Summary of Changes

USMEPCOM Regulation 40-2
Provider Quality Management Program

Immediate revisions have been made to this USMEPCOM Regulation (UMR), changes are in red text. Information that is obsolete and will be deleted is in red text with strikethrough.

Incorporating changes effective March 24, 2017

- Paragraph 1-4j: Adds responsibilities for Sector Medical Officers.
- Paragraph 1-4k(9): MEPS Commanders will coordinate with Sector Medical Officers for annual clinical inputs/expertise for performance appraisals.
- Paragraph 1-4k(10): MEPS Commanders will coordinate clinical performance issues with both J-7 and Sector physicians.
- Paragraph 1-4l: Clarifies that a new CMO will have a certification visit.
- Paragraph 2-2f: Adds Sector Medical Officers to DPC-5 level
- Paragraph 2-2e: Clarifies the role of DPC-4 government and contract physicians.
- Paragraph 3-1: Adds Sector Medical Officers to list of physicians for CMO/ACMO interview panels.
- Paragraph 4-1b: Adds Sector Medical Officers to decision for CMO regional trainer training.
- Paragraph 5-2b: Assigns responsibility for clinical inputs to the MEPS Commanders for CMO appraisals to the Sector Medical Officers and changes the dates for this effort to the 2017-2018 performance period.
- Paragraph 5-3: Assigns CMO recertification visits to Sector Medical Officers while providing J-7/MEMD physicians the authority to recertify Sector Medical Officers and CMOs when approved by the J-7 Director.
- Appendix G, Section II Terms: For CMO and ACMO terms, adds Sector Medical Officers as physicians who can assess CMOs and ACMOs.

Incorporating changes effective September 02, 2016

- Paragraph 1-4c(3): Additional wording clarifying responsibilities of Clinical Operations Chief in management of initial and quality maintenance review for providers
- Paragraph 1-4d(e): Changes name of Battalion Support Branches to Accession Medicine Branches
- Paragraph 14d(5): added word “Review”
- Paragraph 1-4e: Additional wording clarifying responsibilities of Clinical Quality Chief in management of provider training
- Paragraph 2-2c(2): Clarification of expectations of CNPs and PAs working in the MEPS at a DPC-2 level
- Paragraph 2-2c(1): Additional wording added to clarify the DPC-4 designation includes “clinical” supervision and that the personnel responsibilities fall in the CMOs position description
- Paragraph 2-2f(1): Wording changed from physician to provider. Additional language added to clarify DPC-5 provider role in policy and review of PQMP
- Paragraph 2-2f(4): Clarification of the process for deciding training requirements for providers with previous MEPS experience
- Paragraph 2-3g: Additional language to clarify reporting actions to appropriate legal and professional authorities.
• Paragraph 2-3h: Additional language to clarify reporting actions to appropriate legal and professional authorities
• Paragraph 3-1b: Clarification for the process for Initial Review and DPC designation for newly hired providers with previous MEPS experience
• Paragraph 3-1e: Clarification for the process for Initial Review and DPC designation for newly hired providers with previous MEPS experience
• Paragraph 3-2d: Additional language to clarify the Initial Review requirements for a former government MEPS provider going into a FBP position
• Paragraph 4-1b: Additional language concerning training logistics responsibilities
• Paragraph 4-1c: Addition of an alternative pathway plan for qualification visit and reference to the SOP
• Paragraph 4-1e: Clarification of training requirements for new government providers with previous MEPS experience
• Paragraph 4-2a: Clarification of training requirements for new FBPs with previous MEPS experience
• Paragraph 4-2b: Corrects form number used for FBP initial training assessments
• Paragraph 5-1: Identification of the specific form needed to document performance feedback
• Paragraph 5-2b: Date change for Annual Quality Review
• Paragraph 5-3: Additional language clarifying requirements for government provider requalification
• Paragraph 6-3: Additional language clarifying requirements for FBPs requalification
Executive Summary. This regulation encompasses current policy and regulatory guidance for the United States Military Entrance Processing Command (USMEPCOM) Medical Program, Provider Quality Management Program (PQMP). This regulation establishes USMEPCOM Forms 40-2-1-E (Medical Provider Initial Application), 40-2-2-E (Malpractice and Clinical Privileges History Questionnaire), 40-2-3-E (Provider Clinical Assessment and Qualification), 40-2-4-E (Contract Provider Quality Management Form), and 40-2-5-E (CME Conference/Training After-Action Report).

Applicability. This regulation applies to all personnel assigned or attached to Headquarters (HQ) USMEPCOM and the Military Entrance Processing Stations (MEPS).

Supplementation. Supplementation of this regulation is prohibited without prior approval of HQ USMEPCOM, ATTN: J-7/MEMD, 2834 Green Bay Road, North Chicago, IL 60064-3091.

Suggested improvements. The proponent agency of this regulation is HQ USMEPCOM, ATTN: J-7/MEMD. Users are invited to send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USMEPCOM, ATTN: J-7/MEMD, 2834 Green Bay Road, North Chicago, IL 60064-3091.

Internal control process. This regulation contains internal control provisions and provides an internal control evaluation checklist, in Appendix E, for use in conducting internal controls.
# Table of Contents (TOC)

<table>
<thead>
<tr>
<th>Chapter 1</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>1-1</td>
</tr>
<tr>
<td>References</td>
<td>1-2</td>
</tr>
<tr>
<td>Abbreviations and terms</td>
<td>1-3</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>1-4</td>
</tr>
<tr>
<td>Internal Control Checklists</td>
<td>1-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 2</th>
<th>PQMP Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>2-1</td>
</tr>
<tr>
<td>Defined Provider Category</td>
<td>2-2</td>
</tr>
<tr>
<td>Provider Review Panel</td>
<td>2-3</td>
</tr>
<tr>
<td>Centralized Credentials Quality Assurance System</td>
<td>2-4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 3</th>
<th>Initial Professional Review Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiring Chief Medical Officers and Assistant Chief Medical Officers</td>
<td>3-1</td>
</tr>
<tr>
<td>Contract Fee Basis Providers</td>
<td>3-2</td>
</tr>
<tr>
<td>Malpractice Liability</td>
<td>3-3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 4</th>
<th>Initial Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Provider Initial Training</td>
<td>4-1</td>
</tr>
<tr>
<td>Contract Provider Initial Training</td>
<td>4-2</td>
</tr>
<tr>
<td>OSHA Initial Training</td>
<td>4-3</td>
</tr>
<tr>
<td>USMEPCOM Glove Use Policy Training</td>
<td>4-4</td>
</tr>
<tr>
<td>USMEPCOM Chaperone Policy Training</td>
<td>4-5</td>
</tr>
<tr>
<td>Establishment of Fee Basis Provider Six Part Folder and Training Procedures</td>
<td>4-6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 5</th>
<th>Quality Performance Maintenance Program – Government Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>5-1</td>
</tr>
<tr>
<td>Annual Quality Review</td>
<td>5-2</td>
</tr>
<tr>
<td>Provider Quality Management Program Requalification Visits</td>
<td>5-3</td>
</tr>
<tr>
<td>Peer Review Program</td>
<td>5-4</td>
</tr>
<tr>
<td>Annual Medical Training Seminar</td>
<td>5-5</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>5-6</td>
</tr>
<tr>
<td>Continuing Medical Education Courses</td>
<td>5-7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 6</th>
<th>Quality Performance Maintenance Program – Contract Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>6-1</td>
</tr>
<tr>
<td>Fee Basis Provider Performance Issues</td>
<td>6-2</td>
</tr>
<tr>
<td>Fee Basis Provider Requalification</td>
<td>6-3</td>
</tr>
</tbody>
</table>
Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Initial Professional Review Documentation Requirements</td>
<td>23</td>
</tr>
<tr>
<td>B.</td>
<td>Primary Source Verification</td>
<td>30</td>
</tr>
<tr>
<td>C.</td>
<td>Provider Clinical Assessment</td>
<td>33</td>
</tr>
<tr>
<td>D.</td>
<td>Six Part Folder Requirements</td>
<td>35</td>
</tr>
<tr>
<td>E.</td>
<td>Internal Controls Evaluation Checklist – MEPS Medical Department</td>
<td>37</td>
</tr>
<tr>
<td>F.</td>
<td>References</td>
<td>38</td>
</tr>
<tr>
<td>G.</td>
<td>Glossary</td>
<td>40</td>
</tr>
</tbody>
</table>
Chapter 1
General

1-1. Purpose
The purpose of this regulation is to establish policies and procedural guidance for executing the USMEPCOM Medical Program, Provider Quality Management Program (PQMP) which provides technical management and quality oversight of the USMEPCOM medical provider pool. The PQMP includes an initial professional review prior to a medical provider being hired by USMEPCOM or hired under a contract to work at a MEPS; training of medical providers to provide accession medical services in the specialized area of accession medicine; and maintenance of quality performance.

1-2. References
References are listed in Appendix F.

1-3. Abbreviations and terms
Abbreviations and terms used in this regulation are explained in Appendix G, (glossary).

1-4. Responsibilities

a. J-7 Medical Plans and Policy (J-7/MEMD) Director, will:
   (1) Exercise primary staff responsibility and develop policies and procedural guidance for the PQMP.
   (2) Ensure the execution and quality of the PQMP and medical provider pool in accordance with (IAW) Commander, USMEPCOM policies.
   (3) Approve Defined Provider Category (DPC) levels which define accession medical services a provider is authorized to perform based on demonstrated skill set or competency.
   (4) Chair the PQMP Provider Review Panel (PRP) when convened.

b. J-7/MEMD Deputy Director will:
   (1) Manage PQMP policies and procedural guidance.
   (2) Supervise J-7/MEMD personnel in the execution of the PQMP.
   (3) Ensure policies set forth in this regulation are complied with across the Command.
   (4) Provide technical subject matter expertise and guidance to all providers subject to the provisions of the PQMP.
   (5) Ensure timely completion of all PRP actions.
   (6) Sign PQMP technical documents for the Director when absent, sign clinical documents for the Director when both the Director and Clinical Operations Division Chief are absent.
   (7) Sign clinical documents when delegated in writing by the J-7 Director.

c. J-7/MEMD Clinical Operations Division Chief will:
(1) Provide clinical subject matter expertise to the PQMP.

(2) Manage clinical review of provider initial qualification documents.

(3) Manage execution of initial and quality maintenance provider review and training including but not limited to review of new/updated qualification documents as well as development of curriculum for medical training seminars, Grand Rounds, and J-7 Director required medical training during MEPS Chief Medical Officer (CMO) Medical Department quarterly training and USMEPCOM Training Days.

(4) Manage clinical assessment of provider performance issues.

(5) Coordinate with Sector Deputy Commanders on government provider performance issues requiring command and control oversight from Sector, Battalion, and MEPS Commanders.

(6) Coordinate with J-1/Human Resources Directorate (J-1/MEHR) on government provider performance issues requiring civilian personnel subject matter expertise and/or intervention.

(7) Review and update recommended PQMP policies and procedural guidance, as required.

(8) Manage PRP clinical presentations.

(9) Sign PQMP clinical documents for the Director when absent, technical documents for the Director when both the Director and Deputy Director are absent.

(10) Ensure policies set forth in this regulation are complied with across the Command.

d. J-7/MEMD Battalion Support Accession Medicine Branches (AMBs) providers will:

(1) Provide clinical support to the PQMP.

(2) Review and assess provider initial clinical qualification documents and recommend provider DPC levels.

