

November 2015

Supporting the VBA Medical Disability Claims Process through Access to Electronic Medical Records

Using the Nation's Health Information Technology (HIT) Ecosystem to support the Department of Veteran's Affairs' Medical Disability Claims Process to reduce mean case processing time, improve processing productivity and eliminate duplicative Medical Disability Examinations (MDEs) contracted to private sector medical professionals under the VA's MDE Contract.

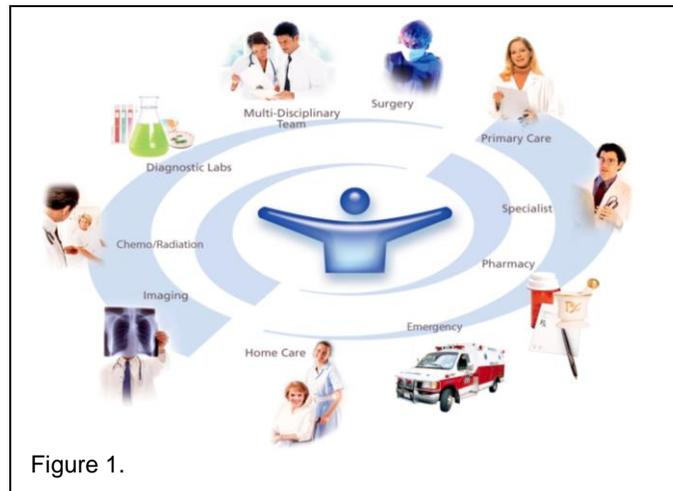
Health information technology (HIT), medical record access and electronic medical record exchange are now available to more efficiently and quickly identify, gather and collaborate existing Veterans' medical health data to significantly reduce Veteran's medical disability claim development, review, and adjudication time, resulting in increased productivity and significant cost savings. Over 50 percent of office-based professionals and more than 80 percent of hospitals are meaningfully using EHRs TODAY!

The Health Information Technology for Economic and Clinical Health (HITECH) Act, a component of the American Recovery and Reinvestment Act of 2009, established the Nation's first substantial commitment of Federal resources to support the widespread adoption of Electronic Health Records (EHR). As of August 2012, 54 percent of the Medicare and Medicaid-eligible professionals had registered for the meaningful use incentive program. And, the Congressional Budget Office estimates that approximately 90 percent of doctors in the U.S. and 70 percent of hospitals will use health IT records by 2019.

As Electronic Health Record (EHR) systems become widely available, providers increased Health Information Exchange (HIE) participation and health record exchange becomes commonplace, the convergence of these technologies and

capabilities will enable a robust, secure and efficient means to gather existing clinical medical treatment records to substantiate and adjudicate Veterans' medical disability claims without additional medical disability exams (MDEs). Concurrently, recent technical advances have made it easier to collect and analyze information from multiple sources – a major benefit in health care, since data for a single patient may come from various payers, hospitals, laboratories, and physician offices (see Figure 1.).

The successful electronic access, query and receipt of medical evidence has been made available by the Direct exchange protocol that now provides a simple, secure, standardized way to send encrypted health information to trusted recipients over the Internet, enabling providers to meet meaningful-use exchange requirements.



Currently, any two providers who have certified electronic health record systems, trust each other, and have Direct protocol addresses (similar to e-mail addresses) can send each other structured patient health information securely. The Direct exchange protocol can support the VBA's efforts to reduce the amount of time to obtain clinical medical documentation and the time a claimant must wait for a disability determination. Further, access to existing patient medical treatment records, tests and other substantiating documentation can potentially save hundreds of millions of dollars in medical disability examinations to substantiate a Veterans medical condition.

Notwithstanding the Veterans Claims Assistance Act of 2000 (VCAA) requirement that the Department of Veterans Affairs (VA) assist veterans in obtaining records that support their claim, VBA officials claim that lengthy timeframes in obtaining military records—particularly for members of the National Guard and Reserve—and Social Security Administration (SSA) medical records impact VA's duty to assist, possibly delaying a decision on a veteran's disability claim. As a result, the evidence gathering phase of the claims process took an average of 157 days in 2011. While the VBA's Transformation Plan has ended the reliance on outmoded paper-intensive processes by deploying technology solutions that improve access, drive automation, reduce variance, and enable faster and more efficient operations, the VBA is not taking advantage of the existing HIT Ecosystem to electronically gather Veterans' existing clinical medical records and eliminating redundant MDEs.

