Integrated Disability Evaluation System (IDES)
Information Support Plan
v1.0

VLER Enterprise Program Management Office
September 2011

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1 Introduction

The Integrated Disability Evaluation System (IDES) provides a single disability examination and a single-source disability rating that both the Department of Defense (DoD) and the Department of Veterans Affairs (VA) use in executing their respective responsibilities. IDES has achieved the goal of reducing the processing time associated with each of the aforementioned departments’ responsibilities, but room for improvement in IDES execution remains to:

1. Reduce the time required to process the backlog of IDES claims.
2. Improve DoD, VA, VA Regional Office (RO), VA Medical Center (VAMC) and Military Treatment Facility (MTF) executives’ ability to manage the IDES process.

This plan proposes two improvements for achieving these goals: 1) automation of information exchange and 2) automation of the activities within IDES. Realizing these improvements will result in enhanced customer satisfaction by Service members and system end-users, primarily through timely status message updates, a consistent and intuitive system interface, elimination of redundant data entry and increased processes efficiency.

2 Scope

This plan outlines approaches and technology enhancements required to automate the exchange of information between the activities and automate the activities within IDES processes.

2.1 Automating the Exchange of Information

Key to improving the efficiencies of the current IDES process is the automation of the information exchange between the various IDES applications/systems that support the process activities. In the IDES current state, “as-is” information exchanges are manual; in most instances, the exchange consists of moving paper artifacts from one location to another location. Additionally, information is stove-piped within each application. The stove-piping effect requires multiple data entries by the operator into multiple tracking systems. These paper exchanges and manual data entry activities will be replaced in the near term by the recommended “to-be” methods described in Section 3. The full system evolution or the target system environment for IDES includes the transition from multiple systems to the Virtual Lifetime Electronic Record (VLER) solution, and is reflected in the following:

1. Enable the various IDES applications via web services to allow authorized systems/services to access information and/or provide information as appropriate. We will determine where duplicate fields in multiple applications exist, choose the appropriate application for the data and eliminate the data field in the other system. Where this is not possible, we will determine the authoritative source of the information, provide read-only access of the authoritative data element to the alternate applications and “grey-out” (i.e., overwrite) the non-authoritative information.
2. Implement VLER and Data Access Service (DAS) to facilitate the exchange of information between the various IDES applications and allow for the normalization of data.
3. Implement a document repository for the VA Claim file and enable the electronic receipt of information into the repository. An interim solution may be the VirtualVA application, with the Veterans Benefits Management System (VBMS) application as the final solution.
4. Convert unstructured data to structured (i.e., machine interpretable) data, where possible.

1 Appendix A contains the design assumptions, constraints and requirements related to the IDES IT Modernization Approach. Appendix B contains the listing of Acronyms within this document while Appendix C contains a listing of IDES Information Support Plan Key Stakeholders.
5. Utilize electronic signatures for Service members, DoD and VA users to enable non-repudiated documents and approval.

6. Develop solutions to “auto-populate” information into forms from an authoritative System of Record (SOR), where possible. Minimize redundant information through the re-use of authoritative information from a single SOR.

7. Generate all management and oversight reports via a single set of standard web services.

8. Utilize pure Hypertext Mark-up Language Version Five (HTML v5) for all user interfaces with no proprietary extensions to enable display of information on any platform including Microsoft Windows, Linux, Mac OS, iOS, and Android operating system devices.

9. Utilize strong “two-factor” user authentication with audit trails to record data elements/information accessed or changed.

2.2 Automating the Activities

Automating information exchange between activities in the process will eliminate inherent inefficiencies. However, automated information exchanges must be combined with automation of related activities to reduce the total time required for an individual to pass through the IDES process or adjudicate a disability claim within the backlog of existing claims.

For example, the typical IDES claim has about 10 to 13 individual disabilities per package. Currently, it takes an experienced Rating Veteran Service Representative (RVSR) one day (i.e., one Full Time Equivalent (1-FTE)) to make a rating determination for a typical IDES Service member. Less experienced RVSRs take two days or more per IDES claim. The resulting productivity curve from additional personnel for handling the growing case load trends downward. Using the existing process, which is mostly manual, the RVSR must review hundreds of pages of service treatment records and other documentation to evaluate and validate each claimed condition. In the final step of the process, the RVSR uses a simple decision support tool to assist in calculating the disability rating. Conversely, the RVSR able to evaluate applications in electronic structured formats may leverage modern Decision Support Systems (DSS) and rules engines for automated processing of claims. This makes the review or manual intervention an exception rather than the norm.

The following are recommendations for automating IDES activities:

1. Implement Disability Benefits Questionnaires (DBQs) in a structured format to allow for the automated evaluation of the information.

2. Convert the existing paper claim application process to an electronic structured format.

3. Leverage modern DSS and reporting applications to promote timely and accurate claims processing.
The following vignette illustrates the use of IDES:

After graduating high school at age 18, John chose to serve his country and enlisted in the U.S. Army. As part of the accessioning process, he underwent a physical at a Military Entrance Processing Center (MEPS), and a copy of his physical examination report was added to his personnel and newly established health record. At basic training, John completed a health assessment to begin his longitudinal health assessment program. John was soon given orders to deploy to Afghanistan and completed a DoD Pre-Deployment Health Assessment (PDHA). His PDHA was reviewed and the Chronological History of Care was updated.

During his tour in Afghanistan, John stepped on a land mine resulting in amputation of his right leg, disfigurement of the right side of his face and subsequent right ear hearing loss. John was air-evacuated to an MTF in Germany for stabilization and was then transported to an MTF in Virginia for further care. Clinical and non-clinical case managers were assigned to his case.

While John was at the Virginia MTF receiving continued treatment and care, the clinical care team referred the case to IDES to determine if John was medically fit for continued military service. After referral, a Physical Evaluation Board Liaison Officer (PEBLO) was assigned to collect and build the case file with the information needed for the Physical Evaluation Board (PEB) to render an initial fitness determination. The case file consists of all medical information related to John, selected service record information and commanding officer recommendation. This information is predominately contained in paper format and is moved from activity to activity within the IDES process by messenger. Throughout the IDES process, John is asked to either provide additional supporting information and documents and/or to agree to formal boards and other decisions. Since these additional actions involve paper-based records, they necessitate John meeting with the PEBLO to review and receive current IDES status information.

During the initial fitness determination, it appears that John’s medical condition is not expected to improve enough to permit his return to full duty within one year, and the PEBLO submits a request for determination of compensation from VA. VA assigns a Medical Service Coordinator (MSC) to assist John with the VA Compensation and Pension (C&P) process. The MSC collects and builds a claim file with the information (to include all information within the case file) that the Veteran Service Representative (VSR) will need to evaluate John’s medical condition, enters John’s information into the VA system and schedules John for a series of medical examinations. Again, the claim file is paper-based and is moved from activity to activity within the C&P process by messenger. As additional information is needed, or when John needs to find out the status of the claim, he must meet with the MSC.

Finally, at the completion of both the fitness for duty determination by the Service and the disability compensation determination by VA, John is separate from the service and receives his VA compensation.

**How will we improve the IDES process for John?**

In John’s case, the IDES “to-be” process proposes the electronic exchange of the following: DoD personnel and medical information; VBA requests for exams and rating information; VHA medical information and contracted VA medical information; and private health care provider/facility documents. These structured electronic documents will assist in the disability evaluation process, as well as provide the Service member and his or her legal counsel access to the same information. A DES-trained provider will be able to electronically review John’s accession physical easily and securely to determine pre-existing conditions and applicability to receive disability benefits. Also, while receiving care at multiple facilities and from multiple providers, the IDES “to-be” process will utilize an electronic exchange eliminating the need for the patient to transport potentially cumbersome paper medical files and/or the need for the clinical data to be mailed or faxed.

Additionally, the IDES “to-be” process will improve John’s care by providing all of his providers with the information they need, when they need it, in a completely secure manner. This timely, secure access to information will enable John’s physicians to provide better continuity of care and will reduce medical and administrative errors. This same information can also be used as a source for health and administration information that will be available electronically, leading to quicker benefits determination decisions, improved case/claims status information for John and quicker delivery of the benefits as John separates from the military.
3 IDES Information Flows

The current IDES information flows are predominately ‘paper’ driven with relevant information about each Service member’s case being placed in a DoD case file and a VA Claim File (aka C-File) comprised of print copies of all information feeds, results, and decisions. The current exception to this is the Formal PEB oral testimony which is archived to DVD. The DoD case file and VA Claim file contain only the information relevant to the Separation Decision (DoD) or Rating Determination (VA). Additionally, information flows between the process activities are largely manual in nature (e.g., photocopies and transport by delivery service) and highly labor intensive.

The following IDES information flows\(^2\) are grouped as follows:

1. DoD Personnel Process Information Flow
2. VA Claims Process Information Flow
3. Supporting Medical Documentation Information Flow
4. Non Medical Documentation Information Flow
5. Service Member Information Flow

Figure 1 illustrates the high level information flows and their relationship to one another. The flows are presented in swim lanes that represent the entities responsible for processing or providing information to support the flows. All activities (e.g., Initial Fitness Decision) occur within either the DoD Personnel Processing or VA Claims Processing swim lanes with information being provided from the others. The information flows depicted are based on the Remodeled Integrated Disability Evaluation System (rIDES) as discussed in the Directive-Type Memorandum (DTM).

