



# **CONGRESSIONAL TESTIMONY**

**STATEMENT BY**

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**PROVIDED TO THE**

**HOUSE COMMITTEE ON VETERANS' AFFAIRS**

**SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS**

**AND SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION**

**HEARING ON**

**"FROM MONTHS TO HOURS: THE FUTURE OF VA BENEFITS CLAIM PROCESSING"**

**JUNE 6, 2023**

Chairman Luttrell, Chairman Rosendale, Ranking Member Pappas, Ranking Member Cherfilus-McCormick and Members of the Disability Assistance and Memorial Affairs and Technology Modernization Subcommittees:

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 "From Months to Hours: The Future of VA Benefits Claim Processing." My name is David Bump, and I am a National Representative for the NVAC, and serve as the Second Vice President for VBA for AFGE Local 2157, in Portland, Oregon. I also serve as a member of the NVAC's Veterans Benefits Administration (VBA) Legislative Committee and the VBA Midterm Bargaining team. I have also had the privilege of serving veterans in the VBA for 21 years, including 10 as a VSR, and 11 as an Authorization Quality Review Specialist in the Milwaukee, Wisconsin, Regional Office, and now the Portland, Oregon, Regional Office.

On behalf of the 291,000 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 the IT challenges facing VBA today, and more importantly, offer suggestions that could improve the use technology at VBA, and enable claims processors to better serve veterans more efficiently and accurately.

**VA's Five-Year Modernization Plan:**

AFGE was proud to support the PACT Act which expanded eligibility to VA healthcare for millions of veterans. Section 701(b) of the PACT required the VA to submit to Congress "a plan for the modernization of the information technology systems of the Veterans Benefits Administration." AFGE supports the use of technology to better enable VBA's processors to perform their duties and best serve veterans. However, we are concerned about the negative

effect on veterans of replacing human processors with technology. AFGE strongly supports the work done by lawmakers to protect VBA employees, and to make sure that all claims have to be reviewed at some point during the process by human claims processors. It is important that our approach to the use of technology emphasize that information technology supplement and not supplant the VBA's workforce.

### **Veterans Benefits Management System**

The Veteran Benefits Management System (VBMS) is the core platform VBA Veteran Service Representatives (VSRs) and Rating Veteran Service Representatives (RVSRs) use to process veterans' claims. While VBMS generally serves its purpose, there is certainly room for improvement from the perspective of the end user.

#### **Reliability**

The most serious problem that claims processors raise about VBMS is its unreliability. The system often crashes or requires rebooting, delaying claims processors from doing their required work. Even when the system does not crash, complaints of general sluggishness also create unnecessary delays. While managers are supposed grant "excluded time" when the system is down to account for less time for employees to meet their performance metrics, this is not done universally or consistently. Claims processors fear when the system goes down that they may suffer negative consequences through no fault of their own.

#### **Basic Functionality**

When hearing from claims processors around country, two basic tools appear to be missing within VBMS. First, it is not easy to know what previous employees have looked at or worked on a claim; either a special note must be entered, or an employee must click on the information to see who worked on it. Giving employees using VBMS the ability to quickly see

who worked on something previously, and then use VBMS to contact that employee with a simple question would save time, and let claims move through the claims process more efficiently.

Additionally, the user does not have the ability to sort or filter information to get a chronological view of a claim's history, other than what VBMS automatically provides. This basic function could help claims processors and save time.

### **Interoperability**

Another common complaint about VBMS is its lack of interoperability with other systems claims processors must use every day. A clear example of this provided by the Houston, Texas, Regional Office is related to form letters that claims processors send to veterans to inform them of their decisions. Redesigned Automated Decision Letters do not automatically populate information in VBMS for all the withholdings that may affect a veteran's compensation, including severance pay, separation pay, or drill pay withholdings. Other letters that RVSRs send do not auto-populate within VBMS and must be completed in the Personal Computer Generated Letters (PCGL) system. Other employees raised the problems of integration for letters related to Individual Unemployability (IU) claims within VBMS. These are all examples where RVSRs have to manually update letters in VBMS and pull information that is more up-to-date in other systems, that should ideally be in VBMS. This takes extra time that can be better spent performing work that require a claims processor's expertise and leads to unnecessary errors that negatively affect an employee's performance rating or a veteran's benefits.

