

MACRS



Review of PERAC Forms



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MACRS 2018 FALL CONFERENCE

What We Will Cover Today

- Disability Forms Review
- Feedback
- Beneficiary Forms Review
- Feedback
- Forms that are no more...



Disability Forms Review

- We will go through each of the forms in your Packet
- Feel free to comment, give suggestions, etc.



NOTES:

New Disability Forms

- Member’s Application for Disability Retirement
- Employer’s Statement
- Treating Physician’s Statement
- Involuntary Application

Beneficiary Forms Review

- We will go through each of the forms in your Packet
- Feel free to comment, give suggestions, etc.



NOTES:

New Beneficiary Forms

- Beneficiary Selection Form for Option D
- Beneficiary Selection Form for Refund of Accumulated Deductions
- Application for Member Survivor Allowance
- Spousal Affidavit for Member Survivor Allowance

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Beneficiary, Defined

1. A person or group that receives benefits, profits, or advantages.
2. A person designated as the recipient of funds or other property under a will, trust, insurance policy, etc.

Source: *Dictionary.com*

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NOTES:

Section 1

“Beneficiary”

[A]ny person entitled to any present or potential benefit on account of membership of a person other than himself, under the provisions of sections one to twenty-eight, inclusive.

Source: *Section 1 of Chapter 32*

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A Chapter 32 Beneficiary Will Receive One Of Two Things

- A lump sum of money **OR**
- An allowance of some sort **BUT**
- Accidental death beneficiaries receive both the lump sum and the allowance, in most cases

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NOTES:

Key to the Beneficiary Forms

G.L. c. 32, Section 11(2)(c) quotable quote:

Payment shall not be made under this subdivision if the deceased member is survived by a beneficiary appointed under option (d) of subdivision (2) of section twelve who is eligible to receive the allowance provided by said option...

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Major Changes for Beneficiary Forms

- The long-requested separation of beneficiaries under Option 12(2)(d) and Section 11(2)(c)
- Contingent beneficiaries
- And more...

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NOTES:

Forms That Are No Longer....

- Request for Appointment of a Regional Medical Panel
- Transmittal of Background Information to a Medical Panel
- Disability Transmittal to the Commission
- Guides to the Physicians
- Guides to the Presumptions



Request for a Medical Panel



NOTES:

Disability Transmittal to the Commission

Disability Home

Start Medical Panel Request

Start Involuntary Panel Request

Start Disability Transmittal

+ Member Medical Panel Requests

+ Member Disability Transmittals

Disability Transmittal to the Commission *(Continued)*

Member & Disability Information

Social Security #*
 Member Last Name*
 Member First Name*
 MI

Disability Type*

Name of Unit*

Job Title/Group*

Date of Birth*

Retiree:
 Member in Service
 Retired - Retirement Date

Date of Membership*

Total Creditable Service*
 Years
 Months

Veteran Status*

Retirement Board Decision

Benefit according to Chapter 22, section*

NOTES:

Disability Transmittal to the Commission *(Continued)*

Disability Transmittal		Legacy Assigned	Judith A C
Member Information		Status Information	
Member Name	[REDACTED]	Received	9/14/2018
Member Age	[REDACTED]	First Review	9/26/2018
Social Security #	[REDACTED]	Next Review	
Disability Type	Accidental Disability	Final Review	
Name of Job	[REDACTED]	Approval	
Job Title/Class	[REDACTED]	Final Approval	
Transmittal Type	Standard	Review	
Benefit Applies To	[REDACTED]	Witness	
Witness Status	No		
Class	13		
Member Status	Member in Service		
Length of Service	12 Years, 0 Months		

Disability Transmittal to the Commission *(Continued)*

Appropriate Provisions

In case of an accidental disability/accidental death, check appropriate provision:

- Notice to board within 90 days?
- Accident occurred within 2 years preceding date of application?
- Group 4 member: Is the record of the injury on file in the official records of his/her department?