\(^2\) Each of the IDES information flows are managed by a number of applications. These applications are discussed in detail in Appendix D.
Figure 1: High Level IDES Information Flow

Refer to Appendices E, F and G for more details on the IDES information flows, the Input / Output Process diagrams and the Business Process Model used in the development of this plan.
3.1 DoD Personnel Process Information Flow

The DoD Personnel Process Information Flow along with associated activities and information sources support the determination to retain or separate a Service member. Activities associated with this process flow include:

1. Make Initial Fitness Decision
2. Provide Election of Options Decision
3. Perform Medical Evaluation Board Rebuttal
4. Make Formal Physical Evaluation Board Decision
5. Determine Disposition
6. Perform High-Level Appeal

The DoD Personnel Process Information Flow obtains information from the Supporting Medical Documentation Process Flow (e.g. Service Treatment Record); Non Medical Documentation Information Flow (e.g. DD214), VA Claims Processing Information Flow (e.g. VA Rating determination), and Service member information flow. The process flow does not include the administrative steps that each service follows for separation.

Future versions of this document will include plans to support unique DoD Services portions of this process, which may account for existing variations among the four Services.

3.1.1 Make Initial Fitness Decision

The Initial Fitness Decision Activity is chartered with determining whether a Service member is eligible for continued service; in their current position or at another position commensurate with their physical abilities.

- **Current (as-is)**
  1. The IDES process is started with a note in AHLTA, referring the individual to the IDES process, and is accompanied by VA Form 21-0819 (PDF fillable form) prepared by the PEBLO. This process forms the basis of the DoD case file and VA C-File. Additionally, the PEBLO obtains the following information for inclusion in the case file:
     1. Accesses AHLTA for prints of the Service member’s Service Treatment Record (STR).
     2. Prints of the AHLTA Narrative Summary (NARSUM).
     3. Obtains from DPRIS and prints the Service member’s Entrance Exam.
     4. Obtains from the Service member’s commander, the non-medical assessment.
     5. Obtains via DEERS or Service member’s personnel file, the periods of creditable service.
     6. Obtains from the Service member an acknowledgment of the IDES process.

The DoD Case file is then submitted to the PEB board for an initial fitness decision. The PEB fitness results are presented to the Service member for review and then included in the DoD case file.

- **Future (to-be):** The IDES process is started by a clinician selecting the Disability Evaluation System (DES) from their Common GUI and selecting ‘refer to DES’ under options. This triggers a series of automated e-mails and activities to include the following:

---

3 As-is refers to the IDES Remodel proof of concept methodology/approach
1. An integrated (DoD/VA) case file is established in the Customer Relationship Management (CRM) application (aka Case Management) and the associated Document Repository which is pre-populated with the referral notes from the clinician recommending entry into the DES.

2. DPRIS is queried via VLER DAS for the Service members Entrance Exam, which is indexed and stored within the case file, and the CRM is updated with statuses.

3. An e-mail is submitted to the Service members commander requesting a non-medical assessment. The commander fills in the “service specific” PDF fillable form attached to the e-mail, electronically signs and returns it. The form is automatically placed within the case file and the CRM application is updated with the status.

4. An e-mail is sent to the associated PEBLO providing details of the case.

5. The Service member receives an e-mail explaining that they have been recommended for the DES process. Attached to the e-mail is a “service specific” PDF fillable notice of election form that the Service member completes, electronically signs and returns. The form is automatically placed in the case file, and the CRM application is updated with the status.

6. An electronic ‘point in time’ flag is entered into the Service members Electronic Health Record (EHR) to identify entry into the DES.

7. The PEB reviews the case on-line and makes the initial fitness determination which is documented within the CRM. The Service member receives status updates via e-Mail and/or ‘tweets’

- **Information System(s) Affected:** EHR; Case Management, GUI, DPRIS
- **Actions Required:**

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Identify (and enhance) Document Repository (e.g., VTA, VBMS Phase 3) to support the IDES claim file at the rIDES Proof of Concept (POC) sites. Ensure content is indexed and stored in a structured manner. Allow for electronic submission and retrieval of information from the Document Repository by both DoD and VA users</td>
<td>VBMS</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

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4 GUI refers to the ‘common’ Graphical User interface that is shared between the EHR, Case Management and other applications that support the rIDES process.

5 Priority indicates the time frame the capability is required to be implemented within. It will be either “Immediate (i.e., implemented by rIDES Initial Operating Capability (IOC) date); 6-12 months or 12-24 months.”
| ID  | Description                                                                                                                                                                                                 | Major Initiative | Priority  
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------
| 002 | Enhance Document Repository to allow for parsing, indexing and storage of PDF fillable forms, unstructured content (e.g., images) along with capability to provide status updates to Case Management tool when forms or other information is received | VBMS/VRM        | 12-24 Months  
| 003 | Add VA Form 21-0819 to e-Benefits (VONAPP) to allow for electronic signature and submittal by Service member                                                                                           | VRM             | Immediate  
| 004 | Enhance e-Benefits Portal to allow Service member to see status of IDES claim in VTA                                                                                                                       | VRM             | 6-12 Months  
| 005 | Enhance e-Benefits Portal/Case Management tool to allow case status notifications thru a variety of electronic means (e.g. e-mail, twitter)                                                                 | VRM             | 6-12 Months  
| 006 | Interface Case Management tool with PCGL to allow for electronic generation of e-mails and other letters/forms (to include service specific forms and documents)                                               | VRM             | 12-24 Months  
| 007 | Transition VTA to Microsoft Dynamics CRM tool                                                                                                                                                                | VLER/VRM        | 6-12 Months  
| 008 | Integrate the Intelligent Workflow Queue (IWQ) with the Microsoft Dynamics CRM.                                                                                                                            | VRM/VBMS        | 12-24 Months  
| 009 | Implement a “Print All” feature in the EHR that generates a PDF searchable document containing the Service member’s STR                                                                                       | AHLTA           | Immediate  
| 010 | Enhance AHLTA/VistA to allow for ‘check-pointing’ Service member’s records as case/claim file is reviewed                                                                                                    | AHLTA/VistA     | 12-24 Months  
| 011 | Integrate Case Management and COVERS applications to allow for seamless claim file/case file tracking                                                                                                      | VBMS/VLER       | 6-12 Months  
| 012 | Web Service enable/instantiate the VLER DAS for applications associated with IDES                                                                                                                           | VLER/VRM/VBMS   | 6-12 Months  
| 013 | Web service enable DPRIS and establish interface between CRM and DPRIS                                                                                                                                      | VRM             | 6-12 Months  
| 014 | Implement Work flow in Case Management tool to trigger alerts if appointments are missed or other thresholds are exceeded.                                                                               | VRM             | 12-24 Months  
| 015 | Transition VTA user authentication/access for users from Veterans Information Portal (VIP) to use of VA Personal Identity Verification (PIV) or DoD Common Access Card (CAC)                                      | VLER            | 6-12 Months  

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**Description**
### 3.1.2 Provide Election of Option Decision

Upon receipt of the Initial Fitness Decision, the Service member may elect to accept or rebut the PEB’s decision.

- **Current (as-is):** The Service member selects this determination through an election of options form which is included within the DoD case file. Additionally, the Service member is allowed to submit additional items (e.g., Service member treatment record from private provider; recommendations) for rebuttal consideration. All of these items are included within the DoD case file.

- **Future (to-be):** The Service member receives an e-mail with a “service specific” PDF fillable notice of options form explaining the results of the MEB equivalent decision.

1. The Service member elects to either accept the MEB decision or rebut via check-boxes on the form and then electronically signs and returns the form.

2. This form is automatically ‘parsed’ by the Case Management system and the status is updated.

3. If the Service member elects a Formal Physical Evaluation Board (FPEB), the Case Management system triggers an e-mail alert to the PEBLO and FPEB coordinator for FPEB scheduling.

4. The Service member will receive an e-mail/formal letter providing the date and location of the FPEB, explanation of the FPEB process along with a web link/facsimile (FAX) number to upload additional case documentation for the FPEB.

5. Completed PDF notice of election form will be indexed and is added to the document repository in a structured format.

- **Information System(s) Affected:** Case Management
- **Actions Required:**

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<thead>
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<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
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<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions#002 “Enhance Document Repository to allow for</td>
<td>VBMS/VRM</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>
3.1.3 Perform Medical Evaluation Board Rebuttal

Upon receipt of the FPEB decision, the Service member may elect to appeal the decision to their service organization leadership for final fitness determination.

- **Current (as-is):** The Service member makes this decision on the election of options form (included within the DoD case file) and the DoD case file is then packaged by the PEBLO and sent to service headquarters. Upon review of the case, headquarters provides a final decision memorandum and comments to the Service member and returns the DoD case file to the PEBLO for continued processing.

- **Future (to-be):** As documented above, the Service member returns the completed PDF notice of appeal form via signed e-mail.
  1. This form is automatically ‘parsed’ by the Case Management system and the status is updated.
  2. If the Service member elects a High Level Appeal, the Case Management system triggers an e-mail alert to the PEBLO and service headquarters coordinator for High Level Appeal.
  3. The Service member will receive an e-mail explaining the High Level Appeal process and expected time-frame for the decision.
  4. The Case Management system will send an e-mail to the service headquarters associated with the Service member which includes a link to the Service member’s electronic case file. The service headquarters will review the case and make a final determination entering the results into the Case Management system. The Case Management system sends a notification to the PEBLO and DRAS if the Service Member is determined to be fit for duty.
  5. The Case Management system will send an e-mail to the Service member and generate a formal letter for signature and delivery to the Service member by the service organization. The PEBLO is sent an alert that the rebuttal results have been sent to the Service member.

