

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



# Veterans Health Administration

*Review of Alleged  
Mismanagement at the  
Health Eligibility Center*

September 2, 2015  
14-01792-510

## ACRONYMS

CBO	Chief Business Office
DCBO	Deputy Chief Business Officer
ES	Enrollment System
FY	Fiscal Year
HEC	Health Eligibility Center
NCA	National Cemetery Administration
OIG	Office of Inspector General
OI&T	Office of Information and Technology
SSA	Social Security Administration
VA	Department of Veterans Affairs
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
WRAP	Workload Reporting and Productivity Tool

**To Report Suspected Wrongdoing in VA Programs and Operations:**

**Telephone: 1-800-488-8244**

**E-Mail: [vaoighotline@va.gov](mailto:vaoighotline@va.gov)**

**(Hotline Information: [www.va.gov/oig/contacts/hotline.asp](http://www.va.gov/oig/contacts/hotline.asp))**



## EXECUTIVE SUMMARY

At the request of the Chairman of the U.S. House Committee on Veterans' Affairs, the VA Office of Inspector General (OIG) evaluated the merit of allegations of mismanagement at the Veterans Health Administration's (VHA) Health Eligibility Center (HEC). Specifically, we addressed these four questions:

1. Did the HEC have a backlog of 889,000 health care applications in a pending status?
2. Did 47,000 veterans die while their health care applications were in a pending status?
3. Were over 10,000 veteran health records purged or deleted at the HEC?
4. Were 40,000 unprocessed applications, spanning a 3-year time period, discovered in January 2013?

The HEC, a component of VHA's Chief Business Office (CBO), is VA's central authority for eligibility and enrollment processing activities as well as the business owner for the Enrollment System (ES). The HEC and four VA medical centers process health care applications using ES. Most medical facilities use an older component of the Veterans Health Information System and Technology Architecture (VistA), which feeds data into ES. Appendix A provides additional pertinent background information. Although ES serves as VHA's official electronic system of record for veteran health care enrollment information, it also contains the names of all VA patients as well as applicants whose military service was not confirmed.

Enrollment program data were generally unreliable for monitoring, reporting on the status of health care enrollments, and making decisions regarding overall processing timeliness, in spite of the costs to collect the data and maintain ES. As such, we substantiated the first allegation that ES had about 867,000 pending records as of September 30, 2014. These ES records were coded as pending because they had not reached a final determination status. However, due to the data limitations, we could not reliably determine how many records were associated with actual applications for enrollment.

The number of pending records in ES was overstated and did not necessarily represent veterans actively seeking enrollment in VA health care. We projected that at least 477,000 of the pending records did not have application dates. Although missing dates may occur for multiple reasons, the frequent lack of application dates makes ES unreliable for monitoring timeliness or determining if a record represents a veteran's intent to apply for VA health care. In addition, most of the pending records have been inactive for years because the CBO did not establish limits on how long ES records could remain in a pending status before reaching a final determination.

We substantiated the second allegation that pending ES records included entries for individuals reported to be deceased. As of September 2014, more than 307,000 pending ES records, or about 35 percent of all pending records, were for individuals reported as deceased by the Social Security Administration. However, due to data limitations, we could not determine specifically how many pending ES records represent veterans who applied for health care benefits. These conditions occurred because the enrollment program did not effectively define, collect, and manage enrollment data. In addition, VHA lacked adequate procedures to identify date of death information and implement necessary updates to the individual's status. Unless VHA officials establish effective procedures to identify deceased individuals and accurately update their status, ES will continue to provide unreliable information on the status of applications for veterans seeking enrollment in the VA health care system.

We substantiated the third allegation that employees incorrectly marked unprocessed applications as completed and possibly deleted 10,000 or more transactions from the Workload Reporting and Productivity (WRAP) tool over the past 5 years. While the HEC often deleted transactions for legitimate purposes, such as the removal of duplicate transactions, information security deficiencies within WRAP limited our ability to review some issues fully and rule out manipulation of data.

WRAP was vulnerable because the HEC did not ensure that adequate business processes and security controls were in place, did not manage WRAP user permissions, and did not maintain audit trails to identify reviews and approvals of deleted transactions. In addition, the Office of Information and Technology (OI&T) did not provide proper oversight for the development, security, and data backup retention for WRAP. OI&T also did not collect and retain WRAP audit logs, evidence of administrative and user interactions within the database, in accordance with VA policy. In the absence of the audit logs, OI&T cannot analyze system activity for unauthorized or inadvertent undesired activity.

Finally, we substantiated the fourth allegation that the HEC identified more than 11,000 unprocessed health care applications and about 28,000 transactions related to application updates, correspondence, and alerts in January 2013. However, the oldest unprocessed health care application had a date of September 2012, only four months prior to discovery. This backlog developed because the HEC did not adequately monitor and manage its workload and lacked controls to ensure entry of WRAP workload into ES.

CBO has not effectively managed its business processes to ensure the consistent creation and maintenance of essential data. Due to the amount and age of the ES data, as well as lead times required to develop and implement software solutions, a multiyear project management plan is needed to address the accuracy of pending ES records and improve the usefulness of ES data. The plan should address the role of enrollment coordinators in the field, as well as requirements for OI&T to develop and implement additional technology solutions. In addition, action is needed to ensure the reliability of ES data currently being entered.

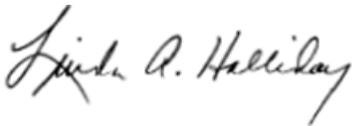
We recommended the Under Secretary for Health provide guidance defining timeliness metrics for final enrollment determinations and assign an accountable senior executive to develop and implement a project management plan to correct current data integrity issues in ES and ensure

that future enrollment data are accurate and reliable. This included ensuring that VHA implemented effective policies and procedures to identify deceased individuals timely and to record the status in ES accurately.

In addition, we recommended the Under Secretary for Health ensure the HEC properly secure the WRAP tool and implement policies to manage access rights and privileges. Monthly comparisons between WRAP and ES should also be conducted to ensure timely processing of applications and related documents. We also recommended that the Assistant Secretary for Information and Technology implement adequate security controls to enforce separation of duties and role-based access controls for WRAP, ensure the collection and retention of WRAP audit logs, and develop a monthly test to determine if HEC workload data are properly backed up.

Finally, we recommended the Under Secretary for Health and the Assistant Secretary for Information and Technology confer with the Office of Human Resources and the Office of General Counsel to fully evaluate the implications of the findings of this report, determine if administrative action should be taken against any VHA or OI&T senior officials involved, and ensure that appropriate action is taken.

The Under Secretary for Health and the Assistant Secretary for Information and Technology concurred with all recommendations and submitted acceptable corrective action plans. We will monitor implementation of planned actions and will close the recommendation when we receive sufficient evidence demonstrating progress in addressing the issues identified.

A handwritten signature in cursive script, reading "Linda A. Halliday".

LINDA A. HALLIDAY  
Deputy Inspector General

# TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	i
Results and Recommendations .....	1
Allegation 1 Did the HEC have a backlog of 889,000 health care applications in a pending status? .....	1
Recommendations .....	6
Allegation 2 Did 47,000 veterans die while their health care applications were in a pending status? .....	8
Recommendation .....	12
Allegation 3 Were over 10,000 veteran health records purged or deleted at the HEC? .....	13
Recommendations .....	17
Allegation 4 Were 40,000 unprocessed health care applications, spanning a 3-year time period, discovered in January 2013? .....	20
Recommendation .....	22
Appendix A Background .....	23
Appendix B Scope and Methodology .....	26
Appendix C Statistical Sampling Methodology .....	28
Appendix D Under Secretary for Health Comments .....	31
Appendix E Assistant Secretary for Information and Technology Comments .....	40
Appendix F Office of Inspector General Contact and Staff Acknowledgments .....	44
Appendix G Report Distribution .....	45

## RESULTS AND RECOMMENDATIONS

### **Allegation 1 Did the HEC have a backlog of 889,000 health care applications in a pending status?**

We substantiated the existence of about 867,000 pending records as of September 30, 2014. However, due to limitations in the Health Eligibility Center's (HEC) Enrollment System (ES) data, we could not reliably determine how many pending records existed as a result of applications for health care benefits.<sup>1</sup> These records were coded as pending because they had not reached a final determination status. However, the number of pending records in ES was overstated and did not necessarily represent veterans actively seeking enrollment in VA health care. Further, most of the pending records have been inactive for many years.

The data limitations occurred because the enrollment program does not adequately define, collect, or manage enrollment data to monitor the performance of application processing. In addition, VA guidance did not require that applications reach a final determination in a set timeframe or establish how long ES records may remain in a pending status. Unless substantial action is taken to address the quality of ES data, the HEC cannot reliably monitor enrollment performance nationally or make program-level decisions using this data.

#### **Background**

ES was activated in 2009 as the authoritative system for veterans' health enrollment and eligibility information and is a component of the "system of systems" needed to implement the HealthVet REE (Registration, Eligibility and Enrollment) environment. It contains approximately 22.3 million records, including migrated data from the previously developed National Enrollment Database, which maintained information on veterans who received care before the VA enrollment program was initiated in 1998 as well as other VA patients.

ES receives data feeds from VA medical facilities using an enrollment module in the Veterans Health Information System and Technology Architecture (VistA) and VA enterprise records concerning veterans' identities. ES performs automatic queries of Department of Defense and Veterans Benefit Administration databases to determine eligibility for enrollment.

---

<sup>1</sup> For the purposes of this report, we define a "record" as the entry in ES containing all events that affect the individual's final enrollment determination.

**What We Did**

To determine whether a backlog of pending health care applications existed, we extracted all records from ES as of September 30, 2014, and identified 866,879 records coded as pending without a final enrollment determination. We analyzed a statistical sample of the pending records, obtained copies of available applications, and reviewed enrollment application dates, when possible. In addition, we reviewed the length of time each sample record had been in a pending status. Finally, we interviewed and obtained testimonial and documentary evidence from VA officials and complainants.

**ES Data Have Significant Limitations**

ES data are inadequate for monitoring workload and performance due to long-standing weaknesses in how the HEC has collected and managed the data. ES contains records of enrollment applicants and any patient who has had an encounter with VA, including applicants whose military service has not been confirmed, qualified family members, employees participating in the employee health program, or patients receiving humanitarian care.

ES also includes records of eligible veterans automatically enrolled by ES based on data feeds from other VA systems independent of the HEC's responsibilities. Also, according to CBO and HEC officials, records created prior to ES initialization in 2009 migrated from the HEC legacy system into ES without adequate review and validation. For example, ES contains records for veterans who died before 1998 when the VA enrollment process began.