(3) Support MEPS Commanders in hiring actions by reviewing prospective CMO curricula vitae (CV), participating as indicated in candidate interview and providing qualification recommendation to MEPS Commanders.

(4) Manage and perform PQMP provider training.

(5) Manage and perform PQMP quality review and performance maintenance.

(6) Provide clinical expertise for the management of provider performance issues.

(7) Manage submission of annual clinical performance assessments on CMOs to MEPS Commanders for use in annual appraisals.

(8) Coordinate with MEPS Commanders on government provider performance issues requiring performance improvement plans.

(9) Ensure policies set forth in this regulation are complied with across the Command.
e. J-7/MEMD Clinical Quality Division Chief will:

(1) Provide technical subject matter expertise to the PQMP.

(2) Manage technical and contractual review of provider initial qualification documents and preparation of credentials packages.

(3) Manage development and maintenance of PQMP policies and procedural guidance.

(4) Manage logistics of initial and quality maintenance provider training.

(5) Coordinate with Sector Deputy Commanders on contract provider performance issues requiring command and control oversight from Sector, Battalion, and MEPS Commanders.

(6) Coordinate with J-4/Facilities and Acquisition Directorate (J-4/MEFA) on contract issues requiring acquisition and contract subject matter expertise input.

(7) Manage PRP technical and contract presentations.

(8) Ensure policies set forth in this regulation are complied with across the Command.

f. J-7/MEMD Clinical Management Branch will:

(1) Prepare and manage government provider PQMP packages.

(2) Provide contracting officer’s representative (COR) support to the PQMP including but not limited to ensuring vendor submissions meet contractual requirements, preparing and managing contract provider PQMP packages, and managing contract provider performance issues.

(3) Research credential policies, procedures, and information for applicability/non-applicability for PQMP use.

(4) Develop recommended PQMP policies and procedural guidance.

(5) Provide technical support for medical training including but not limited to management of continuing medical education (CME) credits.

(6) Provide COR and technical support for PRP meetings, including minutes to document actions taken.

(7) Ensure policies set forth in this regulation are complied with across the Command.

g. USMEPCOM Staff Judge Advocate will:

(1) Serve as the USMEPCOM Commander’s principal legal advisor for PQMP.

(2) Perform legal reviews for negative DPC decisions and provide results to J-7/ MEMD.
h. J-1 Human Resources (J-1/MEHR) Director, will:

   (1) Serve as the USMEPCOM Commander’s principal civilian personnel advisor for PQMP.

   (2) Perform civilian personnel reviews for negative DPC decisions for government providers and
   provide results to J-7/MEMD.

i. J-4 Facilities and Acquisitions Director, will:

   (1) Serve as the USMEPCOM Commander’s principal contract advisor for PQMP.

   (2) Perform contract reviews for negative DPC decisions and provide results to J-7/ MEMD.

j. Sector Medical Officers (SMOs) will:

   (1) Serve as the Sector Commander’s technical advisor regarding daily medical processing
   operations for their Sector.

   (2) Serve under the clinical oversight of the USMEPCOM Command Surgeon/J-7 Medical Plans
   & Policy Director and will execute functions at the DPC-5 level identified in Section 2-2f.

   (3) Ensure MEPS personnel comply with this regulation; provide assistance and guidance by
   articulating published policies but does not interpret policies; forwards new or further interpretation
   questions/issues to J-7/MEMD for resolution.

   (4) Serve as a member of all MEPS CMO/Assistant Chief Medical Officer (ACMO) hiring
   panels.

   (5) Oversee completion of initial CMO/ACMO/Fee Basis Provider (FBP) at the MEPS level; for
   FBPs requiring initial training at MEPS with no government providers, SMOs will coordinate with J-7
   FBP COR for training scheduling and will not directly contact the FBP vendor.

   (6) Be clinically evaluated by J-7/MEMD physicians, using UMF 40-2-3 at least annually or
   more often as determined by the Director, J-7/MEMD. All UMF 40-2-3s will be submitted to the J-
   7/MEMD Director for review/assessment and inclusion in the provider’s credential file.

   (7) Conduct new CMO certification visits after completion of regional trainer initial training and
   report results using UMF 40-2-3. All UMF 40-2-3s will be submitted to the J-7/MEMD Director for
   review/assessment and inclusion in the provider’s credential file.

   (8) Clinically evaluate MEPS CMOs at least once every 1-3 years using UMF 40-2-3 or more
   often as determined by both the Sector Commander and J-7/MEMD Director. All UMF 40-2-3s will be
   submitted to the J-7/MEMD Director for review/assessment and inclusion in the provider’s credential file.

   (9) Evaluate the MEPS Medical Department for regulatory compliance when a MEPS visit is
   made and results will be documented per UMR 25-32 Trip Report format and submitted to both the
   appropriate Sector Commander and J-7/MEMD Director for review/assessment and inclusion in the
   provider’s credential file.
(10) Collaborate with J-7/MEMD to ensure the quality and standardization of the USMEPCOM Program.

(11) Nominate Regional Trainer candidates and coordinate approval with J-7/MEMD Director; jointly train Regional Trainers with J-7/MEMD staff.

(12) When required by Sector Commander and/or J-7/MEMD Director, evaluate MEPS FBPs for contract compliance; any contract deviations/performance issues will be documented using UMF 40-2-4 and be submitted to the J-7 FBP COR for processing within J-7/MEMD and forwarding to the contracting officer and vendor.

(13) Oversee MEPS local peer review programs to ensure each MEPS executes a viable program.

(14) Manages Annual Quality Review sub-program of PQMP and works with MEPS Commanders within their Sectors to provide clinical inputs/expertise for MEPS CMO civilian employee appraisal processes.

(15) Assists J-7/MEMD with training at the annual Medical Leadership Training Seminar.

(16) Focus on performance/process improvement throughout the USMEPCOM Medical Program, working in collaboration with J-7/MEMD.

k. MEPS Commanders will:

(1) Ensure MEPS personnel comply with this regulation.

(2) Hire CMOs and ACMOs through the local servicing civilian personnel activity IAW the medical requirements of this regulation.

(3) Ensure J-7/MEMD is notified of projected CMO/ACMO vacancies, hiring actions, candidate interview schedules, and projected start dates.

(4) Supervise MEPS CMOs and ensure CMOs are supervising any ACMOs and the MEPS Medical Non-Commissioned Officers in Charge (NCOICs)/Supervisory Medical Technicians (SUP MTs). When Service-specific policies prohibit the CMO position from supervising the NCOIC, the CMO will then supervise the lead medical technician.

(5) Ensure FBP training and administrative requirements are met before allowing an FBP to conduct accession medical services.

(6) Establish and execute a MEPS PQMP Peer Review Program led by the MEPS CMO as described in the PQMP Peer Review Program Standard Operating Procedure (SOP).

(7) Ensure medical provider initial qualification, training, and performance documents are maintained locally by the MEPS Medical Departments as required in this regulation.

(8) Ensure medical providers are assigned a DPC level and only provide accession medical services in the MEPS IAW their assigned DPC.
(9) Coordinate with SMOs J-7/MEMD BSAMBs for completion of annual clinical assessments for use in CMO appraisals.

(10) Coordinate with J-7/MEMD AMBs and SMOs on medical provider performance issues to include obtaining clinical inputs for any CMO performance improvement plans.

1. MEPS CMOs will:

   (1) Ensure MEPS medical providers comply with this regulation.

   (2) Comply with initial medical training requirements directed by J-7/MEMD through the PQMP, as directed by J-7/MEMD in order to obtain DPC-4 as a designated profiling officer to perform physical examinations, evaluations, and profiling of applicants for fitness to enter military service and certification visit completed. to supervise the MEPS medical department. (See Paragraph 2-2 for information on DPC levels)

   (3) Comply with PQMP initial medical training requirements to ensure approved medical providers are fully trained as directed by J-7/MEMD through the PQMP.

   (4) Execute the PQMP Peer Review Program for MEPS medical providers, including development of the local process and procedures for implementing peer review locally as outlined in the PQMP Peer Review Program SOP, reviewing the plan with the MEPS Commander, and submitting the plan and any changes to J-7/MEMD for review and approval in meeting PQMP objectives.

   (5) Supervise any ACMOs and the MEPS NCOICs/ SUP MTs. When Service-specific policies prohibit the CMO position from supervising the NCOIC, the CMO will provide supervision for the lead medical technician.

   (6) Document FBP performance issues and submit to the FBP COR for processing.

   (7) Ensure other FBP contractual requirements are met as directed by J-7/MEMD.

m. MEPS Medical NCOICs/SUP MTs will:

   (1) Assist the MEPS Commander and CMO/ACMO in implementing PQMP requirements.

   (2) Ensure OSHA requirements are met for all medical personnel.

   (3) Schedule medical provider on-the-job training and crosswalks.

   (4) Ensure FBP contractual requirements are met as directed by J-7/MEMD.

   (5) Establish FBP six part folders for all FBPAs assigned to their MEPS FBP pool.

   (6) Complete all required taskings within the established time period.
1-5. Internal Control Checklists
This regulation establishes the use of an internal control evaluation checklist at Appendix E. Users of the checklists will use Department of the Army (DA) Form 11-2-R, Internal Control Evaluation Certification to document internal control evaluations.
Chapter 2
PQMP Composition

2-1. Overview
The PQMP consists of three major program areas which are as follows:

a. Initial Professional Review Program.
The Initial Professional Review Program provides the qualification process resulting in a provider being granted tiered permissions and responsibilities to provide accession medical services designated by DPC levels. Qualification includes official review and acceptance of an individual’s professional credentials as certified by a national agency or association deemed acceptable to USMEPCOM in order to assure the public that the medical professional has successfully completed an approved educational program and is professionally licensed to practice medicine in at least one state. Providers qualified as DPC-1 (entry level) are eligible to be hired into government CMO or ACMO positions or if seeking to work as a contract provider are now acceptable to work under the FBP contract for their employer once the provider signs a personal services contract associated with the FBP contract.

b. Initial Training Program.
The Initial Training Program provides standardized training for new CMOs, ACMOs, and FBPs in order to educate the new provider in accession medical services. Clinical Operations Division physicians will document training requirements in PQMP Training SOPs located on the USMEPCOM intranet Sharing Policy Experience and Resources (SPEAR), which include but are not limited to, training on policies in DoD Instruction (DoDI) 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; USMEPCOM Regulation (UMR) 40-1, Medical Qualification Program; UMR 40-8, Department of Defense (DOD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program; and UMR 40-9, Blood-borne Pathogen Program.

c. Quality Performance Maintenance Program.
The Quality Performance Maintenance Program provides recurring reviews, assessments, feedback, and sustainment training to ensure a quality medical program and continued quality performance of the USMEPCOM medical provider pool.

2-2. Defined Provider Category

a. DPC Overview. DPC levels are a sequential process whereby providers are assigned performance levels based on provider experience, knowledge, and ability. There are five DPC levels of assignment which are granted. Levels range from DPC-1 through DPC-5.

b. DPC-1

(1) Applies to new providers working under the direct supervision of a government physician during initial accession medicine training. A provider must be approved for DPC-1 prior to working at a MEPS. Approval for DPC-1 is based on a J-7/MEMD review of a provider’s professional credentials.

(2) When working in a DPC-1 status, the provider’s performance will be under close review by his/her clinical supervisor for clinical competence as well as for compliance with the MEPS policies and procedures.

