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Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait Time Eligibility Calculations at the C.W. Bill Young VA Medical Center in Bay Pines, Florida

Review

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Executive Summary

The Veterans Health Administration (VHA) provides health care for eligible veterans at its nationwide medical facilities. In 2018, Congress passed the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, which allows eligible veterans to seek care in the community if VHA facilities cannot provide veterans with the health care they need or if veterans meet certain wait-time, distance, or other criteria.¹ In addition to checking the availability of and scheduling VA appointments for veterans, VA schedulers determine whether veterans are wait-time eligible for community care. According to VA regulations under the MISSION Act, effective June 2019, a veteran is eligible for community care if VA cannot schedule a VA appointment for the veteran within a certain number of days “of the date of request” for services (*file entry date*)—20 days for primary care, certain mental health care services, and noninstitutional extended care services, or 28 days for a specialty care appointment—unless the veteran and provider have agreed to a later date.²

From 2020 to 2022, some schedulers at the C.W. Bill Young VA Medical Center in Bay Pines, Florida (the Bay Pines facility), determined community care wait-time eligibility with a locally developed calculator that used an incorrect starting date.³ A calculator is the commonly used term for a tool that may be used by schedulers to determine if there is an available VA appointment within the wait-time standards or if veterans should be offered care in the community. The calculator was developed in May 2020, and at that time VHA did not have a national calculator or prohibitions against the development and use of a local calculator. The Orlando VA Medical Center discovered the inaccuracy after it began using the Bay Pines calculator in August 2022. Schedulers are supposed to use the *file entry date*—the date on which a veteran or care provider requests an appointment or consult—as the starting date to assess

¹ MISSION Act, Pub. L. No. 115-182, 132 Stat. 1393 (2018); Veterans Access, Choice, and Accountability (Choice) Act of 2014, Pub. L. No. 113-146 § 206, 128 Stat. 1754, 1780 (2014). In 2014, Congress passed the Choice Act, which established the framework for increasing veterans’ access to care in the community. The MISSION Act extended veterans’ ability to seek care locally by adjusting eligibility requirements, including wait-time criteria.

² 38 C.F.R. § 17.4040 (2019); Veterans Community Care Program, 84 Fed. Reg. 26,310 (June 5, 2019); “Eligibility, Referral, and Scheduling,” chap. 2 in *Community Care Field Guidebook*, (website), VHA Office of Integrated Veteran Care (IVC), accessed February 3, 2023, <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>. (This website is not publicly accessible.); Acting deputy under secretary for health for Operations and Management, “Stop Codes Used for 20 Day Wait Time Access Standard,” memorandum to Veterans Integrated Service Network (VISN) directors, May 8, 2019. This memorandum lists the specific mental health services included in the 20-day wait-time standard.

³ The calculator resets after each use and did not allow for historical information on who and what services used the tool. The local calculator was formally called the MISSION Act Wait Time Eligibility Determination Tool and will hereafter be referred to as the Bay Pines calculator.

community wait-time eligibility.⁴ Instead, the Bay Pines calculator used the *patient indicated date*, the date the healthcare provider and veteran agree is clinically indicated for care or, in the absence of healthcare provider input, the date the patient would like to be seen. As a result of using the wrong starting date, the tool was undercounting wait time by about 12 days, according to VHA's undersecretary for health.

The VA Office of Inspector General (OIG) conducted this review to determine how and why the Bay Pines calculator was inaccurately calculating community care wait-time eligibility, why the facility was able to use this tool for so long without being aware of the inaccuracy, and steps taken to ensure this and all other VHA medical facilities correctly determine community care wait-time eligibility.⁵

What the Review Found

This report's findings and related recommendations are based on these determinations:

- The Bay Pines calculator used incorrect dates to determine wait-time eligibility, which limited veterans' healthcare choices.
- Changes in criteria for wait-time eligibility as a result of the MISSION Act and inconsistent guidance caused confusion.
- Oversight failed or was not designed to identify inaccurate calculations.
- VA and facilities have taken action to address the inaccurate calculator, but additional quality assurance processes could be implemented.

The Bay Pines Calculator Used Incorrect Dates to Determine Wait-Time Eligibility, which Limited Veterans' Healthcare Choices

Bay Pines officials said that the wait-time eligibility calculator was developed around May 2020. The calculator was shared with all schedulers at the facility in August 2021, and schedulers at Bay Pines used the calculator until September 2022. However, the calculator used the *patient indicated date* instead of the *file entry date* to calculate wait times. According to Orlando facility staff, the Veterans Integrated Service Network (VISN) 8 trainer shared the Bay Pines calculator with them during a training in August 2022, after which they began using the tool. Shortly after, Orlando staff were notified about a congressional inquiry in which a veteran questioned being denied eligibility for community care based on not meeting MISSION Act wait-time standards. Orlando staff had used the Bay Pines calculator to determine that the veteran did not meet wait-time eligibility, and an appointment was scheduled for the veteran at the VA facility. On

⁴ MISSION Act.

⁵ Appendix A provides more information about the review's scope and methodology. For more information about the Bay Pines calculator, see appendix B.

September 7, 2022, after reviewing the wait-time information, a manager at the Orlando facility determined the veteran actually *was* eligible for community care based on wait time. The Orlando health administration supervisor then discovered the inaccuracy in the Bay Pines calculator. Staff at both facilities stopped using the calculator the next day.

When the Bay Pines calculator error was discovered, the VA Office of Integrated Veteran Care (IVC), which is responsible for oversight of community care, asked Bay Pines and Orlando facility staff to review all pending appointments as of September 2022 and offer community care to eligible patients. Bay Pines staff reviewed 4,299 pending appointments and identified 14 patients who elected community care. Orlando staff reviewed 4,226 pending appointments and identified 22 patients who chose community care.

Changes in Criteria for Wait-Time Eligibility as a Result of the MISSION Act and Inconsistent Guidance Caused Confusion

After the MISSION Act was implemented, IVC published guidance for schedulers and offered national training on MISSION Act community care eligibility. Despite these efforts, officials from both the Bay Pines and Orlando facilities stated that schedulers and staff who developed the tool remained confused about how the wait-time standard changed from within 30 days of the *patient indicated date*, which was previously required by the Choice Act, to within 20 or 28 days from the *file entry date*, which is used by VA under the new regulations passed pursuant to the MISSION Act.⁶

IVC's guidance on wait-time eligibility was also confusing. According to VISN 8 officials and managers at the Bay Pines and Orlando facilities, the national scheduling guidance in IVC's Community Care Field Guidebook was inconsistent, sometimes instructing schedulers to use the *patient indicated date* and sometimes the *file entry date* as the starting date to determine community wait-time eligibility.⁷ In addition, according to a Bay Pines official, Bay Pines provided guidance to schedulers prior to the calculator being shared that also incorrectly referred to the *patient indicated date* instead of the *file entry date*.

During the review, the OIG team also determined that VHA's scheduling directive in use as of September 2021 referred to VA's scheduling goal and noted that appointments should be scheduled timely, accurately, and consistently, with the goal of scheduling no more than 30 calendar days from the date an appointment is deemed clinically appropriate by a VA healthcare provider. The directive also noted that, in the absence of a clinically appropriate date, the appointment should be scheduled within 30 calendar days from the date the veteran would

⁶ Choice Act § 101, 128 Stat. 1754 through 1765 (2014); 38 C.F.R. § 17.4040 (2019); Veterans Community Care Program, 84 Fed. Reg. at 26,310; "Eligibility, Referral, and Scheduling" (website), VHA IVC.

⁷ "Eligibility, Referral, and Scheduling" (website), VHA IVC.

like to be seen for outpatient healthcare services (*patient indicated date*).⁸ Because this 30-day goal aligns with the 30-day wait-time standard under the Choice Act, but does not align with the 20-day or 28-day wait-time standard under the MISSION Act, this could have caused confusion for schedulers.

Oversight Failed or Was Not Designed to Identify Inaccurate Calculations

IVC officials were not aware of the Bay Pines calculator until the error was reported by the Orlando facility in September 2022. According to IVC’s executive director of integrated field operations, it is difficult to identify inaccurate wait-time calculations because these decisions do not necessarily leave an audit trail. By not ensuring local tools were accurate, IVC failed to provide appropriate oversight.⁹ In addition, two business development officers told the review team that the Bay Pines calculator was shared with the VISN via email. One of the business development officers then forwarded the email to the VISN 8 trainer work group and chiefs of the Health Administration Service, but they did not review the calculator for accuracy.

During the time the Bay Pines calculator was being used, scheduling oversight processes had not been designed to assess the accuracy of community care eligibility determinations. VHA’s National Standardized Scheduling Audit Program was instead designed to evaluate if schedulers properly (1) document the *patient indicated date*; (2) categorize cancellations by requestor (patient or clinic); (3) appropriately notate time-sensitive appointments; and (4) document whether veterans choose community care—assuming the eligibility determination is accurate.¹⁰ Each fiscal year, VA medical facilities are required to perform a minimum of 10 audits per scheduler per two six-month audit cycles.

The Johnny Isakson and David P. Roe Act of 2020 required an external audit of wait times, but these audits were not required to assess the accuracy of community care eligibility determinations. They instead assessed wait times at different points in the scheduling process once a veteran is referred to VA or the community for care.¹¹

⁸ VHA Directive 1230(5), *Outpatient Scheduling Processes and Procedures*, July 15, 2016 (amended September 24, 2021).

⁹ Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

¹⁰ For example, when an auditor cannot confirm whether a veteran was scheduled outside the wait-time standard based on clinic availability or patient request, the assumption is that the scheduler made the appointment correctly.

¹¹ The Johnny Isakson and David P. Roe, M.D. Veterans Healthcare and Benefits Improvement Act of 2020, Pub. L. No. 116-315 (2021) § 3102.

VA and Facilities Have Taken Action to Address the Inaccurate Calculator, but Additional Quality Assurance Processes Could Be Implemented

IVC has taken several actions to update training and to address inconsistent guidance on scheduling, including the following:

- **Refresher training for schedulers.** On November 18, 2022, IVC issued a memorandum requiring refresher training about the MISSION Act and wait-time eligibility for schedulers.¹² According to IVC officials, over 90 percent of schedulers at the Bay Pines and Orlando facilities had completed the training as of February 2023.
- **Updates to Directive 1230.** In June 2022, IVC updated the language in Directive 1230 so that it no longer references the 30-day scheduling goal.
- **Revisions to guidance and scheduling materials.** IVC also revised its scheduling guidance and materials to ensure the guidance appropriately referred to the *file entry date* and *patient indicated date*, according to IVC officials. IVC also reminded schedulers to use the Veterans Health Information System Technology Architecture Scheduling Graphical User Interface for scheduling when possible because of the pop-up screen in the system that informs schedulers when veterans might be eligible for community care based on wait time.¹³

VHA also established an integrated project team that is working with the VA Office of Information and Technology to enhance software used to determine community care eligibility. Their goal is to consolidate scheduling into one VA-wide system to promote a seamless and convenient scheduling experience.