In 2012 the DoD and the Department of Veterans Affairs announced plans to expand the Virtual Lifetime Electronic Record (VLER) Pilot Program, begun a year ago, utilizing Health Information Exchanges (HIEs) and the eHE to demonstrate the feasibility and the value of exchanging health information between DoD, VA and private sector clinicians who care for the same Veterans. This pilot program was limited to Veterans Health Administration (VHA) and did not include the Veterans Benefits Administration (VBA). Further, by accessing payer information from the Federal Centers for Medicare and Medicaid (CMS) and private payers including Aetna, Wellpoint, United Healthcare and others, claimant clinical data can be substantiated and collaborated with payer data.

In a Social Security Administration (SSA) demonstration of electronically transmitted medical record documentation in 2009, the mean case processing time across the Nationwide Health Information Network (NwHIN) was 59 days. Compared to the Virginia Department of Disability Services (DDS) state average of approximately 84 days, this translates to an average case processing time savings of approximately 42%. While the number of electronic cases generated in this limited production effort was relatively few, these results illustrate the potential for reducing case processing time. As more providers participate in this electronic authorized request for and receipt of health information (and as fewer rely on the paper process), evidence suggests that the claimants, the providers, SSA and others will all benefit from increased efficiencies.

Emerging individual patient record technology, combined with access to the eHE, can easily ‘make sense’ of available VA/DoD electronic medical data and can seamlessly combine such data with private sector claims and clinical data when such data is available. This means that regardless of whether a patient receives treatment and coverage within or outside of the VA/DoD facilities, as long as private insurers, hospitals and other entities possessing patient information are willing to share information they have on veterans, individual health record technology can enable the VA/DOD to incorporate all such data seamlessly into each patient’s medical record, thereby enhancing completeness of the longitudinal patient record to quickly validate Veterans’ Medical Disability Claims and enable better care and better patient self-management of chronic conditions.

This Paper addresses a collaborative project to demonstrate an approach to expedite and improve the Veterans Affairs Disability Claims process. The efficient transformation of clinical medical data with payer information can provide ease of understanding and application to Veterans’ Medical Disability Claims.

Our Understanding Of The Challenge is that delays in collecting and analyzing third party information comprises a significant portion of claims development time and is currently estimated to be approximately 229 days. A GAO Report published December 2012 (GAO-13-89) “VA Disability Benefits Processing,”

identified the need and called for *improved Medical Disability Claim evidence gathering to meet its goal* of processing all compensation claims within its 125 day goal by 2015.

Veterans' Military Service and Medical Data is located in multiple facilities and places which inhibits VA's ability to efficiently and quickly obtain supporting medical documentation to substantiate Veterans' Medical Disability Claims. Specifically, Veterans receive care within and outside of the veteran care networks. For example, it is estimated that up to 70% of Veterans medical *treatment is from private providers, scattered across the health care continuum*, buried in systems used in doctors' offices, hospitals, insurers, labs, pharmacies and myriad other locations.

The proposed populations of interest for a pilot demonstration of capability are Guard and Reserve Soldiers and Airmen who have the highest probability of having both government and private sector electronic health records. Significant portions of their medical records are in the hands of private providers and payers and the VBA is dependent upon each Veteran retrieving his own records to substantiate a disability claim BEFORE the VBA can act to meet its 125 day goal. **Advances in medical record exchange and technology** to transform large amounts of diverse health care information such as EHRs (Electronic Health Records), pharmacies, laboratories and medical claim streams are capable of significantly reducing claim development, review and adjudication time.

This Paper describes a collaborative project to expedite and improve the Veterans Affairs Disability Claims process by demonstrating the viability of using the eHealth Exchange and commercial off-the-shelf individual health record technology (IHR) to enable medical data flows and their efficient transformation to an individual disability claim record to support Veterans Medical Disability Claims processing and adjudication.

