CONGRESSIONAL TESTIMONY

STATEMENT BY

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Chairman Luttrell, Ranking Member McGarvey, 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 VA Efforts to Decrease Delays in Veterans' Disability Compensation Claims." 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. I also had the privilege of testifying before this subcommittee last year on June 26, 2024, at hearing titled "Examining Shortcomings with VA's National Work Queue Veterans Benefits Claims Management System."

On behalf of the 320,000 Department of Veterans Affairs (VA) employees AFGE represents, approximately a third of whom are veterans themselves, including approximately 50 percent of frontline workers at VBA, it is a privilege to offer AFGE's views on how VBA can improve the claims process, particularly through improvements to the National Work Queue (NWQ), as well improving training, both for claims processors as they learn the ever changing nuances of their jobs, and can effectively learn from their mistakes. It is also my hope that through this testimony, it becomes clear to the committee the vital role employees and AFGE

play in ensuring veterans receive their benefits in an accurate and effective manner and the need to protect their collective bargaining rights to help achieve this goal.

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 ROs have Special Operations Centers within them where certain claims are processed, including MST claims at the San Juan, PR RO and the Roanoke, VA 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. AFGE also notes that while this specialization is critical, to ensure that claims processors can transition to other claims in the future and do not burn out from issues like "compassion fatigue" by exclusively developing MST claims, claims processors on specialty missions also work on other claims while serving in this special mission.

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. This is also true for secondary claims arising out of the original claim and keeping those secondary claims in the same RO where claims processors, who are already familiar with the original claim, would help with efficiency.

Additionally, keeping the claim within the same RO improves communication and collaboration. 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 and avoid repeating 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.

As you know, VBA is progressing towards a return to the office, despite well-documented improvements in claims processor production since telework and remote work became necessary during the COVID-19 Pandemic. If VBA does not also require that claims stay in the same RO for the duration of their processing to allow for claimed collaboration and efficiency, what is the merit of requiring claims processors to work anonymously with one another from across the country?

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 placed 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 queue 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 notes that, in addition to individual claims processor performance standards, each RO must meet VBA-imposed performance metrics. While measuring the success of individual claims processors and ROs is important and within VBA's purview, AFGE believes at least two RO-level metrics do not serve veterans' best interest: "Time in Queue" and how VBA awards credit for 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 withing 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.

Training for Quality

VBA faces many challenges in effectively training its workforce to process veterans' claims accurately and efficiently. Today, I want to highlight several of these issues and offer specific changes that would better enable VBA employees to serve veterans.

In-Person vs. Virtual Training

For decades, VBA had in-person "challenge training" for VBA claims processors in Baltimore, Denver, and other locations as needed to train Veteran Service Representatives (VSR) and Rating Veteran Service Representatives (RVSR). This training lasted several weeks and was intensive and interactive, allowing employees to immerse themselves in their new positions and prepare them to effectively process veterans' claims. Specifically, trainees benefitted from having certified instructors whose sole job was to train and mentor employees. Additionally, employees had the opportunity to work with the actual technology they were going to use as claims processors and ask questions of the people best equipped to answer them. Furthermore, by having claims processors from all over the country go to one of the challenge training locations, VBA was able to build consistency throughout the different regional offices.

Unfortunately, since the COVID-19 Pandemic, in-person Challenge Training has been replaced by inferior training, which has led to worse results and excessive employee turnover.

Virtual In-Person (VIP) and Classroom Training

In place of in-person Challenge Training, VBA has utilized Virtual In-Person (VIP) and Classroom Training to train claims processors. The Instructor-led Web Training (IWT) and

classroom training, specifically for RVSRs, are structured to provide too much information too soon and only require the trainee to listen. The training does not test how well these trainees have grasped what was taught. As a result, when trainees complete this new training, they are unable to apply learned concepts correctly.

This new training utilizes three phases: Instructor-led Web Training (IWT), Classroom Training, and Informal Assessment. AFGE would like to identify challenges to IWT and Classroom Training and propose changes that will improve this training to enable claims processors to better serve veterans.

Challenges with IWT

Failure to Teach the Basics

The primary problem with IWT is that new employees undergoing the training are not yet prepared for the IWT training as they have not mastered, or in some cases been introduced to, the basics of VBA. External trainees completing IWT do not understand the VA claims process or VA language, which is an alphabet soup unto itself, but is critical to understand for claims processors to do their job.

Beyond basic conversancy, external trainees are not trained on what End Products (EPs) are, and as a result, they do not know what a completed, accurate claim is supposed to look like nor if they are complete or incomplete. Similarly, another gap in training that new employees in VBA have no exposure to is how to work with an Intent to File (ITF) and the rules related to duplicate ITFs, expired ITFs, or incomplete ITFs. Inadequate training on all of these basic principles is setting up trainees to fail and is harmful to the veterans they serve.

