

**THE VA BENEFICIARY TRAVEL SELF-SERVICE
SYSTEM: MISSION ACCOMPLISHED?**

HEARING
BEFORE THE
**SUBCOMMITTEE ON TECHNOLOGY
MODERNIZATION**
OF THE
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TUESDAY, JUNE 11, 2024

SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The subcommittee met, pursuant to notice, at 4:30 p.m., in room 360, Cannon House Office Building, Hon. Matt Rosendale (chairman of the subcommittee) presiding.

Present: Representatives Rosendale, Self, Cherfilus-McCormick, and Landsman.

Also present: Representatives Miller-Meeks, and Hageman.

OPENING STATEMENT OF MATTHEW M. ROSENDALE, CHAIRMAN

Mr. ROSENDALE. Good afternoon. The subcommittee will come to order. Before we proceed, I ask unanimous consent that Dr. Miller-Meeks and Representative Hageman be permitted to participate in this hearing. Without objection, so ordered.

I want to welcome our witnesses from the U.S. Department of Veterans Affairs (VA) and the Disabled American Veterans (DAV). Today, we are going to discuss the Beneficiary Travel Service System

[sic], or BTS3. This effort began in 2019 to automate veterans' travel reimbursements and eliminate improper payments using a new web-based system. I am sure the idea made perfect sense and looked good on paper, but in reality, VA blindsided millions of veterans with a complicated and confusing new process. Training was minimal and user testing was limited to a small group of VA employees.

Without warning, the Department deactivated and then removed the popular Vet-Link kiosk from most of its facilities. Veterans have been successfully using the kiosk for years, but veterans struggle with the new website and they continue to struggle with it today.

I am proud to represent one of the most rural districts in this country. Montana veterans travel long distances to receive the healthcare they have earned. I routinely hear from my constituents about the frustrations with the new systems and the struggles to get reimbursed on time, if at all. As a result of these problems, most veterans are relying on the paper travel reimbursement form and a huge claims backlog developed that took several years to work down.

We have seen this movie time and time again, unfortunately. The VA undertakes an ambitious Information Technology (IT) modernization project to revamp a business process, but it fails because it is not developed with the user in mind. Veterans who rely on the system to manage their health or finances are the ones that get hurt. In this particular situation BTS3 caused confusion and frustration for veterans across America who count on receiving travel reimbursements when their VA medical appointments are not available close to home, which, based on the \$2 billion a year expense associated with this program, is quite often; maybe another opportunity to expand local care healthcare delivery. That is an argument for another day.

This project has been a glaring example of poor planning, misunderstanding of veterans' needs, and general dysfunction. According to the Office of Inspector General's report, the system is a long way from meeting any of its goals. The contract was signed 8 years ago, but as of last year, only 34 percent of travel reimbursement claims were being submitted electronically. Eight years. That is far below the goal of 80 percent. The project was supposed to simplify the entire travel reimbursement process by auto adjudicating 90 percent of the claims, but as of last year, the system was only able to auto adjudicate about 40 percent.

Veterans submit about 6 million travel reimbursement claims every year. A majority of those claims have to be keyed into the BTS3 system manually. Worse, the software is completely unable to auto adjudicate travel reimbursements for community care, so 100 percent of those claims have to be manually reviewed. More than 4 years after the system was rolled out, the VA still does not have a good solution for that. VA actually had to add about 140 more employees to process the travel claims manually.

The project's budget started at \$11 million, which is modest compared to Oracle or the supply chain modernization, but I understand now that it has doubled. The budget does not seem to include all the additional expense from the extra staffing and reworking, and it surely does not account for all the veterans' frustration and wasted time. I expect clear answers from our witnesses about the path forward.

Despite several years of software updates, the BTS3 system is still too difficult to log into, too slow to load, and too confusing to navigate. We learned that the VA is planning to fold it into VA.gov soon. Given the difficulties that other parts of the VA.gov have experienced recently, that consolidation needs to be handled very carefully. Now that the VA has shown that the kiosks can be integrated with BTS3, we need to see an orderly plan to reintroduce the kiosk where the veterans want them.

Most of all, we need to know that any further changes to this system and the travel reimbursement process will be tested by real veterans and clearly communicated before anything gets pushed out. We cannot allow another VA IT project, even a relatively small project, to escape scrutiny while it burns through taxpayers' dollars and undermines veterans' care.

Once again, I want to thank our witnesses for joining us today. With that, I will yield to Ranking Member Cherfilus-McCormick for your opening statement.

**OPENING STATEMENT OF SHEILA CHERFILUS-MCCORMICK,
RANKING MEMBER**

Ms. CHERFILUS-MCCORMICK. Thank you, Mr. Chairman, and I would like to say thank you to our witnesses for being here today.

Over the year, VA has taken on many programs that seek to make healthcare access at VA more equitable for all veterans. Today's topic, the Beneficiary Travel Service Systems—Self-Service System, BTS3, is one of those efforts to help relieve veterans' expenses incurred while traveling to approved healthcare appointments.

In Fiscal Year 2021, Veterans Health Administration (VHA) reimbursed over \$1.3 billion in travel expenses to veterans. That is \$1.3 billion worth of mileage compensation, tolls, parking, and in some cases, airfare and specialized transportation costs. Reimbursing these costs is important to building trust with veterans and not inflicting financial hardships while veterans utilize the healthcare they have rightfully earned.

Historically, veterans have relied on a paper-based process that required VA personnel to manually enter the data into VA's legacy electronic healthcare records, Veterans Health Information Systems and Technology Architecture (VistA). VA has been trying to replace that system for the past 5 years, but that is a conversation for another year, another day.

BTS3 is an attempt to modernize VA's legacy beneficiary travel program by adding additional electronic functionalities, like electronic submission, automated adjudication, and improper payment detection. These features aim to decrease administrative efforts, erroneous payments, and processing times. However, a May 2023 report from VA's Office of Inspector General found that the new system was not meeting any of its four established goals regarding auto adjudication, system usage, manual overrides, or self-service utilization.

Since the release of the report, VHA has taken steps to address these failures. Recent data has shown improvements across these key matrix, like auto adjudication, payment timeliness, and improper payment rates. For example, in Fiscal Year 2021, BTS3 faced nearly 14 percent improper payment rates, and only 20 percent of the claims were auto adjudicated. In Fiscal Year 2023, over 40 percent of the claims were auto adjudicated and improper payments were actually down to under 7 percent. While these matrices still do not meet the set goals established by the Veterans Transportation Office, I am glad to see that the VA is growth in this area.

However, despite these promising improvements, I remain concerned on several fronts. In our pre-brief hearing last week, we learned that in January, 8 years after the contract was awarded, Office of Information and Technology (OIT) began discussing the need for a governance structure within the BTS3 program. I am fairly concerned that if a solid governance structure had been in place from the very beginning, it would not have taken 8 years to deploy this product.

It seems that we hear the same issue every time we talk about a VA IT modernization effort: poor requirement development, poor change management, poor governance structures, millions of dol-

lars spent on programs that does not meet VA's needs. It is long past the point where we must have a conversation about why the VA cannot learn from its past mistakes. Veterans, VA employees, and the American taxpayers deserve better than this.

Further, I remain concerned about the future of this project in light of the nearly 50 percent cuts to the VA's IT modernization budget. When we pit modernization efforts against each other for funding, it is not just the infrastructure or VA employees that face challenges. It is a disservice to veterans as well.

Finally, I have concerns since I joined this subcommittee about some of the other choices that the VA has made. While modernization is necessary, we cannot leave out our less tech savvy or our lower income veterans behind. There are many who do not have access to smartphones, laptops, or even home Internet. Because of this, VA's decision to remove the kiosks and limit the paper filing of claims has caused undue stress on some of our most vulnerable veterans. I look forward to continuing to work with VA as they deploy further strategies to engage both veterans and VA employees with technology and improve data collection for both VA and the community care providers to ensure timely and correct reimbursements to veterans.

I would be remiss if I did not mention the importance of Veterans Health Administration (VSO) partners here as well. Our VSOs often play a key role in facilitating veterans' interaction with VA healthcare and benefits. I look forward to hearing from DAV today and how they and their members feel BTS3 rollout has been going.

Thank you, Mr. Chairman. I yield back.

Mr. ROSENDALE. Thank you, Ranking Member Cherfilus-McCormick. I will now introduce the witnesses on our first and only panel today.

First, from the Department of Veterans Affairs, we have Mr. Ryan Heiman. Heman? Heman. Heiman. Okay. Mr. Ryan Heiman, the Deputy Executive Director for Member Services in the Veterans Health Administration. We also have Mr. Benjamin Williams, the Director of the Veterans Transportation Program. We have Ms. Carrie Lee, the Deputy Chief Information Officer for Product Engineering. Finally, we have Mr. John Retzer, Assistant National Legislative Director for Disabled American Veterans.

I ask the witnesses to please stand and raise your right hand.
[Witnesses sworn.]

Mr. ROSENDALE. Please let the record show that each one has responded in the affirmative. Thank you very much.

Mr. Heiman, you are now recognized for 5 minutes to deliver your opening statement on behalf of the VA.

STATEMENT OF RYAN HEIMAN

Mr. HEIMAN. Chairman Rosendale, Ranking Member Cherfilus-McCormick, and members of the subcommittee, thank you for this opportunity to appear before you today to discuss VA's Beneficiary Travel Self-Service System, or BTS3. I am joined today by Ms. Carrie Lee, Deputy Chief Information Officer, and Mr. Ben Williams, Director of the Veterans Transportation Program.

The Beneficiary Travel program is crucial for eligible Veterans providing essential travel reimbursement and transportation services to ensure access to necessary health care. It addresses the financial and logistical challenges of travel for medical care by reimbursing eligible Veterans for expenses. The program enhances access to medical appointments and reduces their financial stress.

With the introduction of BTS3, VA transformed the travel claim process, providing Veterans the ability to submit claims online 24/7/365 and improving the agency's ability to pay eligible Veterans correctly. The BT System underwent phased implementation with testing in July 2020 and national deployment from September to December 2020.

During the transition, claims processing time increased due to manually scanning paper claims. To manage frontline challenges with the adoption of a new system and during the COVID-19 pandemic, VA extended the legacy system alongside BTS3, delaying this full implementation but allowing for user experience enhancements. During the same time, VA imposed a 10-day inventory goal in March 2021 to improve efficiency and visibility of open BT claims.

