

# DRC BRIEF

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## **Comparison of Department of Defense, Veterans Administration, and Social Security Administration Disability Determination Processes**

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**ABSTRACT**

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On November 28, 2017, the U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA) marked the tenth anniversary of the Integrated Disability Evaluation System (IDES) (U.S. Department of Veteran Affairs, 2017). The IDES was developed to integrate and streamline disability evaluations for service members across the two agencies. Prior to the implementation of the IDES, the steps of the disability evaluation system utilized by the various military branches within the Department of Defense (DoD) differed to some extent, and the Department of Veterans Affairs (VA) disability evaluation system differed significantly from that used by the DoD. In the IDES, a single set of medical examinations is used for determining both fitness for duty and disability by all branches of the US military. In addition, by transitioning to the IDES, evaluation of a service members' fitness for military duty now runs concurrently with a Department of Veterans Affairs' (VA) determination of a disability rating. The IDES is intended to provide a more seamless and faster transition by standardizing and coordinating the DoD and VA evaluation processes. Disabled service members may also be eligible for benefits from the Social Security Administration. This brief discusses the IDES processes, similarities and differences in the DoD/VA and Social Security disability determination processes, collaboration and between Social Security and DoD/VA, and Social Security outreach to service members/veterans.

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## **I. INTRODUCTION**

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The military must ensure that service members are medically fit for duty, which means that they are medically capable of meeting mission requirements. A service member who has a medical condition that may compromise his or her fitness for duty is referred by an attending physician to the Department of Defense (DoD) for an evaluation to determine the nature and severity of disability. A service member who has a service-related disability will receive a disability rating and may be eligible for benefits from the Department of Veterans Affairs (VA) after discharge.

Recent military efforts have focused on simplification, transparency, timeliness, and accuracy of the disability evaluation system through the implementation of the Integrated Disability Evaluation System (IDES). The sweeping improvements expected with IDES implementation have been hampered by processing delays and accuracy concerns identified by the Government Accountability Office (GAO) and others. The DoD and VA have recognized these issues and attempted to implement responsive technology, processes, and programs.

A veteran who is awarded military disability benefits by the VA may also apply for civilian disability benefits through the Social Security Administration. Social Security must frequently obtain medical records from the VA to evaluate claims from veterans. Efficient and effective communication between Social Security and both the DoD and VA is important to the agency's timely and accurate processing of veterans' disability claims.

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## II. MILITARY DISABILITY EVALUATION SYSTEMS

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Recent military disability evaluation systems can be divided into two groups: the current IDES process; and the former “legacy” processes. The IDES was developed to resolve the numerous and well-documented issues with the disjointed legacy systems.

### A. “Legacy” Disability Evaluation Systems

Disability evaluations in the military used to be compartmentalized, redundant, confusing, and slow. Prior to October 1, 2011, the disability evaluation systems used by the DoD military branches differed somewhat, and the DoD and Department of Veterans’ Affairs (VA) evaluation systems differed significantly. Other aspects of the evaluation systems were duplicative, such that a service member provided the same information on different forms for different agencies. The wars in Iraq and Afghanistan resulted in 40,000 service members being wounded as of October 2010 (GAO 2010), and the number of disability claims to be processed increased. In 2007, the GAO reported that “timely and consistent disability decisions is a challenge for both the DoD and VA” (GAO 2007). The sometimes varied, duplicative, inconsistent, and slow-paced “legacy” disability evaluation systems impeded veterans’ access to disability benefits.

In 2007, the GAO recounted prior reports that “[f]ixing these long-standing and complex problems as expeditiously as possible is critical to ensuring high-quality care for returning service members, and success will ultimately depend on sustained attention, systemic oversight by DOD and VA, and sufficient resources” (GAO 2007). The “legacy” disability evaluation systems and the military facilities in which those processes were carried out were widely and very publicly questioned in 2007 when the *Washington Post* reported that service members faced neglect and frustration at Walter Reed Army Medical Center, a top Army medical treatment facility, and noted the complex disability evaluation process (Priest & Hull, 2007). Under internal and external pressure and serious scrutiny, the military looked for ways to improve the disability evaluation and benefits claims processes.