In addition, the Veterans Health Administration's (VHA) Office of Informatics and Analytics released millions of records, which had not been previously sent to the Master Veteran Index, into VHA's data network in December 2013 to assign unique health care identification numbers.<sup>2</sup> This release caused veterans who never sought care or applied for enrollment since the enrollment program was enacted into law to have their information transmitted to ES as pending records.

The Deputy Chief Business Officer (DCBO) for Member Services stated that business rules for accepting data, such as identifying an enrollment record, were kept flexible to avoid denying veterans' health care. Further, she said, it was not considered a "bad thing" to allow veterans to keep their applications in a pending state if necessary information was missing. The veteran could submit the information at any time, or, if he or she presented at a VA medical facility to receive care, the application process could be completed at that time.

---

<sup>2</sup> The Master Veteran Index is VA's authoritative identity management system that establishes, maintains, and synchronizes identities for VA clients, veterans, and beneficiaries. The unique identification number enables an enterprise-wide view of an individual's interaction with VA.

*Application Data Missing*

ES does not have a reliable method to distinguish which enrollment records were created in response to an enrollment application or records entered into ES by actions other than enrollment. In addition, it does not consistently have enrollment application dates, in part, because of a software glitch that did not populate this information into a field in ES. The application date is also not a required field in ES, even when an individual is a confirmed applicant.

We projected that at least 477,000 (55 percent) of the pending ES records did not have application dates. Although missing dates may occur for multiple reasons, the frequent lack of application dates makes ES unreliable for monitoring timeliness or determining if a record represents a veteran's intent to apply for VA health care.

*Millions of "Locked" Records Present Data Integrity Challenges*

We also identified a large, unevaluated data category in ES called "locked" records. A "locked" record has a blank enrollment status and generally contains incomplete or inconsistent information. About 6.2 million (28 percent) of the 22.3 million records in ES have a blank status and are "locked." However, the HEC has no automated method for identifying which "locked" records represent legitimate requests for enrollment in VA's health care system.

We projected that at least 774,000 of the 6.2 million "locked" records represent veterans who have applied for or received care. A veteran or dependent may receive emergency or humanitarian care without being enrolled. However, due to limitations in the data, and because "locked" records are incomplete, we cannot determine if the individual intended to apply for enrollment in VA's health care system or simply received care. The following are examples of "locked" records in ES.

*Record 1*

A deceased veteran had a blank enrollment status and "locked" record in ES until November 16, 2014, when his enrollment status changed to pending. It subsequently changed to deceased on January 20, 2015. However, the veteran died in 1988.

*Record 2*

A non-veteran received emergency care at a VA medical center in October 2000, but the ES record had a blank enrollment status as of April 30, 2014. It later changed to a non-veteran status in December 2014.

*Allegation Assessment*

About 867,000 ES records were in a pending status at the HEC as of September 30, 2014, because they had not reached a final determination. We determined that many of these records did not represent unprocessed applications and had been in a pending status over 5 years. As a result, we determined that many of the 867,000 records coded as pending do not represent veterans actively seeking enrollment in VA health care.

*Application  
Process*

A veteran may apply for enrollment in the VA health care system by submitting an application (in person, by mail, by telephone, or online) to the HEC or a VA medical facility. Staff review the application and enter appropriate information into ES creating an official enrollment record for that individual.<sup>3</sup>

ES queries several VA systems to identify qualifying military service and verify eligibility. If the query does not retrieve sufficient information to determine eligibility, ES codes the record with a pending status awaiting additional non-financial information. VHA staff contact individuals with pending records to inform them of their status and to request the missing information.

In addition, certain enrollment priority groups require veterans to submit financial information, such as a means test or financial assessment, as part of their initial enrollment application process to establish a financial need for VA health care. Without qualifying financial information, ES codes the record with a pending status awaiting additional financial information.

VHA policy requires health care facilities to enter health benefit applications into the computer system within 5 business days of receipt (VHA Directive 2012-001, paragraph 4b(5)). VHA's timeliness metric focuses on this initial period, rather than records needing additional development. Federal law, VA regulations, and VHA directives do not establish a timeframe for when health care applications should reach a final determination. As a result, applications that lack specific qualifying evidence for enrollment could remain pending for an indefinite period without closure or appropriate action.

*Pending Records  
Created After  
Applications Were  
Processed*

The enrollment program makes a final enrollment determination by evaluating evidence of military service and financial income status, if necessary. If qualifying evidence is incomplete or unavailable, the record is coded with a pending status until the necessary information is obtained. As of September 30, 2014, ES had about 867,000 records coded as pending out of approximately 22.3 million ES records. The enrollment program had made initial eligibility determinations for about 621,000 (72 percent) pending enrollment records. Records in this category would not reach a final determination if VA were unable to contact the veteran or if the veteran elected not to submit the financial information.

---

<sup>3</sup> We use the term "individual" rather than "veteran" when the records include non-veterans, such as applicants whose military service has not been confirmed, qualified family members, employees participating in the employee health program, or patients receiving humanitarian care.

In addition, for about 246,000 (28 percent) pending records, the enrollment program reviewed the record but identified a need for additional non-financial information from the individual to reach a final eligibility determination. A record typically ended up in this category because the enrollment program had not yet confirmed the individual had qualifying military service. Table 1 identifies enrollment records coded as pending in ES.

**Table 1. Pending Enrollment System Records**

ES Status	Pending Records	Percentage
Financial Information Needed	620,507	72%
Additional Non-Financial Information Needed	246,372	28%
<b>Total</b>	<b>866,879</b>	<b>100%</b>

*Source: OIG analysis of ES Data as of September 30, 2014*

*Most Pending Records Are Old and Inactive*

The majority of pending records in ES were created years ago and many have been pending for years. As of September 30, 2014, we calculated that about 646,000 (75 percent) of the 867,000 records were created over 5 years ago. However, record creation date and the date a record became pending are not always the same. Records may be placed in a pending status years after creation. We statistically projected, based on a sample of pending records, that at least 115,000 (13 percent) records had been in a pending status over 5 years, which may indicate many records were not active applications for health care benefits. The following examples illustrate ES records that have been pending due to needed financial or non-financial information for significant lengths of time.

*Record 3*

A veteran submitted an enrollment application on October 27, 1998, to receive medical care at a VA medical facility. The veteran's application enrollment status became pending for additional non-financial information in August 2000. As of September 30, 2014, the enrollment status had not changed and had been pending for about 3,500 business days or about 14 years.

*Record 4*

According to ES, a veteran had an application date of March 22, 2005, requesting medical services at a VA medical facility. The veteran's application enrollment status became pending for additional financial information on January 30, 2006. As of September 30, 2014, the enrollment status has remained pending for about 2,200 business days or about 9 years.

*Follow Up on  
Pending Records  
Recently Performed*

HEC leadership has been aware of the high number of pending ES records. In July 2012, the HEC identified about 849,000 records in ES needing additional financial and non-financial information that had been pending for years. To address the rising number of pending records, between May 2013 and January 2015 CBO mailed approximately 267,000 follow up letters to individuals with a pending ES record since October 2011. According to CBO officials, about 30,700 recipients (12 percent) responded, which resulted in just over 28,600 enrollment decisions and 21,100 conversions to verified enrollment status.

**Conclusion**

We substantiated the existence of about 867,000 pending records. Due to limitations in the ES data, we could not reliably determine how many of these 867,000 pending records were associated with applications for health care. However, pending records in ES include enrollment submissions that have not reached a final determination, rather than unprocessed health care applications. Most of the pending records are old and inactive, and many of them were misclassified, which is discussed in more detail in Allegation 2.

CBO has not effectively managed its business processes to ensure the consistent creation and maintenance of essential data. ES data is not suitable to monitor the performance of application processing because of long-standing weaknesses in the definition, collection, and management of veteran enrollment data. In addition, VHA did not have an established metric for ensuring that applications reach a final determination timely or limitations on how long ES records can remain in a pending status.

Due to the amount and age of the ES data, as well as lead times required to develop and implement software solutions, a multiyear project management plan is needed to address the accuracy of pending ES records and improve the usefulness of ES data. The plan should address the role of enrollment coordinators in the field as well as requirements for the Office of Information and Technology (OI&T) to develop and implement additional technology solutions. In addition, action is needed to ensure the reliability of ES data currently being entered.

## **Recommendations**

1. We recommended the Under Secretary for Health provide guidance concerning how long applications may remain pending before reaching a final determination.
2. We recommended the Under Secretary for Health assign an accountable official responsible to implement a plan to correct current data integrity issues in the Enrollment System.

3. We recommended the Under Secretary for Health develop and execute a project management plan to ensure that Enrollment System data are fully evaluated and properly categorized.
4. We recommended the Under Secretary for Health implement controls to ensure that future enrollment data are accurate and reliable before being entered in the Enrollment System.

**VHA  
Management  
Comments**

The Under Secretary for Health agreed with our findings and recommendations. The Under Secretary acknowledged that current VHA policy lacks a timeframe for when health care applications should reach a final determination, allowing many records to remain pending for years. Further, VHA needs regulatory authority to close out pending records that have not reached a final determination. The Under Secretary stated that VHA will issue a rule by December 31, 2015, regarding the procedures to follow on how long an application may remain in a pending status.

The Under Secretary also stated that the Deputy Under Secretary for Operations and Management, with collaboration from CBO, will assign an accountable senior official to implement a plan to correct the current data integrity issues in ES. VHA anticipates assigning the senior official by September 30, 2015. In addition, the Under Secretary stated that, under the authority of the assigned senior official, CBO will develop and initiate a project management plan to ensure ES data are fully evaluated and properly categorized. VHA anticipates having an approved project management plan with project milestones by September 30, 2016.

Finally, the Under Secretary stated that CBO will develop and further implement controls to ensure enrollment data are accurate and reliable when entered into ES. Due to the numerous points of entry for data into ES, CBO will convene a working group to examine existing controls and identify steps to ensure the entry of accurate and reliable data. VHA anticipates developing an implementable plan of action by June 30, 2016. Appendix D provides the full text of the Under Secretary's comments.

**OIG Response**

The Under Secretary's comments and corrective action plans are responsive to the intent of the recommendations. We will monitor implementation of planned actions and will close recommendations when we receive sufficient evidence demonstrating progress in addressing the issues identified.

