US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Audit of the Healthcare Enrollment Program at VA Medical Facilities

Audit | 24-03691-175 | August 21, 2026

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Executive Summary

For eligible veterans to access the health care they have earned, VA must promptly and accurately process veterans' enrollment applications. The VA Office of Inspector General (OIG) evaluated VA medical facilities' eligibility and enrollment programs to determine whether veterans' healthcare applications were processed consistently with national enrollment standardization policies and goals. The OIG audit team analyzed a sample of enrollment records created by medical facilities from October 1, 2022, through November 20, 2025. This time frame was selected to account for an expected influx of veteran applications following the passage of the PACT Act of 2022, which expanded eligibility to veterans with conditions related to toxic exposure and those who served in specific combat operations.[1] To account for evolving eligibility criteria, the team also examined veterans' enrollment records and processing facilities' procedures through January 2026.

During the audit, the VA Secretary announced in December 2025 a reorganization of the Veterans Health Administration's (VHA) management structure to better define roles and make faster decisions. In January 2026, the audit team discussed its findings and recommendations with senior VA leaders responsible for the enrollment program; VHA officials said they were considering centralizing the enrollment function but that enrollment activities at VA medical facilities and the Health Eligibility Center—VA's central authority for eligibility and enrollment processing—had not yet changed. The OIG discussed audit results with VHA again in June 2026 and made eight recommendations to improve the effectiveness of the enrollment program and make sure applications are consistently processed in accordance with governing authorities. In July 2026, the acting under secretary for health concurred with all eight recommendations and provided responsive action plans.

What the Audit Found

Overall, the OIG found that enrollment staff at VA medical facilities processed 75 percent of 420 sampled applications according to the requirements in 38 C.F.R. § 17.36 and VHA Directives 1601A.01 and 1601A.02.[2] Although the percentage of correctly processed applications was high, the audit team noted areas of risk VHA could address to improve accuracy and program governance. Specifically, the OIG team found that staff did not maintain or date-stamp 58 of the 420 sampled veterans' applications (14 percent), which prevented the team from assessing whether they were processed properly or in a timely manner. This is important

[1] Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, Pub. L. No. 117-168, 136 Stat. 1759 (2022).

[2] VHA Directive 1601A.01, *Registration and Enrollment*, amended April 4, 2024 (July 7, 2020); VHA Directive 1601A.02, *Eligibility Determination*, amended March 6, 2024 (July 6, 2020).

because the application is a key source of information on the veteran's military service and pertinent financial information. For 43 of the sampled applications (10 percent), VHA staff misinterpreted, overlooked, or inaccurately entered information resulting in incorrect veteran eligibility or priority group determinations. The team also identified facility practices that prevented or delayed entry of veterans' applications into the enrollment system.

These program vulnerabilities were partly due to oversight activities that did not include evaluating the entire enrollment process at the facility level. Furthermore, the Health Eligibility Center's quality assurance reviews and site visits relied on completed applications. Consequently, these oversight efforts risked missing incorrect practices such as when applications were not entered into the system. Secondary reviews for veterans placed in lower priority groups also relied on facility staff reporting them to the Health Eligibility Center (which did not always occur) rather than center staff proactively evaluating all veterans in these categories. Finally, regional and medical facility oversight was not detailed in guidance and therefore was inconsistently implemented nationwide.

Until VHA makes further improvements, eligible veterans may continue not being enrolled for healthcare or incurring unnecessary costs if placed in incorrect priority groups.

Next Steps

The OIG will monitor VHA's corrective actions and will close the recommendations once VHA provides sufficient evidence that it has strengthened its enrollment process and addressed the risks identified in this report.

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Abbreviations

CBOC	community-based outpatient clinic
OIG	Office of Inspector General
PACT Act	Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The Veterans Health Administration (VHA) provides comprehensive healthcare benefits to eligible veterans. This includes inpatient hospital care, outpatient treatment, long-term care, and other support. As stipulated by 38 U.S.C. § 1705, most veterans must apply, be determined eligible for care, and enroll with VA to receive these benefits that they have earned. Under the authority of 38 C.F.R. § 17.37, some veterans may receive care without applying for enrollment, such as those with service-connected disabilities (conditions incurred or aggravated in the line of duty during active military service) that are rated at least 50 percent or if they are seeking care only for a VA-rated disability. This also applies to those who exited active military service due to a disability sustained in the line of duty that VA has not yet rated (among other criteria). Enrollment staff in VHA determine veterans' eligibility by evaluating evidence of qualifying military service, a service-connected disability, and financial need.

Prior VA Office of Inspector General (OIG) reports identified policy and control deficiencies, governance weaknesses, and data management challenges in VHA's eligibility and enrollment program.[3] In response, VHA implemented Directive 1601A.01, which sought to increase program governance and standardize enrollment activities across VA medical facilities.[4] Beginning in August 2022, the PACT Act expanded eligibility to veterans with conditions related to toxic exposure and those who served in specific combat operations.[5] The anticipated influx of veterans' applications had the potential to stress VHA's new enrollment program and test the internal controls that govern it.

The OIG conducted this audit to evaluate VA medical facility eligibility and enrollment programs and determine whether veterans' healthcare applications were processed consistently with national enrollment standardization policies and goals. The audit team evaluated a sample of 420 enrollment records created by medical facilities from October 1, 2022, through November 20, 2025—assessing their statuses, relevant changes, and the processing facilities' procedures through January 2026. This time frame was selected to account for veteran applications submitted after the passage of the PACT Act.

In December 2025, as this audit was ongoing, the VA Secretary announced the reorganization of VHA's management structure to better define roles and make faster decisions. In January 2026, the audit team discussed preliminary findings and recommendations with senior VA leaders

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[3] VA OIG, *Review of Alleged Mismanagement at the Health Eligibility Center*, Report No. 14-01792-510, September 2, 2015; VA OIG, *Audit of the VHA's Health Care Enrollment Program at Medical Facilities*, Report No. 16-00355-296, August 14, 2017.

[4] VHA Directive 1601A.01, *Registration and Enrollment*, amended April 4, 2024 (July 7, 2020).

[5] Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, Pub. L. No. 117-168, 136 Stat. 1759 (2022).

responsible for the enrollment program. At this meeting, VHA officials said they were considering centralization of the enrollment function but that enrollment activities at the Health Eligibility Center and VA medical facilities had not yet changed. The OIG will continue to monitor any effects this reorganization has on enrollment program implementation and governance.

