability claims. Ultimately, the payment of benefits for those veterans who are found to be entitled is unnecessarily delayed.

While we identified C&P exams requests that were incomplete or incorrect, there may be opportunities for more efficient processing of C&P exam requests if personnel at VA HCFs and VAROs improve their communication with each other. The January 2007 *Memorandum of Understanding between Veterans Benefits Administration and Veterans Health Administration for Processing Compensation and Pension Examination Requests* states that when a veteran submits a claim for compensation or pension, VHA and VBA have a shared responsibility to ensure the highest quality of service is delivered efficiently, compassionately, and with minimal inconvenience to the veteran. The respective roles of VHA and VBA in claims processing should be transparent to the veteran and the veteran's experience will be that he or she is dealing with *One VA*.

While some VA HCF personnel indicated they did contact VARO personnel to resolve incomplete or incorrect C&P exam requests, some of the types of canceled C&P exam requests we identified may have been preventable with improved communication. For example, if a VARO sends a C&P exam request that does not request the correct exam, rather than canceling the request VA HCF personnel could contact VARO personnel to determine the correct exam. The *Memorandum of Understanding* states that in the best interest of the veteran, every effort should be made by VHA and VBA to avoid any unnecessary delays in processing a veteran's request for examination. The receiving VA HCF should contact the requesting VARO to obtain any missing information or clarification. If this were done more consistently, the number of incomplete C&P exam requests could be reduced and service provided to veterans awaiting decisions on their claims could be improved.

### **CPEP Quality Assurance Reviews Need to Include Review of Incomplete Exam Requests.**

VA's quality assurance reviews of C&P exam requests do not include incomplete exam requests. The CPEP Office was established to improve and monitor the C&P exam process, and one goal of the office is to improve the quality of exam requests. CPEP personnel conduct quality assurance reviews of completed C&P exam requests; however, CPEP personnel have not extended their reviews to determine why some exam requests are canceled. Expanding quality assurance reviews to include incomplete C&P exam requests would allow CPEP to identify issues and causes that contribute to incomplete C&P exam requests and provide opportunities for continuous improvement.

### **CPEP Quality Assurance Review Processes Are Not Addressing the Reasons C&P Exam Requests Are Canceled**

CPEP's quality assurance reviews focus on the quality and timeliness of completed C&P exam requests. For their reviews, CPEP selects C&P exam requests that have been completed by VA HCFs and returned to the requesting VAROs. CPEP reports the results of these reviews to the applicable VAROs and VA HCFs for information purposes. However, CPEP does not review or capture data for those requests that were canceled. Thus, CPEP does not identify issues and causes that contribute to incomplete C&P exam requests. In order to be more effective, CPEP's quality assurance reviews need to include incomplete C&P exam requests and recommend improvement actions to appropriate officials as needed.

## **Conclusion**

C&P exams are necessary for VBA personnel to make decisions on veterans' disability claims. VA's ability to effectively complete C&P exams impacts whether or not veterans receive timely disability benefits and good customer service. In order to increase the number of completed C&P exams, VHA needs to improve their procedures for scheduling C&P exam appointments, and VBA needs to improve the quality of C&P exam requests submitted to VA HCFs. Additionally, CPEP needs to expand their quality

assurance review coverage to include incomplete C&P exam requests in order to identify issues and causes that contribute to incomplete C&P exam requests. If VA does not accomplish this, veterans will likely continue to experience delays in receiving their entitled disability benefits, and VA will miss opportunities to improve the service provided to veterans.

## **Recommendations**

1. We recommended the Under Secretary for Health establish requirements for VA healthcare facility personnel to contact veterans by telephone to schedule their compensation and pension examination appointments and reschedule appointments when a veteran requests postponement for a valid reason.
2. We recommended the Under Secretary for Health provide guidance to ensure that VA healthcare facility personnel do not cancel subsequent appointments on the same request when a veteran does not attend their initial compensation and pension examination appointment without contacting the veteran to determine why he or she did not attend their initial appointment.
3. We recommended the Under Secretary for Benefits establish a process at VA Regional Offices to ensure complete and accurate information is provided on compensation and pension examination requests.
4. We recommended the Under Secretary for Health and the Under Secretary for Benefits jointly require the Compensation and Pension Examination Program Office's quality assurance reviews include a routine review of incomplete compensation and pension examination requests, report identified deficiencies, and recommend improvement actions as needed.

