VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS

Veterans Benefits Administration

Review of Claims Processing Actions at Pension Management Centers

November 1, 2017
15-04156-352

ACRONYMS

CY	Calendar Year
EP	End Product
FDC	Fully Developed Claim
FY	Fiscal Year
IRR	Inter-rater Reliability
NWQ	National Work Queue
OIG	Office of Inspector General
P&F	Pension and Fiduciary
PMC	Pension Management Center
RVSR	Rating Veterans Service Representative
TIQ	Time in Queue
USB	Under Secretary for Benefits
VA	Department of Veterans Affairs
VARO	Veterans Affairs Regional Office
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System

EXECUTIVE SUMMARY

Why We Did This Review

Pension Management Centers (PMC) provide benefits and services to some of the most vulnerable veterans and their survivors. Pension is considered a benefit for qualified wartime veterans with financial need. In FY 2015, the Veterans Benefits Administration (VBA) reported that its pension program paid approximately $5.2 billion in pension benefits to more than half a million veterans and their survivors. Our review sought to determine whether VBA staff at the three PMCs accurately and timely completed claims processing actions related to pension benefits.[1] Our work focused on two issues: (1) rating decisions that addressed original pension benefits and (2) claims processing actions related to Medicaid-covered nursing homes.

What We Found

First, we examined PMC-processed original pension claims and found that, unlike the claims processors staffing the Milwaukee and Philadelphia PMCs, those at the St. Paul PMC failed in many cases to order general medical examinations to support disabled veterans' pension claims, which resulted in the frequent denial of benefits. Our analysis showed that 690 of the 3,002 original pension claims (23 percent) that needed rating decisions in calendar year (CY) 2015 were denied without medical examinations and that 605 of these cases were processed at the St. Paul PMC.

This occurred because St. Paul PMC management and staff misinterpreted VBA's guidance on requesting VA general medical examinations to support pension claims. Moreover, VA's Pension and Fiduciary Service lacked oversight for identifying inconsistent claims rating practices among the three PMCs. Because St. Paul PMC staff misinterpreted this guidance, claims processors rarely requested examinations to support pension claims and, without the medical examination, claims processed by the St. Paul PMC were more likely to be denied when compared to the other two PMCs.

Second, we found that claims processors at the three PMCs frequently delayed and inaccurately processed pension benefits reduction cases whenever beneficiaries resided in nursing care facilities financially supported by the Federal Medicaid program. We estimated that delays and inaccuracies found in the 1,900 of 2,800 Medicaid benefits reduction cases completed in 2015 caused roughly $6.9 million in improper benefits payments. If the PMCs continue to delay and inaccurately process adjustments for Medicaid-covered nursing home care, VBA will have to pay approximately $34.5 million in improper benefits from CY 2016 through CY 2020.

Generally, delays occurred because VBA chose to prioritize the decrease of its claims backlog. What's more, VBA lacked performance and timeliness measures for Medicaid-covered nursing

[1] The PMCs are located in Milwaukee, WI; Philadelphia, PA; and St. Paul, MN.

home care reduction cases. Finally, inaccuracies occurred because the PMCs did not provide adequate training specific to Medicaid-covered cases. Without appropriate oversight to ensure staff prioritize benefits reduction cases related to Medicaid-covered nursing facilities and are provided training specific to this workload, VA will continue to make improper benefits payments.

What We Recommended

Overall, we made seven recommendations to address the inconsistencies, delays, and accuracy errors we observed at the PMCs. We recommended the Acting Under Secretary for Benefits (USB) clarify guidance and provide training to PMC staff on ordering VA general medical examinations to support original pension claims. We also requested the Acting USB ensure St. Paul PMC staff review the 605 original pension claims that were denied veterans pension benefits in CY 2015 to determine whether VA general medical examinations were required, as well as develop and implement a plan to ensure rating consistency across the PMCs. To strengthen financial stewardship, we recommended the Acting USB prioritize benefits reduction actions and develop workload performance measures for benefits reduction cases associated with Medicaid-covered nursing home care. Furthermore, we recommended the Acting USB develop training specific to processing Medicaid-covered nursing home care cases.

Agency Comments

The Acting Under Secretary for Benefits generally concurred with our findings and recommendations. The evidence provided was sufficient to close Recommendation 1. VBA's planned corrective actions were responsive to the remaining recommendations. We will follow up with VBA on the implementation of the remaining recommendations as required.

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INTRODUCTION

Objective

This review focused on evaluating whether Veterans Benefits Administration (VBA) staff at the three Pension Management Centers (PMC) accomplish their mission of providing accurate and timely benefits to claimants. We reviewed claims processing actions related to pension benefits to assess:

- Rating decisions that addressed original pension benefits to veterans
- Accuracy and timeliness of benefits reduction cases based on Medicaid-covered nursing home care[2]

VBA's Pension Program

VBA's PMCs provide monthly benefit payments and services to qualified wartime veterans (and their survivors) with financial need. In FY 2015, VBA reported its pension program paid benefits to more than half a million veterans and survivors, and VBA paid approximately $5.2 billion in pension benefits.

In 2008, VBA completed the consolidation of all pension work from VA regional offices (VARO) to three PMCs, co-located and under the jurisdiction of VAROs located in Milwaukee, WI; Philadelphia, PA; and St. Paul, MN.[3] The goal of the consolidation was to improve the accuracy, timeliness, and administration of pension benefits. Because of significant growth in pension and fiduciary programs, in April 2011, VBA created a separate Pension and Fiduciary (P&F) Service to address the unique needs of this vulnerable population.

[2] We focused our review on cases related to Medicaid-covered nursing home care because they generally result in a benefits reduction that may lead to improper payments.
[3] A summary table in Appendix A shows the alignment of states and foreign countries to the three PMCs.