Eligibility for VA Health Care

As established by 38 U.S.C. §§ 101, 5303, and 5303A, veterans who completed 24 months of active-duty service and received a military discharge that was not dishonorable generally qualify for VHA health care. Once these basic eligibility requirements are met, a veteran may be enrolled based on service-connected disabilities, low income, or a service history that qualifies for special eligibility status. Beginning in August 2022, the PACT Act expanded eligibility to veterans with conditions related to toxic exposure and those who served in specific combat operations. VA reported enrolling over 400,000 veterans from March 2023 through March 2024, a 30 percent increase, following implementation of the PACT Act. From fiscal year 2018 through fiscal year 2025, VA reported an average of 9.2 million veterans enrolled in VHA health care.

VHA's Healthcare Enrollment Process

Veterans submit an enrollment application (VA Form 10-10EZ, Application for Health Benefits) by mail or phone, through VA's website, or in person at a VA medical facility. Medical facility enrollment staff process applications submitted in person or through the mail. VHA's Health Eligibility Center, based in Atlanta, Georgia, processes all online and telephone applications and some mail applications; it serves as VA's central authority for eligibility and enrollment processing. VHA told the audit team that VA medical facilities manually processed 68 percent of enrollment applications, and the Health Eligibility Center manually processed the other 32 percent from October 2022 through October 2025.

VHA Directive 1601A.01 requires enrollment staff to make "every effort to obtain a Veteran's military service information." Upon receiving an application, enrollment staff must evaluate the package and enter the veteran's information into the VHA Enrollment System. Staff also are directed to query several other systems to identify qualifying military service and verify eligibility. Veterans who have received a compensable service-connected disability rating from the Veterans Benefits Administration qualify for care directly. However, many veterans who apply for health care do not have this rating, and other factors must be assessed by VHA to establish eligibility and priority for enrollment.

If VHA enrollment staff do not identify sufficient information to determine eligibility or financial need, they code the record in the enrollment system as "pending." According to the directive, the Health Eligibility Center is then responsible for periodically contacting via mail a

veteran whose record is marked as "pending" to obtain the missing information. This pending letter outreach schedule includes three letters within a one-year period to prompt the veteran to complete their enrollment application. While not specifically required by the directive or other guidance, Health Eligibility Center officials said staff also call veterans at 30-, 90-, and 310-day intervals after a record is coded as "pending" to obtain the missing information.

If the application and the VHA enrollment staff's evaluation identify sufficient evidence for an enrollment decision, the enrollment system places the veteran in one of eight priority groups that determine whether they receive care and whether there are any associated copayments. Table A.1 in appendix A details these groups. Veterans with compensable, service-connected disabilities or a special eligibility status are assigned higher priority—whereas those who earn a higher income, do not have qualifying disabilities, or do not have certain military service may be assigned lower priority.

If a veteran applies for enrollment through an in-person interview, facility enrollment staff print the application for the veteran to review and sign. Staff date-stamp the application and upload it and any other supporting documents to the veteran's record in the enrollment system. Information obtained during VHA's enrollment process is transmitted back to other VA systems, including those in the Veterans Benefits Administration. Last, the Health Eligibility Center is responsible for mailing the veteran a notification of the final enrollment determination as specified in VHA Directive 1601A.01.

VHA Responsibilities for the Healthcare Enrollment Program

VHA Directive 1601A.01 assigns Member Services—under VHA's chief operating officer—the responsibility of overseeing the healthcare enrollment program and ensuring nationwide compliance with policy and applicable regulations. The Health Eligibility Center is a component of Member Services; it oversees the enrollment process and creates procedures to perform monthly quality assurance reviews of eligibility determinations. The Health Eligibility Center also conducts consultative site visits to VA medical facilities to assess the consistency and compliance of their enrollment processes.

Regional Veterans Integrated Service Networks (VISNs) ensure all medical facilities comply with and have the resources to implement healthcare enrollment policy.[6] VHA Directive 1601A.01 requires VISNs to assign an enrollment point of contact who is responsible for ensuring all facility staff in their region complete the required eligibility and enrollment training. The VISN point of contact also reviews quality assurance results from the Health Eligibility Center and oversees corrective actions. Available information on VHA's ongoing reorganization

[6] VA has divided the nation into Veterans Integrated Service Networks, or VISNs. These are regional systems of care that coordinate to meet local healthcare needs and provide veterans with greater access to care. See https://www.va.gov/HEALTH/visns.asp.

shows a significant impact on the VISNs' organization and operation. However, a Health Eligibility Center official told the OIG team in January 2026 that the VISN enrollment point of contact position would remain after the reorganization.

At each medical facility, an enrollment coordinator oversees all administrative aspects of the enrollment process and assignment of health benefits. Enrollment and eligibility staff at the facility perform day-to-day operations, including entering all information into the VHA Enrollment System, obtaining a veteran's service and financial information, and scanning documents, as described in VHA Directive 1601A.01.

Results and Recommendations

Finding: While VHA Standardized Its Enrollment Processes, It Could Further Improve Accuracy and Program Governance

VHA improved the governance of its enrollment program at medical facilities nationwide by implementing guidance set out in VHA Directive 1601A.01 to standardize processes, establish performance metrics, and increase oversight. The OIG team reviewed the status of 420 sampled enrollment decisions through January 2026 and found that VA medical facility enrollment staff processed 75 percent according to requirements.

However, opportunities remain for VHA to address risk and further improve both accuracy and governance. Staff did not maintain or date-stamp 14 percent of the sampled veterans' applications, which prevented the audit team from assessing whether they were processed properly or in a timely manner. This is important because the application provides key details about a veteran's military service and pertinent financial information. VHA staff also misinterpreted, overlooked, or inaccurately entered information resulting in incorrect eligibility or priority group determinations for 10 percent of the applications that the audit team reviewed. Last, the OIG team identified facility-level practices that prevented or delayed the entry of applications into the VHA Enrollment System.

By improving oversight activities and quality assurance reviews and by formalizing VHA's responsibilities in policy, VHA facilities can better ensure eligible veterans are properly and promptly enrolled and are not incurring unnecessary costs for care by being placed in an incorrect priority group.