## **Management Comments and OIG Response**

The Acting Under Secretary for Health and the Under Secretary for Benefits agreed with the findings and recommendations in the report and provided acceptable implementation plans. (See Appendix C for the full text of the Acting Under Secretary for Health's comments, and Appendix D for the full text of the Under Secretary for Benefits' comments.)

VHA is addressing the issue of personal patient contact by facility personnel for all outpatient appointments, including those for C&P exams. A revised scheduling directive is in the final concurrence process and is expected to be published before the end of July 2009. The new directive provides guidance on the efforts that must be taken to establish contact with veterans throughout the scheduling process. In cases where telephone contact cannot be established, written correspondence must be sent requesting the veteran call within a specified time period to schedule an appointment. The directive will also require appropriate follow-up if a veteran fails to appear for a scheduled appointment. VHA has developed a training program for all personnel involved with scheduling, and

the training will be initiated when the revised directive is released. One emphasis of the training will be to ensure schedulers do not cancel subsequent appointments without adequate justification when an initial appointment is missed. In addition, VHA is revising their C&P handbook and procedure guide to incorporate these changes.

CPEP has revised their quality assurance review process to include a routine review of incomplete C&P exam requests. CPEP will assess the extent to which unclear, incorrect jurisdiction, or otherwise flawed exam requests submitted by VBA contribute to the number of incomplete C&P exam requests. VBA will develop an action plan to improve training of personnel who are responsible for ordering C&P exams, and establish workgroups involving both VBA and VHA personnel to help improve communication.

We consider these planned actions acceptable, and we will follow up on their implementation. We will close the recommendations when all proposed actions have been completed by VHA, VBA, and CPEP.

## Scope and Methodology

This audit addressed C&P exam requests VARO personnel submitted to VA HCFs that were canceled between October 1, 2007, and March 31, 2008. Of 303,005 C&P exam requests submitted during this six-month period, 249,884 (82.5 percent) were completed and 53,121 (17.5 percent) were canceled.

We conducted audit work from July 2008 to April 2009. To project the number and percentage of incomplete C&P exam requests that were preventable VA-wide, we developed a two-stage statistical sampling plan. (See Appendix B for additional details on the statistical sampling plan.) First, we randomly selected 21 VA HCFs (from a universe of 137 VA HCFs that conduct C&P exams). We then randomly selected 424 incomplete C&P exam requests from a total of 7,260 incomplete exam requests from the 21 facilities during the 6-month period of October 1, 2007, through March 31, 2008. We made onsite visits to four VHA locations—VA New Jersey Healthcare System (HCS) in East Orange, NJ; James A. Haley Veterans' Hospital in Tampa, FL; VA Medical Center in Philadelphia, PA; and VA Salt Lake City HCS in Salt Lake City, UT. During our onsite reviews, we assessed the C&P exam request process and internal controls, and we conducted interviews with local C&P personnel at the VA HCFs. We also interviewed VBA personnel from the VAROs of jurisdiction for the four VA HCFs visited in Newark, NJ; St. Petersburg, FL; Philadelphia, PA; and Salt Lake City, UT. We reviewed related VA policies and procedures, including the January 2007 *Memorandum of Understanding between Veterans Benefits Administration and Veterans Health Administration for Processing Compensation and Pension Examination Requests* that was jointly signed by the Acting Under Secretary for Health and the Under Secretary for Benefits.

For each incomplete C&P exam request in our sample, we attempted to determine the reason(s) why the request was canceled and whether VA could have prevented it. For cases where we needed clarification in order to assess whether a canceled exam request was preventable, we provided written questions to C&P personnel, either at the VA HCFs and/or the VAROs of jurisdiction, and received written responses.

To obtain information on internal controls related to the C&P exam request process, we provided a questionnaire to C&P Program officials at the 21 VA HCFs and the 19 VAROs of jurisdiction. We also interviewed the Director of C&P Service concerning the C&P exam request process and the Acting Director of CPEP to assess CPEP's involvement with and responsibilities for the C&P exam process. Our assessment of internal controls focused on those controls related to the audit objective.

To achieve the audit objective, we relied on computer-processed data contained in VISA and CAPRI. We assessed the reliability of this data and found it to be adequate. We also obtained facility-level data from each of the 21 VA HCFs in our statistical sample. Each VA HCF provided an electronic report listing all incomplete C&P exam requests that were canceled between October 1, 2007, and March 31, 2008. To test data reliability for

each incomplete exam request in our sample for the four site visits, we determined whether electronic data recorded in CAPRI and VistA matched hardcopy documentation maintained in veterans' claims folders. Based on these tests and assessments, we concluded the data was sufficiently reliable to meet the audit objective.