RESULTS AND RECOMMENDATIONS

Finding 1 Inconsistent Practices for Ordering Medical Examinations

Claims processors at the St. Paul PMC were not consistent with their counterparts at other PMCs in ordering general medical examinations to support veterans' original pension claims. This occurred because St. Paul PMC management and staff, including the PMC manager, misinterpreted VBA's guidance for requesting VA general medical examinations to support pension claims. In addition, the P&F Service lacked oversight in identifying inconsistent rating practices among the three PMCs. Because St. Paul PMC staff misinterpreted the guidance on processing pension benefits, claims processors rarely requested that veterans undergo medical examinations which may have supported their claims for benefits. Consequently, absent the medical examination, claims processed by the St. Paul PMC were more likely to be denied when compared to the other two PMCs.

Medical Examinations

Our analysis showed that 690 of the 3,002 original pension claims (23 percent) requiring rating decisions completed in CY 2015 were denied without the benefit of a VA general medical examination. These rating decisions determined whether the veteran was permanently and totally disabled—meaning that the veteran met specific disability percentage requirements and was not capable of obtaining or maintaining employment, which is a requirement for pension entitlement for veterans under the age of 65.[4] A VA general medical examination may provide the medical evidence necessary to assess disabilities that prevent gainful employment. The St. Paul PMC processed 605 of these cases.

[4] M21-1 Adjudication Procedures Manual, Part V, Subpart I, Chapter 2, Topic 2, *Developing for Permanent and Total Disability and Age.*

Table 1 shows the original pension claims completed at all three PMCs in CY 2015 and denied permanent and total disability by a rating decision without a VA general medical examination requested.

Table 1. Claims Denied Without VA General Medical Exams Requested

Pension Management Centers	Original Pension Claims Denied	Number of Claims Denied Without Requesting VA Medical Exams	Percentage of Claims Denied Without Requesting VA Medical Exams
Milwaukee	139	26	19%
Philadelphia	208	59	28%
St. Paul	**613**	**605**	**99%**
Combined totals	960	690	72%

Source: VA OIG analysis of VBA's original rating decisions for pension entitlement obtained from VBA's corporate database completed from January 1 through December 31, 2015.

Table 2 shows the number of original pension claims processed at all three PMCs in CY 2015 requiring rating decisions that determine permanent and total disability status. Table 2 also includes the ratio of claims granted versus denied.

Table 2. Pension Grants Versus Denials at Pension Management Centers

Benefits Decisions by PMC	Granted	Denied	Total	Ratio of Grants to Denials
Milwaukee	735	139	874	84:16
Philadelphia	838	208	1,046	80:20
St. Paul	**469**	**613**	**1,082**	**43:57**
Total	2,042	960	3,002	68:32

Source: VA OIG analysis of VBA's original rating decisions for pension entitlement obtained from VBA's corporate database completed from January 1 through December 31, 2015

Guidance: VA Exams

VA is required to make reasonable efforts to assist claimants with obtaining evidence necessary to substantiate their claims for benefits.[5] VBA policy states that if submitted medical evidence is not fully sufficient to make a

[5] Title 38 Code of Federal Regulations 3.159.

decision on the claim, a VA examination is necessary,[6] leaving the interpretation of sufficiency to each claims processor. As was the case for both Milwaukee and Philadelphia PMC staff, if medical evidence submitted was not sufficient to support pension claims, staff generally requested a VA examination. Conversely, St. Paul PMC staff generally denied pension claims without requesting an examination. St. Paul management and staff indicated they were using their interpretation of policy to process pension claims. When shown the disparity, management officials at P&F Service indicated that St. Paul staff had misinterpreted VBA policy and that management would clarify the guidance within that policy.

Recommendations 1 and 2 address the need for VBA to clarify its guidance on VA medical examinations and pension claims, and to provide training on the guidance once established.

VA Exams: Milwaukee and Philadelphia PMCs

Management and claims processing staff at the Milwaukee and Philadelphia PMCs stated that they take a veteran-centric approach when developing original pension claims. Staff told us that they generally requested VA medical examinations to support pension claims, except in cases in which they could grant the benefits using medical evidence identified or submitted by claimants. Reportedly, claims processors and quality-review staff at the Milwaukee PMC granted pension whenever possible—out of concern that the population seeking pension benefits could be at risk of homelessness.

VA Exams: St. Paul PMC

Generally, claims processing staff at the St. Paul PMC determined that if the available evidence was not sufficient to grant pension, then the claim would be denied. The majority of staff and managers we interviewed stated that they typically did not request VA medical examinations for original pension claims. Management and staff attributed the disparity in ordering VA medical examinations to unclear policies ostensibly open to interpretation.

The claims processors we interviewed at the St. Paul PMC could not recall receiving training specific to ordering medical examinations for pension claims. We confirmed that PMC Rating Veterans Service Representatives (RVSR) attended a training session on examinations offered by the Veterans Service Center Quality Review Team in April and October 2015; however, the target audience was RVSRs who process claims for compensation benefits. The training did not address the way to determine whether a medical examination was necessary to evaluate pension claims.

Furthermore, we discovered that claims processing staff at the St. Paul PMC misinterpreted VBA policy related to the Fully Developed Claim (FDC)

[6] M21-1 Adjudication Procedures Manual, Part I, Chapter 1, Section C, *Requesting Records.*

program.[7] Managers and claims processing staff stated that they thought the program precluded them from requesting these examinations. However, VBA policy clearly stated that a VA medical examination would be provided under the FDC program if it was necessary to decide the claim. The PMC manager was unaware that claims processing staff misinterpreted VBA policy related to requesting VA examinations for claims submitted under the FDC program.

Recommendation 3 addresses the need for claims processing staff to review and assess for accuracy the 605 claims staff denied without requesting medical examinations in CY 2015, which included claims submitted under the FDC program.

Internal Controls

We confirmed with P&F Service that pension rating decisions are not included as part of VBA's Inter-rater Reliability (IRR) studies. VBA's Compensation Services uses IRR studies to evaluate the consistency of rating decisions across the nation to ensure employees consistently determine eligibility for benefits across geographic areas; however, P&F Service indicated IRR studies have not been considered since most PMC rating decisions do not deal with complex evaluations or effective dates. As such, we found the internal controls needed to ensure consistent rating decisions among the three PMCs to be lacking.

Recommendation 4 addresses the need for VBA to develop and implement a plan to ensure rating consistency across the three PMCs.