(3) Once the DPC-1 training and evaluation is completed, requests for assignment to DPC 2 shall be submitted to J-7/MEMD as described in Chapter 4.
c. DPC-2

(1) Providers completing DPC-1 training are qualified for DPC-2. Supervising government physicians will seek approval from J-7/MEMD for progression from DPC-1 to DPC-2 by submitting a request to J-7/MEMD. Providers designated as DPC-2 may include physicians, certified nurse practitioners, and physician assistants who are capable of performing medical history interviews and accession physical examinations without supervision. DPC-2 providers are not qualified to assess medical accession standards in order to assign applicant profiles, and they cannot serve as a Fee Basis CMO (FB-CMO) under the FBP contract.

(2) Certified nurse practitioners (CNPs) and physician assistants (PAs) cannot independently assign applicant profiles so can only qualify for DPC-1 or DPC-2. DPC-2 Physicians are qualified to proceed with training to sequentially obtain DPC-3 and DPC-4 levels. Even though CNPs and PAs are not allowed to independently assign applicant profiles, they are expected to have full knowledge and understanding of all regulatory profiling policies to determine and recommend an accurate profile. This ability is essential to their role by ensuring the CNPs and PAs are able to examine and document the needed components in order for the profiler to make an accurate decision. CNPs and PAs will normally learn the profiling policies within six months after initial training.

(3) For physicians, DPC-2 is normally a temporary assignment of six months or less in which the provider, newly trained in accession medical services, gains proficiency in performing accession physical examinations, and learns the elements of accession medical standards.

(4) Once the DPC-2 training and evaluation is completed as outlined in Chapter 4, requests for assignment to DPC 3 or 4 shall be submitted to J-7/MEMD per Chapter 4.

d. DPC-3

(1) Physicians designated as DPC-3 are qualified to profile applicants by applying accession medical standards to determine applicant medical qualifications. DPC-3 does not include supervisory responsibilities associated with CMO, ACMO, and FB-CMO roles.

(2) FBP physicians are expected to become proficient in the application of accession medical standards to determine suitability of applicants for military service, and progress from DPC-2 to DPC-3 during their initial six month period of employment with a minimum of 80 hours of FBP service. FBPs who are unable to assimilate and master profiling abilities and remain at DPC-2 for more than six months will be evaluated by the MEPS CMO and receive a performance evaluation advising either retraining or other employment recommendations in order to meet the terms of the FBP contract. MEPS will submit documentation to the J-7/MEMD FBP contract COR for all performance issues.

e. DPC-4

(1) Government Physicians assigned DPC-4 have received their initial certification visit with results documented using UMF 40-2-3 and approved by the J-7 Director. They are granted clinical supervisory and leadership responsibilities, and are responsible for the clinical supervision, performance, and efficiency of all accession medical providers in the MEPS. All MEPS have CMO positions and some of the MEPS have ACMO positions, determined by size and/or workflow. These positions are considered permanent and are normally filled with physicians hired through servicing civilian personnel offices as GP employees. Clinical supervision under PQMP is separate from a CMO’s personnel responsibilities documented in the
CMO position description. Contract physicians granted DPC-4 can contractually serve as a FB-CMO when government CMOs/ACMOs are not available at the MEPS. An FB-CMO attends local inter-service recruiting council meetings as required by the MEPS Commander in order to discuss MEPS specific medical issues. The FB-CMO provides technical advice and guidance to the MEPS medical department when requested by the MEPS Commander of medical staff.

(2) The supervising government physician may recommend advancement of a DPC-3 FBP to DPC-4 status by submitting a request to J-7/MEMD, asking approval from J-7/MEMD for progression from DPC-3 to DPC-4. Under the FBP contract, DPC-4 FBPs can be scheduled as FB-CMOS. During vacancies or absences of the CMO and the ACMO, as applicable, a FB-CMO provides medical expertise to the MEPS as the on-site clinical expert.

(3) DPC-4 duties include compiling medical histories; conducting physical screening examinations; reviewing medical test results, documents, and consultations; and serving as the subject matter expert for medical questions, including providing technical advice and guidance to the MEPS Commander and all medical staff to achieve the ultimate level of quality and service in processing applicants for military service. DPC-4 physicians will consult with J-7/MEMD physicians for assistance with applicant processing when regulatory guidance does not provide clear solutions.

f. DPC-5

(1) DPC-5 provider’s physicians are assigned to USMEPCOM in North Chicago, IL, J-7/MEMD and Sectors. Duties and responsibilities include establishing and maintaining premier quality accession medical services throughout USMEPCOM. DPC-5 provider’s physicians develop policy recommendations, review PQMP documents, and provide guidance and accession medical consultative services to all MEPS providers, identify training needs, and develop and provide focused training.

(2) DPC-5 physicians conduct periodic evaluation of all MEPS providers based on review of medical examination documentation and/or on-site observation of provision of services.

(3) As directed by the J-7/MEMD Director, DPC-5 physicians may travel to any MEPS and assume CMO duties to maintain continuous operations. DPC-5 Physicians may conduct applicant medical examinations and assume supervisory responsibilities of the MEPS Medical Department. DPC-5 physicians may also be tasked to support MEPS as a temporary CMO in situations where the CMO position is vacant, there is no ACMO, no FB-CMO is available, or when government oversight is determined necessary for a designated period of time to ensure continuation of standardized, quality applicant medical processing.

(4) J-7/MEMD Director will review and determine training required for providers currently or newly hired for HQ USMEPCOM and SMO physician positions who have previous PQMP training and/or USMEPCOM experience (either government or under the FBP contract). All newly hired HQ USMEPCOM and SMO providers (no previous provider experience at the MEPS), will be required to go through the full initial CMO training per PQMP and be recommended to DPC-4 before approval to a DPC-5 will be granted. J-7/MEMD Director will determine any additional training requirements required of DPC-5 candidates, such as a crosswalk visit with another DPC-5 provider.

2-3. Provider Review Panel

a. The PRP supports the PQMP by providing a panel normally consisting of three J-7/MEMD physicians but no less than two, along with non-physician technical subject matter experts in order to review and assess provider credentials and/or performance.
b. The three physicians are normally the J-7/MEMD Director, J-7/MEMD Clinical Operations Division Chief, and one AMB physician. Technical experts consist of Clinical Quality Division personnel along with HQ experts in legal, contracting, and civilian personnel matters.

c. The PRP is chaired by the J-7/MEMD Director who approves DPC assignments. Other members make DPC recommendations based on review of applicable PQMP documentation.

d. The PRP is normally an informal process that includes routing of “clean applications” meeting regulatory documentation requirements and there are no issues and routine performance issues through the panel members for review based on Appendix A requirements. For the Initial Professional Review Program, J-7/MEMD physicians will complete a routine review of initial documentation. This review and the approval of DPC-1 for packages having no issues can be done electronically or by reviewing the application through a fast-track process with in-box to in-box processing. The general routing will be from the Clinical Management Branch, to an AMB physician, to the Clinical Operations Division Chief, to the J-7/MEMD Director. If during this review process, confusing or contentious issues (e.g. multiple malpractice payouts, arrest incidents, etc.) are discovered, PRP panel members, the J-7/MEMD Deputy Director, appropriate Clinical Management Division personnel, and HQ technical experts will be brought into the process to provide relevant input to the J-7/MEMD Director prior to final disposition. When concerning issues are identified that cannot be easily reconciled, PRP members will interrupt the informal review process and call for a formal meeting to discuss a provider candidate’s qualifications.

e. Initial packages with known or potential issues, or those discovered during informal review as described above, will normally be addressed during formal PRP meetings where the Clinical Management Branch will record and publish minutes of the proceedings. In addition, if issues arise at any time during the electronic routing of an application, a formal PRP meeting will convene to address the issues.

f. When an initial package is disapproved for a government or FBP provider candidate, a Clinical Operations Division physician will write a memorandum documenting the reason(s). The Clinical Management Branch will create a staff package and route through the supervisory chain to the J-7/MEMD Director for release to the USMEPCOM Commander’s HQ subject matter experts including the MEJA, J-1/MEHR, and J-4/MEFA. If there is concurrence on the action, the Clinical Management Branch will maintain the documentation. If there is not concurrence, the Clinical Management Branch will schedule a decision brief with the USMEPCOM Commander and Deputy Commander/Chief of Staff to resolve the issue. J-7/MEMD is responsible for notifying the applicable civilian personnel office for provider candidates applying for CMO/ACMO positions and the FBP vendor for FBP candidates. The civilian personnel office and FBP vendor are then responsible for notifying the candidates.

g. For both the Initial Training and Quality Performance Maintenance Programs, the PRP will make recommendations to the J-7/MEMD Director for assignment of DPCs or downgrade/removal of DPC level. Modifications or downgrades/removals of DPC levels are administrative actions and are not necessarily reportable to state licensing boards. Government providers being considered for a downgrade or removal of their DPC level will be provided notification from J-7/MEMD in writing as to when the PRP will meet, the allegation(s) being considered and provide options for the provider to present a written and/or oral statement to the panel. MEJA and J-1/MEHR will provide supporting expertise to the PRP for any meetings which may result in removal of a provider’s qualification/no DPC level assigned.
h. If it is apparent that a government provider is involved with commission of egregious actions warranting potential notification at the state or national level, J-7/MEMD will consult with appropriate HQ organizations (e.g. MEJA, J-1/MEHR, and J-4/MEFA) and may consult with the Army Medical Command to consider the issue and arrange submission to the appropriate agency, and/or report the issue directly to the provider state licensing activity. Criminal acts, such as sexual misconduct will be reported to appropriate legal and professional authorities.

If similar issues arise with contract providers, J-7/MEMD will notify the FBP contracting officer (KO) and the FBP vendor. The vendor, as the FBP employer, is responsible for administrative processing of allegations of improper activities of vendor employees.

i. Other services the PRP may be involved in include:

(1) Providing physician support to MEPS Commanders and medical staff.

(2) Providing feedback and training to address provider performance issues.

2-4. Centralized Credentials Quality Assurance System
When directed through the Command Message System, USMEPCOM will implement use of Centralized Credentials Quality Assurance System (CCQAS). CCQAS instructions will be included on SPEAR at the time of implementation. J-7/MEMD Clinical Management Branch will manage providers that are participating or have participated in the CCQAS Program while serving in the military at another duty station.
3-1. Hiring CMOs and ACMOs

a. The MEPS Commander maintains hiring authority for the CMO and ACMO positions through the local servicing civilian personnel activity. A SMO, J-7/MEMD physician or other J-7/MEMD-designated member of the USMEPCOM medical staff normally participates in candidate interviews, and makes selection recommendations to the MEPS Commander for hiring.

b. CMO or ACMO candidates must meet PQMP Initial Professional Review Program requirements in Appendix A before being hired and be DPC-1 qualified by the PRP before they begin working at a MEPS. Primary Source Verification (PSV) will be completed by J-7/MEMD per Appendix B for documents requiring PSV. Candidates with previous USMEPCOM PQMP training and/or experience can be hired at a higher DPC level based on a credentials file review and approval of the J-7/MEMD Director.

c. J-7/MEMD Clinical Management Branch personnel will work with MEPS CMO or ACMO candidates to obtain PQMP Initial Professional Review required documentation. It is critical for the MEPS to work closely with J-7/MEMD in the hiring process to ensure this part of the PQMP is completed in a timely and efficient manner.

d. Ideally, CMO or ACMO candidates will submit required documentation electronically to the Clinical Management Branch via the J-7/MEMD group email address: osd.north-chicago.usmepcom.list.hq-j7-memd-government-apps@mail.mil.

e. When CMO or ACMO candidates are currently FBPs and the MEPS Commander selects the FBP for the government position, J-7/MEMD will complete USMEPCOM Form (UMF) 40-2-3-E, Provider Clinical Assessment and Qualification which may include a records review, visit, etc. Instructions for completing this form are included at Appendix C. J-7/MEMD will review the provider’s existing credential file and account for Appendix A-required documents and identify those that require updating such as Licensure, Certification and BLS. Note - Letters of Recommendation do not need to be re-submitted. The credential file also includes the performance write ups which will be taken into consideration before the offer is finalized. J-7/MEMD will obtain updated credential documents and reports as required.

f. The MEPS will notify J-7/MEMD of existing or anticipated CMO/ACMO vacancies and start dates for newly hired CMOs/ACMOs via the J-7/MEMD group email address: osd.north-chicago.usmepcom.list.hq-j7-memd-pqmp-government@mail.mil.