What the OIG Did

Because VHA reported that most enrollment applications are processed at VA medical facilities, the OIG focused on their enrollment activities. The audit team assessed a sample of 420 enrollment records from eight statistically selected sites. Table B.1 in appendix B identifies these sites and their respective VISN at the time of the audit.[7] The enrollment records were created by the medical facilities from October 1, 2022, through November 20, 2025. The team examined those records and their statuses through January 2026. This time frame was selected to account for an expected influx of veteran applications following the passage of the PACT Act in 2022. Additionally, eligibility criteria may change over time and the team's methodology was

[7] They are the (1) Lebanon VA Medical Center in Pennsylvania; (2) VA Maryland Health Care System in Baltimore; (3) Columbia VA Health Care System in South Carolina; (4) VA Northern Indiana Health Care System in Fort Wayne and Marion; (5) Alexandria VA Health Care System in Pineville, Louisiana; (6) Central Texas Veterans Health Care System in Temple; (7) VA Eastern Colorado Health Care System in Aurora; and (8) VA Greater Los Angeles Healthcare System in California.

designed to account for and analyze those changes. See appendix C for more information about the statistical sampling methodology.

The team also assessed each of the sampled records for compliance with five metrics: (1) whether the application was available in the enrollment system or from the medical facility, (2) whether the application was date-stamped, (3) whether the application was processed in a timely manner, (4) whether the veteran's eligibility was correctly determined, and (5) whether the veteran was assigned to the correct priority group. The team also conducted site visits and evaluated the enrollment processes at those eight medical facilities and interviewed officials and staff involved with the program. Additionally, the team corresponded with responsible officials from the Health Eligibility Center and staff at the eight VISNs associated with the facilities selected for site visits. The team confirmed with enrollment officials at the Health Eligibility Center and the eight facilities visited that the processes and procedures discussed in this report remained in effect as of January 2026.

New Policies, Oversight, and Training

A 2017 OIG audit of the healthcare enrollment program found significant variations in policy and process that, in some cases, were not veteran-centric and did not provide sufficient service to those seeking health care.[8] In response, VHA implemented Directive 1601A.01 in July 2020 to standardize procedures and create a single, centralized repository for enrollment-related guidance and procedure guides. This effectively eliminated the need for facility-level policy.

VHA Directive 1601A.01 assigned the Health Eligibility Center director responsibility for overseeing the enrollment process and required the center to perform monthly quality assurance reviews. The Health Eligibility Center supplemented this oversight with two other mechanisms that were not described in the directive or other guidance. Specifically, the center

- assigned a liaison to each VISN, who provides training and guidance to staff, sends quality review errors to facility staff for correction, and holds monthly calls with staff in the region about updates and the overall quality of facilities' enrollment programs; and
- began consultative site visits to VA medical facilities (either by request or as driven by poor metrics) to ensure enrollment and eligibility policies and procedures are followed consistently.

VHA also established the National Enrollment Standardization Training course in 2019.[9] The training covers basic and special eligibility enrollment requirements, use of the procedure guides,

[8] VA OIG, *Audit of the Health Care Enrollment Program at Medical Facilities.*

[9] VHA deputy under secretary for health for operations and management, "Guidance for VHA Eligibility and Enrollment Standardization," memorandum to network directors, October 17, 2019.

financial means testing, priority groups, combat veterans' eligibility, mental health eligibility, source document and verification system use, and hands-on training using the enrollment system. During this audit, the OIG found that nearly all enrollment staff at the sites inspected completed the required National Enrollment Standardization Training or its equivalent. The team identified one person who had not and informed the relevant facility and the Health Eligibility Center.

Processing Enrollment Applications

VHA's actions to enhance governance of the healthcare enrollment program established a framework in which enrollment staff generally accomplished the steps necessary to achieve on-time and correct application processing. VHA Directive 1601A.01 requires enrollment staff to date-stamp applications to reflect receipt and then enter the information into the enrollment system within five business days. The healthcare application must be maintained in VHA records. Staff must also verify veterans' eligibility status and ensure they are placed in the highest applicable priority group, according to 38 C.F.R. § 17.36 and VHA Directives 1601A.01 and 1601A.02.[10] Overall, the OIG found that enrollment staff processed 316 of the 420 sampled applications (75 percent) in accordance with all these requirements.

For the other 104 applications that were not correctly processed, the OIG identified three primary types of errors. It is important to note that a record may contain multiple errors, and the OIG team counted each separately. Therefore, the errors described below do not sum to 104 applications.

Initial Receipt and Maintenance of Applications

As noted previously, medical facility staff did not consistently scan and upload veterans' applications into the enrollment system (or otherwise maintain them) or apply the required date stamp. The OIG found applications were missing or were not date-stamped for 58 of the 420 sampled records (14 percent). Effective oversight requires responsible entities to have documentation available for review, especially because the application is a significant source of information on a veteran's military service and pertinent financial information. When medical facility staff do not maintain applications or take required steps to indicate receipt, the OIG, the Health Eligibility Center, and the VISN points of contact cannot assess whether staff properly processed the applications or met timeliness standards.

Timely Processing

A small number of sampled applications with appropriate date-stamps were not processed within five business days as required by VHA Directive 1601A.01. Specifically, the OIG found nine of the 420 sampled applications (2 percent) were not processed within the established time frame.

[10] VHA Directive 1601A.02, *Eligibility Determination*, amended March 6, 2024 (July 6, 2020).

While the audit team acknowledges that VHA processed nearly all sampled applications in a timely manner, these results are provided here because such enrollment delays affect individual veterans and can subsequently delay access to care. Any number that can be prevented reduces the risk for negative outcomes for veterans.

Eligibility Decisions and Priority Group Determinations

Representing the concern with the greatest potential long-term impact on veterans, the OIG found that 43 of the 420 sampled applications had incorrect eligibility decisions or priority group determinations (10 percent). This meant that eligible veterans were not being enrolled for health care, applicants were erroneously enrolled when they did not meet eligibility criteria, or veterans were incorrectly assigned to a priority group that required certain copayments.

Enrollment staff review veterans' military service information, including military service discharge certificates and data from VA or Department of Defense systems, to determine whether a veteran is eligible for VA health care. The OIG found that facility enrollment staff misinterpreted military service information for 18 of 420 applications (4 percent), resulting in incorrect eligibility decisions. Example 1 shows an instance where enrollment staff incorrectly deemed an applicant ineligible for care.

Example 1

A veteran applied for health care in December 2023 at the VA Greater Los Angeles Healthcare System and was determined ineligible for enrollment for having less than 24 months of service. However, the OIG team found that the veteran left active-duty service due to a disability and therefore was exempt from the time-in-service requirement—meaning they were eligible for care. Facility enrollment staff concurred with the team's analysis. In July 2025, the facility enrolled the veteran for care. However, because enrollment staff incorrectly denied the veteran's eligibility, the veteran's access to VA healthcare services was delayed by about 19 months.