- **Information System(s) Affected:** Case Management, Document Repository
- **Actions Required:**

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<tr>
<th>Table 3. Perform Medical Evaluation Board Rebuttal</th>
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<tr>
<td>------</td>
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<tr>
<td>001</td>
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<td>002</td>
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3.1.4 **Make Formal PEB Decision**

If the Service member elects/requests a Formal Physical Evaluation Board (FPEB), the Service member is allowed to submit additional items (e.g., Service member treatment record from private provider, recommendations, oral testimony) for FPEB consideration.

- **Current (as-is):** All of these items are included in the DoD case file. The decision of the FPEB is presented to the Service member. The decision along with the oral record of Board actions (on DVD) is included in the DoD case file.
- **Future (to-be):** The Service member is provided an electronic link/facsimile (FAX) number to submit documents to the document repository for review by the FPEB.

1. Additionally, the Service member may elect to submit these documents to the PEBLO who in turn submits them in electronic format for the Service member.

2. The FPEB conducts the review of material using Defense Connect Online (DCO) or other collaboration tools (which include electronic recording capability), deliberates and provides formal decision thru use of the Case Management system. The entry of the FPEB decision into the Case Management system triggers an automatic e-mail to the Service member of decision along with PDF fillable form for election to appeal.

3. FPEB deliberations are added to the case file within the document repository. The Case Management system sends a notification to the PEBLO and DRAS if the Service Member is determined to be fit for duty.

- **Information System(s) Affected:** Case Management, Electronic Document Repository
- **Actions Required:**

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### Table 4. Formal PEB Decision Actions

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions #002 “Enhance Document Repository to allow for parsing, indexing and storage...”</td>
<td>VBMS/VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool...”</td>
<td>VRM</td>
<td>6-12 Months</td>
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<tr>
<td>003</td>
<td>See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL...”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>

#### 3.1.5 Determine Disposition

The Determine Disposition activity evaluates the results of the VA examination, the VA disability rating, along with the PEB or High Level Appeal decision and makes a final disposition and rating of the Service member’s case.

- **Current (as-is):** The results are provided to the Service member as well as the DoD case file.
- **Future (to-be):** The Service member will receive an e-mail (and formal letter) containing the disposition results, a PDF fillable form to request rating reconsideration, along with a link to the Service members electronic case file containing all information used to make the disability rating. A trigger is set in the Case Management system to alert the PEBLO if 30 days have elapsed and the Service Member has been separated and the notification of out-processing has not been received by the VA.

- **Information System(s) Affected:** Case Management, Document Repository
- **Actions Required:**

### Table 5. Determine Disposition Decision Actions

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions #002 “Enhance Document Repository to allow for parsing, indexing and storage...”</td>
<td>VBMS/VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool...”</td>
<td>VRM</td>
<td>6-12 Months</td>
</tr>
<tr>
<td>003</td>
<td>See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL...”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>004</td>
<td>Enhance Document Repository to allow access via e-Benefits portal to Service member</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>
3.2 VA Claims Processing Information Flow

The VA Claims Processing Information flow and associated activities and information sources support the determination of VA benefits. Activities associated with this process flow include:

1. Manage VA Phase
2. Perform Rating Reconsideration
3. Provide VA Benefits Decision

It begins with the VA Form 21-0819 being submitted by the Medical Service Coordinator (MSC) along with a copy of the DoD case file to the VA.

3.2.1 Manage VA Phase

The Management VA Phase is comprised of three initial sub activities. First, a benefit claim is created specifically for the Service member during the Develop VA Claim activity. Second, the claim is assessed during the VA Compensation and Pension (C&P) Evaluation. Finally within the Management VA Phase, information flowing from the C&P evaluations informs the rating decisions during the Conduct Rating activity.

3.2.1.1 Develop VA Claim

The VA Regional Offices (RO) receives hundreds and in some cases thousands of applications each month.

- **Current (as-is):** In a mail room these applications and the DoD case files are logged into a manual ledger and inspected for completeness. If items are missing, the MSC is contacted and asked to submit the missing material. The Service member along with the MSC submits the VA 21-0819 documenting additional conditions for consideration. The mail room personnel access COVERS and generate a bar-code label to keep track of the claim file.

- **Future (to-be):** Benefit claims submitted to the VA are validated for completeness and supplemented with information about the Service member in order to facilitate the processing of the claim.

  1. The Service member applies for benefits via e-Benefits or the MSC submits the completed PDF Form 21-0819 via signed e-mail or FAX to the Case Management system.
  2. The Case Management system parses the benefits request for completeness. If incomplete, the Case Management system sends an e-mail to the request submitter (and formal letter to the Service member) notifying them that the benefits request cannot be processed due to insufficient information.
  3. Upon receipt of a complete claim request, the Case Management system retrieves the Service member case file and extracts pertinent information from that file to update the claim file.
  4. Receipt of the Service members Form 21-0819 triggers e-mail and work flow to start the C&P process by the VA. The EHR is ‘check-pointed’ to indicate point in time that C&P processing starts.

- **Information System(s) Affected:** Case Management, e-Benefits, Document Repository, VONAPP

- **Actions Required:**
<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions #001 “Identify (and enhance) Document Repository (e.g., VBMS Phase 3) to Support the IDES claim file…”</td>
<td>VBMS</td>
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</tr>
<tr>
<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool…”</td>
<td>VRM</td>
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</tr>
<tr>
<td>003</td>
<td>See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL…”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>004</td>
<td>See Table 1. Initial Fitness Decision Actions #010 “Enhance AHLTA/VistA to allow for ‘check-pointing’…”</td>
<td>AHLTA/VistA</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>005</td>
<td>Interface Case Management system with Document Repository to allow for case status updates and population of information (in particular if case file is complete)</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>

### 3.2.1.2 Conduct VA Compensation and Pension Examination

Upon determination from the claims development process, the C&P exam serves to provide definitive determination on the compensation and payment to the Service member. The driver for outcomes from this effort are the results from Service members examination and the results of the exam are critical information components that are transferred to Ratings Activity where the actual rating is issued and the case file is updated for full benefits decision. Exams may be conducted by VA clinicians or by VA contracted private providers.

- **Current (as-is):** Upon receipt of the case file and VA form 21-0819 from the Service member, the MSC schedules a series of exams for the Service member with either a C&P provider at a VAMC or with a private C&P provider. The exam appointments are provided to the Service member and recorded within VTA. Results of the exam are documented within VistA. The VSR reviews the examination results and determines if they are adequate. If not, additional examinations are ordered or the exam results are corrected.

- **Future (to-be):** The Service member and MSC conduct on-line scheduling of Examinations for any claimed conditions not already documented within Disability Benefit Questioners (DBQs) that have been previously completed as the Service member receives treatment in the MHS.

  1. Appointment reminders and status are e-mailed to the Service member (along with ‘tweets’) and the Case Management system is updated with status. The Service member, DoD and VA senior level executives are able to monitor the examination status (e.g., examination date/time, show/no show) via the GUI.
2. Results of each exam are documented within the EHR in DBQ format. Alternatively, the Service member may elect to have a private provider conduct an exam and submit the DBQ electronically (via e-mail or FAX). In this case the case repository will parse the information and store the information with the Documentation Repository in a structured and indexed format.

3. DBQs are available within the GUI (via HTML 5) web interface or to private providers from a public website for download in PDF fillable format. Notifications are sent to the Service Member, PEBLO and MSC when the Service Member cancels or misses an exam. The Case Management system is updated with the status and a reminder to reschedule the exam is emailed to the Service Member.

- Information System(s) Affected: EHR, Documentation Repository
- Actions Required:

<table>
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<tr>
<th>Table 7. VA Compensation and Pension Examination Decision Actions</th>
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<tbody>
<tr>
<td><strong>ID</strong></td>
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<tr>
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<td>005</td>
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<tr>
<td>006</td>
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<tr>
<td>007</td>
</tr>
</tbody>
</table>

3.2.1.3 Conduct Rating

C&P exam information is transferred to the Rating Activity section where the exam results are evaluated and a preliminary rating is used.

- **Current (as-is):** Each Service member may request a one-time reconsideration of evaluation(s) assigned for any referred, unfitting condition. VA will reconsider the initial evaluation if a Service member submits new evidence not previously considered regarding that condition or if there is evidence of an error in the way the law was applied. Reconsideration is initiated by the Service member through the PEB. If the PEB determines that either of the two criteria has been met, the request is forwarded to the D-RAS.
• **Future (to-be):** This activity is triggered as a result of the C&P exam being completed and the exam results being recorded in the Service member EHR.

1. Upon completion of the Service member DBQs being entered into the EHR and the clinician indicating the exam results complete, the Case Management system triggers the automatic processing of the Service member DBQs thru a Decision Support System for preliminary rating determination.

2. C&P personnel review the preliminary rating determination, the Service member case file and all pertinent exam data/DBQs via the Common GUI. The VSR approves the preliminary rating determination and submits the case for final rating determination.