## **Allegation 2 Did 47,000 veterans die while their health care applications were in a pending status?**

We substantiated that pending ES records included entries for individuals reported to be deceased. As of September 30, 2014, over 307,000 pending ES records were for individuals reported as deceased by the Social Security Administration (SSA). However, due to the data weaknesses identified in Allegation 1, we cannot determine specifically how many pending ES records represent veterans who applied for health care benefits or when they may have applied.

This occurred because VHA lacked adequate procedures and management oversight to identify and implement necessary updates to the individual's status and the method for identifying deaths was inadequate. Unless VHA adopts effective procedures to identify individual deaths and takes action to improve the data integrity of ES, it cannot accurately and reliably report on the status of pending applicants, enrollees, and other beneficiaries in the VA health care system.

### **Background**

The HEC's ES maintains veteran enrollment records for decades, to include after the veteran has been reported deceased. ES has a specific status category to capture and maintain a record when the individual is reported deceased. When the HEC receives appropriate evidence of death, enrollment staff should update the record to a deceased status. The collection and management of dates of death within VHA is overseen by the Health Care Identity Management Program through its Master Veteran Index service.

VHA Directive 1906 prohibits entering dates of death except from authoritative sources, which are listed as VHA facility notices for individuals who died under VA auspices, death certificates, and National Cemetery Administration (NCA) data for persons receiving NCA benefits. ES received electronic updates concerning veterans' dates of death through VHA's Master Veteran Index. The Directive provides that death information received from unofficial sources may be used as a mechanism to research death information.

### **What We Did**

To address this allegation, we reviewed a data extract of about 867,000 records with a pending status in ES as of September 30, 2014. We performed a data match against the SSA Death Master File to identify any pending record associated with an individual reported as deceased. In addition, we conducted automated testing procedures using the VHA Patient Treatment File, the VHA National Patient Care Database, and the Veterans Benefits Administration (VBA) Corporate Database. Finally, we interviewed and obtained testimonial and documentary evidence from VA officials and complainants.

**ES Contains  
Individuals Who  
Are Deceased**

Records for deceased individuals have remained in a pending status without detection for many years. Our review of September 2014 health care enrollment data found that about 307,000 (35 percent) of the 867,000 pending ES records were for individuals reported as deceased by SSA. Records for individuals who have died should be categorized as deceased in ES. Table 2 identifies the number of deceased individuals associated with pending records.

**Table 2. Summary of OIG Death Match**

ES Status	Pending Records	Deceased Individuals
Financial Information Needed	620,507	218,089
Additional Non-Financial Information Needed	246,372	89,084
<b>Totals</b>	<b>866,879</b>	<b>307,173</b>

*Source: OIG Analysis of ES and SSA Death Master File Data as of September 30, 2014*

The following is an example of a pending record where the SSA Death Master File reported the individual as deceased; however, the HEC did not detect or enter the date of death in ES.

**Example 5**

According to the SSA Death Master File, an individual died in October 1993. The HEC's record shows that in March 2009, the record transferred from a VA legacy system to ES and was automatically placed in a pending status needing additional non-financial information. The enrollment record has not had any activity since April 2009 and remains in a pending status.

**VHA Procedures  
Inadequate**

VHA has not adequately established procedures to identify individuals who have died, including those with pending health care enrollment records. VHA policy identifies NCA data, death certificates and VHA facility death notices as appropriate sources for information on a veteran's death. These sources generally rely on the veteran's family members to notify VA of a veteran's death. For example, NCA only captures death data if it receives an application for burial, a burial flag, a headstone, or an insurance claim.

In the past, VHA had also used VBA data as a source for veteran death information. A July 2012 internal White Paper by the HEC's Informatics Division stated:

*VBA dates of death outnumber NCA dates of death by approximately 2:1; of those known to VBA, it is less likely that VHA will also be aware of their death. VBA dates of death have been observed to be highly*

*reliable when based on our experiences of handbook post-mailing analysis. At least 350,000 veterans are deceased in VBA data but are not deceased in VHA data.*

However, according to VHA officials, VHA suspended the use of VBA data in 2006 due to data reliability concerns. Also, in August 2014, CBO became aware that the automatic feed of NCA's data into the Master Veteran Index "broke" in April 2014 and was not restored by OI&T. As a result, the HEC only had death certificates and VHA facility death notices available as evidence of death. Fewer sources of death information further limited the HEC's ability to capture and report complete, accurate, and reliable statuses for enrollment data.

*HEC Analysis of  
Death Records Did  
Not Result in  
Program Changes*

HEC officials have been aware that many pending records in ES are records of individuals reported as deceased. An internal HEC review of ES in July 2012 found that 47,786 individuals in the pending category were deceased based on a comparison with the May 2012 VBA death file. The HEC used the results of their analysis to stop mailings to deceased individuals. However, according to HEC officials, the HEC did not update death information in ES. Additionally, according to a July 2012 internal White Paper written by HEC's Informatics Division:

*The Personalized Handbook Initiative (T-21), an undertaking to mail a health benefits handbook to all enrolled Veterans, has necessitated additional effort to improve the quality of death data in VHA . . . Persons that are "alive" in the data but are in fact deceased can reduce the reliability of the enrollment data in the Administrative Data Repository (ADR) which in-turn increases the cost of communicating with Veterans and adds distortion to reports that use or contain enrollment data.*

The White Paper noted that the VHA's Healthcare Identity Management Office was working to implement a fully automated process for transmitting NCA dates of death to the enrollment database via the Master Veteran Index. We did not identify evidence that the HEC or VHA made significant progress to improve the accuracy of ES dates of death from the creation of the White Paper until the 2014 congressional request, in part due to continued concerns about the reliability of VBA death data. The lack of progress allowed records for deceased individuals to remain in a pending state and further limited the HEC's ability to accurately report on enrollment data.

The DCBO for Member Services stated that CBO has been working with officials in VHA's Identity Management Program, which oversees dates of death data. The DCBO said it was VHA's policy not to use VBA's dates of death because they included inaccurate reports that had caused patient care

problems, such as canceled appointments or medications. CBO's corrective actions included assessing the effectiveness of current date of death identification practices. CBO has provided input into future improvements to VHA policies for recording deaths and for business requirements to improve the Administrative Data Repository which feeds dates of death into ES.

**Deceased  
Individuals  
Remained in a  
Pending Status**

Due to inadequate controls for identifying and recording date of death information, records have remained in a pending status for many years. Table 3 identifies the timeframe of dates of death for pending ES records.

**Table 3. Timeframe of Individuals' Dates of Death**

Status	Records	Percentage
Individuals who died in the last 2 years	30,706	10%
Individuals who died between 2 and 4 years ago	18,100	6%
Individuals who died more than 4 years ago	258,367	84%
<b>Totals</b>	<b>307,173</b>	

*Source: OIG Analysis of ES and SSA Death Master File Data as of September 30, 2014*

VHA's conservative approach to identifying and recording individual deaths has resulted in overstating the numbers of pending applicants seeking health care. Overstated pending enrollment records create unnecessary difficulty and confusion in identifying and assisting veterans with the most urgent need for health care enrollment. Additionally, outreach efforts to obtain additional information for enrollment eligibility may have been frustrating and upsetting to family members of deceased veterans. Finally, significant delays in identifying deceased individuals increases the opportunity for health care to be provided to unauthorized persons based on mistaken or stolen identity.

**Conclusion**

The HEC had about 307,000 pending ES records for individuals whom SSA reported as deceased. However, due to inadequate management, oversight and procedures, the HEC cannot accurately and reliably report how many pending records in ES represents veterans who applied for health care benefits. The data integrity problems render the ES database virtually unreliable to make decisions regarding overall processing timeliness or to accurately report category totals for ES records, in spite of the costs to collect the data and maintain the system.

Unless VHA officials establish effective procedures to identify deceased individuals and accurately update their status in the ES, the ES will continue to provide unreliable information on the status of applications for veterans seeking enrollment in the VA health care system.

## Recommendation

5. We recommended the Under Secretary for Health implement effective policies and procedures to accurately and timely identify deceased individuals with records in the Enrollment System and record their changed status in the system.

### **VHA Management Comments**

The Under Secretary for Health agreed with our findings and the recommendation. The Under Secretary stated that VHA enforced guidance in authoritative sources used for death notices out of an abundance of caution because entry of death information causes cessation of medication fills and the cancellation of future medical appointments. Further, the Under Secretary acknowledged that current VHA policy confines authoritative death notification sources to deaths that occurred in a VHA facility, verified by a death certificate, or transmitted by NCA.

The Under Secretary stated that the Date of Death Process Requirements Group was analyzing the current process for recording and sharing veteran dates of death and compiling requirements to enhance the process. VHA anticipates having results and recommendations from this analysis by June 30, 2016. Appendix D provides the full text of the Under Secretary's comments.

### **OIG Response**

The Under Secretary's comments and corrective action plans are responsive to the intent of the recommendation. We will monitor implementation of planned actions and will close the recommendation when we receive sufficient evidence demonstrating progress in addressing the issues identified.

### **Allegation 3 Were over 10,000 veteran health records purged or deleted at the HEC?**

We substantiated that employees incorrectly marked unprocessed applications as completed and possibly deleted 10,000 or more transactions from the Workload Reporting and Productivity (WRAP) tool over the past 5 years.<sup>4</sup> The HEC often deleted transactions for legitimate purposes, such as the removal of duplicate transactions or to replace illegible scanned documents. However, information security deficiencies within the WRAP application limited our ability to review some issues fully and rule out the manipulation of data.

The integrity of WRAP data is at risk and vulnerable to accidental or intentional compromise because the HEC did not ensure that adequate business processes and security controls were in place. They also did not adequately manage WRAP user permissions or document and review deleted transactions. In addition, OI&T did not provide proper oversight for the development, security, and data backup retention for WRAP. Unless effective controls are established and consistently maintained, health care applications remain vulnerable to unauthorized access, alteration, or destruction.

#### ***Background***

The HEC initiated WRAP in 2009 as a tool to distribute workload to staff because the functionality was not included in ES. Initially, HEC enrollment staff received paper copies of documentation for processing in WRAP and entry into ES. However, WRAP evolved over time to include the receipt, maintenance, and distribution of scanned health care applications and supporting documents. In November 2011, HEC mailroom staff began to scan documentation into WRAP prior to processing the transactions to increase control over the documents. HEC staff would either add the veteran's health care application or update the veteran's eligibility status in ES. Once processed in ES, the transaction was marked as closed in WRAP.