VBMS, the Veterans Benefits Management System, is a paperless claims processing system being architected to combine business process re-engineering and software with 4 major components:

- Document storage
- Data about a Veteran
- Data about the claim, and
- A single user interface

VBMS does not address the VA's need for innovative capabilities to increase use of self service and reduce claims development wait time between Veterans, medical providers and VA. Northport's approach to electronic evidence gathering addresses this gap in the claims process and complements the D2D and VBMS-enabled, standardized, customer service focused and Veteran-centric claims process to improve timeliness and quality. As an element of a "proof of concept" demonstration Northport with its partners, Secure Exchange Solutions, Cerner and

Benevets will address populating the Disability Benefits Questionnaire (DBQ) with medical data sourced from the Continuity of Care Document (CCD).

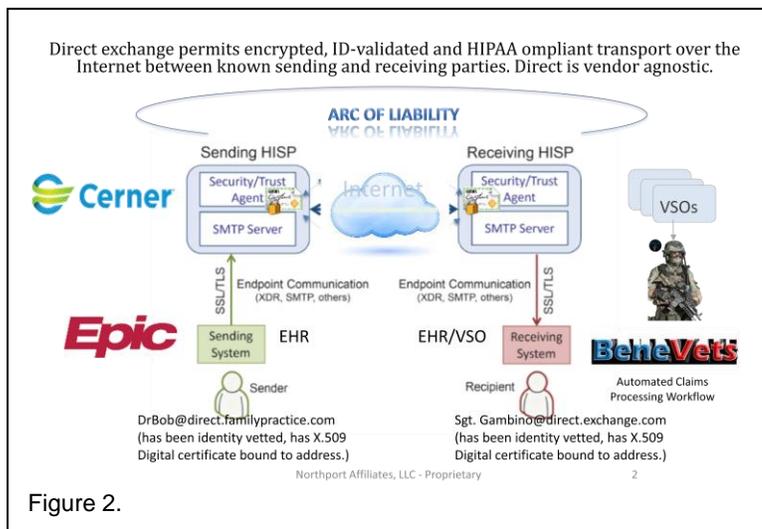
Direct Exchange Protocol (see Figure 2.) is a robust, inexpensive solution that uses mature Internet data transport and encryption technologies to provide healthcare interoperability. Direct was designed to offer a secure way for electronic health record (EHR) users to “push” messages containing sensitive protected health information (PHI) to other EHR users, across the boundaries of organizations and IT systems.” Direct Exchange transport protocol, mandated by the Code of Federal Regulations, *Title 45, Subchapter D, Part 170, Subpart B* enables secure medical data exchange between electronic health records and automated claims processing workflows.

DirectTrust is a federally recognized, non-profit policy and governance body that

makes it possible for Direct exchange to operate smoothly and reliably, giving Direct users much needed confidence in their exchange partners’ privacy and security practices.

DirectTrust is a collaborative non-profit association of 150 health IT and health care provider organizations to support secure, interoperable health information exchange via the Direct message protocols. DirectTrust has created a “trust framework” that extends use of Direct exchange to over 40,000 health care organizations and 760,000 Direct addresses/accounts. This trust framework supports both provider-to-provider Direct exchange and bi-directional exchange between consumers/patients and their providers. DirectTrust’s trust framework makes it easy for health care professionals, health IT vendors and their patients/customers to communicate securely, with identity proofing and regardless of end-user application. Over 300 EHR and PHR vendors’ products, and over 50 HIEs, participate in the DirectTrust network, ensuring interoperability and security via Direct for exchange of health information to more than half the professionals in the U.S. health care system.

Advances, since 2009, in Health Information technology (HIT) and Direct Exchange, whose results and benefits have been substantiated in both the government and commercial sectors, can be applied to the Veteran Disability Claims’ process to reduce cycle time and improve Veteran Service Representative



(VSR) accuracy at reduced cost. Over time this medical document gathering infrastructure is expected to become increasingly robust.

