

2025 San Juan, PR Report

March 9th – 11th, 2025

Background

The San Juan Regional Office Action Review (ROAR) was conducted from March 9 to March 11, 2025, by Deputy Director Philip Du and Policy Analyst Brandon McClain to assess the operational efficiency, training, quality control, productivity, and employee relations. The site was chosen due to its geographically insular location highlighting the operational challenges unique to veterans living in Puerto Rico as well as its catchment area of the U.S. Virgin Islands (St. Croix, St. Thomas, St. John). The team met with Acting Executive Director Andy Lindstrom, currently the Decision Review Operations Center (DROC) Director in Washington, DC. He was appointed to assist the Regional Office (RO) in December of 2024. The Assistant Director Rafael De Los Santos who was previously the DROC Director in St. Petersburg, FL has been a part of the San Juan leadership since May of 2023. The team also met with key claims processing staff, as well as local American Legion Department of Puerto Rico leadership. The office has processed a high number of claims, demonstrating efficiency and success, particularly in outreach and claims accuracy rates.

Preliminary Findings

Virgin Islands

During the visit local officials and Volunteers from the Veteran Service Officer (VSO) community came together for a town hall to address the confusion surrounding the Reduction in Force (RIF) and how it was going to impact the Veterans and federal workforce on the island. The town hall revealed that VA and contracted remote staff of 1,066 (this number includes MST special operations yet to be officially transferred to Montgomery VARO) comprised of roughly 531 members of retirement age. This poses two distinct problems as the federal government recently implemented an agency-wide return to office (RTO) mandate and a VA hiring freeze. Firstly, before the RTO, some hired staff at Puerto Rico RO were authorized to work remotely and requiring all staff members to return to the office poses logistical and workspace challenges for RO leadership. Secondly, without the ability to hire new staff due to pending retirements, the VARO could face significant employment and workload challenges that could stress existing staff and limit the ability to improve the claims backlog. Veterans and VA staff in the Virgin Islands (V.I.) noted a lack of outreach and staff visits from San Juan VARO. Current travel restrictions create a lack of outreach and institutional support that has created barriers for the elderly veteran population on the Virgin Islands. VA has created virtual help centers to communicate directly to the San Juan VARO at local VHA facilities. Technology limitations across the U.S.V.I. and limited claims staff have forced Virgin Islands Veterans Health Administration (VHA) healthcare staff to assist veterans with forms and claims support taking them away from their own duties and responsibilities. Moreover, the Virgin Islands continues to face challenges attracting or retaining staff which has increased frustrations and wait times for veterans who need healthcare services.

VARO challenges and key areas of concern include:

1. Compensation and Pension (C&P) medical examination inaccuracies
2. Incomplete documentation
3. Procedural inconsistencies (clarifications)
4. Training gaps

a. Case Analysis - Fifty cases were randomly selected by the VARO before the visit. The American Legion's review team reviewed the fifty cases. The top three categories of errors for Veterans Service Representatives (VSRs) were: systems compliance, duty to assist, and legal errors. There was a noted inconsistency in rating decisions across the sample, like granting service connection for some cases (hearing loss), and denying service connection for others (tinnitus) while conceding traumatic noise exposure for the Veteran during service. Additionally, our review found VA will deny Veterans the benefit for not appearing to a C&P examination when adequate evidence exists in the file to generate a positive finding and issue a benefit. Errors were identified in twenty-two (22) of the fifty (50) cases. listed are the following errors:

- Ten (10) cases had VA duty to assist errors.
- Nine (9) had legal errors.
- Nine (9) cases had incomplete findings or ignored evidence.

The case analysis was shared with San Juan Regional Office leadership, including the Assistant Director and Veterans Service Center Manager. The case samples indicate a 44% accuracy rate. 56% had a legal/procedural error.

b. Director's Questionnaire - Prior to the visit, a questionnaire was sent to the Regional Office Director. In response to the questionnaire, the RO Director provided information as follows:

The San Juan Regional Office adjudicated 23,390 VA benefits claims Fiscal Year to Date (FYTD). The total included 12,956 new entitlements, 3,296 supplemental claims, 6,448 award adjustments and 980 others (e.g., predetermination notices, routine future exams, fiduciary, and End Product Code (EP) 930 corrections).