A VISN 8 business development officer informed the review team that the VISN has resumed conducting annual in-person scheduler assessments at facilities, which the VISN had paused during the COVID-19 pandemic. As part of these reviews, VISN staff observe schedulers, meet with local supervisors, discuss any confusion about processes and procedures, and identify any calculators or other tools used to assist with scheduling.

¹² Assistant under secretary for health, IVC, “Veterans Appointment Scheduling and Community Care Wait Time Eligibility,” memorandum to VISN directors and medical center directors, November 18, 2022.

¹³ VA Veterans Health Information System Technology Architecture (VistA) Scheduling Graphical User Interface User Guide Addendum, Release 1.7.36.0 Update, January 9, 2023. VistA Scheduling Graphical User Interface is a software module that allows schedulers to make appointments quickly by viewing multiple appointment request types and multiple clinics in one screen. The primary system used for scheduling is VistA, which is an electronic health records and appointment scheduling system. According to IVC officials, the pop-up screen was developed in May 2022.

In addition to the required national scheduling audits, Bay Pines managers developed an auditing process to review all appointments for the previous week, on a rolling basis. Starting in March 2022, these audits also reviewed the accuracy of wait-time eligibility determinations. However, the audit process incorporated the same error as the Bay Pines calculator and incorrectly used the *patient indicated date* instead of the *file entry date* as the starting date for assessing wait time-eligibility. The facility has since corrected this error and is continuing to conduct these audits.

The Orlando group practice manager told the review team that the facility developed a community care eligibility report card of schedulers' performance. Health Administration Service supervisors review the report card to obtain an overview of each scheduler's accuracy rate for community care eligibility determinations.

Although IVC, VISN 8, and the facilities have taken steps to address the inaccuracy in wait-time calculations, requiring more comprehensive quality assurance processes would ensure all eligible veterans are offered community care.

What the OIG Recommended

To address the identified issues, the OIG made four recommendations to the under secretary for health: (1) make sure all scheduling guidance, and other materials, are consistent in references to the dates that should be used to determine community care wait-time eligibility; (2) have IVC provide ongoing oversight to make sure all facilities are using nationally approved tools to calculate community care wait-time eligibility; (3) develop oversight processes to verify that schedulers are using the correct dates to calculate community care wait-time eligibility; and (4) develop a mechanism to notify schedulers when it is appropriate to consider community care wait-time eligibility, regardless of which systems they are using to schedule appointments.

VA Comments and OIG Response

The under secretary for health, the VISN 8 director, and the Bay Pines VA Healthcare System and Orlando VA Healthcare System directors concurred with recommendations 1 through 4. The under secretary provided an action plan to address all four recommendations and asked the OIG to close recommendation 1. The full text of the under secretary for health's comments and the action plan appear in appendix C. The full text of the VISN 8, Bay Pines VA Healthcare System, and Orlando VA Healthcare System comments are in appendixes D, E, and F.

The under secretary's planned actions are responsive to recommendations 1–3 and address the issues identified in the report. For recommendation 4, while the action plan does not directly discuss a mechanism to notify schedulers when it is appropriate to consider wait-time eligibility for community care, the under secretary's comments note that the national calculator will be included within the approved scheduling system by July 2023. The OIG will close all recommendations when VHA provides sufficient evidence demonstrating progress in addressing

the intent of the recommendations and the issues identified, to include copies of the scheduling guidance and other materials that have been updated to address recommendation 1.



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Abbreviations

IVC	Office of Integrated Veteran Care
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information System Technology Architecture



Introduction

VA provides health care for eligible veterans at its nationwide medical facilities through the Veterans Health Administration (VHA). If these facilities cannot provide veterans with the health care they need or if veterans meet certain wait-time, distance, or other criteria, they can instead receive care from community providers under the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018.¹⁴

On December 16, 2022, Under Secretary for Health Dr. Shereef Elnahal informed the VA Office of Inspector General (OIG) about an issue involving the incorrect determination of community care wait-time eligibility at the C.W. Bill Young VA Medical Center in Bay Pines, Florida (the Bay Pines facility). Dr. Elnahal stated that from around May 2020 through September 2022, the facility had been using a local tool that he believed was unauthorized and provided inaccurate wait-time calculations. This local tool is commonly referred to as a “calculator” and could be used by schedulers to determine if a VA appointment is available within the wait-time standards or if veterans should be offered care in the community.¹⁵ In August 2022, the Orlando VA Medical Center began using the same calculator and discovered the inaccuracies produced by the calculator. According to the under secretary for health, the Bay Pines calculator was undercounting wait time by about 12 days because it was using the wrong starting date to determine wait-time eligibility.

VHA’s appointment-scheduling process includes several time stamps that may be used when requesting care for veterans, including the following:¹⁶

¹⁴ MISSION Act, Pub. L. No. 115-182, 132 Stat. 1393 (2018); Veterans Access, Choice, and Accountability (Choice) Act of 2014, Pub. L. No. 113-146 § 206, 128 Stat. 1754, 1780 (2014). The Choice Act established the framework for increasing veterans’ access to care in the community. The MISSION Act extended veterans’ ability to seek care locally by adjusting eligibility requirements, including wait-time criteria.

¹⁵ The calculator resets after each use and does not allow for historical information on who and what services used the tool. The local calculator was formally called the MISSION Act Wait Time Eligibility Determination Tool and will hereafter be referred to as the Bay Pines calculator. Veterans are eligible for community care if VA cannot schedule an appointment within a certain number of days “of the date of request” for services—20 days for primary care, mental health care, and noninstitutional extended care services, or 28 days for a specialty care appointment—unless the veteran in consultation with the VA healthcare provider agreed to a later date.

¹⁶ The VA OIG previously issued a report with additional information on VHA’s wait-time measures. VA OIG, [*Concerns with Consistency and Transparency in the Calculation and Disclosure of Patient Wait Time Data*](#), Report No. 21-02761-125, April 7, 2022. VA updated its Field Guidebook and scheduling policy since this report was issued, resulting in some differences in how the following terms are defined. “Eligibility, Referral, and Scheduling,” chap. 2 in *Community Care Field Guidebook* (website), VHA Office of Integrated Veteran Care (IVC), accessed February 3, 2023, <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>. (This website is not publicly accessible.); VHA Directive 1230(5), *Outpatient Scheduling Processes and Procedures*, July 15, 2016 (amended September 24, 2021).

- **File entry date.** The *file entry date* (also called the consult request date) is the date on which a veteran or care provider makes an appointment request. For instance, the *file entry date* is the date a VHA provider requests a consult with another provider (i.e., makes a referral).¹⁷ This *file entry date* is used to determine community care program eligibility related to wait times.¹⁸
- **Patient indicated date.** The *patient indicated date* is the date the healthcare provider and veteran agree is clinically indicated for care. In the absence of healthcare provider input, it is the date the patient would like to be seen. This date is established without regard to existing clinic schedule capacity. For consults, this date may also be referred to as the *clinically indicated date*.
- **Appointment date.** This date, which is also referred to as the “completed” date, is the date the appointment occurred.¹⁹

The VA OIG conducted this review to determine how and why the Bay Pines calculator was inaccurately reporting community care wait-time eligibility, why the Bay Pines facility was able to use this calculator for so long without being aware of the inaccuracy, and the steps taken to make sure this and all other VHA medical facilities correctly determine community care wait-time eligibility moving forward.²⁰

Determining Community Care Wait-Time Eligibility

In 2014, Congress passed the Veterans Access, Choice, and Accountability (Choice) Act, which established the framework for increasing veterans’ access to care in the community.²¹ The Choice Act defined VA’s wait-time goal as being “not more than 30 days from the date on which a veteran requests an appointment for hospital care or medical services from the Department.”²² The Choice Act also allowed VA to establish different wait-time goals by submitting the information in a report to Congress and then publishing the new goals in the Federal Register and

¹⁷ VHA Directive 1232(4), *Consult Processes and Procedures*, August 24, 2016 (amended December 14, 2021). This directive defines a consult as “a request for clinical services on behalf of a patient.” In VHA, consults are used to request care or seek an opinion, advice, or expertise from other VA or community care providers regarding evaluation or management of patients. Veterans may also be scheduled for care through “return to clinic orders,” which are required to schedule follow-up appointments at VA medical facilities or clinics. Assistant under secretary for health for Operations, “Return to Clinic Order Business Rules Implementation,” memorandum to Veterans Integrated Service Network (VISN) directors and medical center directors, April 16, 2021.

¹⁸ 38 C.F.R. § 17.4040 (2019); Veterans Community Care Program, 84 Fed. Reg. 26,310 (June 6, 2019); “Eligibility, Referral, and Scheduling” (website), VHA IVC.

¹⁹ Average wait times are retrospective and based on completed appointments.

²⁰ Appendix A provides more information about the review’s scope and methodology.

²¹ Choice Act §§ 101, 128.

²² Choice Act § 101(s)(1).

on a website available to the public.²³ In October 2014, VA updated the wait-time goal under the Choice Act to “not more than 30 days from either the date that an appointment is deemed clinically appropriate by a VA health care provider [*clinically indicated date*], or if no such clinical determination has been made, the date a veteran prefers to be seen for hospital care or medical services [*patient indicated date*].”²⁴

The MISSION Act was passed in 2018 and extended veterans’ ability to seek care locally by adjusting eligibility requirements, including wait-time criteria for community care.²⁵ Under regulations published pursuant to the MISSION Act, effective June 2019, a veteran is eligible for community care if VA cannot schedule an appointment for the veteran within a certain number of days “of the date of request” for services (VA uses the *file entry date*)—20 days for primary care, certain mental healthcare services, and noninstitutional extended care services, or 28 days for a specialty care appointment—unless the veteran in consultation with the VA healthcare provider agreed to a later date.²⁶

As outlined in VHA’s guidance, schedulers at VA medical facilities are responsible for reviewing the availability of and making VA appointments for veterans.²⁷ The schedulers also determine whether veterans are wait-time eligible for community care under the MISSION Act. To determine if veterans meet the wait-time standard, schedulers should first compare the *patient indicated date* to the *file entry date*. If the *patient indicated date* is outside of the appropriate wait-time standard of 20 or 28 days, the veteran is not wait-time eligible for community care as the veteran agreed to schedule the appointment outside the wait-time standard. If the *patient indicated date* is within the wait-time standard, the scheduling staff must then determine if a VA appointment can be scheduled within 20 or 28 days of the *file entry date*. If a VA appointment can be scheduled, the veteran is not eligible for community care based on wait time. If no VA appointment is available within the appropriate time frame, the veteran is eligible for community care and should be offered the options of waiting for the next available VA appointment or obtaining a community care appointment (figure 1). Schedulers should then discuss VA and

²³ Choice Act § 101(s)(2); Wait-Time Goals of the Department for the Veterans Choice Program, 79 Fed. Reg. 62,519, 62,520 (Oct. 17, 2014); “Report to Congress on the Veterans Choice Program Authorized by Section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Pub. L. 113-146)” (web page), VA, accessed February 24, 2023, https://www.va.gov/HEALTH/docs/VA_Report_Section101-PL_113-146-Final.pdf.