### B. Development and Piloting of the IDES

In response to the difficult issues identified in the “legacy” disability evaluations systems, the military developed the IDES, designed to improve consistency and accuracy in the DoD/VA disability evaluations. IDES pilots began in 2007 with three initial pilot facilities in the Washington, D.C. area, and expanded to 27 military facilities. (GAO 2012; GAO 2010). Piloting revealed that insufficient staffing led to delays in the IDES implementation process in both the DoD and VA (GAO 2010). A 2010 GAO report found that a lack of medical staffing at one site caused the single exam (a key feature of the IDES system) to be completed in an average 140 days, which exceeded the 45 day timeline by nearly 100 days (GAO 2010). By October 1, 2011, the previous “legacy” disability evaluation processes were replaced by the IDES system for almost all new disability cases worldwide.

#### 1. Goals and Expected Outcomes of the Integrated Disability Evaluation System

The standardized IDES process is intended to provide an expedited, simplified, seamless, accurate and transparent disability evaluation and benefits assignment process for service members. The IDES requires only a single set of medical examinations used for determining

both fitness for military duty and disability. It is used by all military service members regardless of branch or component. The IDES determination of fitness for military duty and disability also runs concurrently with the VA's determination of a disability rating.

## **2. Definition of Disability**

Disability is a term defined by applicable law, and criteria to establish disability differ between the IDES and Social Security. In both the IDES and Social Security, disabling conditions can be physical or mental. A 2014 Congressional Budget Office report found that the three most common disabling conditions among military members were in the board categories of musculoskeletal (36%), hearing (13%) and skin (11%) (CBO 2014).

## **3. Integrated Disability Evaluation System Phases**

The goals of the integrated IDES require an organized approach to the evaluation process. The IDES is divided into named phases, each with their own specific purpose, roles for personnel, documentation, and timeline goals. The documentation created during the IDES process is intended to be standardized and accessible to the appropriate personnel and agencies. The service member has appeal options at several points during the IDES process.