Individual Electronic Health Record (EHR) technology that enables quick access to medical data with technologies that focus on finding the individual in existing systems and information flows can take the data about that individual from anywhere that has it and transform it to create a single coherent record for the Veteran/patient and further format it to demonstrate utility to VBA claims adjudication.

It is important for the VBA to incorporate a methodology to continually consider emerging Health Information Technologies (HIT), determine their applicability to the Veterans' Medical Disability Claim process and evaluate their applicability through pilot/demonstration programs.

HIT advances occur continuously mandating the need and ability to be able to continuously incorporate new technologies into the VBA process. The growth and utilization of the eHealth Exchange is producing a proliferation of medical clinical data that, to be efficiently used, needs HIT to repurpose, transform and incorporate the information into a coherent account of the Veterans/patients overall health and care. As these technologies evolve there needs to be a process to determine their applicability to continually improving the processing of VA Disability Claims.

Citizen/Veteran/Patient Participation in a Trusted Medical Record Environment is being addressed by DirectTrust.org by establishing and maintaining a Trust Framework for Direct and related standards for secure health information exchange over the Internet. A Trust Framework is a set of technical business, and legal standards expressed in policies and best practices followed, upheld and enforced by community members. Northport Affiliates, LLC is a member of the DirectTrust.org and participates in supporting the development and adoption of a "Trusted Medical Record Environment."

It is Direct Trust's position that patients should understand and have access to a technical trust framework that provides maximum protection of their privacy and security of their PHI during health information exchange. Whether a patient chooses to connect to such a framework will be the patient's choice. By adopting this environment for gathering Veterans' Medical data participants can be assured that their medical data is secure.

The Direct Project is that part of the nationwide health information network, NHIN, which includes protocols and specifications for a secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet. Included among participants are providers, laboratories, hospitals, pharmacies and patients. Because the Direct standard is vendor and operating system neutral, it is able to afford a level of

interoperability of exchange between many different vendors' EHR, PHR, and web portal platforms that has heretofore been unattainable.

Directed exchange also offers the opportunity to have patients as equal participants with their providers in access to health information. There will never be the assumption that the patient is equally trained or that the patient replaces the professional, but rather that Directed exchange brings with it the opportunity for partnership, because we are all equally able to use communication tools, e-health, and technology to improve the care experience and in the case of the Veterans Benefits Administration the medical claims disability process.

It is Northport, LLC's goal to facilitate the use of Direct message exchange as the preferred method of transmittal of a patient's record to a third-party, due to its ease of use and implementation. By incorporating this capability in Northport, LLC's POC the VA can facilitate security, interoperability, and trust among Direct exchange service providers and to foster public confidence in security and trust afforded by these "trust agents."

The Proposed Northport LLC solution is to reduce the claims development cycle time and improve claims accuracy by accessing clinical and other Veteran/patient health data electronically using the HIE/eHE medical record exchange infrastructure and "making sense" of fragmented health data using individual record (IHR) technologies like a "Single Best View" of the claimant's medical disability. The IHR can accept information from diverse health care information source systems such as electronic health records, pharmacies, laboratories and medical claims streams, aggregate the data and transform it into a deliverable, meaningful record of the Veteran's medical health, care and disability to collaborate VA Medical Disability Claims Development process. The IHR will produce an accurate, "Single Best Disability/Claim/Health Record" of patient clinical data that will integrate patient data already available electronically within the VA with clinical data gathered from non-VA electronic medical records, claims data (CMS or commercial health insurers/claims payers i.e. Aetna, United Healthcare and WellPoint) and other data sources such as labs and pharmacies.

Northport LLC proposes to demonstrate the value of applying a medical ontology and rules engine to understand and interpret Veterans/patients' medical data to provide VBA with an integrated, patient-focused electronic health record capability for use primarily by VSRs and to a lesser extent Rating Veteran Service Representatives (RVSRs). An IHR approach integrates disparate health information from multiple sources, sourced from both standard and proprietary formats, into a single electronic health record or dashboard.