3-2. Contract FBPs.

a. FBPs are contracted by their employer, the vendor who was awarded the FBP contract. However, FBPs must still meet the PQMP Initial Professional Review Program requirements in Appendix A and have a signed personal services contract with the FBP contract vendor before working at a MEPS. Any documentation requiring PSV will be completed by the FBP vendor per Appendix B. The MEPS must be notified in writing by J-7/MEMD that an FBP has met these requirements before the FBP is permitted to work at a MEPS.

b. The FBP vendor is responsible for working with FBP candidates to obtain PQMP Initial Professional Review and Approval required documentation. The FBP vendor submits these documents directly to the J-7/MEMD COR.
c. All FBPs performing services under the FBP contract shall comply with the Health and Immunization requirements as instructed by the vendor at the time of their documentation submission to J-7/MEMD for PQMP initial professional review and approval.

d. When a government provider resigns and then seeks employment with the FBP vendor, J-7/MEMD will review the provider’s existing credential file and account for Appendix A required documents and identify those that require updating such as Licensure, Certification, and BLS. J-7/MEMD will obtain updated credential documents and reports as required by contract. Letters of Recommendation do not need to be re-submitted. The credential file also includes performance assessments which will be taken into consideration before the J-7/MEMD Director can grant the FBP’s initial DPC level.

3-3. Malpractice Liability

a. The federal government is a self-insuring entity which provides protection to certain physicians against medical malpractice claims. This protection is conferred by statute, not via a malpractice insurance policy. The relevant statutes are 10 US Code §1089 and §1091, known respectively as the Medical Malpractice Immunity Act and the Gonzalez Act.

b. The Gonzalez Act protects civil servants, members of the Armed Forces, and personal services contractors in the MEPS who perform services actually covered by the contract. If a provider under contract to the vendor renders services in a MEPS outside of those described in their contract (i.e., is not paid by the “contractor” for these services), he/she is not covered for malpractice.

c. To be covered under the Gonzalez Act a provider must:

   (1) be in a valid status which means authorized military status, federal civil service employee, or working pursuant to a personal services contract with the Department of Defense.

   (2) be working within the scope of the provider’s employment.

   (3) be working whereby the incident must have occurred within a MEPS or other authorized location which means inside a MEPS or other location authorized by HQ USMEPCOM (for example, a National Guard Armory in Micronesia while on USMEPCOM-sanctioned travel).
Chapter 4  
Initial Training Program

4-1. Government Provider Initial Training

a. New CMOs and ACMOs assigned to DPC-1 must complete J-7/MEMD directed training as documented in the USMEPCOM PQMP New CMO Initial Training Program SOP located on SPEAR, J-7/MEMD, Provider Quality Management Program. Training includes learning the regulatory requirements for the USMEPCOM Medical Program and hands-on training. CMOs are also required to train on USMEPCOM supervisory tasks required of their position.

b. A new CMO will perform “crosswalk” training at another MEPS with an experienced, DPC-4 CMO (regional trainer) for up to 15 workdays to observe and then participate in medical processing. The SMO in coordination with the J-7/MEMD Director, in coordination with input from the Battalion Commander, and advice from the J-7/MEMD Clinical Operations Division, will select one or more MEPS to be visited either in their Battalion or with coordination, in another Battalion. The medical NCOIC/SUP MT will assist the CMO with ensuring appropriate travel arrangements are made for the CMO. The new CMO “crosswalk” training will include an assessment by the regional trainer using UMF 40-2-3-E. Instructions for completing this form are included at Appendix C. The goal of this training is for a new CMO to be assigned at the DPC-3 level and thus can independently conduct medical examinations and profile an applicant correctly.

c. All new CMOs receive a qualification visit by a J-7/MEMD physician approximately two months after starting. Details of the qualification visit can be found in the New CMO Initial Training SOP located on SPEAR, J-7/MEMD, Provider Quality Management Program. If the CMO requires additional training after the qualification visit, a J-7/MEMD physician will prescribe that training. Final qualification, when additional training is required, should take place within 90-days of training completion. If qualification is not achieved, the CMO may be subject to separation IAW applicable civilian personnel regulations and procedures. The qualification visit is normally conducted at the CMO’s MEPS. The new CMO qualification visit will include an evaluation using UMF 40-2-3-E. Instructions for completing this form are included at Appendix C. Alternative pathways for the qualification visit will be utilized in circumstances where a J-7/MEMD physician or other provider designated by the J-7/MEMD Director are unable to make a visit to the CMO’s MEPS. Current alternative pathways are detailed in the New CMO Initial Training SOP located on SPEAR, J-7/MEMD, Provider Quality Management Program.

d. The new CMO may not profile any applicant until approval is granted by the J-7/MEMD Director for the appropriate DPC rating. Note: CMOs are expected to reach and maintain a DPC-4 level designation.

e. J-7/MEMD will determine an individualized training program for new CMOs/ACMOs with previous USMEPCOM PQMP training and/or USMEPCOM experience. Providers originally trained under PQMP and/or have USMEPCOM experience may be modified to attend less than three weeks of initial training with a Regional Trainer as approved by the J-7/MEMD Director. Note – based on the Regional Trainer’s assessment, additional training could be authorized by the J-7/MEMD Director.

4-2. Contract Provider Initial Training

a. The FBP cannot work at the MEPS until the J-7/MEMD Director has approved DPC-1 or higher and the MEPS has received official notification from J-7/MEMD that a personal services contract has been signed. New FBPs assigned to DPC-1 or higher will undergo a training period of up to 40 hours
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(ideally consecutive workdays) under the supervision of the CMO. The period of instruction is determined by the CMO. New FBPs with previous USMEPCOM PQMP training and experience are likely candidates for a training period that is less than 40 hours.

b. CMOs are responsible for conducting and documenting FBP initial training as directed in the USMEPCOM PQMP FBP Initial Training SOP located on SPEAR, Headquarters, J-7/MEMD, Provider Quality Management Program. Requirements will include completing UMF 40-2-4-E, UMF 40-2-3-E, instructions are located at Appendix C.

c. CMOs must actively participate in new FBP training. The Medical NCOIC/SUP MT should make the CMO unavailable in the FBP Application so a FB-CMO is authorized (when there is no ACMO) or FBP is authorized (when there is an ACMO). The CMO will oversee all applicant medical examination processing by the new FBP during this time in order to effectively evaluate the FBP’s performance. The CMO will forward to J-7/MEMD a recommendation for the J-7/MEMD Director to assign the FBP to a higher DPC level as appropriate for the training successfully completed and based on the clinical assessment documented IAW the USMEPCOM PQMP FBP Initial Training SOP located on SPEAR, Headquarters, J-7/MEMD, Provider Quality Management Program.

d. If a CMO makes an assessment that a new FBP is not capable of being approved for DPC-2, the CMO must document reasons, with examples of performance problems on UMF 40-2-4-E, Contract Provider Quality Management Form. UMF 40-2-4-E will be submitted to the J-7/MEMD FBP COR for processing using the J-7/MEMD FBP COR group email address: osd.north-chicago.usmepcom.list.hq-j7-memd-FBP-COR@mail.mil.

4-3. OSHA Initial Training
All government and contract providers will complete current OSHA Standard 1910.1030 and UMR 40-9 training within 10 working days of beginning work at the MEPS. Medical NCOICs/SUP MTs will document training by memorandum for record and file training documents IAW guidance prescribed in UMR 40-9.

4-4. USMEPCOM Glove Use Policy Training
All government and contract providers must complete current USMEPCOM glove use policy training located on SPEAR, Headquarters, J-7/MEMD, Medical Examination Chaperone Policy prior to conducting any applicant physical screening examinations. Medical providers observed not strictly adhering to the glove use policy will be reported immediately to J-7/MEMD. Non-adherence to this policy may result in downgrade of a provider’s DPC level with subsequent removal from the MEPS Medical Department.

4-5. USMEPCOM Chaperone Policy Training.
All government and contract providers must also complete current USMEPCOM Chaperone Policy training prior to conducting any applicant physical screening examinations. Medical examiners not strictly adhering to the USMEPCOM Chaperone Policy will be reported immediately to J-7/MEMD. Non-adherence to this policy may result in downgrade of a provider’s DPC level with subsequent removal from the MEPS Medical Department.

4-6. Establishment of FBP Six Part Folder and Training Procedures
a. MEPS are required to keep copies of PQMP documents for each of their FBPs. Maintaining duplicates will help decrease the possibility of lost FBP documents required for re-qualification review.
b. MEPS are to purchase a box of Classification File Folders, NSN 7530-00-990-8884, via government purchase card from the DoD Emall (URL: https://dod.emall.dla.mil/acct/).

c. Folder requirements are included in Appendix D.

d. The folder should be updated accordingly when a new FBP training requirement is announced via the Command Message System and documented training should be placed in the appropriate file folder section. Upon notification from the J-7/MEMD that the FBP no longer works for the FBP vendor and has been archived, the six part folder will be retained under Record Number 1aa4/800D, “Employee Records – FBP Qualification and Training File”. Upon transfer or termination of individual, keep in office file for 3 months, or no longer needed for conducting business, but not longer than 6 years, then destroy held as archived for three months and then be destroyed.
Chapter 5  
Quality Performance Maintenance Program – Government Providers

5-1. Overview
The PQMP Quality Performance Maintenance Program is a multifaceted program for both government and contract medical providers. The goal of the program is to ensure ongoing quality of applicant medical processing throughout USMEPCOM. This chapter provides policies and procedural guidance for government providers. As civilian employees, CMOs/ACMOs must be provided a reasonable opportunity to demonstrate acceptable performance. J-7/MEMD will assist MEPS Commanders by providing clinical performance inputs using UMF 40-2-3-E. Instructions for completing this form are included at Appendix C. When an adverse action that may impact a civil service provider is being worked, the employee relations specialist (Civilian Personnel Office) must be consulted before any action is taken. This consultation is required to ensure preservation of employee rights and to ensure that civilian employee guidelines are met.