Public Law 108-183 authorized VBA to contract for C&P exams. Our review did not include C&P exams conducted by VBA contractors because data on exams conducted by VHA personnel and the VBA contractors is not contained in a single system. However, we noted that QTC Medical Services, Inc. (QTC) conducts C&P exams for 10 VAROs and MES Solutions (MES) performs C&P exams for 6 other VAROs. During the first half of FY 2008, VA sent a total of 55,779 C&P exam requests to QTC, of which about 3 percent were canceled. Also, during the 6-month period, about 10 percent of scheduled C&P exams were not completed because veterans failed to attend their appointments. MES did not conduct any C&P exams during the time period of the audit because the contract was not awarded until May 2, 2008.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Sampling Methodology and Estimates

### Universe

The audit universe consisted of 53,121 incomplete C&P exam requests canceled between October 1, 2007, and March 31, 2008. The universe was made up of all C&P exam requests canceled during this 6-month time period by the 137 VA HCFs that conduct C&P exams. The source of universe data was incomplete C&P exam request statistics reported on the VHA CBO’s Performance and Operational Web-Enabled Reports for each VA HCF.

### Sample Design

We designed a two-stage statistical sampling plan to compute the error rate of incomplete C&P exam requests that were preventable by VA. In order to improve efficiency of our estimates, we divided the sampling universe of 21 VA HCFs into three strata of seven VA HCFs each based on volume (represented by the total number of exam requests per VA HCF). Total exam requests were calculated by adding the number of incomplete C&P exam requests and the number of completed C&P exam requests for the 6-month period. The results of our audit for all sampled strata were combined and projected to the universe to calculate weighted point estimates and associated margins of error at the 90 percent confidence level.

In the first stage of sampling, we randomly selected 21 VA HCFs (7 from each strata) for review. For the second stage of the sample, we selected a simple random sample of 424 canceled C&P exam requests. See Tables 2 through 5 for more details.

**Table 2. Strata 1—High Volume VA HCFs**

Station Number	Station Name	Requests Completed	Requests Incomplete	Total Requests	Incomplete Percentage	Sample
436	Montana	2,313	255	2,568	9.9%	14
554	Denver	4,277	813	5,090	16.0%	45
561	New Jersey	2,638	620	3,258	19.0%	42
603	Louisville	2,374	484	2,858	16.9%	27
636	Central Plains	7,487	1,180	8,667	13.6%	65
642	Philadelphia	3,739	167	3,906	4.3%	11
673	Tampa	3,184	721	3,905	18.5%	50
	<b>Strata Totals</b>	<b>26,012</b>	<b>4,240</b>	<b>30,252</b>	<b>14.0%</b>	<b>254</b>

**Table 3. Strata 2—Medium Volume VA HCFs**

Station Number	Station Name	Requests Completed	Requests Incomplete	Total Requests	Incomplete Percentage	Sample
358	Manila	1,059	353	1,412	25.0%	19
463	Anchorage	1,118	363	1,481	24.5%	20
550	Danville	967	291	1,258	23.1%	16
621	Mountain Home	1,785	336	2,121	15.8%	18
629	New Orleans	1,550	427	1,977	21.6%	23
657A5	Marion	1,621	231	1,852	12.5%	13
660	Salt Lake City	1,091	339	1,430	23.7%	23
	<b>Strata Totals</b>	<b>9,191</b>	<b>2,340</b>	<b>11,531</b>	<b>20.3%</b>	<b>132</b>

**Table 4. Strata 3—Low Volume VA HCFs**

Station Number	Station Name	Requests Completed	Requests Incomplete	Total Requests	Incomplete Percentage	Sample
438	Sioux Falls	987	219	1,206	18.2%	12
590	Hampton	235	61	296	20.6%	3
600	Long Beach	69	60	129	46.5%	3
637	Asheville	28	11	39	28.2%	1
663	Puget Sound	230	140	370	37.8%	8
675GA	Brevard	945	142	1,087	13.1%	8
687	Walla Walla	238	47	285	16.5%	3
	<b>Strata Totals</b>	<b>2,732</b>	<b>680</b>	<b>3,412</b>	<b>19.9%</b>	<b>38</b>

**Table 5. Sample Summary Data**

	Requests Completed	Requests Incomplete	Total Requests	Incomplete Percentage	Sample
Sample Totals	37,935	7,260	45,195	Avg. 16.1%	424
Universe Totals	249,884	53,121	303,005	Avg. 17.5%	

**Sample Results**

We analyzed 424 incomplete C&P exam requests to determine if the canceled requests were preventable by VA. In total, we determined that 97 of 424 incomplete C&P exam requests could have been prevented by VA. We projected nationwide that about 12,000



incomplete C&P exam requests canceled during the first half of FY 2008 could have been prevented by VA. Based on this projection, we estimated 24,000 incomplete C&P exam requests could have been prevented during FY 2008.

