



PHYSYCIAN'S GUIDE

The **COMPREHENSIVE** MEDICAL EVALUATION of Disability Retirees



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Public Employee Retirement Administration Commission**

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Physician's Guide to the Comprehensive Medical Evaluation (CME) of Disability Retirees

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Evaluation of Disability Retirees

Pursuant to Massachusetts General Laws, Chapter 32, section 8, any member retired for accidental or ordinary disability is required to participate in an evaluation to determine whether he or she is able to perform the essential duties of the position from which he/she retired, or a similar job within the same department for which he or she is qualified.

In addition, Section § 8 recently was amended to permit a member to request that, in addition to being evaluated for a return to their former position, the member be evaluated for a specific identified position in a retirement system other than the position from which they retired, including a position with a different employer or a position that would entitle the member to membership in a different retirement system. Thus, under the new provisions of G.L. c. 32, § 8, upon the disability retiree's request, he or she also may be evaluated for a different position from which they retired, with the same or a different employer and/or in a different retirement system.

The member must identify a specific position and provide an official job description that identifies the essential duties for that position, which will be reviewed by PERAC and, eventually, the examining doctors. Following the examination, the doctors will determine whether the retiree possesses the physical and mental capacity to perform the necessary duties for that different position. This would allow a member to take a completely different job than the job from which they retired and be returned to active service in a different retirement system.

Frequency

In accordance with this statute, the Public Employee Retirement Administration Commission (PERAC) schedules comprehensive medical evaluations (CMEs) of disability retirees. Evaluations can take place once a year during the first two years after a member's retirement, once every three years thereafter, and upon PERAC's receipt of a written request from a retiree (not sooner than one year from the completion of the last evaluation).

What Is Involved

Each PERAC Nurse Case Manager is assigned specific disability retiree cases to review. Based on available current medical information, the PERAC Case Manager may make the determination that the retiree is currently unable to perform the essential duties of his/her job.

Some disability retirees are excused from a physical examination if PERAC determines that it is not warranted in light of the catastrophic nature of their illness or injury. For other disability retirees, PERAC finds that a physical examination by a physician is required to complete the assessment. If medical information is incomplete or unavailable or if the member requests to be returned to service, the case is referred to a physician to conduct an examination.

A CME may include medical examinations, meetings, and consultations with medical professionals, including a disability retiree's treating physician. It may also involve pulmonary function tests, functional capacity tests, stress tests, audiograms, and other tests.

A physician who conducts a physical examination must prepare a written report that conforms to the PERAC format described on pages 4 and 5 of this document. This narrative should be clear, concise and consistent, and the physician should cite objective evidence to fully support his or her findings. Specificity of language, as required by Section 8 of Chapter 32, is essential.

CME Physician's Role

The CME physician plays a major role in the comprehensive medical evaluation/return to service (CME/RTS) process. As part of his or her evaluation, the physician must ensure that all necessary non-invasive medical tests and medical consultations are scheduled at the CME level. These tests and consultations may be necessary to rule out underlying medical conditions. The CME physician, via history, exam and additional testing as necessary, should assess function with the retiree's job in mind. Further, the CME physician decides whether or not to allow or clear the retiree to proceed with an FCE when indicated. The CME physician's role thus includes characterization of conditions and or functional deficits that may preclude the retiree from successfully returning to safe employment. In so doing, the CME physician facilitates the overall RTS process and frames the consultation questions for sub-specialists at the RTS level. The goal is to provide every retiree an opportunity to be evaluated for possible return to service. This must be done without compromising the safety of the retiree or the community.

Fees

On average, the fee for a CME physical is \$850. A maximum fee of \$2,200 may be charged, including the fee for the physician (not to exceed \$1,250), as well as all fees for additional tests and consultations.

Non-invasive tests may be ordered in accordance with the fee schedule that PERAC has established for such services. **Invasive testing cannot be performed on any disability retiree during a CME physical.**

Physicians must reference PERAC's list of pre-approved procedures. If a procedure is not on this list, the physician must obtain approval from a PERAC Nurse Case Manager before arranging for it to take place.

