DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-P

OTSG/MEDCOM Policy Memo 07-040

Expires 26 September 2009

26 SEP 2007

MEMORANDUM FOR COMMANDERS, MEDCOM Regional Medical Commands

SUBJECT: Metrics and Continuous Process Improvements for Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) Processing

1. References:

a. DoD Directive 1332.18, Separation or Retirement for Physical Disability, Nov 96.

b. DoD Instruction 1332.38, Physical Disability Evaluation, Nov 96.

c. DoD Instruction 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities, Nov 96.

d. AR 600-60, Physical Performance Evaluation System, Jun 02.

e. AR 40-400, Patient Administration, Oct 06.

f. AR 40-501, Standards of Medical Fitness, Jan 07.

g. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, Feb 06.

h. Veterans Administration Schedule for Rating Disabilities (VASRD).

i. Memorandum, MCCS, 7 Oct 04, subject: Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) Referrals Using the DA Form 3349, Physical Profile.

j. Memorandum, MCHO-CL-C, 20 Sep 01, subject: Metrics and Procedures for Improving Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) Processing.

k. Physical Disability Agency Policy #18: Physical Evaluation Board (PEB) Administrative Termination of Cases Inadequate for Adjudication and Due to other Reasons, 8 Feb 07.

l. Memorandum, Under Secretary of Defense memorandum, 3 May 07, subject: Policy Guidance for the Disability Evaluation System and Establishment of Recurring Directive-Type Memoranda.

2. Purpose: This policy memorandum restates previously issued guidance and establishes new/revised metrics and procedures for improving MEB/PEB processing.

3. Proponent: The proponent for this policy is the Health Policy and Services Directorate.

4. Policy:

a. The timely processing of Soldiers with injuries and impairments has a major impact on Army readiness. MEB processing is a core competency for the Army Medical Department (AMEDD). The rehabilitation phase is potentially the most time-consuming phase and is by far the most difficult to monitor. Physicians must implement treatment plans that optimize medical benefit in order to allow Soldiers to return to duty as quickly as possible. Optimal medical benefit is defined as the point during hospitalization or outpatient medical treatment when a Soldier's progress appears to have medically stabilized. If return to duty is not possible following an optimal treatment plan, the physician must render a decision as early as possible on the need for a permanent profile and referral to a Military Occupational Specialty (MOS)/Medical Retention Board (MMRB) or MEB.

b. Physicians who identify Soldiers with medical conditions not meeting fitness standards for retention will initiate a DA Form 3349, Physical Profile, referring them to the Physical Disability Evaluation System (PDES). Soldiers issued a permanent profile with a numerical designator of 3 or 4 in one of the physical profile factors are referred to either the MMRB or the Physical Evaluation Board Liaison Officer (PEBLO) to initiate an MEB. Once the decision to initiate an MEB is made by the provider, the MEB should be completed and mailed within 90 days. The start date for the 90 day interval is the date the profiling officer signs the permanent profile (first signature of two required). Evaluation of the processing timeliness of MEBs referred by the MMRB begins on the date the Soldier's packet is received at the military treatment facility (MTF) from the MMRB Convening Authority. The date the MEB packet is mailed to the PEB is the ending date for the 90-day interval.

c. MTFs have made improvements in the processing of MEBs, but there is an opportunity to implement new strategies and improve the efficiency of current processes. No single solution will meet the needs of every MTF; however, MTFs must commit both time and resources to this effort. The PEBLO is the key player in ensuring the administrative processing, counseling, and education of the Soldier/Soldier's family is done in a timely and compassionate manner. Each MTF should evaluate their current PEBLO-to-case ratio and bring it into alignment with the Army Medical Action Plan guidance of one PEBLO for every 30 Soldiers in the PDES process.

d. MTFs will assign an MEB physician(s) to oversee clinical support for the MEB process. Training for the MEB physician is provided by the MEDCOM and the US Army Physical Disability Agency (USAPDA). Provider-specific distance learning modules are

available at http://www.cs.amedd.army.mil/apdes/purpose.aspx. These on-line training courses are mandatory for MEB physicians and must be made either a requirement for employment or be completed within 30 days of the effective date of this policy. Additionally, attendance at the USAPDA Senior Adjudicator Course is highly encouraged.