3. C&P SVSR reviews all pertinent materials and validates the rating determination.

4. Entry of the rating in the Case Management system results in the EHR being check-pointed with date determination was made. Additionally, the rating determination is sent via e-mail to the PEB and MSC.

5. The Service member is notified by formal letter of the rating determination.

6. If the Service member elects to reconsideration, the Service member submits the PDF fillable form via e-mail or FAX to the link provided within the notification letter along with any additional medical evidence (e.g. private provider DBQs) into the Document Repository. Receipt of the reconsideration request triggers e-mails to the MSC and PEBLO along with status updates within the Case Management system.

• **Information System(s) Affected:** Case Management, DSS, EHR, DBQ

• **Actions Required:**

<table>
<thead>
<tr>
<th>ID</th>
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<th>Major Initiative</th>
<th>Priority</th>
</tr>
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<tbody>
<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions #001 “Identify (and enhance) Document Repository (e.g., VBMS Phase 3) to Support the IDES claim file...”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
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<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool...”</td>
<td>VRM</td>
<td>6-12 Months</td>
</tr>
<tr>
<td>003</td>
<td>See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL...”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>004</td>
<td>See Table 1. Initial Fitness Decision Actions #010 “Enhance AHLTA/VistA to allow for ‘check-pointing’...”</td>
<td>AHLTA/VistA</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>
3.2.2 Perform Rating Reconsideration

Upon receipt of the Disposition Letter by the Service member, they may elect and request a rating reconsideration through submittal of a formal request. Additionally, the Service member may submit additional medical documentation for the rating reconsideration.

- **Current (as-is):** At the completion of the activity, the Service member is provided the Disposition Results along with a Post Reconsideration Findings memorandum.

- **Future (to-be):** As documented above, the Service member returns the completed PDF rating reconsideration form via signed e-mail.
  1. This form is automatically ‘parsed’ by the Case Management system and the status is updated.
  2. The Case Management system triggers an e-mail alert to the PEBLO, MSC and VA.
  3. The Service member will receive an e-mail explaining the rating reconsideration process along with a link/FAX number to upload additional case documentation for the reconsideration. The Service member may elect to submit these documents to the PEBLO who in turn submits them in electronic format on behalf of the Service member.
  4. All information uploaded will be indexed and is added to the document repository in a structured format.

- **InformationSystem(s)Affected:** Case Management, Document Repository
- **ActionsRequired:**

| Table 9. Request Rating Reconsideration Decision Actions |
| --- | --- | --- | --- |
| ID | Description | Major Initiative | Priority |
| 001 | See Table 1. Initial Fitness Decision Actions #001 “Identify (and enhance) Document Repository (e.g., VBMS Phase 3) to Support the IDES claim file...” | VBMS | Immediate |
| 002 | See Table 1. Initial Fitness Decision Actions #002 “Enhance Document Repository to allow for parsing, indexing and storage...” | VBMS/VRM | 12-24 Months |
| 003 | See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool...” | VRM | 6-12 Months |
| 004 | See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL...” | VRM | 12-24 Months |
3.2.3 Provide VA Benefits Decision

The Benefits Decision information flow concludes the IDES process.

- **Current (as-is):** Upon receipt of the out-processing signal (formal letter) from the Military Service and upon receipt of: (1) Separation Date; (2) Severance or Retirement Pay amount; (3) Demographics Information; and (4) Characterization of Service, the VA will issue a final benefits letter to the Service member.
  
  1. The Service member is provided this VA benefits letters approximately one month following separation, upon receipt of which the Service member is afforded the opportunity to formally appeal the benefits rendered from the benefits decision. This formal appeal is not within the IDES process.
  
  2. The DoD Case File and the VA Claim file are inspected for completeness and archived for future reference if needed.

- **Future (to-be):** Notification of out-processing initiates the activity of communicating the benefits decision to the Service member for acceptance or formal appeal.
  
  1. Case Management system creates a formal letter detailing the benefits decision using information received as input to or generated by activities of the IDES process, along with the date that benefits will commence.
  
  2. A formal letter will be generated and sent to the Service member via a certified delivery method.
  
  3. A copy of the benefits decision letter will be recorded in the Document Repository, the Case Management system will be updated with the status and the IDES process ends.

- **Information System(s) Affected:** Case Management, Document Repositories

- **Actions Required:**

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
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<tbody>
<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool...”</td>
<td>VRM</td>
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<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL...”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>

3.3 Supporting Medical Documentation Information Flow

The Supporting Medical Documentation Information flow is focused on providing the clinical information required to make the disability and compensation determination. Medical information is required by both DoD and VA and is provided by either private providers under contract to DoD/VA or DoD/VA clinicians. In addition, the Service member may elect to submit clinical information from private providers which they have used. In general, this information flow provides information to other activities however one VA activity is performed within this area as described below.
• Current (as-is): Medical information (e.g. the entire Service member treatment record) contained in the DoD AHLTA is printed then entered into the DoD case file. Additionally, AHLTA is used to record the Narrative Summary (NARSUM) of referred conditions as well as the AHLTA note recommending the Service member for IDES. In addition to the AHLTA information, Entrance Examination information will be provided by DPRIS.

• Future (to-be): Medical information is no-longer printed and then entered into the case file system. Instead, the EHR will be ‘check-pointed’ to allow reviewers to determine a point in time for the information used to make the rating and determination decision.

  1. Through use of the EHR GUI, the MEB equivalent, PEB, FPEB, service headquarters and VA Rating individuals will be able to review the Service member’s STR.
  2. Other appropriate case information will be available for review from the Document Repository.
  3. The EHR GUI will maintain context of the Service member case in review and restrict access to the STR of the Service member. Additionally, the EHR will maintain an audit trail of who, type of access (e.g. read only, read-write) and what information (e.g. data element) is accessed within the Service member’s STR.

• Information System(s) Affected: EHR, GUI, Case Management

• Actions Required:

Table 11. Supporting Medical Documentation Decision Actions

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Establish a ‘provisioning’ office responsible for ensuring IDES users (e.g. MSC, MEB, PEBLO and service headquarters personnel) have appropriate access to the information systems (e.g. AHLTA/VistA) and the Service member’s STR in a timely and uniform manner.</td>
<td>AHLTA/VISTA</td>
<td>Immediate</td>
</tr>
<tr>
<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool...”</td>
<td>AHLTA/VistA</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>003</td>
<td>See Table 1. Initial Fitness Decision Actions #010 “Enhance AHLTA/VistA to allow for ‘check-pointing’...”</td>
<td>AHLTA/Vista</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>004</td>
<td>See Table 1. Initial Fitness Decision Actions #016 “Implement Common GUI with interfaces into AHLTA/VistA...”</td>
<td>AHLTA/VistA</td>
<td>12-24 Months</td>
</tr>
</tbody>
</table>

3.4 Non Medical Documentation Information Flow

The Non Medical Documentation information flow consists primarily of administrative information sources for the other decision process flows involved with IDES. There are no activities being supported by this process step in the IDES. The DD214 and other ancillary information are provided from within this flow.

• Current (as-is): Upon notification of a Service members referral to the IDES process, the PEBLO accesses VTA and creates a new case record. As the Service member information is entered
within VTA, DEERS is queried by the application and periods of creditable service are populated within the VTA case record.

- **Future (to-be):** Non-medical information can be entered into the IDES process for use during various activities, as described below:

  **Activity: Initial Fitness Decision**
  1. The PEBLO submits the completed PDF Form 21-0819 via signed e-mail or FAX to the Case Management system.
  2. The Case Management system parses the received form and records all pertinent data fields in the Service member’s electronic case file.
  3. The Case Management system obtains the Service member’s period of creditable service from DEERS and records that data in the Service member’s electronic case file.
  4. The Initial Fitness Decision activity commences.

  **Activity: Claim Development – Service member files a claim for benefits**
  1. The Service member submits a completed PDF Form 21-0819 via signed e-mail or FAX to the Case Management system.
  2. The Case Management system parses the received form and updates case/claim status.
  3. All pertinent data is submitted as input to the Claim Development activity.

- **Information System(s) Affected:** Case Management, Document Repositories, DEERS

- **Actions Required:**

  **Table 12. Non Medical Documentation Decision Actions**

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
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</thead>
<tbody>
<tr>
<td>001</td>
<td>See Table 1. Initial Fitness Decision Actions #005 “Enhance e-Benefits Portal/Case Management tool…”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>002</td>
<td>See Table 1. Initial Fitness Decision Actions #006 “Interface Case Management tool with PCGL…”</td>
<td>VRM</td>
<td>12-24 Months</td>
</tr>
<tr>
<td>003</td>
<td>Integrate Case Management system with DEERS</td>
<td>VRM</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

### 3.5 Process Management/Oversight Information Flow

The Process Management and Oversight information flow is not depicted on the information flow swim lanes. Instead this component consists of a series of web-based reports that MTF, VAMC, RO, DoD and VA level executives can easily access to monitor performance, ascertain “bottle-necks” and other problems, and generally provide oversight and management of the IDES process.