VA closely monitored critical performance indicators and redesigned the BTS3 rules engine to improve efficiency. By December 2023, the BT system became the exclusive solution, offering self-service options, automated rules engines, and internal controls to ensure proper payment.

VA has made significant improvements to the BT system in response to the 2023 OIG report. The report identified four key areas that had not been met, including auto adjudication rate, veteran feedback, legacy system decommissioning, and the reconciliation of duplicate payments. All but one of the OIG recommendations have been remediated and closed out. The remaining recommendation related to auto adjudication was launched this past month.

Stakeholder feedback has been crucial in identifying areas for improvement within the BT system. Since October 2023, VA has received over 11,000 veteran surveys, with the most desired improvements being claims automation and process simplification. Eighty percent of those survey respondents have been identified as over the age of 50. Recent improvements instituted as a direct result of this feedback has shown 17 percent increase in ease and simplicity of use, as well as a 16 percent increase in overall satisfaction.

Instituting a veteran-centric approach, VA is continuing to enhance the system's design, functionality, and user experience through fiscal years 2024 and 2025. Two of these planned enhancements include the expansion of the system's text-initiated claim submission process and integration of the travel claim feature to the VA health and benefits mobile application. The veteran facing experience of the BT system will also be transitioned to VA.gov platform over the next 18 months, providing seamless integration with other digital health solutions.

Chairman Rosendale and Ranking Member Cherfilus-McCormick, thank you once more for the opportunity to speak with you today. VA remains deeply committed to expanding self-service options and streamlining the BT reimbursement process to enhance

the overall healthcare experience for veterans. We value your ongoing engagement as we embrace our shared responsibility to better serve those who have served. My colleagues and I are prepared to answer questions that you may have. Thank you.

[THE PREPARED STATEMENT OF RYAN HEIMAN APPEARS IN THE APPENDIX]

Mr. ROSENDALE. Thank you, Mr. Heiman. The written record—written statement of Mr. Heiman will be entered into the hearing record.

Mr. Retzer, you are now recognized for 5 minutes to deliver your opening statement on behalf of DAV.

STATEMENT OF JON RETZER

Mr. RETZER. Thank you. Chairman Rosendale, Ranking Member Cherfilus-McCormick, and members of the subcommittee, DAV is pleased to offer our perspectives on the VA Beneficiary Travel Self-Service System.

VA launched a web-based system in September 2016 to automate travel reimbursement claims, reduce costs, and mitigate payment errors. In November 2020, VA transitioned from the travel reimbursement kiosk machines at VA medical facilities to the self-service system, computer-based program nationwide. According to the May 21, 2023, Office of Inspector General report, the program office took almost 5 months after the system launched to provide veterans and veteran service organizations training on entering claims in the self-service system.

VA only sought feedback from a small group of veterans who worked in the program office during the system development, which excluded both veterans and veterans service organizations. Many veterans have expressed disappointment in the new system and noted that the current enhancements are not user-friendly, lengthy in time, and delay timely travel reimbursement. Currently, veterans who have a VA.gov or My HealtheVet account must go to two logins to two sites, four screen changes just to begin the new travel reimbursement process. We appreciate VA is trying to address the issues to streamline these processes with the one site, one password access. However, it is important to address the system delays, multiple screen changes that add to lag times, and the need for verification when appointments are not at the VA medical centers.

However, Chairman Rosendale, not all veterans appreciate the self-service system. Veterans want the option to file their reimbursement claims at the medical facilities. Although we appreciate the innovation of mobile tech's features for reimbursement, it has presented challenges, in some locations due to lack of staffing knowledge or facilities not being enrolled in the new process.

To enhance the self-service portal usage, it is recommended that the Veterans Health Administration engage in outreach to veterans and the veterans service organizations, actively seek feedback, and assess the need for system changes based on the feedback they receive. Veterans have shared with the DAV recommended changes should include the return of the kiosks at all medical facilities, on-site computer access for filing beneficiary travel claims for those who have access, and direct assistance at the front desk for submit-

ting reimbursement claims during check-in and check-out for appointments. DAV recommends all VA facilities should improve their signage and communication of their resources to assist veterans to onsite computers that can access self-service system or other facility resources to file their claims.

As VA considers improvement to the self-service system, we remind VA that there are veterans who lack access to personal computers, laptops, tablets, smartphones, and adequate bandwidth. Also, many veterans lack familiarity or comfort with online web-based technology. DAV recommends the Department improves onsite real-time services by integrating necessary data and banking information from the Veterans Benefits Administration to the Veterans Health Administration.

Additionally, deploying digital signature pads and onsite ID verification technology can expand and enable the medical facility staff to use internal access to the self-service system in filing digital reimbursement claims for veterans who have difficulty filing through the web-based program and eliminates the paper claims form process which delays timely receipt of the reimbursements.

Chairman Rosendale, although we appreciate that VA is working to improve these issues in benefits travel reimbursement program, simply addressing the self-service innovations for veterans is not enough. The VA travel mileage reimbursement rate has not kept up with the rising gas prices and the cost of auto maintenance and insurance. As a result, these expenses can hinder access to care for some veterans. Currently, veterans' mileage reimbursement rate is at 41.5 cents per mile compared to the Government Services Administration rate for government employees currently at 67 cents per mile.

In conclusion, we urge the Secretary to exercise his full authority and align mileage reimbursement rates for veterans with government employee rates, while also ensuring subsequent changes stay in line with changes of the Government Service Administration rates in the future.

Chairman Rosendale, this concludes my testimony and I am pleased to answer questions you or members of the subcommittee may have.

[THE PREPARED STATEMENT OF JON RETZER APPEARS IN THE APPENDIX]

Mr. ROSENDALE. Thank you very much, Mr. Retzer. The written statement of Mr. Retzer will be entered into the hearing record.

We will now proceed to questioning and I will recognize myself for 5 minutes to kick this off.

Mr. Williams, is the BTS3 system working as it ought per the contract requirements?

Mr. WILLIAMS. Thank you, Chairman, for the question. I will get this started and then I will pass to Ms. Lee as it is an OIT-managed contract for the design and sustainment of the system.

Mr. ROSENDALE. Could you bring your microphone just a bit closer to your mouth, please?

Mr. WILLIAMS. Yes, sir. Better?

Mr. ROSENDALE. A little bit.

Mr. WILLIAMS. I will speak up. How about that?

Mr. ROSENDALE. Thank you.

Mr. WILLIAMS. Yes, sir. The system is working as designed currently and I do not have issues and I feel that the——

Mr. ROSENDALE. You say it is acting as per the contract requirements?

Mr. WILLIAMS. It is operating as designed from the VHA perspective.

Mr. ROSENDALE. Is it acting as per the contract requirements?

Mr. WILLIAMS. I will have to defer to Ms. Lee for that, to answer that question.

Mr. ROSENDALE. Thank you.

Ms. LEE. Yes, the system is acting as required by the contract. The system was developed based on the requirements that the government gave to the contractor.

Mr. ROSENDALE. The contract requirements allow for 40 percent of these claims to be adjudicated. The goal that you set is 80 percent and the contract literally allows for only 40 percent of this to be done? If that is the case, then we have got a serious procurement problem here. Is that the case? The contract allows for a complete inefficiency, ineffectiveness?

Ms. LEE. I will need to take that for the record because I do not know the details of the exact contract.

Mr. ROSENDALE. Well, then please do not comment, okay, when I ask, is it functioning as per the contract requirements if you do not know what the contract requirements are. I do not know is acceptable, but find the answer out for me, please.

Ms. LEE. Will do.

Mr. ROSENDALE. Thank you very much. Mr. Williams, how much has the VA spent on this project, including the contract and any other costs to date?

Mr. WILLIAMS. Sir, I will defer to Ms. Lee on that as well.

Mr. ROSENDALE. Ms. Lee, go ahead.

Ms. LEE. To date, the estimated amount spent is \$36 million.

Mr. ROSENDALE. Excuse me?

Ms. LEE. Thirty-six million dollars from the time of the projects.

Mr. ROSENDALE. Okay, \$36 million. Does that include all the extra staffing, the 140 staff that have been placed on as well?

Ms. LEE. That includes—that is the cost for the IT system. I would have to pass to my VHA cohorts for the VHA costs associated.

Mr. ROSENDALE. Okay. We have got \$36 million for the software program itself, where that does not—am I assuming that does not include the additional expense for the 140 extra staff?

Mr. HEIMAN. That is correct.

Mr. ROSENDALE. Okay. We originally were supposed to be at \$11 million, correct?

Mr. HEIMAN. That is correct.

Mr. ROSENDALE. Okay. Quick math, a four function calculator. You are already three times what the original cost was estimated to be, and it is only doing 40 percent of what it was supposed to, correct?

Mr. HEIMAN. For the automation portion, yes. For the record, I would also add that one of the really great benefits has been the associated improper payments that 5 years ago was at 25 percent.

Mr. ROSENDALE. I see that. As a matter of fact, I was looking at those numbers, and while it is at—in 2019, it was 18.79 percent. In 2021, it was almost 14 percent. Now we have got it down to 6.83 percent. That sounds like a really great achievement. The problem is, in 2021, it was \$123 million, and in 2023, that 6.8 percent translates into \$120 million. Do not stretch your arm patting yourself on the back, okay? You saved \$3 million. Percentages are very attractive, but dollars are what this committee is concerned with.

Before I go into anything else, I am going to go ahead and yield 5 minutes to Ranking Member Cherfilus-McCormick so she can begin her questioning.

Ms. CHERFILUS-McCORMICK. Thank you, Mr. Chairman. Mr. Heiman, in our May hearing on the IT budget, VA witnesses noted that they felt that the budget request was sufficient to keep all its IT modernization efforts moving forward at the same pace. How does the VA plan to manage the upkeep and implementation of the new BTS3 technology and ensure that VA has—VHA staff are prepared to effectively address challenges in the claims process?

Mr. HEIMAN. Ranking Member Cherfilus-McCormick, thank you for that question. For the first part, I will say that we have a very strong partnership with OIT, and we feel very confident. I will let Ms. Lee speak to that portion for our out-year plan. As it relates to maintaining the claims volume, really important work is being done. I mentioned it as part of our OIG recommendation that they gave to us to improve automation.