e. Providers will assess the status of Soldiers in the Warriors in Transition Unit (WTU) as well as those within the MEB processing phase, on a weekly basis. The Deputy Commander for Clinical Services (DCCS), or a designated representative, will conduct a review weekly to ensure these Soldiers are being processed in a timely manner. Additionally, providers will evaluate Soldiers in the WTU for greater than 1 year for referral into the Physical Disability Evaluation System (PDES). The DCCS, or a designated representative, will closely manage appointments for Soldiers undergoing MEB processing IAW MEDCOM Policy. Soldiers should not schedule their own MEB-related appointments.

f. MTFs will track all permanent profiles from issuance until MMRB or MEB completion. Providers will review temporary profiles that cumulatively total greater than 1 year to determine if a permanent profile, or other clinical intervention, is required. Procedures must be in place to ensure that unit commanders and the Military Personnel Office receive permanent profiles. Physicians should be cognizant of how long Soldiers have been on temporary profiles and must thoroughly understand when it is most appropriate to refer a Soldier to an MMRB vs. undergoing an MEB.

g. The DCCS or the designated MEB-approving official should review all cases returned by the PEB. The DCCS or the designated MEB-approving official will aggressively manage, correct, and resubmit cases to the PEB within 30 days of receipt. Cases not returned to the PEB within 60 days will be administratively terminated by the PEB.

h. The Medical Evaluation Board Internal Tracking Tool (MEBITT) is the primary database for managing Soldiers in the PDES. All MTFs are required to use this application. Data input into MEBITT must be timely and accurate. The MEBITT provides MTFs with access to real time and retrospective data. Additionally, it provides MTFs the ability to conduct data analysis, provide unit commanders status updates, and identifies when cases have exceeded the standards.

i. Current reference material regarding MEB/PEB processing is available on the MEDCOM PAD website https://pad.amedd.army.mil/meb.html. This site contains information applicable to both PEBLOs and providers. Additionally, distance learning training modules are available at http://www.cs.amedd.army.mil/apdes/purpose.aspx.

5. Responsibilities:

a. The DCCS and Chief, Patient Administration Division, have overall responsibility and oversight over the respective clinical and administrative processing of MEBs.

b. The PEBLO is responsible for performing the primary duties of counseling Soldiers who are undergoing physical disability evaluation. The PEBLO provides Soldiers with authoritative and timely answers to their questions about the physical disability system and aids them in understanding their rights and entitlements.

c. MEB physicians serve as clinical experts in the preparation of required supporting medical documentation for the MEB.

d. The Nurse Case Manager will assist the PCM to facilitate the Service Member's referral to the PDES IAW DODI 1332.38. The PCM with the Case Manager, in conjunction and collaboration with the interdisciplinary team, the Soldier and his family, will facilitate, determine and monitor the PDES referral. Service members in-transition and their Families must receive detailed counseling and frequent updates regarding their MEB/PEB process and status.

6. Procedures. MEB processing requires efficient and effective management of both clinical and administrative processes. The MEDCOM metrics for processing MEBs are as follows:

a. Complete and forward the MEB to the PEB within 90 days from physician initiation of the MEB (first signature) or within 90 days from date the MTF receives the case from the MMRB Convening Authority. The new standard is to complete 80% of the cases within 90 days. This metric measures the timeliness/efficiency of MEB processing.

b. Mail the MEB to the PEB within 30 days from dictation of the Narrative Summary (NARSUM). The 30-day DoD standard is a sub-component of the MEDCOM standard. The new standard is to complete 80% of the cases within 30 days (Reference I).

c. The percentage of returned cases should not exceed 10 percent of cases submitted to the PEB. This metric measures the quality of MEBs processed by an MTF.

FOR THE COMMANDER:

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