- **Current (as-is):** Today, VTA is used to provide many of these reports. However:
  1. Because IDES does not provide all the different types of reports managers at all levels want to see, several MTF, RO and other offices have developed their own “systems” (i.e. Excel spreadsheets, Access databases, etc.) to track the progress of Service member/Veteran claim packages through the IDES process.
  2. Because all the information systems used to process IDES packages through the separation and claims process do not share information, DOD and VA personnel at the MTF, VAMC and RO level (i.e. PEBLO, MSC, VSR, RVSR, etc.) are forced to enter the same information in multiple systems and VTA.
• Future (to-be): IDES has a Business Intelligence System (BIS) (i.e., reporting system) that interfaces with medical, Case Management and document repositories(s) to provide information on a Service member/Veteran claim package. The DoD/VA IDES leadership (e.g., Commanding Officer, VAMC, RO, and other DoD and VA level executives) use predefined or ad-hoc reports to track case/claim status in order to assess the IDES process.

1. Member of MTF, VAMC, RO, DoD and VA accesses the report feature of IDES via the Common GUI and determines if a pre-defined report exists to obtain information on the claim package of interest.

2. If a predefined report is identified, the member of MTF, VAMC, RO, DoD and VA enters all required search data and submits the report request and output option.

3. If a predefined report is not identified, the member of MTF, VAMC, RO, DoD and VA uses the advanced search feature to create an ad-hoc report request and enters the search criteria and output option.

4. IDES reporting system processes the report request, accesses information from the various applications, generates the report and submits the report to the designated output medium.

5. Member of MTF, VAMC, RO, DoD and VA navigates to the appropriate function within IDES to, if authorized:
   - Request additional information on the Service member claim package or case file.
   - Request additional information on claim or appeal decisions.
   - Identify modifications or enhancements to existing business rules to improve the IDES process.

• Information System(s) Affected: Common GUI, Case Management, Document Repositories, Medical, and Business Intelligence System

• Actions Required:

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<tr>
<th>ID</th>
<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
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<tbody>
<tr>
<td>001</td>
<td>See Table 1, Initial Fitness Decision Actions #001 “Identify (and enhance) Document Repository (e.g., VBMS Phase 3) to Support the IDES claim file...”</td>
<td>VRM</td>
<td>12-24 Months</td>
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<th>Description</th>
<th>Major Initiative</th>
<th>Priority</th>
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<tbody>
<tr>
<td>002</td>
<td>Integrate Business Intelligence system with Case Management system</td>
<td>VRM</td>
<td>12-24 Months</td>
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</table>

4 Additional Information Components

The following additional information components are not directly related to a specific information flow, rather these cross most (if not all) information flows.

4.1 Information Exchange

Information exchange refers to the transport and exchange of information between the individual and/or information systems/applications related to the IDES process.

• Current (as-is): In general, all information systems are ‘stove-piped’ and exchange limited information. In most cases, the any exchange of information is done by user copying and pasting information between the various systems. Predominately, information is exchanged between users thru the use of a paper case file.
• **Future (to-be):** Through the use of a common set of standards, specifications and web-services, each information system associated with IDES will be able to either provide or consume information across the VLER DAS.

1. VLER DAS will be a read only service to access the electronic record by any consuming system from all producing systems which have that type of data. The types cover the major domains of health, benefits, personnel and administration as identified by the Data Scrum team under the VA CTO in the summer of 2010. Note: This mechanism does not replace the NwHIN for the exchange of health information with other partners.
2. Although the major focus for VLER DAS is within the VA, some of the consuming and producing systems for non-health information will be outside the VA, e.g., Army benefits organization.
3. A key aspect of DAS is the standardization of information exchange payloads through Extensible Mark-up Language (XML) Schemas. Development of these schemas to a standard coherent style with the reuse of common elements is a primary goal in order to facilitate and minimize development costs for participants.

Figure 2, below, provides a notional depiction of automated information exchanges and activities.

![Figure 2: VLER DAS Notional Depiction](image)

### 4.2 Graphical User Interface (GUI)

The Graphical User Interface refers to the way the user interacts with the information system or application.

• **Current (as-is):** Currently, the MSC’s, VSR’s and other IDES users are faced with a variety of applications that require multiple user logon’s and which are not context aware (i.e. synchronized views so that if the user is reviewing John Smith’s record in VTA, CAPRI would show the information related John Smith). Additionally, users are faced with a variety of non-standard user interfaces and application controls resulting in increased complexity and inefficiencies.
Future (to-be): Rather than requiring users to logon and access multiple applications, a common (user customizable) GUI that supports all EHR and IDES users will be used as the entry point to any EHR or IDES related application. Individual “Web Parts” or “Portlets” will allow users seamless, context aware, access to the required applications. In addition to this benefit, these reusable “Web Parts” or “Portlets” could be embedded and used within the EHR to allow clinicians “view” access into other aspects of the Service member’s care (e.g., Federal Case Management Tool) allowing for a holistic care approach. The GUI will have the following features/capabilities:

1. Single Sign-on where user’s credentials are passed securely to the underlying applications.
2. Ability to display HTML v5 information within “Web Parts” or “Portlets” from existing legacy applications thru the use of web-services or “wrappers”.
3. Context awareness where applications being accessed are synchronized to the Service member under review
Appendix A: Design Assumptions, and Constraints; Requirements

A.1 Introduction

In early 2007, the Department of Veterans Affairs (VA) partnered with the Department of Defense (DoD) to make changes to the DoD’s existing Disability Evaluation System (DES). A modified process called the VA/DoD DES Pilot Model was launched in November 2007, and was intended to simplify and increase the transparency of the DES process for the Service member while reducing the processing time, eliminating the pay gap between separation and receipt of VA compensation, and improving the consistency of ratings for those who are ultimately medically separated. VA/DoD implemented the pilot in response to the issues raised at the Walter Reed Army Medical Center concerning the DoD Disability process in February, 2007, and the subsequent findings of many commissions, studies and reports.

In October, 2010, the transition from the existing legacy DES to IDES using the DES Pilot Model process has started. Currently, 78 IDES sites are operational nationwide 74% of the population. When fully implemented in October 2011, IDES sites will total 139.

IDES provides a single disability examination and a single-source disability rating that both Departments use in executing their respective responsibilities. This results in more consistent evaluations, faster decisions, and timely benefits delivery for those medically retired or separated. IDES has enhanced all non-clinical care, administrative activities, Case Management, and counseling requirements associated with disability case processing.

Despite the overall reduction in combined processing time achieved to date, room for significant improvement in IDES execution remains. This document is designed Information Support (IS) solutions that will automate and provide efficiencies to the end-users in order to reduce the backlog of claims, enhance employee satisfaction and productivity, reduce long-term cost and risk and improve DoD, VA, RO and MTF executives ability to manage the IDES process.

A.2 Purpose

The purpose of the IDES Information Support Plan is to describe the processes used to obtain, manage and use information to enhance and improve individual and organizational performance during the Integrated Disability Evaluation System (IDES). The objectives of this plan are to:

1. Provide information to improve the decision-making capabilities of the stakeholders
2. Enhance collaboration and information sharing among stakeholders
3. Outline the information sharing between Departments and the distributed systems used during the IDES process
4. Describe the IDES workflow process
5. Delineate important information-related processes to improve efficiency
6. Facilitate the achievement of the Departments’ vision and strategic initiatives

In developing the IT Modernization Approach, the Working Group was mindful of the need to balance the information security boundaries, fiscal boundaries and political/governance boundaries that exist between DoD and VA and the user requirements for seamless access to IDES information.
A.3 Methodology

This Information Support plan was developed jointly between DoD and VA IDES Subject Matter Experts, Information Technology (IT) Professionals, leadership and other stakeholders referred to herein as the IDES IM Plan Working Group (aka “Work Group”). The Work Group performed an in-depth activity decomposition producing Input, Process Output worksheets (appendix G) and an Integration Definition (IDEF0) Model (shown in section 3 below) of the IDES Remodel business process.

A.4 Policies, Directives and Procedures

The DoD IDES Directive Type Memorandum (DTM) established the Joint DoD/VA IDES process. Additionally, both Secretaries are committed to the use of joint processes and applications.

A.5 Background

IDES provides a single disability examination and a single-source disability rating that both Departments use in executing their respective responsibilities. This results in more consistent evaluations, faster decisions, and timely benefits delivery for those medically retired or separated. IDES has enhanced all non-clinical care, administrative activities, Case Management, and counseling requirements associated with disability case processing.

A.6 Design Scope

By intent, the scope of this document is limited to the information flows required to support IDES.

Table 14. Scope Inclusions

<table>
<thead>
<tr>
<th>Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoD and VA systems that support the IDES process to include interfaces to other external or DoD service specific application or system.</td>
</tr>
<tr>
<td>Capturing performance measures identified that support the IDES remodel.</td>
</tr>
</tbody>
</table>

Table 15. Scope Exclusions

<table>
<thead>
<tr>
<th>Excludes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design or development of DoD service specific applications.</td>
</tr>
</tbody>
</table>

A.7 Relationship to Other Plans

This IDES IM Plan supports the following:

1. IDES Performance Evaluation Plan
2. IDES Strategic Communication Plan
3. IDES Remodel Business Process
4. DoD IDES Directive Type Memo (DTM)
5. DoD/VA Joint Strategic Plan FY11–13
6. VLER FY12 Operating Plan
7. FY 12 Joint VBA-0I&T Operating Plan
8. VA Strategic Plan Refresh FY11-15
A.8 Design Assumptions
Proposed system design must be accessible to users from both DoD and VA networks.