Interim Responses from VBA Management

In addition to sharing our review results with the St. Paul PMC manager, in October 2016 we also shared our concerns about VA general medical examinations with VBA senior executives. In December 2016, management officials from P&F Service and the St. Paul PMC agreed that a disparity in requesting VA general medical examinations existed. P&F officials concluded that the examinations were not requested because claims processing staff at the St. Paul PMC misinterpreted VBA policy.

Management officials from P&F Service indicated that site visits at PMCs would be modified to ensure PMC claims processing staff adhere to VA regulations when requesting general medical examinations. In addition, management officials at the St. Paul PMC reported that claims processing staff received, in November 2016, training that addressed when to order general medical examinations. Management officials from P&F Service also reported that Quality Review Team staff would be required to review denied claims whenever the reason for the denial is related to veterans not meeting a basic requirement of being permanently and totally disabled.

[7] The FDC program offers veterans and survivors faster benefits decisions from VA partly because applicants submit all relevant records in their possession. M21-1 Adjudication Procedures Manual, Part III.i.3.A.1 *Overview of FDC Program.*

Conclusion

Staff at the St. Paul PMC were not consistent with other PMCs in processing veterans' original pension claims because they misinterpreted VBA policy on ordering VA general medical examinations. Management officials from P&F Service indicated that St. Paul leadership provided training to staff on when to order VA general medical examinations, which will minimize the risk of inconsistent rating decisions. Reviewing the 605 claims denied in CY 2015 by St. Paul PMC staff will help ensure the accuracy of those decisions. Furthermore, implementing a plan to ensure rating consistency across PMCs will help identify additional inconsistencies.

Recommendations

1. We recommended the Acting Under Secretary for Benefits clarify the guidance for VA general medical examinations requirements related to original pension claims.

2. We recommended the Acting Under Secretary for Benefits ensure staff at the Pension Management Centers receive training based on the clarified guidance for VA medical general examination requirements related to original pension claims.

3. We recommended the Acting Under Secretary for Benefits ensure St. Paul claims processing staff review the 605 pension claims denied without a VA general medical examination in CY 2015 to determine whether corrective action is necessary based on clarified guidance and report to the OIG the number of denials reversed.

4. We recommended the Acting Under Secretary for Benefits develop and implement a plan to ensure rating consistency across Pension Management Centers.

Management Comments

The Acting Under Secretary for Benefits (USB) concurred with recommendations in Finding 1. To address Recommendation 1, VBA updated its Adjudication Procedures Manual on August 4, 2017. The manual update identified the requirements for requesting general medical examinations to support pension claims. VBA also requested closure of this recommendation.

To address Recommendation 2, VBA is developing standardized training materials on VBA's clarified process for requesting general medical examinations to support pension claims. PMC staff are expected to receive training on the manual updates by December 31, 2017.

For Recommendation 3, the USB reported that his office did an initial review of the 605 pension claims denied without VA general medical examinations and determined 105 of these claims had subsequently been granted pension

benefits. The USB plans to have the remaining 500 denied claims reviewed by May 31, 2018, to determine if further action is necessary.

To address rating consistency across PMCs as requested in Recommendation 4, VBA incorporated rating consistency quality reviews as part of PMC site visits. The first PMC site visit that included the rating consistency quality reviews occurred in August 2017 at the St. Paul PMC. In addition, VBA will update the Systemic Technical Accuracy Review rating checklist to ensure rating consistency among PMCs. The anticipated completion date for the rating checklist is December 31, 2017.

Furthermore, VBA provided a technical comment to update the title for Table 1 to reflect that the claims were denied by a permanent and total disability rating decision without a VA general medical examination requested.

OIG Response

The USB's planned corrective actions are generally responsive to the recommendations. Based on the August 2017 manual update, Recommendation 1 has been closed. We will follow up on the progress made in developing and providing training to staff on requesting general medical examinations in December 31, 2017.

For Recommendation 3, given that pension benefits were established for 105 of the 605 cases that VBA did review, it is the OIG's opinion that an expedited review of the remaining 500 cases is warranted. Pension benefits are based on financial need, so it is likely that the remaining 500 veterans are living at or below the poverty level. Expediting these reviews has the potential to result in up to $1,075 per month for each of these veterans.[8] We will monitor VBA's progress and follow up on the implementation of the remaining recommendations.

In addition, we updated the lead-in statement to Table 1 to make clear that the original pension claims summarized in the table were denied by a permanent and total disability rating decision. Appendix E provides the full responses from the USB.

[8] Based on a single veteran; the monthly amount would be higher if a veteran has a spouse and children.

Finding 2 Pension Management Centers Needed To Improve Claims Processing For Medicaid-Covered Nursing Home Care

Claims processing staff at PMCs frequently delayed and inaccurately reduced pension benefits for beneficiaries who resided in nursing care facilities covered under the Federal Medicaid program.[9] Generally, delays occurred because VBA leadership prioritized the processing of backlog claims and lacked timeliness standards and performance measures for cases related to Medicaid-covered nursing home care.[10] Accuracy errors occurred because PMCs did not provide claims processing staff adequate training specific to Medicaid-covered nursing home care reductions. As a result, we estimated that 1,900 of 2,800 Medicaid benefits reduction cases completed in 2015 led to approximately $6.9 million in improper benefits payments. If the PMCs continue to delay and inaccurately process adjustments for Medicaid-covered nursing home care, VBA will pay approximately $34.5 million from CY 2016 through CY 2020 in improper benefits. According to VA policy, the beneficiary is generally not liable for the reimbursement of any pension paid in excess of the $90 per month rate because of VA's inability or failure to reduce payments.[11] Without appropriate oversight to ensure staff prioritize benefits reduction cases related to Medicaid-covered nursing facilities and are provided training specific to this workload, VA will continue to make improper benefits payments.

Pension Adjustments for Medicaid-Covered Nursing Home Care

PMC staff delayed or inaccurately processed adjustments for Medicaid-covered nursing home care for 59 of the 90 cases we reviewed (66 percent). VBA policy states that VA will not pay pensions in excess of a $90 monthly rate for pension-eligible veterans or their surviving spouses with no dependents who are in a Medicaid-approved nursing home and whom Medicaid covers.[12] The $90 amount is available for the beneficiary's personal use and may not be used to offset the cost of care.