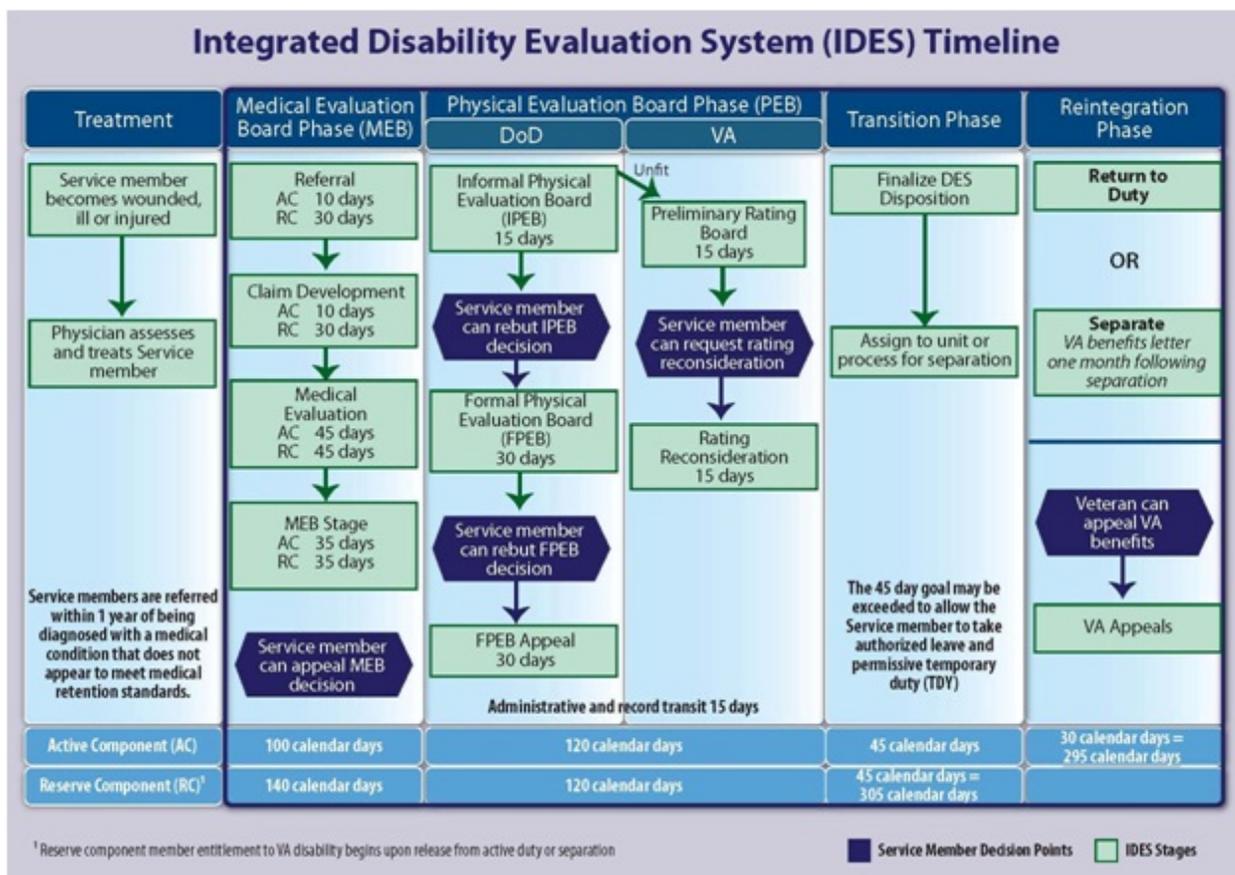
## **4. IDES Phases**

The DoD's Disability Evaluation System (DES) Manual: Integrated Disability Evaluation System (IDES), Number 1332.18, Volume 2, published on August 5, 2014 (DoD 2014), describes the set of IDES phases below. The IDES process begins with referral to the IDES process by an attending physician and concludes at either the point of return to duty or completion of the VA's benefits decisions letter. Major components of the process include referral, medical evaluation board (MEB), physical evaluation board (PEB), transition phase, and reintegration phase. The military determines illness/injury-based fitness for duty via the joint DoD-VA Integrated Disability Evaluation System with timeline goals.

### III. IDES TIMELINE

The original timeline for all IDES processes is 295 calendar days for active components and 305 calendar days for reserve components. The DoD published an IDES pictorial timeline, which includes phases of the IDES process (green rectangle) and service member decision points (blue hexagon).

The service member/family and various DoD and VA personnel assigned to the case should have timely and accurate information regarding the claim’s status at all points in the process. The timeline indicates timeline goals for the military to meet, but does not include timeline requirements imposed upon service members, such as the number of days within which a service member must appeal a decision (described above in this report).



#### A. Treatment at Medical Treatment Facilities

Injured or ill service members are assessed and treated at military Medical Treatment Facilities (MTFs). Service members with a medical condition(s) that, individually or collectively, does not appear to meet medical retention standards are referred to the IDES process, which is described below.

**Referral.** The service member’s military attending physicians, in consultation with the service member’s commander, refer the service member to the IDES process for medical

condition(s) that do not appear to meet medical retention standards. The referral triggers initiation of the IDES process. The service member is assigned a Physical Evaluation Board Liaison Officer (PEBLO) to assist the service member with understanding and completing the IDES process.

**Medical Evaluation Board Phase (MEB).** The MEB is a DoD entity responsible for documenting the service member's medical condition and duty limitations to determine whether the service member meets the requisite Medical Retention Standards, and referral to the Physical Evaluation Board.

**Claim Development.** The claim development phase is the time period in which the service member, guided and assisted by assigned DoD and VA administrative professionals, develops the case file through which the claim is evaluated.

The PEBLO is responsible for performing a number of tasks that are essential to claim development. Within 3 days of the medical care provider's (MCP) referral of the case to the MEB for ACs and before the next drill for RCs, PEBLOs responsibilities include:

- To assemble the service member's IDES case file, which will later be reviewed to determine the nature and degree of disability; and
- To inform the service member that he or she may seek assistance during the IDES process from military/government legal counsel, private legal counsel, certain VA-accredited service organizations, certain VA accredited claims agents or attorneys.