²⁴ “Report to Congress on the Veterans Choice Program Authorized by Section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Pub. L. 113-146)” (web page), VA.

²⁵ MISSION Act; VA, “VA announces access standards for health care,” news release, January 30, 2019, <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5187>. The access standards are one of six criteria for community care eligibility under the MISSION Act that entitle veterans to receive care outside of VHA facilities.

²⁶ 38 C.F.R. § 17.4040 (2019); Veterans Community Care Program, 84 Fed. Reg. 26,310 (June 5, 2019); “Eligibility, Referral, and Scheduling” (website), VHA IVC; Acting deputy under secretary for health for Operations and Management, “Stop Codes Used for 20 Day Wait Time Access Standard” memorandum to VISN directors, May 8, 2019. This memorandum lists the specific mental health services included in the 20-day wait-time standard.

²⁷ VHA Directive 1231, *Outpatient Clinic Practice Management*, October 18, 2019.

community care options with each eligible veteran and document the discussion and the veteran’s decision. Finally, to track veterans who are eligible for community care based on wait time but who decide to receive care at a VA facility, schedulers should enter the code #COO# (community opt-out) in the appointment comments.²⁸

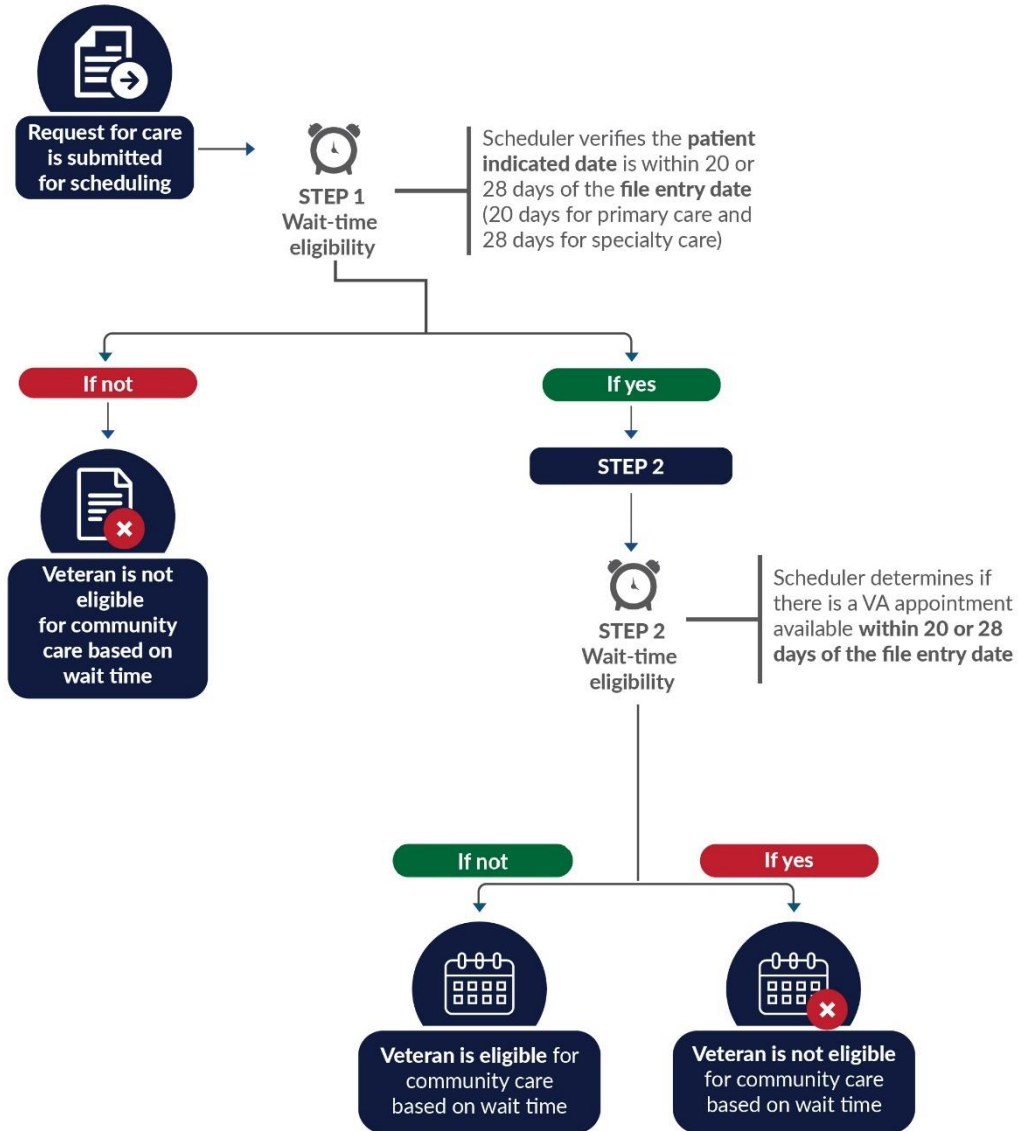


Figure 1. Community care wait-time eligibility standard.

Source: OIG interpretation of VHA Office of Integrated Veteran Care Community Care Field Guidebook.

²⁸ If #COO# is not accurately annotated in the appointment comments (e.g., #COO instead of #COO#), there is no mechanism to track veterans who were eligible but declined care in the community.

Scheduling Care

Once a veteran decides whether to seek care at a VA facility or in the community, VA schedulers will make an appointment, which may involve using several electronic systems. The primary system used for scheduling is VA's Veterans Health Information System Technology Architecture (VistA), which is an electronic health records and appointment scheduling system. According to officials from VHA's Office of Integrated Veteran Care (IVC) and current policy, schedulers should use the VistA Scheduling Graphical User Interface, a software system developed by VA, to interface with VistA for scheduling when possible. This software allows schedulers to view multiple appointment requests and clinics in one screen to more easily find the next available appointment for a provider or clinic.²⁹ Schedulers may also need to access the Computerized Patient Records System to obtain demographic and other information for veterans, the Insurance Capture Buffer to check for private insurance, and the Consult Toolbox to document community care eligibility (except for wait-time eligibility). In addition, other IVC-approved scheduling software is permitted based on work-specific needs as locally determined. For example, some facilities used Consult Tracking Manager, which is a web-based software solution that provides an instant, up-to-date dashboard displaying the status of all patient consults and integrates with clinical data within VistA.³⁰ IVC officials told the OIG review team that once IVC approves software for use, it does not track what software is implemented by local facilities.

In May 2020 when the Bay Pines calculator was developed, the VistA Scheduling Graphical User Interface was in use, but neither it nor other existing systems calculated whether veterans were wait-time eligible for community care. Because of this, schedulers had to complete multiple steps to assess wait-time eligibility. Specifically, schedulers had to refer to the appointment request or consult to identify the *file entry date* and the *patient indicated date* and had to refer to the applicable clinic to determine when the next appointment was available. Schedulers next had to calculate whether the appointment was within 20 or 28 days of the *file entry date*. According to the assistant chief of the Health Administration Service at the Bay Pines facility, the COVID-19 pandemic underscored the need for a tool to help make wait-time eligibility determinations accurately and efficiently. During the pandemic, VA needed to reschedule or assess over 35 million canceled appointments, and Bay Pines staff recognized a need for a calculator to help schedulers make wait-time eligibility determinations.³¹ The calculator was

²⁹ VHA Directive 1230; VistA Scheduling Graphical User Interface User Guide Addendum, Release 1.7.36.0 Update, January 9, 2023.

³⁰ "Document Storage System (DSS) Consult Tracking Manager Plus (CTM+)" (website), VA, <https://www.oit.va.gov/Services/TRM/ToolPage.aspx?tid=9778>. (This website is not publicly accessible).

³¹ VA OIG, *VHA Progressed in the Follow-Up of Canceled Appointments during the Pandemic but Could Use Additional Oversight Metrics*, Report No. 21-03777-218, November 3, 2022.

developed to determine if the next available appointment was within the 20-day or 28-day wait-time standard.

At this point, there was no regulation or other requirement that prohibited the development of a local calculator, and no approved national calculator existed. IVC officials, along with staff at Bay Pines and Orlando indicated they were not aware of any policy preventing medical facilities from using locally developed tools. In March 2022, VHA created an integrated project team to review all facility scheduling software nationwide to determine if VA can consolidate scheduling tasks into one system.³² This team is currently working with VA’s Office of Information Technology on technology options for this project. In addition, IVC created one national calculator and asked facilities to stop using locally developed calculators. Please refer to appendix B for additional information about the national calculator.

Governance and Oversight of Veterans Community Care Program

IVC is the national program office that manages veterans’ and beneficiaries’ access to health care in both VA and community facilities.³³ IVC administers the Veterans Community Care Program and its Community Care Networks. As the program office overseeing community care, IVC should follow federal guidance and help facilities make sure eligible veterans have accurate information about their VA and community-care choices.³⁴ According to VHA policy, program office responsibilities include allocating resources, developing training, and ensuring the development and implementation of program requirements through regulation, policies, guidance, or best practices.³⁵

As part of its oversight of healthcare delivery to veterans, IVC has developed national training for schedulers. All staff members involved in scheduling outpatient appointments and their supervisors must complete scheduler training in VA’s Talent Management System; this training includes a customer service program and four national training modules.³⁶ Schedulers must have their employee orientation and scheduling competencies validated by their supervisors before they can begin work. In addition, since February 1, 2017, all new schedulers have had to

³² Office of the Under Secretary for Health, “Veterans Health Administration (VHA) Integrated Scheduling,” memorandum to assistant under secretaries for health and VISN directors, March 25, 2022.

³³ In 2022, VHA integrated its Offices of Veterans Access to Care and Community Care into one office called IVC to help VHA better coordinate care while also streamlining and simplifying processes.

³⁴ Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014. The GAO states, “The oversight body is responsible for overseeing the strategic direction of the entity and obligations related to the accountability of the entity. This includes overseeing management’s design, implementation, and operation of an internal control system.”

