



CONGRESSIONAL TESTIMONY

STATEMENT BY

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PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

HEARING ON

“EXAMINING SHORTCOMINGS WITH VA’S NATIONAL WORK QUEUE VETERANS BENEFITS
CLAIMS MANAGEMENT SYSTEM”

JUNE 26, 2024

Chairman Luttrell, Ranking Member Pappas, and Members of the Disability Assistance and Memorial Affairs Subcommittee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to testify at today's subcommittee hearing titled "Examining Shortcomings with VA's National Work Queue Veterans Benefits Claims Management System." My name is James Swartz, and I am the President of AFGE Local 2823, representing the Cleveland, Ohio Veterans Benefits Administration (VBA) Regional Office (RO), and am a member of the National Veterans Affairs Council VBA Legislative Committee. I am a U.S. Army veteran having attained the rank of Sergeant and I am a service-connected disabled veteran. After my military service, I have had the privilege of continuing to serve my fellow veterans, first as a Registered Nurse at the Cleveland VA Medical Center, and then in the VBA for 23 years, including as a Rating Veteran Service Representative (RVSR), Decision Review Officer, and as a Rating Quality Review Specialist in the Cleveland, Ohio RO.

On behalf of the 304,000 Department of Veterans Affairs (VA) employees AFGE represents, including thousands who are frontline workers at the VBA, over 50 percent of whom are veterans themselves, it is a privilege to offer AFGE's views on VBA's use of the National Work Queue (NWQ) and more importantly, offer both basic and nuanced suggestions that could improve VBA's use of this technology to enable claims processors to better serve veterans more efficiently and accurately. Additionally, I want to especially thank Chairman Luttrell, Ranking Member Pappas, and DAMA staff for attending a roundtable on VBA during AFGE's Legislative Conference in February of this year, considering our input on the NWQ, and holding today's hearing.

Background

The NWQ was created in part to maximize the VBA's claims processing capacity between regional offices. One justification for the NWQ is that if one RO has a backlog of claims and another RO has capacity, VBA can use the NWQ to easily transfer claims to a different RO for processing. The NWQ certainly has helped achieve this original goal of moving claims to where there is more capacity. However, VBA management has utilized the NWQ beyond this basic transferring of claims, an action that has caused numerous unintended consequences that must be highlighted to this committee and addressed by VBA.

Specialization of Claims

Prior to the implementation of the NWQ, each regional office operated in the "Segmented Lanes model" with three separate lanes, including an efficiency lane for claims with few contentions or issues, a regular lane for a moderate number of contentions, and a special operations lane for certain complex claims or veterans with a significant number of contentions. AFGE agrees with the Inspector General's (IG) 2018 conclusion that VBA's decision to eliminate specialization of claims processing has had a detrimental impact on veterans whose claims are more complex and sensitive in nature. As the IG report explains, prior to the implementation of the NWQ:

The Segmented Lanes model required VSRs and RVSRs on Special Operations teams to process all claims VBA designated as requiring special handling, which included MST [(military sexual trauma)]-related claims. By implementing the NWQ, VBA no longer required Special Operations teams to review MST-related claims. Under the NWQ, VSRs and RVSRs are responsible for processing a wide variety of claims, including MST-related claims. However, many VSRs and RVSRs do not have the experience or expertise to process MST-related claims.¹

¹ VA OIG 17-05248-241 | Page iii | August 21, 2018

Because of the level of difficulty in processing these claims, AFGE strongly supported returning to a “Special Operations” model for as many complex claims as the system will support. Over the intervening six years since this report, VBA has heeded some of this advice as it tries to reestablish what it did for to specialty claims. Now certain RO’s have Special Operations Centers within them where certain claims are processed, including MST claims at the San Juan, PR RO, Camp Lejune Water Contamination claims in the Louisville, KY RO, and Radiation claims in the Jackson, MS RO. This allows VBA to have its highly skilled claims processors work on particular claims with veterans benefiting from this expertise. As the VBA continues to build out these Special Operations centers, AFGE encourages VBA to identify additional complex areas suitable for a Special Operations center where specialization would benefit additional veterans.