We sampled 30 Medicaid-covered reduction cases from each of the three PMCs for a total of 90 cases. PMC claims processing staff completed the 90 cases, from January 1 through December 31, 2015, from an estimated population of 2,800 cases. Because some cases included both delays and inaccuracies, the 59 cases that involved delays or inaccuracies contained a total of 72 errors—48 related to delays and 24 related to accuracy. Overall, these overpayment and underpayment errors resulted in approximately $226,009 in improper benefits payments and the errors projected to

[9] Title 38 United States Code 5503.
[10] The disability claims backlog includes claims that require rating decisions that have been pending 125 days; in general, non-rating claims do not require a rating decision.
[11] Title 38 United States Code 5503.
[12] *Ibid.*

$6.9 million in improper benefits payments when applied to the population of 2,800 completed cases.[13] If the PMCs continue to delay and inaccurately process adjustments for Medicaid-covered nursing home care, VBA will pay approximately $34.5 million from CY 2016 through CY 2020 in improper benefits.

Table 3 shows the delays and accuracy errors associated with Medicaid-covered nursing home care reductions.

Table 3. Errors and Improper Benefits Payments Related to Medicaid-Covered Nursing Home Care Adjustments

PMC	Delays	Accuracy Errors	Overpayments	Underpayments
Milwaukee	19	3	$50,115	0
Philadelphia	19	10	$85,856	$4,875
St. Paul	10	11	$77,561	$7,602
Total	48	24	$213,532	$12,477

Source: VA OIG analysis of VBA's reduction of benefits for beneficiaries to $90 based on Medicaid-covered nursing facility care obtained from VBA's corporate database completed from January 1 through December 31, 2015.

Delays in Processing Pension Adjustments

Notification of a veteran's placement in a Medicaid-covered nursing home by the veteran, a beneficiary, or a fiduciary is considered a first-party notification. In these cases, the effective date of the reduction is the first of the month of notification. VBA policy requires staff to provide contemporaneous notice to the beneficiary at the same time the pension benefits are reduced.[14] If the notification comes from a third party (anyone other than the veteran, beneficiary, or fiduciary), pension benefits should be reduced following expiration of a generally applicable 60-day due process period.[15]

Effective dates of reductions noted above will depend on whether the beneficiary was admitted into the Medicaid-approved nursing home and when Medicaid was approved. For example, if a beneficiary informs VA that the veteran is in a Medicaid-approved nursing home and the veteran is approved for Medicaid in the same month he or she notified VA, the effective date to reduce benefits would be the first day of the month following Medicaid approval. According to policy, the veteran is generally not liable for any pension paid in excess of the $90 per month rate because of

[13] All calculations in this report have been rounded when applicable.
[14] M21-1 Adjudication Procedures Manual, Part I, Chapter 2, Section D, Topic 1, *General Information on Contemporaneous Notice.*
[15] Title 38 Code of Federal Regulations 3.103.

VA's inability or failure to reduce payments.[16] Therefore, when PMC staff delay processing pension adjustments related to placement in a Medicaid-covered nursing facility care, monthly improper payments continue to be paid—money that VA generally cannot recover.

In the absence of VBA timeliness standards for processing Medicaid nursing home care reductions, we used a 20-day period and an 85-day period to evaluate timeliness. Explanations of the two time periods follow.

- Although pension benefits should generally be reduced on the latest of the first day of the month following the month in which Medicaid coverage begins, the first day of the month after the month following 60 days after issuance of a reduction notice, or the "date of last payment," we allowed a 20-day period to process first-party notifications.[17] For first-party notifications, VBA staff are required to process the reduction in benefits and notify the beneficiary simultaneously.[18] We found this 20-day standard to be reasonable and more conservative than past seven-day standards used for similar actions.[19] The 20-day standard allows time to screen the first-party notification, establish a workload control in the electronic record, and complete the reduction.
- Although pension benefits should generally be reduced following expiration of the 60-day due process period (if applicable), we allowed an 85-day period for third-party notifications, which is what VBA previously allowed for its non-rating workload. In cases of third-party notifications, additional time is required to satisfy statutory due process notifications to the beneficiaries. VBA staff are required to inform the beneficiary of the proposed adverse action and allow time for a response.[20] Generally, this results in an additional 65 days until benefits can be reduced.

We determined that PMC staff delayed processing, as well as delayed reducing, the pension benefit to the required $90 rate in 48 of the 90 Medicaid-covered nursing home care cases we reviewed (53 percent). The delays associated with these adjustments resulted in approximately $184,956 in improper payments. On average, approximately three months had elapsed between the time staff should have reduced benefits to $90 and

[16] Title 38 United States Code 5503.
[17] In VBA vernacular, the "date of last payment" is the earliest date that a payment may be reduced without creating an overpayment. M21-1 Adjudication Procedures Manual, Part V, Subpart iii, Chapter 3, *Pension Reductions for Medicaid-Covered Nursing Facility Care.*
[18] M21-1 Adjudication Procedures Manual, Part I, Chapter 2, Section D, Topic 1, *General Information on Contemporaneous Notice.*
[19] VBA timeliness standard for processing incoming mail was 7-days; however, that metric was removed in FY 2015.
[20] Title 38 Code of Federal Regulations 3.103.

the time the benefits were actually reduced. Here is the most egregious example of a beneficiary who was overpaid benefits because of processing delays by PMC claims processing staff.

> *On April 28, 2014, the St. Paul PMC received correspondence from a third party requesting that a beneficiary's pension benefits be adjusted to $90 due to admission into a Medicaid-approved nursing home. Reduction of the beneficiary's benefits was delayed until July 1, 2015. To avoid improperly paying the beneficiary, benefits should have been reduced on August 1, 2014. As a result, VA overpaid the beneficiary approximately $18,558 over a period of 11 months and, per VA policy, will not be able to recoup this improper payment.*

We identified processing delays at each of the PMCs as follows:

- The Milwaukee PMC delayed benefits reductions on average approximately two months, resulting in approximately $50,115 in improper payments to 19 beneficiaries.
- The Philadelphia PMC delayed benefits reductions on average approximately four months, resulting in approximately $85,856 in improper payments to 19 beneficiaries.
- The St. Paul PMC delayed benefits reductions on average approximately four months, resulting in approximately $48,985 in improper payments to 10 beneficiaries.