***Note – San Juan, PR is no longer the specialty case team responsible for adjudicating MST cases. MST claims processors now report to VARO Montgomery, AL.**

Interviews

During the visit, the ROAR Team conducted ten interviews with VA employees. The roles of the interviewees were: Veterans Service Representative (VSR), Supervisory Veteran Service Representative Coach (SVSRC), Rating Veterans Service Representative (RVSR), Supervisory RSV Coach, Authorization Veterans Service Representative (AVSR), Authorization Quality Review Specialist (AQRS), Quality Review Team Coach/Supervisor, Assistant Veterans Service Center Manager, Veteran Service Center Manager, and Regional Office Director.

Overall Impressions

The San Juan VA Regional Office appears to be high functioning with a keen sense of promoting a healthy work environment with an emphasis on Veteran centric outcomes. The executive team and mid-level managers received high praise for their dedication to staff continuity, morale, training, and achieving all their goals to meet or surpass the key performance metrics (KPMs) and goals set the previous year. Most notably, monthly Systematic Technical Accuracy Review (STAR) report, a national quality review program which measures the processing accuracy of pension C&P claims achieved a 95.5% accuracy rate. This number indicates a statistical quality measure over a fiscal year period and is not subject to “real time” changes. Errors reported in STAR are only errors impacting a benefit entitlement (M21-4; 3.3.b).

The National Contact Center (NCC) earned a 93% quality rating with an average wait time of just 10 seconds. Additionally, they expanded their outreach efforts, increasing from 202 events in 2024 to 81 more in 2025.

Best Practices: training and outreach

Training and outreach were the most effective areas of the RO. The local training conducted at every level seems to be the largest contributor to the high claims accuracy numbers the RO is producing. The coaches, supervisors, and quality team managers can conduct focused training based on internal error findings to improve the mistakes made by their service representatives and raters. Despite the training emphasis at the local level, most employees noted a desire for more VA training. The overreliance on online Talent Management System (TMS) training is stunting the professional growth of the

staff. The inconsistent training frequency and lack of practical application make it difficult specifically for new hires or newly promoted staff to grasp.

The “One VA” outreach approach on the island has been quite successful. In 2025, the Veteran Service Center (VCC) served as many as 11,000 Veterans personally and virtually. This was made possible by the information spread via town hall meetings, job and benefits fairs, and radio distribution through approved sponsors. Despite their efforts and success stories, veterans residing in U.S. Virgin Islands which falls within the jurisdiction of San Juan RO, have expressed a need for more focused outreach efforts on the smaller disparate islands. Additionally, USVI Veterans face a language discrepancy when reporting to contract VA C&P examinations in PR.

Areas of Needed Improvement

The top categories of recommended improvements were:

- Claims / Vendor quality issues
- Training Development and workforce readiness
- Artificial Intelligence improvement
- Systems updates / compliance

Claims / Vendor Quality Issues

The most pressing issue identified in the claims process at the San Juan RO involved widespread problems with the requesting and completion of C&P medical examinations, particularly those handled by contract vendor Leidos QTC Health Services. VA staff stated that many contracted clinicians refuse to provide secondary medical opinions for claims, resulting in incomplete Disability Benefits Questionnaires (DBQs). These DBQs are used by the VA to evaluate service-connected disabilities, but due to their length and complexity, vendors often omit critical sections or fail to review the complete medical examination request. As a result, only primary medical opinions are being rendered, while crucial secondary medical opinions are missing, forcing RVSRs to adjudicate claims with partial or insufficient examinations. Compounding this issue is the lack of verification from VA raters to ensure that these exams are fully completed before adjudication. The two most common and problematic trends in delayed claims at the RO are incomplete or incorrect forms related to mental health conditions, particularly Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) and the release of private medical records. Forms such as VA form 21-0781 and VA form 21-4142 are frequently not filled out correctly, which can add two weeks or more to a Veteran’s claim processing time.

Another critical issue lies in the language used by VA contract providers in their evaluations. The providers often use vague, ambiguous language rather than the definitive statements preferred by the VA. Generalities lack the specificity needed for RVSRs leading to returning exams to the vendors for clarification, causing unnecessary delays and increasing the returned workload. In some cases, rather than simply clarifying the initial report, vendors request entirely new examinations, which result in wasted time and resources.