#### ***What We Did***

To address the allegation, we interviewed VA staff and the complainants, reviewed internal controls, and examined relevant HEC and OI&T investigations. In addition, we conducted a detailed technical review of WRAP to test security controls. Finally, we requested OI&T's Network Security Operations Center conduct detailed forensic analysis of WRAP to determine if deletions did occur.

---

<sup>4</sup> For the purposes of this report, we define a "transaction" as the unique events processed through WRAP used to change the overall ES record; such as creation, revision, or removal of record information.

***Administrative Investigation of Alleged Shredding of Health Care Applications***

HEC management initiated an administrative investigation in September 2010 into allegations that HEC staff shredded health care applications without proper processing. The investigation initially identified 3,716 applications recorded as closed in WRAP without a corresponding record in ES, of which the HEC fully analyzed 378 applications. The investigation concluded that many of the reviewed applications had not been processed and entered into ES. One complainant stated that HEC management then “abruptly closed” their investigation, possibly without reporting the matter to the VA OIG. HEC management acknowledged this incident and provided us with supporting documentation of this review.

The former HEC Director stated that, after consulting with Regional Counsel in October 2010, it was determined unnecessary to refer the matter to the VA OIG because their investigation found no evidence that a crime actually occurred. Also, the former HEC Director stated in a November 2010 memorandum that the investigation was “inconclusive of the determination of deliberate destruction/shredding” of health care applications.

However, according to a December 2010 memorandum provided by the former Deputy Director at the HEC, management determined in a subsequent review that applications were missing from ES. HEC management identified individual HEC staff who had incorrectly marked applications as complete in WRAP and had hidden the applications in their desks for processing at a later time. According to the HEC memorandum, a CBO human resources management official advised them against pursuing disciplinary action against staff because HEC leadership implemented the work process and thus had contributed to the situation (human resources management officers are responsible for advising management concerning employee relations issues in accordance with VA Handbook 5001, Part II, Paragraph 6).

***Transactions Partially Deleted in WRAP***

In July 2014, the HEC identified and reviewed 13,637 transactions that were partially deleted in WRAP between August 2007 and December 2013. These transactions were deleted from the users' view, but were still visible by individual users with supervisor roles via a special report. The HEC determined that about 76 percent of the partially deleted transactions involved individuals with records in ES, demonstrating their data had not been purged from ES. HEC staff did not upload the remainder of the transactions because they contained invalid identification information.

The HEC initiated action to correct the identification data, when appropriate. About 58 percent of the partially deleted WRAP transactions occurred to eliminate duplicate transactions. For example, the HEC partially deleted 45 WRAP transactions in April 2013 because they were duplicate transactions for the same veteran. Other reasons included to reassign work and to clean up data corrupted by a power outage in 2010.

**Transactions Deleted in WRAP**

In July 2014 at the request of HEC leadership, local OI&T staff reviewed the WRAP database and identified 3,304 (0.4 percent) missing transactions out of a universe of 808,329 transactions, with the oldest transaction recorded in October 2011. Transactions consisted of workflow processes (such as HEC alerts), and indexes to scanned documents (such as discharge paperwork, health care applications, and correspondence).

OI&T reported 141 (4 percent) of the 3,304 missing transactions resulted from individual transaction deletions. OI&T stated that their review was unable to account for the remaining 3,163 missing transactions, but concluded they were the result of batch file deletions. Further, HEC officials told us that batch deletions occurred for legitimate reasons, such as replacing duplicate or illegible scanned images.

However, in March 2015, at our request, the OI&T Network Security Operations Center provided an assessment of the WRAP database and identified numerous bulk deletions. The assessment also identified 13 authorized users having deletion capabilities and determined that most of the bulk deletions were made by 5 of the 13 users. While we could not independently verify the number of transactions affected by these batch deletions, the conditions clearly identify a vulnerability in the receipt and maintenance of health care applications at the HEC.

**CBO Did Not Have Appropriate Controls Over WRAP Workload**

We could not definitely determine if improper deletions or manipulation of WRAP data occurred in the past because CBO did not ensure that the system had adequate user access controls. As the system owner, CBO was responsible for creating and managing the WRAP business process, to include defining who has access and the types of access necessary. OI&T was responsible for developing the software, providing the system environment, and managing VA compliance oversight.

CBO's inadequate business rules and permission management contributed to WRAP integrity deficiencies in two areas. According to HEC officials, from its original deployment in the summer of 2009 until September 2013, VHA employees with supervisory access and privileges were able to delete WRAP transactions, to include making batch deletions. In addition, CBO did not have procedures or an audit trail to identify reviews and approvals of any deletions that occurred. This vulnerability increased in November 2011, when CBO incorporated scanned application files into WRAP transactions.

HEC leadership also did not adequately control the access level of its current and former employees. As of June 2014, HEC directors had authorized 47 users for supervisory access to WRAP, which permitted purging and deletions. Eight of the authorized users are now assigned outside the HEC to CBO. This notably included the DCBO for Member Services, DCBO Executive Officer, and CBO Director of Communications.

WRAP privileges also continued for 11 people who no longer work at the HEC or have duties requiring access. For example, a former program support clerk had access to WRAP for over a year after taking a different position. Further, the employee acknowledged using WRAP for 2 weeks to help with a special project.

This occurred because CBO did not ensure that the HEC administered appropriate policies to limit access to sensitive data. System owners in VA are responsible for determining who has access to the system or systems containing sensitive personal information, including types of privileges and access rights based upon specific job duties and need to know. (VA Directive 6500, paragraph 4e(2)).

***OI&T Did Not  
Provide  
Appropriate  
Oversight and  
Support***

OI&T developed and deployed WRAP without following their formal process to include necessary software development and security requirements. Specifically, OI&T developed WRAP locally as a simple workflow management tool for the HEC's enrollment staff. An OI&T contractor assigned to provide general IT services to the HEC developed and administered the tool. OI&T did not perform a formal review of the software code to assess risk and the local OI&T staff could not produce any documentation for the application. Security vulnerabilities included inadequate segregation of duties, audit or event logs, and data backup processes.

The OI&T contractor implemented system changes, patches, updates, and new features without a formal change control process. A change control process is necessary to understand the impact of the changes upon the confidentiality, availability, and integrity of the data. According to HEC and local OI&T staff, WRAP initially served as a simple workflow management tool for the HEC, the overall purpose evolved over time to include the receipt, maintenance, and distribution of scanned documents containing personally identifiable information necessary to process veterans' health care applications. Due to the lack of change control, OI&T staff did not identify the impact of the modifications or manage the associated risks appropriately.

OI&T also did not implement adequate security controls to enforce separation of duties and role-based access control for the WRAP developer and administrator. Controls developed to enforce these principles prevent authorized users from circumventing layers of security. However, the contractor that developed WRAP also acted as a local system administrator with elevated rights to the system, the network domain, and the database servers. As a result, controls were not in place to prevent the developer from deleting transactions within the database and removing all indicators of deletion.

*OI&T Did Not Ensure the Use and Retention of Audit Logs or System Backups*

OI&T did not collect and retain WRAP audit logs, evidence of administrative and user interactions with the application and transactions within the database, in accordance with VA policy. VA requires operating units to retain audit logs for a minimum of one year. In the absence of the audit logs, OI&T cannot analyze system activity for unauthorized or inadvertent undesired activity.

In addition, OI&T and CBO did not define requirements for the collection and retention of WRAP system backups in accordance with VA policy. According to OI&T facility staff, WRAP backups were created daily since 2009. However, the backups were overwritten as space was required and were not maintained. OI&T did not begin retaining WRAP backups until August 2014, after we initiated our review of the allegation. Backups allow the restoration or recovery of potentially lost data. The absence of regularly maintained backups limited our ability to identify and review individual deletions that occurred in the past.

**Conclusion**

The HEC leadership recognized in December 2010 that several employees had falsified WRAP transactions and hidden health benefit applications due in part to workload and process issues. Despite evidence of HEC employees prematurely closing WRAP transactions prior to entry in ES, the HEC did not report these incidents to the VA OIG. Following the 2010 incidents, veterans' applications remained vulnerable to delays and manipulation because the HEC did not properly limit the authority to delete transactions or maintain evidence of the deletions until September 2013.

Although we found evidence that some of the deletions were for legitimate reasons, the lack of audit trails or system backups limits our ability to identify and review individual deletions. CBO needs to develop and effectively manage internal controls concerning access to the HEC's workload data and deletions. Additionally, OI&T needs to implement adequate security controls and collect and retain WRAP audit logs.

**Recommendations**

6. We recommended the Under Secretary for Health establish appropriate policies and procedures to ensure Health Eligibility Center workload data are not deleted or changed without appropriate management review, approval, and audit trails.
7. We recommended the Under Secretary for Health implement mechanisms to ensure that privileges and access rights to Health Eligibility Center workload data are based upon specific job duties and the need to know.

8. We recommended the Under Secretary for Health confer with the Office of Human Resources and the Office of General Counsel to fully evaluate the implications of the first three allegations, determine if administrative action should be taken against any senior Veterans Health Administration officials involved, and ensure that appropriate action is taken.
9. We recommended that the Assistant Secretary for Information and Technology implement adequate security controls to enforce separation of duties and role-based access control for Workload Reporting and Productivity tool developers and administrators.
10. We recommended that the Assistant Secretary for Information and Technology ensure collection and retention of Workload Reporting and Productivity audit logs and evidence of administrative and user interactions with the application and transactions within the database.
11. We recommended that the Assistant Secretary for Information and Technology develop a monthly schedule to test whether Health Eligibility Center workload data are backed up properly and to provide the results of such testing to the Chief Business Office.
12. We recommended the Assistant Secretary for Information and Technology confer with the Office of Human Resources and the Office of General Counsel to fully evaluate the implications of the lack of controls over the Workload Reporting and Productivity tool, determine if administrative action should be taken against any senior Office of Information Technology officials involved, and ensure that appropriate action is taken.

**VHA  
Management  
Comments**

The Under Secretary for Health agreed with our findings and Recommendations 6 and 7. The Under Secretary acknowledged the vulnerabilities and management challenges in the design and construction of WRAP. Beginning in March 2014, the HEC developed a change control team that meets weekly, and any change request to WRAP must be signed off by the Director and Deputy Director. VHA will provide updated policy and procedures for WRAP and controls for record changes and deletions by January 31, 2016.

The Under Secretary also stated that the HEC has developed a matrix to identify staff positions and roles and responsibilities for access to WRAP. The HEC and VA's Atlanta Technology Center are testing an electronic approval process that, once completed, will enable OI&T to grant access to users based on the needs of the assigned position. VHA anticipates implementation of these procedures by December 31, 2015.