We are approximately at 46 percent, as the Chair had referenced. We deployed that release May 30th. Most recently, over the course of the last 10 days, we have seen that auto-adjudication rate raise as high as 70, 80 percent. We are really excited. We are continuing to monitor that, of course, but that is a very large workload that is being processed by the system as it was designed. Ms. Lee.

Ms. CHERFILUS-McCORMICK. What did you change?

Mr. HEIMAN. I am sorry. What did we change as for the release?

Ms. CHERFILUS-McCORMICK. Mm-hmm.

Mr. HEIMAN. Yes, so what the release was in association with the rules engine and how a Veteran's claim essentially bounces against different requirements that we have in order to be able to process that effectively and eventually pay that claim. Those improvements, as we have learned more about the system and have been able to build additional capability in, is what has made that improvement to the automation.

Ms. CHERFILUS-McCORMICK. Did you lower the requirements?

Mr. HEIMAN. No. Lowering the requirements? I think we had very strict, very, very strict requirements and the intent, again, originally because of OIG's recommendation many years ago, was in part because of the paper claim challenges and those volumes that was difficult to track. The system itself has been able to be improved, I would say. Truth be told, you can look no further than our improper rates that are holding as we continue to make these updates.

Ms. CHERFILUS-McCORMICK. Do you think that BTS3 has enough funding to address the issues with latency and the login struggles that we have heard about by veterans?

Mr. HEIMAN. Yes. To your first question, I will ask Ms. Lee to talk about 24 and 25, and then also cover any latency.

Ms. LEE. Yes. As part of our The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act efforts, and thank you for the PACT Act, we are modernizing the BTS3 system and using the Toxic Exposure Fund (TEF) funding to help with those modernization efforts. As you know, our current congressional budget is—we are making trade-offs, and since we have the PACT Act authority, we are able to use that TEF funding to be able to make additional improvements where our base budget does not have enough funding.

Ms. CHERFILUS-McCORMICK. Now, this is questions for Mr. Heiman, Mr. Reid's [sic] testimony, we heard about many challenges that the veterans are facing in accessing BTS3 and technology in general. I was glad to hear that the veterans had an option to utilize different modalities for submitting travel reimbursements. With an increased focus on BTS3 and the kiosks usage, how does VA plan to continue bridging the digital divide?

Mr. HEIMAN. Yes, absolutely. I will touch on probably a couple topics here, but we have recently integrated also with My HealtheVet. A lot of veterans like My HealtheVet, they use it for various different reasons to interact with their healthcare experience. BTS3 is also now integrated with My HealtheVet, so they can log directly from their My HealtheVet account.

As you mentioned, kiosks have been mentioned a few times, and we know they are or had been popular. While my office does not own the properties of the kiosks necessarily, we have pressed forward to integrate with the kiosks that do exist out there. In fact, there is 38 VA Medical Centers that—

Ms. CHERFILUS-McCORMICK. I only have 16 or 15 seconds left.

Mr. HEIMAN. Sure.

Ms. CHERFILUS-McCORMICK. I just have a real quick question. Are there any methodologies that you are evaluating?

Mr. HEIMAN. Yes. We have, through the digital health office, we have a multidisciplinary team, OIT's included in it, Veterans Experience Office. We are looking at what we would call on-premise devices and how those may be best used in veterans' healthcare, how they can interact with those.

Ms. CHERFILUS-McCORMICK. Thank you. I yield back.

Mr. ROSENDALE. Thank you very much.

I now recognize Representative Self for 5 minutes of questioning.

Mr. SELF. Thank you, Mr. Chairman.

Much of what we deal with on this committee is, frankly, leadership decisions. Mr. Williams, how long have you been in your position?

Mr. WILLIAMS. Thank you for the question. I started with the Veteran Transportation Program in March 2019.

Mr. SELF. Okay, very good. I am curious about your decision to go exclusive in December 2023, I think it was. Why did you make that decision with the lack of—why did not you do a soft opening? Why did you make that decision with a lack of testing that you did?

Mr. WILLIAMS. Sir, for clarity, we did operate both processing systems, so the legacy processing tool in VistA, as well as BTS3.

We operated those simultaneously from 2021 or, sorry, from the inception of BTS3 until December 2023. We felt that that was a very smart move by leadership to be able to leave the legacy system open, which some facilities and some staff prefer to process in, especially during the COVID pandemic, and some of the administrative staffing challenges that all businesses had during that time.

As we continued to move forward and the system started to pick up pace as it pertains to usability, and we were able to address some of the staff as well as some of the concerns from Veterans about the system, in addition to the Inspector General's (IG) recommendation to decommission the legacy tool, that is when the agency made the determination that it was time to go exclusively on the processing side to BTS3.

Mr. SELF. Well, several of you have mentioned the age, the lack of technology skills, if you will, with the veteran population. Do you stand by that decision to go exclusive, knowing the issues that the population had?

Mr. WILLIAMS. I do. I think it was very important to mitigate some of the risks of duplicating payments, as well as to ensure that across the enterprise, we were able to take advantage of the internal controls that the system provides. I do think it was the right decision.

Again, from a processing modality perspective, it does provide us the ability to ensure we are making proper payments to Veterans. When you look at the entire population of claims across the enterprise, we are making 83 percent of those payments for those claims within 10 days. 90 percent of those claims are being paid within 20 days.

Mr. SELF. Yes, I do not have time to ask the next question. Obviously, the concern here is with rural districts. You have got some members here. Just consider, did you do any consideration for rural districts? I do not represent—well, I do, but not as rural as some of the members.

You started off requiring 62 individual rules all be perfect. Walk me through how you have loosened those rules, very quickly.

Mr. WILLIAMS. We did a rules engine redesign to smartly, I will say, compartmentalize and—

Mr. SELF. Did you prioritize the rules?

Mr. WILLIAMS. Yes.

Mr. SELF. All 62?

Mr. WILLIAMS. Yes.

Mr. SELF. Okay. There is an old adage in business: price, speed, and quality, you only get two. Mr. Heiman, which two did you prioritize at the beginning and which two do you prioritize today? Price, speed, and quality, you only get two.

Mr. HEIMAN. Yep. I think we chose quality and price, and I think we are starting to feel the effects of speed and quality as of lately.

Mr. SELF. Yes, I would disagree with your original prioritization. I think you prioritize speed and sacrificed quality, but that is arguable.

Mr. Heiman, you heard Mr. Retzer's solutions. How much would they cost? Ballpark.

Mr. HEIMAN. I would have to defer that to Ms. Lee. I am not sure on some of the technologies that he was—

Mr. SELF. I think I will submit that question for the record, because I would like to—you can obviously get his testimony. I would kind of like to see a ballpark of his solutions.

With that, Mr. Chairman, I yield back. Thank you.

Mr. ROSENDALE. Thank you very much.

I will now recognize Representative Landsman.

Mr. LANDSMAN. Thank you, Mr. Chair. I want to talk a little bit about performance measures and the kiosk.

I am from Cincinnati and Hamilton County. We have had issues with transportation and getting veterans where they need to be. Of course, you know, their ability to get reimbursed, and reimbursed quickly is a part of that.

The contract, you all started the process, as I understand, in 2016. Full implementation, maybe 7 years later, in 2023. I do not know if that is normal or slow, but that does seem like a long period of time, but maybe that is how long it takes. You know, did tests. The 23—did you say 23 or 30? How much did you say, Ms. Lee? I know it did not include staffing, but the cost itself.

Ms. LEE. Thirty-six million.

Mr. LANDSMAN. Thirty-six.

Ms. LEE. That is from 2016 until present.

Mr. LANDSMAN. Yes, \$36 million, again, do not know if that is, you know, based on the scope, a good number. What I did see that was very alarming, was the time it is taking. Before, my understanding was that items would get processed in a couple minutes, and now it is anywhere between 7 and 12 minutes to get processed. I am not sure if that is true or not. I am curious, and this gets at the chair's question about performance measures. Obviously, I would love to know the contract-related performance measures, but does BTS3 have performance measures? What are those performance measures? What are the most important ones in terms of getting better at ensuring that veterans get reimbursed in a timely manner, A, B, I know that kiosks is not your department, Mr. Heiman, but I would just ask that we get some additional kiosks. How do we request kiosks? You know, not to be selfish here, but I am wondering how we get more kiosks. We can do the performance measures first, and then see if I cannot get us a kiosk.

Mr. HEIMAN. Yes. Thank you, Representative Landsman. I think I got most of it, but if not, you are welcome to follow up, too.

We definitely have performance metrics. Quite frankly, your area of Cincinnati is doing quite well under a 10-day processing time, on average, which is great. I would say that that is true of, really, the entire landscape of VA, across all of VA Medical Centers. We are, again, paying, as I think Ben referenced earlier, to the tune of 80 percent of all claims within 10 days. When you look at the 20-day mark, it is over 90 percent that we are able to pay within that 20 days.

We have many metrics. Obviously, the auto adjudication we have talked about, we also look at Veteran utilization in that space. We have many metrics and are happy to share that with the committee as well.

To the cost—

Mr. LANDSMAN. Just because I want to make sure it is on the record, I would love that to be submitted to each of the members, all of the performance measures. Thank you.

Mr. HEIMAN. Yep. Then to the cost, I understand that there was some concerns about \$36 million, but to the tune of improper payments, we are saving \$90 million projected a year. The math on that certainly does add up for us.

Then, as per kiosks——

Mr. LANDSMAN. Yes.

Mr. HEIMAN [continuing]. great question. Popular topic. Again, we are looking at on-premise devices. I will say the current—currently we have 38 facilities. There are 754 kiosks out there, okay, so we do have kiosks. They are not at every VA medical center. We definitely hear that from congressional members, from our partners in DAV and otherwise. We have a team that is assessing what that will look like in the future and how we make sure the veterans have devices in their hands that they can interact with their healthcare.

Mr. LANDSMAN. I suspect others will feel the same. What is the process about, you know, in terms of engaging you all and getting additional kiosks? It is a very popular tool.

Mr. HEIMAN. I do not know the formal process. I think you certainly can request for the record, I guess, that we give you what we have on the roadmap. We are planning to provide some recommendations to VHA leadership as well.