³⁵ VHA Directive 1217, *VHA Central Office Operating Units*, September 10, 2021.

³⁶ VHA Directive 1230(5).

complete the “Onboarding” version of the National Standardized Medical Support Assistants Training before assuming their duties and scheduling patients for care.³⁷

Each Veterans Integrated Service Network (VISN) director is responsible for community care scheduling oversight of policy implementation and performance management within the VISN.³⁸ This includes oversight of program and patient wait times to ensure timely access to care for eligible veterans, monitoring compliance with the scheduling directive, and ensuring VistA scheduling applications are maintained with software updates.³⁹ The network director is also responsible for implementing standard processes for consult management and reporting across the VISN and should assign a VISN point of contact responsible for coordinating consult management and liaising with IVC.⁴⁰

Local VA medical facilities and clinics are responsible for determining whether veterans are eligible for community care. The Health Administration Service at each facility oversees multiple administrative and clerical functions related to managing inpatient and outpatient care and includes staff from the Office of the Chief, Health Information Management, and the Office of Operations.⁴¹ In addition, a scheduling manager, supervisor, or the group practice manager should be responsible for overseeing scheduling processes, managing scheduler work tasks, and completing scheduler training.⁴²

The VA Bay Pines Healthcare System provides services at nine locations in central southwest Florida, including at the C.W. Bill Young VA Medical Center and eight community-based outpatient clinics. There were over 68,000 total outpatient consults for VA community care in fiscal year 2022, with almost \$192 million in estimated costs. The healthcare system has practice managers and Health Administration Service staff who assist with aspects of scheduling. According to a Bay Pines facility group practice manager, she is responsible for overall clinic practice management, acting as the liaison between services, the Health Administration Service, and community care. Bay Pines Health Administration Service staff are responsible for all scheduling processes. Schedulers are the first point of contact at each of the facilities for veterans who need to schedule an appointment or who are arriving for appointments. Their

³⁷ Deputy under secretary for health for Operations and Management, “Medical Support Assistant (MSA) Training,” memorandum to network directors and medical center directors, April 20, 2017.

³⁸ VHA Directive 1230(5); VHA Directive 1232(5). VHA divides the United States into 18 regional networks, known as VISNs, which are regional systems of care working together to meet local healthcare needs and provide greater access to care.

³⁹ VHA Directive 1230(5).

⁴⁰ VHA Directive 1232(5).

⁴¹ “VA Office of Construction & Facilities Management Space Planning Criteria (PG-18-9), Chapter 246,” Health Administration Service, accessed February 21, 2023, <https://www.cfm.va.gov/til/space/spChapter246.pdf>.

⁴² VHA Directive 1230(5).

responsibilities include scheduling appointments, checking in patients, tracking and reviewing consults, answering phones, and working with providers as needed.⁴³

⁴³ VA Handbook 5005/117, *Staffing*, August 1, 2019; VA, “Medical support assistants play vital role in Veteran care,” news release, March 1, 2022, <https://news.va.gov/100543/medical-support-assistants-play-vital-role-in-veteran-care>.

Results and Recommendations

Finding: Local Calculator Used Inaccurate Dates to Calculate Community Care Wait-Time Eligibility Due to Conflicting Information and Limited Oversight

The OIG review team found that a local calculator created by the Bay Pines facility inaccurately determined veterans' community care wait-time eligibility because the calculator was incorrectly programmed to use the *patient indicated date* instead of the *file entry date* as the starting point. This occurred because Bay Pines schedulers and the staff who created the calculator were confused about whether to use the *file entry date* or *patient indicated date* due to changes in eligibility resulting from the MISSION Act and inconsistent guidance from IVC.

Available oversight processes did not uncover this incorrect programming of the Bay Pines calculator. VISN 8 officials were aware of the Bay Pines calculator but did not assess it for accuracy. Although IVC's national scheduling audits determine whether schedulers appropriately document community care discussions and whether eligible veterans opt out of community care, these scheduling audits do not address whether the eligibility assessments were accurate. As a result of the inaccurate Bay Pines calculator, some eligible veterans were not offered the choice of care in the community.

The following determinations formed the basis for this finding and led to the OIG's recommendations:

- The Bay Pines calculator used incorrect dates to determine wait-time eligibility, limiting veterans' healthcare choices.
- Changes in criteria for wait-time eligibility as a result of the MISSION Act and inconsistent guidance caused confusion.
- Oversight failed or was not designed to identify inaccurate calculations.
- VA and facilities have taken action to address the inaccurate calculator but could implement additional quality assurance processes.

What the OIG Did

The review team visited the Bay Pines and Orlando VA medical facilities to discuss the use of the Bay Pines calculator. To understand the local scheduling process, the team observed schedulers making medical appointments and interviewed facility leaders and other personnel. The team also interviewed personnel from VISN 8 and from IVC. In addition, the team obtained and reviewed supporting documentation, including national and local scheduler training materials and guidance on determining community wait-time eligibility, an overview of the local

calculator used by the Bay Pines facility, documentation of changes made to address the inconsistent guidance and training materials related to community care wait-time eligibility, national scheduling audit guidance and results, and local documentation of the scheduling process and results of local audits from the Bay Pines facility.

The Bay Pines Calculator Used Incorrect Dates to Determine Wait-Time Eligibility, Limiting Veterans' Healthcare Choices

The Bay Pines calculator produced inaccurate wait times because the calculator used the *patient indicated date* instead of the *file entry date* as the starting date. As a result, the number of days for appointment availability in the community was undercounted by about 12 days, according to the VA undersecretary for health.

Bay Pines facility officials said that the facility developed the calculator in May 2020 and used it until September 2022. According to Bay Pines Health Administration Service staff, they developed this calculator in the Microsoft Power Apps suite to help schedulers calculate wait times for veterans because schedulers complete multiple steps to assess eligibility for community care. As previously noted, per IVC's Community Care Field Guidebook, schedulers first determine the *file entry date* and the *patient indicated date*. If the *patient indicated date* is not within either the 20-day or 28-day criteria from the *file entry date*, the veteran is not eligible for community care based on wait time. If the *patient indicated date* is within the criteria, the scheduler must check for appointment availability. If an appointment is available at a VA facility, the veteran does not meet wait-time eligibility criteria; if one is not available, the veteran is eligible for community care. The tool was designed to calculate whether an appointment was available at VA within the 20-day or 28-day wait-time standard.

However, instead of determining whether an appointment was available within 20 or 28 days of the *file entry date*, the Bay Pines calculator determined if an appointment was available within 20 or 28 days of the *patient indicated date*, as entered manually by the scheduler. In instances when the *patient indicated date* was later than the *file entry date*, the number of days was undercounted. According to a Bay Pines official, guidance, including the IVC field guidebook, provided to schedulers prior to the calculator being shared also referred to the *patient indicated date* instead of the *file entry date*. Figure 2 highlights how Bay Pines deviated from the approved process.

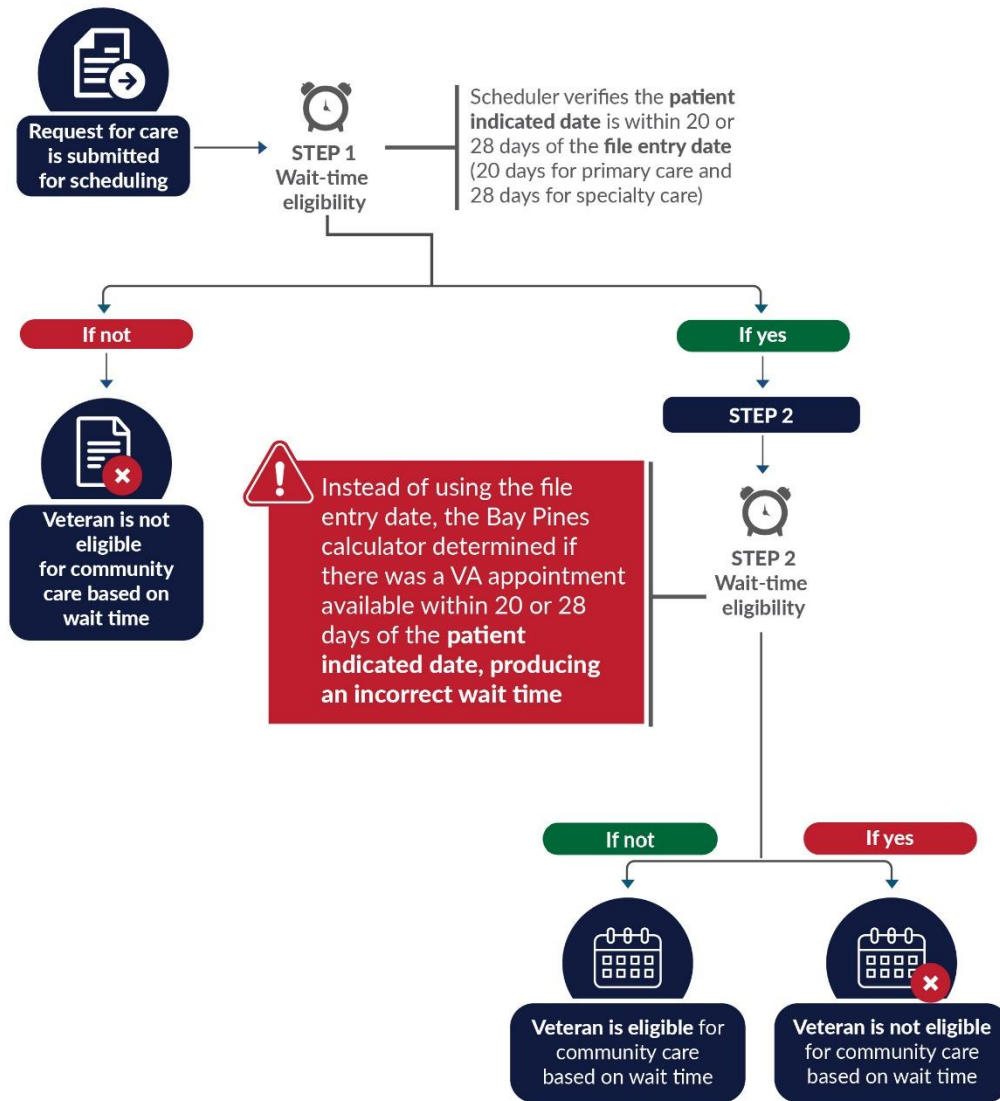


Figure 2. Inaccurate dates in wait-time eligibility tool.

Note: The OIG recreated this figure from Bay Pines documentation and used red text, an exclamation mark, and bold to emphasize the inaccuracy.

Source: OIG interpretation of Bay Pines MISSION Act Wait Time Eligibility Tool Presentation, August 4, 2021.