Non-Rating Claims Lacked Priority

Delays occurred because VBA prioritized the processing of claims piling up in its backlog. The backlog included disability compensation and pension claims exceeding 125 days and requiring rating decisions. Non-rating claims may require development, administrative decisions, or award actions, and generally do not require rating decisions. The OIG learned through interviews with PMC staff and managers, as well as through analysis of workload management plans, that none of the PMCs prioritized work associated with Medicaid-covered nursing home care adjustments.

Recommendation 5 addresses the actions needed to improve VBA's oversight, in an effort to prioritize the processing of Medicaid-covered nursing home care benefits reduction cases and minimize improper payments.

Lack of Standards and Performance Measures

VBA lacked timeliness standards and adequate performance measures related to processing cases for Medicaid-covered nursing home care. According to policy, the beneficiary is generally not liable for any pension paid in excess of the $90 monthly rate because of VA's inability or failure to

reduce payments.[21] Delays in the processing of this workload result in improper benefits payments that will not be recovered.

VBA policy excludes any kind of timeliness standard on when action should occur to complete a reduction related to Medicaid-covered nursing home care. In addition, VBA's performance measures in FY 2015 only included an 85-day goal for part of the Medicaid reduction process, which was then removed for FY 2016.

VBA management officials from P&F Service indicated that some claims require additional processing time to ensure legal obligations are met when assisting veterans in the development of claims. Although P&F Service officials agreed that benefits reductions should be processed as expeditiously as possible, they noted these actions can be a complex, multi-step process that includes notification prior to reducing benefits. As such, VBA does not support implementing a timeliness standard for benefits reduction cases.

Because VBA does not have timeliness standards and performance measures on when reduction actions should occur, VA will continue to make improper benefits payments that generally will not be recovered. This results in unsound financial stewardship of taxpayer funds.

Recommendation 6 addresses the actions needed to develop workload performance measures for processing Medicaid-covered nursing home care reductions.

Accuracy Errors

We determined that PMC claims processing staff did not accurately process 24 of the 90 benefits reduction cases we reviewed (27 percent). These accuracy errors resulted in approximately $41,053 in overpayments. The majority of the errors resulted from incorrect due process and improper workload controls. Typically, for cases in which a reduction is needed, VBA staff send a due process notification to the beneficiary. Here are summaries of the accuracy errors identified, along with examples.

- PMC claims processing staff provided incorrect due process to beneficiaries in 11 of the 24 cases with accuracy errors. For example, on May 7, 2015, a fiduciary requested PMC staff to reduce a beneficiary's pension benefits to $90 per month due to placement in a Medicaid-covered nursing home. PMC staff sent a due process letter providing notice of the benefits reduction; however, the request from the fiduciary was first-party information and a due process period was not required.[22]

[21] Title 38 United States Code 5503.
[22] M21-1 Adjudication Procedures Manual, Part I, Chapter 2, Section D, Topic 1, *General Information on Contemporaneous Notice.*

- Improper End Product controls accounted for 11 of the 24 errors we identified. End Products are three-digit identifiers used to control, monitor, and manage PMC workload. Improper use of End Products could affect the timeliness and accuracy of processing these cases and misrepresent the PMCs' workload. Accurate work measurement includes using correct End Products; it is essential in substantiating proper staffing requirements and in determining the production capacity at individual PMCs.[23]
- In one case, PMC staff incorrectly reduced benefits to $90 based on Medicaid-covered nursing facility care. However, the evidence showed that the veteran had not applied for Medicaid and resided in a nursing home at VA expense.
- In the remaining case, correspondence received by PMC staff indicated that a beneficiary requested adjustment of benefits to the $90 rate based on residing in a Medicaid-covered nursing home. However, PMC staff assigned an incorrect effective date and reduced benefits earlier than allowed by VBA policy.[24]

Why Accuracy Errors Occurred

We identified accuracy errors at all three PMCs and management agreed with 23 of the 24 errors. In one case, Milwaukee PMC claims processing staff should have taken action to reduce benefits after receiving notification on behalf of a veteran residing in a Medicaid-covered nursing home. Milwaukee PMC management disagreed with our assessment, stating that additional time was needed for processing other issues unrelated to the Medicaid reduction. However, these issues should have been controlled and managed under a separate End Product. Interviews with PMC staff and management revealed multiple reasons for the accuracy errors, including a lack of understanding on the correct use of End Product controls, as well as training issues. Interviews with Philadelphia and St. Paul PMC staff revealed that they used the originally established End Product because they were unaware of, or confused about, the proper End Product usage.

Interviews with Quality Review Team management indicated there had been no specific training on Medicaid reduction cases. After obtaining training schedules and reports for all three PMCs, we confirmed that no specific training on Medicaid reductions took place from October 2014 through March 2016.

Recommendation 7 addresses the actions needed to provide training specifically related to Medicaid-covered nursing home care reductions.

[23] M21-4, Appendix B, Section I, *Correct End Product Use and Work Measurement.*
[24] M21-1 Adjudication Procedures Manual, Part V, subpart iii, Chapter 3, Topic 6, *Effective Dates for Reductions-Running Award.*

Conclusion

Typically, VA does not pay pension benefits in excess of a $90 monthly rate to pension-eligible veterans or their surviving spouses with no dependents who are in a Medicaid-covered nursing home at Medicaid expense. According to policy, the beneficiary is generally not liable for any pension benefits paid in excess of the $90 per month rate because of VA's inability or failure to reduce payments. Delayed processing actions in reducing benefits result in improper benefits payments that generally will not be recovered.

In this case, delayed and inaccurately reduced pension benefits for beneficiaries who resided in nursing care facilities—paid under the Federal Medicaid program—resulted in an estimated $6.9 million of improper payments.

Recommendations

5. We recommended the Acting Under Secretary for Benefits implement a plan to ensure claims processing staff prioritize actions for cases involving benefits reductions based on Medicaid-covered nursing home care to minimize improper payments.