Mr. LANDSMAN. I think in addition to the recommendations, I will request, you know, as many as we can for our district and our veterans.

Thank you. I yield back.

Mr. ROSENDALE. Thank you, Representative Landsman.

Mr. Heiman, I mean, that is great. We are hearing about how great and wonderful this system is working. Again, 4 years later, 45 percent of travel reimbursement claims are submitted electronically in BTS3, 45 percent. Only 52 percent of claims are adjudicated automatically without manual review. While the veterans are getting their compensation back, I have to think that that is due in part to 140 extra employees there to help our veterans through the system. Mr. Williams, is the plan to keep paying the contractor? I mean, we are \$36 million into an \$11 million contract. Okay? Is the plan to continue to keep paying the contractor until they get it right? We are 4 years into it and it is not right.

Mr. WILLIAMS. Sir, I will have to direct that to Ms. Lee.

Ms. LEE. The contractor work is guided by VA employees and so we will continue to work with a contractor to make improvements. It is the VA employees that are providing the requirements and so they are building toward those requirements——

Mr. ROSENDALE. Okay. I am gonna need——

Ms. LEE [continuing]. on our roadmap.

Mr. ROSENDALE. Okay. I am going to need, and whoever gets that, whether it is staff or whether it is Ms. Lee, I need a copy of this contract. Okay? I need a copy of the Matrix because I want to be able to see why in the world we have yet another vendor who is getting enriched to the tune of millions of dollars while they are not delivering the system that we are supposed to have.

Mr. Williams, BTS3 was created in part to process more travel claims with fewer people through automation. According to the OIG report, VA had to hire 148 employees to manually process the claims and deal with the backlog created by BTS3's failed auto adjudication. What are those 148 employees doing today?

Mr. WILLIAMS. Sir, they are currently processing the paper claims that are—

Mr. ROSENDALE. Okay. They are inputting this stuff manually.

Mr. WILLIAMS. Yes, sir.

Mr. ROSENDALE. How much money has the VA spent to hire employees to compensate for the system's failings? Does anybody—can anybody give me that?

Mr. HEIMAN. We can get the cost of those team members that we are—

Mr. ROSENDALE. Okay. We want to get that 148, what the cost associated with them, both their current, when they started, so that we can see exactly what the system is because, clearly, the \$36 million is not covering what the true expense associated with this is.

Mr. Williams, would not it be better to place those employees in the medical centers to directly assist the veterans with their travel reimbursements as Mr. Retzer actually recommended?

Mr. WILLIAMS. Yes, sir, Chair, we agree with that. We are working with the facility leadership to ensure that we free up as many resources.

Mr. ROSENDALE. My question is, are we going to place these employees actually in the centers or are we going to bring another round of employees, leave the 148 at whatever facilities they are at now for inputting all this information, and then bring another round of employees to place them out into the facilities themselves?

Mr. WILLIAMS. No, sir, we are not bringing in another round of folks to do this.

Mr. ROSENDALE. We are looking at dispersing these 148 individuals out into the facilities?

Mr. WILLIAMS. They are at the facilities currently, sir.

Mr. ROSENDALE. Okay. I would like to see the list of—I do not need names, but I want to see the list of the facilities that have these extra people that are dedicated toward exclusively helping our veterans get this travel program reimbursement back. I want to see where they are located, how many there are, and so that we can see what facilities are still lacking and do not have that. Would not it be more economical to keep the kiosk based on all these numbers? Mr. Heiman, Mr. Williams, whoever would like to.

Mr. HEIMAN. Yes. I will say that the legacy kiosks prior to our integration just spit out a piece of paper for somebody to process in an office. Now it is integrated. The kiosks that exist today, we have integrated to where that information they are putting in the kiosk goes directly to BTSSS. 5 years ago that was not the case.

Mr. ROSENDALE. Mr. Williams, how do you measure the veterans dissatisfaction and the cost imposed on them by BTS3 and the lapses when they do not receive their funds on time?

Mr. WILLIAMS. Sir, I do not think that we can specifically measure that. I can tell you that through work that we have done since implementing the system and getting veteran feedback as well as

partnership, my team, our team met with Mr. Retzer a month or so ago and we are attending all eight of the VSO conventions this year, that continued partnership, listening to the VSOs, working with them on a regular basis, as well as taking the feedback directly from veterans to make—to use to prioritize the changes to the system.

Mr. ROSENDALE. I would include Mr. Retzer in those conversations because he seems to have his hand on the pulse.

Mr. WILLIAMS. Yes, sir.

Mr. ROSENDALE. With that, Ranking Member Cherfilus-McCormick, I yield you.

Ms. CHERFILUS-McCORMICK. Thank you, Mr. Chairman. I wanted to go back, Mr. Heiman, to the conversation about the kiosk replacement. What role does the VSOs or veterans have in the decision-making?

Mr. HEIMAN. Associated with kiosks? I apologize. I think that—I think we have a strong partnership with many of the VSOs. I would say that probably along the decision-making process, I am not sure that there is an active requirement there, but.

Ms. CHERFILUS-McCORMICK. Do they play no role? I am trying to figure out because they have—the veterans are trying to access, they prefer the kiosks. The VSOs have also been in the process. Their partnership in it, does it have any role in any decisions that are being made?

Mr. HEIMAN. Absolutely. Yes, absolutely.

Ms. CHERFILUS-McCORMICK. What is that role?

Mr. HEIMAN. Similar to, as Mr. Williams had mentioned, we met, I think beginning of May. Previous to that, we had met with Mr. Retzer, I believe in February. That continual—those listening sessions and being able to understand because, you know, for example, DAV has a tremendous reach into communities across this country for veterans, and certainly we take note of that. Many of their recommendations are things that we are working in partnership with.

Ms. CHERFILUS-McCORMICK. Mr. Retzer, what should that role be?

Mr. RETZER. Thank you for that question. I think one thing, it is true just this year, however, it is a little late. You know, we would have preferred it upfront before the development happened that they engaged us so that we could express the needs of our veterans, but they have engaged since February and we have met two to three times already. We proposed some ideas with regards to improving the system.

One of the things that is really challenging is, and this gives light to what, you know, the committee is looking for, our veterans really want this. Like DAV, we have over a million members. This is one of our resolutions we voted on in August of last year, that the BTS system must be improved. It shows you that this is really important to them. At a cost of what it may be for them to make it, we need to make sure that VA understands they should not have replaced the system in full. They should have kept things that were working in place for our veterans.

They need to be reminded that our veterans are aging. That is another barrier that is happening. As our veteran population ages, technology is not comfortable for them. They want to be able to

have VA do the customer experience, the veterans experience for them. We are going to work and continue to work with the VA to help them.

We do wish to be more involved in rule-basing, because one of the things that we are hearing about the rule base is when we know most of our veterans are just getting mileage reimbursement. That mileage reimbursement is about point A to point B and back to point A, home to facility and back home. They may alter that choice, so the automated decision process has then been kicked out if there is some extenuating circumstance that you are not using the primary direction that was set up in the system. That should not be, that is a barrier. They need to remove barriers like that out of the system. They need to look at their algorithm. The best way they are going to get those algorithms is by talking to Veteran Service Organizations and veterans.

Ms. CHERFILUS-McCORMICK. Mr. Heiman, how is the VA measuring utilization rates with their kiosks? How is the VA using the data to bolster kiosk usage as it reintegrates these technologies back into the VA, MCs, and other VA facilities?

Mr. HEIMAN. Yes. Thank you, Ranking Member. The utilization rates for the kiosks now that we have BTS3 integration is able to be tracked. That is one of the good things about the integration. We can tell what percentage of claims are being entered through the 38 sites that have kiosks of those 754 kiosks that exist out there. It ranges across those sites that do have those, but that is something that certainly we can get if you have interest in a particular area.

Ms. CHERFILUS-McCORMICK. This is for Mr. Retzer. One of the barriers toward enrollment that OIG identified was issues with access to VA, which in some cases led to veterans not signing up for our utilization—or utilizing these benefits. Can you share more about how these barriers impact veterans' usage of BTS3?

Mr. RETZER. Yes. Barriers that exist are digital divide barriers upfront. That is one of the issues that we have. Like I said in my testimony, in the written and oral, they are challenged, but one with access to technology and its bandwidth.

I was just in Iowa this past weekend talking to our members out there who are in rural and also in metropolitans. They are not satisfied with the BTS3 and the way it has functioned because of these barriers. They are also challenged with the technological requirements that require them to have accounts. ID.me, they spoke about how they are not appreciative of how ID.me is restrictive and how confusing it is even to set up an account. Also, that the fact is that the system is in two worlds.

We appreciate the fact that VA is working on improving it, but they need to have a solution now for our veterans because they can't wait for their reimbursements. We need to ensure that technology and legacy processes are working together seamlessly for all of our veterans, rather than thinking a one-size-fit-all concept.

Ms. CHERFILUS-McCORMICK. Thank you, I yield back.

Mr. ROSENDALE. Representative Self, I recognize you for 5 minutes of questioning.

Mr. SELF. Thank you Mr. Chairman. I have been listening to this conversation about paper, kiosks, BTS3. In your own testimony,

Mr. Heiman, you gave us a chart. For all of the talk about kiosks, a very small percentage of claims are put in through the kiosk and that might be the number. More importantly to me is you list the 23 Veterans Integrated Service Networks (VISN) and only 9 of the 23, 9 of the 23, still use more paper than BTS3. In fact, two, four, six, no, eight. Only 8 of the 23 is primarily BTS3. How do you explain that? You have only got—I am trying to figure out how you are managing these three because you have only got—you have added 140-odd employees to help with paper, and yet you say they are integrated from the kiosk, and yet BTS3 does not have a majority of the submissions even yet.

Somebody explained to me, I mean, your percentages look like you are making improvement. This chart that you gave us does not suggest that. Mr. Williams or Mr. Heiman, either one of you.

Mr. HEIMAN. I will let Mr. Williams. I want to start with in that particular chart, the kiosk figure that you see at the top there, those percentages, in fact, are BTS3. We broke those out so that we could identify how different sites are using them. That is also why you see some that do not have them because it is not—the kiosks are not in every VISN, in every medical center.

Mr. SELF. Do the 140 employees, do they go to the kiosk to help? Where do they work? I know you have got them spread out. I cannot figure this chart out.