**Medical Evaluation.** A single comprehensive disability examination (or set of examinations) is a defining feature of the IDES process. The medical evaluation timeline goal is 45 days for both ACs and RCs. The medical evaluation(s) are necessary for the fitness for duty determination and disability rating determinations. The medical evaluations are performed by qualified examiners. The results of the examinations are used to establish both DoD and VA disability ratings.

The healthcare provider's assessment and findings are standardized. The qualified examiners are either VA physicians or contracted physicians. Continuity is an important component of IDES disability determinations. Two service members with identical cases should have identical IDES outcomes. Healthcare providers are required to use specific templates for examinations processed as part of IDES. The healthcare provider makes examination results available to the VA MSC, who provides them to the PEBLO. The PEBLO then coordinates with the MTF administrative staff to schedule the MEB review.

**Medical Evaluation Board.** The MEB stage includes the initial adjudicative claim file review and determines the nature, extent, and prognosis of any medical conditions. The service member's IDES case file is compiled by the PEBLO and provided to the MEB convening authority. The case file contains all of the information (medical and non-medical) for the MEB to consider, including:

- Medical records, including test and examination results;

- Letters from the service member's chain of command describing the impact of the injury or illness on duty performance ability;
- Copies of performance evaluation results; and
- Any other records that the MEB may require.

The MEB convening authority consists of a MTF commander or senior physician(s) who are designated by the commander for this purpose. The MEB convening authority conducts an MEB and renders findings regarding the service member's disabling conditions, if any, and fitness for duty. The service member can appeal the MEB decision

**Impartial Medical Review.** Service members must determine whether to accept or rebut (appeal) the MEB's findings. Service members have the right to an independent, impartial medical review (IMR) of the MEB's findings and recommendations as the service member determines whether to accept or rebut the findings.

Upon request of the service member, the Military Department will assign an impartial physician or other health care professional who will serve as an independent source of review of the MEB findings and recommendations. The independent reviewer will advise the service member regarding the findings and recommendations of the MEB and whether the MEB findings adequately reflect the totality of the injuries or illnesses. After the IMR, the service member may consult with legal counsel to determine whether she/he will formally accept or rebut the MEB's findings.

**Appeal Option.** Service members can appeal the MEB's findings. If the service member rebuts the MEB's findings, the MEB convening authority provides the MEB's written response to the Service member's rebuttal of the MEB findings to the PEBLO.

**Final MEB Findings.** Once the MEB findings are finalized, the PEBLO provides a copy of the completed MEB findings to the Service member. If the MEB does not return the service member to duty, the PEBLO forwards the case to the PEB administrator.

## **B. Physical Evaluation Board (PEB) Phase**

The PEB phase includes DoD and VA components. The PEB phase determines whether a service member is fit for duty and should remain in service, or if the service member is unfit and should separate or medically retire. In the PEB phase, unfit members are referred to the VA Preliminary Rating Board for disability rating.

## **C. DoD Physical Evaluation Board**

Upon receipt of a service member's case from the MEB, the PEB administrator prepares the case and provides it to an IPEB. The IPEB determines whether a service member is fit or unfit for duty. The service member can accept or rebut the determination in accordance with timeline and content requirements. The PEB/IPEB final dispositions for a case are as follows:

- Return to duty;

- Separate without benefits (injuries that are not acquired or exacerbated in the line of duty, including when a service member engages in willful negligence or intentional misconduct);
- Separate with severance pay (generally for a combined disability rating of less than 30%); or
- Transfer to the Permanent Disability Retired List

If the IPEB determines a service member is unfit for duty, the PEBLO forwards the case to the PEB administrator. The IPEB adjudicates the case and requests the Disability Rating Activity Scale (D-RAS) provide proposed ratings. Upon receipt of the D-RAS, the ratings are applied to the service member's conditions and the disposition recommendation is made available to the service member.

The IPEB's findings are provided to the Service member. The service member may request that the finding be reviewed by the Formal Physical Evaluation Board (FPEB). Service members found to be fit may have their FPEB request accepted or denied.