Lack of Hands-on Experience

One of the most critical flaws of IWT is its lack of hands-on experience with the actual tools that claims processors will use in their jobs to process claims. In particular, trainees who are not already working for VBA do not have access to the Veterans Benefits Management System (VMBS) VBMS-Core until after IWT. Even in training, there is no VBMS Core Demo for them to practice reviewing claims in IWT. Instead, IWT only provides e-cases in PDF format. Only after weeks of IWT are new claims processors allowed to see what the e-folder looks like in the interface they will have to use.

IWT also fails to teach claims processors how to perform basic critical functions, such as uploading VA Medical Center records that are either identified by a veteran on the application or found through Capri enterprise search. These records, if relevant to a decision, must be uploaded into VBMS. This is a common everyday function for RVSRs.

External and internal trainees coming out of IWT do not know if they can grant or deny service connection. This is because trainees are not trained on all the pathways of service connection and the elements of service connection needed for each pathway to grant service connection. Employees are also not pre-trained on the elements required to grant on a direct basis, secondary basis, aggravated basis or on a presumptive basis, with each failure being a critical error on a performance evaluation.

Trainees coming out of IWT also do not know how to analyze a claim and review evidence, as there is no training class for this. One of the most time-consuming parts of the RVSR position is reviewing evidence and understanding what the evidence says about each element to see if the VA can grant or deny under each pathway for service connection. Trainees are not taught in the system that they need to review any exams, VAMC records, private

DBQ/records, and what this evidence says about having a current diagnosis. They have only seed PDF examples in IWT.

In addition to this education gap, trainees have only seen PDF examples on several other essential functions, but they have not been shown how claims processors must go to the service treatment records to look for a qualifying event, injury, or disease that had its onset during a veteran's service. This is also true for reviewing a personnel file to see what location the veteran served in or what type of job they did in service, and to see what evidence shows about a qualifying event, injury, or disease. There is also a gap on how to review available medical opinions and causation to establish a link between the claimed issue and an in-service event or injury.

Recommendations to improve IWT

To improve IWT and make it more useful and comprehensive for new employees, employees in IWT training must have access to VBMS-Core and review claims in the system instead of looking at PDFs. Additionally, IWT or a class preceding IWT must prepare trainees to do the following: (1) Master the basics of VBA, including learning the claims process, VA terminology, EPs, complete /incomplete claims, ITF rules, and proper claims forms; (2) Review claims in VBMS-Core for more hands-on experience. The purpose is to get these trainees into VBMS-Core and start reviewing the information in the e-folder.

AFGE recommends that the current class size of 100 be lowered to no more than 35. Smaller groups allow for a more interactive environment and more questions to be addressed during presentations. After the presentation, it is recommended that a "case application" or fact pattern be given to help students understand the concept, particularly for routine claims that VSRs and RVSRs will commonly encounter.

Classroom Training

Following IWT, trainees shift into several weeks of classroom training to further refine their skills. AFGE urges VBA to be more strategic and reorder its curriculum to allow trainees to better retain the information. Currently, classes are taught in a haphazard order, instead of sequenced to enhance the building of concepts. For example, vision is taught on the first day of the classroom sessions. The slides include questions on higher levels of Special Monthly Compensation (SMC), which trainees have not been taught yet. Higher level SMC is taught later in the classroom but is supposed to be taught before peripheral nerves and diabetes. Higher level SMC is often granted based on multi-body system conditions like diabetes, Parkinson's, and MS that attack multiple systems of the body. Nerve evaluations are often involved in SMC and higher-level SMC decisions. Teaching higher-level SMC before teaching peripheral nerves or introducing the concept of a multi-body system condition makes little sense and confuses trainees. Instead, VBA should reorder the classes, so that we teach nerves, diabetes, and then higher-level SMC, which allows trainers to reference the classes were just taught, reinforce the concepts from the previous days, and teach them more complex applications of higher-level SMC concepts.

Post IWT Classroom Training

Following the completion of IWT and classroom training, there are still significant gaps on critical issues claims processors will need to perform their duties successfully. AFGE would like to identify several components of training that are not explicitly taught during VBA's mandated training that would improve claims processors' confidence, performance, and, hopefully, retention.

Weighing Evidence

There is no training class on weighing evidence. Claims processors will be required to weigh evidence against other evidence and to conclude why more value was assigned to specific evidence in their decisions. Trainees must work through examples and practice developing narratives to justify their decisions. Beyond the basic weighing of evidence, trainees require better instruction on whether the evidence in front of them is enough to make an informed decision or whether all the evidence in the claim file is necessary for a determination.

Trainees also need a deeper review on how to conduct a pre-rating review for duty to assist. They do not understand that they cannot deny service connection or an increased evaluation without the duty to assist being met. This also relates to the lack of training related to exams, and educating employees whether the exams that have already been conducted are sufficient to make a decision. Having the opportunity to look at several examples of what is sufficient in several different claims would help employees better learn this material.

Due Process

VBA must improve its training on veteran due process. There is currently no training on Clear and Unmistakable Errors (CUEs). RVSRs will have to call CUEs as they start to work on live claims. This means being taught how to make these decisions and how to enter them in VBMS-R. They will have to understand when due process rules apply and when they do not. These decisions can be time-consuming for new decision-makers, and they need to learn what needs to be in their narrative of the decision and how to correct prior errors. A clear solution would be to review cases and have RVSR trainees practice decisions in VBMS-R Demo. This will help RVSRs avoid critical errors in the future.