Requests For Testing

Any request for a test, procedure, examination, or re-evaluation made by a disability retiree or his or her representative at any point during the CME process must be pre-approved by a PERAC Nurse Case Manager. PERAC will not assume responsibility for payment unless the physician has obtained prior approval from PERAC before acceding to such a request.

Required Tests for Public Safety Disability Retirees

The physician must order a battery of tests including a stress test, a functional capacity test, an audiogram, and a pulmonary function test for any disability retiree who was a public safety employee. Public safety employees, who constitute approximately 40% of the public retirees in Massachusetts, include municipal fire fighters, police officers, state troopers, and any other public safety personnel under the public pension laws.

If the physician, as a result of a physical examination, has already determined that a disability retiree is unable to perform the essential duties of his/her job, it is not necessary to conduct a stress test, a functional capacity test, an audiogram and a pulmonary function test.

If a retired police officer or state trooper is unable to pass an audiogram (using the HRD Medical Standards for Police Officer or the Health and Fitness Guideline for State Trooper), he or she may be eligible to re-take the hearing test using hearing aids. In this circumstance the physician should contact the PERAC Nurse Case Manager for instructions.

Scheduling Comprehensive Medical Evaluation Appointments

PERAC Nurse Case Managers make all the arrangements for all CME appointments, either handling the scheduling personally or using the services of a disability review organization.

After confirming the appointment with a physician, a PERAC Nurse Case Manager will notify the disability retiree at least fourteen days in advance of the date, time and location of the appointment.

Cancellations

If a disability retiree is unable to attend a CME appointment, he or she must telephone the PERAC Nurse Case Manager assigned to his or her case at 617-591-8956. Retirees are directed by PERAC not to act independently to cancel or reschedule appointments.

If a PERAC Nurse Case Manager must cancel a CME appointment within 48 hours of the scheduled date, PERAC will pay a \$150.00 cancellation fee to the physician.

If a physician must cancel a CME appointment, the physician at his or her earliest opportunity, should telephone the PERAC Nurse Case Manager assigned to the case at 617-591-8956.

In the event of severe weather, PERAC Nurse Case Managers will contact physicians and retirees to cancel those CME appointments to which travel is hazardous. If a physician's office remains open and the retiree is unable to attend the appointment, PERAC will pay a \$150.00 "no show" fee. However, if a physician's office is closed because of inclement weather, PERAC will not pay a "cancellation" fee.

Member's Failure to Appear for Scheduled Examination

If a disability retiree fails to keep a CME appointment, the PERAC Nurse Case Manager should be notified immediately. PERAC will pay a \$150.00 "no show" fee to the physician who had been scheduled to carry out the evaluation. Depending on the circumstances, PERAC may schedule a new examination.

Medical Records

PERAC directs each disability retiree who is being evaluated and his or her retirement board to forward to PERAC all medical records containing information about examinations, tests and studies performed since his or her disability retirement became effective. PERAC electronically submits all available medical information to the physician who is conducting the CME physical via PERAC's electronic platform PROSPER. The physician is expected to review this data prior to conducting the evaluation.

Please note that only imaging records, such as x-rays and MRI's may be hand carried by a retiree to the physician's office.

Job Description

The PERAC Nurse Case Manager will submit a copy of the disability retiree's job description, containing the essential duties of the position from which he or she retired, as well as an official job description for a different job, should the disability retiree so choose. If the retiree to be examined is a municipal police officer or firefighter, a copy of the Medical Standards and Essential Functions for Municipal Police Officers or Municipal Fire Fighters will be included. If the retiree is a Massachusetts State Police Officer, copies of the Massachusetts State Police documents will be included.

Screening of Referrals

A physician who is assigned to conduct a CME physical must screen the referral before conducting a scheduled examination to ensure that he or she has not previously treated or examined the retiree.

PERAC Format for Narrative Report

Report Main Text

A CME physician must consider the condition for which the member retired and all medical conditions when rendering an opinion about the member's ability to perform the essential duties of their job and/or a different job for which they have provided an official job description, and the member's rehabilitation potential. The physician's narrative report should reflect a discussion of each of the following categories in the order indicated.

History Of The Retiree's Illness Or Condition:

Reference the certificate and the narrative completed at the time the member retired for disability.