Mr. HEIMAN. Yes, the 140 do work across the country. More or less, I would call that more of a Tiger Team. They are in place permanently and they are working claims from all over the country, anywhere where there might be challenges with processing time or adoption of the BTS system. There is also staff turnover. These are frontline team members, GS—

Mr. SELF. Okay. What is your plan to cut down on paper? I assume you have a plan to cut down on paper because BTS3 still has a minority of the VISNs input their claims through your automated system.

Mr. HEIMAN. Yes.

Mr. SELF. This is claims submitted. We are not talking about adjudication, we are talking about submitted. It looks to me like the system is still in its infancy.

Mr. HEIMAN. Yes. One of the things that I will let Mr. Williams speak to, and it is something that I think we spoke with Mr. Retzer many times, and that is associated with an outreach and communications plan. Ben, if you do not mind touching on that real briefly.

Mr. WILLIAMS. Sure. You are correct. I will say 5 years ago, 100 percent of our claims were paper, so. While we have seen, I will say across some VISNs more than others, adoption, high levels of adoption, we felt strongly with OIT that we needed to adjust the Veteran portal where Veterans log in to submit their claims. That, as was mentioned earlier, is migrating to VA.gov in a simplified claim submission process. As Ms. Lee mentioned, that will bring—be a unified platform where Veterans can manage their profiles, their individual claims.

Mr. SELF. Wait a minute, Mr. Williams. In Mr. Heiman's testimony, it says, as you were just mentioning, transitioning the veteran facing user experience in BTS3 into VA.gov over the next 18

months, “providing tighter integration with other digital health features, such as managing appointments.” It sounds to me like you are adding complexity to it rather than simplifying it over the next 18 months. Which is correct?

Mr. WILLIAMS. We are not adding complexity to BTS3.

Mr. SELF. You are adding—

Mr. WILLIAMS. Sorry, just to clarify, we are adding the Veteran portal portion where Veterans submit their claims. We are adding that as a modality on the VA.gov platform.

Mr. SELF. I am out of time, but I fail to see how making more changes to a system that looks to me to be in its infancy is going to make things better.

With that, I yield back.

Mr. ROSENDALE. Thank you very much, Representative Self, and I agree.

You are spot on time, Representative Hageman. Can you dive right in? We will give you an extra 15 seconds or so here to get yourself organized. How is that?

Okay. I yield you 5 minutes for your questioning.

Ms. HAGEMAN. Thank you so much.

Mr. ROSENDALE. Thank you for joining us.

Ms. HAGEMAN. Well, Mr. Chairman, I greatly appreciate the subcommittee for allowing me to join today’s hearing to discuss this critical issue that continues to affect our veterans in both Wyoming and across the country.

Decisions made here in Washington, DC, by our bureaucratic agencies have the most profound impact on the livelihood of millions of Americans, and a one-size-fits-all approach is hardly ever a viable solution. While I ultimately believe fundamental reform is desperately needed in the realm of agency decision-making, until then, proper notice, communication, and outreach, along with providing an accessible and timely mechanism for soliciting feedback, must always remain a core responsibility for each and every one of our Federal agencies.

According to the May 2023 OIG report entitled “Goals Not Met for Implementation of the Beneficiary Travel Self-Service System,” one of the key findings was that, quote, “During system development, the Veterans Transportation Program only solicited feedback from a narrow group of veterans who worked with the program office, excluding both veterans not employed by VA and veteran service organizations,” end quote. While I understand the VA has taken steps to address this oversight, it is clear that the failures identified in the report have continued to inhibit the system’s overall success.

Mr. Williams, would you agree that it is a foundational responsibility for the VA to conduct outreach and solicit feedback from our Nation’s veterans, veteran service organizations, and other relevant stakeholders prior to implementing large-scale operational changes?

Mr. WILLIAMS. Yes, ma’am.

Ms. HAGEMAN. Could you elaborate on why the Veterans Transportation Program Office did not properly solicit feedback when the new system was in the development stage versus after the system was implemented on a national scale?

Mr. WILLIAMS. I cannot say. It was prior to joining the program for myself, but it is a commitment of ours currently and has been. We have been working on vastly improving since 2021. There has been substantial increases, both on the IT side as well as on the VHA side of the house, to collect feedback from Veterans.

Ms. HAGEMAN. Well, the program continues to fail our veterans, and I know that from just visiting with one at a reception that I was that, but also in learning and talking with our veterans in the State of Wyoming. Would not you agree that in order to mitigate errors and guarantee the most successful outcomes, the proper input and feedback from those being affected should be completed beforehand?

Mr. WILLIAMS. Yes, ma'am.

Ms. HAGEMAN. The same OIG report also found that, quote, "The program office did not provide training to veterans on how to enter claims in the new system until almost 5 months after the system launched," end quote. Mr. Williams, can you explain why the Veterans Transportation Program Office did not provide proper training to veterans on how to submit claims into the new system until almost 5 months after it was rolled out?

Mr. WILLIAMS. Yes, ma'am. The intent and as with a lot of applications currently, there is on screen, on screen help. The strategy at the time and the decision at that point was to allow the onscreen help to be the guide for veterans.

Ms. HAGEMAN. Do you think that that is going to be adequate for our older veterans?

Mr. WILLIAMS. No, ma'am, it is not.

Ms. HAGEMAN. Do you have knowledge of the particular background or number of veterans who missed out on reimbursements due to training not being available until well after the rollout of the new system?

Mr. WILLIAMS. No, ma'am, I do not.

Ms. HAGEMAN. Can you get that information to us?

Mr. WILLIAMS. We will do our best to be able to isolate that in terms of Veterans who may have been submitting prior to the rollout and who did not following.

Ms. HAGEMAN. Is your office following up with veterans who are having trouble with the program and making sure that they are receiving the benefits to which they are entitled?

Mr. WILLIAMS. We do have a help desk that we track and we—or, sorry that we resolve questions that veterans have on how to submit claims and ensure that and follow through to resolution on that. In terms of, as we mentioned earlier, prior to your arrival, we are establishing a multi-prong approach to collect and get feedback from veterans as well as resolve their issues that they, if they continue to have them.

Ms. HAGEMAN. Well, I would like to quickly focus my discussion about the reimbursement kiosks from VA medical centers. My home State of Wyoming holds over 40,000 veterans and is one of the most rural in the Nation. It is not uncommon for veterans across my State to travel significant distances to reach a VA facility. Accessibility to reliable Internet is also a luxury that is simply not always present. Mileage reimbursement kiosks provided all veterans, including those who did not have the best Internet

connectivity or lacked familiarity with the online applications, with an easily accessible option for submitting their claims upon arriving at a VA facility. Unfortunately, these kiosks were removed from the VA medical centers in my home State.

Mr. Heiman, how were the veterans in Wyoming consulted prior to this decision?

Mr. HEIMAN. Thank you, Representative Hageman. I am not sure that they were contacted to that degree.

Ms. HAGEMAN. Thank you. We need to do better.

With that, I yield back.

Mr. ROSENDALE. Thank you very much, and thank you again for joining us today.

Ms. Lee, we have got a goal, your internal goal is at 90 percent for the auto adjudication rate, and yet we are still sitting at this 40 percent. Does the VA understand why the auto adjudication rate is so low? Can you pinpoint what is causing this?

Ms. LEE. We did a thorough review of the rules associated with auto adjudication, which was completed in February 2024, and made changes to the rules engine to make it more efficient and to auto adjudicate more claims without manual intervention. That was rolled out on May 30, and I think it was either Mr. Williams—

Mr. ROSENDALE. Is it the system or is it the people that are using, or for that matter, not using the system? Have we identified the problem is what I am getting at.

Ms. LEE. With auto adjudication, it follows a certain set of rules, and it was the rules—

Mr. ROSENDALE. This is the 62 rules that we were just talking about.

Ms. LEE. Yes, yes.

Mr. ROSENDALE. Okay.

Ms. LEE. We just redesigned that, which was deployed on May 30th.

Mr. ROSENDALE. I can tell you, if I was working on a software program, and I am not completely technically illiterate, and I had to go through 62 steps in order to try and figure out what my compensation was going to be, just to get from point A to point B, you would have lost me at about question number 6, I can tell you. Then the next call would have been to the VA, to one of these 148 other facilitators, I think we should probably call them, to help us figure out why in the H this is such a cumbersome process to get me reimbursed for my travel, to get my healthcare.

I understand what you just walked through, quite frankly, a convoluted statement about how you are going to fix it. I understand VA decided to loosen the system rules because auto adjudication rate was so low and so few veterans were receiving their travel reimbursements in a timely fashion. Which system rules did you decide to loosen and what was the process used to select those rules that were loosened and how did you loosen them?

It is a three-part question. Which rules did you loosen? How did you make that determination about prioritizing which ones were going to be loosened? What do you mean by loosen them?

Ms. LEE. I will pass this on to Ben because it was the program office. He was the one who defined what the rules should be.

Mr. WILLIAMS. Thank you, sir. We will provide you the list of the rules that were changed. I do not have them off the top of my head.

Mr. ROSENDALE. Do you have the criteria that you used that you could discuss and say what was the process in selection?

Mr. WILLIAMS. As we looked at the rules, frankly, we were looking at what, I will say, what portion of claims, the largest portion of claims, that we could impact safely. As you look at one of the main goals of the reason to implement the rules engine was to establish controls around paying eligible veterans the correct amount. Right? So when—

Mr. ROSENDALE. Sixty-two part question. When I am going from here to my home and back to get healthcare, I just—I will be honest with you, I cannot even fathom anybody going through that.

I just had a note brought to me that the 2021 VA study of veteran population, the average age is 61. I am 64. Okay? Ninety percent male, 36.2 percent Vietnam era, 30.4 percent post 9–11. That means we are somewhere in the 36 percent-plus. Thirty is post—so we have got at least 50 percent of the population that is Vietnam era or older. Fifty percent is Vietnam era or older, based on my information here.

Do you truly believe that they are going to sit down in front of their computer, if they have one, and go through a 62-step process to figure out how they can get reimbursed for going to seek their healthcare?

Mr. HEIMAN. Yes. Thank you.

Mr. ROSENDALE. You do? Yes? You just said yes?