NOTES:

Disability Transmittal to the Commission *(Continued)*

— Worker Compensation/111F

Information required in connection with G.L.c. 152 (Workers' Compensation) and G.L.c. 45 § 111F (Injured on Duty):

Has/Is the member receiving workers compensation or 111F benefits?	YES
Date compensation first received in connection with this accident?	████████
At what weekly rate?	████████
What period covered?	████████
Receiving G.L.c. 45 § 111F benefits?	No

Disability Transmittal to the Commission *(Continued)*

Disability Transmittal Documents	
Forms	Attachments
Statement of Facts (optional)	
Medical Panel Certificate & Narrative	1
Injury/Incident Reports	1
Description of Essential Duties	1
Employer Statement	1
Retirement Application	1
Treating Physician Narrative	1

NOTES:

Disability Transmittal to the Commission *(Continued)*

Board Member Signatures

Member Name	Approval Status
[REDACTED]	NO
[REDACTED]	NO
[REDACTED]	YES
[REDACTED]	YES
[REDACTED]	YES

Notes

Comments	Date	Updated By	Document	Internal
Not Found				

[Add New](#)

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Disability Transmittal to the Commission *(Continued)*

Attachment History

File	Name	Description	Date
Description of Essential Duties	Job Description.pdf		2/5/2018
Employee Statement	Employee Statement.pdf		2/5/2018
Injury/Accident Reports	Accident Report.pdf		2/5/2018
Medical Panel Certificate & Narrative	Medical Panel Classification.pdf		2/5/2018
Medical Panel Certificate & Narrative	[REDACTED]		2/5/2018
Retirement Application	Disability Application.pdf		2/5/2018
Treating Physician Narrative	Physician Statement [REDACTED]		2/5/2018
Treating Physician Narrative	Physician Statement [REDACTED]		2/5/2018

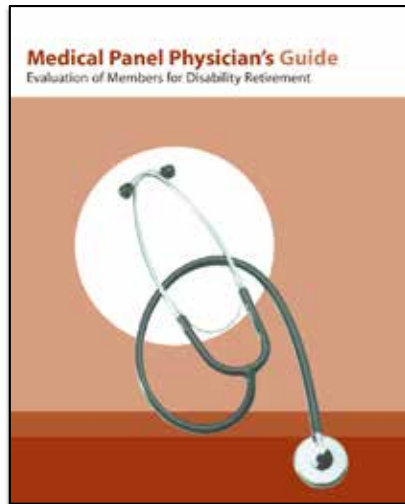
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NOTES:

Guides and Informational Screens in PROSPER



Vendor/Physician Guide to the Process



NOTES:

Guides to the Physicians' Regional Medical Panel Packet

Regional Medical Panel Packet

revised: March 2011

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STATEMENT FROM THE EXECUTIVE DIRECTOR

Pursuant to Massachusetts General Laws, Chapter 32, sections 6 and 7, the Public Employee Retirement Administration Commission (PERAC) is responsible for appointing a regional medical panel to evaluate the physical and/or mental condition of a member seeking a Disability Retirement allowance. With PERAC's prior approval, the regional medical panel may conduct non-invasive tests, before rendering a final determination.

Medical Panel Packet

COMPLETING THE REGIONAL MEDICAL PANEL PACKET

Ordinary Disability

For an application for Ordinary Disability Retirement (a disability not alleged to be the result of a job related incident or injury), medical panel physicians are responsible for answering Questions #1 and #2 of the **Regional Medical Panel Certificate**. If the medical panel physicians perceive that the member's claimed disability is related to a job-related incident or injury, the medical panel physicians should address causality in their narrative report.

The **Certification of Medical Panel Findings** must be signed by the panel physicians, as well as the applicant's and/or employer's physician, if present at the examination.

A physician who dissents from a joint medical panel must complete a **Medical Panel Certificate Minority Report** and file a separate narrative report.

PERAC FORMAT FOR NARRATIVE REPORT

NOTES:

Guides to the Presumptions

GUIDE TO THE APPLICATION OF G.L. c. 32, s. 94 THE HEART LAW

Added to the retirement law in 1990, G.L. c. 32, s. 94 establishes a rebuttable presumption that, in the case of certain eligible public employees, any condition or impairment of health caused by heart disease or hypertension is service connected unless the contrary is shown by competent medical evidence.

IN YOUR ANALYSIS OF THIS CASE PLEASE CONSIDER:

Is there evidence that the heart disease or hypertension is not service connected?
 Questions on the Certificate for Accidental Disability (CDAT) deal with this important issue. The Heart Law Presumption attributes heart disease or hypertension to the individual's employment unless the contrary is shown by competent evidence.

As indicated on the form, these non-service connected factors may be uniquely predominant influences on the mental or physical health, or may be accidents or hazards undergone which are not job-related.

Is there evidence that, although not irrefutable, so preponderant as to obligate a fact finder to come to the conclusion that for this particular applicant the heart disease or hypertension is caused by non-job related factors that are the basis for your answers to the Questions on the Certificate?