A.9 Design Constraints
Time and resource constraints restricted the short-term design to incorporating efficiencies within existing systems and expanding existing applications to a broader audience (i.e. Army developed application used by all three military service departments).

A.10 Overview of Requirements
The proposed system design must provide for: Case Management, Document Management/Data Store, Work-Flow, Business Intelligence/analytics, monitoring and auditing. Where appropriate the use of commercial software over custom application development is recommended. A common information exchange mechanism (referred to as VLER DAS) will be used. VLER DAS will define information exchange specifications, requirements and transport mechanisms. Specific business requirements will be contained in separate Business Requirements Document (BRD).

A.11 Workload and Performance Requirements
The IDES suite of applications will adhere to the performance measurement goals established within the IDES Performance Measurement Plan.

A.12 Overview of the Technical Requirements
To the extent that they are known, the table below provides the major technical requirements that drive the conceptual design that is presented below.

Table 16. Major Technical Requirements

<table>
<thead>
<tr>
<th>ID</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>001.</td>
<td>Systems must be HIPAA and PII compliant</td>
</tr>
<tr>
<td>002.</td>
<td>Systems must be Section 508 compliant</td>
</tr>
<tr>
<td>003.</td>
<td>VA applications must comply with Class 1 and Class 2 software design</td>
</tr>
<tr>
<td></td>
<td>requirements</td>
</tr>
<tr>
<td>004.</td>
<td>VA applications should to maximum extent possible comply with the One-VA</td>
</tr>
<tr>
<td></td>
<td>Technical Reference Model. Where not possible, a waiver must be obtained</td>
</tr>
<tr>
<td></td>
<td>before the use of the application, technology or system on the VA network.</td>
</tr>
<tr>
<td>005.</td>
<td>Systems must meet and be certified to DIACAP and FISMA standards and obtain</td>
</tr>
<tr>
<td></td>
<td>an Authority to Operate (ATO)</td>
</tr>
<tr>
<td>006.</td>
<td>Infrastructure capabilities must be survivable, resilient and reliable to</td>
</tr>
<tr>
<td></td>
<td>enable continuity of operations and disaster recovery</td>
</tr>
<tr>
<td>007.</td>
<td>The capabilities must be scalable, changeable, deployable and adaptable to</td>
</tr>
<tr>
<td></td>
<td>a rapidly changing business environment (i.e. process), anticipating the</td>
</tr>
<tr>
<td></td>
<td>effects to the user</td>
</tr>
<tr>
<td>008.</td>
<td>The computing infrastructure must be able to provide secure, dynamic,</td>
</tr>
<tr>
<td></td>
<td>platform-agnostic and location-independent data storage.</td>
</tr>
<tr>
<td>009.</td>
<td>The computing infrastructure must support both VA and DoD mission and provide</td>
</tr>
<tr>
<td></td>
<td>secure access to shared spaces and information assets</td>
</tr>
<tr>
<td>010.</td>
<td>As possible, the design will utilize shared applications and computing</td>
</tr>
<tr>
<td></td>
<td>infrastructure between DoD and VA</td>
</tr>
<tr>
<td>011.</td>
<td>Web services shall comply with HTML v5</td>
</tr>
<tr>
<td>ID</td>
<td>Requirement</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>012</td>
<td>The user interface will support an integrated and seamless workflow</td>
</tr>
<tr>
<td>013</td>
<td>Security will be treated as an integral part of system design</td>
</tr>
<tr>
<td>014</td>
<td>External systems (i.e. outside of DoD or VA networks) will be considered non-secure and appropriate security controls will be implemented.</td>
</tr>
</tbody>
</table>

### A.13 System Criticality and High Availability Requirements

IDES core suite of applications are considered Mission Assurance Category (MAC) level 3 within the DoD and will require a architecture/design to support continuous (24x7) operation. A Continuity of Operations Plan (COOP) and Disaster Recovery (DR) capability is required. The operation of the core suite of IDES applications directly reflects the readiness of the services to execute their mission. Specific requirements for IDES:

1. **Availability Requirement:** 99.99%
2. **Allowable downtime:** less than 4 hours unscheduled downtime per week
3. **Recovery Time Objectives (RTO) (for disaster recovery):** Requirement: 4 hours
4. **Recovery Point Objectives (RPO) (for disaster recovery):** Requirement: 4 hours

### A.14 IT Modernization Success Criteria

Key success criteria for the IDES IT Modernization plan include:

1. Continue to review existing applications, identify system data flows, and describe system interfaces and data exchange points.
2. Leverage existing applications/solutions through reuse (i.e. Federal Case Management Tool (FCMT) as the IDES Case Management tool)
3. Plan for incorporation of any proposed solutions within the larger Compensation and Pension (C&P) Program
4. Consolidate and retire legacy systems in favor of more robust commercial applications
   - Application should (to maximum extent possible) be ‘virtual’ (i.e. web-based) and able to be accessed from anywhere within the DoD or VA via the internet.
5. Provide intuitive and easy to understand claim processing work-flow and status information to both DoD and VA leadership as well as to the Veteran and Service member.
6. Solution should be an ‘enterprise’ solution and leverage existing enterprise applications with either DoD or VA.
# Appendix B: Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATO</td>
<td>Authority to Operate</td>
</tr>
<tr>
<td>BIRLS</td>
<td>Beneficiary Identification Records Locator Service</td>
</tr>
<tr>
<td>BIS</td>
<td>Business Intelligence System</td>
</tr>
<tr>
<td>BRD</td>
<td>Business Requirements Document</td>
</tr>
<tr>
<td>CAPRI</td>
<td>Compensation and Pension Record Interchange</td>
</tr>
<tr>
<td>CAC</td>
<td>Common Access Card</td>
</tr>
<tr>
<td>CORP DB</td>
<td>Corporate Data Base</td>
</tr>
<tr>
<td>COVERS</td>
<td>Control of Veterans Records</td>
</tr>
<tr>
<td>C&amp;P</td>
<td>Compensation and Pension</td>
</tr>
<tr>
<td>CRM</td>
<td>Customer Relationship Management</td>
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<tr>
<td>DAS</td>
<td>Data Access Service</td>
</tr>
<tr>
<td>DBMS</td>
<td>Database Management System</td>
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<tr>
<td>DBQ</td>
<td>Disability Benefits Questioner</td>
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<tr>
<td>DCO</td>
<td>Defense Connect Online</td>
</tr>
<tr>
<td>DES</td>
<td>Disability Evaluation System</td>
</tr>
<tr>
<td>DEERS</td>
<td>Defense Enrollment Eligibility Reporting System</td>
</tr>
<tr>
<td>DIACAP</td>
<td>Defense Information Assurance Certification and Accreditation Program</td>
</tr>
<tr>
<td>DMDC</td>
<td>Defense Manpower Data Center</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>DPRIS</td>
<td>Defense Personnel Record Information Retrieval System</td>
</tr>
<tr>
<td>DSS</td>
<td>Decision Support System</td>
</tr>
<tr>
<td>DTM</td>
<td>Directive Type Memorandum</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EPMO</td>
<td>Executive Program Management Office</td>
</tr>
<tr>
<td>ESM</td>
<td>Enterprise Systems Management</td>
</tr>
<tr>
<td>FAX</td>
<td>Facsimile</td>
</tr>
<tr>
<td>FISMA</td>
<td>Federal Information Security Management Act</td>
</tr>
<tr>
<td>FPEB</td>
<td>Formal Physical Evaluation Board</td>
</tr>
<tr>
<td>FRCP</td>
<td>Federal Recovery Coordinator Program</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>GUI</td>
<td>Graphical User Interface</td>
</tr>
<tr>
<td>HDR</td>
<td>Health Data Repository</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HTML</td>
<td>Hypertext Markup Language</td>
</tr>
<tr>
<td>IDEF</td>
<td>Integration Definition</td>
</tr>
<tr>
<td>IDES</td>
<td>Integrated Disability Evaluation System</td>
</tr>
<tr>
<td>iOS</td>
<td>iPhone Operating System</td>
</tr>
<tr>
<td>ISI</td>
<td>Information Sharing Initiative</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>IWQ</td>
<td>Intelligent Workflow Queue</td>
</tr>
<tr>
<td>MAC</td>
<td>Mission Assurance Category</td>
</tr>
<tr>
<td>MAP-D</td>
<td>Modern Awards Processing Development</td>
</tr>
<tr>
<td>MEB</td>
<td>Medical Evaluation Board</td>
</tr>
<tr>
<td>MSC</td>
<td>Military Service Coordinator</td>
</tr>
<tr>
<td>MTF</td>
<td>Military Treatment Facility</td>
</tr>
<tr>
<td>NARSUM</td>
<td>Narrative Summary</td>
</tr>
<tr>
<td>PC</td>
<td>Personal Computer</td>
</tr>
<tr>
<td>PCGL</td>
<td>PC Generated Letters</td>
</tr>
<tr>
<td>PDF</td>
<td>Portable Document Format</td>
</tr>
<tr>
<td>PEB</td>
<td>Physical Evaluation Board</td>
</tr>
<tr>
<td>PEBLO</td>
<td>Physical Evaluation Board Liaison Officer</td>
</tr>
<tr>
<td>PII</td>
<td>Personally Identifiable Information</td>
</tr>
<tr>
<td>PIV</td>
<td>Personal Identity Verification Card</td>
</tr>
<tr>
<td>POC</td>
<td>Proof of Concept</td>
</tr>
<tr>
<td>RBA2000</td>
<td>Rating Board Automation Two-Thousand</td>
</tr>
<tr>
<td>rIDES</td>
<td>Remodeled Integrated Disability Evaluation System</td>
</tr>
<tr>
<td>RO</td>
<td>Regional Office</td>
</tr>
<tr>
<td>RPO</td>
<td>Recovery Point Objective</td>
</tr>
<tr>
<td>RTO</td>
<td>Recovery Time Objective</td>
</tr>
<tr>
<td>RVSR</td>
<td>Rating Veteran Service Representative</td>
</tr>
<tr>
<td>SOR</td>
<td>System of Record</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>STR</td>
<td>Service Treatment Record</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>VADIR</td>
<td>VA DoD Identity Repository</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
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<tr>
<td>---------</td>
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</tr>
<tr>
<td>VAMC</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td>VASRD</td>
<td>VA Schedule for Rating Disabilities</td>
</tr>
<tr>
<td>VBMS</td>
<td>Veterans Benefit Management System</td>
</tr>
<tr>
<td>VERIS</td>
<td>Veterans Examination Request Information System</td>
</tr>
<tr>
<td>VistA</td>
<td>Veterans Health Information Systems and Technology Architecture</td>
</tr>
<tr>
<td>VIP</td>
<td>Veterans Information Portal</td>
</tr>
<tr>
<td>VLER</td>
<td>Virtual Lifetime Electronic Record</td>
</tr>
<tr>
<td>VSR</td>
<td>Veteran Service Representative</td>
</tr>
<tr>
<td>VTA</td>
<td>Veterans Tracking Application</td>
</tr>
<tr>
<td>WORM</td>
<td>Write Once, Read Many</td>
</tr>
<tr>
<td>XML</td>
<td>Extensible Mark-up Language</td>
</tr>
</tbody>
</table>
Appendix C: IDES Key Stakeholders