5-2. Annual Quality Review

a. The Annual Quality Review (AQR) is a routine process conducted annually to assess government provider continued proficiency in the provision of accession medical services. The process also certifies that government service providers continue to meet USMEPCOM civilian employee requirements for employment.

b. The MEPS Commander supervises the CMO, and is responsible for providing periodic constructive counseling and evaluation. J-7/MEMD Clinical Operations Division SMOs will support the MEPS Commander by providing a summary of assessment of clinical performance and recommendations for improvement (if any) annually prior to July 15 to inform the annual performance appraisal process. Assessments will evaluate each provider’s quality based upon performance data from the PQMP CMO Peer Review Program. CMOs will also have the opportunity for self-assessment through an annual knowledge assessment administered by the J-7/Clinical Operations Division. The written assessment of clinical performance input will be sent to the MEPS Commander by the J-7/Clinical Operations Division physicians. Note: Due to start-up actions required for AQR; full implementation of the AQR will occur the performance year after implementation of the PQMP performance period July 1, 2017-June 30, 2018. Also, when the assessment is provided to the MEPS Commander will be determined by J-7/MEMD and not necessarily after the end of the civilian performance period based on, for example, the provider’s start date.

c. CMOs supervise ACMOs and will provide periodic constructive counseling and evaluations of ACMO clinical performance during the normal civilian performance plan feedback and appraisal processes. CMOs will conduct PQMP Peer Review for their ACMOs. J-7/MEMD physicians will assist with PQMP Peer Review as needed for MEPS with a vacant CMO position depending on the situation.

5-3. PQMP Requalification
The purpose of requalification is to provide recurring credentials and performance reviews and assessments to ensure a quality medical program and continued quality performance of the USMEPCOM medical provider pool. J-7/MEMD will continually review expiration dates for documents such as license and BLS certification and request updated documents from providers. J-7/MEMD, every two years, will request providers complete USMEPCOM Form 40-2-2-E (Malpractice and Clinical Privileges History Questionnaire) and J-7/MEMD will obtain appropriate medical community updates such NPDB and AMA updates. The original authorization a provider signed for USMEPCOM to obtain documents will be used to obtain updates. J-7/MEMD physicians SMOs will conduct PQMP requalification visits for CMOs every 1-3 years. J-7/MEMD physicians are also authorized to perform requalification visits for
SMOs and for CMOs/ACMOs when directed by the J-7/MEMD Director. Periodicity is determined by the PRP, based on review of Peer Review Program data, and other quality review indicators. Routinely, the PRP will request applicant records from the MEPS Medical Department via electronic encryption. The J-7/MEMD Director may designate a CMO from another MEPS to perform J-7/MEMD physician and SMO assessment duties if J-7/MEMD and SMO physician resources are limited or if individual provider characteristics and abilities require it. J-7/MEMD requalification functions may also be carried out virtually in select cases, utilizing video teleconferencing or other electronic communication modes to assess a CMO’s performance. DPC-5 providers will medically process applicants on a periodic basis as determined by the J-7/MEMD Director. Requalification assessments will be accomplished by a J-7/MEMD Director-assigned HQ provider.

All USMEPCOM provider assessments will be documented using UMF 40-2-3-E. Instructions for completing this form are included at Appendix C.

5-4. Peer Review Program

a. The PQMP Peer Review Program is an ongoing quality review process implemented throughout USMEPCOM. CMOs are required to participate by anonymously reviewing another CMO’s work. J-7/Clinical Operations Division is responsible for this program and will facilitate quarterly peer reviews of CMO work. CMOs are encouraged to use the information to improve their performance. If an individual CMO is not improving, J-7/MEMD physicians will provide retraining during site visits and in some instances may work with the MEPS Commander to implement a performance improvement plan. Details of this critical program are included in the Peer Review Program SOP located on SPEAR.

b. CMOs will develop local procedures to conduct “daily” peer review with assigned ACMOs and FBPs. The CMO will also participate in the daily peer review program. Medical providers will review each other as part of their normal daily work flow. Suggested formats for this part of the peer review program are contained in the Peer Review Program SOP on SPEAR, Headquarters, J-7 MEMD, Provider Quality Management Program page. Note: “Daily” peer review is the goal especially for medium and large MEPS; there may be days, especially for small MEPS, where there is not a “peer group” available. All MEPS must adhere to the intent of the peer review program to have a professional review and small MEPS, for example, will coordinate with J-7/MEMD if there are issues completing recurring peer review in order to determine a solution.

5-5. Annual Medical Training Seminar

The Annual Medical Training Seminar when conducted is mandatory for CMOs at MEPS without ACMOs. For MEPS with ACMOs, attendance is mandatory for one physician (either CMO or one ACMO) and encouraged for the second (CMO or ACMO) depending on the ability of the MEPS to have competent FB-CMO medical coverage in the MEPS during the training seminar.

5-6. Grand Rounds

J-7/MEMD periodically conducts Grand Rounds sessions which are announced via the Command Message System. MEPS Commanders will ensure MEPS CMOs are available to participate, barring unforeseen medical mission requirements for applicant medical processing. Participation for the FBPs will be announced via the Command Message System.

5-7. Continuing Medical Education Courses

Subject to funding and staffing availability, one annual, professional medical training course within the continental United States may be approved for CMOs and ACMOs. Prior approval by J-7/MEMD is required. All requests for CME must be submitted in writing to the J-7/ Clinical Operations Division. The MEPS must consider the most cost efficient training location for courses offered in multiple locations and provide training/TDY cost information with requests. Upon completion of the CME course, the attendee will provide a copy of the CME certificate showing the number of credits earned and a course
evaluation using USMEPCOM Form 40-2-5-E, CME Conference/Training After-Action Report to the J-7/MEMD Clinical Operations Division for inclusion in the PQMP file. File the CME certificate in CMO/ACMO training folders and FBP six part folders, in the training section.
Chapter 6
Quality Performance Maintenance Program – Contract Providers

6-1. Overview
This chapter provides policies and procedural guidance for managing contract providers under PQMP to ensure maximum quality and efficiency of the provision of accession medical services in USMEPCOM. Specific implementation procedures for the Peer Review Program are in the PQMP Peer Review Program SOP located on SPEAR, Headquarters, J-7 MEMD, Provider Quality Management Program page.

6-2. Fee Basis Provider Performance Issues

a. Emergency Situations.

(1) Emergency situations are defined in the contract as issues generating “reasonable suspicion that clear and present danger of physical harm exists” to an applicant, FBP, government personnel, or authorized visitor. These situations will immediately be addressed by the MEPS Commander in coordination with the CMO as described below.

(2) In situations of imminent danger, the MEPS Commander will follow the Emergency Management Assistance Plan to ensure the safety and well-being of everyone in the MEPS. If there is no imminent danger and the MEPS Commander/CMO believes that a FBP should be removed from the MEPS, the MEPS Commander will contact the FBP COR at J-7/MEMD immediately.

Note: Per the FBP contract, the COR is the person who will notify the vendor if the decision is made by J-7/MEMD to remove the vendor’s employee from the MEPS.

(3) After the emergency situation has been secured, the MEPS Commander, in coordination with the CMO, will complete an FBP Performance Report and forward it to the FBP COR. In the subject line of the email list the MEPS name, followed by “FBP-PR”, followed by the last name of the provider. For example: Albany MEPS FBP-PR, Jones. The FBP COR will staff the report to an AMB physician to complete the report within 24 hours of receipt. The FBP COR will coordinate the report with appropriate HQ and Sector personnel and submit when appropriate to the FBP KO.

b. Non-Emergency Situations.

(1) For FBP performance issues observed while conducting routine applicant medical processing, the CMO, in coordination with the MEPS Commander, will address the performance issues by verbally notifying the FBP of the performance issue(s).

(2) When applicable, provide the FBP additional training so he/she has the opportunity to correct the performance issue(s).

(3) Document the issue(s) on UMF 40-2-4-E every time an issue occurs. Use encrypted email and send the report to (OSD North Chicago USMEPCOM List HQ-J7-MEMD-FBP-COR) within 3 business days for review. The subject line of the email should include the MEPS name, followed by FBP-PR, followed by the last name of the provider. The FBP COR will staff the report to an AMB physician to complete the report within 24 hours of receipt. The FBP COR will coordinate the report with appropriate HQ and Sector personnel and submit when appropriate to the FBP KO. When the performance problems are not corrected through additional training and continue to the extent a DPC level change is contemplated, then a UMF 40-2-3-E must be completed with a DPC level change recommendation.
c. All FBP performance issues shall be coordinated with appropriate J-7/MEMD leadership, Sector leadership, Staff Judge Advocate, and J-4/MEFA personnel, as appropriate and necessary.

(1) If an action implicating a contract employee is contemplated, the FBP COR will consult with the KO. Suspension of the provider’s services will be conducted IAW this regulation using UMF 40-2-3-E to document withdrawal of approval for the provider to perform accession medical services within USMEPCOM. If the MEPS Commander or CMO/ACMO feels that a provider is not performing to contractual standards, accurate and complete documentation is mandatory. The decision to reduce a provider’s DPC level is made by the PRP using the PQMP process.

(2) Staff Judge Advocate, Sector leadership, and J-4/MEFA personnel must be consulted as appropriate and necessary prior to proceeding with FBP performance issues. This will ensure compliance with due process, including conducting investigations/inquiries, removing a provider from the MEPS, and issuance of notification letters.

d. The provider’s six part folder will be maintained in a secure manner under Record Number 1aa4/800D, “Employee Records FBP Qualification and Training File”. Upon transfer or termination of individual, keep in office file for 3 months, or no longer needed for conducting business, but not longer than 6 years, then destroy. Folders will be maintained in a clearly identified locked file cabinet, or locked desk drawer, in the MEPS medical department accessible only to medical staff designated by the MEPS CMO and/or SUP MT. Providers may review their folder, but may not remove the folder from the control of MEPS medical staff.

6-3. Fee Basis Provider Requalification

J-7/MEMD will continually review expiration dates for documents such as license and BLS certification and request updated documents from providers. J-7/MEMD, every two years, will request providers complete USMEPCOM Form 40-2-2-E (Malpractice and Clinical Privileges History Questionnaire) and J-7/MEMD will obtain appropriate medical community updates such NPDB and AMA updates. The original authorization a provider signed for USMEPCOM to obtain documents will be used to obtain updates.
Appendix A
Initial Professional Review Documentation Requirements

A-1. Documentation Submission
The documentation listed in this Appendix must be submitted to J-7/MEMD for review and consideration. CMO and ACMO candidates will submit documentation directly to J-7/ Clinical Management Branch. FBP candidate documentation will be submitted to J-7/MEMD by the FBP vendor.

Information current and accurate, all pages initialed with the last page signed and dated by the provider submitting the CV. CV must contain, at a minimum, a list with the name of organization/institution of previous professional employment in chronological order, the location of the organization/institution by city and state (if outside the United States, give city and country), the clinical area assigned, inclusive dates (year and month for each assignment), and a short summary of duties/responsibilities. **Note:** Any gaps in work history must be accounted for and explained. If no history of professional employment, state “None”.

A-3. Current Active and Unencumbered State License(s) and Past License(s)

a. Providers must possess and maintain an active, current, valid, and unrestricted license from a U.S. jurisdiction before practicing independently within the defined scope of practice for the MEPS defined as:

   (1) active - characterized by present activity, participation, practice, or use.

   (2) current - not revoked, suspended, or lapsed.