Finally, concerning Recommendation 8, the Under Secretary agreed to refer the issues to the Office of Accountability Review to fully evaluate the

implications of the first three allegations. Depending on the level of action recommended, the Office of Accountability Review will consult with the Office of General Counsel and the Office of Human Resources and Administration. VHA deferred decisions concerning administrative actions until the recommendations of the Office of Accountability Review are received. Appendix D provides the full text of the Under Secretary's comments.

**OI&T  
Management  
Comments**

The Assistant Secretary for Information and Technology agreed with our findings and Recommendations 9 through 12. The Assistant Secretary stated that security controls for separation of duties and role-based access controls were implemented and access to change roles for users, to include adding users, was reduced to a single official. Further, the WRAP application has been added to the HEC Access Request form that is now required for user access. OI&T anticipates full implementation of these controls by August 15, 2015.

The Assistant Secretary also stated enhancements to the WRAP audit function were implemented per the OIG recommendations on June 19, 2015. Further, the Assistant Secretary acknowledged weaknesses pertaining to WRAP data backups and supported monthly testing to determine if data are backed up properly and to validate the integrity of the data. OI&T has developed a test plan and anticipates full implementation within 60 days.

Finally, the Assistant Secretary stated that OI&T will work with the Office of Accountability Review for an initial assessment of the implications of the first three allegations and determine if administrative action should be taken. Through the Office of Accountability Review, OI&T will work with the Office of Human Resources and Administration and the Office of General Counsel to ensure that appropriate action is taken. Appendix E provides the full text of the Assistant Secretary's comments.

**OIG Response**

The Under Secretary's and Assistant Secretary's comments and corrective action plans are responsive to the intent of the recommendations. We will monitor implementation of planned actions and will close recommendations when we receive sufficient evidence demonstrating progress in addressing the issues identified.

#### **Allegation 4 Were 40,000 unprocessed health care applications, spanning a 3-year time period, discovered in January 2013?**

We substantiated that the HEC identified over 11,000 unprocessed health care applications and about 28,000 transactions related to health care application updates, correspondence, and alerts in January 2013. The oldest unprocessed health care application had a date of September 2012, four months prior to discovery. Further, the oldest unprocessed WRAP transaction was an update to a Future Release from Active Duty entry dated January 2012, a year prior to discovery, rather than the 3 years alleged.

The backlog developed because the HEC did not adequately monitor and manage its workload. The HEC did not identify the backlog earlier because it lacked controls to ensure the entry of WRAP workload into ES. The unprocessed applications and transactions were cleared using about 7,700 overtime hours, and resulted in delays of up to 6 months for processing health care applications.

#### ***Background***

WRAP helps the HEC manage the distribution of workload to enrollment processing staff. Specifically, WRAP manages the receipt and distribution of scanned health care applications, supporting documents, and other materials necessary to evaluate the application. WRAP organizes each item as a unique transaction. Employees process each transaction and enter or update the applicant's information in ES.

WRAP aggregates workload by categories, such as new enrollment applications, correspondence, and HEC alerts. Demobilization applications are hardcopy or online transactions requesting enrollment in VA's health care system by National Guard and reservist members upon their release from active duty. The HEC uses a Release from Active Duty transaction to monitor a service member's discharge or demobilization date to ensure the timely processing of a service member's enrollment application. Updates for Release from Active Duty transactions are often necessary when situations change, such as a change to the service member's discharge date.

#### ***What We Did***

To assess the allegation, we obtained and reviewed WRAP workload reports, internal email, and other HEC documentation concerning 38,704 unprocessed transactions discovered in January 2013. We also analyzed HEC FY 2013 payroll activity to determine the extent of overtime used to process the transactions. Finally, we interviewed and obtained testimonial evidence from VA officials and complainants.

**Unprocessed  
Workload  
Identified**

In January 2013, while updating information on the HEC's workload, HEC staff informed their leadership that approximately 39,000 WRAP transactions were waiting to be processed. Table 4 identifies the number of unprocessed WRAP transactions by category discovered in January 2013.

**Table 4. Unprocessed WRAP Transactions**

Category	Transactions	Oldest
Enrollment Applications	11,047	September, 27, 2012
Correspondence and Alerts	4,423	September 28, 2012
Updates for Future Releases From Active Duty	23,234	January 4, 2012
<b>Total</b>	<b>38,704</b>	

Source: *OIG Analysis of HEC Internal Workload Documentation as of January 2013*

The HEC identified that the oldest unprocessed transaction had a date of January 2012, one year prior to discovery, rather than the 3 years alleged. Of the almost 39,000 unprocessed transactions, over 11,000 (29 percent) of the transactions were health care enrollment applications. Approximately 4,400 (11 percent) transactions were correspondence and HEC alerts.

Over 23,000 (60 percent) of the remaining unprocessed WRAP transactions were Future Release from Active Duty updates. For example, the HEC received an online demobilization enrollment application on October 25, 2012, with a military separation date of January 24, 2013. The HEC created a Future Release of Active Duty transaction in WRAP alerting staff to check for updated military service data by March 2013. The HEC appropriately changed the veteran's enrollment status from pending to verified in March 2013.

**Inadequate  
Workload  
Management**

The HEC did not quantify the unprocessed WRAP transactions earlier because they were not conducting monthly comparisons between WRAP and enrollment records to ensure proper entry of all workload into ES. HEC leadership had become aware of this vulnerability during their administrative board of investigation that concluded in November 2010. However, a HEC official stated that the Informatics Division did not begin performing a monthly comparison until August 2013. The HEC senior leadership's failure to identify and measure the backlog limited the HEC's ability to manage it effectively.<sup>5</sup>

<sup>5</sup> In March 2015, HEC officials acknowledged other timeliness issues related to the receipt and processing of scanned versions of service members' discharge papers. The HEC has initiated action to analyze these scanned documents, and, as of April 2015, has enrolled about 70 veterans (4 percent) out of approximately 2,000 cases reviewed.

**Significant Delays Resulted**

In January 2013 HEC management authorized mandatory overtime to address the backlog, reportedly completed by March 2013. Additional labor hours were often necessary to process the surges in workload in a timely manner. We estimate the HEC spent at least 7,700 hours of overtime to process the backlog of applications. As a result of the backlog, approximately 11,000 health care applications were delayed for up to 6 months and approximately 28,000 updates for service members anticipating demobilization were delayed for up to 15 months.

**Conclusion**

We substantiated that the HEC identified over 11,000 unprocessed health care applications in January 2013. However, the oldest unprocessed health care application had a date of September 2012, only four months prior to discovery rather than the 3 years alleged. The HEC experienced significant processing delays because HECs senior leadership did not effectively manage its workload or establish controls to ensure veterans' health care applications and related support were fully evaluated and entered into ES.

**Recommendation**

13. We recommended the Under Secretary for Health perform monthly comparisons between Workload Reporting and Productivity reports and enrollment records to ensure the timely processing of applications and related documents.

**VHA Management Comments**

The Under Secretary for Health agreed with our findings and the recommendation. The Under Secretary stated that the HEC developed a dashboard to monitor and reconcile work items scanned into the HEC's imaging server and transferred to WRAP in January 2015. In addition, the Under Secretary stated that the HEC measures turn around time of applications processed onsite and reviews performance data during monthly strategic business discussions. Further, the HEC analyzes applications that are not completed in 5 business days for appropriate follow-on actions, such as sending a request for additional information to the applicant. VHA will provide evidence of monthly tracking reports covering efficiency, turn around time, and outreach statistics by September 30, 2015. Appendix D provides the full text of the Under Secretary's comments.

**OIG Response**

The Under Secretary's comments and corrective action plans are responsive to the intent of the recommendation. We will monitor implementation of planned actions and will close the recommendation when we receive sufficient evidence demonstrating progress in addressing the issues identified.

## Appendix A Background

### *HEC*

In FY 2014, the HEC received about \$47.2 million to provide eligibility verification, policy implementation, outreach, medical facility support, and enrollment processing activities. Located in Atlanta, GA, the HEC has six major divisions: Enrollment Eligibility, Income Verification, Compliance Integrity, Member Benefits and Education, Business Services, and Informatics.

### *Health Care Eligibility and Enrollment*

Federal law mandated significant changes to VA health care eligibility process in recent decades prompting new VA organizations and programs.

**1986**—Federal Law established financial means tests to determine health care eligibility for certain categories of veterans. VA medical centers began collecting and reviewing means tests. In addition, Congress authorized VA to collect from third-party insurers the cost of medical care provided to certain veterans for conditions unrelated to military service and to collect copayments from certain veterans for VA health care, thus increasing the significance of eligibility determinations.

**1990 to 1994**—Congress established per diem and co-payments for nonservice-connected veterans in hospitals and nursing homes in 1990. Congress also authorized VA to verify veteran financial information with the Internal Revenue Service and SSA. In 1992, VHA established the Income Verification Match Center in Atlanta, and in 1994, it implemented centralized income verification.

**1996 to 1998**—In 1996, VA was required to establish a national enrollment system based on various priority groups related to military service, service-related injuries, and financial resources. Further, Congress authorized VA in 1997 to retain and use fees collected from third-party insurance and co-payments, rather than returning these funds to the Department of Treasury, which led to the growth of this program. By 1998, VHA had expanded the Income Verification Match Center, which was renamed the Health Eligibility Center, to implement the new national VA enrollment system.

**Post 9/11 Era**—Discharged combat veterans became eligible for VA health care for 2 years in 2002. Congress authorized the extension of the benefit for service-connected conditions to 5 years in 2008.

### *Evolution of Enrollment Information Systems*

In the 1980s, veterans initially seeking medical care completed paper applications at local VA medical centers. Staff entered information from these applications into the facilities' local computer system, currently known

as VistA. The computer system supported an inquiry to obtain eligibility information from VBA.

In 1998, VA developed a National Enrollment Database to combine and manage enrollment data from VA medical facilities. By 2009, VA had adopted a new system, called ES, as the official system of record for verifying veterans' eligibility and hosting the subsequent enrollment information. VHA rolled records from the previous database into ES, including records automatically transferred by VHA's business rules for automatic enrollment.

**Enrollment  
Application  
Processing**

VHA provides comprehensive health care to eligible veterans, though, most veterans must apply and be determined eligible in order to be enrolled for VA health care. Eligibility for enrollment is determined by evaluating evidence of qualifying military service and financial need. Veterans may apply for enrollment in VA health care in person, by mail or telephone, or online.

