

HQ, III Corps & Fort Hood
Fort Hood, TX 76544
280735 Jan 13

**FRAGO 1 TO OPERATION ORDER PW 12-10-905 (PROFILE REVIEW BOARDS,
OCT 12 UPDATE) (CHANGES IN BOLD)**

References:

- a. Army Regulation (AR) 600-20, Army Command Policy, dated 18 Mar 08.
- b. ALARACT 206/2011, HQDA EXORD 223-11, Army Implementation of Electronic Profile (eProfile), dated 27 May 11.
- c. ALARACT 261-2012, Notification of Army-Wide Implementation of MOS Administrative Retention Review (MAR2), dated 21 Sep 12.
- d. FRAGO 2 to FORSCOM EXORD 110538 ISO Reduction of Non-Deployables, dated 9 Jul 11.
- e. MEDCOM OPORD 10-66, Medical Management Center Program, dated 25 Apr 11.
- f. FRAGO 4 to OPORD PW 11-02-138, (Non-Deployable Soldier Reporting), dated 18 Jul 11.
- g. Memorandum of Understanding between III Corps and U.S. Army Medical Command (MEDCOM) Units on Fort Hood, TX, dated 1 Nov 10.

Time Zone Used Throughout Order: Local.

Task Organization: Omitted.

1. SITUATION.

a. FORSCOM directs the review, tracking and validation of all temporary profiles to determine whether or not Soldiers with these profiles should be referred to a MOS Administrative Retention Review (MAR2), a Medical Evaluation Board (MEB)/Disability Evaluation System (DES), continue on the profile or return to duty without a profile. This order supersedes FRAGO 10 TO OPORD PW 11-11-761 (Profile Review Boards), dated 20 Aug 12.

b. In accordance with OPORD PW 11-02-138, (Non-Deployable Soldier Reporting), Units are to conduct detailed monthly reviews of their Medically Non-Deployable (MND) Soldier population. During these monthly reviews, Commanders should track temporary profiles and ensure proper resources are used to provide Soldiers on temporary profiles

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with a timely decision regarding their medical treatment, medical retention and/or medical board referral.

c. MEDCEN established a Medical Management Center (MMC) to assist Brigade-level Commanders in managing their MND population. At least one Care Coordinator (CC) or Nurse Case Manager (NCM) is aligned with each Brigade in order to track MND and provide case management services as needed. The CCs/NCMs work under the command and control of the MMC Director appointed by the CRDAMC Commander, but physically work at the unit area.

2. **(CHANGE)** MISSION. Effective immediately, III Corps and Fort Hood conducts Profile Review Boards to track and validate ongoing ~~complex~~ profiles in order to ensure proper resources are emplaced earlier in the medical process and to provide Soldiers with temporary profiles a timely decision regarding their medical treatment, a medical retention decision and/or a decision to refer to a medical board.

3. **(CHANGE)** EXECUTION.

a. Concept of Operations. During the Unit's monthly review of its MND population, Battalion-level Commanders and higher conduct reviews of qualifying profiles to ensure Soldiers are being provided timely care and early decisions are being made on administrative/medical boards (per Enclosure 1). This operation requires engaged leadership at all levels of command. Commanders must make the hard decisions during their reviews while maintaining the best interest of the Army and the well-being of the Soldier. The Fort Hood Senior Commander conducts quarterly reviews of qualifying profiles exceeding 240 days in duration using a Fort Hood Profile Review Board (PRB). During the Fort Hood PRB, Brigade Commanders will present recommendations regarding their Soldiers medical disposition to the Senior Commander.

b. **(CHANGE)** Tasks to All III Corps and Fort Hood Units.

(1) Immediately establish profile review boards at the Battalion and Brigade level to review qualifying profiles and treatment plans in order to determine if a Soldier should be referred to a MOS MAR2, referred to a MEB, continue on the temporary profile or returned to duty without profile.

(2) Battalion level Commanders must conduct monthly reviews of all qualifying profiles exceeding 90 days within a year and the associated treatment plans.

(3) Brigade level Commanders must conduct monthly reviews of all qualifying profiles exceeding 180 days within a year and the associated treatment plans.

(4) Submit one profile matrix (per Enclosure 2) per brigade-sized unit by email to the III Corps Surgeon on the dates outlined in the operational timeline.

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(5) Submit Profile Review Packets (PRP) to the III Corps Surgeon Patient Administration NCO on all Soldiers who have been on a temporary profile for more than 240 days within the last year NLT two weeks before each quarterly Fort Hood Profile Review Board. Incomplete PRPs will be returned to the Unit.

