MEB Phase Implementation Policy Guidance

1. References.

a. MEDCOM OPORD 12-31 (MEDCOM Implementation of the Integrated Disability Evaluation System), dated April 2012

b. HQDA EXORD 080-12 (Army DES Standardization), dated 17 February 2012.

c. Directive-Type Memorandum (DTM) 11-015-Integrated Disability Evaluation System (IDES), dated 19 December 2011.

d. Army Regulation 40-400. Patient Administration, dated 27January 2010.

e. Army Regulation 40-501. Standards of Medical Fitness, dated 23 August 2010.

f. Army Regulation 635-40. Physical Evaluation for Retention, Retirement or Separation, dated 8 February 2006.

1. Purpose.

This document defines the processes and standards for completion of the Medical Evaluation Board (MEB) phase of the Integrated Disability Evaluation System (IDES), Phase I of MEDCOM OPORD 12-31. The IDES process is Soldier and Family-centered, non-adversarial, and supportive of service members. The Integrated Disability Evaluation process documents the presence of medical or psychological conditions that impact military occupational, future civilian occupational, and/or social capabilities based on the administrative review of existing medical documents and Veterans Affairs (VA) Compensation and Pension Exam (C&P) results.

1. Proponent. The proponent for this policy is MEDCOM G 3/5/7.
2. Responsibilities.
3. Regional Medical Commanders (RMCs) will ensure all Medical Treatment Facilities (MTFs) comply with this order.

Background: This Annex to MEDCOM OPORD 12-31 establishes directives for standardization of MEB Phase processes and NARSUM preparation. The dramatic increase in Narrative Summary (NARSUM) backlog during the MEB Stage of IDES has been attributed to variability in processes and standards across Army MTFs. Performance Standards, including NARSUM productivity targets and VTA data quality targets, will be addressed separately.

1. Summary of Key Policy Guidance.

a. The VA C&P exam will be the medical examination of record for the MEB phase of IDES (DTM-11-015, December 19, 2011).

b. The MEB examiners responsible for signing the NARSUM and DA 3947, Report of Medical Evaluation Board Proceedings are the General Medical Examiner, the Behavioral Health Examiner for cases involving BH diagnoses, and the Dental Examiner for cases involving dental conditions (AR 40-400, chapter 7). The General Medical Examiner has primary responsibility to develop the content of the NARSUM. When applicable, BH and Dental examiners may prepare NARSUMs for cases that have primary behavioral health or dental conditions or when General Medical Examiners have significant questions about conditions in these specialties. BH and dental examiners are required to review and sign the DA 3947 when BH or dental conditions are listed.

c. The MEB examiners will administratively review the VA C&P examination and other available records to develop the necessary informed opinions to prepare the MEB documents. MEB examiners are not rendering clinical diagnoses nor are they confirming or refuting VA findings. There is no requirement to conduct clinical evaluations or appointments when the VA C&P examination and available military records are sufficient to make a reasonable determination regarding medical retention standards (AR 40-400, chapter 7-9). Where the MEB examiner finds evidence (to include consideration of the VA C&P examination results) sufficient to make the required MEB IDES NARSUM findings, the MEB examiner does not need to schedule an appointment with a Soldier to conduct an examination or re-evaluation.

d. All referred diagnoses and diagnoses from the VA C&P exam, including BH diagnoses, must be listed in the Integrated NARSUM (constructed using the IDES NARSUM format previously referred to as the “Abbreviated NARSUM”) and on the DA 3947. The Integrated NARSUM is the only authorized format.

e. MEB examiners will determine whether retention standards per AR 40-501 Chapter 3, Medical Fitness Standards for Retention and Separation are met for each condition identified on the MEB referral profile and on the C&P exam. Determinations of fitness for duty and/or medical disqualification are the sole prerogative of the PEB.

f. All MEB activities are administrative in nature; workload will be reported in DMHRSi under the MEPRS code “FEDC”. All clinical appointments and encounters shall be coded using the MTF MEPRS clinic-specific B-Codes.