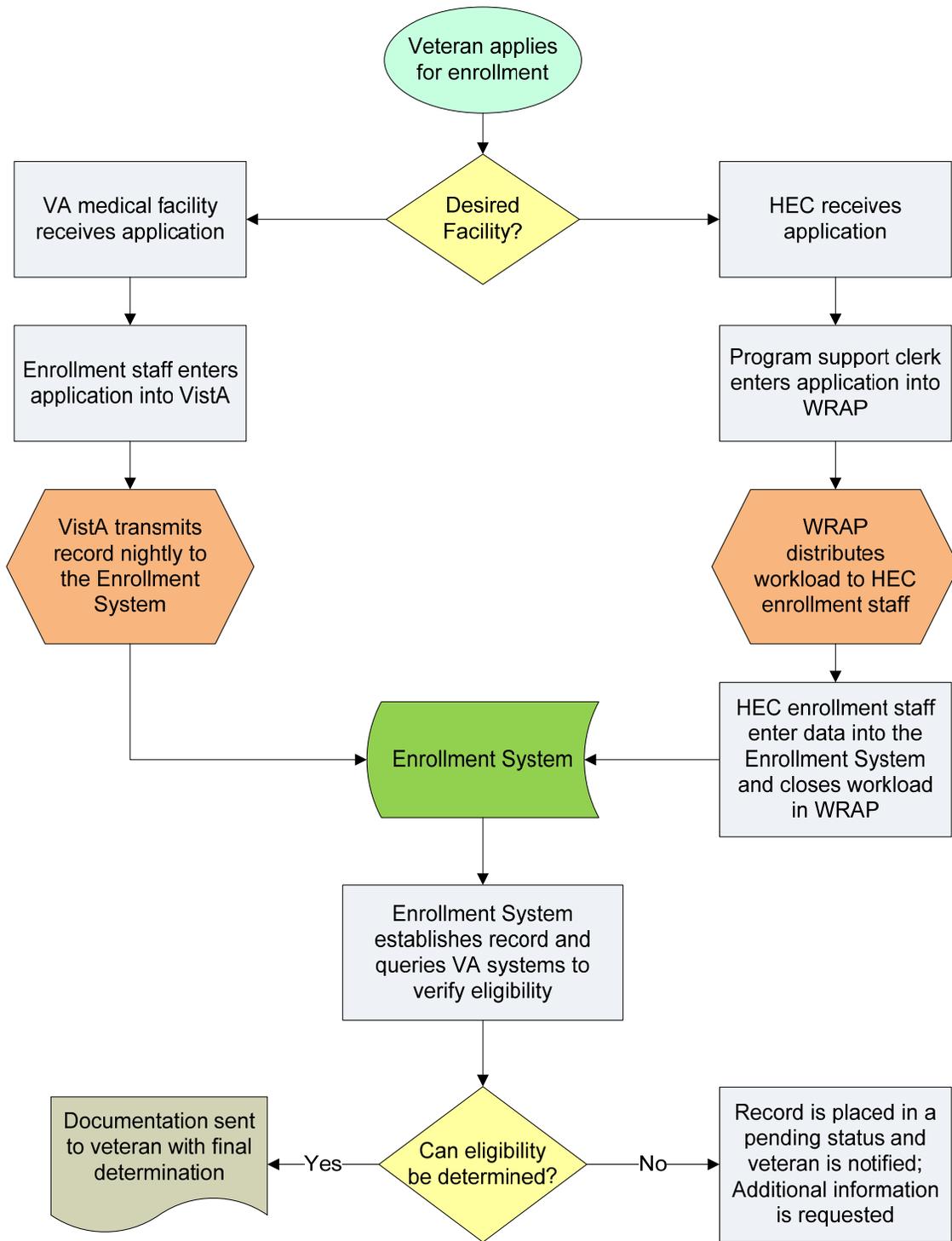
Both VA medical facilities and the HEC process health care enrollment applications. Medical facilities employ approximately 355 (75 percent) of the VHA enrollment workforce, whereas the HEC's Enrollment Eligibility Division employs approximately 120 (25 percent) of the remainder. In general, online applications are processed by the entity designated by the applicant as his or her preferred facility, with the exception of four medical facilities processed by the HEC. These facilities are:

- Atlanta VA Health Care System, Decatur, GA
- Sioux Falls VA Health Care System, Sioux Falls, SD
- Fargo VA Health Care System, Fargo, ND
- VA Black Hills Health Care System, Fort Meade & Hot Springs, SD

Typically, at VA medical facilities, the local enrollment clerk receives and enters a veteran's information into VistA, and is able to provide a preliminary eligibility determination if the veteran applies in person. Every night, VistA transmits veterans' information to ES for eligibility verification. Once verified, VA sends veterans an official enrollment determination letter.

Processing at the HEC is similar; however, the HEC uses the WRAP tool to manage the receipt, distribution, and management of application workload. HEC staff scan mailed applications into WRAP for processing. Online applications routed through VistA are extracted and imported to WRAP. Once populated, WRAP routes applications to legal administration specialists who verify the information and enter it into ES. Once verified, the information allows VA staff to send an official enrollment determination letter to the veteran. The figure on the next page outlines the general process flow for health care enrollment applications.

**Figure. VHA Health Care Enrollment Process**



Source: OIG Analysis of VHA Enrollment Process

## **Appendix B Scope and Methodology**

**Scope** We conducted our review work from August 2014 through July 2015. We reviewed application enrollment activities at the HEC from March 2009 through September 2014.

**Methodology** Our review focused on four allegations referred to the OIG by the House Committee on Veterans' Affairs in July and September 2014. We identified and reviewed applicable laws, regulations, VA policies, operating procedures, and training guides. We interviewed and obtained relevant testimonial information from individuals who made the initial allegations and from more than 60 current and former employees in CBO, the HEC, OI&T, and VA medical facilities. We reviewed relevant HEC workload data, overtime pay records, email, correspondence, briefing materials, incident reports, and administrative investigation documentation.

Our review included examining data extracts from ES from April and September 2014, as well as additional ES records as of February 2015. We performed automated testing procedures on the extracted data and data matches with SSA Death Master File, VHA Patient Treatment File, VHA National Patient Care Database, and the VBA Corporate Database. We also solicited the HEC and 103 VA medical facilities to obtain copies of health care applications. Finally, we used VBA's Share application to confirm veterans' identities and the Compensation and Pension Record Interchange to obtain additional information concerning patient utilization history.

Our work also included a review of IT security controls, backup systems, and available forensic evidence concerning health care application and record deletions in WRAP. An OIG IT staff member performed an assessment of issues related to WRAP, to include assessments of previously performed technical reviews by the HEC Informatics Division and OI&T technical staff.

**Data Reliability** We used computer-processed data from ES and WRAP, which were significant to determining the merit of allegations of mismanagement at the HEC. To test the reliability of ES data, we reviewed a sample of records across multiple enrollment categories, such as pending enrollment records, "locked" records, and rejected enrollments, for data completeness and accuracy. We compared supporting documentation, such as enrollment applications, to the data to ensure their key attributes, including application dates, first and last names, dates of birth, and social security numbers, matched.

We projected that at least 477,000 records in ES lacked application dates. Furthermore, due to the absence of supporting documentation, we could not consistently verify the application date, birth date, social security number, or

first and last name in the records as captured in the system-though, we did determine that the application date is not a required field in ES. We also compared SSA Death Master File data with ES data and found that about 307,000 applications coded as pending were reported as being deceased by SSA.

We were unable to rely on WRAP data to address certain issues related to record deletions due to limitations identified by OI&T reviews. Our report used WRAP data without independent verification to assess permission management and to corroborate explanations for partially deleted records.

Our report also used information from other VA databases without independent verification to provide context for the findings, to develop report examples, and to assess the reliability of other evidence. We relied on these data to provide context based on their general reputation, their independence from the enrollment program, and generally in combination with multiple sources.

We documented data limitations with respect to any errors and omissions in the data significant to our findings. Except for the limitations discussed in this appendix and the body of the report, we concluded that the data used were sufficiently reliable to reach the assessments of each allegation, conclusion, and recommendation made in this report.

**Government  
Standards**

We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's Quality Standards for Inspection and Evaluation except for the Data Collection and Analysis and the Evidence standards. Our analysis was limited due to unreliable or missing data in ES; the absence of historical images of WRAP data; the absence of records concerning the specific deletions; and the lack of internal audit trails. As a result of the data limitations, we were only able to partially answer allegations 1, 2 and 3. We believe the evidence we were able to obtain provides a reasonable basis for our findings and conclusions in the report and we made recommendations to fix the data limitations.

## **Appendix C Statistical Sampling Methodology**

To determine the merit of allegations of mismanagement at the HEC, we evaluated the quality and reliability of VHA's health care enrollment data using two statistical samples. We reviewed a sample of pending enrollment records to determine if the HEC had adequate controls to ensure accurate reporting of status information. In addition, we reviewed a sample of "locked" records to test assertions that those records were not valid.

### ***Pending Record Methodology***

To evaluate the reliability of veteran health care enrollment data and assess the status of pending enrollment records, we conducted a stratified random sample. For each sample case, we traced application dates to assess the accuracy and completeness of data in ES.

We also evaluated the extent to which enrollment records have been pending in ES. For each sample case, we determined the number of business days and years between the date the record entered a pending status and September 30, 2014.

### ***Population***

ES is VHA's official system of record for veteran health care enrollment data. It contains all records for individuals whose applications were either verified or rejected for health care enrollment. In addition, ES maintains records that require additional information to reach a final determination (also referred to as pending enrollment records).

For the purposes of our review, we focused on the population of pending enrollment records. The sampled population of pending records consisted of 866,879 records that did not have a final enrollment determination as of September 30, 2014.

### ***Sample Design***

We reviewed 51 randomly selected enrollment records with a pending status as of September 30, 2014.

### ***Weights***

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

### ***Projections and Margins of Error***

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 summarizes the projections for records with missing application dates or enrollment applications.

**Table 5. Summary of Pending Record Projections**

Category	Sample Size in Error	Estimate	Margin of Error	90 Percent Confidence Interval Lower Limit	90 Percent Confidence Interval Upper Limit
Missing Application Dates	33	661,000	183,000	477,000	844,000
Pending Over 5 Years	31	352,000	237,000	115,000	588,000

*Source: OIG statistical analysis performed by the Office of Audits and Evaluations statistician*

**Locked Record Methodology**

To test the validity of “locked” records in ES, we conducted a stratified random sample. For each sampled record, we reviewed the historical progression based on available data. We traced the record back to the original enrollment application, when possible; verified whether the individual was a veteran; and determined whether they had received VA medical care at any point in the past.