Mr. HEIMAN. Thank you for the question. What I would say is that the complexity, some of it is in the law, and, quite frankly, veteran eligibility is one of those factors of the 62 that we have to check every single time, right. There also has to be a trip that is completed, and there has to be the completion of the appointment. Those are the three basic areas of those rules that touch on.

Mr. ROSENDALE. Why do we have 62 parts then that we are going through, instead of those three questions saying, did you go there? Doctor signs a slip. We know that it is 420 miles round-trip from in Montana, from your home to the doctor's office.

My time has expired. I am gonna yield to Ranking Member Cherfilus-McCormick.

Ms. CHERFILUS-McCORMICK. Thank you, Mr. Chairman.

Mr. Heiman, during the pre-hearing briefing, my staff heard that the VA has taken steps to automate the processing of travel claims for approved community care appointments. How different is the process through BTS3 for community care appointments versus VA healthcare appointments? Are there any snags that often occur in this process?

Mr. HEIMAN. Yes. Thank you for the question, Ranking Member.

The difference in the layman terms for myself, who is not all that technically savvy, but the main difference is really the fact that we in VA do not have access to every single one of the community providers that are out there. There is many, probably thousands, if not more. That is one of the biggest challenges, is not being able to quantify if that appointment actually happened or if it was canceled or what actually happened.

Ms. CHERFILUS-McCORMICK. What are the main snags that occur in that process?

Mr. HEIMAN. The main snag for a Veteran, I guess, would be that the fact that if they are getting community care. It is a little bit challenging for our team to quantify if that care actually occurred.

Ms. CHERFILUS-McCORMICK. Mr. Heiman, my next question is, we appreciate the VA being proactive during the development of BTS3 to create goals to measure success. This is not something that we have seen VA do well often. However, without enforcement mechanisms, these goals are just goals and not effective assessment tools. I understand that the VA has taken steps in moving the needle closer to these goal matrices. How does the VA plan to ensure that these goals are met and are creating better outcomes for veterans?

Mr. HEIMAN. Yes, thank you for the question, Ranking Member. The 10-day inventory that we created back in March 2021 did help, quite frankly. There were many—there was inventories all over the place in VA, and by setting that goal, it really did help many of our VA medical centers and the beneficiary travel staff that exist on the front lines to focus in on that. As we also referenced earlier, we put together a claims processing team that would support those areas that may have been down one or two processors as they are trying to recruit additional, as well as any areas that required additional training, we can kind of help fill in that gap.

Those things were not visible previously in a paper environment. We did not know those things. BTS3 is helping us to manage the overall program.

Ms. CHERFILUS-McCORMICK. Mr. Retzer, as VA takes steps to pilot more integrated technology with BTS3, like the smartphone check-in system or the consolidated mail payment tool, what role can VSOs play in easing veterans into changes with existing systems?

Mr. RETZER. I think the role that we can play for VA is to give them the veterans' experience from a user standpoint. We could tell them what works, what does not work, what are the barriers that we have to be able to get to or not to be able to get to the VA benefits that we are trying to obtain.

I mean, I can even provide them my own experience of what it was like to try to use BTS3 with regards to this system. Even though I am a metropolitan person, but I have fiber optics, I was able to share with them that with the one gig system, I still got timed out. Fifteen minutes later, I was timed out. As an advocate, we can also provide the veterans' experience from our veterans who are coming to us, our national service officers. This is something that has been challenging us for years.

I was out in the field for—I am with DAV for 21 years, and 14 of those 21 years was advocating for our veterans. Back in 2003, when I started, this was a problem. I actually went to the cashier window. I had the kiosk. When those two were in place, we were good. We were getting our benefits. When we went with technology and we did not have the other resources, that is where VSOs can help them, is to tell them, pause, stop, take a moment, let us keep

what is working running, and as we move forward, let us figure this out.

One of the challenges that they have with community care, interoperability. This is the same challenge and this is something that we are waiting for VA to get their electronic health record system modernized so we have that interoperability to be able to do the scheduling components. Then we can get the reimbursement verification, or we can help them to think about from the Veterans Healthcare Administration how we do business with the Veterans Benefits Administration dealing with the old concepts of fully developed claims, direct claims access or submissions. We have SCP, stakeholders enterprise portal. They should leverage using us because we have the experience and we have been testers for them behind the VA firewall, also.

Ms. CHERFILUS-McCORMICK. Thank you. I yield back.

Mr. ROSENDALE. Representative Self, would you like to have another round?

Mr. SELF. Absolutely, Chairman. Thank you.

I will be honest with you, I came into this hearing thinking that you had made great progress because of your percentages. I am less convinced now.

Once again, and I make this statement often, the VA comes to us and tells us about all the inputs, the new systems, the new hires, the new organizational structure, the new something. In this case it is another new shiny IT system. It looks to me like you have failed to take into account age of the veterans, access to an automated system, the rural aspects of this, and, frankly, what I see is not a complete buy-in to the community care system as a whole. I understand you do not have full visibility on that, but, Mr. Heiman, you said something like, you have got more knowledge. That is an input. What about the veterans? What about the veterans getting proper payments on time?

This system, once again, is in the infancy. After all this time and all this money, I do not see how it is going to be cheaper and better because supposedly when you do something it should be cheaper and better. I just do not see how you are going to do that with the system in its infancy until you take into account these four issues that I have laid out for you here. I do not think you have taken them into account.

Once again, I just encourage the VA to think about the veterans. How are you going to make things better for the veterans rather than just rolling out a new shiny system.

With that, Mr. Chairman, I yield back.

Mr. ROSENDALE. Thank you, Representative Self.

Ms. Lee, is BTS3 capable of auto adjudicating a travel claim for a community care appointment?

Ms. LEE. Not at this time.

Mr. ROSENDALE. Why is that?

Ms. LEE. I will pass that to Mr. Williams.

Mr. ROSENDALE. The system was in development for several years before it was implemented, and, as you know, community care is a core part of the VA healthcare. Why is this not taken care of, especially, again, for the rural states like Wyoming? Representa-

tive Hageman was just here, Montana, where a lot of the times the veterans have to utilize community care.

Mr. WILLIAMS. The reason we cannot auto adjudicate a mileage—say, a simple mileage claim to a community care appointment is we do not have a way to verify the appointment occurred from a data perspective. We are working—we do have an integrated project team with the Office of Integrated Veteran Care, which runs our community care program, to obtain that data. We expect to be able to test that data point in advance of the medical claim coming. We expect to be able to test that this fall and be able to begin auto adjudicating community care claims within BTS3.

Mr. ROSENDALE. We are 4 years into the program, community care has been around the whole time, and we are just now getting around to, hopefully, this fall, introducing the system so that the people that utilize community care can get their reimbursements.

Ms. Lee, as you prepare to put BTS3 on VA.gov, how is the veteran's experience going to change and what risk are you preparing for?

Ms. LEE. As we add VA.gov capability to the system, there is a couple things that change. First off is they will be able to view their claims with all their other claims, so they can see the status of their claims just alongside with all their other claims. They are also able to look at their appointments and be able to submit claims based on those appointments in the system instead of just at the time of service.

Mr. ROSENDALE. How is it going to work easier? Okay. If we have a system that independently is not functioning properly yet, and now we are going to link it to VA.gov, which is not functioning properly yet, like two bads are gonna make a good? I am sorry, but I just—I do not understand how this is going to help the situation.

What are you gonna resolve by putting that on VA.gov and how are you not going to exasperate the problems that they are already having?

Ms. LEE. One of the things that will change in VA.gov is they will only have one login. As he mentioned earlier, right now, if you log into VA.gov, then you have to log into another system when you access BTS3. That will solve some of the issues.

In addition, we are gonna have, or we do have, end-to-end claims claims process visibility. We can see as claims are submitted, we can see throughout the entire process until it is adjudicated that it made it through the process.

Mr. ROSENDALE. With my limited, again, knowledge about how this all works, are you going to be able to auto populate? Once you place this information in VA.gov, is it going to start auto populating all the way down through the different areas so that the veteran will not have to continue to create this new information?

Ms. LEE. It will take the information submitted by the veteran through our claims ingest Application Programming Interface (API) and get it to the BTS3 backend system to be adjudicated.

Mr. ROSENDALE. Okay. I still have a little bit of time here. I am still very concerned that the VA has struggled to implement this relatively small IT project. Your counterparts in Electronic Health Record Modernization (EHRM) program keep telling me how they are going to turn this effort around and I am very skeptical. EHRM

is 1,000 times bigger than BTS3, and it certainly has racked up the bill to go along with it.

What did the VA get wrong during the development and initial implementation of this project? I think I am going to ask you, Mr. Retzer, that question, because I believe I will get a more unbiased answer.

Mr. RETZER. I think what they got wrong was they did not start with us, the veterans. They should have been with us from the beginning of this. They should have been hearing us about our challenges right when they did shut off the kiosk, that we did not have alternative methods. They should have reached out to the veterans Service organizations because we do have the experience of what their challenges are behind the VA firewall and outside the VA firewall. They should have contacted us for ideas and even with their algorithm to determine are we creating too much restrictions, so we would have been able to help them navigate this.

Mr. ROSENDALE. Thank you. Thank you very much, Mr. Retzer.

Representative Cherfilus-McCormick, you still have a question, correct?

Ms. CHERFILUS-McCORMICK. Yes.

Mr. ROSENDALE. Go ahead.

Ms. CHERFILUS-McCORMICK. Mr. Heiman, one of the challenges we have heard today is that the VA has not been the best manager, the messenger, or trainer of the implementation for the tools. What is the VA doing to improve their communications with staff, patients, and VSOs?

Mr. HEIMAN. Yes, thank you for the question, Ranking Member. We are developing a multi-prong communications and outreach that we expect to launch in the coming months. That is number one.

Number two, I think as these system enhancements find themselves, we do believe that the uptake of interest in actually using the system will increase as well. Those two things I think I would offer to answer.

Ms. CHERFILUS-McCORMICK. Mr. Heiman, I am glad to hear about many of the upcoming technology improvements that the VA is implementing to make BTS3 more accessible. However, I am concerned that the VA is attempting to add new features without addressing foundational issues in the first version of the self-service tool, like login errors and network latency. How will the VA's migration to VA.gov as the portal impact veterans' experience with BTS3?