A service member's position on the determination must be authenticated in writing as shown in Table 1.

**Table 1. Service Member's Acceptance or Rebuttal of IPEB Determinations**

Service Member Actions	Role Notified	Request	Timeline	Other Requirements or Limits
Rebut IPEB Unfit Determination	PEBLO	A FPEB to review the determination	10 days of receiving the IPEB findings and proposed VA disability ratings (PEB may grant an extension for good cause shown)	Request statement should include a clear statement of the reason for the rebuttal and remedy sought.
Rebut Proposed Disability Rating	PEBLO or PEB	A D-RAS one-time consideration of the proposed disability ratings	Within 10 days of receiving the proposed disability rating and a copy of the complete DES case file.	For unfitting conditions only. If FPEB is granted, defer D-RAS request until after receipt of the FPEB decision.
Accept IPEB Fit Determination	PEBLO	Not applicable	Within 10 days of receiving IPEB findings	Not applicable
Rebut IPEB Fit Determination	PEBLO	A FPEB to review the determination	Within 10 days of receiving the IPEB findings	Must provide new information that the IPEB did not previously consider.

#### **D. VA Preliminary Rating Board and Rating Reconsideration**

Service members determined by the IPEB to be unfit for duty are referred to the VA Preliminary Rating Board (PRB) for a disability rating (D-RAS). The unfit service member's case file is examined by the VA PRB for sufficiency. Once the VA PRB has a sufficient case file, the relevant disabilities will be given a proposed rating and rationale. The proposed ratings are provided to the PEB. The VA's disability ratings are awarded in 10 percent increments from

0-100 percent (GAO 2014). The disability rating is a single rating that is accepted by the DoD and VA, and is another defining feature of the IDES. The service member may request a rating reconsideration.

### **E. DoD Formal Physical Evaluation Board**

A service member may request a Formal Physical Evaluation Board (FPEB) to review the IPEB's unfitness determination. The FPEB meets, adjudicates the case, and provides its findings to the Service member. The FPEB's findings can be appealed. If the FPEB's findings are appealed, the Military Department considers the appeal and either returns the Service member to duty, retires the Service member, or (if appropriate and approved) assists the Service member to complete an inter-Service transfer.

### **F. Transition Phase**

During the Transition Phase the service member's IDES disposition is finalized and the service member is either assigned to a unit or processed for separation from the military. The Finalized Disability Evaluation System disposition categorizes services members as fit or unfit to return to duty. Service members who are unfit to return to duty will separate or retire from the military and are referred to the VA for benefits. Once the final disability disposition is issued, the service member is assigned to a unit for service or is processed for separation from the military. Service members who are determined to be unfit for duty will be issued orders by the Transition Center for separation or retirement to occur within 90 days. Service members who will return to duty will have a fit memorandum issued to their medical treatment facility, which ends the disability evaluation process.

### **G. Reintegration Phase**

The Reintegration Phase is the process of integrating into the next phase of life, whether it is a return to duty or separation. Service members who separate or retire due to disability through IDES are eligible for disability benefits through the VA. The VA provides disabled veterans with compensation after separation as soon as permitted by law. The IDES system is designed to provide separated service members a VA benefits letter within one month following separation. The veteran can appeal the assigned VA benefits.

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## **IV. IMPORTANT ROLES WITHIN THE IDES PROCESS**

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The IDES process is designed to provide enhanced case management through personnel working in several key roles. Each role has specific responsibilities, yet is expected to work collaboratively and responsively with other roles. The IDES process involves a multi-disciplinary team of healthcare professionals, administrative personnel, and others who participate at various points in the multi-step IDES process. These roles are intended to enhance the transparency, clarity, and timelines of the entire process. Several roles are described in the DoD's 2014 manual, and summarized below.

### **A. DoD Medical Care Provider**

Referral by a DoD MCP is the service member's point of entry into the IDES process. The MCP coordinates with the service member's commander, and shares information with the PEBLO, MTF patient administrator or appropriate RC point of contact, and the service member. The MCP's referral requires the proper completion and submission of documentation to the PEBLO, and requires the MCP to work with the PEBLO to gather information for the MEB.