6. Tasks

a. I-A MEB Referral Stage.

(1) The MEB Convening Authority or designee confirms that the Medical Retention Determination Point (MRDP) has been reached for the referred condition(s) and establishes the entry into the MEB Referral Stage by 1) co-signing the P3/P4 profile, 2) completing Section 1 of the VA Form 21-0819 (VA/DoD Joint Disability Evaluation Board Claim), and 3) ensuring that all referred conditions considered for fitness for duty evaluations are accurately recorded.

(2) MEB Convening Authority transmits these two forms to the Physical Evaluation Board Liaison Officer (PEBLO) or designated representative within 72 hours of the Convening Authority’s signature.

(3) The PEBLO will coordinate a Soldier and Family-centered multidisciplinary orientation meeting, to include, at a minimum, the MEB General Medical Examiner (or designee) , MEB Counsel, and member of Soldier’s chain of command to occur within 14 days of initiation of the MEB (EXORD 080-12). This team meeting will ensure that:

(a) Soldier and MEB team members know each other.

(b) Soldier and MEB team share contact information.

(c) Soldier and MEB team establish expectations for the MEB Process.

(d) MEB team understands condition(s) listed on the referring P3/P4 profile and those that may be listed on the VA Claim Form 21-0819.

(e) Soldier has access to military medical treatment services, if needed (e.g. an emerging behavioral health condition that has not previously been treated.)

(4) The NARSUM shall be prepared solely on the basis of an administrative review of the VA C&P examination and military records. The MEB examiner (or designee) may meet with the Soldier to review the history related to the referred or claimed conditions and/or to gain understanding of any concerns the Soldier (or family) may have.

(a) This appointment may be used to refer the Soldier to any needed health care services.

(b) MEB staff may begin to compose a draft NARSUM based on conditions identified on the referring P3/P4 profile and, if available, those anticipated to be claimed on the VA 21-0819.

(c) This meeting must not interfere with VA C&P examination appointments.

(5) The PEBLO will provide collated copy of all medical records to the VA Medical Service Coordinator (MSC). The records will be organized to facilitate expeditious review of documents by VA examiners.

b. 1-B Claim Development Stage.

(1) The VA MSC provides a copy of the completed VA Form 21-0819 (and supporting VA 21-4138) to the PEBLO prior to C&P exam.

(2) MEB examiners and IDES staff review all referred and claimed conditions and may initiate or continue preparation of a draft NARSUM.

c. 1-C VA C&P Disability Examination Stage.

(1) The PEBLO and General Medical Examiner will review VA Claim Form 21-0819 (and supporting 21-4138) and referring P3/P4 profile to look for BH condition(s).

(2) If a BH condition has been identified and if the Soldier is not already receiving BH care, the Soldier will be referred to military or network BH services to ensure access to appropriate BH care. This is most likely in situations where BH concerns are reflected in claimed conditions.

(a) This BH referral is a standard clinical referral, and is intended particularly for Soldiers who may have been reluctant to consider discussing BH concerns or treatment prior to completing the VA 21-0819.

(b) The BH clinical referral is not intended to replace, conflict with, or supersede the diagnostic determinations resulting from the VA C&P examination.

(c) Any new BH clinical evaluation or treatment records should be reviewed by the MEB examiner as part of the administrative review in advance of NARSUM preparation. The development of new clinical evaluations or treatment records will not delay the development of the IDES NARSUM or delay the overall MEB process as MRDP has been met for one or more referred conditions.

(3) The PEBLO or designee will coordinate with Soldier to obtain any additional relevant documentation (e.g., civilian/non-network care, Military One Source, VA care, in-theater care that might not be in AHLTA, etc.) to support VA-identified conditions.

d. 1-D MEB Stage.

(1) The MEB Stage includes the administrative review of the C&P examination and available military records in support of NARSUM preparation.

(2) The MEB examiner will accept the VA C&P as the medical examination of record.