The process for getting a veteran's Service Treatment Record (STR) is also a clear example of problems with interoperability. The Portland, Oregon Regional office cited that VBMS will automatically pull up STRs from a veteran who served in a modern war from the

Health Artifact and Image Management Solution (HAIMS) system. However, for veterans who served further in the past, VBMS makes a request for the data from the older Personnel Information Exchange System (PIES) but does not record its own request. This leads to the employee having to make a manual request in VBMS on top of what they did, but may also create duplicate requests in PIES, further wasting time.

The Cleveland, Ohio Regional Office cited problems with the Joint Legacy Viewer (JLV) that were similar to problems experienced in Portland, Oregon. When using the JLV to view a veteran's records, each document must be opened separately, saved, and then uploaded into VBMS, with each document taking several minutes to upload. Additionally, if a claims process attempts to upload too many documents at once, the system may not work, and the employee must start over, wasting valuable time.

### **Unnecessary Repetition**

Another key criticism of the system for RVSRs comes from the Pittsburgh, PA, Regional Office. RVSRs in this facility identified that VBMS-R (the portion of VBMS raters use) requires RVSRs to enter multiple levels of SMC (special monthly compensation) on a veteran's claim. To do this, RVSRs must instead use a workaround that enters the first level of SMC, then delete the coded conclusion (the number generated for payments), then enter the second SMC with the combined numbers. VBMS will not create the narrative for both levels of SMC unless employees use the system this way. This can lead to errors as well in incorrectly entering the SMC levels and can create over/under payments if done incorrectly. Also, if SMC is awarded temporarily, RVSRs must manually end the SMC even though the RVSR initially entered an end date, because if the RVSR does not go back in to "zero out" (coding to stop payment) then the veteran

will never stop being paid. VBMS would be more efficient if the system allowed employees to create the narrative issue and the correct coding all in one entry instead of multiple entries.

VBMS also does not work well when considering conditions that cannot be evaluated separately, including several cardiac conditions, digestive issues, gastroesophageal reflux disease, irritable bowel syndrome, traumatic brain injury, post-traumatic stress disorder, asthma, and sleep apnea. VBMS sometimes allows claims processors to combine these symptoms at the end, but it does not always work, especially if one condition was already service-connected and the employee is attempting to add service connection to a new condition that cannot be evaluated separately. This can create performance errors, overpayments and extra work in correcting these errors.

To improve VBMS, it would be better if claims processors could rate certain conditions at the same time and then be able to merge them based on the higher evaluation rules. This would also save time by not having to use external evaluation builders and copy and pasting additional information within the system. There are specific diagnostic codes that cannot be evaluated separately, but if there were the functionality to add a co-morbid condition that must now be rated individually, it would greatly improve employee efficiency and reduce errors.

Fixing these examples within VBMS would greatly reduce time spent on claims affected by these workarounds, reduce erroneous decisions, and deliver a higher quality product to our nation's veterans.

### **The National Work Queue**

Another critical component of the claims process that the subcommittees must examine is the National Work Queue (NWQ). 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-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.<sup>1</sup>

Because of the level of difficulty in processing these claims, AFGE strongly supports returning to a “Special Operations” model for as many complex claims as the system will support. AFGE supports the current use of these specialty lanes for Military Sexual Trauma (MST) and Camp Lejeune Water Contamination Claims among others and encourages their expanded use.

AFGE also encourages the VA to modify the NWQ so that cases remain within the same RO for VSR and RVSR review. Every RO, despite uniform production standards, has its own way of conducting specific tasks, and having VSRs and RVSRs who are more familiar with each RO’s standard procedures will help process cases efficiently. Additionally, by better identifying which employee worked on a particular claim, better collaboration between VSRs and RVSRs can be achieved.

Lastly, the NWQ should be reprogrammed to allow VSRs and RVSRs to always have access to all readily available claims. Despite the national claims backlog that existed prior to the COVID-19 pandemic and has grown with the passage of the PACT Act, it is a common refrain from VSRs and RVSRs that they do not have enough work assigned to meet their production standards and that they have to constantly request new work from their coaches. Although the NWQ was designed in part to maximize the VBA’s claims processing capacity, it is

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<sup>1</sup> VA OIG 17-05248-241 | Page iii | August 21, 2018

counterproductive to deny employees access to all available claims when the technology to do so already exists. Workers should not have to request additional work to meet their standards but should instead be constantly engaged in efforts to reduce VBA's backlog.

### **Conclusion**

I hope that my testimony today leads the subcommittees to conduct further oversight of VBA's IT challenges. The VBA should survey its employees as it modernizes IT systems and use employee feedback to promote improvements that will help veterans. 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.