The following example in table 1 depicts the inaccuracy in the Bay Pines calculator.

Table 1. Example of Incorrect Bay Pines Calculator Results for Community Care Wait-Time Eligibility

Calculation	File entry date	Patient indicated date	Available VA appointment date	Calculation of wait-time eligibility (primary care within 20 days for this example)	Community care wait-time eligibility result
Bay Pines calculator (incorrect)	January 1	January 10	January 25	January 25 – January 10 (patient indicated date) = 15 days	Ineligible
Wait-time standard calculation (correct)	January 1	January 10	January 25	January 25 – January 1 (file entry date) = 24 days	Eligible

Source: OIG analysis of Bay Pine documentation and federal regulations.

On August 4, 2021, the Bay Pines facility Health Administration Service assistant chief shared the calculator and details of how it worked via email with all schedulers at the facility. However, according to the Bay Pines facility assistant chief of the Health Administration Service and IVC’s executive director of integrated field operations, there is no way to know who, or which services, used the calculator. The OIG review team also was not able to determine all the staff or services who used the calculator because the calculator resets after each use and does not retain information about historical use and users. Of the 10 schedulers from primary and specialty care services that the team interviewed, seven said they did not use the calculator. Of the three that did, one was from a primary care service and two were from specialty care services.

On August 4, 2021, the Bay Pines calculator was shared with a VISN 8 business development officer who oversees clinical practice management. The VISN 8 business development officer forwarded the email to another business development officer, stating, “Sharing. Great tool for other sites to implement.” The second business development officer then shared it with the VISN 8 trainer work group and chiefs of the Health Administration Service. However, the business development officers told the review team that, besides the Bay Pines facility, they were not aware of any other facilities using the tool until Orlando started using it one year later.

Staff at the Orlando medical facility told the review team that they began to use the Bay Pines calculator after a VISN 8 trainer shared it again with them in August 2022. Shortly after this, Orlando staff received emails about a congressional inquiry in which a veteran questioned being denied eligibility for community care based on not meeting MISSION Act wait-time standards. The veteran did not meet wait-time criteria based on results from the Bay Pines calculator, so Orlando staff scheduled an appointment at the VA facility. On September 7, 2022, a manager at the Orlando facility reviewed the wait-time information and determined the veteran was wait-time eligible for community care. This occurred because the Bay Pines calculator was inaccurately using the *patient indicated date* instead of the *file entry date*. Specifically, the

veteran's *file entry date* was August 30, 2022, while the *patient indicated date* was September 13, 2022—14 days from the *file entry date*. The next available VA appointment was on September 30, 2022, which is beyond 28 days of the *file entry date* but not the *patient indicated date*. Both facilities stopped using the calculator on September 9, 2022. Figure 3 shows a timeline of these events.

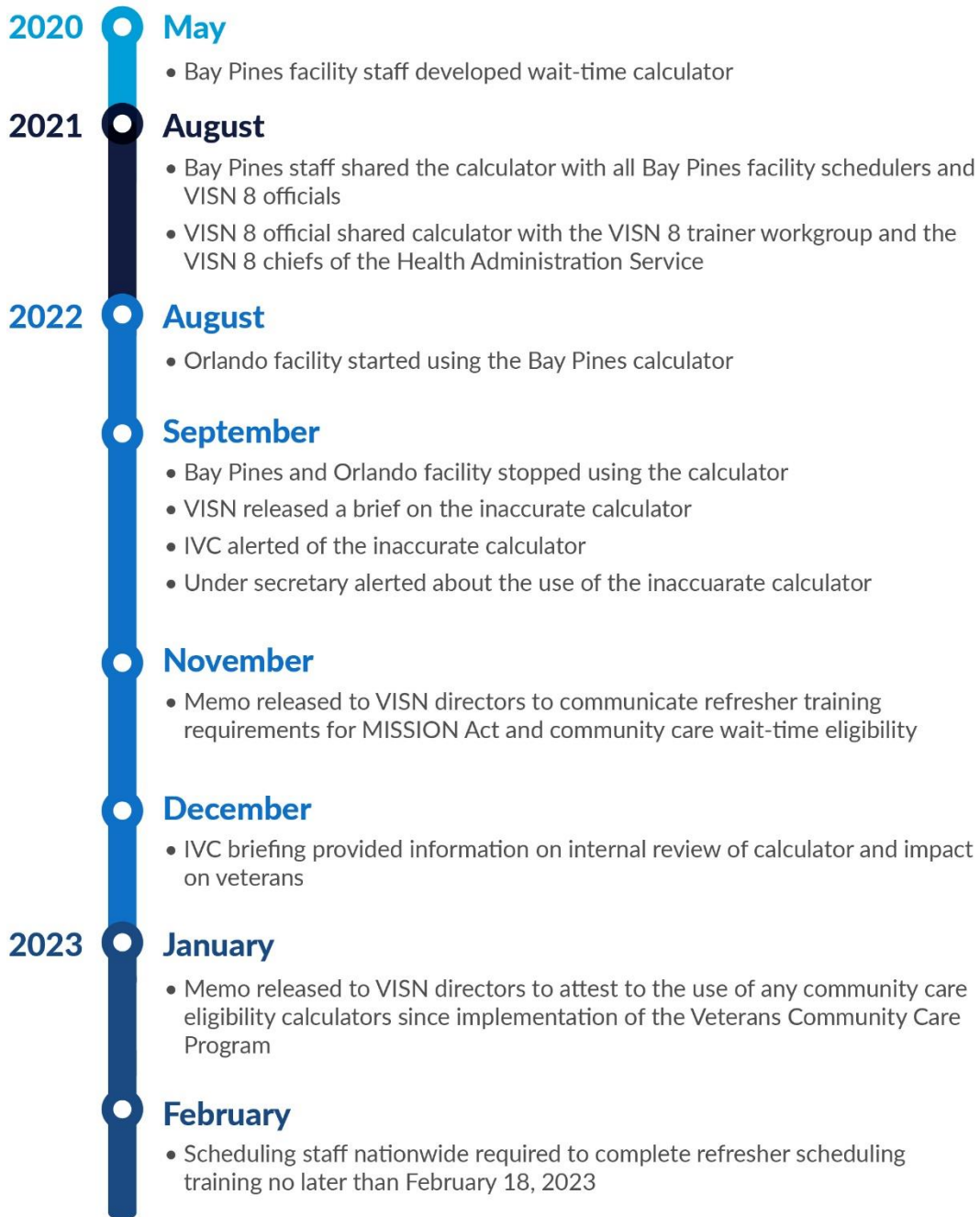


Figure 3. Timeline of events related to the Bay Pines calculator.

Source: OIG review of interviews with Bay Pines and Orlando facility leaders and staff, emails, briefing presentations, and VA memoranda.

According to IVC's executive director of integrated field operations, retroactively confirming all veterans were appropriately offered community care is difficult because nothing in the medical record indicates wait-time eligibility, and appointment availability changes over time. VHA does not have one data system that links together all the dates applicable to appointment scheduling, and appointment availability is a moving target. Therefore, it is difficult to assess past decisions on wait-time eligibility. Nevertheless, when the Bay Pines calculator error was discovered, IVC staff asked the Bay Pines and Orlando facilities to review all pending appointments as of September 2022, with the following reported results:

- **Bay Pines facility.** Of the 4,299 pending appointments reviewed, 935 new and established patient appointments were affected by the miscalculation, and these veterans were not originally offered care in the community based on wait-time eligibility. Staff reached out to these patients to offer community care, and 14 patients chose community care.⁴⁴
- **Orlando facility.** Of the 4,226 pending appointments reviewed, 411 new and established patient appointments were affected by the miscalculation, and these veterans were not originally offered care in the community based on wait-time eligibility. Twenty-two of these veterans chose community care when this option was offered after the Orlando facility staff discovered the issue.

In addition, VHA's National Center for Patient Safety conducted a Clinical Episode Review Team audit to review high-risk patient appointments by the date the scheduler made the appointment, starting from May 1, 2020, through September 30, 2022, at the Bay Pines and Orlando facilities to determine if these patients were appropriately identified as eligible for community care. The review identified 7,444 of 125,434 completed appointments that were wait-time eligible under the MISSION Act but were missing the #COO# in the medical record, potentially due to the calculator issue. However, VHA's Clinical Episode Review Team identified no delays in service or patient harm in a 10-percent review of high-risk patients. IVC's executive director of integrated field operations told the review team that the wait-time standard and inaccurate Bay Pines calculator would have most affected new patients or consults to specialty care. As discovered by the facilities when they reviewed pending appointments, some of these veterans were not originally offered all possible healthcare options, including community care, thus not allowing them to make informed decisions about the timing and delivery of their healthcare benefits as provided by the MISSION Act.

⁴⁴ The OIG determined the pending appointments reviewed, as well as the new and established patient appointments that were affected, are not likely equal to the number of unique veterans because a veteran could have had multiple affected appointments. However, the facility review identified the number of unique patients electing to keep their VA appointment or seek care in the community.

Changes in Criteria for Wait-Time Eligibility as a Result of the MISSION Act and Inconsistent Guidance Caused Confusion

When the MISSION Act was implemented, IVC published guidance for schedulers and offered training via VA's Talent Management System on MISSION Act community care eligibility. However, officials from both the Bay Pines and Orlando facilities said that, despite the training, schedulers remained confused about how wait-time eligibility changed from the Choice Act to the MISSION Act. The assistant chief of the Health Administration Service at the Orlando facility stated it is hard to understand the MISSION Act policy, and an Orlando supervisory medical management specialist and a group practice manager stated that schedulers are mixing the different eligibility rules for the Choice Act and the MISSION Act. A group practice manager from each of the Bay Pines and Orlando facilities explained that schedulers were used to looking at whether appointments were available within 30 days of the *patient indicated date*, and the switch to using the *file entry date* and using the 20-day or 28-day period was confusing. According to two Orlando facility supervisors and a group practice manager, the wait-time criteria under the Choice Program was easier, and schedulers tend to revert to using these criteria. A VISN 8 business development officer said that even after the IVC-provided training, schedulers did not really understand the change in policy from the Choice Act to the MISSION Act.

In addition, officials at the Bay Pines and Orlando facilities told the review team that IVC's guidance on wait-time eligibility was inconsistent. For example, the national scheduling guidance in IVC's Community Care Field Guidebook was inconsistent in terms of whether to use the *patient indicated date* or the *file entry date* as the starting date to determine wait-time eligibility.⁴⁵ As shown in figure 4, the OIG confirmed that text from the guidebook incorrectly stated that schedulers should use the *patient indicated date* to determine wait-time eligibility, whereas the figure right below the text in the guidebook has the correct reference.

⁴⁵ "Eligibility, Referral, and Scheduling" (website), VHA IVC.