### **B. DoD Physical Evaluation Board Liaison Officer**

Upon referral to the IDES process, the service member is assigned a DoD Physical Evaluation Board Liaison Officer (PEBLO). The PEBLO is a non-medical case management specialist assigned to the service member who serves as the point of contact, and informs and assists services members or their designated representatives during the IDES process. Each service member presents with a unique set of circumstances that PEBLOs should know and understand to provide effective liaison assistance.

The PEBLO is responsible for many specific tasks, including: Assists the service member with development of the medical case file; oversees the case file; submits the required paperwork; counsels the service member about the IDES process; manages expectations; and coordinates medical appointments related to the disability process. The PEBLO may also assist the service member with the administrative aspects of rebuttals and appeals. The PEBLO also provides information regarding the IDES process, statutory rights and requirements, and IDES results.

The PEBLO monitors the services member's participation in IDES appointments. If the MSC or VA notifies the PEBLO that a service member missed any scheduled IDES appointment, the PEBLO notifies the service member's command and reschedules the appointment. Within three days of a service member's request to reschedule a VA examination appointment, the PEBLO must approve and coordinate the new appointment. The service member's MSC is contacted, and both the service member and his/her commander are notified of all scheduled disability examinations.

PEBLOs refer the service member to other individuals or organizations as appropriate. The PEBLO provides literature and website addresses for other organizations or resources, such as veterans' service organizations. The PEBLO assists the service member with administrative tasks and provides information; however the PEBLO may not provide legal advice or counsel and

instead refers the service member to legal counsel when appropriate. The PEBLO refers the service member to Social Security for benefits information while in active duty and as a veteran.

PEBLOs are trained and certified positions. They receive orientation training, standardized DES training, on-the-job training, and continuing education. Continuity of PEBLO service requires that PEBLO assignments be at least two years duration that should be in the same location. Civilians may serve as PEBLOs, which may better ensure geographic stability given the frequent reassignments of military personnel.

### **C. VA Medical Services Coordinator**

The VA assigns the service member a Medical Services Coordinator (MSC) to provide assistance and education regarding the VA claims process, including case development, notification of VA findings and proposed disability ratings, and timely claim awards.

## V. REVIEWS OF THE IDES SYSTEM

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The U.S. Congress, via the 2010 National Defense Authorization Act (NDAA), directed the establishment of the DoD Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured members of the Armed Forces (“Recovering Warrior Task Force” or “RWTF”). The RWTF is comprised of no more than 14 members who represent a cross-section of military branch representatives, service-members and stakeholders, and subject matter experts. The RWTF was established to “assess the effectiveness of the policies and programs developed and implemented by the [DoD], and by each of the military departments, to assist and support the care, management, and transition of recovering wounded, ill, and injured members of the Armed Forces; and make recommendations for the continuous improvements of such policies and programs...” (DoD 2014). “RWTF’s founding legislation directed DoD to submit a report to Congress each year in response to RWTF’s annual recommendations. These reports include both an evaluation and an implementation plan for each RWTF recommendation” (DoD 2014)

The RWTF’s FY2014 Annual Report categorized the FY2014 Recommendations under four headings, with the IDES being first. The RWTF’s FY2014 report identified the IDES as a primary unresolved issue and as Recommendation 1, recommended that the IDES be discontinued, with the following strong language and recommendations:

- The current IDES is fundamentally flawed and DoD should replace it. Emphasis should be placed on return to work as soon as possible after injury, including separation and transition to civilian employment when injuries clearly indicate the Service member cannot be retained in the military. The hallmarks of the new approach should include:
  - Standardization across DoD, i.e., no Service/Component variance in the new process;
  - Predictable and transparent processes;
  - Compensation for lost future pay or lost employment ability via a structured payment — lump sum or annuity—that cannot be revoked by subsequent recovery;
  - Incentivizing work, wellness, education, and retraining opportunities; and
  - A patient- and family-centered focus on what the patient and family need rather than what the system needs

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## **VI. THE EFFECT OF ELECTRONIC HEALTH RECORDS**

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Electronic health records that can be easily accessed by appropriate DoD and VA personnel are important to the efficacy of the IDES process. The IDES evaluation process requires that specific forms be properly completed and submitted. The IDES' streamlined process relies on a simplified paperwork process that is accessible and convenient to DoD and VA as they concurrently process claims.

