

Assumptions, Questions, and Observations for E-Sourcing

Assumptions

Ingest

1. The scope of Ingest will drive the framework for all areas shown in the diagram

VBMS

1. The focus of the conceptual architecture diagram is on Ingest first
2. Timelines for completion of some activities around data access depends on outside organizations, e.g. when the Army will have electronic feeds available for records
3. Assumption that VBMS handles 526 claims initially
4. Assumption that the entire chart is concerned with disability
5. Virtual VA will be migrated to VBMS at some point.

VLER

1. VLER DAS is used for information sharing and data transfer.
2. IDES VTA provides a separate electronic feed to VBMS through VLER DAS.
3. D2D will input directly into VBMS.
4. VONAPP will input data into a repository outside of VBMS.
5. VLER DAS is the gateway for D2D and CRM.

VRM

1. A conceptual data model for VRM exists which may provide input into the diagram
2. CRM will hold only the contact history with Veterans and beneficiaries.
3. VRM will be integrated with CRM in the future.
4. CRM pulls data from the Corp. Database and BIRLS, both read and write.

Clarifying Questions

Ingest

1. Determine what designation is common to field and main office with respect to Veterans and beneficiaries (client, participant, etc.).

VBMS

1. May want to clarify our use of disability versus compensation
2. Will the forms assembled for VBMS be streamlined or reduced?

VLER

2. Clarify if VLER-DAS passes data directly to VBMS .
3. Would the DOD STR data through VLER-DAS be integrated into and/or accessible by VBMS?
4. Would the VHA (CAPRI Records) data through VLER-DAS be integrated and/or accessible by VBMS?
5. Would the SPR data through VLER-DAS be integrated and/or accessible by VBMS?
6. Would the Private Physician data through VLER-DAS be integrated and/or accessible by VBMS?

7. Would the data from other external interfaces (e.g., IRS, DOL, SSA) through VLER-DAS be integrated and/or accessible by VBMS?
8. When would full integration of VLER-DAS occur with VBMS?
 - a. when would the evidence through VLER-DAS be stored in VBMS?
 - b. What is the Impact of using both VETSNET and VBMS at RO's
 - c. How is this tied to Ingest of electronic and paper data
9. What is the difference between approved and not-approved physician with respect to with respect to DBQ data input?

VRM

1. The relationship between IAM and the portals (e.g. eBenefits, SEP, and VDC) for authentication is not clear. Are they duplicating work for authentication?
2. Are submission and processing using different forms of authentication?
3. The IDES description needs to be expanded and clarified. Claims are not processed in VBMS, but are scheduled to be moved to VBMS in the future. IDES handles severe disability cases, often described as a subset. All needs to be clarified.
4. Does D2D go directly to the Corp. Database?
5. Does SEP go directly to VDC? Has there been a recent redetermination?
6. Does VONAPP currently, or in the future, go directly to VBMS? (Our position is yes it should).

Risks

Ingest

1. VLER, VRM, and VBMS do not seem to be integrated in their efforts.

VBMS

1. VBMS cannot provide differentiated access (for viewing records), the architecture may need to be changed

VLER

VRM

Recommendations

Ingest

1. Standardize the electronic information sourcing taxonomy

VBMS

VLER

1. Review VLER release schedules.
2. List specific capabilities as being developed for each VLER release from now to 2015.
3. Review how these VLER capabilities impact 125 day & 98% quality goal. Review impact on Backlog.
4. Look at the impact of the VLER releases on 40+ initiatives
5. **Gather any available architectural diagrams for each VLER related system or release.**
6. Details on what Functionality & Capability is being added in the coming VLER releases
 - a. Upcoming release dates and their functionality
 - b. How are these tied to 125/98 and Backlog goal
 - c. How and when it will be integrated with VBMS
 - d. A clear time-line on implementation of various sources of Electronic Ingest. And their availability from VBMS.
7. Private Physicians (both VBA approved Physicians and Third Party)
 - a. A clear implementation time-line showing regular progress of sourcing the VLER DBQ's. Including current status
 - b. Show the form of data sourcing (Structured, PDF, Enhanced PDF, etc.)
8. VHA (CAPRI Records)
 - a. A clear implementation time-line showing regular progress of sourcing the VLER DBQ's and other related medical data.
 - b. Show the form of data sourcing (Structured, PDF, Enhanced PDF, etc.)
9. Other External Interfaces (e.g., IRS, DOL, SSA)
 - a. Show a clear implementation time-line showing regular progress of sourcing this data through VLER.
 - b. Show the form of data sourcing (Structured, PDF, Enhanced PDF, etc.)
10. IDES
 - a. Show a clear implementation time-line showing regular progress of sourcing this data from DOD JVTA and VA VTA system through VLER.
 - b. Show the form of data sourcing (Structured, PDF, Enhanced PDF, etc.)
11. DoD SPR's
 - a. A clear implementation time-line showing regular progress of sourcing this data into VLER
 - b. Show the form of data sourcing (Structured, PDF, Enhanced PDF, etc.)

VRM

1. VRM – need to add a date progression to show the progress towards the goal
2. Requirements and risks for VRM, VBMS need to be meshed together
3. VRM data will need the demographics and veterans ID to match with VBMS
4. Need to include VBA internal data sources in the conceptual architecture diagram
5. DoD STR's
 - a. Show a clear implementation time-line showing regular progress of sourcing this data.
 - b. Show the form of data sourcing (Structured, PDF, Enhanced PDF, etc.)