Beyond the Special Operations Centers, AFGE also recommends that VBA use the NWQ to sort and distribute claims in a manner similar to the efficiency and moderate lanes that existed as part of the “Segmented Lanes model” prior to the NWQ. This would serve two specific purposes to help both veterans and claims processors. First, by putting a veteran whose claim has a minimal number of contentions in the express lane, the veteran will not have to wait as long in line behind more complex claims and could receive benefits sooner. Much like a shopper who goes to the grocery store for a gallon of milk and wants to use an express checkout lane instead of waiting behind a family doing their shopping for the week, veterans who have easier claims should not be held up by VBA’s preoccupation with meeting its own internal metrics.

Second, the original “Segmented Lanes model” created the opportunity to help new claims processors by assigning them to the efficiency lane and allowed them to hone their skills on relatively less complex claims, with more seasoned and experienced claims processors in the moderate and special operations lanes. This provided claims processors with on-the-job training,

which benefited future veterans, as well as current veterans with pending claims by having more tenured claims processors focus on claims that required their experience. AFGE urges the VBA to leverage the NWQ to best maximize claims processors expertise while efficiently serving veterans.

Keeping Claims in One Regional Office for their Duration

There is a cliché in the VA that if you have been to one VA Medical Center, then you have been to one VA Medical Center. This holds true for VBA ROs. For this reason, AFGE also encourages the VA to modify the NWQ so that cases remain within the same RO for the duration of the claims process. Every RO, despite uniform production standards and training, often has its own way of conducting specific tasks. These small but critical differences between ROs can cause claims processors from different ROs to misunderstand each other's work, and result in a correct claim being unnecessarily deferred, delaying veterans from receiving their benefits. Having a claim stay within one RO for its duration would avoid these inconsistencies and delays. Additionally, by having the claim stay within the same RO, communication and collaboration is improved. For example, an RVSR, having a working relationship with VSRs in the same RO, could easily ask a VSR who worked on the claim a clarifying question, receive a quick response, and address a small problem with the claim, instead of requiring the claim to be deferred and reworked, causing delays. This would be significantly less likely to work for claims processors in different offices, who might be slower to respond to an e-mail from an unknown colleague or might be working in a different time zone.

To take this a step further, by keeping claims in one RO for the duration of their processing, managers who assign work would be more in control to send claims where a RVSR caught an error or required a deferral back to the original VSR. This would allow the VSR to

learn from the error so as to not repeat it. This would also let the VSR and RVSR who are already familiar with the claim quickly address follow-up work, instead of having different claims processors taking significant time and energy to understand an entirely new claim. Under the current rules of the NWQ, this scenario is extremely unlikely.

Unlocking the NWQ

Despite a claims backlog that has significantly grown following the enactment of the PACT Act, one of the most shocking yet consistent complaints from claims processors is that they are not assigned enough work to meet their performance metrics and must frequently ask their “coaches” for more claims to work on. The reason for this problem is the internal controls VBA has put on the NWQ. Generally speaking, VBA assigns an RO a certain number of claims each day, which are then passed down to teams, and then individuals.

First, the NWQ should automatically provide claims to an individual claims processor’s work que when they are out of cases to develop or rate. This would greatly improve efficiency.

Second, claims processors should have the limited ability to hold onto a claim for a longer period than what is allotted before it is retracted by the NWQ. Each individual claims processor works slightly differently, notably in the order in which they work on their assigned claims. These different preferences for working through claims can result in claims being taken away from processors before they have had the opportunity to work on it later that day or the following day. Allowing each claims processor to ask the system for an extension on a limited number of claims would be helpful to claims processors planning their daily work. Similarly, claims processors would benefit from NWQ notifying them how much longer they have to work on a claim before the NWQ will retract a claim into the system. This would help the processor

appropriately budget their workday. Currently, claims processors know on which day a claim is assigned, but not what time or how much time they have left to work on the claim.