Additionally, some contracted medical examiners are making changes to a Veteran’s diagnosis without providing adequate justification for explanation. For instance, a Veteran may be diagnosed with a skin condition, but the medical examiner noted a suspicion of cancer progression without confirming a definitive diagnosis of skin cancer. These ambiguities lead to improper rating decisions or outright denials, undermining fairness, and accuracy of the entire process.

The cumbersome structure of DBQs also presents systemic challenges. These forms are often excessively long and include questions that are irrelevant to the specific claim. For example, the DBQ for migraines can extend to four pages but could be condensed to one or two. Moreover, vendors lack the capability to “bookmark” specific sections of the DBQs, which could help RVSRs quickly locate key evidence. This inefficiency only hampers productivity and increases risk of errors or oversight during adjudication.

Additionally, the DBQ process allows for extremely effective Accepted Clinical Evidence (ACE) Exams, allows qualified VA physicians to review existing medical evidence in a Veteran's Service Treatment Record (STR) without requiring an in-person visit, are extremely effective. However, the electronic "records only" review exams become problematic when Veterans are primarily treated by private providers and the VA must request access to private medical records, often delaying the disability claims process due to slow responses from private physicians' offices.

Recent changes and errors have surfaced concerning favorable findings under the PACT Act and updates to the rating scale for conditions such as Gastroesophageal Reflux Disease (GERD). For instance, some claims failed to incorporate previously connected toxic exposure, and inconsistencies exist in whether Veterans are rated under the old or new GERD rating criteria. Since the VA's systems do not automatically update internal changes to the rating code sheets, Veterans may receive inaccurate or outdated evaluations (incorrect ratings) of their conditions.

One of the most frequently cited errors by coaches and quality control involves the development phase, pointing to a lack of experience among VSRs. DBQs are not being thoroughly read or fully completed, forcing RVSRs to return claims for clarification. Persistent issues with QTC include inconsistent accuracy, poor quality exams, and a lack of attention to detail, particularly due to the overly lengthy and repetitive DBQ format. This results in a rushed, impersonal approach during appointments, where providers are more focused on form completion than engaging with the Veterans' actual medical concerns. The most voiced complaint from staff centers on vendor related issues with QTC. These include the use of incorrect terminology on DBQs, mis ordered exams, and improper rejections of claims due to minor wording discrepancies and grammatical mistakes. Additionally, doctors sometimes request new exams instead of providing simple clarifications when asked by RVSRs.

Lastly, the quality of exams provided by hospital-based exam contractors is superior to those conducted by non-hospital QTC staff. Staff have suggested that the Medical Disability Examination Office (MDEO) consider providing a direct contact line for elderly Veterans, who often miss important phone calls from QTC contractors due to caller ID labels such as "SPAM" or "Unknown." This communication barrier causes missed appointments and delays, especially in an environment where scams are rising, and Veterans are increasingly unsure of which contacts are legitimate. This problem stands in direct conflict with VA modernization and digitization efforts highlighting a need for more personalized and accessible communication.

Training, Development, and Workforce Readiness

A key concern raised by VARO San Juan staff relates to the current state of training and professional development for Veteran Service Representatives (VSRs) and Rating Veteran Service Representatives (RVSRs). Presently, both national and local training is delivered entirely through remote platforms. While virtual instruction offers convenience, many employees feel that it significantly diminishes the effectiveness of the training – particularly for new hires and newly promoted personnel. There is a strong consensus that onboarding and role specific training should be extended to a structured year long program to better support employees transitioning into new responsibilities. Staff expressed that the current model does not adequately prepare them for the complexity and volume of claims they are expected to process. Because raters often encounter a wide variety of claims, many of which they see infrequently, this variability erodes their confidence in processing claims accurately and efficiently.

Although the existing claims staff average 2 years of experience, they report the current Training Management System (TMS) courses are sporadic, repetitive, and insufficient. These modules are often described as "lacking in relevance to day-to-day challenges." The sentiment among employees is clear; a more consistent, rigorous, and interactive training curriculum is urgently needed. Additionally, staff noted that the in-person training provided prior to the COVID-19 pandemic was far more engaging and comprehensive. In contrast, today's virtual training offerings have become stale, disengaging, and overly reliant on passive learning methods.

