MEB Phase Implementation Policy Guidance

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

2. **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, and non-adversarial. The IDES 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 medical documents and Veterans Affairs (VA) Compensation and Pension Exam (C&P) results.

3. **Proponent.** The proponent for this policy is MEDCOM G 3/5/7.

4. **Responsibilities.**

   a. 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 Narrative Summary (NARSUM) preparation. The dramatic increase in 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.
5. **Summary of Key Policy Guidance.**

   a. **[CHANGE] The IDES is an administrative (versus clinical) process.** The VA C&P examination is the statutorily-mandated military separation examination and will be the medical examination of record for the MEB phase of IDES. (DTM-11-015, December 19, 2011). **The MEB provider will not conduct clinical examinations.**

   b. The MEB provider(s) responsible for signing the NARSUM and DA 3947, Report of Medical Evaluation Board Proceedings include: the General Medical MEB provider; the Behavioral Health (BH) MEB provider (if the Soldier has a BH diagnosis); and, the Dental MEB provider (if the Soldier has a dental condition). The General Medical MEB provider has primary responsibility to develop the NARSUM. When applicable, or at the direction of the General Medical MEB provider, a BH and Dental MEB provider may prepare a NARSUM when the case involves primarily BH or dental condition. The BH and dental MEB provider reviews and signs the DA 3947 lists a BH or dental condition.

   c. **[CHANGE] The only authorized NARSUM format is the Integrated IDES NARSUM format (See Appendix 2).** The MEB provider prepares the NARSUM utilizing the VA C&P examination and other available records. VA C&P examinations must meet VA C&P worksheet standards, to include a medical basis for each rendered diagnosis. Where the C&P examination does not include the medical basis for the diagnosis, or otherwise does not appear to comport to the VA standard, the MEB provider requests clarification (as per paragraph 6.d.(5)). The MEB provider will not conduct any medical examinations or otherwise clinically evaluate the Soldier.

   d. **[CHANGE] The MEB provider lists all referred diagnoses and diagnoses from the VA C&P examination, including BH diagnoses, in the NARSUM and on the DA 3947.** The MEB provider does not include claimed conditions that have not been given a diagnosis by VA.

   e. The MEB provider determines whether retention standards per AR 40-501 Chapter 3, Medical Fitness Standards for Retention and Separation are met for each diagnosis identified on the MEB referral profile and on the VA C&P examination. (Determinations of fitness for duty and/or medical disqualification are the sole prerogative of the PEB.)

   f. **[CHANGE] All MEB activities are administrative in nature; workload will be reported in DMHRSi under the MEPRS code “FEDC”.** (See Appendix 3)

   g. **[CHANGE] A multidisciplinary meeting will be provided for Soldier orientation to IDES and expectation management.**
ANNEX O (MEB Phase Implementation Guidance) to OPORD 12-31 (MEDCOM IMPLEMENTATION of the INTEGRATED DISABILITY EVALUATION SYSTEM)

6. Tasks

   a. I-A MEB Referral Stage.

      (1) The MEB Convening Authority or designated provider confirms that the Medical Retention Determination Point (MRDP) has been reached for at least one condition, establishing the entry into the MEB Referral Stage. The MEB Convening Authority or designated provider also: 1) co-signs the P3/P4 profile; 2) completes Section 1 of the VA Form 21-0819 (VA/DoD Joint Disability Evaluation Board Claim); 3) ensures that all other 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) [CHANGE] The PEBLO coordinates a Soldier and Family-centered multidisciplinary orientation meeting within 14 days of initiation of the MEB (EXORD 080-12). This multidisciplinary meeting will include, at a minimum, PEBLO leadership, an MEB provider, and representation from the Soldier's MEB Counsel. It is strongly encouraged that an MSC representative and a member of Soldier's chain of command also attend. This multidisciplinary meeting will ensure that:

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

         (b) Soldiers and MEB team share contact information.

         (c) The MEB team establishes expectations for the MEB Process.

         (d) The MEB team clearly communicates that all Soldiers in the MEB process have continued access to medical services (including Behavioral Health).

      (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 provider (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) [CHANGE] If additional health care needs are identified during the IDES process, the MEB provider will coordinate with the PCM so the Soldier may obtain appropriate treatment.
(b) MEB providers 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 the VA C&P examination appointments.

(5) The PEBLO provides a collated copy of all medical records (including behavioral health records) to the VA Medical Service Coordinator (MSC). The records are organized to facilitate expeditious review of documents by VA C&P 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 the VA C&P examination.