Due Process issues also apply to reductions for which there is currently no training. Since RVSRs are required to address even unclaimed reductions in their decisions, they should be

provided training on reductions to help them understand when due process rules apply and when they do not. Review cases and have them do decisions in VBMS-R Demo to practice. This will help avoid critical errors.

Denials of service connection

Unfortunately, not every claim is eligible for service-connected benefits under the law. These are highly sensitive decisions to make, and there is no training on how to appropriately write the narrative to the veteran when making a denial. Denial narratives have a lot of notification requirements that should also be compassionate while denying a veteran. This is something that should be prioritized for the benefit of veterans.

Supplemental Training

As a result of the current curriculum and schedule of VIP and classroom training, regional offices have been forced to provide supplemental training to fill in the learning gaps and the lag in starting the national training following onboarding. The lag in the national training could be anywhere from two to six weeks. AFGE strongly recommends standardizing this supplemental training, which currently varies between each RO, with some ROs providing exemplary training, while others provide little to none. With the VBA relying on the idea that each employee, regardless of station, is trained the same way in fundamentals, it makes sense to use the best practices of ROs to ensure all trainees are receiving the training they need.

Specialized Training

PACT Act Training

VBA is up to version six of its PACT Act standing operating procedures manual, which was recently updated in November 2024, after being on version three in June of 2024 when AFGE last testified on this issue. The PACT Act training primarily consists of prepared

PowerPoint presentations in the Talent Management System (TMS) and self-review of the ever-changing Standard Operating Procedure. This training is not interactive with no question and answer opportunity and feels like it exists to check the box more than actually help the workforce process claims. Additionally, while there are constant changes, VBA does not consistently grant employees excluded time from their production quotas to learn this material but expects them to read and process it on their own time. As PACT Act claims have been processing for several years, AFGE again urges VBA to consult with AFGE to understand the problems frontline claims processers are facing and what training would be helpful to improve this training.

Military Sexual Trauma Claims

Prior to the implementation of the Military Sexual Trauma (MST) Operations Center (MSTOC) in San Juan, Puerto Rico, MST claims were being processed by eight regional offices. Once the MSTOC in San Juan was operational, it was the only RO processing MST claims, with claims processors in the other ROs returning to other claims. Despite this expertise in other facilities around the country, in response to a surge of MST claims, in April 2024, approximately 230 employees at the Roanoke Regional Office were tasked to assist the San Juan Office. In lieu of obtaining assistance from the employees who previously worked these claims and required little to no training, VBA chose an office requiring in-depth training and a steep learning curve. Utilizing the already trained employees would have allowed for a faster reduction of the MST claims inventory.

However, because they were using claims processors largely unfamiliar with MST claims, to minimize the claims processing errors, VBA suspended the individual quality reviews and increased the in-process reviews of all claims for the Roanoke employees and any new employees assigned to the MSTOC. In doing so, an increase in quality review specialists is

required to assist the MSTOC's quality review personnel. These employees were obtained from the original eight regional offices previously designated to process MST claims, which again begs the question of why they did not utilize the workforce who already knew how to process these claims.

Utilizing the Innovation of Frontline Workers

VBA is always looking for innovative ways to provide earned benefits to veterans, family members, survivors, and caregivers faster and more equitably. What better means of assessing how processes can be improved than soliciting valued information from those on the ground level doing the work? For example, the development of a tool, the Rating Analysis Tool (RAT), that assists Rating Veterans Service Representatives (RVSRs) in reviewing evidence in VBMS-Core in an efficient sequential order and answering questions from a quality perspective that leads the RVSR to make a more accurate decision to enter in VBMS-Rating as quickly as possible. The RAT was developed by Amanda Thompson, a Rating Quality Review Specialist in Detroit, Michigan. Since the implementation of training on the use of the RAT more than a year ago, the trainers have seen an improvement in the quality of RVSR decisions and timeliness. Mrs. Thompson provided an in-person demonstration of the RAT to VBA senior leadership in May 2024. The functionality of determining elements met and not met is unavailable in VBMS-Rating. The RAT assists with determining the elements for each decision type, and if it was embedded into VBMS-Rating, it would resolve that missing functionality and become available for all RVSRs to utilize. VBA would be well served to allow its employees to innovate and collaborate to better assist employees as they serve veterans.

Conclusion

I hope that my testimony today leads the subcommittees to conduct further oversight of the NWQ, the claims process, and training at VBA. VBA should calibrate the NWQ to better enable claims processors to serve veterans, instead of meeting artificial internal metrics, and improve training and quality to better enable frontline workers to serve veterans. I also hope this demonstrates the importance of allowing VA employees, including the employees under jurisdiction of the DAMA Subcommittee, to retain their collective bargaining rights. AFGE and the NVAC stand ready to work with the House Veterans' Affairs Committee and VBA to reach each of these goals. Thank you, and I look forward to answering your questions.