The DoD and VA are required to ensure that their electronic health records systems allow for full interoperability of service members' healthcare information between the DoD and VA (10 USC § 1071). "...[I]dentifying interoperability standards and coordinating activities to increase the sharing of health information between the [DoD and VA]..." is the responsibility of the DoD/VA Interagency Program Office (GAO 2015). Inadequate interoperability has hindered timely claims processing. A 2015 GAO report found that the DoD is pursuing a new electronic health records system and the VA is modernizing its existing system; however, key aspects will not be implemented until sometime after 2016 (GAO 2015). While progress is being made, the 2015 GAO report recommended the following three actions:

- Establish a time frame for identifying outcome-oriented metrics;
- Ensure related goals are defined to provide a basis for assessing reporting on the status of interoperability-related activities and the extent to which interoperability is being achieved by the departments' modernized electronic health records systems; and
- Update IPO guidance to reflect the metrics and goals identified (GAO 2015).

If a service member's complete service treatment record is not available within 10 days of the MCP's referral to IDES (30 days for RCs), the PEBLO must provide the MSC a memorandum stating that the records are missing and describing the actions taken to locate the missing records.

Military Departments are required to establish an agreement with the Veterans Benefits Administration and the Veterans Health Administration so IDES data can be shared electronically so that all entities can obtain the most current military service data, medical evidence, and VA disability rating data.

### **A. Consistent Claim Adjudication**

The IDES process is intended to increase claim adjudication consistency, especially as compared to prior disability evaluation systems, and accuracy is an overarching goal. The VA implements a joint DoD-VA strategy to improve program performance with common consistency goals (VA 2014). The single set of medical examinations upon which all determinations provide a common starting point. The DoD requires that the standards for all determinations related to disability evaluation must be consistently and equitably applied to all Service members (DoD 2015). Military Departments are responsible for the clarification and amendment of disability examinations performed by DoD providers that are insufficient to assign DoD and proposed VA disability ratings.

Quality assurance measures by the Veterans Benefits Administration (VBA) are intended to improve and control quality. Disability benefits should be paid to only properly eligible individuals and only in the correct amounts. A 2015 GAO report examined quality assurance efforts in the Veterans Benefits Administration's disability compensation claim decisions and identified several areas of concern. The GAO found that the VBA does not always follow generally accepted statistical practices, which results in imprecise performance information (GAO 2014).

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## **VII. IMPLICATIONS OF THE IDES FOR SOCIAL SECURITY DISABILITY DETERMINATIONS**

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The IDES is a military process to determine military benefits for service-connected disabilities. Social Security administers the civilian evaluation and benefits system. Service members and veterans may be eligible for both military disability benefits through the VA and civilian disability benefits through Social Security. The criteria for eligibility, evidence relied upon, benefits awarded, and re-evaluation are different between the military (DoD/VA) and civilian Social Security systems, but information may be exchanged between the agencies to promote accurate and timely claims processing in both systems. The records used and developed during the IDES process can be a valuable source of information for Social Security in determining the nature and extent of a service member's disability. The DoD/VA and Security have increased the outreach and collaboration across the agencies and between the agencies and service members.

### **A. Dual Eligibility**

Service members may be eligible for disability benefits from the VA and from the Social Security Disability Insurance (SSDI) program, assuming the service member worked long enough to meet the SSDI work history requirement. Service members who become disabled while on active duty after October 1, 2001 are eligible for an expedited claims process from Social Security.

A November 2014 GAO analysis found that out of 1.9 million DoD nondisability and disability retirees, 59,251 individuals received concurrent payments from the DoD retirement, VA disability, and SSDI. The fiscal year 2013 total payments to these individuals exceeded \$3.5 billion, or about \$60,000 per recipient.

Social Security has a different disability determination process and service members are only eligible for SSDI if they meet Social Security's strict disability definition:

- Unable to do substantial work because of the medical condition(s); and
- Medical condition(s) must have lasted, or be expected to last, at least one year or to result in death.