In dealing with this question, you must focus on three areas:

- The condition of the applicant
- Other factors which could have caused the disability
- The presumption

It is the responsibility of the medical panel to define, characterize and when possible quantify (e.g., compare to the average risk or provide a relative risk) influences that are uniquely predominant in their impact on the development of the condition. In other words, the medical panel when possible should provide scientific evidence that substantiates their reliance regarding how strong an impact the non-service connected influences have had on the development of the condition in question. Keep in mind that the mere existence of evidence that heart disease or hypertension is not service connected does not alone cause the presumption to disappear completely.

Sufficient evidence to overcome the presumption might include:

- A congenital problem
- Non-work related pathology via infection, e.g., infectious endocarditis from abuse of intravenous drug.
- Clear exposure to a condition outside of work, e.g., cocaine or alcohol induced cardiomyopathy.

If you find that, for this particular applicant, there is evidence that, although not irrefutable, so preponderant as to obligate a fact finder to come to the conclusion that the applicant's condition is caused by factors unrelated to his or her employment, then the presumption is overcome. If you make that determination, then your answer to Question 3 on the certificate for Accidental Disability (CDAT) is NO. Otherwise, the answer to Question 3 on the certificate for Accidental Disability (CDAT) is YES.

GUIDE TO THE APPLICATION OF G.L. c. 32, s. 94A THE LUNG LAW

Added to the retirement law in 1992, G.L. c. 32, s. 94A establishes a rebuttable presumption that, in the case of certain eligible public employees, any condition or impairment of health caused by any disease of the lung or respiratory tract is service connected unless the contrary is shown by competent medical evidence.

IN YOUR ANALYSIS OF THIS CASE PLEASE CONSIDER:

Is there evidence that the lung disease is not service connected?
 Questions on the Certificate for Accidental Disability (CDAT) deal with this important issue. The Lung Law Presumption attributes any disease of the lung or respiratory tract to the individual's employment unless the contrary is shown by competent evidence.

As indicated on the form, these non-service connected factors may be uniquely predominant influences on the mental or physical health, or may be accidents or hazards undergone which are not job-related.

Is there evidence that, although not irrefutable, so preponderant as to obligate a fact finder to come to the conclusion that for this particular applicant the lung disease is caused by non-job related factors that are the basis for your answers to the Questions on the Certificate?

In dealing with this question you must focus on three areas:

- The condition of the applicant
- Other factors which could have caused the disability
- The presumption

It is the responsibility of the medical panel to define, characterize and when possible quantify (e.g., compare to the average risk or provide a relative risk) influences that are uniquely predominant in their impact on the development of the condition. Keep in mind that the mere existence of evidence that the lung disease is not service connected does not alone cause the presumption to disappear completely. Sufficient evidence to overcome the presumption might include:

- A confirmed inhaled defect that results in an early or unusual presentation, e.g., single one lunglobe deficiency and early COPD (Chronic Obstructive Pulmonary Disease) without significant confounding service exposure
- Non-work related pathology via infection, e.g., pneumocystis carinii in an individual with a non-service connected immune system compromise
- An exposure outside of work that results in a condition clearly defined as directly related to the exposure and nothing else, e.g., reactive airway dysfunction syndrome from high chlorine gas exposure while cleaning an enclosed pool floor outside of work.

If you find that, for this particular applicant, there is evidence that, although not irrefutable, so preponderant as to obligate a fact finder to come to the conclusion that the applicant's condition is caused by factors unrelated to his or her employment, then the presumption is overcome. If you make that determination, then your answer to Question 3 on the certificate for Accidental Disability (CDAT) is NO. Otherwise, the answer to Question 3 on the certificate for Accidental Disability (CDAT) is YES.

Guides to the Presumptions (Continued)

GUIDE TO THE APPLICATION OF G.L. c. 32, s. 94B THE CANCER PRESUMPTION LAW

Added to the retirement law in 1990, G.L. c. 32, s. 94B establishes a rebuttable presumption that, in the case of certain eligible public employees (generally those employees are firefighters) any condition or impairment of health caused by any condition of cancer affecting the skin, central nervous, lymphatic, digestive, hematological, urinary, skeletal, oral, prostate and respiratory tract resulting in total disability or death is service connected unless the contrary is shown by a preponderance of the evidence.

Section 94B provides that the presumption shall only apply if the disabling or fatal condition is a type of cancer which may in general result from exposure to heat, radionuclides or a known or suspected carcinogen as determined by the International Agency for Research on Cancer (IARC).