The following individual(s) / roles are considered Key Stakeholders in the IDES Information Support Plan:

- **Veterans and Service members** (i.e. “The Customer”)
- **United States (U.S.) Armed Forces Services** to include:
  - U.S. Department of the Navy
  - U.S. Air Force
  - U.S. Marine Corps
  - U.S. Army
  - U.S. Coast Guard
- **Application Users** (e.g. Veterans Service Representative),
- **IDES System users** (e.g. Military Service Coordinator (MSC), Veterans Service Representative (VSR))
- **Executive Sponsor**:
  - Larry Fink (OPP/008) : Executive Sponsor / IDES Project Manager.
- **Supported Organizations**:
  - Dr. Cross (VHA) : Disability Management Office (DMO)
  - Danny Pummel (VBA) : Deputy Director for Policy; C&P Service
  - Linda Rutland (VBA) : Office of Field Operations (OFO); Owns the Rating Veteran Service Rep (RVSR) and the Military Service Coordinator (MSC)
- **Supporting Organizations**:
  - Benefits Executive Committee (BEC) IM-IT Requirements Working Group
  - Dr. Paul Tibbits (OIT) : Office of Architecture, Strategy and Design (ASD)
  - Joe Paiva (VLER EPMO) Mission: VLER EPMO in collaboration with other key stakeholders (defined below) will develop IM/IT solutions in support of the IDES Business Process that will automate and provide efficiencies to the end-users in order to reduce the backlog of claims, enhance employee satisfaction and productivity, reduce long-term cost and risk and improve DoD, VA, RO and MTF executives ability to manage the IDES process.
  - Brad Huston (VBA) : Office of Business Process Integration (OBPI)
  - Susan Lloyd (VHA/OHI) : ESM
- **IT Systems and System PM’s**:
  - Louise Rodebush (OIT) : Support VLER EPMO/Joe Paiva
    - Veterans Tracking Application (VTA);
    - Federal Case Management Tool (FCMT)
- Christina Palumbo (OIT) : Supporting VLER EPMO/Joe Paiva
  - VistAWeb
- Denise Kitts (OIT) : Supporting VRM / Leo Phelan
  - VADIR
  - VONAPP
  - IDM
  - CRM
- Traci Loving (OIT) : Supporting VBMS / Mark Bologna
  - SHARE
  - MAP-D
  - COVERS
  - Paperless (Wash DC Pilot)
  - RBA2000
  - CAPRI
  - VERIS
- CBO
- TBD (OIT) : VistA Support
Appendix D: VA Information Systems that support IDES

D.1 Information System Categories

The VA Information Systems that Support IDES can be divided into the following broad categories:

D.1.1 Medical

Clinical systems include the DoD AHLTA system and the VA Veteran Health Information System and Technical Architecture (Vista). Additionally, the DBQ application could be considered to be part of the clinical application suite. The clinical systems provide (or are the source) of the clinical information that the IDES activities use as the basis of their decisions. Currently, information residing in these systems is ‘printed’ and then the hard-copies are incorporated within the DoD case file and the VA claim file. An automated mechanism whereby the service treatment record (STR) is transferred electronically in a structured format into the document repository is required to improve efficiency and support the automation of information exchange and activity automation.

D.1.2 Document Repositories

A structured ‘set’ of document repositories is required to collect and store the DoD case file and VA Claim File information. Currently, these two critical document sets are either completely paper-based, or may exist in an unstructured ‘flat Portable Document Format (PDF)’ file that is not searchable or indexed. It is recommended that separate repositories be established for the DoD case file and the VA claim file. While these files may contain much of the same information, they are not identical and could possibly contain proprietary information. Additionally, retention and other legal requirements may differ for DoD and VA. However, both repositories must support (as a minimum):

1. The ability to store structured and unstructured documents in an hierarchical manner with key-word Boolean search
2. Audit trail detailing user access and changes
3. Write-once, read many (WORM) format for information stored within the repository
4. Ability to provide on-screen annotations/notes
5. Ability to accept and parse information from e-mail or FAX

D.1.3 Case Management

A single Service member Case Management application with access from both DoD and VA individuals is required to support the seamless management of the IDES process as well as incorporate the disparate information systems containing Service member information (e.g. Federal Recovery Coordinator Program (FRCP)). In addition to access by DoD and VA personnel, the Case Management application should be accessible by other external organizations (e.g. Social Security Administration (SSA) in support of the Information Sharing Initiative (ISI)) or by the Service member via the e-Benefit portal. The Case Management system should be integrated with a letter or PDF form generation system for formal document creation. When fully implemented, the Case Management tool must provide a robust performance measurement solution set as well as work-load planning and other management tools. Currently VA is in the process of implementing a commercial Customer Relationship Management (CRM) application as the follow-on to the existing Veterans Tracking Application (VTA).

D.1.4 Work-Flow Management

Ideally, work-flow management would be provided by the Case Management tool. However, one of the overarching goals of this IM plan is to align the IDES process with the larger compensation and pension system and supporting applications. To this end, the VBMS application may meet the work-flow requirements for the VA Claims Processing Information flow requirements. DoD work-flow management remains the responsibility of the individual services.
D.1.5 Decision Support Systems

Currently the VA rating decisions are a manual process supported by a variety of applications (e.g. MAPD, RBA2000, and VASRD) that assist the VSR in making the final rating determination. The VSR must review each case file (regardless of how obvious the claim may appear) to adjudicate and assign a rating. Modern decision support systems (DSS) can assist by pre-processing the claim file and allowing the VSR to approve the proposed decision. In support of this, structured data will be required for the DSS. To this end, the VBMS application may meet the DSS requirements for the VA rating decision.

D.1.6 Business Intelligence System (BIS)

DoD and VA Leadership requires a robust business intelligence system to allow for workload forecasting/analysis, queue (aka backlog) management and improve the IDES bottom line performance. Ideally this capability would be integrated with, or a component of the Case Management system.

D.1.7 Information Transfer Service

Currently, the various Information Systems that support IDES have limited capability to interface and/or communicate structured or unstructured data between themselves. This requires the end-user to enter data in redundant locations or manually import/transfer data. The VLER Data Access Service (DAS) provides the structure, standards and specification to allow transfer between systems/services that are subscribed to/members of the VLER DAS.

D.1.8 Common Graphical User Interface (GUI)

Currently, the MSC’s, VSR’s and other IDES users are faced with a variety of applications that require multiple user logon’s and which are not context aware (i.e. synchronized views so that if the user is reviewing John Smith’s record in VTA, CAPRI would show the information related John Smith). Additionally, users are faced with a variety of non-standard user interfaces and application controls resulting in increased complexity and inefficiencies. This is very similar to the problem facing users of the Electronic Health Record (EHR). Rather than requiring users to access multiple applications, a common (user customizable) GUI that supports both EHR and IDES users should be identified and used as the entry point to any EHR or IDES related application. Individual “Web Parts” or “Portlets” would allow users seamless, context aware, access to the required applications. In addition to this benefit, these reusable “Web Parts” or “Portlets” could be embedded and used within the EHR to allow clinicians “view” access into other aspects of the Service members care (e.g. Federal Case Management Tool) allowing for a holistic care approach.