(3) The MEB examiner is not required to confirm or validate documented conditions.

(4) The MEB examiner will ensure that all referred conditions and conditions included on the C&P examination are listed on the Integrated NARSUM and DA 3947; and will identify whether each meets or does not meet medical retention standards. **The Integrated NARSUM is the only authorized NARSUM format**. The Integrated NARSUM Guide Book associated with the mandatory Advanced MEB Adjudicator’s Course Training will be published and updated to reflect current process requirements.

(5) If the C&P examination fails to provide the minimal requirements to support the diagnosis or otherwise fails to meet acceptable quality standards, the MEB examiner may seek additional information from AHLTA notes, treating providers, or the Soldiers themselves in order to complete the NARSUM. Preferably, the examiner has a method for returning the VA C&P examination to the VA for further information or clarification. The MEB Convening Authority or MTF Commander will provide feedback to the VA through the appropriate VA representative about the quality of the C&P evaluation in question.

(6) For each condition that does not meet retention standards, the NARSUM must address:

(a) The basis of the diagnosis, its onset, treatment summary, non-compliance statement (when applicable), its prognosis, its impact on duty performance, applicable AR 40-501 Chapter 3 provisions, and mental competency statement (when applicable).

(b) How functional limitations confirm that retention standards are not met because the condition 1) significantly interferes with Soldier’s performance of duties, 2) potentially compromises or aggravates Soldier’s health or well-being if they were to remain in the military, 3) potentially compromises the health or well-being of other Soldiers, or 4) prejudices the best interests of the Government if the individual were to remain in military service.

(c) Although a Commander’s Statement (DA 7652) is required as one of the IDES process documents, completion of the NARSUM and DA 3947 does not require substantiation of duty limitations by the Soldier’s Commander or supervisor for medical conditions listed in AR 40-501,paragraphs 3-5 to 3-41(a-d) and 3-42 to 3-46.

1. MEB examiners are authorized to make retention determinations for all of the conditions in these paragraphs without input from the Soldier’s chain of command.

2. Commander or supervisor duty limitation substantiation is required for miscellaneous conditions or defects listed in AR 40-501, chapter 3-41(e).

(d) For conditions identified on the VA C&P examination without supporting documentation in treatment records, the MEB examiners will determine that the condition fails retention standards if it is generally reasonable to conclude that 1) the condition (alone or in combination with the Soldier’s other conditions) would significantly compromise a Soldier’s health or wellbeing if Soldier remained in the military and/or 2) the condition (alone and/or in combination with the Soldier’s other conditions) interferes with Soldier ‘s ability to perform any one of the 10 functional activities. All MEB examiners must have expertise with AR 40-501, Chapter 3 to make determinations per specified standards. The MEB examiner may ask the Soldier or Family member to describe the impact of the condition on their military and personal lives. It is recognized that Soldiers with significant BH conditions (e.g., PTSD) may preserve military performance while other domains of life reflect significant disability or impairment.

(7) For each diagnosis that meets retention standards, the MEB examiner will document that the MEB has considered whether the condition (individually and/or in combination with the Soldier’s other conditions) is cause for referral to the MEB, according to AR 40-501.

(a) The MEB examiner will briefly state why the condition does not fail retention standards, using evidence in the VA C&P examinations, language in AR 40-501, the AHLTA record, previous profiles, Commanders’ Statements, and any other supporting documentation.

(b) Every claimed condition must have a corresponding statement regarding retention standards. Combining diagnoses with a common explanation is acceptable.

(8) There is no requirement for a Diagnostic Variance memo, since all C&P-identified conditions will be listed in the NARSUM and identified as meeting or not meeting retention standards. No additional clinical diagnostic re-evaluation will be conducted by the MEB examiners.

(9) In cases where a Soldier is referred for care following the C&P exam, and the subsequent course of treatment reveals a condition that materially changes the findings of the MEB, the treating provider will provide a concise written summary to the MEB Convening Authority detailing the clinical findings. The MEB Convening Authority will evaluate the summary statement and decide whether to reconvene the MEB. Only under the most unusual circumstances will the MEB be delayed pending the outcome of treatment.

(10) Referred and claimed BH conditions will be included in the Integrated NARSUM and addressed in the same way as all other diagnoses.

(a) MEB General Medical examiners are authorized to make retention standard determinations for BH conditions in the same manner that they are authorized to make determinations for any other diagnosis, with consultation, as needed, from the BH examiner.

(b) Alternatively, the BH examiner (or designee) may prepare the BH sections of the NARSUM for addition into the Integrated NARSUM.

(c) The BH examiner (psychiatrist or a doctoral-level clinical psychologist ) must co-sign any NARSUM in which a BH condition is listed. The signature does not necessarily indicate an agreement with the diagnosis listed on the C&P exam, but constitutes verification that the condition was considered with regard to its impact on the Soldier’s duty status.

(d) The BH examiner will not confirm or validate BH conditions documented by the licensed VA C&P examiners, but must ensure that all of the conditions from the C&P exam are addressed in the NARSUM and identified as meeting or not meeting retention standards in accordance with AR 40-501.

(e) In rare cases when the military medical record and the C&P examination do not provide adequate information to support determinations of duty impact related to a particular diagnosis, the MEB examiner may seek out additional information from treating providers, commanders and/or the Soldier though phone, email, or, when absolutely necessary, a non-clinical face-to-face meeting.

(f) The C&P exam findings regarding mental competency can be used to satisfy the requisite MEB Mental Competency Statement. In rare instances, the BH examiner will direct any additional consults, evaluations and testing. The BH examiner will oversee all other personnel supporting BH MEB casework, such as social workers or other personnel involved in reviewing claim forms and clinical records for BH conditions or preparing a draft of the BH portion of the NARSUM.

(11) Additional information generated by primary and/or specialty consults (including those previously attached as Addendums) will be incorporated into the Integrated NARSUM, with focus on retention standard determination and the requirements set forth in the IDES NARSUM.

e. I-E Impartial Medical Review (IMR) and MEB Rebuttal Stages.

(1) Upon completion of the NARSUM, the PEBLO and/or the MEB examiner will review the NARSUM with the Soldier to ensure the Soldier-centered process addresses Soldier’s concerns.

(a) If the Soldier provides additional documentation or evidence that existing treatment records were not included, the MEB examiners will incorporate additional supporting information into the NARSUM.

(b) The Soldier may request an Impartial Medical Review (IMR) to ensure that all conditions have been adequately addressed in the NARSUM.

(c) The MEB Convening Authority will review the findings of the IMR and decide if the case requires revision prior to being finalized.

(d) The IMR is an important component of the due process in IDES that promotes transparency and builds Soldier trust and satisfaction. It is distinct from the MEB Rebuttal and PEB Appeal processes and should focus on ensuring all relevant medical diagnoses have been considered.

(e) Other disagreements or objections should be addressed during the MEB Rebuttal.

(f) The IMR reviewer(s) cannot be one of the signature authorities for the Soldier’s MEB, and/or NARSUM process. The IMR reviewer may be one of the treating providers and should have expertise in evaluating the condition(s) under review and have familiarity with the IDES process.

(g) Whether or not the Soldier requests an IMR, he/she may appeal or rebut the NARSUM.

(h) The MEB Convening Authority must respond to the appeal. The Convening Authority may leave the NARSUM as written, return it to the MEB examiner for clarification and modification, or incorporate a formal response to the appeal/rebuttal as part of the NARSUM.

(2) Finalization of the DA Form 3947 Medical Evaluation Board Proceedings.

(a) The PEBLO or designee must update the DA Form 3947 to include all medical and psychological conditions which meet and fail retention standards as determined by review of the medical treatment records and the VA C&P exam.

(b) The MEB examiner’s signature (and, if required the BH/Dental examiner’s co-signature) on the DA Form 3947 certifies that all above requirements have been met.