(6) Integrate the CRDAMC MMC CCs/NCMs aligned with each Brigade into MND management processes and on the Unit's Profile Review Board. Integration includes an office space with a phone. Computers will be provided by MEDCEN.

(7) 1st Medical Brigade: Provide a Healthcare Provider (Physician, Physician Assistant or Nurse Practitioner) to participate on Brigade Profile Review Boards for those Brigades on Fort Hood without organic medical providers. The provider will offer medical recommendations to these Brigade Commanders.

(8) **(CHANGE)** MEDCEN:

(a) **(CHANGE)** Appoint the MMC Director or a NCM, an Orthopedic Surgeon, a ~~PEBLO or MEB representative~~ and a Behavioral Health Officer to the quarterly Fort Hood Profile Review Board. **The doctor that controls admissions to the Medical Evaluation Boards will be appointed to the quarterly Fort Hood Profile Review Board. Appoint a Family Practice or Internal Medicine Physician to the board (if neither the MMC representative nor the MEB representative is a Physician).**

(b) MMC or NCM will document and follow Soldiers not eligible for the Senior Commander review.

(c) (ADD) Submit appeals of any PRB decision to the III Corps Command Group within 30 days of the board on any Soldier the MEDCEN doesn't want to admit in to the Integrated Disability Evaluation System (IDES) process.

(d) Provide a computer to all CCs/NCMs aligned with each Brigade.

(e) Ensure Brigade-aligned CC/NCM participates in any Fort Hood Profile Review Board when a Soldier from the Brigade is being reviewed.

c. Tasks to Staff. III Corps Surgeon:

(1) Assist Units with performing data query (Commanders Profile Report) on e-Profile and MEDPROS.

(2) Assist Units that require e-Profile access.

(3) Assist Rear Detachments without medical personnel comply with tracking and reporting requirements.

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d. **(CHANGE)** Coordinating Instructions.

(1) Soldiers currently assigned to the Warrior Transition Brigade do not require review by the Senior Commander nor do Soldiers that are already in the Integrated Disability Evaluation System (IDES). However, Brigade-aligned MMC representatives will continue tracking Soldiers within the IDES until the Soldier is no longer assigned to the Unit.

(2) **(CHANGE)** A qualifying profile is defined as:

(a) **(CHANGE)** All Soldiers that have been on temporary profiles, **T2 and T3**, for more than 240 days within the last 365 days. This includes the cumulative time for all temporary profiles (e.g. three separate profiles for 90-days each).

(b) All permanent profiles that render a Soldier non-deployable where there is no evidence the Soldier has started or completed either the IDES or MAR2 process (Deployment Limiting [DL] medical condition DL1 in MEDPROS). A Soldier has started the IDES process when they have been accepted into the system.

(c) (ADD) Pregnant Soldiers will be presented if the cumulative total of non-pregnancy related profiles exceeds 240 days within the last 365 days.

(3) Battalion Profile Review Boards should consist of the Battalion Surgeon or Physician Assistant, Brigade aligned CC/NCM (if available), the Battalion S1 and the Soldier's Unit Commander or representative.

(4) Brigade Profile Review Boards should consist of the Brigade Surgeon, Brigade aligned CC/NCM, Battalion Physician Assistants, Brigade S1 and the Soldier's Unit Commander or representative.

(5) **(CHANGE)** Brigades without organic medical assets will coordinate with the 1st Medical Brigade POC (**LTC Roy Vernon**) at **(254) 553-2583** or roy.i.vernon.mil@mail.mil for a supportable date, time and location of their Brigade Profile Review Boards. Provide Profile Review Packets for the Brigade PRB to 1MED BDE NLT five days before the board in order to provide sufficient time for a clinical review.

(6) The Fort Hood Profile Review Board will consist of the Corps Surgeon, MMC Director, CRDAMC behavioral health representative, a CRDAMC Orthopedic Surgeon, CRDAMC physical examination board liaison officer (PEBLO) or MEB representative, selected Brigade Commanders, selected Unit Surgeon and Unit-aligned CC/NCM. The selected Brigade Commanders and their Brigade Surgeons include all Units submitting PRPs.

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(7) Unit Commanders should have discussions with medical providers for clarity on profiles or questions that may arise. This process requires engaged teammates across the spectrum of care - Technical Staff and the Chain of Command.

(8) PRP will include the following items and must be submitted in order listed below. Non-compliant packets or incomplete packets will be returned to the Unit.

(a) Brigade Surgeons will include a short (no more than one page) history and prognosis using the template in Enclosure 3 (this will be the first page of the PRP). For uniformity, do not change the font. The PRP should include only PHI that directly impacts on the Soldier's ability to perform their duty and serve within the military since this document will be presented to the Soldier's Chain of Command. Annotate the date of surgery and the name of the surgeon, if applicable.