**Population**

ES has accumulated over 22.3 million records and contains entries of any VA patient, not just individuals who have applied for enrollment since 1998. For the purposes of our review, we focused on records with a blank enrollment status. The sampled population of records with a blank enrollment status (or “locked” records) consisted of 6,184,952 records as of April 30, 2014.

**Sample Design**

We reviewed 18 randomly selected records with blank enrollment statuses as of April 30, 2014.

**Weights**

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

**Projections and Margins of Error**

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 6 on the next page summarizes the “locked” record projections.

**Table 6. Summary of Locked Record Projections**

<b>Category</b>	<b>Sample Size in Error</b>	<b>Estimate</b>	<b>Margin of Error</b>	<b>90 Percent Confidence Interval Lower Limit</b>	<b>90 Percent Confidence Interval Upper Limit</b>
Veterans Who Applied or Received Care	8	2,100,000	1,300,000	774,000	3,300,000

*Source: OIG statistical analysis performed by the Office of Audits and Evaluations statistician*

## Appendix D Under Secretary for Health Comments

### Department of Veterans Affairs

### Memorandum

**Date:** August 14, 2015

**From:** Under Secretary for Health (10)

**Subj:** OIG Draft Report, Review of Alleged Mismanagement at the Health Eligibility Center (VAIQ 7630204)

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

1. Thank you for the opportunity to review the draft report on Veterans Health Administration (VHA) Review of Alleged Mismanagement at the Health Eligibility Center. Be assured that VHA regards the issues raised with the utmost seriousness and we are taking action to address the concerns. Attached is VHA's corrective action plan for recommendations 1 through 8, and 13. The Assistant Secretary for Information and Technology will respond to recommendations 9 through 12.
2. The mission of the Health Eligibility Center (HEC) has evolved over time; from conducting Income Verification Matching activities in the late 1980's, to implementing requirements of Public Law (Pub. L.) 104-262, the Veterans' Health Care Eligibility Reform Act of 1996, and finally to assisting in the oversight of field facilities in the enrollment activities of Veterans applying for VA health care. Since implementation of the Eligibility Reform Act, VHA has enrolled over 12 million Veterans into its health care system.
3. VHA's Office of Compliance and Business Integrity (CBI) conducted a focused review of the HEC in December 2014. That review identified several material weaknesses in the program and recommended that the HEC develop a detailed plan to implement a comprehensive compliance program that adheres to VHA policy. In response to the CBI report, the HEC is taking steps to strengthen its internal controls, quality assurance process, and training and educating the business lines that will serve to demonstrably

improve its compliance program. This includes coordinating with the Office of Information and Technology to review, enhance, and implement system business rules, requirements, and controls into VHA's Enrollment System.

4. VHA is also taking steps to improve data integrity. First, we are developing procedures, through the regulatory process; inclusive of efforts to assist first-time applicants in a pending status in locating necessary information. This may be either through our own databases, by requesting information from the Department of Defense, or finally by direct contact with the applicant. As well, these procedures will include steps taken when an application has been in a pending status over a prescribed time period with no response. Furthermore, we are currently examining the feasibility of using additional data bases as allowable authoritative sources of death notifications into VHA's Enrollment System.
5. We regret the inconvenience and potential hardship place on applicants for health care and we are working hard to restore Veterans' confidence and trust in VA's systems and staff. We have and will continue to take timely and appropriate steps to improve our services to ensure we meet the expectations of those whom we have the honor of serving.
6. Thank you for the opportunity to review the draft report. If you have any questions, please contact Karen Rasmussen, M.D., Director, Management Review Service (10AR) at [VHA10ARMRS2@va.gov](mailto:VHA10ARMRS2@va.gov).

*(original signed by:)*

David J. Shulkin, MD

Attachment

ATTACHMENT

**VETERANS HEALTH ADMINISTRATION (VHA)  
Action Plan**

**OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center**

**Date of Draft Report: July 24, 2015**

Recommendations/ Actions	Status	Completion Date
-----------------------------	--------	-----------------

OIG recommends that the Under Secretary for Health

**Recommendation 1. We recommend the Under Secretary for Health provide guidance concerning how long applications may remain pending before reaching a final determination.**

VHA Comments: Concur

The Enrollment System (ES) contains migrated data from a previously developed database, as well as data feeds from VA medical facilities, and data self-entered by Veterans. As mentioned in the OIG report, the number of pending records in the ES was overstated and did not necessarily represent Veterans actively seeking enrollment in VA health care. Generally, a pending record lacks verifiable military service information or lacks disclosure of requisite financial information. Current VHA policy lacks a timeframe for when health care applications should reach a final determination, leading to a number of these records remaining in a pending status for a number of years. Historically, VHA did not close out the pending records because the application could be completed whenever required information was submitted or if the applicant ever presented to a VA site of care. Accordingly, VHA needs regulatory authority to close out pending records that have not reached a final determination. As such, VHA is issuing a rule regarding the procedures to follow on how long the application will remain in a pending status.

To complete this action, VHA will provide the following documentation:

- Publication of the Interim Final Rule authorizing VHA to change the “pending” status of data used for eligibility determinations

Status:  
In process

Target Completion Date:  
December 31, 2015

Page 2.

OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center

**Recommendation 2. We recommend the Under Secretary for Health assign an accountable official responsible to implement a plan to correct current data integrity issues in the Enrollment System.**

VHA Comments: Concur

The Deputy Under Secretary for Health for Operations and Management with collaboration from VHA's Chief Business Office will assign an accountable senior official responsible to implement a plan to correct the current data integrity issues in the Enrollment System.

To complete this action plan, VHA will provide:

- The name of individual that has been assigned accountability to implement the plan to correct data issued in the Enrollment System.

Status	Target Completion Date:
In process	September 30, 2015

**Recommendation 3. We recommend the Under Secretary for Health develop and execute a project management plan to ensure that Enrollment System data are fully evaluated and properly categorized.**

VHA Comments: Concur

Under the authority of the official assigned in recommendation 2, VHA's Chief Business Office will develop and initiate execution of a project management plan to ensure that the Enrollment System data are fully evaluated and properly categorized. Full execution will depend on the extent of the project plan.

To complete this action, VHA will provide the following documentation:

- Approved project management plan
- Evidence of meeting project milestones in the plan up to 1 full year

Status:	Target Completion Date:
In process	September 30, 2016

Page 3.

OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center

**Recommendation 4. We recommend the Under Secretary for Health implement controls to ensure that future enrollment data are accurate and reliable before being entered in the Enrollment System.**

VHA Comments: Concur

VHA's Chief Business Office Member Services will develop and further implement controls (e.g. directives, handbooks, business rules) to ensure enrollment data are accurate and reliable when entered into the Enrollment System.

Data entry into VA's Enrollment System comes from many sources to include self-entry by applicants or existing enrollees via self-service modalities. These modalities include kiosks at local medical centers and online submissions. Implementing controls to ensure that future enrollment data are accurate and reliable before entry will by necessity, involve in-depth review of existing controls and development of recommendations.

To complete this action, the Chief Business Officer will:

- Convene a working group task to examine existing controls to identify deficiencies preventing entry of accurate and reliable data
- Working group to submit implementable plan of action

Status:  
In process

Target Completion Date:  
June 30, 2016

**Recommendation 5. We recommend the Under Secretary for Health implement effective policies and procedures to accurately and timely identify deceased individuals with records in the Enrollment System and record their changed status in the system.**

VHA Comments: Concur

VHA has, by design, enforced guidance in authoritative sources used for death notifications out of an abundance of caution since such entry causes cessation of medication fills and cancellation of future medical appointments. Per VHA directive 1906, *Data Quality Requirements for Healthcare Identify Management and Master Veteran Index Functions*, authoritative death notification sources are currently confined to deaths that occurred in a VHA facility, verified by a Death Certificate, or transmitted by the National Cemetery Administration. The Date of Death Process Requirements

Page 4.

OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center

Group is analyzing the current processes for recording and sharing Veteran dates of death and compiling requirements for enhancing the process.

To complete this action, VHA will provide:

- Results and recommendations from the Date of Death Process Requirements Group analysis

Status:  
In process

Target Completion Date:  
June 30, 2016

**Recommendation 6. We recommend the Under Secretary for Health establish appropriate policies and procedures to ensure Health Eligibility Center workload data is not deleted or changed without appropriate management review, approval, and audit trails.**

VHA Comments: Concur

The HEC often deleted transactions for legitimate purposes, such as the removal of duplicate transactions or to replace an illegible scanned document. VHA acknowledges the vulnerabilities and management challenges in the design and construction of the HEC's Workload Reporting Tool (WRAP) software, which limited the OIG's ability to rule out manipulation of data. Continuing efforts are underway to institute better auditing and access control capabilities of this tool pending formal adoption of new software with specifications that we expect will meet OIG and management expectations of such workload tracking software.

To ensure workload data is not deleted or changed without appropriate management review, approval, and audit trails, the HEC removed purge and delete functionality from the WRAP application in January 2015.

In March 2015, the HEC and the Chief Business Office's Atlanta Technology Center developed a change control team that meets weekly. Any change request to workflow tool (e.g. WRAP) must be signed off by the Director and Deputy Director, HEC.

To complete this action, VHA will provide:

- Station policy and procedures documentation demonstrating implementation of controls

Page 5.

OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center

- Two quarters of data (4<sup>th</sup> quarter FY15, 1<sup>st</sup> quarter FY16) demonstrating any changed or deleted in workload data that contains appropriate management review, approval, and audit trails

Status:  
In process

Target Completion Date:  
January 31, 2016

**Recommendation 7. We recommend the Under Secretary for Health implement mechanisms to ensure that privileges and access rights to Health Eligibility Center workload data is based upon specific job duties and the need to know.**

VHA Comments: Concur

In February 2015, HEC's management team developed a matrix to identify staff positions/roles and responsibilities for access to the Workload Reporting and Productivity Tool (WRAP). The matrix ensures that employees that have access to the system need it to perform the essential duties of their position. Employees must request access to HEC's WRAP by filling out an HEC Access form. This Access form must be signed by the employee and approved by the immediate supervisor, Assistant Associate Director before access can be granted. Access is based on defined roles of the employee and range from those responsible for processing applications; conducting Q&A review; supervisory management responsibilities; to those responsible to provide correspondent responses. Currently, the HEC and VA's Atlanta Technology Center are testing an electronic approval process of elevated privileges to ensure appropriate access. Once the testing is complete, the Office of Information and Technology will be able to grant access to users based on needs of their assigned position.