The key benefits of our proposed solution are:

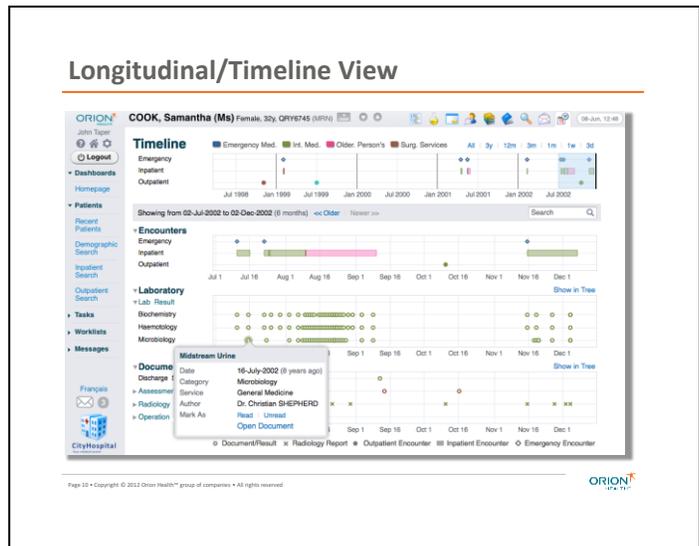
- Enables the VBA to collect clinical and third party payer claims data into a single electronic record, thereby allowing the VSRs to obtain a complete understanding of each Veteran’s medical condition,
- Provides VSRs with the ability to more rapidly develop claims electronically using third party clinical and payer information – thus reducing cycle time.
- Uses common terms and terminology to present the information to the VSRs - including patient generated notes, patient-oriented wellness and preventive reminders, and patient access to full medical information.

We are recommending a two phase approach (Phase “0” and Phase 1) to demonstrate that an integrated Veteran Disability Claim/Health Record can be created with Veterans’ Service data, enriched and substantiated using third party data, including healthcare payer data from Federal health care payers like CMS as well as private payers like Aetna, Wellpoint, United Healthcare, Kaiser Foundation and Humana.

Phase “0” lasting 6 months would be the “Proof of Concept” and Phase 1 v Figure 4. implement a small operational capability to support health data gathering to substantiate Veteran’s medical disability claims.

The integrated Veteran record will demonstrate that the information provides VBA with the capability to evaluate claims applications more efficiently and accurately and provide a significant reduction in the 229 days currently required to complete a claim record that is ready for decision (see Figure 4).

This white paper focuses on Phase “0”, Proof of Concept (POC) using the HIE/eHE infrastructure to access Veteran/patient health data and to crate a “Dynamic Patient Summary record” and other patient record views including “A Longitudinal/Timeline View”. Northport is prepared to conduct the Phase 1 Pilot



following the success of a Proof of Concept Phase “0” initiative. Phase “0” would be scheduled for a six to nine month effort to be followed by Phase 1.

The objectives of Phase “0” are to 1) select a sufficient number of claims ready to enter the claims development process to demonstrate that IHR technology is

capable of gathering, integrating and presenting Veteran disability claim/health information gathered from disparate sources and presenting it in the form of an integrated Veteran Medical Disability Claim/Health Record useful to VSRs as they review and adjudicate VA medical disability claims. This objective will include populating the DBQ (Figure 5.) with medical data sourced from a Veterans/patients continuity of care documentation CCD.

Department of Veterans Affairs
ISCHEMIC HEART DISEASE (IHD) DISABILITY BENEFITS QUESTIONNAIRE
 OMB Approved No. 2900-0749
 Respondent Burden: 15 minutes

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN: _____ PATIENT/VETERAN'S SOCIAL SECURITY NUMBER: _____

NOTE TO PHYSICIAN - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will use the information you provide on this questionnaire to process the Veteran's claim.

SECTION I - DIAGNOSIS

NOTE: IHD includes, but is not limited to, acute, sub-acute and old myocardial infarction, atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina. IHD does not include hypertension or peripheral manifestations of atherosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic heart disease.

IHD encompasses any atherosclerotic heart disease resulting in clinically significant ischemia or requiring coronary revascularization.

1A. DOES THE VETERAN HAVE ISCHEMIC HEART DISEASE (IHD)?
 YES NO

NOTE: Provide only diagnoses that pertain to IHD.