Mr. HEIMAN. Yes, thank you for the question. We are taking very—have very close eyes on any sorts of integrations. One of the key ones I had mentioned is My HealtheVet that we have gotten feedback that is appreciated and is helpful. Many Veterans use that tool already to renew prescriptions and check on appointments and all of these types of things. That type of mentality exists with the future of VA.gov that Ms. Lee was describing, to where they really truly do have a one-stop shop where they can interact with both their health and their benefits interactions.

Ms. CHERFILUS-McCORMICK. Thank you. I yield back.

Mr. ROSENDALE. Thank you, Ranking Member. I now recognize Representative Self.

Mr. SELF. Ms. Lee, you said that they would have better visibility of all of their claims. It has been demonstrated to me by my veterans that there is a list of documents, PDFs under their claim when you go into their account. Yet the PDFs are not live links, and when you copy the link, it will not take you there because when you copy the link, you are outside the system. I question whether or not they are going to have any more visibility in their total claim universe with this system because it has been demonstrated to me the PDF's are not live links. They do not have today total visibility of their claim. Their claims that they currently have. I yield back.

Mr. ROSENDALE. Thank you, Representative Self.

I now recognize Ranking Member Cherfilus-McCormick for her closing statements.

Ms. CHERFILUS-McCORMICK. Thank you, Mr. Chairman.

I appreciate the testimony and answers from our witnesses this afternoon. While VA's travel reimbursement program has connected many veterans to their rightfully earned healthcare, it is clear that BTS3 has faced challenges since its inception. Improvements and refinements to the auto adjudication process, improvement payments and improper payments, and veteran utilization are critical to both the success of this modernization effort and to providing exceptional care for veterans.

We have highlighted today's BTS3 is an important tool, especially for our rural veterans, who represent almost a quarter of all veterans in the United States. Accessing medical services in rural America poses significant challenges for veterans who may have to drive hours and seek lodging in order to attend their VA appointments.

I am glad to see that the VA seems to be taking steps in the right direction. However, it is time for the VA to hold its operational offices to the goals they have set. Our veterans, caregivers, and survivors deserve as much.

Thank you, Mr. Chairman. I yield back.

Mr. ROSENDALE. Thank you, Ranking Member Cherfilus-McCormick.

Four years after its launch, the BTS3 system is still missing its mark. The plan was not well thought out, and I am concerned that its managers at the VA still do not have a clear picture of the future in their vision. Another commercial off-the-shelf IT system has collided with the complexity of the VA. No one thought about basic requirements, like how to confirm that veterans attended their community care appointments. Once again, we are left to spend millions of dollars re-engineering a system that does not work. If the VA cannot execute a relatively small project like this, why should anyone on this dais feel confident when VA executives come up here to pitch their next multibillion dollar scheme?

I want to ensure the veterans that we will be closely monitoring this system and insisting that the VA extensively test any new software before rolling it out.

I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks and include any extraneous material. Without objection, so ordered, and this hearing is adjourned.

[Whereupon, at 5:58 p.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Ryan Heiman

STATEMENT OF RYAN HEIMAN, MHSA, CPTA
DEPUTY EXECUTIVE DIRECTOR FOR MEMBER SERVICES
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
U.S. HOUSE OF REPRESENTATIVES

JUNE 11, 2024

Chairman Rosendale, Ranking Member Cherfilus-McCormick, and Members of the Subcommittee, thank you for this opportunity to appear before you today to discuss VA's Beneficiary Travel Self-Service System (BTSSS). I am joined by Ms. Carrie Lee, Deputy Chief Information Officer from the Office of Information and Technology (OIT) and Mr. Benjamin G. Williams, Director, Veterans Transportation Program, Member Services, VHA.

Beneficiary Travel (BT) is a crucial program for eligible Veterans, providing essential travel reimbursement and transportation services to ensure access to necessary health care. The program addresses the financial and logistical challenges of travel for medical care by reimbursing eligible Veterans for travel expenses such as mileage, lodging, and meals. This enhances access to medical appointments and reduces financial stress, allowing Veterans to prioritize their health. Veterans are eligible if they meet certain criteria such as having a 30% or higher service-connected disability rating, traveling for any service-connected condition, receiving a VA pension, or having an income below the maximum VA pension rate.

With the introduction of BTSSS – a new system for processing mileage reimbursement claims – VA began a transformation aimed at streamlining reimbursement, providing Veterans the ability to submit claims online 24 hours a day/7 days a week/365 days a year, and improving the Agency's ability to pay eligible Veterans the correct amount for travel reimbursements.

Beneficiary Travel Self-Service System (BTSSS) Implementation

BTSSS underwent phased implementation, with pre-deployment testing in July 2019 and national deployment from September to December 2019. During the transition, claims processing time increased due to manually scanning paper claims. VA intentionally extended the legacy system alongside BTSSS to manage staffing challenges during the Coronavirus Disease 2019 pandemic. This strategic decision temporarily delayed full BTSSS implementation but also allowed for the introduction of several key user, experience-focused enhancements to the BTSSS interface.

These updates to the Veteran-facing portal included a more prominent sign-in button, clearer language, and direct links to beneficiary travel and eligibility information, including job aids. By December 2023, BTSSS became the exclusive solution, offering 24/7 self-service options, automated rules engines, and controls for proper benefits distribution. Additionally, two additional user authentication modalities ensured compliance with access standards and provided single sign-on options that simplified Veterans' access to BTSSS.

Impact of Implementation

Since 2020, VA has experienced a significant surge in both total claims received and unique Veterans submitting for BT benefits. This influx resulted in financial implications and cost overruns as VA facilities grappled with operational challenges in processing these claims. One major obstacle is the challenge in retaining qualified BT clerks. While staffing levels for the BT Office have increased, enhanced cohesion within VA facilities is still needed to ensure a seamless user experience.

To address this, the Veterans Transportation Program (VTP) established a Consolidated Processing Team (CPT) in July 2023 to assist facilities with completing BTSSS claims. During the first 2 quarters of fiscal year (FY) 2024, the CPT provided claims processing support to 19 facilities, adjudicating over 698,000 BTSSS claims, bringing those facilities back within the Agency's 10-day processing goal. VTP also provides field staff with ongoing training and guidance to effectively manage travel claims. Increased outreach and continued training opportunities assist Veterans and staff in submitting complete claims, allowing them to successfully move through the adjudication process, and improving the time to payment of reimbursement.

Oversight & Accountability

VA is committed to maintaining robust BT project oversight and accountability, through both formal and informal channels, ensuring efficient and effective support for the Veteran community.

Inspector General Report

In 2023, VA concurred with VA Office of Inspector General (OIG) report (No. 21-03598-32)¹ that examined the development and implementation of BTSSS and identified four key metrics that had not been met – auto-adjudication rate, Veteran outreach feedback mechanisms, legacy system decommissioning, and the reconciliation of duplicate payments. VA moved vigorously to address these findings, and the only recommendation that is still pending closure is the system change to meet auto-adjudication goals. This system enhancement successfully launched on May 30, 2024. The other OIG report recommendations have been remediated and closed out by the OIG.²

Internal Management Evaluation

Internally, VA self-imposed a 10-day inventory goal in March 2020, with the intent to drive faster processing times, greater efficiency, and improved visibility of inventory of open BT claims across the enterprise. The goal served as a gauge for Veteran Integrated Service Networks and VA medical centers (VAMC), indicating where VA leadership could best position additional claims processing support. VA closely monitored critical performance

¹ Available at www.vaoig.gov/reports/review/goals-not-met-implementation-beneficiary-travel-self-service-system.

² Recommendation 2 (Veteran outreach and feedback mechanisms) was closed in May 2024. Recommendation 3 (legacy system decommissioning) was closed in January 2024. Recommendation 4 (reconciliation of duplicate payments) was closed in May 2024.

indicators like the auto-adjudication rate and Veteran portal utilization to evaluate oversight mechanism effectiveness and guide necessary corrective actions. VA redesigned the BTSSS rules engine to improve efficiency and enable staff to focus on claims requiring manual review.

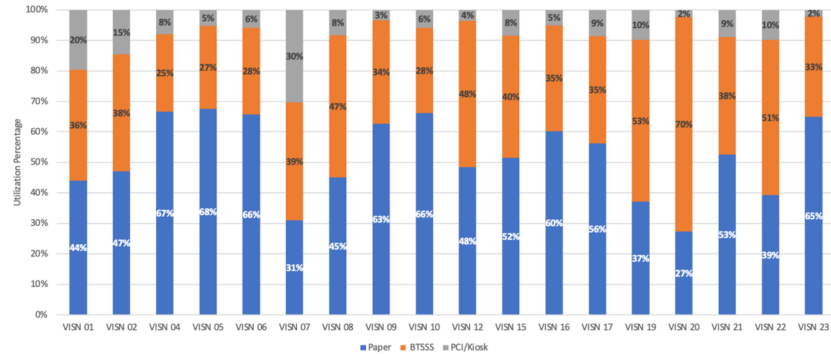
Stakeholder Feedback

Feedback gathered from Veterans, VA staff, and other stakeholders has been crucial in identifying areas for improvement within BTSSS. In FY 2024 to-date, VA has received over 11,000 completed BTSSS user satisfaction surveys. The two improvements respondents most wanted for the BT process were increased claims automation and process simplification. Based on this feedback, VA launched a working group using a Veteran-centered design approach to improve travel claim submissions, keeping Veterans' voices central. As a result, between October 2023 and April 2024, there was a 17% increase in the perceived ease and simplicity of BTSSS use, from an average score of 2.9 to 3.4, and a 16% increase in satisfaction with BTSSS, from 3.1 to 3.6.