After verifying eligibility, enrollment staff evaluate and enter information into the enrollment system that is relevant to determining a veteran's priority group. Staff must consider factors such as the service-connected rating, income level, and any other VA benefits the veteran is receiving. The OIG team found that medical facility enrollment staff overlooked or inaccurately entered information for 25 of 420 sampled records (6 percent), causing the enrollment system to assign those veterans to an incorrect priority group. Example 2 shows an instance when enrollment staff incorrectly placed an eligible veteran in a priority group that would not be enrolled for care.

Example 2

A veteran applied for health care in July 2023 at the VA Maryland Health Care System and was placed in priority group 8g—meaning, the veteran did not meet

any placement criteria and had an income high enough to deny enrollment for VA health care. The OIG team determined the veteran should have been enrolled in priority group 3 because the initial review missed that they were "permanently retired by reason of physical disability." After the veteran received a 50 percent service-connected disability rating in April 2025, they were automatically enrolled in priority group 1—which is for veterans who have a 50 percent or greater rating for service-connected disabilities, are unemployable due to service-connected disabilities, or are Medal of Honor recipients. Nevertheless, that veteran should have been enrolled nearly 21 months earlier based on the information available at the time of application. Facility staff agreed with the OIG team's conclusion.

In other instances, veterans were potentially subject to copayments in error for months because staff placed them in the wrong priority group. An accurately assigned priority group is essential because it determines whether a veteran receives VA health care, the type of services available to them, and whether they must pay any associated out-of-pocket costs, like a copayment. The audit team informed VHA staff about each identified error that required action.

Intake of Veterans' Enrollment Applications

While the enrollment program's performance can be evaluated using information in the enrollment system, such an assessment depends on data from veterans' applications being entered. In visiting eight selected medical facilities, the audit team identified practices that could prevent veterans from being enrolled on time and in accordance with national standardization goals. These included not entering information into the enrollment system if an application was incomplete and how community-based outpatient clinics (CBOCs) sent application information to their parent facility. Because these inconsistencies occurred before the applications were entered into the enrollment system, the audit team could not determine whether they affected the records the team reviewed as part of its sample analysis.

Entering Applications and Relevant Information

Medical facility enrollment staff (or other intake personnel) at five of the eight facilities visited told the audit team they do not enter a veteran's application into the enrollment system as required unless all the information is available. The following are two examples of facility-level practices that did not align with VHA's goal of standardization:

- Two enrollment staff at the VA Eastern Colorado Health Care System said they would not enter application data into the system if a veteran did not provide military service documents or if they provided an older version of the application.
- At the Alexandria VA Health Care System in Louisiana, a staff member told the team they would not process applications if veterans did not complete the special

> eligibility (military history or military exposure) questions. The staff member said they would instead call the veterans and mail them another application.

According to Health Eligibility Center officials, facility enrollment staff should enter a veteran's information even if the application is incomplete. However, VHA directives and procedure guides that require application entry into the enrollment system do not explicitly state the minimum information needed to create a record. The absence of explicit language has permitted staff to interpret the guidance differently. In particular, facility staff interviews revealed they are using inconsistent processes internally and across facilities.

When staff do not enter a veteran's application into the system, the veteran's intent to apply is not recorded and may be lost entirely. Entering this information is important because it allows the enrollment system to query other databases to find missing military service information that could verify eligibility. It is also important because the information obtained by VHA enrollment is transmitted to other VA systems, enhancing efficiency and consistency across the department. Additionally, the information is needed for the Health Eligibility Center to initiate follow-up actions. Capturing an individual's intent to apply is also an important control that allows VHA to track those attempting to gain fraudulent access to health care when they are not eligible.

Therefore, the OIG's first recommendation for VHA is to implement a comprehensive national policy for how staff should process enrollment applications that are missing information—including a firm and clear requirement that they enter such incomplete applications into the enrollment system. To improve the efficiency and effectiveness of veteran enrollment, the OIG also recommends VHA work with the Veterans Benefits Administration to identify opportunities to further streamline enrolling veterans in both administrations (recommendation 2).

Mailing Documents to Medical Facilities

VHA provides outpatient services to veterans at CBOCs nationwide. CBOCs accept and, in some cases, process healthcare enrollment applications. However, the OIG found that not all CBOCs had trained staff to process applications and instead needed to route them through a VA tracking system to the clinics' parent facilities for processing. The team found CBOCs at five healthcare systems sent applications by methods that potentially delayed processing. This included sending physical copies of the documents through the mail, which enrollment staff reported can take between one and two weeks. A staff member at one of the healthcare systems also said CBOCs waited until they had a "stack" of applications before mailing them to the parent facility.

During its consultative site visits, the Health Eligibility Center has recommended that individual healthcare systems implement standardized processes for sending applications from the CBOCs to the parent facilities. However, national guidance is needed to address this inconsistency more broadly and align facility processes with VHA's overall standardization goals.

The OIG's third recommendation is to define guidelines for applications received at CBOCs to ensure they are processed consistently and promptly throughout VHA.

Oversight of VHA's Enrollment Program

Vulnerabilities remained in the healthcare enrollment program because VHA's oversight activities depended on the completion of transactions or facility self-reporting and did not review all elements of the process. The Health Eligibility Center's quality assurance reviews and site visits relied on records already in the system and risk missing incorrect practices that delay or prevent application processing. In addition, secondary reviews for veterans who were not enrolled relied on facility staff reporting them to the Health Eligibility Center. VISN and medical facility oversight was also not defined in the directives or procedure guides and therefore varied by region or location.

The audit team confirmed with enrollment officials at the Health Eligibility Center and the eight facilities visited that the processes and procedures discussed in the following sections remained in effect as of January 2026.

Health Eligibility Center Oversight

VHA Directive 1601A.01 required the Health Eligibility Center to perform monthly quality assurance reviews. These reviews assess a sample of facility enrollment records. The resulting reports include information on identified issues that require corrective action or immediate attention. While the quality assurance reviews have effectively contributed to improvements in the healthcare enrollment program, the sample used for the monthly reviews relies on the application and related information being properly entered into the enrollment system. This risks missing incorrect practices that delay or prevent processing of veterans' applications.

The Health Eligibility Center's consultative site visits could help identify these practices. However, those visits are generally conducted when a facility falls below 85 percent accuracy on application data entry metrics or when a site requests it. Moreover, practices that prevent or delay entry of veterans' information into the enrollment system would not be represented in the metrics that otherwise prompt such a visit.