To complete this action, VHA will provide:

- Standard operating procedures on controlling Access to Workflow Management System
- Documents requesting change to WRAP roles

Status:  
In process

Target Completion Date:  
December 31, 2015

Page 6.

OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center

**Recommendation 8. We recommend the Under Secretary for Health confer with the Office of Human Resources and the Office of General Counsel to fully evaluate the implications of the first three allegations, determine if administrative action should be taken against any senior Veterans Health Administration officials involved, and ensure that appropriate action is taken.**

VHA Comments:

VHA neither concur or non-concur with taking administrative action. VHA agrees to refer this issue to the Office of Accountability Review (OAR) to fully evaluate the implications of the first three allegations. Depending on the level of action recommended, OAR will consult with the Office of General Counsel and the Office of Human Resources and Administration.

Status:  
In process

Target Completion Date:  
To be determined based on  
evidence provided

**Recommendation 13. We recommend the Under Secretary for Health perform monthly comparisons between Workload Reporting and Productivity reports and enrollment records to ensure the timely processing of applications and related documents.**

VHA Comments: Concur

In January 2015, the Health Eligibility Center (HEC) developed a dashboard to monitor and reconcile work items scanned into HEC's imaging server and transferred to the Workload Reporting and Productivity Tool deployed. HEC measures Turn Around Time (TAT) of applications processed at HEC. This measure determines the amount of applications processed to a final determination (non-pending status) within five business days. Additionally, the HEC Efficiency measure tracks workload that is assigned to HEC and completed within five business days. Applications that do not meet either the TAT or this efficiency rate are analyzed for appropriate follow-on actions such as the sending of a request for additional information to an applicant.

Page 7.

OIG Draft Report, Veterans Health Administration: Review of Alleged Mismanagement at the Health Eligibility Center

HEC reviews performance data during monthly Active Strategy business discussions. The performance data includes HEC Efficiency Reports and HEC Turn Around Time Reports. Variance reports including action plans are developed by business process owners and trends are discussed to ensure opportunities for improvement are implemented. Results of the Active Strategy business discussions are visible to the Chief Business Office.

To complete this action, the Chief Business Officer will:

- Provide evidence of monthly tracking of HEC Efficiency Reports, HEC Turn Around Time Reports, and Outreach statistics to Veterans with applications in a pending enrollment status
- Provide evidence of Active Strategy Variance Reports

Status:  
In process

Target Completion Date:  
September 30, 2015

Veterans Health Administration  
August 2015

## Appendix E Assistant Secretary for Information and Technology Comments

### Department of Veterans Affairs

### Memorandum

**Date:** August 10, 2015

**From:** Assistant Secretary for Information and Technology (005)

**Subj:** Draft Report, Review of Alleged Mismanagement at the Health Eligibility Center (OIG Project No. 2014-01792-D2-0093)

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

Thank you for the opportunity to review the Office of Inspector General (OIG) draft report, "*Review of Alleged Mismanagement at the Health Eligibility Center.*" The Office of Information and Technology concurs with OIG's findings and submits the attached written comments for recommendations 9 - 12. If you have any questions, contact me at (202) 461-6910 or have a member of your staff contact Martha K. Orr, Executive Director, Office of Quality, Performance and Oversight, at 202-461-6910.

*(original signed by:)*

LaVerne H. Council

Attachment

**Office of Information and Technology**  
**Comments on OIG Draft Report,**  
Review of Alleged Mismanagement at the Health Eligibility Center  
(OIG Project No. 2014-01792-D2-0093)

**Allegation #3: Were over 10,000 Veteran application transactions records Purged or Deleted at the HEC?**

Health Eligibility Center Program Support Clerks often delete application transactions for legitimate purposes. These purposes include, but are not limited to the removal of duplicate transactions or replacement of illegible scanned documents. The functionality to be able to remove entries such as these was built into the Workload Reporting and Productivity (WRAP) product. The OIG requested access to server audit logs. The event logs did not provide the OIG with an answer to the total sum of records deleted and date of deletion by the HEC staff. Since August of 2014, the ability to delete a WRAP record has been disabled.

**OIG Recommendation 9: We recommend that the Assistant Secretary for Information and Technology implement adequate security controls to enforce separation of duties and role-based access control for Workload Reporting and Productivity tool developers and administrators.**

**OIT Comments:** Concur // Security controls for separation of duties and role-based access controls have been implemented. Access to change roles for users and adding users was reduced and limited to 1 head department staff member (Director of the service) at the HEC. The Director is currently being processed through ePas for elevated privilege. WRAP application has been added to the HEC Access Request form and is now required to be completed before users gains access to WRAP application. Configuration changes have been made to WRAP to change roles and force separation of duties and only authorize the minimum level of access necessary for each role. This change will prevent anyone outside of OI&T from adding any new users without proper authorization. Target date for full implementation is on or before August 15, 2015.

**OIG Recommendation 10: We recommend that the Assistant Secretary for Information and Technology ensure collection and retention of Workload Reporting and Productivity audit logs and evidence of administrative and user interactions with the application and transactions within the database.**

**OIT Comments:** Concur // The WRAP application's pre-IG configuration was set to audit when a user logged in and logged out of WRAP. Audit enhancements

were implemented per the OIG recommendations on June 19, 2015. The WRAP application's pre-IG configuration was set to audit when a user logged in and logged out of WRAP. Tracking fields are Session ID, User ID, date & time, Role (user title), number of log in attempts, IP address Track any page that a user visited once logged in. Tracking fields are: Session ID, User ID, Date and Time, URL visited, time spent on the URL, transaction number if any Track the following events to a transaction: add, add file, add transaction, admin, assign, assign QA, close transaction, closed, complete, create transaction, delete, delete file, delete image, forward review, Add File, Linked and Close transaction, PSC Counter, re-assign, re-open, re-open traction, retrieve pending ES Transaction, retrieve second level review, retrieve transaction, return to supervisor, return transaction, save / In progress, save w/o Submission, Send interim letter, transfer, TX Complete, TX Correct, TX Incorrect – Critical Element, TX In Correct – Non-Critical Element, Un-Delete, Update, Update RAD, Update Review Date, Update Vet Info, Verification method checked, verification method unchecked, view, view HEC Alerts Track the following events to a user's profile: add permission, check overtime, deactivate profile, activate permission, add profile, update profile, remove permission, deactivate permission, account disabled, view only enabled, view only disabled, activate profile, departed employee disabled, temporary deactivate.

***OIG Recommendation 11: We recommend that the Assistant Secretary for Information and Technology develop a monthly schedule to test whether Health Eligibility Center workload data are backed up properly and to provide the results of such testing to the Chief Business Office.***

**OIT Comments:** Concur// Subsequent to reviewing the report and the applicable sections of the VA6500, there are weaknesses which can be addressed and were appropriately noted by the OIG. In the specific area of testing data backups based on Recommendation #11, there is merit in running the monthly test and through the test, validating the integrity of the data.

Recommended test plan:

- On a monthly basis, the Program Manager initiates the test.
  - o The Database Administrator (DBA) initiates an unannounced data recovery exercise (restore to same or different server) and advises the backup team of the restore request.
  
- If the tapes are on-site, the backup team does nothing but allow the restore to complete.
  
- If the tapes are off-site, the DBA or the backup team will initiate a tape recall.
  - o (Note that the tape returned will be in an FTI marked, double locked containers to be handled only by personnel who have completed the requisite FTI handling training.)

- Once returned to the site, the appropriate personnel will unlock the containers and inject the tape into the tape library and notify the backup team.
- Backup team will inventory the tape libraries which will auto-permit the waiting restore to proceed.
- Backup team will monitor the restore and advise the DBA upon completion.
- DBA will verify that the restored data is useable and document same for the auditors, and notify the Program Manager of the results.
- The Program Manager, through the DBA, will notify the backup team of the result and the appropriate personnel will eject the FTI restore tape and return it to the tape pool for proper return to off-site storage.
- All results will be cataloged and retained by the Program Manager for proof of compliance and possible process improvement.

This can be implemented in within 60 days.

***OIG Recommendation 12: We recommend the Assistant Secretary for Information and Technology confer with the Office of Human Resources and the Office of General Counsel to fully evaluate the implications of the lack of controls over the Workload Reporting and Productivity tool, determine if administrative action should be taken against any senior Office of Information Technology officials involved, and ensure that appropriate action is taken.***

**OIT Comments:** Concur// OI&T will work with the Office of Accountability for an initial assessment of the administrative action implications of the lack of controls over the Workload Reporting and Productivity tool which will determine if administrative action should be taken in this matter. We are meeting with the Office of Accountability staff on Monday, August 10, 2015, to discuss timeframes. Through the Office of Accountability, we will work with Human Resources and Administration as well as Office of General Counsel to ensure that appropriate action is taken.

## **Appendix F Office of Inspector General Contact and Staff Acknowledgments**

---

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
-------------	---

---

Acknowledgments	Steven Wise, Director Phillip Becker Michael Bowman Candice Brown Dustin Clark Vercie Davis Lee Giesbrecht Justin Kerly Jason Reyes Sharon Richards Jose Salazar Tonya Shorts Shawn Steele Michelle Swagler Brandon Thompson Nelvy Viguera Butler Jianshu Wang
-----------------	--

## Appendix G Report Distribution

### VA Distribution

Office of the Secretary  
Veterans Health Administration  
Veterans Benefits Administration  
National Cemetery Administration  
Assistant Secretaries  
Office of General Counsel

### Non-VA Distribution

House Committee on Veterans' Affairs  
House Appropriations Subcommittee on Military Construction, Veterans  
Affairs, and Related Agencies  
House Committee on Oversight and Government Reform  
Senate Committee on Veterans' Affairs  
Senate Appropriations Subcommittee on Military Construction, Veterans  
Affairs, and Related Agencies  
Senate Committee on Homeland Security and Governmental Affairs  
National Veterans Service Organizations  
Government Accountability Office  
Office of Management and Budget  
U.S. Senate: Johnny Isakson, David A. Perdue, Jr.  
U.S. House of Representatives: Rick Allen, Sanford D. Bishop Jr.,  
Buddy Carter, Doug Collins, Tom Graves, Jody Hice,  
Henry C. "Hank" Johnson, Jr., John Lewis, Barry Loudermilk, Tom Price,  
Austin Scott, David Scott, Lynn A. Westmorland, Robert Woodall

This report is available on our Web site at [www.va.gov/oig](http://www.va.gov/oig).