1B. DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
1C. DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
1D. DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

1E. IF ADDITIONAL DIAGNOSES THAT PERTAIN TO IHD, LIST USING ABOVE FORMAT

SECTION II - MEDICAL HISTORY

2A. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITION?
 YES NO

2B. LIST MEDICATIONS PRESCRIBED FOR IHD-RELATED CONDITIONS:

2C. IS THERE A HISTORY OF (check all that apply) and provide treatment facility and treatment date			
CONDITION	YES (check)	NO (check)	TREATMENT FACILITY
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
MYOCARDIAL INFARCTION			
CORONARY BYPASS SURGERY			
HEART TRANSPLANT (If "Yes," is it an IHD or not after the veteran's heart transplant is due to IHD?) <input type="checkbox"/> YES <input type="checkbox"/> NO			
IMPLANTED CARDIAC PACEMAKER (If "Yes," is it an IHD or not after the veteran's pacemaker is due to IHD?) <input type="checkbox"/> YES <input type="checkbox"/> NO			
IMPLANTED AUTOMATIC BRIVABLE CARDIOVERTER DEFIBRILLATOR (AICD) (If "Yes," is it an IHD or not after the veteran's AICD is due to IHD?) <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III - CONGESTIVE HEART FAILURE (CHF)

3A. DOES THE VETERAN HAVE CHF? YES NO

3B. IS THE VETERAN'S CHF CHRONIC? YES NO

3C. IF THE VETERAN'S CHF IS NOT CHRONIC, HAS THE VETERAN HAD MORE THAN ONE EPISODE OF ACUTE CHF IN THE PAST YEAR? YES NO
 If "Yes," provide name of treatment facility: _____
 Date of most recent episode of CHF: _____

SECTION IV - CARDIAC FUNCTIONAL ASSESSMENT

4A. HAS A DIAGNOSTIC EXERCISE TEST BEEN CONDUCTED? YES NO
 If "Yes," provide level of IHD the veteran can perform as shown by diagnostic exercise testing: _____
 Date of most recent test: _____

VA FORM OCT 2012 **21-0960A-1** SUPERSEDES VA FORM 21-0960A-1, MAY 2010, WHICH WILL NOT BE USED.

Figure 5.

A sample CCD is shown below (Figure 6.). EHRs exchange an encoded version of the CCD. As part of U.S. federal incentives for the adoption of electronic health records, known as Meaningful Use, the CCD and Continuity of Care Record (CCR) were both selected as acceptable extract formats for clinical care summaries in the program's first stage.

To be certified for this federal program, an Electronic Health Record must be able to generate a CCD (or equivalent CCR) that has the sections of allergies, medications, problems, and laboratory results, in addition to patient header information.

Several of these sections also have mandated vocabularies, such as Logical Observation Identifiers Names and Codes (LOINC) for laboratory results, according to the federal program. Successfully populating a DBQ with electronically sourced collaborating medical data will significantly reduce the Average Days to Complete (ADC) a Veteran's disability claim. The Northport, LLC POC Demonstration will determine the claim review efficiencies.

2) Demonstrate that third party data from insurance companies, lab companies, pharmacies and benefit managers can be incorporated into a "Single Best Veteran's Medical Disability Claim /Health Record." This approach further enhances each veteran's claim record to minimize the need for Veterans to directly request their medical records from their private medical care and insurance providers and payers - minimizing the data collection timeline and improving claim adjudication review accuracy, and

3) Demonstrate that the resulting IHR provides a clearer medical picture of each veteran, thereby enabling quicker, faster and less expensive evaluation of disability claims Phase “0” – Proof of Concept Tasks and Deliverables include the Northport LLC/Orion team working closely with Compensation and Pension throughout the proof of concept to test 1) the capability of the HIE/eHE infrastructure and 2) the availability and usefulness of third party health data accessible from providers participating in HIEs to expedite the claims development process.