Separately, facility enrollment staff are required to notify the Health Eligibility Center of all veterans assigned lower priority—groups 7 through 8g—who may qualify for a higher level of healthcare services following the PACT Act's eligibility expansion.[11] The PACT Act extended eligibility to veterans either directly exposed to toxic substances or potentially exposed to such

[11] Member Services Knowledge Management, "Submitting a TERA [Toxic Exposure Risk Activity] Eligibility HEC Alert," April 5, 2024. The groups are defined in table A.1 in appendix A of this report. On October 9, 2025, the Health Eligibility Center expanded the requirement such that facility enrollment staff must also report veterans assigned to priority group 5 for a secondary review.

substances based on the location or military operation in which they served.[12] These veterans would be eligible for placement in priority group 6 if they have experienced toxic exposure. Others would be eligible for this priority group if they served in World War II, served in combat operations, or are rated at 0 percent for service-connected disabilities. However, the OIG team found that facility enrollment staff did not always take action to notify the Health Eligibility Center of veterans in lower priority groups. The Health Eligibility Center's quality assurance reviews do not otherwise proactively evaluate all veterans in groups 7 through 8g. If facility staff do not notify the Health Eligibility Center, VHA lacks assurance that these veterans' records will receive a secondary review.

Recommendations 4 and 5 call on VHA to ensure the Health Eligibility Center regularly evaluates medical center enrollment practices and to establish procedures to make certain that requirements are met to review the records of veterans who may qualify for higher-priority groups.

Regional and Facility Oversight and Quality Assurance

The OIG team found VHA directives and procedure guides did not define how VISN or medical facilities' oversight should be accomplished, and, as a result, procedures varied. Four of the eight VISNs the team examined (associated with each of the eight statistically selected facilities) were independently assessing the facility's enrollment program; the others only monitored reports of the results from the Health Eligibility Center's quality assurance reviews. Additionally, some facilities conducted in-depth assessments of processed applications, while other locations conducted only limited reviews.

For example, the former enrollment coordinator at the Columbia VA Health Care System in South Carolina used an audit tool developed by the Health Eligibility Center to review enrollment records. Health Eligibility Center officials told the OIG team the audit tool was intended to help facilities conduct independent quality assurance reviews, standardize the review process, and enable trends to be tracked. However, use of the tool was optional with no plans to make it a requirement. The tool prompts the reviewer to determine whether there was an application available, whether it was signed and date-stamped, and whether the information entered into the enrollment system was correct. The former enrollment coordinator told the OIG team that he reviewed 100 percent of the records using this tool. Of note, the audit team identified a record among its sample that the former enrollment coordinator corrected by using the Health Eligibility Center's audit tool. Also, an Alexandria VA Health Care System official told the team about a locally developed checklist that facility supervisors planned to use to review 25 percent of enrollment applications each week for errors, beginning in February 2026.

[12] PACT Act.

The team also identified instances in which oversight of processed applications was limited or did not start until after the OIG audit began:

- The acting enrollment coordinator at the Alexandria VA Health Care System reported periodically reviewing enrollment records processed by the parent facility—but not those completed by staff at associated CBOCs.
- The Central Texas Veterans Health Care System split responsibilities between two supervisors. One told the OIG team he delegated responsibility for reviews to an enrollment lead; the other reported beginning the reviews after the audit team shared that it would be making a site visit.

To improve oversight of the enrollment process, the OIG recommends (in recommendations 6–8) that VHA standardize how VISNs assess whether medical facilities comply with enrollment policies, determine whether enrollment coordinators nationwide should use the Health Eligibility Center's audit tool, and define in policy how medical facility enrollment coordinators should conduct oversight.

Conclusion

The VA OIG is committed to helping veterans receive prompt access to high-quality care for which they are eligible. Enrollment decisions are critical to each veteran who applies for VA health care because these determine whether a veteran receives care, the type of services available to them, and any potential out-of-pocket cost the veteran must pay. Healthcare enrollment can also be a gateway for receiving other VA benefits and services. Although VHA improved governance of its enrollment program, the audit team found that VA medical facilities still did not process all applications consistent with national policy and goals. In addition, differing facility practices could result in application processing delays or inconsistencies. These variations emerged, in part, from uneven oversight of the program and gaps in detailed national guidance. As a result, VHA lacks assurance that eligible veterans will be promptly and accurately enrolled for VA health care.

Recommendations 1–8

The OIG made the following recommendations to the under secretary for health:[13]

1. Implement comprehensive national policy on how staff should process enrollment applications that are missing information—including a firm and clear requirement

[13] The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

that they enter incomplete applications in the Veterans Health Administration Enrollment System.

2. Coordinate with the Veterans Benefits Administration to identify opportunities to further streamline enrolling veterans in both administrations.
3. Define and implement guidelines for applications received at community-based outpatient clinics to make certain that they are processed consistently and promptly across the Veterans Health Administration.
4. Ensure the Health Eligibility Center regularly evaluates medical center enrollment practices.
5. Establish and implement procedures to make sure enrollment staff adhere to requirements in reviewing the records of veterans who may qualify for higher-priority groups.
6. Standardize how Veterans Integrated Service Networks assess whether medical facilities are complying with Veterans Health Administration enrollment policies.
7. Determine whether enrollment coordinators nationwide should employ the Health Eligibility Center's audit tool, and if so, direct that its use is required.
8. Define in policy how medical facility enrollment coordinators should conduct oversight.

VA Management Comments

The acting under secretary for health concurred with recommendations 1 through 8 and provided corrective action plans in July 2026. The full text of the management comments is provided in appendix D.

To address recommendation 1, the acting under secretary responded that the Health Eligibility Center will establish clear requirements for processing all VA Form 10-10EZ applications received at VA medical centers (by mail or presented in person for manual handling), including applications that are incomplete or missing information. The center will also provide national training to enrollment staff to emphasize proper entry of incomplete applications, appropriate use of pending status, and the role of automated outreach processes to obtain missing information. For recommendation 2, he reported that the Health Eligibility Center will partner with the Veterans Benefits Administration to identify opportunities to streamline veterans' healthcare enrollment and assess the feasibility of process improvements and new enhancements to support a more efficient and coordinated experience.