**Table 6. Summary of Projections for Incomplete C&P Exam Requests**

<b>Preventable by VA</b>	<b>Sample</b>	<b>Projected</b>	<b>Lower 90%</b>	<b>Upper 90%</b>	<b>Projected Percentage</b>	<b>Margin of Error</b>
No	327	41,067	39,239	42,895	77.3%	3.4%
Yes	97	12,054	10,226	13,882	22.7%	3.4%
Total	424	53,121	53,121	53,121	100.0%	

We computed these projections from a sample of incomplete C&P exam requests. The margins of error in this report give the upper and lower bounds of a 90 percent confidence interval for each projection, as shown in Table 6. This means that 90 percent of the possible samples we could have selected of the same size and design would have resulted in an estimate within these bounds.

## Acting Under Secretary for Health Comments

**Department of  
Veterans Affairs**

# Memorandum

Date: JUN 05 2009

From: Acting Under Secretary for Health (10)

Subj: OIG Draft Report: Audit of Incomplete Compensation and Pension Medical Examinations (Project No. 2008-01392-R1-0170/WebCIMS 428848)

To: Assistant Inspector General for Audit (52)

1. I have reviewed your draft report and concur with the findings and recommendations. As noted in the attached plan of improvement actions for each recommendation, the Veterans Health Administration (VHA) has either planned or is in the process of implementing responsive steps in addressing the issues you raise.
2. VHA fully recognizes the positive value of personal telephone contact with our Veterans in scheduling all medical examinations, including compensation and pension (C&P) appointments. VHA's revised scheduling directive is currently in the final concurrence process and is expected to be published before the end of July 2009. The new directive provides definitive guidance about the efforts that must be taken to establish contact with the Veteran throughout the scheduling process. In cases where telephone contact cannot be established, a letter or email message must be sent that requires the Veteran to call within a specified time period to make an appointment. VHA's action plan outlines these steps in more detail. The Office of the Deputy Under Secretary for Health for Operations and Management, in conjunction with VHA's Employee Education System, is developing a training program for all facility staff involved with scheduling, including C&P scheduling clerks. The training will be initiated when the revised directive is released.
3. The Compensation and Pension Examination Program Office (CPEP) will also revise VHA Handbook 1601E.01, *Compensation and Pension (C&P) Examinations*, to add new requirements for scheduling C&P examinations, which will include the need for personal patient contact. CPEP will additionally revise VHA's procedural guide on C&P examinations. These revisions will stipulate that clinic schedulers should not initiate cancellations of subsequent appointments without prior agreement with the Veteran.
4. VHA has initiated another action aimed at minimizing patient failure to keep scheduled appointments (no shows) that will also impact C&P exam scheduling processes. Over the past several months, VHA has gathered significant information from numerous sources on strategies that are effective in reducing patient no-shows. We will conduct a national survey on the use of these strategies and their perceived effectiveness in reducing the number of no shows within specific clinics. As part of the

## Acting Under Secretary for Health Comments

Page 2

OIG Draft Report: **Audit of Incomplete Compensation and Pension Medical Examinations** (Project No. 2008-01392-R1-0170/WebCIMS 428848)

survey, VHA will include some of the high volume C&P clinics within the study selection. The survey is expected to be completed by the end of July 2009, at which time program officials will analyze results and share findings and recommendations for improvement with field facilities.

5. I am also advised that in response to another of your recommendations, the CPEP Office has agreed to include a routine review of incomplete C&P examination requests in its quality assurance reviews, and that CPEP program managers are in the process of finalizing an initial action plan that will form the basis for implementation efforts.

6. Thank you again for the opportunity to respond to this report. If additional information is required, please have a member of your staff contact Margaret M. Seleski, Director, Management Review Service (10B5) at 202-461-8470.