Is there evidence that the cancer is not service connected?
 The Cancer Presumption Law attributes the development of a cancerous condition to the individual's employment. However, it is the responsibility of the medical panel to determine whether other factors may have caused the condition. A review of non-service connected factors related to the member's mental or physical health or the accidents or hazards undergone which are not job related is important.

Is the greater weight of the evidence such that it obligates a fact finder to come to the conclusion that for this particular applicant a uniquely predominant non-service connected influence on the member's mental or physical condition and/or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant?

In dealing with this question, you must focus on three areas:

- The condition of the applicant
- Other factors which could have caused the cancer and subsequent disability
- The presumption

It is the responsibility of the medical panel to define, characterize and when possible quantify (e.g., compare to the average risk or provide a relative risk) influences that are uniquely predominant in their impact on the development of this condition. Keep in mind that the mere existence of evidence that the cancer is not service connected does not alone cause the presumption to disappear completely. Sufficient evidence to overcome the presumption might include:

- A non-work related exposure to a known cancer initiator and/or promoter resulting in a cancer of a unique presentation/pathologic characteristics recognized as pathogenic for that exposure, without significant confounding service exposure to the same carcinogen
- Clearly defined exposure outside of work with sufficient latency period, duration of exposure and convincing epidemiologic data as to a very strong linkage to the type of cancer in question and again no significant confounding service exposure to the same carcinogen.

If you find that, for this particular applicant, the greater weight of the evidence is such that it obligates a fact finder to come to the conclusion that a uniquely predominant non-service connected influence on the member's mental or physical condition and/or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant, then the presumption is overcome. If you make that determination, then your answer to Question 3 on the certificate for Accidental Disability (CDAT) is NO. Otherwise, the answer to Question 3 on the certificate for Accidental Disability (CDAT) is YES.

NOTES:

Physician(s) Signature

PUBLIC EMPLOYER RETIREMENT ADMINISTRATION COMMISSION
Regional Medical Panel Certificate

Disability Type: _____ Member: _____ SSN: ***-**-****

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

M.D. Date

Signature _____ Date _____

M.D. Date

Signature _____ Date _____

M.D. Date

Signature _____ Date _____

PUBLIC EMPLOYER RETIREMENT ADMINISTRATION COMMISSION
Regional Medical Panel Certificate

Disability Type: _____ Member: _____ SSN: ***-**-****

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

M.D. Date

Signature _____ Date _____

Minority Opinion

PUBLIC EMPLOYER RETIREMENT ADMINISTRATION COMMISSION
Regional Medical Panel Certificate

Disability Type: ACC Member: _____ SSN: ***-**-****

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified from a return to work because of an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description? Yes No

Continue only if you answered yes to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Standard for Permanency: A disability is permanent if it will continue for an indefinite period of time which is likely never to end even though recovery at some remote, unknown time is possible. If the medical panel is unable to determine when the applicant will no longer be disabled, they must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the medical panel make a determination based on the actual examination of the applicant and other available medical tests or medical records which have been provided.

Is said incapacity likely to be permanent? Yes No

PUBLIC EMPLOYER RETIREMENT ADMINISTRATION COMMISSION
Regional Medical Panel Certificate

Disability Type: ACC Member: _____ SSN: ***-**-****

Question #3 - Causality

Please consider the following before responding to Question #3. This should be discussed in detail in your narrative.

- Is there any other event or condition in the member/applicant's medical history or in any other evidence provided to the panel, other than the personal injury sustained or hazard undergone upon which the disability retirement is claimed, that might have contributed to or resulted in the disability claimed?
- Is it more likely than not that the disability was caused by the condition or event described rather than the personal injury sustained or hazard undergone which is the basis for the disability claim, and the basis for your conclusion?
- Aggravation of a pre-existing condition standard: If the aggravation of a pre-existing condition or injury is as a result of an accident or hazard undergone, in the performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition, or not not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.
- Member in Service: An employee who has left government service without established disability may not after termination of government service, claim accidental disability retirement status on the basis of a subsequently incurred disability.
- You are being asked to address whether the member was disabled at the time he or she was last employed by a governmental unit.
- When constructing your response to the question of causality (Q3) in accidental disability narrative reports, your opinion must be stated in terms of medical possibility and not in terms of medical certainty.

Based upon your review of the above:

Is said incapacity such as might be the natural and proximate result of the personal injury sustained or hazard undergone on account of which retirement is claimed? Yes No

NOTES:

In Closing



COMMONWEALTH OF MASSACHUSETTS

Public Employee Retirement Administration Commission

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