6. We recommended the Acting Under Secretary for Benefits develop workload performance measures for cases involving benefits reductions based on Medicaid-covered nursing home care to minimize improper payments.

7. We recommended the Acting Under Secretary for Benefits develop and implement training for claims processing staff that is specific to Medicaid-covered nursing home cases.

Management Comments

The USB concurred in principle with Recommendation 5 and reported PMC workload management plans, in effect during FY 2016, included specialized teams or Veterans Service Representative "resources dedicated to processing end product (EP) 135s, (Which include cases involving benefits reductions based on Medicaid-covered nursing home care.)" The USB provided a chart containing timeliness data that showed improvement in the average days it took staff to complete its EP 135 workload at each of the PMCs. The chart also compared the timeliness of this non-rating workload to rating workload. The USB indicated PMCs have successfully prioritized EP 135s and continue to improve in timeliness, and that timeliness for the EP 135 workload had not suffered due to VBA's national emphasis on rating-related workload. The USB requested closure of this recommendation.

The USB concurred with Recommendations 6 and 7. The USB reported that VBA continues to work toward including PMC inventory into its National Work Queue (NWQ), which would allow for national oversight and prioritization. Once included in the NWQ, Time in Queue (TIQ) workload

performance measure ensures the timely processing of the PMCs workload. The implementation of TIQ will be decided after Veterans Benefits Management System (VBMS) releases allow PMC work to be managed by the NWQ. Target completion date is December 31, 2018. In addition, VBA expects to develop and complete training related to processing Medicaid-covered nursing home adjustments by December 31, 2017.

Furthermore, VBA commented that although they concur with the OIG's findings, they do not concur with the statement on page 12 that they do not support implementing a timeliness standard for cases involving benefits reductions based on Medicaid-covered nursing home care, to minimize improper payments.

OIG Response

The USB's corrective action plans sufficiently addressed the recommendations. For Recommendations 5 and 6, the USB's planned oversight and prioritization of PMC workload within the NWQ, to include benefits reductions related to Medicaid-covered nursing home care facilities, would provide monitoring based on TIQ on a national level. For Recommendation 7, the planned corrective action to develop and provide training to PMC staff specific to Medicaid-covered nursing home adjustments by December 31, 2017 is considered responsive. We will follow up with the implementation of the recommendations as required.

In regard to VBA's exception to the statement on page 12, P&F Service responded to an OIG inquiry in February 2017 that VBA does not support implementing a timeliness standard for benefits reduction cases. Although VBA does not support implementing a timeliness standard, the USB's planned corrective action to develop workload performance measures, by including PMC inventory into its NWQ, would achieve a similar result.

Appendix A Background

According to its Annual Benefits Report, at the end of FY 2015, VBA estimated it had expended approximately $5.2 billion in pension obligations for roughly 295,000 veterans ($3.5 billion) and 206,000 survivors ($1.6 billion). The Annual Benefits Report is a summary of benefits being provided by VA to veterans and their dependents. The three PMCs process claims for wartime veterans and their survivors, with financial need, living in the United States and in foreign countries.[25] Table 4 shows the jurisdictional alignment for each PMC by service area.

Table 4. Pension Management Centers Jurisdictional Alignment by Service Area

Milwaukee	Philadelphia	St. Paul
Alabama	Connecticut	Alaska
Arkansas	Delaware	Arizona
Illinois	Florida	California
Indiana	Georgia	Colorado
Kentucky	Maine	Hawaii
Louisiana	Massachusetts	Idaho
Michigan	Maryland	Iowa
Mississippi	New Hampshire	Kansas
Missouri	New Jersey	Minnesota
Ohio	New York	Montana
Tennessee	North Carolina	Nebraska
Wisconsin	Pennsylvania	New Mexico
	Puerto Rico	Nevada
	Rhode Island	North Dakota
	South Carolina	Oklahoma
	Vermont	Oregon
	Virginia	South Dakota
	West Virginia	Texas
		Utah
		Washington
		Wyoming

Source: www.benefits.VA.gov/pension

[25] The St. Paul PMC has jurisdiction of claims for Mexico, Central and South America, and the Caribbean. The Philadelphia PMC has jurisdiction for claims for all other foreign countries, except Manila, which are processed by the Manila VARO.

Appendix B Scope and Methodology

Scope

We conducted our review from April 2016 through July 2017. The PMCs process claims for wartime veterans and survivors with financial need. This review focused on claims that were denied pension benefits and claims processing actions related to Medicaid-covered nursing home care facilities.

Methodology

We reviewed selected PMC claims processing activities to evaluate compliance with VA policies regarding benefits delivery and services provided to veterans and their beneficiaries. To effectively assess these selected activities, we visited the Milwaukee, Philadelphia, and St. Paul PMCs. We interviewed managers and employees and reviewed veterans' claims folders. To accomplish our objective, we reviewed applicable laws, regulations, policies, procedures, and guidelines.

We analyzed 3,002 original pension claims requiring rating decisions completed in CY 2015. In addition, we obtained a population of 6,334 cases from VBA's corporate database with a potential to include benefit reductions related to Medicaid-covered nursing home care at the three PMCs and completed from January 1 through December 31, 2015. We reviewed 201 cases to achieve a sample size of 90 electronic claims files consisting of reductions for pension at the Medicaid rate.

In coordination with the VA Office of Inspector General statisticians, we developed a sampling methodology that required the review of a statistically selected random sample of 90 beneficiaries' cases that were reduced to the $90 rate based on Medicaid-covered nursing facility care. Appendix C contains the statistical sampling methodology and projections.

Fraud Assessment

The review team assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this review. The review team exercised due diligence in staying alert to any fraud indicators by taking actions such as:

- Soliciting the OIG's Office of Investigations for indicators
- Reviewing proposals to ensure they met selection requirements

We did not identify any instances of fraud during this review.

Data Reliability

We used computer-processed data from the Veterans Service Network's Operations Reports and Awards. To test for reliability, we reviewed the data to determine whether any data were missing from key fields, including calculation errors, or were outside the time frame requested. We assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. Furthermore, we compared veterans' names, file numbers, Social

Security numbers, VARO numbers, dates of claim, and decision dates with information contained in the 270 electronic claims folders we reviewed related to original pension denials, nursing home reductions, and data integrity.