  
Gerald M. Cross, MD, FAAFP

Attachment

VETERANS HEALTH ADMINISTRATION  
Action Plan Response

OIG Draft Report: **Audit of Incomplete Compensation and Pension (C&P) Medical Examinations** (Project No. 2008-01392-R1-0170/WebCIMS 428848)

Recommendations/ Actions	Status	Completion Date
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**1. We recommend the Under Secretary for Health establish requirements for VA healthcare facility personnel to contact veterans by telephone to schedule their compensation and pension examination appointments and reschedule appointments when a veteran requests postponement for a valid reason.**

*Concur*

Veterans Health Administration (VHA) is currently addressing the issue of personal patient contact by facility personnel for all outpatient appointments, including those for compensation and pension (C&P) medical examinations. A revised scheduling directive, VHA Directive 2006-005, Outpatient Scheduling Processes and Procedures, is currently undergoing final concurrence by VA program offices. This directive provides definitive business rules, with scripting, specifying that when scheduling an appointment for a Veteran, whether new or already seen by VHA, the scheduler must personally contact the Veteran, ask the Veteran when he/she wants to be seen and document this date as "desired date" for the appointment being created. Many Veterans will have valid reasons to request a future appointment. Asking them when they want to be seen enables them to postpone their visit and is in keeping with our goal to be more patient-centric. As a second step, after the Veteran specifies a preferred time, the scheduler is instructed to offer available appointment slots on or as close to that timeframe as possible.

The revised scheduling directive also specifies that multiple efforts should be taken to establish personal contact with the Veteran during the appointment scheduling process. When these efforts are made, but contact is not established, instructions are that a letter (and/or a My HealthVet secure message) needs to be sent requesting that the Veteran call within a specified number of days to schedule an appointment. If the Veteran does not respond to the letter and/or email message, the facility still has responsibility to make an appointment based on the general timeframes available for the desired date and to communicate the details of that appointment by mail or e-mail to the Veteran. The revised scheduling directive specifies that when all efforts to contact the Veteran to create an appointment are ineffective, actions taken to make contact should be clearly documented in an Administrative Note within the VHA medical record.

Page 2

VHA Action Plan/OIG Draft Report: **Audit of Incomplete Compensation and Pension Medical Examinations** (Project No. 2008-01392-R1-0170)

The Office of the Deputy Under Secretary for Health for Operations and Management, in partnership with VHA's Employee Education Service, has developed a comprehensive training package that will be provided for all schedulers. The training will be initiated soon after publication of this revised directive, anticipated by the end of July 2009. Included in the instructions will be a requirement that appointments for all Veterans, including those being scheduled for C&P exams, will be rescheduled when a Veteran requests postponement. VHA will ensure that clerks who schedule C&P examinations are included in this training, which is expected to begin before the end of September 2009.

The Compensation and Pension Examination Program Office (CPEP) will also revise VHA Handbook 1601E.01, Compensation and Pension (C&P) Examinations, to add requirements for scheduling of C&P appointments and incorporate the above requirements from the revised scheduling directive. CPEP will additionally revise VHA Procedure Guide 1601E.01, Compensation and Pension (C&P) Examinations, to incorporate these changes from the revised scheduling directive. These revisions will be completed by the end of January 2010.

CPEP will recommend that the VBA 2507 C&P Exam Request also be revised to include home, work, and cell phone numbers, the preferred number to contact the Veteran and the best time to call for each number. This should greatly improve VHA's ability to contact each Veteran personally when scheduling the C&P exam appointments. This change will also be incorporated in the revised VHA Procedure Guide 1601E.01.

In Process

September 2009 – January 2010

**2. We recommend the Under Secretary for Health provide guidance to ensure that VA healthcare facility personnel do not cancel subsequent appointments on the same request when a veteran does not attend their initial compensation and pension examination appointment without contacting the veteran to determine why he or she did not attend their initial appointment.**

*Concur*

The revised scheduling directive specifies that if a Veteran fails to appear for a scheduled appointment, the responsible provider, surrogate, or designated team representative will review the Veteran's record and ensure appropriate follow-up. This may include contacting the patients to determine why they did not appear and to further determine when they want to be rescheduled. Training for schedulers will emphasize

Page 3

VHA Action Plan/OIG Draft Report: **Audit of Incomplete Compensation and Pension Medical Examinations** (Project No. 2008-01392-R1-0170)

that subsequent appointments will not be cancelled without adequate justification, and only after Veteran contact has been reasonably attempted.