Previous Version

To consider wait time eligibility the scheduler must first determine if the appointment request is within the community care wait time standards (WTS). ***If the request is within the WTS, the scheduling staff must then determine if the appointment can be scheduled within 20 to 28 days of the PID [patient indicated date] by looking at the specific clinic where the Veteran will be scheduled.*** At this time the staff member should also review the average community care wait time for the type of care being requested. This will assist with guiding the wait time conversation with the Veteran. Prior to contacting the Veteran ensure to review and consider the key factors outlined in section 1.4.1 in this guidebook.

Community Care Wait Time Standards (WTS)		
Routine		Considerations
Primary Care/Mental Health/Non-Institutional Extended Care Services	Specialty Care	The WTS for community care must be considered if the following applies: <ol style="list-style-type: none"> 1. The PID on the consult is within 20 or 28 days (based on the type of care being requested) from the file entry date. 2. The appointment within the VA cannot be scheduled within the 20/28 days of the file entry date.
20 days	28 days	

Figure 4. *Inconsistent community care wait-time eligibility language in IVC Field Guidebook.*
 Note: The OIG recreated this figure from Bay Pines and IVC documentation and used boldface, italics, underlining, and red font to emphasize the error in the IVC guidance.
 Source: Bay Pines group practice manager and IVC’s executive director of integrated field operations, screen image capture of IVC Field Guidebook, January 2023.

Bay Pines facility staff told the review team that they provided IVC and VISN 8 staff with additional examples of national guidance that also incorrectly said the *patient indicated date* should be used to determine wait-time eligibility. The team reviewed these materials and confirmed these inaccuracies. For example, the language in a draft national training document referred to the *patient indicated date* instead of the *file entry date* for determining appointment availability.

In addition, the team determined that VHA’s scheduling directive in use as of September 2021 referred to VA’s scheduling goal and noted that appointments should be scheduled timely, accurately, and consistently, with the goal of scheduling no more than 30 calendar days from the date an appointment is deemed clinically appropriate by a VA healthcare provider. The directive also noted that, in the absence of a clinically appropriate date, the appointment should be scheduled within 30 calendar days from the date the veteran would like to be seen for outpatient healthcare services (*patient indicated date*).⁴⁶ Because this 30-day

⁴⁶ VHA Directive 1230(5).

goal aligns with the 30-day wait-time standard under the Choice Act, but does not align with the 20-day or 28-day wait-time standard under the MISSION Act, this could have caused confusion for schedulers.

Because of the confusion over MISSION Act criteria and conflicting guidance, some Bay Pines facility schedulers mistakenly believed the *patient indicated date* was the correct date to use as a starting point when determining veterans' community care wait-time eligibility, even if they were not using the calculator. For example, three schedulers who did not use the calculator told the review team that they used the *patient indicated date* instead of the *file entry date* when determining wait-time eligibility. The assistant chief of the Health Administration Service at the Bay Pines facility and a VISN 8 business development officer also told the review team that other VISNs and facilities developed local calculators that used the *patient indicated date*. According to the VISN official, these calculators were uploaded to an IVC SharePoint site used for sharing best practices but have since been corrected or deleted.

Oversight Failed or Was Not Designed to Identify Inaccurate Calculations

During interviews with the review team, the IVC executive director of integrated field operations stated they were unaware of the Bay Pines calculator before being notified of the calculation error in September 2022. According to IVC's executive director of integrated field operations, this type of error (inaccurate wait-time calculations) is difficult to identify because the calculation is a real-time decision made by schedulers that does not leave an audit trail. However, as the program office overseeing community care, IVC allowed the use of local tools at this time but also should have ensured program requirements were being appropriately implemented through regulations, policies, guidance, or best practices.⁴⁷ Federal internal control standards state, "The oversight body is responsible for overseeing the strategic direction of the entity and obligations related to the accountability of the entity. This includes overseeing management's design, implementation, and operation of an internal control system."⁴⁸ By not implementing an internal control process to ensure local tools were accurate, IVC failed to provide appropriate oversight and did not ensure that all eligible veterans were provided accurate information about their VA and community-care choices.

At the VISN level, each VISN director is responsible for oversight of policy implementation and performance management within the VISN related to outpatient scheduling and consult management.⁴⁹ Although a VISN 8 business development officer said that the VISN was made aware of the calculator via an email group message in August 2021 and then shared it with the

⁴⁷ VHA Directive 1217, *VHA Central Office Operating Units*.

⁴⁸ GAO, *Standards for Internal Control in the Federal Government*.

⁴⁹ VHA Directive 1230(5); VHA Directive 1232(5).

VISN 8 trainer workgroup and chiefs of the Health Administration Service, the VISN never reviewed the calculator for accuracy.

In addition, the scheduling oversight processes that were in place during the time the Bay Pines facility calculator was being used had not been designed to assess the accuracy of community care eligibility determinations. VHA's National Standardized Scheduling Audit Program assesses if schedulers properly (1) document the *patient indicated date*; (2) categorize cancellations by requestor (patient or clinic); (3) notate time-sensitive appointments; and (4) document whether veterans choose community care—*assuming* the eligibility determination is accurate.⁵⁰ VA medical facilities are required to perform a minimum of 10 audits per scheduler per two six-month audit cycles each fiscal year.⁵¹ However, these audits do not assess the accuracy of the community care eligibility determination but check whether the choice to use VA or community care was appropriately documented for those who were determined to be eligible for community care.

In addition, although the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 required an external audit of wait times, the requirements did not include assessing the accuracy of community care eligibility determinations. Instead, these audits assessed wait times at different points in the scheduling process once a veteran is referred to VA or the community for care. The act requires the VA secretary to “provide for the conduct of a facility-level audit of the scheduling of appointments and the management of consultations for health care under the laws administered by the Secretary.”⁵² The audit is intended to provide information so the VA's under secretary for health can

- strengthen oversight of the scheduling of appointments and management of consultations throughout the healthcare system,
- monitor national policy on scheduling and management of consultations, and
- develop a remediation plan to address issues uncovered by the audits.

However, the audit was not designed to, and does not, assess the accuracy of community care eligibility determinations, including wait-time eligibility.

⁵⁰ For example, when an auditor cannot confirm whether a veteran was scheduled outside the wait-time standard based on clinic availability or patient request, the assumption is that the scheduler made the appointment correctly.

⁵¹ VHA Directive 1230(5); VHA Office of Veterans Access to Care, *National Standardized Scheduling Audit Guidebook*, June 2021.

⁵² The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, Pub. L. No. 116-315 (2021) § 3102.

VA and Facilities Have Taken Action to Address the Inaccurate Calculator but Could Implement Additional Quality Assurance Processes

IVC has taken action to update training and scheduling guidance to address inconsistent guidance on scheduling, including the following:

- **Refresher training for schedulers.** On November 18, 2022, IVC issued a memorandum that communicated refresher training requirements for schedulers that included the MISSION Act and wait-time eligibility.⁵³ Within 90 days of the release of the memorandum, all staff scheduling internal VA appointments were required to complete the training with 100-percent completion of the post-training test. Facilities were then to attest to IVC that the training had been completed. As of February 2023, over 90 percent of schedulers at the Bay Pines and Orlando facilities had completed the training, according to IVC officials.
- **Updates to Directive 1230.** In June 2022, IVC removed the language in the directive that referenced scheduling appointments not more than 30 days from either the date that an appointment is deemed clinically appropriate by a VA healthcare provider or, if no such clinical determination has been made, the date a veteran prefers to be seen for hospital care or medical services. The updated directive states the following: “It is VHA policy that outpatient health care appointment requests, regardless of modality, are managed safely, timely and accurately, and are scheduled based on clinical need and Veterans’ preference using available technologies. Veterans are to be provided an opportunity to schedule an appointment in either a VA medical facility or the community, when eligible.”⁵⁴
- **Revisions to guidance and scheduling materials.** IVC revised its scheduling guidance and materials to ensure it appropriately referred to the *file entry* and *patient indicated dates*, according to IVC officials, including the Field Guidebook, as shown in figure 5.

⁵³ Assistant under secretary for health, IVC, “Veterans Appointment Scheduling and Community Care Wait Time Eligibility,” memorandum to VISN directors and medical center directors, November 18, 2022.

⁵⁴ VHA Directive 1230.

Corrected Version

To consider wait time eligibility the scheduler must first determine if the appointment request is within the community care wait time standards (WTS). ***If the request is within the WTS, the scheduling staff must then determine if the appointment can be scheduled within 20 to 28 days of the File Entry Date (FED) by looking at the specific clinic where the Veteran will be scheduled.*** At this time the staff member should also review the average community care wait time for the type of care being requested. This will assist with guiding the wait time conversation with the Veteran. Prior to contacting the Veteran ensure to review and consider the key factors outlined in section 1.4.1 in this guidebook.

Community Care Wait Time Standards (WTS)		
Routine		Considerations
Primary Care/Mental Health/Non-Institutional Extended Care Services	Specialty Care	The WTS for community care must be considered if the following applies: <ol style="list-style-type: none"> 1. The PID [patient indicated date] on the consult is within 20 or 28 days (based on the type of care being requested) from the file entry date. 2. The appointment within the VA cannot be scheduled within the 20/28 days of the file entry date.
20 days	28 days	

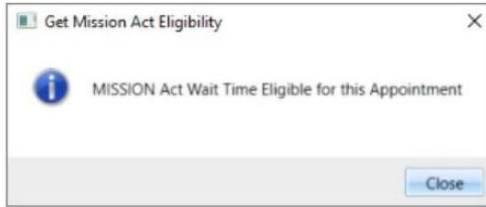
Figure 5. Updated language in IVC guidance regarding community care wait-time eligibility.

Note: The OIG recreated this figure from IVC documentation and used boldface, italics, and underlining to emphasize the correction IVC made to this guidance.

Source: IVC’s executive director of integrated field operations, screen image capture of IVC Field Guidebook, January 2023.

IVC has also taken steps to update its systems and developed a national calculator. According to IVC’s executive director of field operations, in May 2022, prior to the discovery of the inaccuracy in the Bay Pines calculator, IVC created a pop-up screen in its VistA Scheduling Graphical User Interface system to inform schedulers when veterans are eligible for community care based on wait time and reminded schedulers to use the VistA Scheduling Graphical User Interface for scheduling when possible. However, a Bay Pines facility official told the review team that the pop-up screen is not always reliable. For example, even though the language in the pop-up screen states, “MISSION Act Wait Time Eligible for this Appointment,” IVC told Bay Pines facility staff and the review team that the scheduler still needs to manually check appointment availability for wait-time eligibility because veterans are not always wait-time eligible when this pop-up screen is seen—it is a reminder to check for wait-time eligibility (see figure 6).

VS GUI: MISSION Act Wait Time Eligibility Notification



When making an appointment a notification will pop-up to determine if the appointment is Wait Time Eligible in the specific clinic within the appointment request.

Please pay attention to this pop-up when scheduling. This prompts the scheduler to inform the patient of all of their options for care within the VA and in the Community.

In VS GUI, the wait time calculation for determining eligibility has been updated for all appointment types, including overbooks and rescheduled appointments.

Figure 6. VistA Scheduling Graphical User Interface wait-time eligibility pop-up screen and information for schedulers.

Source: VistA Scheduling Enhancement Graphical User Interface, VHA National Schedulers Onboarding, December 5, 2022.

VHA also has an integrated project team that is working with the VA Office of Information and Technology on enhancing software used to determine community care eligibility. Its goal is to integrate scheduling tools into a unified enterprise-wide approach to optimize scheduling. A single scheduling system would promote a seamless and convenient scheduling experience across all services VHA provides. In addition, IVC developed a national IVC Community Care Wait Time Eligibility Calculator for facilities to use as a backup when scheduling an appointment outside of the VistA Scheduling Graphical User Interface. According to Bay Pines facility officials, this calculator is the same as the wait-time calculator they developed, but IVC corrected the error so that it uses the *file entry date* instead of the *patient indicated date* to calculate wait-time eligibility.

IVC issued a follow-up memorandum in January 2023 that required VISNs to attest to the use of both current and past community care eligibility calculators and to provide IVC with any local tools used since implementation of the MISSION Act.⁵⁵ According to IVC's executive director of integrated field operations, as of February 2023, the attestation is complete with all VISNs reporting, and 13 local calculators were identified. The executive director told the OIG team that all 13 calculators were reviewed and had been using the correct dates to calculate wait-time eligibility.

⁵⁵ Assistant under secretary for health, IVC, "Use of the Approved Community Care Wait Time Eligibility Calculator," memorandum to VISN directors, January 6, 2023.

A VISN 8 business development officer informed the review team that the VISN has resumed conducting in-person, facility-level scheduler assessments, which the VISN had paused during the COVID-19 pandemic. These reviews are not a national requirement, but VISN 8 had been doing them annually for several years before the pandemic. As part of these reviews, VISN staff would observe schedulers with over-the-shoulder assessments, talk with the local supervisors in person, discuss any confusion the scheduling staff may have about processes and procedures, and see if they were using any calculators or other tools to help with scheduling. Another VISN 8 business development officer expressed the belief that these in-person reviews would have caught the inaccurate dates the Bay Pines facility staff were using to determine wait-time eligibility.

At the Bay Pines facility, the group practice managers and the Health Administration Service team worked together to develop an auditing process to review all appointments for the previous week on a rolling basis. Starting in March 2022, these audits included a review of the accuracy of wait-time eligibility determinations. However, just like the inaccurate Bay Pines calculator, the audit process incorrectly used the *patient indicated date* instead of the *file entry date* as the starting date for assessing wait-time eligibility, until the facility became aware of this error. The facility is continuing to conduct these audits using the *file entry date*. Bay Pines facility officials believe this auditing process increased their cycle 2 national audit result accuracy rate compared with the cycle 1 rate. The Orlando group practice manager told the review team that the facility developed a community care eligibility report card for schedulers' performance. The report card is reviewed by supervisors to provide them with an overview of the schedulers' community care eligibility determination accuracy rates. These report cards help supervisors identify schedulers who may need additional training.

In addition to these steps, facility and VISN 8 officials told the review team that it would be helpful for IVC to develop national audit processes for community care eligibility standards and monitoring mechanisms to determine whether schedulers are appropriately determining eligibility for all standards, including wait times. These audits could include real-time observations of schedulers and the tools they use to capture any mistakes or issues in community care eligibility determinations.

Conclusion

The OIG found that the Bay Pines calculator produced inaccurate wait times because it used the *patient indicated date* instead of the *file entry date* as the starting point to determine veterans' community care eligibility. As a result, some veterans who were eligible for community care based on wait time were not offered the option of community care. This occurred because Bay Pines schedulers were confused by changes in eligibility criteria as a result of the MISSION Act and inconsistent guidance from IVC, and existing oversight processes did not or were not designed to assess the accuracy of community care eligibility determinations. Although IVC, VISN 8, and the Bay Pines and Orlando facilities have taken steps to address the issue, a

comprehensive and required quality assurance process would ensure all eligible veterans are offered community care.

Recommendations 1–4

The OIG made the following recommendations to the under secretary for health:

1. Make sure all scheduling guidance and other materials correctly refer to the date that should be used to determine wait-time eligibility for community care.
2. Make sure the Office of Integrated Veteran Care provides ongoing oversight to ensure all facilities are using nationally approved scheduling tools.
3. Develop an oversight process to verify that schedulers are using the correct dates to calculate wait-time eligibility for community care.
4. Develop a mechanism to notify schedulers when it is appropriate to consider wait-time eligibility for community care regardless of which scheduling system schedulers are using.

VA Management Comments

The under secretary for health concurred with and provided an action plan addressing all four OIG recommendations and asked the OIG to close recommendation 1. Appendix C includes the full text of the under secretary’s comments, which are summarized below.⁵⁶

In response to recommendation 1, IVC reviewed and updated all existing scheduling guidance to clarify how to calculate community care wait-time eligibility, including scheduler training for field staff responsible for direct care scheduling across the organization. The under secretary reported that the completion rate for this training exceeds 99.9 percent.

IVC also instructed field staff to remove all locally developed calculators, which addresses recommendation 2, and developed a single national wait-time calculator that reflects a consistent approach and methodology. The under secretary reported that IVC, in addition to updating scheduler training, issued a memorandum and conducted several outreach calls to “inform the field that they are only to use” this standardized, national calculator.

Furthermore, IVC is collaborating with the VA Office of Information and Technology to incorporate the national calculator into the VistA Scheduling Graphical User Interface, which will provide VHA more reliable access to data regarding the use of appropriate scheduling processes and enable more robust and consistent oversight. This, in addition to IVC developing a

⁵⁶ The brief comments submitted by the VISN 8, Bay Pines VA Healthcare System, and Orlando VA Healthcare System directors, all of whom concurred with the recommendations, are included in full in appendixes D, E, and F.

standardized process for oversight and compliance of wait-time eligibility determinations, addresses recommendation 3.

In response to recommendation 4, to reeducate schedulers when it is appropriate to consider wait-time eligibility for community care, IVC updated national scheduler onboarding training materials and presented this information during several calls with schedulers. IVC will also provide an in-depth recorded training on how to appropriately calculate community care wait-time eligibility. In addition, the under secretary for health's letter notes that VHA anticipates its Office of Information Technology will incorporate the new national calculator into the scheduling notification within the approved scheduling system for enterprise deployment by July 2023.

OIG Response

The under secretary's planned actions are responsive to recommendations 1–3 and address the issues identified in the report. For recommendation 4, while the action plan does not directly discuss a mechanism to notify schedulers when to consider wait-time eligibility for community care regardless of which scheduling system is being used, the under secretary's comments note that the national calculator will be included within the approved scheduling system by July 2023.

The OIG will close all recommendations when VHA provides sufficient evidence demonstrating progress in addressing the intent of the recommendations and the issues identified. The OIG will close recommendation 1 when VHA provides copies of the scheduling guidance and other materials that have been updated to address this recommendation.

Appendix A: Scope and Methodology

Scope

The OIG team performed this review from January 2023 through May 2023. This review evaluated how and why incorrect dates were used to calculate wait-time eligibility for community care at the C.W. Bill Young VA Medical Center (Bay Pines facility). This review focused on assessing how the use of incorrect eligibility dates were discovered, how the Bay Pines facility implemented a local calculator to assist schedulers, and the oversight of local scheduling. The team also examined how the Veterans Health Administration (VHA) guidance contributed to the incorrect determinations of wait-time eligibility.

Methodology

The team identified and reviewed relevant VHA and Office of Integrated Veteran Care (IVC) documents, including training materials; applicable laws and regulations; and VA policies, procedures, and guidebooks related to wait-time eligibility for community care. The team also conducted 29 interviews with leaders and staff from IVC, Veterans Integrated Service Network (VISN) 8, and the Bay Pines and Orlando medical facilities. The team conducted site visits to interview staff and observe how staff scheduled appointments. The site visits and other interviews provided the team with an understanding of the processes, challenges, internal controls, and general governance structure use to determine community care eligibility.

Internal Controls

Although an internal control assessment was not required as part of this review, the team performed an initial review of all internal control components and corresponding principles. This included an assessment of the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.⁵⁷ The team determined that internal controls relevant to control environment, risk assessment, control activities, information and communication, and monitoring components were significant to this review. Based on the work performed, the team identified deficiencies related to (1) monitoring and oversight of community care scheduling and (2) consistency of information disseminated to schedulers.⁵⁸ Based on the team's review, all five internal control components were applicable to this review. The team identified 11 of the 17 control principles were also applicable to this review. These included exercising oversight responsibility, enforcing accountability, demonstrating commitment to competence, defining risk tolerance, analyzing/defining risk,

⁵⁷ GAO, *Standards for Internal Control in the Federal Government*.

⁵⁸ Since the review was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this review.

designing control activities, implementing control activities, using quality data, communicating internally, conducting ongoing evaluation, and evaluating deficiencies.

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 this review. The team exercised due diligence in staying alert to any fraud indicators during the course and scope of the review. The OIG did not identify any instances of fraud or potential fraud during this review.

Data Reliability

The team did not use computer-processed data to support any findings, conclusions, or recommendations. The team derived its findings, conclusions and recommendations from testimonial evidence, observations, and supporting documents.

Government Standards

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

Appendix B: Wait-Time Calculator

According to Bay Pines officials and IVC's executive director of integrated field operations, the national wait-time eligibility calculator that IVC developed was based on the Bay Pines calculator. However, IVC's calculator was programmed to start with the *file entry date* instead of with the *patient indicated date* to calculate the number of days until the next available VA appointment and accurately determine wait-time eligibility for community care. To use the tool, first, the scheduler selects the service type for the appointment: primary care, mental healthcare, or extended care noninstitutional services (20-day wait-time standard) or specialty care (28-day wait-time standard). Next, if the appointment is not one that has been rescheduled due to a no-show or veteran cancellation, the scheduler will enter the *file entry date* and the *patient indicated date* to see if the *patient indicated date* falls within 20 or 28 days of the *file entry date*.⁵⁹ If it does, the scheduler would then enter the date of the next available VA appointment to see if that date is within 20 or 28 days of the *file entry date*. If it is, the veteran is not wait-time eligible; if it is not, the veteran is wait-time eligible. Figure B.1 shows how the calculator is used.

The screenshot shows the 'IVC Community Care Wait Time Eligibility Calculator' interface. At the top, there is a title bar. Below it, a white box contains instructions: 'To calculate wait time eligibility for community care:' followed by a list of steps: '- Select the correct service (below).', '- Select the Reset button to reset all dates.', '- Select the YES radio button if rescheduling an appointment cancelled by patient or no-showed.', '- Select FED. Select OK.', '- Select PID. Select OK.' Below this, it says 'If the PID is within wait time standards (WTS):' followed by '- Select the Next Available Appointment Date. Select OK.' and 'All other fields will auto-populate.' Below the instructions is a large white box with the text 'Select the service for this appointment.' Underneath this are two dark blue buttons with yellow borders. The left button is labeled 'Primary Care, Mental Health or Extended Care Non-Institutional Services' and the right button is labeled 'Specialty Care'. At the bottom, there is a white box with a yellow border containing the text: 'Not sure which service is the right choice? CLICK HERE! The Consult Toolbox SharePoint site has a quick link to the DST Mapping Table. Review the "Clinical" tab to determine the correct WTS.'

⁵⁹ For canceled or no-show appointments, the updated file entry date is the day the veteran contacts the clinic to reschedule, and the new patient indicated date is the updated date the veteran prefers to be seen.

Yes
 No Are you rescheduling an appointment that was cancelled by patient or no showed?

File Entry Date 4/3/2023

Patient Indicated Date 4/17/2023

Days from PID to FED 15

Is PID Within WTS (20 Days) of the FED? YES

Next Available Appointment (NAA) 4/14/2023

Days Next Avail Appt to FED 12

Is the NAA Within WTS (20 Days) of the FED? YES

Is this Appointment Wait Time Eligible for Community Care? NO

Yes
 No Are you rescheduling an appointment that was cancelled by patient or no showed?

File Entry Date 4/3/2023

Patient Indicated Date 4/17/2023

Days from PID to FED 15

Is PID Within WTS (20 Days) of the FED? YES

Next Available Appointment (NAA) 5/17/2023

Days Next Avail Appt to FED 45

Is the NAA Within WTS (20 Days) of the FED? NO

Is this Appointment Wait Time Eligible for Community Care? YES

Figure B.1. IVC community care wait-time eligibility calculator.

Source: IVC Power Apps, [IVC Community Care Wait Time Eligibility Calculator - Power Apps](#). (This website is not publicly accessible). Accessed April 26, 2023.

Appendix C: VA Management Comments, Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: July 13, 2023

From: Under Secretary for Health (10)

Subj: OIG Draft Report, Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait-Time Eligibility Calculations at the C.W. Bill Young VA Medical Center in Bay Pines, Florida (Project Number 2023-01011-AE-0035) (VIEWS 10401561)

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 on calculation of wait-times at the C. W. Bill Young VA Medical Center in Bay Pines, Florida. The Veterans Health Administration (VHA) concurs with the recommendations and provides an action plan in the attachment.

2. While Veterans today have more options for care than ever, it is important that we ensure all staff share with Veterans important information and the opportunity to take advantage of those options. VHA has worked to resolve all concerns related to the use of a wait time calculator by some schedulers for some Veterans at this facility and has also taken steps to ensure that VHA scheduling staff across the country are re-trained on community care eligibility and any other locally developed wait time calculators are replaced by a standardized, national, tool.

3. While we do not know exactly how many Veterans experienced a change in community care options due to the use of this calculator, we believe it was a relatively very small number. During the time when this calculator was in use, Veterans across VHA completed nearly 80 million community care appointments, with more than 7.5 million taking place in Florida and more than 1 million through the Bay Pines VA Medical Center. Since learning of the issue, we have taken several important steps to help ensure something like this does not happen here or elsewhere in the future.

4. As a result of the events in Bay Pines and Orlando, VHA updated the Community Care Guidebook to clarify how to calculate community care wait time eligibility. VHA required new scheduler training for field staff responsible for direct care scheduling across the organization to ensure all schedulers understand how to calculate community care wait time eligibility. Our completion rate for this training exceeds 99.9%. VHA updated its scheduler training materials and has since reinforced updated guidance on five national scheduler calls.

5. VHA also developed the MISSION Act Wait-time Eligibility calculator, with associated training, to ensure staff uses an accurate and consistent tool to determine wait time eligibility across 1,300 health care facilities. VHA anticipates the Office of Information and Technology will incorporate

Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait-Time Eligibility Calculations at the C.W. Bill Young VA Medical Center in Bay Pines, Florida

the calculation into the scheduling notification within the approved scheduling system for enterprise deployment by July 2023.

The OIG removed point of contact information prior to publication.

(Original signed by)

Shereef Elnahal M.D., MBA

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report, Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait-Time Eligibility Calculations at the C. W. Bill Young VA Medical Center in Bay Pines, Florida

(OIG 2023-01011-AE-0035)

Recommendation 1. Make sure all scheduling guidance and other materials correctly refer to the date that should be used to determine wait-time eligibility for community care.

VHA Comments: Concur

The Office of Integrated Veteran Care (IVC) reviewed and updated all existing scheduling guidance, including the Community Care Guidebook, to clarify how to calculate community care wait time eligibility. Additionally, IVC instructed the field to remove all locally developed calculators and has also assured that the newly developed MISSION Act Wait-time Eligibility Notification calculator reflects a consistent approach and methodology. IVC optimization staff presented updated national scheduler onboarding training materials at the Field Support Outreach call on February 24, 2023; the National Scheduling Trainers call on March 2, 2023; the National Scheduling Trainers call on March 16, 2023; the Scheduling Community of Practice call on May 9, 2023; and the Scheduling Trainers call on May 11, 2023. As of May 31, 2023, 99.95% of field staff responsible for direct care scheduling have completed the required Talent Management System (TMS) re-training per the memorandum titled "Veteran Appointment Scheduling and Community Care Wait Time Eligibility," dated November 18, 2022. IVC will assure that the small number of remaining staff complete training.

Status: Complete

Completion Date: February 2023

Recommendation 2. Make sure the office of Integrated Veteran Care provides ongoing oversight to ensure all facilities are using nationally approved scheduling tools.

VHA Comments: Concur

VHA developed a single national wait-time calculator for all facilities to use exclusively. IVC issued a memorandum, developed updated training, and presented on national Community of Practice calls to inform the field that they are only to use the nationally developed wait-time calculator. IVC also required re-training of staff in TMS.

To ensure all facilities are using the nationally approved scheduling tool, IVC is collaborating with the VA Office of Information and Technology (OIT) to incorporate the national wait-time calculator into the approved scheduling system, the Veterans Health Information Systems and Technology Architecture (VistA) Scheduling Graphical User Interface (VS GUI) by July 2023. Once OIT integrates the calculator into VS GUI, IVC will evaluate opportunities to provide oversight of use of the tool. The process for conducting scheduling audits will be updated as needed.

Status: In process

Target Completion Date: August 2023

Recommendation 3. Develop an oversight process to verify that schedulers are using the correct dates to calculate wait-time eligibility for community care.

VHA Comments: Concur

With the incorporation of the community care wait time calculator into VS GUI, VHA will more easily and reliably have access to data around the use of appropriate scheduling processes. This, in turn, will enable more robust and consistent oversight for scheduling auditors and program office experts. IVC is also developing a standardized process for oversight and compliance as part of our key strategic goals. This will include policy-derived checklists and VISN engagement to assure compliance. IVC will update the processes for conducting scheduling audits and oversight accordingly.

Status: In process

Target Completion Date: December 2023

Recommendation 4. Develop a mechanism to notify schedulers when it is appropriate to consider wait-time eligibility for community care regardless of which scheduling system schedulers are using.

VHA Comments: Concur

VHA developed a single national wait-time calculator for all facilities to use exclusively regardless of which scheduling system staff use. To re-educate schedulers when it is appropriate to consider wait-time eligibility for community care, IVC updated national scheduler onboarding training materials and presented at the Field Support Outreach call on February 24, 2023; the National Scheduling Trainers call on March 2, 2023; the National Scheduling Trainers call on March 16, 2023; the Scheduling Community of Practice call on May 9, 2023; and the Scheduling Trainers call on May 11, 2023. IVC will also provide in-depth recorded training on how to appropriately calculate community care wait-time eligibility as well as regional calls and question-and-answer sessions for VISNs starting in June 2023. IVC is collaborating with OIT to incorporate the accurate community care wait-time eligibility calculation into the approved scheduling system, VS GUI.

Status: In process

Target Completion Date: August 2023

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

Appendix D: VA Management Comments, Network Director, VISN 8

Department of Veterans Affairs Memorandum

Date: May 31, 2023

From: Network Director, VISN 8 (10NB)

Subj: Response VAOIG Draft Report, Project Number 2023-01011-AE-0035, Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait-Time Calculations.

To: Office of Inspector General's Office of Communications and Public Affairs (50P)

1. I appreciate the partnership with the VA Office of the Inspector General. I have reviewed the OIG's report regarding Project Number 2023-01011-AE-0035 and facility leadership's response and concur with the recommendations and response.

The OIG removed point of contact information prior to publication.

(Original signed by)

David B. Isaacks, FACHE

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

Appendix E: VA Management Comments, Executive Director, Bay Pines Healthcare System

Department of Veterans Affairs Memorandum

Date: May 30, 2023

From: Director, Bay Pines VA Healthcare System (516/00)

Subj: Response VAOIG Draft Report, Project Number 2023-01011-AE-0035, Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait-Time Calculations.

To: Office of Inspector General's Office of Communications and Public Affairs (50P)

1. I appreciate the partnership with the VA Office of the Inspector General. I have reviewed the OIG's report regarding Project Number 2023-01011-AE-0035 and concur with the recommendations and response.

The OIG removed point of contact information prior to publication.

(Original signed by)

Paul M. Russo, MHSA, FACHE, RD

Healthcare System Director/CEO

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

Appendix F: VA Management Comments, Executive Director, Orlando VA Healthcare System

Department of Veterans Affairs Memorandum

Date: May 26, 2023

From: Medical Center Director, Orlando VA Healthcare System (675/00)

Subj: Response VAOIG Draft Report, Project Number 2023-01011-AE-0035, Inconsistent Guidance and Limited Oversight Contributed to Inaccurate Community Care Wait-Time Calculations.

To: Office of Inspector General's Office of Communications and Public Affairs (50P)

1. We appreciate the partnership with the VA Office of the Inspector General. I have reviewed and approved the response to the OIG's Draft Report regarding Project Number 2023-01011-AE-0035.

The OIG removed point of contact information prior to publication.

(Original signed by)

Timothy J. Cooke

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

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