   (3) valid and unrestricted - not subject to state imposed stipulations or restriction pertaining to the scope, location, or type of practice ordinarily granted to all other applicants for similar licensure in the granting jurisdiction.

b. The license must be identified and presented by the provider and not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to other applicants for similar licenses.

c. The active license must be one allowing independent level of practice and granted by the recognized licensing agency of that State, the District of Columbia, the Commonwealths of Puerto Rico, Guam, or the Virgin Islands.

d. As a term of employment, providers are required to have one valid active medical license which is unrestricted and unencumbered from any state or territory identified above. The provider must, however, provide an explanation for any other current or past encumbered license(s). All other licenses, past or present, must be identified for review. Past license(s) must have been either in good standing at the time they lapsed or expired, or a written explanation must be provided.

e. The FBP vendor is responsible for providing written PSVs for FBPs on all past and present state licenses by submitting copies of the verifications with supporting documentation, as needed, to J-7/MEMD FBP COR. J-7/MEMD Clinical Management Branch personnel will PSV CMO and ACMO candidate licenses. If PSV is not possible due to closure of the original issuing facility or other plausible reason, the vendor will proceed in order through the three additional steps listed in Appendix B.
A-4. Professional School Diploma, Degree, and/or Completion Certificate
   
a. All providers must supply copies of original diplomas or certificates indicating completion of
   training specific to their profession in Medical School, Nursing, or Physician Assistant programs.

   b. Both nursing degree and/or diploma, and advanced nursing diplomas/certificates must be
   provided for nurse practitioners. Submitted documents must be PSV’d directly from the issuing
   organization, or verified by pursuing in order the alternative methods listed in Appendix B.

   c. If a document is not in English, it must be translated by an official translator (University
   linguistics department, consulate officer, individual certified to be competent as translator, etc.).
   Translator’s credentials must also be supplied (name, organization, position, contact information, and a
   statement as to why the person is qualified to translate the document).

A-5. Educational Council for Foreign Medical Graduate or 5th Pathway Certification
A copy of the provider’s Educational Council for Foreign Medical Graduate (ECFMG) or 5th Pathway
Certificate is required for providers who are foreign medical graduates after 1958, not including graduates
from Canadian or Puerto Rican medical schools. Foreign language (excluding Latin) documents must be
translated into English. ECFMG documents that are from 1985 or earlier must be translated into English
and the qualifying foreign medical degree must be PSVd with the issuing institution. The only exception
is if the qualifying foreign medical degree is from 1986 or later because the ECFMG PSVs these
documents.

A-6. Postgraduate Training Certificates
   
a. The provider must submit his/her postgraduate training certificate(s), whether it is an Internship,
   Residency, or Fellowship. The training must be PSVd from the issuing organization and not from a third
   party.

   b. ACMO and FBP physician providers must have at a minimum 12 months of post-graduate
   clinical training (internship) verified by certificate of completion.

   c. The training must have been received in a program accredited by the Accreditation Council for
   Graduate Medical Education (ACGME) or Osteopathic Graduate Medical Education (OGME).

   d. All of a provider’s postgraduate training must be submitted and PSVd.

A-7. Verification of Board Certification
Specialty board certificates will be PSVd. This will be done directly with the certifying board or by using
one of the approved sources:

   a. For the American Board of Medical Specialties (ABMS), the following are identified and
   approved as the designated official display agents for Board Certification: CertiFACTs Online, Elsevier
   BoardCertifiedDocs, American Medical Association (AMA) Physician Profile, and AMA Master File.
   Therefore, the ABMS Board Certification information provided by these entities is considered a
   designated equivalent source in regard to credentialing standards. (Reference American Board of Medical
   Specialties).
(1) Verifications through ABMS or American Osteopathic Association (AOA) apply only to those specialty boards that are members of the ABMS or AOA. Certification by non-ABMS or AOA boards must be verified directly with the respective board.

(2) It is not necessary to delay the award of DPC level pending verification of board certification, because board certification is not an USMEPCOM requirement for employment.

b. National Certification for Nurse Practitioners. Nurse Practitioners must possess either an American Nurse’s Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP) certification in order to be qualified to work as a provider with USMEPCOM. Certifications must be PSV’d.

c. National Certification for Physician Assistants. Physician Assistants must possess a National Commission on Certification of Physician Assistants (NCCPA) certification in order to be qualified to work as a provider with USMEPCOM. Certifications must be PSV’d.

A-8. American Medical Association Master File or American Osteopathic Association Master File. J-7/MEMD will obtain these files for CMO and ACMO candidates. The FBP vendor will obtain these files and submit to J-7/MEMD for FBP candidates.

A-9. National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank. J-7/MEMD will obtain a National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank (NPDB) result for CMO and ACMO candidates. The FBP vendor will obtain an NPDB result and submit to J-7/MEMD for FBP candidates. The NPDB request will include all name variations including maiden name for a provider along with the provider’s social security number. The FBP vendor will submit an NPDB result to J-7/MEMD every two years for providers approved to work under the FBP contract. Physician Assistants will provide their continuing medical education credits every two years.

A-10. Basis Life Support. CMO and ACMO candidates will submit Basis Life Support (BLS) completion certificates to J-7/MEMD. The FBP vendor will submit BLS completion certificates to J-7/MEMD for FBP candidates. All FBPs shall be recertified every two years at the vendor’s expense and completion documentation provided to J-7/MEMD.


A-12. Photo Identification. A copy of a federal or state-issued photo identification such as driver’s license, military identification card, etc.


a. Two current Letters of Recommendation (LORs) must be submitted.

b. Letters must address clinical competency, quality of work, professional standing, and character.

c. Letters must contain contact information for the person providing the recommendation with the person’s name, address and phone number.

d. Medical Doctors (MD) and Doctors of Osteopathy (DO) candidates must submit two letters from their peers.
e. Certified Nurse Practitioner (CNP) and Physician Assistant (PA) candidates will submit one letter from their peer and one letter from either an MD or DO.

f. LORs must be dated and must have been written within the past year and signed. Form letter LORs will not be accepted.


a. There are two required standardized letters, one requesting official participation in accession medical services with USMEPCOM and a second which is an “authorization for information release.” These letters are not to be written on MEPS letterhead unless it is for a current Government employee. FBP letters may be submitted on FBP vendor letterhead. Providers are to print and sign their name.

b. Sample participation letter:

REQUEST FOR HQ USMEPCOM, ATTENTION J-7/MEMD, 2834 GREEN BAY ROAD, NORTH CHICAGO, IL 60064-3091

I am requesting to provide accession medical services at the ___________ Military Entrance Processing Station (MEPS) as a ____________ (Chief Medical Officer, Assistant Chief Medical Officer, Fee Basis Provider).

I hereby authorize and consent to the release of information to or by USMEPCOM or its staff to or from other physicians or references, professional schools or training programs, medical associations, clinics or hospitals and their staff, or other employees on request regarding any information the sources may have concerning me, as long as the release of information is done in good faith and without malice. I hereby release all parties, including USMEPCOM and its members, for doing so.”

____________________    _____________  
Print Full Legal Name     Date:  MMDDYY

____________________
Signature

c. Sample release letter (for FBP letters, the FBP vendor can be listed in the second paragraph of this letter along with USMEPCOM):

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize all who may have information bearing on my professional qualifications, ethical standing, competence, and mental and physical health status to release the aforementioned information to the designated healthcare organization, its staff, and agents. These include individuals, institutions, and entities of organizations with which I am currently or have associated and all professional liability insurers with which I have had or currently have professional liability insurance.

I agree to release and hold harmless from any liability the United States Military Entrance Processing Command (USMEPCOM) and any and all persons who participate within the scope of
their duties in good faith and without malice in the review of any action or recommendation relating to my application.

A-15. USMEPCOM Form 40-2-1-E, Medical Provider Initial Application. This form is to be filled out in its entirety as follows:

SECTION A – IDENTIFICATION

Item 1a, Full name: List the provider’s current full legal name.

Item 1b, (Maiden Names & Aliases, as applicable): List all previous names including maiden names and permutations of legal name used by the provider for but not limited to licensing, education, training, and work history records. Use Section E on the back side of the form to ensure all names are provided.

Item 2, National Provider Number (NPI): Self explanatory.

Item 3, Date of Birth: Self explanatory using the format MMM DD, YYYY.

Item 4, Function: Candidates for MEPS CMO positions will check the CMO option, candidates for MEPS ACMO positions will check the ACMO option, and FBP contract candidates must only check the FBP option.

Item 5, MEPS: Name of local MEPS where the government candidate applied for a position or the local “home” MEPS where an FBP provider will be assigned.

SECTION B – PROFESSIONAL MEDICAL EDUCATION

Item 6a, Name of Professional School: List professional schools attended in chronological order starting with earliest first.

Item 6b, Type of Degree: List specific degree obtained.

Item 6c, Degree Completion Date: The month day, year the degree was completed in the format MMM DD, YYYY.

SECTION C – POSTGRADUATE TRAINING AND LICENSING

Item 7a, Name of Hospital or Institution: List name of hospital or institution where postgraduate training was performed. List multiple programs in chronological order with the earliest listed first.

Item 7b, Location: List location of the hospital or institution by city and state. If done outside the United States, give city and country.

Item 7c, Type of Program: List the type of post-graduate training, e.g., internship, residency, fellowship, practicum.

Item 7d, Date Completed: List the month day, year completed in the format MMM DD, YYYY.
**Item 8a, State:** List the state licensure states(s) for all active/current and past/inactive state licenses. List all active/current licenses first followed by the past/inactive licenses.

**Item 8b, Status:** List the state licensure status (es) for all state licenses using the words active or inactive (it is not necessary to state revoked or expired, just inactive)

**Item 8c, Expiration Date:** List the state licensure expiration date(s) for all active/current state licenses only.

**Item 9a, Signature of Medical Provider Candidate:** Self-explanatory.

**Item 9b, Date:** Annotate date (mmm dd, yyyy format) application was signed.

**SECTION D: HEADQUARTERS REVIEW AND APPROVAL:** for internal USMEPCOM use.

**SECTION E: ADDITIONAL INFORMATION/COMMENTS:** for use by the medical provider candidate to continue providing applicable application information.

**Item 12a, Signature of Individual Providing Additional Information/Comments:** Self-explanatory.

**Item 12b, Date Signed:** Annotate date (mmm dd, yyyy format) application was signed.
A-16. **USMEPCOM Form 40-2-2-E, Malpractice and Clinical Privileges History Questionnaire.**

This form is to be filled out in its entirety as follows:

- **Item 1, Name:** List the provider’s current full legal name.

- **Item 2, National Provider Number (NPI):** Self-Explanatory.

- **Item 3, Date of Birth:** Self-Explanatory using the format MMM DD, YYYY.

- **Item 4, Function:** Candidates for MEPS CMO positions will check the CMO option, candidates for MEPS ACMO positions will check the ACMO option, and FBP contract candidates must only check the FBP option.

- **Item 5, MEPS Name:** Name of local MEPS where the government candidate applied for a position or the local “home” MEPS where an FBP provider will be assigned.

- **Item 6a-m:** Check box for appropriate answer to each question. All questions must be answered.

  **Note:** If yes is answered to any of the questions, please explain in Item 7. If more room is needed, please use the back of the form or attach a typed explanation to the form which is signed and dated by the provider.

- **Item 7, Comments:** Use this box to explain any “yes” answers.

- **Item 8a, Signature of Applicant:** Self-Explanatory.

- **Item 8b, Date Signed:** Self-Explanatory.
Primary Source Verification

The PQMP requirements include the PSV of medical license, education, and training as documented in Appendix A. Primary source is the original source of a specific credential that can verify the accuracy of a qualification reported by a provider or licensed individual.