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

c. 1-C VA Medical Examination Stage.

(1) The PEBLO and MEB provider review VA Form 21-0819 (and supporting VA Form 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 is 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) The MEB provider reviews any new BH clinical evaluation or treatment record as part of the administrative review in advance of NARSUM preparation. The development of a new clinical evaluation or institution of additional treatment does not delay the MEB process because the Soldier has already met MRDP.
ANNEX O (MEB Phase Implementation Guidance) to OPORD 12-31 (MEDCOM IMPLEMENTATION of the INTEGRATED DISABILITY EVALUATION SYSTEM)

(3) The PEBLO or designee coordinates 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 diagnoses.

d. 1-D MEB Stage.

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

(2) The standard for preparing a VA C&P examination is specified on the following VA website. http://www.vba.va.gov/bln/21/benefits/exams/index.htm. The MEB provider accepts the VA C&P examination as the medical examination of record.

(3) The MEB provider is not required to confirm or independently validate conditions or diagnoses.

(4) [CHANGE] The MEB provider must use the Integrated NARSUM. The Integrated NARSUM is the only authorized NARSUM format. The MEB provider must have expertise with AR 40-501, Chapter 3, Medical Fitness Standards. Within the NARSUM, the MEB provider discusses each condition (referred diagnoses and new diagnoses from the VA C&P examination). The MEB provider determines whether or not each condition meets or does not meet retention standards. The MEB provider may utilize additional information from AHLTA notes, treating providers, commanders, or the Soldiers themselves to make retention standard decisions. The MEB provider lists all referred diagnoses and diagnoses from the VA C&P examination, including BH diagnoses, in the NARSUM and on the DA 3947 (see Appendix 2).

(5) [CHANGE] If the VA C&P examination fails to provide the minimal supporting documentation for a diagnosis, or fails to make a diagnosis that is clearly supported in the service treatment record, the MEB may seek clarification on the VA C&P examination (see Appendix 2). The method for obtaining clarification of a VA C&P examination is outlined as follows:

(a) When a MEB provider identifies an area of a VBA contracted C&P examination that requires clarification or correction, they should raise the issue to contractexam.vbaco@va.gov.

(b) The Contract Management staff will analyze the issue, and when necessary, will work with the contractor to resolve the questions or problems raised by the MEB provider.
ANNEX O (MEB Phase Implementation Guidance) to OPORD 12-31 (MEDCOM IMPLEMENTATION of the INTEGRATED DISABILITY EVALUATION SYSTEM)

(c) Inquiries to the Contract Management Staff must include the following information: Contract #, date of exam, and date of report. This information appears under the Soldier’s name (shown as CLAIMANT) at the start of each report. Also, indicate the specific type of exam (audiology, psychology, general medical) in question. NOTE: Do NOT include the Soldier’s SSN, or the Soldier’s name in combination with medical information in unencrypted email.

(d) When a MEB provider identifies an area of a VHA C&P examination that requires clarification or correction, they should coordinate with the MSC to contact the VHA C&P examiner and work with the MEB provider to resolve the questions or problems.

(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) Specific information explaining why the condition does not meet medical retention standards. Generally this will mean the examiner will address whether 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) A Commander's Statement (DA 7652) is required as one of the IDES process documents. However, the MEB may find a Soldier's condition does not meet retention standards even if Soldier's Commander or supervisor does not substantiate duty limitations. See AR 40-501, paragraphs 3-5 to 3-41(a-d) and 3-42 to 3-46.

1. MEB provider is 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) [CHANGE] For conditions given a diagnosis on the VA C&P examination, [DELETE] without supporting documentation in treatment records, the MEB provider determines whether the condition fails retention standards with reference to one or more AR 40-501, chapter 3 provisions. Note: AR 40-501, 3-41 (e) (1) provides that a condition does not meet retention standards when 1) the condition (alone or in
combination with the Soldier's other conditions) would significantly compromise a Soldier's health or well-being if Soldier remained in the military and/or 2) the condition (alone and/or in combination with the Soldier's other conditions) interferes with the Soldier’s ability to perform any one of the ten functional activities. The MEB provider may ask the Soldier or Family member (where appropriate) to describe the impact of the condition on the Soldier's military and personal lives. It is recognized that a Soldier 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 provider documents that the MEB 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) With reference to AR 40-501, Chapter 3, the MEB provider briefly states why the condition does not fail retention standards, using evidence in the VA C&P examination, the AHLTA record, previous profiles, Commander’s Statement, and any other supporting documentation.