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

Government Standards

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

Appendix C Statistical Sampling Methodology

Methodology

We reviewed a representative sample of beneficiaries' cases to determine whether PMC staff delayed or inaccurately reduced benefits to the $90 rate based on Medicaid-covered nursing facility care. We used statistical sampling to estimate the populations, quantify the number of cases inaccurately processed, and project potential monetary effect. Figures, costs, and percentages have been rounded for reporting purposes. As a result, totals may not always sum due to rounding.

Population

We obtained a population of 6,334 cases from VBA's corporate database with a potential to include benefit reductions related to Medicaid-covered nursing home care at the three PMCs completed from January 1 through December 31, 2015. We reviewed 201 cases to identify a sample of 90 electronic claims files consisting of reductions for pensions at the Medicaid rate. Based on our review of sampled cases, the estimated population of cases involving benefit reductions to the $90 rate, completed by the PMCs during the period of January 1 through December 31, 2015, included about 2,850 beneficiaries.

Sampling Design

We selected a stratified sample of 201 cases from the three PMCs. We identified 90 beneficiaries' cases that were reduced to the $90 rate based on Medicaid-covered nursing facility care after screening the 201 sample cases. All cases were weighted to allow making a projection over the whole population.

Weights

We calculated estimates in this report using weighted sample data. Sampling weights are computed by taking the product of the inverse of the probabilities of selection at each stage of sampling**.**

Projections and Margins of Error

We used WesVar software to calculate the weighted universe estimates and associated sampling errors. WesVar employs replication methodology to calculate margins of error and confidence intervals that correctly account for the complexity of the sample design.

The margins of error and confidence intervals are indicators of the precision of the estimates. If we repeated this review with multiple samples, the confidence intervals would differ for each sample but would include the true population value 90 percent of the time.

Table 5 presents the estimate, margin of error, lower 90 percent value, and upper 90 percent value for the entire population. It also shows the review projections for estimated population, cases inaccurately processed, and monetary effect in cases of beneficiaries reduced to the $90 rate based on Medicaid-covered nursing facility care.

Table 5. Statistical Projections
Reductions Based on Medicaid-Covered Nursing Home Placement
(sample size = 90)

Results	Projections	Margin of Error	Lower Limit 90% Confidence Interval	Upper Limit 90% Confidence Interval
Estimated Population	2,850	373	2,477	3,223
Cases Inaccurately Processed	1,859	340	1,519	2,199
Error Rate	65.8%	8.5%	57.4%	74.3%
Improper Payments	**$6,887,692**	$2,117,536	$4,770,157	$9,005,228
Cases with Delay Errors	1,563	324	1,239	1,887
Cases with Accuracy Errors	706	225	481	930

Source: VA OIG statisticians' projection of estimated population, cases inaccurately processed and monetary effect

Appendix D Potential Monetary Benefits in Accordance With Inspector General Act Amendments

Recommendations	Explanation of Benefits	Better Use of Funds *(in millions)*	Questioned Costs *(in millions)*
5-7	We estimated processing inaccuracies over a 5-year period (CYs 2016 through 2020) would result in improper payments of $34.5 million.[26]	$0	$34.5
5-7	We estimated processing inaccuracies for CY 2015 resulted in improper payments of $6.9 million.[27]	$0	$6.9
Total		$0	$41.4

[26] We multiplied the projected improper payments amount for CY 2015 by 5 to estimate the potential improper payments amount from CYs 2016 through 2020. This resulted in a 5-year value of approximately $34.5 million in improper payments for CYs 2016 through 2020 ($6.9 million x 5 years).

[27] We estimated $6.9 million in improper benefit payments based on PMC staff delaying processing of required benefit reductions or otherwise inaccurately processing the benefit reduction adjustments.

Appendix E Management Comments

Department of Veterans Affairs Memorandum

Date: September 20, 2017

From: Under Secretary for Benefits (20)

Subj: OIG Draft Report – Review of Claims Processing Actions at Pension Management Centers – VAIQ 7818697

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

1. Attached is VBA's response to the OIG Draft Report: Review of Claims Processing Actions at Pension Management Centers.

2. Questions may be referred to Margaret Oberlander, Program Analyst, at 461-9271.

(original signed by:)
THOMAS J. MURPHY
Acting

Attachments

Attachment

Veterans Benefits Administration (VBA)
Comments on OIG Draft Report
Review of Claims Processing Actions at Pension Management Centers

VBA provides the following comments:

The mission of the Pension program is to provide supplemental income for qualifying wartime Veterans and their Survivors. In fiscal year (FY) 2015, The Department of Veterans Affairs (VA) paid more than $5.5 billion in pension benefits to over 506,000 Veterans and Survivors. In FY 2016, VA paid more than $5.4 billion in pension benefits to over 495,000 Veterans and Survivors.

VBA appreciates the efforts of the Office of Inspector General (OIG) staff during its review of claims processing actions at the Pension Management Centers (PMCs). VBA concurs with OIG's findings, except as noted by OIG under Finding 2 (page 11), that VBA does not support implementing a timeliness standard for cases involving benefits reductions based on Medicaid-covered nursing home care, to minimize improper payments.

VBA provides the following technical comment:

Page 3, Table 1:

VBA Comment: VBA's Pension program provides supplemental income for qualifying wartime Veterans and their Survivors. In some instances, a claim may not require a permanent and total (P&T) disability rating decision, to include the requirement of a general medical examination, because other eligibility factors were not met causing a denial of the claim. VBA believes the table is meant to reflect those cases in which a P&T disability rating decision was required for the claim, and was the factor for the denial of benefits without a general medical examination requested. To clarify the intent of the claims identified in the table, VBA recommends updating the title to reflect that the claims were denied by a permanent and total disability rating decision without a VA general medical exam requested.

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

Recommendation 1: We recommended the Acting Under Secretary for Benefits clarify the guidance for VA general medical examinations requirements related to original pension claims.