As already reported, new training that stresses the importance of these processes is being developed for all schedulers. In particular, the training will reiterate that schedulers, on request, will provide the Veteran with every opportunity to reschedule an initial or subsequent appointment regardless of the reason for initial cancellation. The scheduler will also be directed to document the reason for cancellation of the initial appointment in the medical record. VHA will ensure that clerks who schedule C&P examinations, and other involved staff, are included in this training. The revised VHA C&P handbook and procedure guide, referenced above, will also incorporate these requirements.

In addition, VHA has collected information from multiple sources on strategies commonly used to minimize patient failure to keep scheduled appointments. Using this background information, we will soon conduct a national survey of the use of these strategies and their perceived effectiveness in reducing the number of patient no-shows within specific clinics. We will include some of the high volume C&P clinics in the mix of clinics being surveyed. The survey results will be analyzed and distributed nationally with recommendations for actions to minimize no-shows. These actions are expected to be completed by July 31, 2009.

Planned

January 2010

**3. We recommend the Under Secretary for Benefits require C&P Service establish a process at VA Regional Offices to ensure complete and accurate information is provided on compensation and pension examination requests.**

To be addressed by the Under Secretary for Benefits

**4. We recommend the Under Secretary for Health and the Under Secretary for Benefits jointly require the Compensation and Pension Examination Program Office's quality assurance reviews include a routine review of incomplete compensation and pension examination requests, report identified deficiencies, and recommend improvement actions as needed.**

*Concur*

Page 4

VHA Action Plan/OIG Draft Report: **Audit of Incomplete Compensation and Pension Medical Examinations** (Project No. 2008-01392-R1-0170)

CPEP, which includes joint VHA and VBA representation, will include a routine review of incomplete compensation and pension examination requests as part of their quality assurance reviews. Program managers have already begun to develop a draft action plan that addresses two broad-based phases: design of a national baseline study to identify causes and effects of incomplete examinations; and, development of ongoing oversight monitoring processes to measure progress and identify further improvement opportunities. CPEP program managers have initiated actions involved with planning of Phase One, which includes research, study design, implementation and analysis. Once the study design for Phase One is completed, CPEP will implement the Phase One baseline. Following the baseline, CPEP will then implement the ongoing monitoring of incomplete exams.

In Process

August 1, 2009 and Ongoing

## Under Secretary for Benefits Comments

**Department of  
Veterans Affairs**

### MEMORANDUM

Date: MAY 19 2009

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report—Audit of Incomplete Compensation and Pension Medical Examinations (2008-01392-R1-0109)—WebCIMS 428847

To: Assistant Inspector General for Audit (52)

1. Attached are VBA's comments on the OIG Draft Report: Audit of Incomplete Compensation and Pension Medical Examinations.
2. Questions may be referred to Dee Fielding, Program Analyst, at 461-9057.

  
P. W. Dunne

Attachment



Attachment

VBA COMMENTS TO OIG DRAFT REPORT  
**Audit of Incomplete Compensation and Pension  
Medical Examinations**

Recommendations 1 and 2 are specific to VHA

Recommendation 3: We recommend the Under Secretary for Benefits establish a process at VA Regional Offices to ensure that complete and accurate information is provided on compensation and pension examination requests.

VBA Response: Concur. The action plan being developed by the Compensation and Pension Examination Program (CPEP) Office will include a review of incomplete exam requests that will assess the extent to which unclear, incorrect jurisdiction, or otherwise flawed exam requests contribute to this problem. An action plan will be developed by VBA to improve training of VBA personnel who are responsible for ordering C&P examinations, and establish workgroups involving both VBA and VHA personnel to help improve communication.

Target Completion Date: August 1, 2009

Recommendation 4: We recommend the Under Secretary for Health and the Under Secretary for Benefits jointly require the Compensation and Pension Examination Program Office's quality assurance reviews include a routine review of incomplete compensation and pension examination requests, report identified deficiencies, and recommend improvement actions as needed.

VBA Response: Concur. CPEP, which includes VHA and VBA representation, is in the process of developing an action plan that will fully address this recommendation.

Target Completion Date: August 1, 2009

## OIG Contact and Staff Acknowledgments

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OIG Contact	Nick Dahl (781) 687-3120
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Acknowledgments	Maureen Barry Stephen Bracci Lee Giesbrecht David Orfalea Grace Terranova Joseph Vivolo
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This report will be on the VA OIG web site and remain on the OIG web site for at least two fiscal years after it is issued: <http://www.va.gov/oig/publications/reports-list.asp>.