D.2 IDES Related Applications (VA)

The following VA Applications support the IDES process:

- AWARDS: Used to prepare the award and calculate benefit awards. Awards provide VBA the processing capability to generate and authorize compensation and pension awards. A link to the Finance and Accounting System (FAS system) by a business transaction affords complete accounting functions, and includes an interface with Treasury. This application also integrates with and uses the features of the following applications already in place: CSS, SPP, and RBA. Awards will continue the collection of data to support both information and budgetary requirements for the Compensation and Pension Program. Summary: Prepare and Calculate Benefit Award – Based on Rating Decision done by Rating Specialists

- BIRLS: Beneficiary Identification Records Locator Service. Stores Demographic Information on Veterans. BIRLS is a 44-million computerized record system containing basic identifying information on a VA claimant including current location of the claimant’s folder and service information. BIRLS controls the assignment of file numbers, manages 10 different folder types, stores inactive compensation and pension data, and stores active and inactive insurance policy numbers. BIRLS is an integral part of the Benefits Delivery Network (BDN) and VETSNET. The
BIRLS database file is stored on an IBM Mainframe computer at the Corporate Franchise Data Centers (CFDC; formerly, Austin Automation Center or AAC) in IDMS database format. The BIRLS data is maintained by the Austin Automation Center (AAC) and are directly accessible to authorized users. BIRLS is responsible for controlling the assignment of file numbers, managing folder types, storing compensation and pension data, and storing active and inactive insurance policy numbers. The BIRLS database is stored on an IBM mainframe computer at the Corporate Franchise Data Center in IDMS database format. BIRLS will processes on-line inquiry and update transactions.

- CAPRI: Compensation and Pension Record Interchange (for VA providers). CAPRI is a joint VBA-VHA effort to improve Compensation and Pension exam information flow with minimal cost. The CAPRI software acts as a bridge between VBA and VHA information systems. It offers VBA Rating Specialists help in building the rating decision documentation through online access to medical data. It offers extensive reporting functionality to aid C&P in the administration of veterans' C&P benefits. It also offers access to VistA Web as well as DoD data available via FHIE/BHIE. VHA is also a customer of CAPRI, but VHA and VBA have different application needs due to the differing nature of their duties.

- CORP DB: Corporate Data Base is a central database to which data from BDN and various other legacy databases is being transitioned after conversion. It currently supports VETSNET C&P and various other applications. It will be supporting VBMS C&P planned in future to replace VETSNET C&P. Corp Database is highly normalized (Oracle 10g) relational database. It is an integrated Enterprise database that supports multiple VBA business lines’ applications that include C&P, Education, VR&E, and LGY. Considerable amount of C&P BDN legacy data has been converted into Corp databases. Several Education services databases/applications outside BDN have been also converted into Corp database and re-designed and built in J2EE platform. CWINRS is also part of Corp database. Corp database promotes common data sharing among multiple benefit applications, and maintains the veterans’ data integrity on a single platform. It supports both legacy Tuxedo-based client/server applications such as VETSNET, and current J2EE Web-based, or SOA applications such as WEAMS, WSMS, FOCAS, and VONAPP II.

- COVERS1: Control of Veterans Records is a Client/Server application using barcode technology to support RO (Regional Office) and RMC (Record Management center) folder activities, including requests, mail, search, and external transfers. The primary function of COVERS is tracking the location of folders within, and between offices. COVERS track the file number, name, power of attorney, and current location of each folder. The effective functioning of COVERS requires that the database accurately reflect the actual current physical location of the folder. COVERS is designed as a 'receipt-based' system. This means that the COVERS database is updated each time a folder is received at a location. For example, if a folder is moved from the 'Files' location to the 'Adjudication' location, Adjudication will issue a COVERS 'Receive' transaction as soon as possible to update the database. COVERS FTS will provide a web based COVERS access to the VA Medical Centers in VR9 or subsequent releases.

- DBQ: Disability Benefits Questioner. These are questionnaires specifically tailored to the needs of VBA to be answered by VHA physicians, contract physicians, or the Veteran’s own private physicians. The goals of DBQs are to create a more forensic than clinical medical report, leveraging the resources of the private medical community, and to streamline the entire Compensation and Pension (C&P) examination process.


- e-Benefits: Web portal for Veterans and Service member access to IDES information. The e-Benefits portal is a one-stop shop for benefits-related online tools and information. The portal is designed for Wounded Warriors, Veterans, Service members, their families, and those who care
for them. e-Benefits provides two main services. It's a catalogue of links to information on other websites about military and Veteran benefits. And it provides a personalized workspace called My e-Benefits which gives quick access to all the online tools now integrated into e-Benefits - tools that let you do things like apply for benefits, download your DD 214, and see your benefits status online. Service members, Veterans, and family members can register for e-Benefits, which affords access to the secure features in My e-Benefits and allows the portal to personalized to the user's needs.

- **IWQ**: Intelligent Workflow Queue. Provides supervisors and end users an electronic and streamlined way to ensure the “right case, the right person, the right time” both within a digit based and other possible combination of systems to assign and manage work.

- **MAP-D**: Modern Awards Processing Development. Supports development of claims, and workflow tracking. MAP-D provides single processing development capability. This addresses complete claims development, claims status, and Case Management using the best features of existing applications. MAP-D also provides access to those applications that support the claims development process including COVERS, CSS, PIERS, AVAIS, BDN, BIRLS and SPP.

- **PCGL**: PC Generated Letters provides letter generation capabilities to Veterans Service Center Loan Guaranty using personal computers

- **RBA2000**: Rating Board Automation supports the preparation of disability rating decisions (VBMS-R will replace RBA2000 in the near future)

- **SHARE**: A client/server application that allows regional office employees to inquiry against legacy information such as the Beneficiary Information Locater System (BIRLS), Benefits Delivery Network (BDN), and other agencies’ information (e.g. SSA). Share updates both legacy and corporate information with one transaction. This application is the starting point of MAP-D.

- **VADIR**: VA/DoD Identity Repository. VADIR is a subset of the Defense Manpower Data Center (DMDC) repository located at the Austin Information Technology Center (AITC) that provides military service information for veterans and Service members. It enables authorized users to search records and retrieve profile data, military history, and information on compensation and benefits, disabilities, and dependents. VADIR works as a unified data collection and distribution point for data transfers between the VA Business Lines and DoD. Currently all updates to VADIR data are applied through Oracle’s Advanced Replication Feature and are driven by updates to the Defense Enrollment Eligibility Reporting System (DEERS) database located at the DoD DMDC in Auburn Hills MI.

- **VASRD**: VA Schedule for Rating Disabilities. A tool for determining the rating amount for each Service members claim.


- **VERIS**: Veterans Examination Request Information System (for private providers)

- **VirtualVA**: A paperless record management application

- **VISTA**: Veterans Health Information Systems and Technology Architecture

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6 Included within the VETSNET suite of applications
• VISTAWeb: An intranet web application used to review remote patient information found in VistA and the Health Data Repository (HDR)

• VTA: Veterans Tracking Application is a web-based patient tracking tool that assists in managing and tracking seriously injured Service members from the battlefield through Landstuhl, Germany, to MTFs in the United States, and on to VA medical facilities and regional offices. The applications supports the business needs for VACO, VHA, VBA and Disability Evaluation System (DES) for VA/DoD
Appendix E: Detailed IDES Information Flows

Figure 3: IDES Information Flow – IDEF0 Steps 1-3

Service Systems include:
ALTHA, DEERS, DPRIS, eMEB, MCWIITS, AFWIICMS, JDETS, TMDS (JTPA)

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<td></td>
<td></td>
<td>1, 2, 3</td>
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Figure 4: IDES Information Flow – IDEF0 Steps 4-6

1. Make Formal Physical Evaluation Board Decision (4)
   - VTA
   - Service Systems
   - Additional SM Documentation
   - Election Form Information

2. Perform High-Level Appeal (5)
   - VTA
   - Service Systems
   - Additional SM Documentation
   - Election Form Information

3. Manage VA Phase (6)
   - VTA
   - DoD

Service Systems include:
ALTHA, DEERS, DPRIS, eMEB, MCIWITS, AFWICMS, JDETS, TMDS (JTPA)

NODE: TITLE: IDES Process ver .01 22-JUN-2011 NO.: 4, 5, 6
Figure 5: IDES Information Flow – IDEF0 Steps 7-9

Service Systems include:
ALTHA, DEERS, DPRIS, eMEB, MCWIITS, AFWICMS, JDETS, TMDS (JTPA)

NODE: | TITLE: | IDES Process ver. 01 22-JUN-2011 | NO.: 7, 8, 9
---|---|---|---
Case File 0.6 | VTA | | |
Proposed Rating Information | VistA | | |
Determine Disposition (7) | | | |

Case File 0.8 | Disposition Determination Information | | |

Case File 0.9 | Rating Reconsideration Information | | |
Perform Rating Reconsideration (8) | Case File 0.8 | | |

Claim File 0.1 | | | |
Additional Medical Documentation | | | |
Request for Reconsideration | | | |

Case File 0.9 | | | |
Claim File 0.2 | | | |

Provide VA Benefits Decision (9) | | | |

SM | | | |

Final Claim File 1.0 | | | |

Service Systems include:
ALTHA, DEERS, DPRIS, eMEB, MCWIITS, AFWICMS, JDETS, TMDS (JTPA)
Appendix F: IDES Business Process Diagram