A service member who meets this definition is eligible for benefits. There are no percentage ratings or partial determinations or benefits. Service members may apply for SSDI benefits at any time whether in active duty status or after separation. To apply for SSDI benefits, Social Security requires certain information, including demographic information, employment and wage information, and medical records. The agency commits to making every reasonable effort to help the service member obtain the necessary medical evidence for claim evaluation. The SSDI determination process length depends on several factors, including how quickly medical records can be obtained. In 2014, Social Security announced a new initiative to expedite disability claims for veterans with a disability rating of 100% Permanent and Total, as evidenced by their VA notification letter (SSA 2014b).

## **B. Efforts to Increase Collaboration and Communication Between Social Security and DoD/VA to Process Disabled Veterans' Claims**

Federal courts have held that a VA disability rating is entitled to some amount of evidentiary weight in a Social Security hearing, though courts differ on that amount (McCartey v. Massanari, 2001; Chambliss v. Massanari, 2001). The VA and Social Security are required to share information for service members and veterans who file claims with both agencies. Collaboration between Social Security and VA to obtain records is described below.

### **1. Records Requests by Social Security to DoD/VA**

The records, especially medical records, developed during the IDES process are valuable to the Social Security disability determination process. The Social Security's Program Operating Manual System (POMS) DI 22505.022 provides information and instructions on how Social Security and the Disability Determination Services (DDS) obtain the health records of a disabled service member/veteran.

Social Security may request a service member's records from a VA regional office or directly from a VA hospital. The Veterans Health Administration (VHA) and Social Security/DDS have designated personnel (the health information manager and privacy officer and the medical and professional relations officers (MPRO), respectively) to coordinate the release of information between the agencies.

A February 22, 2015 Social Security Matters post entitled "DoD Medical Data Available Almost Instantaneously" describes that "Social Security started receiving Service member, Veteran, and eligible family members medical records electronically from the Department of Defense (DoD) using health information technology (health IT) leveraging the eHealth Exchange." In October, 2016, Social Security began receiving medical documentation from VA through an electronic data exchange. In recent Congressional testimony (Social Security Administration, 2018), Clemons reported that the health IT process has enhanced the disability determination process by reducing the time required to receive medical information from VA facilities.

### **2. Social Security Outreach to Service Members and Veterans**

Social Security also engages in outreach directly to service members and veterans. A 2009 GAO report discussed DoD, VA, and Social Security outreach to service members and veterans, and noted that "Outreach to wounded warriors about Social Security benefits has, in fact, been stepped up since 2007, particularly by Social Security and DOD in several key sites where there has been a well-coordinated message reinforced by each agency. These efforts may well have contributed to the substantial increase in wounded warrior applications for Social Security disability benefits since 2007" (GAO 2009). Among its current outreach activities, Social Security hosts a website and internet-available articles dedicated to providing information to disabled veterans (SSA 2015; SSA 2016). These informational sources describe benefits, processes, and the expedited timelines that may be available to service members and veterans with disabilities. One website provides extensive information regarding the characteristics and outcomes of veterans who apply for SSDI after receiving a VA disability rating of "total disability" (SSA 2014a).

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**VIII. SUMMARY**

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The implementation of the IDES to replace “legacy” disability evaluation systems is the military’s effort to provide injured or ill service members with a simplified, transparent, timely, and accurate disability evaluation system. The improvements expected with IDES implementation have been hampered by processing delays, resource constraints, and accuracy concerns identified by the Government Accountability Office, Recovering Warrior Task Force, and other analysts. The DoD and VA have recognized these issues and responded with technology, processes, and programs improvements through internal and contracted work. A veteran who is awarded military disability benefits for the VA may also apply for civilian disability benefits through Social Security. While the IDES process does not extend to Social Security, the Social Security must obtain a medical records from the VA to evaluate claims. Collaboration and outreach by Social Security to DoD/VA and service members and veterans includes directed informational websites, electronic data exchange, and facilitated information exchange that allows service members and veterans to obtain the information and support necessary to apply for Social Security disability benefits.

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