VA has also implemented several strategies to enhance and integrate BTSSS, providing modality options for Veterans to submit travel reimbursement claims, improving design, functionality, and user experience, including:

1. VA is working closely with OMB to bring BTSSS and VA Form 10-3542 into compliance with the Paperwork Reduction Act. As part of that process, we are updating the BTSSS and the Form to include clearer instructions to improve the Veteran experience.
2. VHA employed an Integrated Project Team (IPT), comprised of representatives from the VHA Digital Health Office, OIT, VTP, the Veteran Experience Office, field staff, and other offices, to understand Veteran concerns and preferences for BT claim submission, providing recommendations for BTSSS project oversight, monitoring, and evaluation.
3. Bi-weekly meetings were established between VTP and OIT to maintain and prioritize BTSSS functionality change requests.
4. Current modalities for Veterans to submit their BT applications include:
 - a. BTSSS – Online, on mobile devices, or via laptops and tablets offered at many VAMCs.
 - b. Paper Claims – VA Form 10-3542, Veteran/Beneficiary Claim for Reimbursement of Travel Expenses,³ submitted for manual entry.
 - c. Patient Check-In (PCI) App - Mobile check-in through va.gov, integrating BT claims for appointments into BTSSS.
 - d. VetLink Kiosk Integration – Available at 38 VAMCs with Vecna contracts.

³ Available at www.va.gov/find-forms/about-form-10-3542.



Title: Modalities Veterans are currently using to submit travel claims, January 1, 2024, through May 31, 2024.

5. In Quarter 2, FY 2024, VTP assessed and eliminated or modified several BTSSS rule engines to improve automated claim processing efficiency.

Upcoming improvements

VA is continuing to upgrade tools through FY 2024 and FY 2025 to improve the system's design, functionality, and user experience to better serve Veterans and streamline travel reimbursements. For example, VA will be expanding its Short Message Service-initiated simple claims submission process, currently available through mobile patient check-in at Veterans Health Information Systems and Technology Architecture sites, to Oracle sites as well. Veterans will be able to text a number to begin the simple claims process. Additionally, VA will be adding a travel claim feature to its popular VA Health and Benefits mobile application. In response to Veteran feedback about the benefits of the Kiosk system, VA has also launched a working group that is taking a Veteran-centered design approach to improving the experience of travel claim submission while keeping the voice of the Veteran at the center. Lastly, VA will be transitioning the Veteran-facing user experience of BTSSS into VA.gov over the next 18 months, providing tighter integration with other digital health features such as managing health care appointments, as well as offering Veterans increased visibility into the specific status of their travel claims. There are also improvements coming to the underlying Application Programming Interface, including a renewed focus on auto-adjudication, an improved rules engine, and longer-term efforts to evolve and ameliorate the burden on Veterans to apply for benefits travel after every appointment encounter.

Conclusion

Chairman Rosendale and Ranking Member Cherfilus-McCormick, thank you once more for the opportunity to speak with you today. VA remains deeply committed to expanding self-service options and streamlining the BT reimbursement process to enhance the overall health care experience for Veterans. We value your ongoing engagement as we

embrace our shared responsibility to better serve those who have served. This concludes my testimony. Ms. Lee and I are prepared to respond to any questions you may have.

Prepared Statement of Jon Retzer

Chairman Rosendale, Ranking Member Cherfilus-McCormick and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's oversight hearing of the Technology Modernization Subcommittee on the Department of Veterans Affairs (VA) Beneficiary Travel Self-Service System (BTSSS).

DAV, a congressionally chartered non-profit veterans service organization (VSO), is comprised of over one million wartime service-disabled veterans. Our single purpose is to empower veterans to lead high-quality lives with respect and dignity. DAV is pleased to provide our perspectives on the BTSSS being discussed today by the Subcommittee.

Transportation Programs

DAV is involved in the VA's network of transportation and due to the selflessness of DAV volunteer drivers, we provide free transportation to and from VA health care facilities to veterans who may not otherwise have access to the vital medical care and services they need. The DAV Transportation Network is the largest program of its kind for veterans in the Nation and provides thousands of rides to veterans each year to ensure they receive the care they need. However, there are still gaps in VA's transportation services for veterans that require attention and solutions.

VA understands the importance of improving access to health care services for ill and injured veterans, and the need to address the unique transportation obstacles many veterans face. VA provides transportation grants for highly rural communities, rides through the Veterans Transportation Service, and beneficiary travel benefits to help defray travel costs that veterans incur to overcome access barriers to care.

The Veterans Transportation Service, with a focus on veterans living in rural and remote areas, offers secure and dependable transportation to and from VA health care facilities and authorized non-VA health care appointments. Eligible veterans can receive these services at little or no cost through this critical program. To reimburse veterans and caregivers for travel expenses to and from approved health care appointments, the Veterans Health Administration (VHA) established the Beneficiary Travel Reimbursement Program. Beneficiary travel benefits include round-trip transportation from the veteran's home to the medical center, mileage reimbursement, or special mode transport. Transportation at government expense may be available to beneficiaries traveling to or from VA facilities, or other places of examination, treatment, or care.

VA offers two types of travel benefits under the Beneficiary Travel Program: general health care travel and special mode transportation. Veterans may be eligible for one or both if they have a service-connected rating of 30 percent or more; are traveling for treatment of a service-connected condition; receive a VA pension or income does not exceed the maximum annual VA pension; are traveling for a scheduled compensation or pension exam; have a vision impairment or spinal cord injury or disorder; have double or multiple amputations; or are enrolled in the VA Rehabilitation Program.

VA Beneficiary Travel Self-Service System

To streamline and improve oversight of the program, reduce fraud, and expedite reimbursement, VA rolled out a program created in September 2016 that allows veterans to submit their travel reimbursement claims online. BTSSS, a web-based system, was intended to automate the travel reimbursement claims process, reduce long-term costs, and decrease the risk of improper payments.

In November 2020, the VA transitioned from travel reimbursement kiosk machines at VA medical facilities to the BTSSS computer-based program nationwide. Veterans were required to use the new travel reimbursement website, leading to over six million beneficiary travel claims being submitted between February 2021 and July 2022. Despite the new program and the hope for a more streamlined process, the changes failed to meet intended goals, resulting in veterans experiencing slow claims processing.

Office of Inspector General Report

The May 21, 2023 Office of Inspector General (OIG) report (21-03598-92) stated that despite making certain improvements since system rollout, VHA needs to do more to ensure successful implementation of BTSSS and complete the transition away from the legacy Veterans Health Information System Technology Architecture (VistA) system. The Veterans Transportation Program (VTP) office deemed auto-judication and self-service portal usage as key critical goals. These two goals were

deemed critical to ensure success of the program as they would result in spending less time on claims, either to review or to manually input data, which will result in faster claim processing and ultimately help decrease staffing levels.

The OIG attributes the Department's goal of veteran utilization of the new system falling far short because of the lack of solicitation of feedback from veterans and veterans service organizations (VSOs) prior to implementation. The program office did not offer training to veterans or VSOs on how to enter claims in BTSSS until nearly 5 months after system launch. While rolling out the system, veterans encountered difficulties in creating user accounts and lacked the training on how to use the new system to enter their travel claims.

High veteran portal usage is critical to the new system's success because it eliminates the need for travel staff to manually input claims, ultimately contributing to faster claims processing. However, during system development, VTP only solicited feedback from a narrow group of veterans who worked within the program office—excluding both veterans not employed by VA and VSOs. Better communication and earlier veteran involvement would have helped ensure that veterans were provided and received the training they needed to use the self-service portal and ultimately adopt the new system.

Veterans Experience

The mission has definitely not yet been accomplished. Since the program's implementation, veterans report they continue to struggle with getting reimbursed because of challenges accessing and using BTSSS, insufficient resources and/or lack of staff or facility assistance. For veterans that have a VA.gov account, it takes two log-ins for two sites and four screen changes simply to create a new travel reimbursement claim. Despite the ability of veterans to access the scheduled medical appointments that are within, and outside of the 30-day period associated with their claim, they find that the experience is not user-friendly or seamless because of system delays, multiple screen changes, and the need for verification when the appointment is not at a VA Medical Center.

Veterans want options to file their reimbursement claims more seamlessly and timely while they are engaged in their actual medical appointment. While they appreciate the mobile text feature to start the reimbursement process, this has also been a challenge at certain locations because of lack of staffing knowledge or facilities not being enrolled in the new process. To increase self-service portal usage, we recommend VHA conduct outreach to veteran and VSO users, solicit feedback, and consider whether system changes are needed based on the comments and recommendations received.

Additional interaction with veterans and VSOs would provide VA with ideas on how to improve technical issues in BTSSS and better understand the need for alternative options to filing travel reimbursement claims. For example, the need for kiosks at medical facilities, assistance with on-site computer access to file a beneficiary travel claim, and/or direct assistance on how to submit reimbursement claims from the front desk when checking in and out for appointments. VA needs to ensure staff are trained and available to assist veterans onsite. All facilities need to provide better signage and communication to assist veterans in accessing onsite computers that can access BTSSS or other facility resources.

The VA can and should do more to assist veterans with filing beneficiary travel claims. Despite implementing a self-service beneficiary travel system, not all veterans have access to personal computers, laptops, tablets, smartphones, or adequate bandwidth at home. Many veterans are not familiar with or do not feel confident in using online web-based technology. The Department has the resources to enhance onsite real-time services by integrating needed data and banking information from VBA to VHA and expanding technology through the use of signature pads and ID verification onsite to filing digital reimbursement claims on direct contact.

Travel Reimbursement Rates

We appreciate that VA is proactively working to improve the veterans' experience by improving self-service through BTSSS; however, that does not fully meet the needs of the veterans who are entitled to travel reimbursement benefits. In 2010, Congress passed legislation that set the mileage reimbursement rate at a minimum of 41.5 cents per mile, which was the rate Federal employees were being reimbursed for work-related travel. The law gave the VA Secretary the authority to adjust rates in the future based on the mileage rate for Federal employees using private vehicles for official business, as determined by the GSA Administrator.

The VA travel mileage reimbursement rate has not kept up with the rising gas prices and costs of auto maintenance and insurance. While the GSA rate has increased over time to 67 cents per mile for government employees, the mileage reim-

bursement rate for veterans has remained at 41.5 cents and is well overdue for an increase. Associated travel costs have increased significantly since the enactment of this law. Unfortunately, with gas prices continuing to rise, the current mileage rates for veterans' beneficiary travel do not always cover the actual expenses for gas and the associated costs of using a personal vehicle; as such, these expenses may serve as a barrier to care.

We strongly recommend the Secretary exercise his full authority, under the law, to adjust mileage reimbursement rates for veterans to 67 cents—in alignment with the current rate for government employees and keep on pace with GSA rates into the future.

Mr. Chairman, this concludes my testimony on behalf of DAV. I am pleased to answer questions you or members of the Subcommittee may have.