In response to recommendation 3, the acting under secretary noted that the Health Eligibility Center will establish guidelines for applications received at CBOCs to ensure consistent and timely handling across all points of care. This will include strengthening controls to redirect

applications mailed or presented at CBOCs or VA medical facilities for automatic scanning by the Health Eligibility Center. The center will also conduct outreach to Veterans Service Organizations and update VA.gov to reinforce the correct mailing address for application submissions. Regarding recommendation 4, he said the Health Eligibility Center will establish requirements for routine monitoring of medical facility enrollment practices. This will include a recurring site visit program—to ensure all medical facilities are evaluated regularly—that will assess compliance with enrollment policies and identify training needs. The Health Eligibility Center will also develop requirements for medical facilities to complete and submit the results of standardized self-inspections (at designated intervals), which the center will use to monitor compliance, identify systemic issues, and provide targeted guidance.

For recommendation 5, the acting under secretary said the Health Eligibility Center will replace the process where facility enrollment staff must request second-level reviews and will implement automated reports to proactively identify enrollment decisions that require further review. The center will also clarify procedures for correcting priority group placement errors and identify opportunities to expand auto-adjudication functionality where feasible. To address recommendation 6, the Health Eligibility Center will update policy to define VISN and medical facility roles and expectations for evaluating compliance with enrollment procedures and for identifying corrective actions. The center will also provide standardized compliance reports to VISN business implementation managers to support consistent and timely oversight.

Regarding recommendation 7, the acting under secretary said the Health Eligibility Center will assess quality review practices nationally to determine whether its audit tool, or an equivalent from the VISNs or facilities, should be required for all enrollment coordinators. From this determination, the center will mandate using a standardized tool and provide guidance on its use, including review frequency and documentation expectations. Finally, for recommendation 8, the Health Eligibility Center will update policy to define oversight responsibilities for medical facility enrollment coordinators, including regular monitoring of enrollment determinations, use of quality review tools, and steps for identifying and correcting errors.

OIG Response

VHA's corrective action plans are responsive to the intent of the recommendations. The OIG will monitor VHA's progress in addressing the recommendations and will close them when VHA provides sufficient evidence that the action plans have been completed.

Appendix A: Background

Table A.1 details VA's healthcare enrollment priority groups and summarizes the requirements to be placed in each group, which are based on 38 U.S.C. §§ 1705 and 1710, 38 C.F.R. § 17.36, VHA Directive 1601A.01, and information on VA's public website.

Table A.1. VA Enrollment Priority Groups

Priority group	Eligible for enrollment?	Definition
1	Yes	Veterans rated with 50% or greater service-connected disabilities, are unemployable due to service-connected disabilities, or are Medal of Honor recipients
2	Yes	Veterans rated as having 30% or 40% service-connected disabilities
3	Yes	Veterans who have ratings of 10% or 20% service-connected disabilities, are former prisoners of war, are Purple Heart recipients, were discharged from active duty for a disability incurred or aggravated in the line of duty, or receive or are eligible to receive disability compensation
4	Yes	Veterans who receive a pension based on needing regular aid and attendance or being housebound or who are catastrophically disabled
5	Yes	Veterans who do not have service-connected disabilities or have noncompensable 0% service-connected disabilities with income under established limits, are VA pension recipients, or are eligible for Medicaid
6	Yes	Veterans who have experienced toxic exposure, served in World War II, served in a theater of combat operations, or have compensable 0% service-connected disabilities
7	Yes	Veterans who have income below the set geographic limit and agree to copayments
8a	Yes	Veterans who have noncompensable 0% service-connected disabilities; were enrolled before January 17, 2003; have remained enrolled or were placed into this group due to a change in eligibility status; and agree to copayments
8b	Yes	Veterans who have noncompensable 0% service-connected disabilities; were enrolled on or after June 15, 2009; do not exceed one of the income limits by more than 10%; and agree to copayments
8c	Yes	Veterans who do not have service-connected disabilities; were enrolled as of January 17, 2003; have remained enrolled or were placed into this group due to a change in eligibility status; and agree to copayments
8d	Yes	Veterans who do not have service-connected disabilities; were enrolled on or after June 15, 2009; exceed one of the income limits by 10% or less; and agree to copayments

Priority group	Eligible for enrollment?	Definition
8e*	No	Veterans who have noncompensable 0% service-connected disabilities and do not meet the above criteria
8g	No	Veterans who do not meet any of the above criteria

** Veterans in this category are still eligible to receive care for a service-connected disability at no charge, even if their condition does not merit a compensation payment.*

Appendix B: Scope and Methodology

Scope

The VA Office of Inspector General (OIG) audit team conducted its work from November 2024 through June 2026. The audit focused on enrollment records created by VA medical facilities from October 1, 2022, through November 20, 2025. The audit team examined those records and their statuses and relevant changes through January 2026.

Methodology

To accomplish the objectives, the team reviewed applicable laws, regulations, and Veterans Health Administration (VHA) policies and procedures. The team interviewed more than 120 officials and staff across VHA's Member Services, the Health Eligibility Center, selected Veterans Integrated Service Networks (VISNs), and selected VA medical facilities. Table B.1 lists the locations where the team also conducted site visits from December 2024 through May 2025.

Table B.1. Locations of VA OIG Site Visits

VISN	Medical facility
4	Lebanon VA Medical Center in Pennsylvania
5	VA Maryland Health Care System in Baltimore
7	Columbia VA Health Care System in South Carolina
10	VA Northern Indiana Health Care System in Fort Wayne and Marion
16	Alexandria VA Health Care System in Pineville, Louisiana
17	Central Texas Veterans Health Care System in Temple
19	VA Eastern Colorado Health Care System in Aurora
22	VA Greater Los Angeles Healthcare System in California

Source: VA OIG site selections.

Note: VISN designations are as of the site selection period.

During the eight site visits, the team interviewed Health Administration Service managers and enrollment staff and reviewed sampled records with enrollment coordinators. The team also sought information on changes to enrollment practices and oversight from these medical facilities and the Health Eligibility Center through January 2026.

The audit team reviewed a statistical sample of 544 records obtained from the VHA Enrollment System and validated that 420 were within the audit scope. Appendix C contains details of the statistical sampling methodology. In addition, the team independently extracted enrollment applications and military service documentation from VA and Department of Defense systems

and asked VA medical facilities for related evidence. To trace and determine the status of enrollment records, the team reviewed data from the VHA Enrollment System.

Internal Controls

The team assessed internal controls to determine whether they were significant to the audit objective. This included consideration of the five federal government internal control components: (1) control environment, (2) risk assessment, (3) control activities, (4) information and communication, and (5) monitoring.[14] In addition, the team reviewed the principles of internal controls as associated with the objective and identified five components and 12 principles as significant.