Primary Source Verification Requirements

Documents required by the PQMP can be verified by one of the following methods, listed in order of preference. Each step must be attempted in order; if documents are incapable of being PSV'd, each attempt must be described and recorded in a memorandum for record, and submitted along with the provider’s documents in the request for certification.

a. Written confirmation from the issuing authority in the form of a letter or an email. For emailed letter, the institution must be clearly identified. In the case of qualifying degrees, certified copies of the final college transcripts are acceptable if the type of degree and the date it was conferred are included on the transcript and the document came directly from the issuing authority.

b. Verbal telephone confirmation from the issuing authority. This confirmation must be annotated on the copy of the document being verified or on a separate memorandum.

   (1) The verification annotation will indicate the date of the conversation,

   (2) agency contacted for the verification,

   (3) agency phone number,

   (4) name and title of the individual at the agency who verified the information,

   (5) the specific information provided,

   (6) and the signature and signature block of the person who performed the verification. The signature block of the person requesting verification will include full name, title, and organizational address and phone number.


d. Internet or website Verifications. The use of a professional organization’s website is permitted for PSV of credentials by Headquarters and vendor’s credentials verification coordinator if:

   (1) The information is obtained directly from the professional organization’s website.

   (2) Use of the website of another recognized professional organization is permitted if it is used as the platform to reach the intended site. The Headquarters and when applicable the vendor’s credential coordinator, must confirm the website used is the professional organization’s official website, e.g. National Clearing House.
(3) The information on the website contains all of the information required for the PSV process of the specific credential, to include, sufficient information to properly identify the applicant. For example, name alone might not be sufficient to distinguish the applicant.

(4) Headquarters and when applicable the vendor credential coordinator, must know the currency of information on the website. Information on the website that is supplemental to the information undergoing PSV, such as a state licensing board’s website including information on the individual’s specialty, is not to be used as PSV data, although it may be useful in evaluating the overall package of information gathered by an individual on the provider.

(5) Headquarters and/or the vendor must assure itself that the source website, when not located at, and under the direct control of the professional organization, receives its information directly from the professional organization’s database through encrypted transmission and it is protected from alteration by unauthorized individuals.

(6) The fact that adverse information is not presented on the website does not deter the Headquarters or vendor credential coordinator from contacting the professional organization by telephone or written correspondence if the other information gathered by the organizations warrants it or if there is a discrepancy between what the applicant provided and the information on the website.

(7) The signature block of the person completing verification, along with the date, will be placed on the website printout or other record of information and will include the individual’s full name, title, and organizational address and phone number.

e. Least preferred, Touchtone Telephone PSV. Touchtone telephone PSV (in which the caller does not speak with an actual person; instead, the caller electronically accesses a database) is acceptable only if the other methods listed above are not possible and must be annotated as such.

B-3. Primary Source Verification Chain of Transmission
The chain of transmission of the document or information is what distinguishes PSV from secondary source verification. The document or information must come directly from the issuing authority to be considered a PSV. Documents delivered and/or provided directly from the provider still require PSV.

B-4. Document Copies
Copies of diplomas, certificates, licenses, etc. are NOT considered PSV, even if one personally makes the copy from the original document.

B-5. Primary Source Verification Attempts
A reasonable attempt to PSV a document is defined as making a second attempt to solicit the necessary information. If still unsuccessful, annotate the effort, file documentation in the credential package and identify the problem in writing.

B-6. Equivalent Sources
The following are considered designated equivalent primary source verifications:

a. The AMA Physician Master file may be used for PSV of US medical school graduation and US residency program completion.

b. The AOA Master file may be used as PSV for US medical school and US residency program completions for osteopathic physicians.
c. The ECFMG for verification of physician’s graduation from a foreign medical school.

Note: If unable to obtain verification due to destruction of original documents by fire or natural disaster, annotate the reason the PSV could not be completed and attempt to, at least, secondary source verify the information.

B-7. Credential Document Authentication
Annotating authentication true and valid copy of a credentialing document is not an acceptable method of PSV.

B-8. Actions Following Initial Verification
As long as the provider is continually employed by the DoD or an FBP under a personal services contract, the following apply:

a. Licenses, registrations, and certifications must be re-verified as described above.

b. Specialty board certifications with expiration dates must be re-verified (PSV) at time of reissue.

c. Credentials which do not expire or require reissue, such as a qualifying degree, do not need to be re-verified as long as the provider is continually employed by the DoD or the FBP is employed under a personal services contract.

B-9. Inability to Obtain Necessary Credentials Primary Source Verification
Inability to obtain necessary credential verification will be considered when recommending the award of DPC level and may result in a modification of DPC level or failure to award DPC level.

Note: If unable to obtain verification due to destruction of original documents by fire or natural disaster, annotate the reason the PSV could not be completed and attempt to verify the information from a secondary source.
Appendix C
Provider Clinical Assessment

**USMEPCOM Form 40-2-3-E, Provider Clinical Assessment and Qualification.** This form is to be filled out in its entirety as follows:

**SECTION A – PROVIDER’S IDENTIFICATION**

**Item 1, Full Name:** List the provider’s current full legal name.

**Item 2, National Provider Number (NPI):** Self-Explanatory.

**Item 3, Current DPC Level:** List the provider’s current Defined Provider Category Level (e.g. DPC-1, DPC-2, DPC-3, DPC-4)

**Item 4, Function:** Self-explanatory

**Item 5, Assessment Period:** Time frame for the assessment provided in a From: MMM DD, YYYY To: MMM DD, YYYY format.

**Item 6, List of Current and Active State Licenses Only:** Current and active licenses are listed, a provider does not have to list past, inactive licenses.

**SECTION B – CLINICAL ASSESSMENT AND COMMENTS**

**Items 7-13 and 15:** Each medical service assessment will be evaluated and comments provided. In situations where an area is not assessed, please annotate “n/a” and when comments are not used, please annotate “None”. Comments are normally required. Item 8 includes but is not limited to assessing the provider’s professional attitude and appearance. Item 13 includes but is not limited to assessing the provider’s ability to establish rapport with applicants. Item 15 includes but is not limited to assessing the provider’s relationship with colleagues, cooperation with personnel, oversight of fee basis providers, and professional conduct.

**Item 14, Name:** List the provider’s full name.

**Item 16, Additional Comments/Remarks:** Annotate comments for use in the evaluation and review of the provider. Annotate comments as to why a DPC level change in Item 17 is being requested along with any justification or remarks for the J-7/MEMD staff to review.

**SECTION C – DEFINED PROVIDER CATEGORY (DPC) LEVEL**

**Item 17a-f:** Annotate what category is being requested.

**Item 18a-c, Assessment Method:** Annotate all methods used in the assessment.

**Item 19a, Provider’s Signature:** Self-Explanatory.

**Item 19b, Date:** Date signed.

**Item 20a, Assessment Conducted by:** Print the name of the person doing the assessment, the person’s title, have the person sign and provide the date the person signed.
Item 20b, Overall Assessment: The person signing in Item 20a will provide an overall clinical assessment of the provider being evaluated.

SECTION D – FUNCTION MODIFICATION

Item 21, Select Change, if Applicable: Use this section only when there is a government provider changing functions to an FBP, if an FBP is changing their function and is being hired as a government provider (e.g. CMO or ACMO), or if a government provider changes functions (CMO to ACMO or ACMO to CMO)

SECTION E – ASSESSMENT CERTIFICATION

Items 22-24: For internal J-7/MEMD use only.

SECTION F – MEPS COMMANDER ACKNOWLEDGEMENT

Item 25: MEPS Commander, Acknowledges Receipt: MEPS Commanders will print their names, title, sign, and date the form when it is received and return a copy to J-7/MEMD for filing in the provider’s PQMP file.
Appendix D
Six Part Folder Requirements

D-1. Folders should be set up in the following manner.

a. Part 1 - Mandatory PQMP Documentation
   (1) USMEPCOM Form 40-2-1-E, Medical Provider Initial Application.
   (2) USMEPCOM Form 40-2-3-E, Provider Clinical Assessment and Qualification (when applicable).
   (3) Use of Gloves During MEPS Medical Examination.
   (4) Chaperone Training Checklist.
   (5) USMEPCOM Form 40-2-4-E, Contract Provider Quality Management Form (if applicable).

Note: If a form is in the PRP requalification process, you may place a copy of the form in the folder until receipt of the signed form from the PRP. Only current PQMP documentation shall be kept.

b. Part 2 - contains a copy of the FBP’s current Basic Life Support card and current license.

c. Part 3 - Medical Training Requirements Documentation.
   (1) Point of Care Testing for Occult Blood Training Checklist
   (2) DoD Instruction 6130.03 Training Checklist

d. Part 4 - Non-Medical Training Requirements Documentation.
   (1) Cyber Awareness Challenge DoD Version
   (2) Personal Identifiable Information (PII)

e. Part 5 - FBP occupational physical examination certificate.

f. Part 6 - Miscellaneous Documentation, e.g.:
   (1) DD Form 2875, System Authorization Access Request.
   (2) USMEPCOM Training Day Documentation.
   (3) Other PQMP Documentation.
   (4) Bloodborne Pathogen (initial and annual) training and Hepatitis B/declination statement will remain in the FBPs individual record.
D-2. Whenever an FBP requests a change to the FBP’s local “home” MEPS and J-7/MEMD approves the request, J-7/MEMD will notify the current MEPS in writing (normally an email from a J-7/MEMD FBP COR) to send the six part folder to the gaining MEPS. Instructions for sending the folder will be included in the email.

D-3. The six part folder will be retained in a secure manner, accessible only to medical staff designated by the MEPS CMO and/or SUP MT, under Record Number 1aa4/800D, “Employee Records – FBP Qualification and Training File”. Upon transfer or termination of individual, keep in office file for 3 months, or no longer needed for conducting business, but not longer than 6 years, then destroy.
Appendix E
Internal Controls Evaluation Checklist – MEPS Medical Department

E-1. Function. The functions covered by this checklist are procedures for MEPS medical departments to implement the PQMP.

E-2. Purpose. The purpose of this checklist is to assist Commanders and medical departments in evaluating key internal controls listed below. It is not intended to cover all controls.

E-3. Instructions. Answers must be based on actual testing of key internal controls (e.g., document analysis, direct observations, sampling). Answers that indicate deficiencies must be explained and corrective actions indicated in the supporting documentation. These controls must be evaluated at least every two years. Certification that the evaluation has been conducted will be done on DA Form 11-2-R, Internal Control Evaluation Certification.

E-4. Questions

a. Are government medical providers assigned DPC-1 before being hired by the MEPS Commander? (UMR 40-2, ch. 3)

b. Are contract medical providers assigned DPC-1 before being allowed to train at the MEPS? (UMR 40-2, ch. 3)

c. Are medical providers only performing accession medical services based on their DPC level? (UMR 40-2, ch. 2)

d. Is the MEPS notifying J-7/MEMD of vacancies, hiring actions, interview dates, start dates, and departure dates for CMOs and ACMOs? (UMR 40-2, ch. 1)

e. Is all required initial training completed and documented? (UMR 40-2, ch. 4)

f. Does the CMO have a peer review program for the local MEPS medical providers? (UMR 40-2, ch. 5)

g. Are all medical providers actively participating in the local peer review program? (UMR 40-2, ch. 5)

h. Is the CMO ensuring peer review program documentation is being completed? (UMR 40-2, ch. 5)

i. Are there six part folders for all FBPs that are organized correctly? (UMR 40-2, ch. 4 and Appendix D)

j. Is recurrent training (e.g. glove use, chaperone, bloodborne pathogen, etc.) properly documented? (UMR 40-2, Appendix D)

E-5. Comments
Users may submit comments to HQ USMEPCOM, ATTN: J-7/MEMD, 2834 Green Bay Road, North Chicago, IL 60064-3091
Appendix F
References

Section I
Publications referenced in or related to this publication

OSHA Standard 1910.1030
Blood-borne Pathogens.