Current Symptoms:

Describe the disability retiree's current symptoms.

Retiree's Past Medical History:

Include operations, hospitalizations, medications, allergies, etc.

Medical Record Review:

All the following must be considered when conducting an examination and reporting findings:

- Physician reports/office notes/consultations
- Hospital records/laboratory reports
- Imaging studies/stress tests, etc.

Physical Examination:

- Weight, height, blood pressure, pulse, etc.
- Review all body systems, including those related to the injury or hazard undergone.

Relevant Personal And Family History

Diagnoses:

- It is appropriate to include and comment on diagnoses found in the medical records which were forwarded as part of this evaluation.

Prognosis

Findings:

- Findings must be supported by citing objective evidence such as laboratory results, x-rays, etc. The more complete the discussion, the more beneficial the report.

Conclusion:

In his/her narrative report, the physician must find either:

- That the disability retiree is able to perform the essential duties of his/her former position or a similar position, or is able to perform the essential duties of a different job for which an official job description was provided to the physician, or
- That the disability retiree is unable to perform the essential duties of his/her former position or a similar position or is unable to perform the essential duties of a different job for which an official job description was provided to the physician.

Timeframe

The completed narrative must be submitted to the PERAC Case Manager within 30 days of the examination. Copies of all test results for the CME physical should also be submitted with the completed narrative. Payments to physicians are processed within thirty days of receipt of a completed medical report.

Submission of Additional Information by a Disability Retiree

A disability retiree may ask, provided it is within a reasonable timeframe, to have additional medical information reviewed by the physician who conducted his/her CME physical. The PERAC Nurse Case Manager will handle the submission of such materials to the physician. PERAC will ask the physician to review the information and supply an addendum report for which he or she will be reimbursed with PERAC's standard clarification fee, unless otherwise negotiated.

The Return to Service Re-evaluation (RTSR) Process

When a member is found able to perform the essential duties of his/her former job, PERAC will notify the member, his/her retirement board and employer, and the Commonwealth's Division of Human Resources. Some time may pass before a position becomes available and the member is actually restored to active service. In the interim, a PERAC case manager and a CME physician will monitor the member's medical status. Every six months, the member will be asked to complete and return a health questionnaire to PERAC. The member will also be re-evaluated by a CME physician upon any significant change in his/her medical condition and before returning to work. The goal is to assess the retiree's medical readiness to return to work and minimize the possibility of missing a retraining or academy opportunity.

Confidentiality of Medical Reports and Test Results

Completed medical reports and test results are highly confidential and must be released by the physician only to PERAC (or to the disability review organization if one is involved). There are no circumstances under which a CME report and test results should be shared with any other party.

Risk of Re-Injury

Please note that the Contributory Retirement Appeal Board (CRAB) has found, "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 if a return to work would pose an unreasonable risk to serious harm to the member or third parties." This risk of re-injury must reasonably be expected to involve a substantial harm.

Glossary

PERAC Nurse Case Manager

The primary role of a PERAC Nurse Case Manager is to review medical information submitted by a disability retiree to PERAC as part of the restoration to service process. The PERAC Nurse Case Manager also educates members, retirement boards, and other interested parties about the restoration to service process. The PERAC Nurse Case Manager is responsible for the initial determination regarding a retiree's status. Based on the medical information that the PERAC Nurse Case Manager receives from the retiree, he/she may find the retiree totally disabled and unable to perform the essential duties at this time, or in need of further medical review by a physician. If the PERAC Nurse Case Manager finds that a physician review is necessary, he/she will coordinate all referrals to the physician, discuss the case with the physician, guide the retiree throughout the process, track the case throughout the active phase of the process, and ensure a quality product from the medical provider through PERAC's quality assurance program.

Disability Review Organization

A disability review organization is defined as an entity who contracts with medical facilities to conduct CME physicals, tests, consults, etc. When a physician receives a referral from PERAC via a disability review organization, the disability review organization will coordinate all services with medical facilities. They are also responsible for all quality assurance and all billing issues. Disability review organizations pay the medical facilities for all services rendered and approve itemized bills to PERAC for reimbursement via PROSPER.

Questions

Please contact PERAC Nurse Case Managers at 617-591-8956.



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