Because the audit was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that could have existed at the time of this audit. The team identified internal control deficiencies during this audit and proposed recommendations to address those listed in table B.2.

Table B.2. VA OIG Analysis of Internal Control Components and Principles Identified as Deficient

Component	Principle	Deficiency identified by this audit
Control environment	2. Exercise oversight responsibility	Local enrollment coordinators did not provide consistent oversight to ensure standardized processing of applications.
	3. Establish structure, responsibility, and authority	VHA did not clearly define oversight roles and responsibilities of regional and facility enrollment coordinators to make sure medical facilities comply with VHA enrollment policies.
Control activities	11. Design activities for the information system	VHA did not make certain that medical facilities regularly reviewed non-enrolled applicants to check the accuracy of enrollment determinations. VHA did not align local processes with national guidance for entering veterans' applications into the enrollment system.
	12. Implement control activities	VHA did not clearly define oversight roles and responsibilities of regional and local enrollment coordinators to confirm that medical facilities were complying with VHA enrollment policies.
Monitoring	16. Perform monitoring activities	VHA policy did not ensure consistent reviews of veterans who were not enrolled but who may be eligible. VHA did not clearly define oversight roles and responsibilities of regional and facility enrollment coordinators to make sure medical facilities were complying with VHA enrollment policies.

Source: VA OIG analysis of internal control components and principles consistent with the Government Accountability Office's Standards for Internal Control in the Federal Government.

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

Data Reliability

The VHA Enrollment System is the authoritative source for VHA enrollment information, and the Administrative Data Repository serves as the database for the system. The OIG team used data from the repository to establish the population of enrollment records that were created by VA medical facilities from October 1, 2022, through November 20, 2025. To test for reliability, the team determined whether any data were missing from key fields or were outside the time frame requested. The team excluded 124 records as outside the scope of the audit from a population of 544 records, leaving 420 validated records. Additional details about the exclusion criteria are included in appendix C. The team also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements.

Furthermore, the team reviewed data independently obtained from the VHA Enrollment System to determine whether the records were created by the sampled medical facilities and, if so, when the records were created. The team tested the data by comparing the parent facility of 30 sampled records against documents uploaded to the enrollment system. As a result, the team determined the data were sufficiently reliable and appropriate for sample selection.

In addition, the team used data and source documents (such as applications for health benefits) from the enrollment system, VA medical facilities, and VA and Department of Defense verification systems to assess whether veterans' healthcare applications were processed according to requirements and whether enrollment determinations were correct. The team found these data and documentation were sufficiently reliable to develop the findings, conclusions, and recommendations for this report.

Government Standards

The OIG conducted this performance audit in accordance with generally accepted government auditing standards.[15] Those standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on audit objectives. The OIG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

[15] Government Accountability Office, *Government Auditing Standards 2018 Revision*, GAO-21-368G, April 2021.

Appendix C: Statistical Sampling Methodology

Approach

To accomplish the objectives, the VA Office of Inspector General (OIG) team reviewed a statistical sample of enrollment records created by VA medical facilities from October 1, 2022, through November 20, 2025. The team used statistical sampling to quantify how consistently these enrollment records were processed with the Veterans Health Administration's (VHA) national enrollment standardization governing authorities and goals.

Population

The review population for the first phase of sampling contained 241,912 enrollment records created by all VA medical facilities from October 1, 2022, through June 30, 2024. The review population for the second phase of sampling contained 17,010 enrollment records created from July 1, 2024, through November 20, 2025, by the eight medical facilities that the audit team statistically selected in the first phase of sampling described below.

Sampling Design

In the first phase of sampling, the OIG used a two-stage approach. The population of medical facilities was stratified by geographic region. Within each stratum, a set number of medical facilities was selected with a probability proportional to the count of enrollment records at each location. Next, simple random sampling was performed to choose 40 enrollment records from each of the eight medical facilities selected, totaling 320 enrollment records.

In the second phase of sampling, random sampling was performed to choose 100 enrollment records with a probability proportional to the count of enrollment records at each facility from the eight medical facilities selected during the first phase.

The samples selected in the first and second phases were then combined to create a total sample of 420 enrollment records across the eight statistically selected medical facilities. Table C.1 presents the stratified population for each phase of sampling and the number of records sampled.

Table C.1. Sampled Enrollment Records

VISN	Medical facility	Phase 1 population	Phase 2 population	Sample size
4	Lebanon VA Medical Center in Pennsylvania	10,610	2,705	56
5	VA Maryland Health Care System	1,060	816	45
7	Columbia VA Health Care System in South Carolina	3,017	2,115	52
10	VA Northern Indiana Health Care System	1,744	1,307	47

VISN	Medical facility	Phase 1 population	Phase 2 population	Sample size
16	Alexandria VA Health Care System in Louisiana	1,223	969	46
17	Central Texas Veterans Health Care System	4,219	2,716	56
19	VA Eastern Colorado Health Care System	5,886	4,030	64
22	VA Greater Los Angeles Healthcare System in California	3,078	2,352	54
Total				**420**

Source: VA OIG statistician's selected population using data from VHA's Administrative Data Repository.

Note: VISN designations are as of the site selection period.

The OIG team reviewed the sampled records to confirm they were in scope. Sampled enrollment records were considered out of scope if they were (1) locked, (2) associated with a healthcare application initially submitted to the Health Eligibility Center, (3) not processed within the OIG-established period, or (4) not applications for healthcare enrollment. Sampled records that were deemed out of scope were replaced with alternative samples. The team replaced 124 out-of-scope records with alternates, resulting in 420 total records reviewed.

The team used the 420 records that met audit parameters to conduct analyses and draw conclusions.

Sample Results

Table C.2 summarizes the results of the team's review, which are discussed in the finding of this report.

Table C.2. Results of Enrollment Records out of Sample of 420

Result name	Number (percentage)*
Records compliant with policy	316 (75%)
Records not compliant with policy	104 (25%)
Applications not available or date-stamped	58 (14%)
Applications not processed within five business days	9 (2%)
Applicants with incorrect enrollment determination	43 (10%)
Applicants with incorrect eligibility determinations	18 (4%)
Applicants with incorrect priority group assignment	25 (6%)

Source: VA OIG analysis of data from VHA's Administrative Data Repository that were created by VA medical facilities from October 1, 2022, through November 20, 2025.

**Because a record may contain more than one error, the OIG team counted each error separately. Therefore, the number and percentages of errors described above do not sum to 104 records or 25%.*

Appendix D: VA Management Comments, Acting Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: July 20, 2026

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, Audit of the Healthcare Enrollment Program at VA Medical Facilities (VIEWS 14947045).

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

1. Thank you for the opportunity to review and comment on OIG's draft report on Audit of the Healthcare Enrollment Program at VA Medical Facilities. Attached is the Veterans Health Administration's (VHA) action plan.

2. VHA greatly values the OIG's assistance in ensuring that all stakeholders are unified in supporting VHA's vision of providing all Veterans with access to the highest quality care. Your collaboration is instrumental in helping us achieve our commitment to excellence in health care services for Veterans.

The OIG removed point of contact information prior to publication.

(Original signed by)

John Figueroa

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA) Action Plan

OIG Draft Report – Audit of the Healthcare Enrollment Program at VA Medical Facilities (OIG Project Number 2024-03691-AE-0128)

Recommendation 1: Implement comprehensive national policy on how staff should process enrollment applications that are missing information—including a firm and clear requirement that they enter incomplete applications in the Veterans Health Administration Enrollment System.

VHA Comments: Concur. The Health Eligibility Center (HEC) will establish clear requirements within VHA's enrollment and eligibility policy for processing all VA Form 10-10EZ applications received at VA medical centers, including incomplete applications with missing information. The updated policy will strengthen and standardize procedures for processing applications received by mail or presented in person for manual handling at VA medical centers.

The HEC will also provide national training for Enrollment and Eligibility staff across medical centers, emphasizing proper entry of incomplete applications, appropriate use of pending status, and the role of automated outreach processes to obtain missing information.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 2: Coordinate with the Veterans Benefits Administration to identify opportunities to further streamline enrolling veterans in both administrations.

VHA Comments: Concur. The HEC will work with the Veterans Benefits Administration (VBA) to identify and evaluate opportunities to streamline VA health care enrollment for Veterans. The HEC will leverage the partnership VBA to assess the feasibility of developing increased efficiency, process improvements and new enhancements to support a more efficient and coordinated enrollment experience for Veterans.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 3: Define and implement guidelines for applications received at community-based outpatient clinics to make certain that they are processed consistently and promptly across the Veterans Health Administration.

VHA Comments: Concur. The HEC will establish standardized guidelines for VA Form 10-10EZ applications received at community-based outpatient clinics (CBOCs) to ensure consistent and timely handling across all points of care. As part of this effort, the HEC will strengthen controls to redirect applications mailed or presented at CBOCs or VA medical centers to the address listed on the 10-10EZ, ensuring they are routed directly to the HEC. Applications received at the HEC are automatically scanned into the system, reducing manual errors and supporting a more efficient intake process.

The HEC will also conduct outreach to Veterans Service Organizations to reinforce the correct mailing address for 10-10EZ submissions and will update guidance on VA.gov to ensure Veterans and stakeholders have clear instructions for sending applications to the appropriate processing location.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 4: Ensure the Health Eligibility Center regularly evaluates medical center enrollment practices.

VHA Comments: Concur. The HEC will strengthen oversight of medical center enrollment practices by establishing formal requirements within VHA policy for routine evaluation and monitoring. The HEC will implement a site visit program with a defined, recurring cadence that ensures all VA medical centers are visited on a regular basis. These site visits will assess compliance with enrollment policies, identify training needs, and promote consistent application of enrollment procedures across VHA.

The HEC will also develop a standardized self-inspection process and procedures for medical centers to evaluate their own enrollment operations. Medical centers will be required to complete self-inspections at designated intervals and submit their results to the HEC. The HEC will review these submissions to monitor compliance, identify systemic issues, and provide targeted guidance where needed.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 5: Establish and implement procedures to make sure enrollment staff adhere to requirements in reviewing the records of veterans who may qualify for higher-priority groups.

VHA Comments: Concur. The HEC will strengthen procedures to ensure enrollment staff correctly identify Veterans who may qualify for higher priority group placement. The HEC will implement automated reports to proactively identify enrollment decisions that require further review, replacing the current process where VA medical centers must request second-level reviews. The HEC will also strengthen guidance and clarify procedures for correcting priority group placement errors.

Additionally, to reduce the risk of manual errors, the HEC will identify opportunities to improve manual adjudication processes by expanding system auto-adjudication functionality where feasible.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 6: Standardize how Veterans Integrated Service Networks assess whether medical facilities are complying with Veterans Health Administration enrollment policies.

VHA Comments: Concur. The HEC will standardize oversight of medical center compliance with enrollment policies by establishing clear oversight responsibilities and assessment requirements within VHA's enrollment and eligibility policy. These policy updates will outline defined roles and expectations for Veterans Integrated Service Networks (VISN) and medical centers in evaluating adherence to enrollment procedures and identifying areas requiring corrective action.

To support consistent and timely oversight across VISNs, the HEC will provide standardized enrollment compliance reports to VISN Business Implementation Manager periodically to ensure VISNs receive guidance to address issues identified through facility reviews.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 7: Determine whether enrollment coordinators nationwide should employ the Health Eligibility Center's audit tool, and if so, direct that its use is required.

VHA Comments: Concur. The HEC will assess nationwide enrollment quality review practices to determine whether the HEC audit tool, or a comparable VISN or facility-level tool, should be required for all enrollment coordinators. Based on this assessment, the HEC will establish policy mandating the use of a standardized, approved tool to ensure accurate and consistent enrollment determinations. The HEC will also provide guidance on tool use, documentation expectations, and review frequency to support consistent quality oversight across all medical centers.

Status: In-Progress **Target Completion Date:** October 2028

Recommendation 8: Define in policy how medical facility enrollment coordinators should conduct oversight.

VHA Comments: Concur. The HEC will define standardized oversight responsibilities for medical facility Enrollment Coordinators within VHA's enrollment and eligibility policy. These updates will outline required oversight activities, including routine monitoring of enrollment determinations, use of approved quality review tools, and steps for identifying and correcting Priority Group or eligibility errors.

To further support consistent oversight and reduce manual application processing risks, the HEC will require facilities to redirect mailed enrollment applications to the address listed on the 10-10EZ so they can be processed through the HEC's automated intake workflow. The HEC will also establish electronic submission options for facilities to securely transmit enrollment applications for automated intake and processing, minimizing manual data entry and adjudication errors.

Status: In-Progress **Target Completion Date:** October 2028

The text of VA's management comments is reprinted verbatim as received from the department. For accessibility, the original format of this appendix has been modified to comply with section 508 of the Rehabilitation Act of 1973, as amended.

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