DoD Instruction (DoDI) 6130.03
Medical Standards for Appointment, Enlistment, or Induction in the Military Services.

AR 11-2
Managers’ Internal Control Program.

USMEPCOM Regulation 40-1,
Medical Qualification Program Processing and Examinations.

USMEPCOM Regulation 40-8
Department of Defense (DoD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program.

USMEPCOM Regulation 40-9
Blood-borne Pathogen Program.

USMEPCOM Regulation 690-13
Civilian Personnel Management Program

USMEPCOM Regulation 601-23
Enlistment Processing

Section II
Forms referenced in or related to this publication

DA Form 11-2-R
Internal Control Evaluation Certification

DA Form 2028
Recommended Changes to Publications and Blank Forms

USMEPCOM Form 40-2-1-E
Medical Provider Initial Application.

USMEPCOM Form 40-2-2-E
Malpractice and Clinical Privileges History Questionnaire.

USMEPCOM Form 40-2-3-E
Provider Clinical Assessment and Qualification.
USMEPCOM Form 40-2-4-E
Contract Provider Quality Management Form.

USMEPCOM Form 40-2-5-E
Appendix G
Glossary

Section I
Abbreviations

AANP
American Academy of Nurse Practitioners

ABMS
American Board of Medical Specialties

ACGME
Accreditation Council for Graduate Medical Education

ACMO
Assistant Chief Medical Officer

AMA
American Medical Association

AMB
Accession Medicine Branch

ANCC
American Nurse’s Credentialing Center

AOA
American Osteopathic Association

AR
Army Regulation

ACRS
Army Consolidated Records Schedule

AQR
Annual Quality Review

BLS
Basic life support

BSB
Battalion Support Branch

CCQAS
Centralized Credentials Quality Assurance System

CME
Continuing Medical Education
CMO
Chief Medical Officer

CNP
Certified Nurse Practitioner

COR
Contract Officer Representative

CV
Curriculum Vitae (plural)/Curricula Vitae (singular)

DA
Department of the Army

DO
Doctor of Osteopathic Medicine

DoD
Department of Defense

DoDI
Department of Defense Instruction

DPC
Defined Provider Category

ECFMG
Educational Council for Foreign Medical Graduates

FB-CMO
Fee Basis Chief Medical Officer

FBP
Fee Basis Provider

HQ
Headquarters

IAW
In Accordance With

J-1/MEHR
J-1/Human Resources Directorate

J-4/MEFA
J-4/Facilities and Acquisition Directorate

J-7/MEMD
J-7/Medical Plans and Policy Directorate
KO
Contracting Officer

LOR
Letter of Recommendation

MD
Doctor of Medicine

MEPS
Military Entrance Processing Station

NCCPA
National Commission on Certification of Physician Assistants

NCOIC
Noncommissioned Officer in Charge

NPDB
National Practitioner Data Bank

OGME
Osteopathic Graduate Medical Education

OSHA
Occupational Safety and Health Administration

PA
Physician Assistant

PQMP
Provider Quality Management Program

PRP
Provider Review Panel

PSV
Primary Source Verification

SMO
Sector Medical Officer

SOP
Standard Operating Procedure

SUP MT
Supervisory Medical Technician

USMEPCOM
United States Military Entrance Processing Command
Section II
Terms

**Accession Medicine.** A phrase coined by J-7/MEMD to epitomize the activities of USMEPCOM centered on evaluating the suitability of the moral, physical, and mental condition of prospective applicants for entry into military service. Accession medicine is unique to the USMEPCOM medical departments for performing accession medical services. USMEPCOM accession medicine physicians ensure accession standards as defined in the Department of Defense Instruction (DoDI) 6130.03 are applied appropriately for each applicant.

**Accession Medical Services.** USMEPCOM medical services provided during the medical examination processing of applicants for the Armed Services. Medical services include but are not limited to prescreen reviews of applicant medical history, medical history interviews, physical screening examinations, reviews of medical test results, determinations of whether an applicant does or does not meet accession medical standards, physical inspections, and overseeing MEPS medical department regulatory compliance.

**Annual Quality Review (AQR).** The AQR is a routine process conducted annually to assess government provider continued proficiency in the provision of accession medical services. The process also certifies that government service providers continue to meet USMEPCOM civilian employee requirements for employment.

**Assistant Chief Medical Officer (ACMO).** Government civil service physician located at larger MEPS in the medical department. The ACMO uses their professional training and judgment to apply medical qualification standards set forth by the Department of Defense policy. The ACMO is supervised by the CMO, but the Commander has complete authority, within the rules and regulation of USMEPCOM, to direct the ACMO regarding administrative matters. After initial training, ACMOs are expected to be DPC-4 providers. ACMOs are subject to review by HQ USMEPCOM and SMO physicians.

**Chief Medical Officer (CMO).** Government civil service physician responsible for medical operations at each MEPS or processing facility. The CMOs use their professional training and judgment to apply medical qualification standards set forth by the Department of Defense policy. The CMO is supervised by the MEPS Commander who has complete authority, within the rules and regulation of USMEPCOM, to direct the CMO regarding administrative matters. After initial training, CMOs are expected to be DPC-4 providers. CMOs are subject to review by HQ USMEPCOM and SMO physicians.

**Contracting Officer (KO).** A person with authority to enter into, administer, modify, or terminate contracts. Make related determinations and findings on behalf of the government. **Note:** The only individual who can legally bind the government.

**Contracting Officer’s Representative (COR).** An employee of the U.S. Government appointed by the contracting officer to monitor contractor performance. Such appointment shall be in writing and shall state the scope of authority and limitations. This individual has authority to provide technical direction to the Contractor as long as that direction is within the scope of the contract, does not constitute a change, and has no funding implications. This individual does NOT have authority to change the terms and conditions of the contract.

**Credentials.** Documents that constitute evidence of qualifying education, training, licensure, certification or registration, experience, current competence, health status, and other qualifications of medical providers.
**Defined Provider Categories (DPC).** A sequential process whereby providers qualified by the Provider Review Panel are assigned provider levels based on provider experience and competence, and organizational requirements.

**Fee Basis Chief Medical Officer (FB-CMO).** An FBP (contract employee) who is assigned for a specified work day as the “temporary CMO” when the CMO is absent and the MEPS does not have an ACMO available. An FB-CMO must be a physician with a DPC-4 assignment (is assigned to profile) approved by USMEPCOM. FB-CMOs will accomplish medical histories; physical medical examinations; reviews of required medical tests and documents pertaining to consultations and medical histories; assessing applicant medical documentation and rendering their medical opinion on an applicant’s medical qualification for serving in the Armed Forces. FB-CMOs apply set DoD medical standards when determining medical qualifications. When medical standards are unclear or ambiguous regarding the medical qualifications of an applicant the FB-CMO will consult with a HQ USMEPCOM physician.

**Fee Basis Provider (FBP).** Medical Doctor (MD) or (Doctor of Osteopathy (DO), Physician Assistant (PA), or Certified Nurse Practitioner (CNP), all of which are contract employees, who conduct enlistment physical medical examination screenings at a MEPS. FBPs will accomplish medical histories; physical examinations; reviews of required medical tests and documents pertaining to consultations and medical histories; assessing applicant medical documentation to render a medical opinion on an applicant’s medical qualification for serving in the Armed Forces by using qualification standards set forth by Department of Defense policy under the general supervision of the MEPS CMO or designated representative.

**FBP Non-Profiler Physician.** FBP physician that does not have profiling privileges granted and cannot render a medical opinion on an applicant’s medical qualification for serving in the Armed Forces. FBP will accomplish medical histories, physical examinations, and reviews of required medical tests and documents pertaining to consultations and medical histories. Normally physicians will become profilers.

**FBP Non-Profiler Non-Physician.** FBP Physician Assistant or Certified Nurse Practitioner that is at DPC-2 and cannot render a medical opinion on an applicant’s medical qualification for serving in the Armed Forces. FBP will accomplish medical histories, physical examinations, reviews of required medical tests and documents pertaining to consultations, and medical histories.

**Initial Professional Review Program.** Provides a qualification process resulting in a provider being granted the permissions and responsibilities to provide accession medical services which are represented by DPC levels.

**Initial Training Program.** Provides standardized training for new CMOs, ACMOs, and FBPs in order to indoctrinate the new provider in accession medical services.

**Medical Non-Commissioned Officer In Charge (NCOIC)/ Supervisory Medical Technician (SUP MT).** Individual (Government employee) responsible for the administrative operation of the MEPS medical department and general supervision of paraprofessional staff (lead medical technicians, medical technicians) conducting physical screening examinations.

**Medical Provider.** Medical practitioners providing accession medical services within USMEPCOM. Includes government and contracted physicians, certified nurse practitioners, and physician assistants.

**Military Entrance Processing Station (MEPS).** DoD activity responsible for administering aptitude tests, medical examinations, and administrative processing of Armed Forces applicants.
Non-Profiler. FBP who does not sign for physicals, known as profiling. Non-profiler’s do not hold as much responsibility as Profilers.

Peer Review Program. Ongoing quality review process implemented throughout USMEPCOM where medical providers assess the quality of accession medical services in order to improve performance in providing these services.

Primary Source Verification (PSV). Verification for clinical staff required by the organization or state to have a license, registration, or certification. Examples include medical school (for qualifying degree), graduate medical education program (for residency training), and state medical board (for license). A reasonable effort must be made to verify, with the primary issuing authority.

Profiler. Government physician or FBP physician who has been granted either DPC-3 or DPC-4.

Profiling. A system for classifying individuals according to functional abilities. It is based primarily upon the function of body systems and their relation to military duties. It is applicable for physical exams for enlistment, appointment or induction, and is used to specify whether an applicant meets the relevant physical standards or not.

Provider Quality Management Program. USMEPCOM comprehensive program which provides technical management and quality oversight of the USMEPCOM medical provider pool. The PQMP includes an initial professional review prior to hire; training of medical providers in the unique specialty of accession medicine; and maintenance of quality performance.

Qualification. Qualification includes official review and acceptance of an individual’s professional credentials as certified by a national agency or association deemed acceptable to USMEPCOM in order to assure the public that the medical professional has successfully completed an approved educational program and is professionally licensed to practice medicine in at least one state.

Quality Performance Maintenance Program. Provides recurring reviews, assessments, feedback, and sustainment training to ensure a quality medical program and continued quality performance of the USMEPCOM medical provider pool.

Regional Trainer. A DPC-4 CMO who has been certified by J-7/MEMD to provide training to new CMOs. Regional Trainers will be trained by J-7/MEMD staff on training requirements.

Requalification. Periodic review and assessment of a provider’s credentials and performance in providing accession medical services within USMEPCOM.

U.S. Military Entrance Processing Command (USMEPCOM). Major command responsible for ensuring the quality of military accessions during peacetime and mobilization in accordance with established standards and consists of a Headquarters, two Sector Headquarters, 12 Battalions, 65 Military Entrance Processing Stations, and one remote processing unit (RPU).

USMEPCOM Provider. A physician, nurse practitioner, or physician assistant qualified through the Provider Quality Management Program to provide assigned accession medical services in the MEPS.