The average tenure of raters is 13 to 18 months, a period during which they are still developing confidence and proficiency. Coupled with ongoing staff shortages and increasing workloads, this limited experience often leads to employees feeling overwhelmed and unsupported. In some instances, training deficiencies are even more pronounced. One employee stated they had received formal training only once after assuming their role, highlighting a critical gap in continuous professional development.

Artificial Intelligence

RVSRs have expressed significant concerns regarding the effectiveness of Artificial Intelligence (AI) in the claims adjudication process. Specifically, the AI is often unable to accurately interpret handwritten information submitted by servicemembers on VA form 526. As a result, critical data is not being extracted or auto populated into the system, requiring the RVSRs to spend additional time manually reviewing and inputting information that should otherwise be automated. This undermines the efficiency of automated decision support tools and reduces the overall effectiveness of digital claims processing.

In addition, while the AI is programmed to recognize common key words such as “lower back” or “hypertension,” it struggles to identify more nuanced complex secondary conditions, including neuropathy, muscular disorders, or conditions linked to primary service-connected disabilities. This limitation frequently results in partial rather than complete claims being submitted. Which subsequently delays and contributes to the underdevelopment of claims. Another key issue involves AI powered translation of benefits letters, particularly English to Spanish correspondence. The current AI translation method performs literal, word for word translations, which do not consider regional dialects, cultural nuances, or colloquial phrasing. As a result, many letters are difficult for Spanish speaking Veterans to understand, forcing them to visit the regional office in person to have their correspondence interpreted or clarified. This reduces trust in the system and increases administrative burdens on both the Veteran and VA staff.

Systems updates / Compliance

During the interviews, a VSR with approximately two years of experience noted several systemic and compliance challenges. The VSR’s core responsibilities include developing claims for submission to the RVSRs, reviewing submitted forms for completeness and accuracy, and cross referencing the Veteran’s STRs to ensure that claims can be properly connected to documented in service injuries or conditions. One major challenge identified is the frequency with which Veterans submit incomplete documentation. In many cases, the supporting evidence or medical records required to substantiate a claim are missing or insufficient. This creates a bottleneck in claims development, requiring claims processors to spend more time requesting additional documentation or clarification.

Moreover, a recurring issue involves claims submitted for conditions presumed to be service-connected such as those related to toxic exposure, and the Veteran’s service records do not support the assertion. For instance, some Veterans claim eligibility based on deployment status; however, their military records contain no documentation of such a deployment, making it difficult to connect the claimed condition to service. These discrepancies not only delay claims but also raise questions about the completeness and accessibility of military service records.

Recommendations

- Improve training programs
- Enhance medical exam quality
- Increase claims proficiency
- Improve communication and outreach
 - » Provide more institutional support for US Virgin Island Staff
 - » Improve communication with local VSOs
 - » Improved transportation and technological support for elderly veterans
- Optimize work environment
 - » Provide co-located Veteran Service Officers with VA approved workstations for claim submission
 - » Improve communications / include co-located Service officers in meetings and outreach events

Conclusion

Overall, the San Juan RO serves as a positive example for other regional offices to model to improve claims country wide. Their outreach, accuracy, and contact quality are one of the best we have evaluated in some time. However, improvements can always be made. In-person training should be mandatory more frequently, alleviating our dependence on virtual training only. Also, extending training and onboarding to one year for new hires should improve confidence, decrease burnout and aid in continuity. Secondly, establishing a direct line for vendor communication for exam clarifications can improve workflow efficiency for VARO San Juan and VBA if implemented nationwide. DBQ updates to simplify instructions will reduce errors and improve vendor accountability and oversight. Direct Veteran engagement will reduce duplicate claim submission and prevent Veterans from missing appointments while increasing trust in the VA. Lastly, VBA hybrid working models should be reviewed and allow for increased flexibility. Allowing exemptions from return to office directives for employees hired specifically for remote work will reduce workspace limitations and maintain production efficiency.