(b) Every diagnosis from the VA C&P examination must have a corresponding statement regarding retention standards. Combining diagnoses with a common explanation is acceptable.

(8) [CHANGE] No Diagnostic Variance Memorandums (DVMs) will be written. The MEB provider discusses each diagnosis from the VA C&P examination in the NARSUM and includes each diagnosis on the DA 3947. Diagnoses from the VA C&P examination without supporting medical documentation will first be clarified from the VA C&P examiners (as per paragraph 6.d.(5)). The MEB provider indicates "no medical basis" for VA C&P examination diagnoses for which the VA provided no medical basis (and for which none appears in the record). No additional clinical diagnostic re-evaluation is conducted by the MEB provider. The diagnosis will still be included in the NARSUM and included on the DA 3947 with the statement "no medical basis."

(9) In cases where a Soldier is referred for care following the VA C&P examination, 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 evaluates the summary statement and decides whether to reconvene the MEB. Only under the most unusual circumstances will the MEB be delayed pending the outcome of treatment.
(10) The MEB provider includes and addresses referred BH diagnoses and diagnoses identified on the C&P examination in the same way as all other diagnoses.

(a) The General Medicine MEB provider is authorized to make retention standard determinations for BH conditions in the same manner as they are authorized to make determinations for any other diagnosis, with consultation, as needed, from the BH MEB provider.

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

(c) The BH MEB provider (psychiatrist or a doctoral-level clinical psychologist) must co-sign any NARSUM in which a BH condition is listed. The BH MEB provider signature does not necessarily indicate an agreement with the diagnosis listed on the C&P examination by the VA C&P examiner, but indicates that the BH MEB provider considered the impact of the diagnosis on the Soldier’s ability to meet retention standards.

(d) Neither the General Medical or BH MEB provider independently confirms or validates BH conditions documented by the licensed VA C&P examiners. The MEB provider ensures that all diagnoses from the C&P examination are addressed in the NARSUM and identifies whether each diagnosis meets or does not meet retention standards in accordance with AR 40-501, Chapter 3.

(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 provider may obtain additional information from treating providers, commanders and/or the Soldier though phone, email, or, when necessary, a non-clinical face-to-face meeting.

(f) [CHANGE] The MEB provider may ask the Soldier, family member, or commander (where appropriate) to describe the impact of the condition on the Soldier's military and personal life. It is recognized that a Soldier with significant BH conditions (e.g., PTSD) may preserve military performance while other domains of life reflect significant disability or impairment.

(f) [CHANGE] The MEB provider may use the VA C&P examination mental competency assessment providing the VA C&P exam addresses: whether the Soldier is mentally competent for pay purposes; capable of understanding the nature of, and cooperating in, PEB proceedings, and whether the Soldier is dangerous to themselves or others.
ANNEX O (MEB Phase Implementation Guidance) to OPORD 12-31 (MEDCOM IMPLEMENTATION of the INTEGRATED DISABILITY EVALUATION SYSTEM)

(g) In rare instances, the BH MEB provider will direct any additional consults, evaluations and testing. The BH MEB provider 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 NARSUM, with focus on retention standard determination and the requirements set forth in the IDES NARSUM. (See Appendix 2)

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

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

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

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

(b) Any disagreements or objections with the content of the NARSUM or the retention findings of the MEB should be addressed during the MEB Rebuttal.

(c) 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.

(d) [CHANGE] The MEB Appellate Authority will review the findings of the IMR and decide if the case requires revision prior to being finalized. If required, the MEB Appellate Authority will direct an amendment to the NARSUM and revision of the DA Form 3947.

(3) Whether or not the Soldier requests an IMR, the Soldier may appeal or rebut the NARSUM.
ANNEX O (MEB Phase Implementation Guidance) to OPORD 12-31 (MEDCOM IMPLEMENTATION of the INTEGRATED DISABILITY EVALUATION SYSTEM)

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

(b) [CHANGE] The MEB Appellate Authority must respond to the appeal. The Appellate Authority may leave the NARSUM as written, return it to the MEB provider for clarification and modification, or incorporate a formal response to the appeal/rebuttal as part of the NARSUM.

f. I-F Finalization of the DA Form 3947 Medical Evaluation Board Proceedings.

(1) The PEBLO or designee updates the DA Form 3947 to include all medical and psychological diagnoses which meet and fail retention standards as determined by the MEB provider’s review of the medical treatment records and VA C&P exam.

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

Appendixes: