



DoD MANUAL 1332.18, VOLUME 2

DISABILITY EVALUATION SYSTEM MANUAL: QUALITY ASSURANCE PROGRAM

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Purpose: This manual is composed of several volumes, each containing its own purpose. In accordance with the authority in DoD Directive (DoDD) 5136.01:

- This manual implements policy, assigns responsibilities, and provides procedures for the Disability Evaluation System (DES) pursuant to DoD Instruction (DoDI) 1332.18.
- This volume implements the statutory authority for carrying out the Quality Assurance Program (QAP) for the Integrated Disability Evaluation System (IDES) process pursuant to a note in Section 1222 of Title 10, United States Code (U.S.C.), and Section 524 of Public Law 112-239.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

This volume applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

1.2. POLICY.

Pursuant to DoDI 1332.18:

- a. The DES is the mechanism to determine fitness for duty, separation, or retirement of Service members because of disability.
- b. Each Military Department and the Defense Health Agency (DHA) will conduct quality assurance reviews to monitor and assess the elements of accuracy and consistency of medical evaluation boards (MEBs) and physical evaluation boards (PEBs), as well as the proper performance of MEBs, PEBs, and PEB liaison officer (PEBLO) duties, conducted under their respective jurisdictions.
- c. In accordance with DoDIs 5400.11 and 5400.16; Section 552a of Title 5, U.S.C.; and Part 164 of Title 45, Code of Federal Regulations, personally identifiable information collected, used, maintained, or disseminated in executing this issuance will be appropriately maintained and safeguarded to prevent its unauthorized access, use, disclosure, or loss.
- d. In accordance with Title 5, U.S.C., the Secretaries of Military Departments and the DHA will comply with appropriate collective bargaining obligations, as applicable.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA):

- a. Oversees the Director, DHA in executing DES programmatic and operational responsibilities that include DES support through the military medical treatment facilities (MTFs), in accordance with DoDD 5136.01 and the March 27, 2019 USD(P&R) Memorandum.
- b. Oversees the development and execution of the policies and procedures for DES processes as specified in DoDI 1332.18; Title 10, U.S.C.; and this manual.

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH SERVICES POLICY AND OVERSIGHT (DASD(HSP&O)).

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the DASD(HSP&O):

- a. Oversees, assesses, and reports on the DES QAP elements to the ASD(HA), in coordination with the Secretaries of the Military Departments.
- b. Develops QAP performance measures and goals in accordance with the USD(P&R) Strategic Plan.
- c. Establishes reporting requirements necessary to monitor and assess Military Department and DHA DES QAP performance and compliance with this volume, as applicable.
 - (1) No later than July 1 of each year, publishes the QAP data, including an assessment of the accuracy and consistency of MEB and PEB determinations and the proper performance of MEBs, PEBs, and PEBLO duties, which the Military Departments must include as part of the DES QAP Annual Report.
 - (2) Analyzes the QAP data individually submitted by, and collectively redistributed to, the Military Departments in annual and quarterly DES QAP reports.
 - (3) Develops procedures and processes to conduct DES post-process case reviews (PPCRs), constructed case reviews (CCRs), and MEB case reviews (MCRs), including an annual review of statistical sampling requirements.
 - (4) Designates an independent review entity (defined in the Glossary) to develop and support CCRs.

(5) Oversees the annual review, update, and publication of PPCR checklists, MCR checklists, and other QAP requirements in coordination with the Secretaries of the Military Departments.

(6) Develops CCR themes and the distribution plan to issue the constructed cases to the Military Departments and DHA, as applicable.

(7) Evaluates consistency of determinations after receiving adjudicated constructed cases from the Military Departments.

(8) Advises and recommends improvements to the ASD(HA) for the DES QAP, in accordance with Section 3 of this volume and Paragraph 3.a.(13) of DoDD 5136.01.

(9) Identifies the independent review entity for DHA MTF cases.

2.3. DIRECTOR, DHA.

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the Director, DHA:

- a. Ensures QAP access to designated DoD DES electronic tracking system data in accordance with DoDI 1332.18.
- b. In coordination with the Secretaries of the Military Departments, supports the DES QAP in accordance with DoDD 5136.01 and other applicable Military Department policy.
- c. Designates an independent review entity to develop and support MCRs to ensure MEB determination accuracy and consistency.
- d. In coordination with the Secretaries of the Military Departments, establishes a QAP to:
 - (1) Oversee and ensure policies established by DoDI 1332.18, required by this manual, and as established by DHA are consistently implemented.
 - (2) Evaluate the accuracy and consistency of MEB determinations.
 - (3) Monitor and sustain proper MEB and PEBLO duty performance.
- e. Develops and publishes procedures to execute quality assurance, control, and improvement activities for the DES QAP and publishes them in a DHA-procedural instruction within 120 days.

2.4. SECRETARIES OF THE MILITARY DEPARTMENTS.

The Secretaries of the Military Departments:

- a. Establish procedures to ensure their respective departments comply with Chapter 61 of Title 10, U.S.C.; DoDI 1332.18; and this volume.
- b. Establish a QAP to:
 - (1) Oversee and ensure policies established by DoDI 1332.18, and required by this manual, are consistently implemented.
 - (2) Evaluate the accuracy and consistency of PEB determinations.
 - (3) Monitor and sustain proper PEB duty performance.
- c. Develop procedures to execute quality assurance, control, and improvement activities for the DES QAP.
- d. Designate an independent review entity composed of representatives from their Military Department to develop and support PPCRs to ensure PEB determination accuracy and consistency.
- e. Develop procedures to conduct in-process case reviews (IPCRs) as required by Paragraph 3.2.
- f. Develop procedures to receive, adjudicate, and submit constructed cases.
- g. Establish a process to compile and forward annual and quarterly DES QAP data submissions to the DASD(HSP&O), in accordance with the procedures set forth in this manual and DoDI 1332.18.

SECTION 3: DES QAP REVIEW PROCESS

3.1. GENERAL.

a. The DES QAP incorporates four separate case reviews to ensure accuracy and consistency of MEB and PEB determinations and proper duty performance of MEBs, PEBs, and PEBLOs. These include:

- (1) IPCRs conducted by the Military Departments.
- (2) PPCRs and MCRs conducted by an independent review entity identified by the Military Departments and the DHA.
- (3) CCRs conducted by an independent review entity identified by the DASD(HSP&O).

b. The Military Departments, the DHA, and their selected independent review entities must ensure that case reviews and QAP data submissions do not include protected health information or personally identifiable information.

3.2. IPCR.

a. The MEB convening authority reviews MEB physician recommendations to ensure the physicians performed their necessary duties when establishing their conclusions and recommendations.

b. The PEB or designated representative evaluates the case file for sufficiency to support adjudication.

c. Upon receipt of the quarterly data call from the DASD(HSP&O), the PEB president or designated representative will report the number and percentage of MEB cases returned from the PEB as insufficient to support adjudication. Cases must be reviewed, and scores calculated on the initial review of cases. The scores will not change to reflect corrections made because of the review.

3.3. PPCR.

a. An independent review entity, identified by each Military Department, will conduct PPCRs on randomly selected cases pending final disposition approval by the Secretary of the Military Department concerned.

b. The independent review entity will consist of personnel who have not previously pre-viewed, reviewed, or been involved in the disability adjudication determination of the cases under review. These personnel must:

(1) Receive training and have knowledge of the applicable laws, regulations, and policies governing MEB and PEB responsibilities before evaluating the accuracy of corresponding processes based on case file documentation.

(2) Have factual knowledge of legal and policy requirements of the DES and respective Service medical retention standards.

c. The Military Departments will provide written guidance and procedures for the independent review entity conducting PPCRs. The written guidance will include procedures for receiving and controlling the DES case files selected for review.

d. The Military Department will establish processes to reconcile differences between PPCRs and PEB outcomes. Any differences will be resolved before a Service member's separation from the Military Service. The Service member will be provided an opportunity to rebut any changes as a result of post-process quality assurance review procedures. All case discrepancies must be resolved before publishing the Service member's DD Form 214, "Certificate of Uniformed Service," (located at https://www.esd.whs.mil/Directives/forms/dd0001_0499/).

e. Each independent review entity must track DES decision discrepancies and manage these decision outcomes in accordance with applicable Military Department or DHA regulations and guidance.

f. PPCRs will:

(1) Occur monthly, in accordance with the DASD(HSP&O) sampling plan the ASD(HA) publishes.

(2) Be randomly selected by the Military Department concerned from DES inventory cases that are pending a finalized disability disposition decision. Disability evaluation cases pending appeal decisions will not be included in the PPCR inventory.

(3) Be conducted and documented by the independent review entity using the standardized PEB checklist and collection tool the DASD(HSP&O) provides and updates. Cases must be reviewed, and scores calculated on the initial review of cases. The scores will not change to reflect corrections made because of the review.

(4) Comply with the data submission requirements included in Section 4.

3.4. CCR.

a. The DES QAP CCRs will serve as a mechanism to reduce variance in decision outcomes across the Military Departments.

b. The DASD(HSP&O) will identify an independent review entity to support CCRs. CCRs will target specific issues, conditions, or high-level interest items identified by the DASD(HSP&O).

c. The independent review entity develops constructed cases designed to assess the specific issues, conditions, or high-level interest items identified by DASD(HSP&O) in coordination with the USD(P&R).

d. The DASD(HSP&O) will annually validate the number of constructed cases to be distributed to each Military Department for adjudication.

e. Each Military Department will:

(1) Complete adjudication of constructed cases within 30 calendar days of receipt.

(2) Require each PEB adjudicator to participate annually in the CCRs.

(3) Require the PEB to submit adjudicated cases to the independent review entity for evaluation and analysis.

f. The independent review entity will assess the results of the CCRs and submit a trend analysis to the DASD(HSP&O).

3.5. MCR.

a. The DES MCRs will serve to improve MEB recommendation and narrative summary (NARSUM) quality across all locations performing MEBs.

b. The DHA independent review entity will exclusively consist of personnel who have not previously previewed, reviewed, or been involved in the MEB convening authority of such sampled cases. These personnel must:

(1) Receive training and have knowledge of the applicable laws, regulations, and policies governing MEB and PEB responsibilities and requirements, before evaluating the accuracy of corresponding processes based on case file documentation.

(2) Have knowledge of legal and policy requirements of the DES and respective Service medical retention standards or the Military Department equivalent.

c. The Military Department and the DHA will establish processes to reconcile differences between MCRs and MEB findings. Any differences will be resolved before a Service member's MEB is submitted to the informal PEB. The Service member will be provided an opportunity to rebut or request an impartial medical review of any changes to the MEB findings, to include changes to the NARSUM as a result of MEB quality assurance review procedures.

d. MCRs will:

(1) Occur at least monthly, in accordance with the DASD(HSP&O) sampling plan the ASD(HA) publishes.

(2) Be randomly selected by the DHA. Cases eligible for sampling will be those that have undergone all MEB process steps and other quality checks and are pending forwarding to

the PEB or, if too few live cases are available, have been forwarded in the previous 2 weeks or whatever period is necessary to fulfill the sampling requirement. The MCR inventory will not include disability evaluation cases pending appeal decisions.

(3) Be conducted and documented by the independent review entity using the standardized MEB checklist the DASD(HSP&O) provides. Cases must be reviewed, and scores calculated on the initial review of cases. The scores will not change to reflect corrections made because of the review.

(4) Comply with the data submission requirements in Section 4.

SECTION 4: QAP DATA SUBMISSION PROCEDURES AND IMPROVEMENT ACTIVITIES

4.1. QAP DATA SUBMISSION OVERVIEW.

The DASD(HSP&O), the DHA, and the Military Departments will use the data collected from the PPCRs, CCRs, and MCRs to inform policy as to the accuracy, consistency, and proper duty performance of MEBs, PEBs, and any appropriate stakeholders. Customer satisfaction survey statistics as available, IPCRs, and designated IDES electronic tracking system data will also be used to evaluate the proper duty performance of MEBs, PEBs, and PEBLOs pursuant to DoDI 1332.18. Additionally, the Military Departments and the DHA will submit data on quality improvement activities to the DASD(HSP&O) when appropriate and possible, but at least quarterly. Data submissions must include the case identification number, where appropriate.

4.2. PPCR SUBMISSION.

Each Military Department will:

- a. Document the results of the PPCRs using the DASD(HSP&O)-issued protocols, ensuring one checklist is completed for each case reviewed.
- b. Submit the results of each case reviewed to the DASD(HSP&O) on a quarterly basis pursuant to Paragraph 2.4.g. The DASD(HSP&O) will provide a report with summary level results of the adjudications to the Military Departments.
- c. Track DES decision discrepancies and manage these decision outcomes in accordance with respective Military Department regulations.

4.3. PPCR ANALYSIS.

- a. The DASD(HSP&O) will provide a performance report to each Military Department on PPCR accuracy and proper performance of duty outcomes for PEBs when appropriate and possible, but at least quarterly.
- b. Each Military Department will submit a report to the DASD(HSP&O), when appropriate and possible, but at least quarterly, detailing corrective actions the Military Department has undertaken or will undertake to address all deficiencies noted in the performance report.

4.4. CCR SUBMISSION.

- a. The independent review entity identified by the DASD(HSP&O) will construct, analyze, and submit the adjudicated case results and noticeable trends to the DASD(HSP&O) at least quarterly.

b. The data submitted by the independent review entity will at least include:

(1) Adjudication decision consistency percentages of each Military Department by theme, as identified by the DASD(HSP&O).

(2) The degree of alignment, including significant variation, in targeted issue adjudication.

(3) All data annotated on the CCR scoring tool for each case reviewed.

c. The DASD(HSP&O) will provide each Military Department a performance report summarizing the Military Department's CCR outcomes when appropriate and possible, but at least quarterly.

d. Each Military Department will submit a report to the DASD(HSP&O), when appropriate and as possible, but at least quarterly, detailing corrective actions the Military Department has undertaken or will undertake to address all deficiencies noted in the performance report.

4.5. QUALITY IMPROVEMENT ACTIVITY DATA SUBMISSION.

Each Military Department, and the DHA, as appropriate, will:

a. Submit data to the DASD(HSP&O) on a quarterly basis pursuant to Paragraph 2.4.g.

b. Include actions taken to address issues or trends identified in the PPCRs; CCR analysis reports; MCRs; designated IDES electronic tracking system quality data reports; customer satisfaction survey results; and others, as appropriate.

c. Include the improvement activities' effectiveness on the DES process or personnel executing the DES.

4.6. MCR SUBMISSION.

The DHA will:

a. Document the results of the MCRs using the DASD(HSP&O)-provided issues, ensuring one checklist is completed for each case reviewed.

b. Submit the results of each case reviewed to the DASD(HSP&O) on a quarterly basis pursuant to Paragraph 2.4.g. The DASD(HSP&O) will provide a report with summary level results of the adjudications to the Military Department and the DHA.

c. Track DES decision discrepancies and manage these decision outcomes in accordance with Military Department and DHA regulations and guidance.

4.7. MCR ANALYSIS.

a. The DASD(HSP&O) will provide a summary performance report to the Military Departments and the DHA on MCR accuracy and consistency when appropriate and possible, but at least quarterly.

b. The DHA will submit a report to the DASD(HSP&O), when appropriate and as possible, but at least quarterly, detailing corrective actions the DHA has taken or will undertake to address all deficiencies noted in the performance report.

4.8. DESIGNATED IDES ELECTRONIC TRACKING SYSTEM.

The DASD(HSP&O) will designate an IDES electronic tracking system to measure timeliness.

GLOSSARY

G.1. ACRONYMS.

| ACRONYM | MEANING |
|----------------|--|
| ASD(HA) | Assistant Secretary of Defense for Health Affairs |
| CCR | constructed case review |
| DASD(HSP&O) | Deputy Assistant Secretary of Defense for Health Services Policy and Oversight |
| DES | Disability Evaluation System |
| DHA | Defense Health Agency |
| DoDD | DoD directive |
| DoDI | DoD instruction |
| IDES | Integrated Disability Evaluation System |
| IPCR | in-process case review |
| MCR | medical evaluation board case review |
| MEB | medical evaluation board |
| MTF | military medical treatment facility |
| NARSUM | narrative summary |
| PEB | physical evaluation board |
| PEBLO | physical evaluation board liaison officer |
| PPCR | post-process case review |
| QAP | quality assurance program |
| U.S.C. | United States Code |
| USD(P&R) | Under Secretary of Defense for Personnel and Readiness |
| VA | Department of Veterans Affairs |

G.2. DEFINITIONS.

Unless otherwise noted, these terms and their definitions are for the purpose of this volume.

| TERM | DEFINITION |
|----------------------------------|---|
| CCR | The mechanism to assess variances across the Military Departments wherein an independent review entity, identified by the DASD(HSP&O), will construct and administer cases to evaluate consistency of PEB decision outcomes within targeted issues. Test cases focus on targeted policy issues or health conditions that Military Departments or OSD believes should be assessed. |
| CCR scoring tool | A scoring mechanism, such as a checklist, that uses agreed-upon criteria, evaluation scales, and processes as a common basis for evaluating DES cases across multiple evaluators. |
| checklist | A collection of standardized questions that are used as a scoring tool for CCRs, PPCRs, and MCRs. |
| constructed cases | Developed test cases that are distributed to active informal PEB adjudicators across all PEBs. |
| DES | Defined in DoDI 1332.18 |
| disability | Defined in DoDI 1332.18. |
| IDES | Defined in DoDI 1332.18 |
| independent review entity | A body composed of Federal civilian employees or military officials to conduct case reviews using the standardized checklists provided by the DASD(HSP&O). The selector of the entities and their exact responsibilities differ in the context of each type of case review for which they are responsible. |
| IPCR | Internal Military Department case file reviews conducted at various points in the disability evaluation process. These reviews consider the adequacy of the MEB case file for adjudication (e.g., they contain all required documents, adequate form completion, and complete NARSUM). |
| MCR | An assessment of the accuracy and consistency of MEB recommendations using a policy-based checklist similar to what is used for PPCRs. The DHA will report outcomes of case file reviews in accordance with the DoD's guidance. |

| TERM | DEFINITION |
|--------------------------------|---|
| MEB | Defined in DoDI 1332.18. |
| MEB convening authority | A senior medical officer, appointed by the MTF or facility director or commander, who has detailed knowledge of standards of medical fitness and disposition of patients and disability separation processing and who is familiar with the VA schedule for rating disabilities. |
| NARSUM | A document prepared by a competent medical authority that describes the history and severity of a Service member's medical conditions, the impact of the conditions on the Service member's duty performance, and whether or not the conditions are service connected or existed before service. |
| PEB | Pursuant to Chapter 61 of Title 10, U.S.C., these boards determine the fitness of Service members with medical conditions to perform their military duties and, for members determined unfit because of duty-related conditions, their eligibility for compensation and benefits. The PEB process includes both the formal and informal PEBs. |
| PEBLO | Defined in DoDI 1332.18. |
| PPCR | Reviews that Military Departments conduct using a standardized checklist to evaluate the accuracy of MEB and PEB determinations against established DoD evaluation criteria. The Military Departments will report outcomes of case file reviews in accordance with the DoD's guidance. |
| QAP | A performance, assessment, and evaluation program designed to determine whether an organization performs work in accordance with established policy and procedures. In the context of the DES, it evaluates the accuracy and consistency of MEBs and PEBs and the proper performance of duty of MEBs, PEBs, and PEBLOs. |
| quality assurance | A planned and systemic pattern of all actions necessary to provide confidence that requirements are established; products and services conform to established laws, regulations, and policy; and satisfactory performance is achieved. |
| randomly selected | Each case in the total population has an equal probability of selection. |

REFERENCES

- Code of Federal Regulations, Title 45, Part 164
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- DoD Instruction 1332.18, “Disability Evaluation System,” November 10, 2022
- DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- DoD Instruction 5400.16, “DoD Privacy Impact Assessment (PIA) Guidance,” July 14, 2015, as amended
- Office of the Under Secretary of Defense for Personnel and Readiness Website, “DoD Strategic Management Plan Fiscal Years 2022-2026,”
<https://prhome.defense.gov/Home/Resources/Documents>
- Public Law 112-239, Section 524, “National Defense Authorization Act for Fiscal Year 2013,” January 2, 2013
- Under Secretary of Defense for Personnel and Readiness Memorandum, “Alignment of Operational and Installation-Specific Medical Functions and Responsibilities with Section 702 of the National Defense Authorization Act for Fiscal Year 2017, and Sections 711 and 712 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019,” March 27, 2019
- United States Code, Title 5
- United States Code, Title 10