VBA Response: Concur. On August 4, 2017, VBA published updated guidance in the Compensation and Pension Knowledge Management M21-1 Adjudication Procedures Manual, identifying the requirements for when a general medical examination must be requested (see attachments A, B, and C). VBA requests closure of this recommendation.

Recommendation 2: We recommended the Acting Under Secretary for Benefits ensure staff at the Pension Management Centers receive training based on the clarified guidance for VA medical general examination requirements related to original pension claims.

VBA Response: Concur. VBA agrees with the recommendation for updated training, based on the clarified guidance for VA medical general examination requirements. All training materials will be updated by September 30, 2017, and training of PMCs will be completed in the first quarter of FY 2018.

Target Completion Date: December 31, 2017

Recommendation 3: We recommended the Acting Under Secretary for Benefits ensure St. Paul claims processing staff review the 605 pension claims denied without a VA general medical examination in

calendar year 2015 to determine whether corrective action is necessary based on clarified guidance and report to Office of Inspector General the number of denials reversed.

VBA Response: Concur. Of the 605 pension claims, identified by OIG that were denied without a general medical examination, an initial review has determined 105 of these claims have been granted pension benefits since the denial. The 500 remaining claims will be reviewed to determine if further corrective action is needed.

Target Completion Date: May 31, 2018

Recommendation 4: We recommended the Acting Under Secretary for Benefits develop and implement a plan to ensure rating consistency across Pension Management Centers.

VBA Response: Concur. VBA agrees with the recommendation to develop and implement a plan to ensure rating consistency across the PMCs. VBA has taken a proactive action to incorporate rating consistency through quality reviews, as part of the PMC site visits. During site visits at each PMC, rating decisions will be reviewed and evaluated based on the clarified guidance. This process was initially implemented at the St. Paul PMC site visit, held during the week of August 14, 2017.

Additionally, VBA evaluates rating reviews as part of the national Systematic Technical Accuracy Review (STAR) quality reviews and Improper Payment Elimination and Recovery Act (IPERA) testing. VBA will also enhance the STAR "Rating" checklist to ensure consistency in ratings among the PMCs. The IPERA testing already evaluates rating accuracy including determining if examinations were requested and completed accurately as part of the quality review process. Updates to the national STAR checklist will be completed in the first quarter of FY 2018, as part of the migration to the new Quality Management System.

Finally, VBA is developing PMC standardization training content, which will include rating consistency for pension-related courses. This training will contain requirements for requesting general medical exams and rating requirements based on the clarified process. All training content will be updated by September 30, 2017, and training will be completed in the first quarter of FY 2018.

Target Completion Date: December 31, 2017

Recommendation 5: We recommended the Acting Under Secretary for Benefits implement a plan to ensure claims processing staff prioritize actions for cases involving benefits reductions based on Medicaid-covered nursing home care to minimize improper payments.

VBA Response: Concur in Principle. The PMC station workload management plans, in effect during FY 2016, confirm that each PMC had specialized non-rating (maintenance) workload teams or other specialized Veterans Service Representative (VSR) resources dedicated to processing end product (EP) 135s (Which include cases involving benefits reductions based on Medicaid-covered nursing home care.) Additionally, the chart below details the average days pending (ADP) and average days to complete (ADC) for EP 135s for each station at the time of the site visit and current data as of July 1, 2017. It also compares the timeliness of EP 135s to the rating series workload. The PMCs have successfully prioritized EP 135s and continue to improve timeliness. Furthermore, it demonstrates the EP 135 workload timeliness has not suffered due to national emphasis on the rating bundle work series.

03/31/2016	135 ADP	Rating ADP	135 ADC	Rating ADC
Total	**74.2**	**63.6**	**82.4**	**77.9**
310 Philadelphia	86.7	65.6	135.1	94.7
330 Milwaukee	54.4	71.4	55.9	71.3
335 St. Paul	32.9	54.9	48.1	68.2
07/01/2017	**-31.1**	**-0.3**	**-28.7**	**-7.7**
Total	**43.1**	**63.9**	**53.7**	**70.2**
310 Philadelphia	46.8	58.0	45.0	72.7
330 Milwaukee	42.1	67.3	58.8	64.7
335 St. Paul	30.2	67.5	59.2	71.4

As the 135 EP series has improved and the timeliness metrics are better than the rating series workload, as shown above, VBA requests closure of this recommendation.

Recommendation 6: We recommended the Acting Under Secretary for Benefits develop workload performance measures for cases involving benefits reductions based on Medicaid-covered nursing home care to minimize improper payments.

VBA Response: Concur. VBA agrees that minimizing potentially improper payments is necessary to ensure good stewardship of taxpayer dollars. The National Work Queue (NWQ) allows for national oversight and prioritization of VBA's workload, and allows for a daily distribution of actionable work that is either priority, (homeless, terminally ill, etc.) or the oldest pending claims. Currently, not all PMC work is managed by the NWQ, and VBA continues to scope the work to include all PMC work into NWQ. Once all PMC work is incorporated into NWQ, the PMCs will be held to a workload performance measure that monitors stations timeliness in completing actions on cases distributed to their station, Time in Queue (TIQ). The TIQ workload performance measure ensures that all claims that are distributed by NWQ are processed timely.

After decisions are made regarding VBMS releases allowing for this PMC work to be managed by NWQ, VBA will determine when TIQ will be implemented.

Target Completion Date: December 31, 2018

Recommendation 7: We recommended the Acting Under Secretary for Benefits develop and implement training for claims processing staff that is specific to Medicaid-covered nursing home cases.

VBA Response: Concur. VBA agrees with the recommendation to develop and implement training for claims specific to Medicaid-covered nursing home cases. All training content will be completed by September 30, 2017, and training will be completed in the first quarter of FY 2018.

Target Completion Date: December 31, 2017

Appendix F OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Nora Stokes, Director Kristine Abramo Chris Beltz Robert Campbell Kelly Crawford Casey Crump Yolanda Dunmore Ramon Figueroa Kyle Flannery Lee Giesbrecht Tyler Hargreaves Raymond Jurkiewicz Kerri Leggiero-Yglesias Suzanne Love Mary Shapiro Lisa Van Haeren Mark Ward

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