(b) Battalion and Brigade Commander's memorandums of endorsement (per Enclosure 4). Medical Treatment Plans will be endorsed by the Battalion or Brigade Commander for each level of review. Memorandums of Endorsement will not include protected health information (PHI). See Enclosures 5 and 6 for HIPAA guidance.

(c) All qualifying profiles starting with the most recent and finishing with the earliest. Scan full page DA Forms 3349. Do use screen shots. Do not scan second pages that do not contain needed information.

(9) PRPs will be submitted alphabetically by Brigade-sized Unit.

(10) If a Unit is submitting more than five packets, the Unit must bring a copy of their PRPs to the III Corps Surgeon's Office on a compact disc (CD).

(11) 1st Medical Brigade healthcare providers supporting Units without organic medical assets are acting in an executive leadership role and will not be considered a direct healthcare provider. These personnel will be available for clinical care as required to maintain clinical skills proficiency and credentialing IAW the centralized installation medical care plan for Fort Hood.

(12) The quarterly Fort Hood PRB will be held IAW the III Corps Commander's battle rhythm (currently at 1300 on the second Friday of the second month of every quarter). The PRB operational timeline is listed below:

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EVENT	PRB TIMELINE
Initial Profile Matrix (encl 4) due to III Corps Surgeon	D-21
Profile Review Packets (PRP) due with updated Profile Matrix	D-14
SME Panel Review	D-7
PRB	D-Day

(13) **(CHANGE)** All PRB members except Brigade Commanders must participate in the PRP Review. Participants include the III Corps Surgeon, MMC Director, CRDAMC Behavioral Health Representative, CRDAMC Orthopedic Surgeon, **CRDAMC doctor in charge of admitting Soldiers to the MEB process** ~~CRDAMC Physical Examination Board Liaison Officer (PEBLO) or MEB representative~~ and Brigade Surgeons/Unit-aligned CC/NCM from Units that submitted PRPs. Hospital subject matter experts will have the week to consider packets before the PRP panel review.

(14) **(ADD)** All Units physically located on Fort Hood will participate in the Fort Hood PRB regardless of the location of their next higher headquarters.

(15) **(ADD)** The chain of command and the brigade/regimental surgeon will engaged and counsel any Soldier opting for an administrative glide path towards separation instead of a MEB in order to ensure the Soldier understands the ramifications of this decision.

(16) **(ADD)** Units will ensure that Soldiers bring all medical records from non-military providers to their clinics and these records are scanned into AHLTA before the PRB SME Panel Review. Soldiers must also turn their military medical records in to the records custodians at their assigned clinics IAW Operation Order PW 12-10-958 (Medical Records Return), dated 30 Oct 12.

(17) (ADD) Soldiers referred to a MEB must remain available for 30 days from the time that the consult is submitted in order to prevent delays in the intake process. Soldiers will not be granted leave or participate in field exercises during these first 30 days. Once accepted into the program, all leave and training exercises must be coordinated through the PEBLO IAW the MEDCEN IDES policy.

4. SERVICE SUPPORT. Omitted.

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5. **(CHANGE)** COMMAND AND SIGNAL.

a. Command. Omitted.

b. **(CHANGE)** Signal.

(1) III Corps Surgeon Patient Admin POC for reporting is SFC Amasa Colby at (254) 286-5155 or amasa.g.colby.mil@mail.mil.

(2) III Corps Surgeon Office POCs are MAJ Tom Staton at (254) 287-6043 or tom.k.staton.mil@mail.mil or MAJ Mary Riveracolon at (254) 286-1721 or mary.i.riveracolon.mil@mail.mil.

(3) **(CHANGE)** 1st Medical Brigade POC **LTC Roy Vernon** at **(254) 553-2583** or roy.l.vernon.mil@mail.mil.

(4) MSE G3 POC is Mr. Orlando Medina at (254) 287-4775 or orlando.medina.civ@mail.mil.

ACKNOWLEDGE:

MILLEY
LTG

OFFICIAL:

LITTLEJOHN
MSE G3

ENCLOSURE 1: PROFILE REVIEW BOARD CONCEPT.

(CHANGE) ENCLOSURE 2: PROFILE MATRIX.

ENCLOSURE 3: BRIGADE SURGEON'S SUMMARY TEMPLATE.

ENCLOSURE 4: EXAMPLE COMMANDER ENDORSEMENT MEMO.

ENCLOSURE 5: HIPAA BROCHURE.

ENCLOSURE 6: HIPAA SLIDES.

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