Third, the NWQ must address “automatically ready to rate” claims. These claims are sent to a RVSR after they have not been worked on for a certain amount of time. While no claim should fall through the cracks, RVSRs must spend time determining why the claim has not advanced, often discovering after a considerable amount of time that the claim is still waiting on medical evidence or other information. VBA should better filter “automatically ready to rate” claims so those waiting on additional detail are not automatically sent to a RVSR, harming efficiency.

Fourth, as was mentioned previously, VBA should program the NWQ to allow VSRs and RVSRs who have previously worked on a claim to have claims return to them if available. This would allow claims processors to learn from any mistakes that were previously made and allow them to use time and prevent a different claims processor from having to use time to familiarize her/himself with an entirely new claim more efficiently.

Examining RO Performance Metrics

AFGE would like to highlight, that in addition to the performance standards for individual claims processors, each individual RO is expected to meet VBA-imposed performance metrics. While measuring the success of both individual claims processors and entire ROs is important and within the VBA’s purview, there are at least two RO level metrics that AFGE believes do not serve the best interest of the veteran, including “Time in Queue” as well as the way VBA awards credit for the partial rating of claims.

“Time in Queue”

“Time in Queue” is a term describing how long a claim has not only been in the claims process, but also how long it has been at certain steps within the claims process. Each step has its own countdown of days that a claim can be in a particular step before it is considered late. For example, if a claim has 10 steps with five days allocated for each step, a claim can spend five days in each of the ten steps and be considered on time. Because of this, when prioritizing which claims to assign when, VBA management looks at how much time a claim has left in its current step before it is considered late for advancement. This can lead to VBA slow-walking claims that are ready to advance even though claims processors may be waiting for work.

Additionally, if a claim is late in any one of the 10 steps, the entire claim is deemed late. Because of this metric and how VBA reports claims, using the previous 10-step, five-day example, VBA would prefer a claim to spend the full 50 days with five days in each of the ten steps and be considered on time, instead of a claim being completed in 36 days, where a claim spent three days each in nine of the 10 steps, and six days in one of the 10 steps as it would be deemed late, despite being completed two weeks earlier. It is not hard to imagine that veterans would rather have their claims deemed “late” and completed two weeks earlier than having them be considered “on time” by a VBA internal metric.

Rating of Partial Claims

Each veteran’s claim can have as few as one contention and as many as dozens of contentions, not all which are necessarily connected to each other. Because of this, it is common that some parts of a veteran’s claim are developed and ready to rate prior to other parts.

Unfortunately, VBA has an internal metric that awards credit to ROs only on the claims that are fully rated and promulgated on all of their contentions. This in turn can hold up all of a veteran’s claim on the basis of a single outstanding contention. For example, if a veteran’s claim has 10

contentions, and nine are developed by a VSR, and the remaining contention requires additional medical records or an additional compensation and pension exam, VBA discourages ROs from rating the 90% of the claim that is ready to rate by not awarding credit until later. This has the doubly negative effect of delaying a veteran from receiving a significant part of his or her benefits, and delays ROs from assigning work to claims processors who need claims to work on, all because the RO with the claim does not want to let the last step be completed by a different RO and receive credit for the entire claim. While not all ROs follow this practice and will decide to rate partial claims, the mere existence of the metric and certain ROs attempting to meet it is a classic case of VBA treating veterans like widgets instead of warriors. AFGE calls on VBA to eliminate these counterproductive metrics and instead create metrics that facilitate and expedite the accurate delivery of benefits to qualifying veterans.

Conclusion

I hope that my testimony today leads the subcommittees to conduct further oversight of the NWQ and the claims process. The VBA should calibrate the NWQ to better enable claims processors to serve veterans, instead of meeting artificial internal metrics. AFGE and the NVAC stand ready to work with the House Veterans' Affairs Committee and VBA to reach this goal. Thank you, and I look forward to answering your questions.