CONTINUITY OF CARE DOCUMENT
 Date/time printed: 08/30/2011 13:14:17 CDT
 From: **Healthy City Hospital**

Patient Demographics

Name: Jane C. Doe	ID Label/Number: Medical Record Number: 00-123456
DOB: 1/1/1959	Mailing Address: 123 Main Street
Gender: Female	Anytown, IA 52203
Insurance: HCHCARE 12d3q2d4444	Primary Phone: 555-555-5555

Allergies/Adverse Reactions (reaction, info source) - *last reviewed 08/24/2011 12:10*
 AMPICILLIN: Diarrhea, Nausea & Vomiting -patient history

Active Medications - *last reviewed 08/24/2011 12:15*
 ZOCOR 40 MG: 1 tablet by mouth at bedtime, 08/24/2011
 SINGULAIR 10 MG: 1 tablet by mouth every evening, 08/24/2011
 AZITHROMYCIN 250 MG: 2 tablets by mouth today, then 1 tablet daily thereafter, 08/24/2011

Active/Chronic Medical Conditions (date most recently addressed) - *last reviewed 08/24/2011 12:20*
 1. Coronary artery disease, non ST-elevation MI, 08/24/2011
 2. Hypothyroidism, 08/01/2011
 3. Hypertension, 08/01/2011

Procedure/Operations (date)
 Removal of Artery Clot - 05/08/2011
 EKG - 05/08/2011

Immunizations (date)
 Meningococcal, Conjugate - 01/04/2011
 Influenza - 12/14/2010, 10/24/2009, 11/17/2008, 12/01/2007, 10/23/2006..... (list truncated)
 Hepatitis B - 12/14/2010
 Pneumococcal - 12/14/2010

Health Care Providers (Specialty /Location)
 Jordon Jackson, MD (INTERNAL MEDICINE) Cherokee, IA
 Jay Rummy, DO Cherokee, IA

Imaging Studies - *Since 09/01/2009*
 Chest PA and Lateral, 6/29/2010; Heart size, mediastinal contour and pulmonary vascularity are normal. No focal acute parenchymal opacities are seen and there is no pleural effusion or pneumothorax. No acute findings.

Lab Results - *Since 07/01/2010*

Collection Date/Time	Test	Result	Reference Range
07/07/2011 14:15	Creatinine	0.7	0.7 - 1.4 MG/DL
07/07/2011 14:15	Hemoglobin Δ1g	4.9	4.8 - 6.0 %
12/15/2010 11:20	White Blood Cell Count	4.7	3.7 - 10.5 K/MM3

Social/Personal History - *last reviewed 08/24/2011 12:10*
 Cigarette smoking: 1 pack per day, 1982 - 1996, Alcohol consumption, NI

* All list items are sequenced by most recent item first.
 * Disclaimer Note: All data reflected is for this facility/hospital system only.

Healthy City Hospital

Figure 6.

For Phase “0”, we will establish connectivity to the National HIE network of participating providers through the eHealth Exchange. Using IHR technology to create a “Single Best View” of the Veterans/patient record we will access and display collaborating clinical medical health data for a Veteran/patient. Phase “0” will demonstrate how existing data fields can be used and will populate them with information from the DD214 and from third party data holders (e.g. insurers, labs, PBMs, hospital systems) that the VBA persuades to contribute data on the selected Veterans. The IHR user views to be provided by Northport Affiliates, LLC teaming partner in Phase “0” will be consistent with its existing Individual Health Record physician portal and the IHR’s patient personal health record (PHR).

Custom enhancements of data fields and user portals can be defined and implemented in subsequent efforts.

Northport Affiliates, LLC is a Service Disabled, Veteran Owned Small Business (SDVOSB) dedicated to providing solutions to difficult and intractable problems of service delivery and productivity confronted by Federal government programs.

Since Northport LLC’s (Northport LLC) founding, it has focused on providing specialized support in the areas of veterans benefits, healthcare IT and homeland security. Northport LLC consists of an intelligent, dedicated and highly motivated group of IT management consulting professionals specializing in in-depth expertise on the core processes of government including case management, claims processing, information dissemination and benefits administration. As

leaders in information management, we also help agencies meet heightened demands for accountability, responsiveness and transparency with customized solutions for geospatial requirements, medical record exchange and achieving meaningful use and specialized homeland security requirements.